

Vivência do residente em nutrição da RMAB no processo de trabalho do NASF na Região de saúde leste do Distrito Federal

## **Residency experience of the RMAB nutrition resident in the NASF work process in the eastern health region of the Federal District**

Experiencia del residente en nutrición de la RMAB en el proceso de trabajo del NASF en el área de salud del este del Distrito Federal

Débora Cunha<sup>1</sup>

Viviane Belini Rodrigues<sup>2</sup>

**RESUMO:** A Residência Multiprofissional na Atenção Básica (RMAB) é uma modalidade de pós-graduação a qual é norteada a desenvolver competências dos profissionais de saúde, para o trabalho com SUS. O nutricionista é um importante profissional na atenção primária com atuação na promoção e prevenção da saúde, bem como qualifica os planos de intervenção das ações de alimentação e nutrição. A inserção deste profissional no âmbito da atenção básica foi ampliada a partir de 2008, com a constituição dos Núcleos de Apoio à Saúde da Família (NASF). Configuram-se como equipes multiprofissionais que atuam de forma integrada com as Equipes de Saúde da Família (ESF), no âmbito da saúde e assistência social, em populações específicas. O objetivo desse trabalho é relatar a experiência do residente de nutrição da RMAB do Hospital Universitário de Brasília (HUB) e da Universidade de Brasília (UNB) no processo de trabalho do NASF na região de saúde leste do Distrito Federal. As atividades desenvolvidas foram ações de promoção e prevenção para a saúde, como os grupos de introdução à alimentação infantil, grupo de alimentação saudável para adultos, entre outras demandas da equipe NASF. A vivência do residente de nutrição no NASF contribuiu para compreender a dinâmica dos processos de trabalho e possibilitou a ampliação de ações, dirigidas, sobretudo, à promoção e prevenção no cenário local.

**Palavras-Chave:** Nutrição. Atenção Básica. Multiprofissional. Alimentação.

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1 Nutricionista - Residente Multiprofissional Atenção Básica

2 Docente departamento Nutrição UNB

**ABSTRACT:** Multiprofessional Residence in Primary Care (RMAB) is a kind of post-graduation which it is orientated to develop competences of the healthcare professionals for the work with SUS. Nutrition is an important professional in the primary attention with acting in the promotion and prevention of health, as well as, to qualify the plans of intervention of the actions of food and nutrition. The insertion of this professional in the context of the basic attention was enlarged from 2008, with the constitution of the Nucleuses of Support to Family Healthcare (NASF) 1. They are shaped like multiprofessional teams who act in the form integrated with the Family Healthcare teams (ESF), in the context of the health and social work, the specific populations. The objective of this work is to report the experience of the resident of nutrition of the RMAB of the University Hospital of Brasilia (HUB) and University of Brasilia (UNB) in the process of work of the NASF in the Region of eastern health of the Federal area. The activities developed together with the perceptions were: healthcare promotion and prevention to as groups of introduction the childlike food and healthy and appropriate food, as well as, other demands of the team NASF. The existence of the nutrition resident in the NASF contributed to understanding of the dynamic one of the processes of work and made possible to enlarge the actions especially gone to the promotion and prevention, in the local scenery.

Key-words: Nutrition, Basic Attention, Multiprofessional, Food.

