

## Home Care: experience of specialty training in an innovative project

## Home Care: experiência de formação da especialidade em projeto inovador

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### Background

Home Care is one of the terms used for domestic health assistance. This step in the evolution of patient care is based on numerous pillars of support, such as: humanization; increase in chronic non-communicable diseases; high hospital costs; technological advances that allow certain aspects of home care that were not previously possible, as well as the increasing recognition of the need for inter-professional care for patients<sup>1,2</sup>.

In Brazil, the expansion of home care services started in the 1990s, initially in the private sector and concentrated in more urbanized areas. However, today home care is available via the public health service involving initiatives from the Brazilian Unified Health System (SUS)<sup>1,3</sup>.

Medical education has also been subject to changes over time, and specialty training/ internship, which comprises the last two years of medical school, in most institutions, has undergone certain adjustments meaning that the

experience of medical practice is more diversified, reflecting the reality of professional practice. In this way, the medical trainee has been placed in practical scenarios away from the traditional hospital environment<sup>4</sup>.

This report has the objective to relate the experience of placing a regular medical trainee in Home Care under the auspices of our institution's specialty training. We believe that this is a pioneering and innovative project to prepare future doctors in this work field, since we have not found other similar report in the Brazilian literature and it is necessary to share student's experience in different scenarios of practice<sup>1</sup>.

### Summary of work

An agreement was established with a private home care service in the city of Salvador, Bahia, Brazil, with the specialty training commencing in January 2020. Four places were made available for the 12th semester of the medical course, when

the students can choose to take up optional specialty training, which lasts two months.

The timetable was organized so that the trainee had contact with all the dynamics of home care in its various spheres:

1. Home visit with the doctor;
2. Duty shift at the medical base to monitor and participate in the routines with the multi-professional team;
3. Discussion of cases monitored during visits;
4. Discussion of an article on issues common to Home Care practice.

At the end of the specialty training, the students and doctors involved in the program completed an evaluation of the experience, with open questions in the style of “what’s good, what’s not so good

and what if?”, with the aim of providing feedback for future adjustments to the teaching project. On each question, the responses were grouped by the frequency of similar responses to show what was more important on the training from the point of view of students and doctors.

### Summary of results

The four trainees, and five of the six doctors involved in the supervision, answered the evaluation questionnaire. Chart 1 shows the answers of the trainees (in blue) and the doctors (in green) who monitored, and their similarities in the positive subjects (more knowledge about HC and the experience itself), in the issues (idle time and number of discussion) and the suggestions (more discussions).

Chart 1. Perceptions of students and doctors about Home Care internship

What's good		What's not so good		What if?	
Students	Doctors	Students	Doctors	Students	Doctors
Valuable experience, enriching.	Stimulates teaching, interpersonal relationships and palliative care.	Number of home care visits	Logistics of visiting hours and lack of further discussions with the person visited.	Increase visits: include admission visits. Make this available in the 8th semester	Widen the clinical discussions, including the person visited.
Learning, home visits	Knowledge about home visits	Idle time on duty shifts	Idle time at the base	Increase visiting days Reduce time spent on rota.	Stipulate trainee tasks at the base.
Bigger picture of Home Care, and patients	Broadens the experience of Home Care	Number of sessions	Lack of goals for the trainees	Include the doctor in the focus of discussions	Include duty shift personnel in the discussions
Infrastructure and multi-professional Home Care team	Clinical discussion			Streamline the work dynamic	Improve the work dynamic

These results indicate that the experience broadened the concept of home care and showed students a different approach to care, logistics, and patient management. At the same time, it highlighted the role of the on-call doctor and the visiting doctor in training the future medical professional. Our data is consistent with that demonstrated in the literature, such as the need for training the future health professional and the practical nature of their inclusion in the home care field of practice<sup>3,5</sup>. Both doctors and students referred to a need for adjustments to the logistics and the educational dynamics in order to improve the overall experience on training students in Home Care scenario.

### What lessons were learned?

In Brazilian literature, there are few similar reports on trainee rotations as part of the medical course curriculum<sup>5</sup>; in Japan<sup>6</sup> there is a similar program, but it is unrelated to the private Home Care sector. At a time of educational transformation, with the expansion of specialty training and different learning scenarios, this is a valuable and enriching experience. The feedback from the trainees and the doctors who monitored them describe this precisely: a rich experience, which incentivizes engagement in the training process.

The initial analysis of this process outlines some of the lessons to be learned: certain adjustments in order to improve the overall experience and strengthen the involvement of students, such as the greater participation of team professionals and a better use of time. That said, the experience proved to be beneficial for the development of needed clinical skills that regular training is unable to provide.

### Author contributions

Mendoça D and Domingues M were responsible for conception, writing and critical review and approval of the final version. Alelua I was responsible for conception, data collection and analysis, writing and critical review and approval of the final version.

### Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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