

IMPLEMENTATION OF THE COURSE FOR CAREGIVERS OF PATIENTS IN SPECIAL CARE

*IMPLANTAÇÃO DO CURSO DE CUIDADORES DE PACIENTES EM CUIDADOS
ESPECIAIS*

*IMPLANTACIÓN DEL CURSO DE CUIDADORES DE PACIENTES EN CUIDADOS
ESPECIAIS*

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ABSTRACT

Train, with theoretical and practical knowledge, informal caregivers of patients in special conditions for the improvement of their daily activities. This is about an action research, held in the years of 2021 and 2023, in a transitional care unit located in the state of Ceará, on the implementation of the "Course for Caregivers of Patients in Special Care". The study population was composed of the caregivers of patients admitted to the institution and the sample consisted on caregivers over 18 years of age and with the minimum education of complete literacy, resulting in 81 people able to participate in the course. In all, in the period of 18 months, 81 caregivers were certified with a workload of 40 hours, and 80% of the vacancies offered were filled. The course played a crucial role in the technical, critical and social improvement of the participants.

Keywords: *Health Education; Caregivers; Patient safety.*

RESUMO

Capacitar, com conhecimentos teóricos e práticos, cuidadores informais de pacientes em condições especiais para o aperfeiçoamento das suas atividades diárias. Trata-se de uma pesquisa-ação, realizada nos anos de 2021 e 2023, em uma unidade de transição de cuidados localizada no Estado do Ceará, sobre a implantação do "Curso de Cuidadores de Pacientes em Cuidados Especiais". A população do estudo foi composta por todos os cuidadores de pacientes admitidos na instituição e a amostra se deu por todos os cuidadores maiores de 18 anos e com a escolaridade mínima de alfabetização completa, resultando em 81 pessoas aptas a participar do curso. Ao todo, no período de 18 meses, 81 cuidadores foram certificados com carga horária de 40 horas, sendo preenchidas 80% das vagas ofertadas. O curso desempenhou um papel crucial no aprimoramento técnico, crítico e social dos participantes.


Descritores: *Educação em Saúde; Cuidador; Segurança do Paciente.*


RESUMEN

Capacitar, con conocimientos teóricos y prácticos, cuidadores informales de pacientes en condiciones especiales para el mejoramiento de sus actividades diarias. Se trata de una pesquisa-acción realizada en los años de 2021 y 2023, en una unidad de transición de cuidados ubicadas en el estado del Ceará, acerca de la implantación del "curso de cuidadores de pacientes en cuidados especiales". La población del estudio fue compuesta por todos los cuidadores de pacientes admitidos en la institución y la muestra sucedió por todos los cuidadores mayores de 18 años y con educación mínima de alfabetización completa, resultando en 81 personas aptas a la participación en el curso. Al final, en un periodo de 18 meses, 81 cuidadores recibieron una certificación con una carga de trabajo de 40 horas, rellenas con 80% de las vacantes ofertadas. El curso desarrolló un importante papel en el aprimoramiento técnico, crítico y social de los participantes.


Descritores: *Educación en Salud; Cuidadores; Seguridad del Paciente.*

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INTRODUCTION

One of the great challenges faced with the demands of health management is the turnover of hospital beds, and there is a need for interventions that assist in the adequate organization for a transition of care, in order to obtain a set of actions that coordinate and continue the care needed by the patient outside the hospital environment. involving the multidisciplinary team, patient, family and support network¹.

Hospital discharge and the transition of care are interconnected processes, as the transition qualifies the process of dehospitalization, and the involvement of the patient and the family is essential, with adequate communication and education, with team members and care in health services².

From the hospital environment, it is common for a family member to become responsible for the patient and to be responsible for continuing care on the return home, being recognized as a caregiver. The vast majority of individuals do not have technical training in the health area, variable educational level, and are not sufficiently physically and/or mentally prepared to provide daily care to patients in special care conditions³.

Although verbal guidance is usually used as teaching resources by professionals to caregivers/family members during discharge, the vast amount of information to be absorbed before discharge often hinders full understanding and, consequently, safety in assuming care. Prior guidance provided by the team to patient caregivers sometimes does not occur in such a way as to favor the acquisition of knowledge necessary to structure home care actions⁴.

In addition, the process of becoming a caregiver is often conflicting and brings abrupt changes in the family's daily life, which, added to the lack of support and quality of training, leads to insecurity and overload in the performance of care, in addition to leading to errors and possible readmissions. The follow-up of caregivers in the performance and implementation of care allows them to resolve doubts and resolve insecurities, and to validate the effectiveness of the training offered by professionals⁵.

Thus, the caregiver is an important ally in the success of home care. In this journey, as they are better prepared technically, they will have greater skills and conditions in managing possible complications or complications, avoiding readmissions⁶.

Therefore, it is important to use strategies for the continuity of care, using hard technologies, which involve equipment for treatments, exams and the organization of information; mild-hard, which refers to professional knowledge, well-structured with the clinic, epidemiology and the other professionals who make up the team; and light, which use human relationships as bonding, autonomy and welcoming in the encounter between the professional and the user/patient in the context of health support and education for the patient and family members/caregivers⁷.

In a public health unit that transitioned care with multidisciplinary care to chronic patients in conditions of hospital discharge, the need for educational support for caregivers who accompanied hospitalized patients was perceived, aiming to enable them to provide safe care after discharge.