**RESUMEN:** La Residencia Multiprofesional en Atención Básica (RMAB) es una modalidad de posgrado que hace de guía para el desarrollo de habilidades de profesionales de la salud, para trabajar en el Sistema Único de Salud (SUS). El nutricionista es un importante profesional de la atención primaria en la actuación de la promoción y prevención de la salud. Además, califica los planes de intervención de las acciones de alimentación y nutrición. La inserción del profesional en el ámbito de la atención básica se amplió en 2008, con la constitución de los Núcleos de Apoyo a la Salud de la Familia (NASF)<sup>1</sup>. Se configuran como equipos multidisciplinarios que trabajan integrados con Equipos de Salud Familiar (ESF) y la asistencia social con poblaciones específicas. El objetivo del trabajo es informar la experiencia del residente de nutrición de RMAB, del Hospital de la Universidad de Brasilia (HUB) y de la Universidad de Brasilia (UNB), en el proceso de trabajo NASF en la región de salud este del distrito federal. Se desarrollaron actividades en conjunto con la preceptoría: grupos de promoción y prevención de la salud, como introducción a la alimentación infantil y grupos de alimentación sana y adecuada, así como otras demandas del equipo NASF. La experiencia del residente de nutrición en NASF contribuyó a comprender la dinámica de procesos de trabajo. Además, se han ampliado las posibles acciones direccionadas para promover y prevenir en el escenario local.

**Palabras clave:** nutrición; atención básica; multiprofesional; alimentación.

## INTRODUCTION

The Multiprofessional Residency of Primary Care (MPRPC) is a *latu sensu* post-graduation modality, which is guided by the SUS principles and guidelines. The MPRPC is characterized by a practical theoretical professionalization in healthcare institutions with strategies of care, prevention and promotion of the community health, in addition to developing strategies for multiprofessional work and not an individualized look at a specific professional or outpatient center<sup>1</sup>. The MPRPC was implemented in the eastern administrative district of the Distrito Federal in 2016, based on local and regional needs and specificities<sup>2</sup>.

According to the Alma-Ata Declaration, the primary care provided aims at promoting adequate nutrition, with care paid to all, having the preference those who are mostly in need<sup>3</sup>. Food and nutrition are fundamental prerequisites for promoting and protecting health, enabling the human growth and development with good quality of life<sup>4</sup>.

Basic Health Care (BHC) is characterized by health actions, individually or collectively, which must guarantee universal access to health services, being the main gateway for solving most of the health problems faced by the population<sup>5</sup>. The Family Health Strategy (FHS) has emerged in Brazil to reorganize the care model based on basic care<sup>6</sup>.

In the Itapoã Administrative Region of the Distrito Federal, there are two family healthcare units (UBS and CSPA02) since 2010 and a Family Health Support Center (FHSC), whose purpose is to expand the scope of AB's actions. The team is composed of professionals from different health areas (social worker, speech therapist, nutritionist, pediatrician, occupational therapist) that should work in an integrated manner and support the FHS professionals, in addition to working on the matrix support of the teams<sup>7</sup>.

The FHSC of Itapoã serves seven teams, five of which are allocated to CSPA02 and two to UBS, its modality and FHSC 1; and it has a superior number of two hundred hours of health professionals per week.

Therefore, the objective of this paper is to report the experience of a nursing resident from the MPRPC in the work process of the FHSC in the Health Region of Distrito Federal.

## METHOD

This is an experience report from a Nutrition resident at the HUB/UNB Multiprofessional Residency in Primary Care. The admission to the program occurred in 2016 and the experience happened in the health center 02 of the Paranoá Health Region East (HRE) of Distrito Federal. The development of activities at the FHSC (health promotion groups, health at school program (HSP),

support to the flexibility program) and the actions have been planned and implemented along with the area preceptor.

### **Food and Nutrition Actions in Primary Care**

The MPRPC in nutrition inserted in the FHSC has developed matrix support, FHS, collective health promotion and prevention actions, namely complementary feeding groups for children under two years old and a healthy eating group which is appropriate for the adult population. In addition, individual visits and home visits for nutritional therapy have been performed in specific cases raised at the FHSC meetings with the FHS.

At the beginning, the residents went through a week of observation and studies of territorialization and health indicators so that the interventions could be based on the socioeconomic and cultural demands of the population. Subsequently, in conjunction with the area preceptor, a plan of activities has been established, which included, among other activities, participation in the FHSC.

The challenges that the MPRPC nutritionist and the other professionals have to face in the region are the implementation of new actions mainly in preventive character; planning greater coverage in matrix support, continuing education for the community health workers (CHW), and food surveillance. The CHW is the professional that can assist in the identification of situations of nutritional risk and that can support the nutritionist in actions to promote Food and Nutrition Security. Among the obstacles encountered, there was a lack of space in the unit for interdisciplinary work among all the residents with shared care.

The resident's experience in nutrition made it possible to follow and understand the work of the nutritionist inserted in the FHSC team, and also to broaden and potentialize the educational strategies on food and nutrition with a view to adequate and healthy nutrition in AB. The actions are detailed below:

### **Collective Actions of Healthy and Adequate Eating Axis**

#### **1. Child Health: Introduction Infant Feeding Group**

The planning of educational activities on infant feeding, especially children under the age of two, aimed at contemplating the FHS demands.

The group favored the knowledge exchange between the puerperae and the MPRPC health professional regarding the care with the introduction of foods of adequate weight and growth gain in the first years of life.

This collective activity happens weekly in the health center. Mothers of children aged 4 to 6 months are invited by the FHS to attend the monthly meetings of the group to accompany the development of the child and clarify doubts.

## **2. Prevention of Chronic Non-Communicable Diseases (CNCD)**

The prevention and follow-up of the CNCDs in primary care are of great importance. Obesity is a chronic disease, and it is involved in the development of other diseases. In Brazil, 60% of the Brazilians are overweight, in Distrito Federal at least 50% of the population is overweight and 19% of the population refers to dyslipidemias<sup>8,9</sup>. In the health center, group activities are offered for overweight and/or CNCD users and they allow nutritional monitoring and guidance, weight control and maintenance of the body. Examples are: Flexibility Project, Complementary and Integrative Practices, and weight control groups.

The Flexibility Project aims at promoting health and nutritional education actions. The intervention happens twice a week in conjunction with the social services assistant, nutrition and nursing technicians. Activities such as walking and a circuit of functional activities are performed, and once a week, blood glucose and blood pressure tests are performed.

In addition, users diagnosed with nutritional status of overweight and/or CNCD, are invited to participate monthly in group meetings. These meetings offer an exchange of experience among members, follow-up and nutritional counseling, aiming at assisting in adherence to the treatment.

Integrative and complementary practices such as the Lian Gong (treatment and prevention of body aches), Reiki (Japanese technique for stress reduction and relaxation) and self-massage are performed with the help of the nursing technician, social service assistant and social service. The Lian Gong and the self-massage happen three times a week and Reiki is available on schedule.

## **3. Individual Follow-up**

When patients need individual attention, most are referred to FHSC meetings with the FHS. There, the therapeutics, conducts and whether the care will be outpatient, home visit or shared with another professional are discussed.

## **CONCLUSION**

The Basic Healthcare advocates the prevention of injuries and health promotion, where the professionals' priorities are the cure or the softening of the symptoms of diseases and injuries.

The resident's experience in nutrition at the FHSC made it possible to follow a dynamic work

process and to develop fundamental educational actions in the promotion of appropriate and healthy nutrition.

The inclusion of the nutritionist in the primary healthcare residency program in the Eastern Region of Distrito Federal is under construction. However, within one year, the scope of food and nutrition actions in Primary Healthcare was expanded and consolidated with the support of the Family Health Support Unit. The implantation of the residency extended the possible scenarios of the actions for food and nutrition, mainly directed to the promotion and prevention of the health.

The MPRPC makes it possible to professionalize and improve a professional who is humanized and prepared to meet the needs of the community. It enables the resident to work as a team, to participate in the local management process, to acquire the ability to dialogue and establish partnerships with the local leaders and public services of the region.

The job market, today, is increasingly competitive and the residency allows an active search for new knowledge, professional growth and the long-dreamed experience.

The advancement of these actions tends to grow as the FHS are appropriating knowledge and educational practices regarding food and nutrition. Finally, the experience has been essential in order to understand the relevance of the role and the performance of the nutritionist professional inserted in the FHSC teams.

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