In view of this perception, an educational program with a competency-based curriculum was proposed. It is a project that aims to train, with theoretical and practical

knowledge, informal caregivers of patients in special conditions to improve their daily activities. This was named as "Caregivers of Patients in Special Care Course". In this way, the project helps in the quality of life of the patient and caregiver, in the prevention of readmissions and, consequently, in the reduction of costs in the care of the State's health network. In addition, it provides opportunities for professionalization in the area, given that the knowledge acquired by caregivers stimulates the search for a job opportunity.

METHODS

This is an action research type, carried out in the years 2021 and 2023, in a care transition care unit located in the State of Ceará, on the implementation of the "Course for Caregivers of Patients in Special Care".

The study population consisted of all caregivers of patients admitted to the institution, a total of 30 monthly admissions. The sample consisted of all caregivers over 18 years of age and with a minimum level of literacy, resulting in a total of 81 people able to participate in the course. The inclusion criterion for participation in the course was the condition of being a caregiver/family member of patients assisted by the team of the care transition unit or the home care service.

Data collection was carried out via an electronic form for registration and application of a questionnaire with multiple-choice questions referring to the contents. Subsequently, the data were tabulated to Microsoft Excel software and analyzed according to the purpose of the study.

For a safe and effective execution of the project, it was first necessary to define the schedule of course activities. These include the management of participants' registrations, which were carried out through an electronic form and the establishment of deadlines for planning and organizing classes according to the defined workload.

In order to establish the appropriate workload of the training course, it was necessary to define the syllabus, which was based on the main gaps observed by the care team. Thus, a minimum workload of 40 hours was defined, distributed in a one-week immersion.

After defining the course syllabus, the institution's internal collaborators were invited to participate as facilitators, since the inclusion criterion to facilitate the classes was the need for professional experience in home care or in long-term/palliative care units. After this process, the organizing committee of the course met with the facilitators of each area to plan and organize the execution of the classes.

The classes were distributed by thematic areas, as described below:

- Psychology: Caring for the caregiver and communication in palliative care.
- Physical therapy: Mobilization and transfer of the bedridden patient and care of airway/auxiliary ventilation devices.
- Nursing: Infection prevention, catheter care, correct disposal of materials, general hygiene, and pressure injury prevention.
- Nutrition and Speech-Language Pathology: Safe patient feeding and dysphagia.
- Speech-Language Pathology and Audiology: Medicine: Syndrome of immobility and complications at home.
- Occupational therapy: Readjustment of routines in immobilism syndrome.

- Psychology: Caring for the caregiver and communication in palliative care.
- Dentistry: Oral hygiene in bedridden patients.
- Pharmacy: Safe administration of medications.
- Social Work: Rights and duties of the caregiver.

In order to better meet the needs of the target audience, participants were able to inform their level of education at registration. In this way, the personalization of the didactic material of each class was developed based on this data. Illustrations were used to exemplify the anatomy and physiology of the respiratory, cardiovascular, digestive, urinary and integumentary systems, using materials such as EVA, colored papers and pens. In addition, mannequins were used to simulate real situations in the patient care environment.

In order to analyze the effectiveness of the classes taught, initial and final written evaluations of the multiple-choice type were carried out in the four editions, with all the contents covered during the classes, with a total of 15 questions. In addition, at the end of the course, participants were able to carry out an overall evaluation of the event, allowing participants to express their suggestions.

Ethical aspects were respected in all phases of the study, according to Resolution No. 466, of December 12, 2012, which approves guidelines and regulatory standards for research involving human beings. The participants were informed about the objective of the research, as well as the expected benefits and minimal risk of harm, as this was a study with zero probability of invasive procedure and identification of the participants.

This project was approved by the Research Ethics Committee under opinion number 6,646,415. Throughout the study in question, the guidelines based on the General Data Protection Law (LGPD), Law No. 13,853, of 2019 and Resolution 510/16 MS/CNS were followed, in order to promote management and good practices in health and theoretical and practical deepening of situations that emerge from the guidelines in the care of the patient by the caregiver.

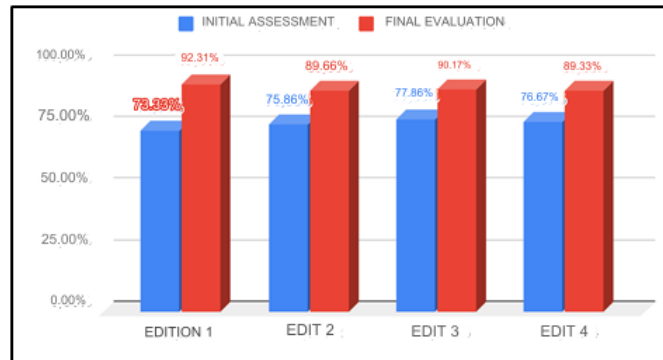
RESULTS

In the set of the four editions held in 2021 and 2023, a total of 135 vacancies were offered. In the inaugural edition, 40 places were made available, while in subsequent editions 30 places were offered in each. With an occupancy rate of 80%, 81 participants were certified, detailed as follows:

- In the first edition, 30 enrollments were made and there were 27 graduates.
- In the second edition, 30 enrollments were made and 20 completed the course.
- In the third edition, 28 enrollments were made and there were 19 graduates.
- In the fourth edition, there were a total of 23 enrollments and 15 completed the course.

The overall average of the initial evaluations for the four editions was 75.92%, while the final evaluations presented an average of 90.36%, as shown in Graph 1.

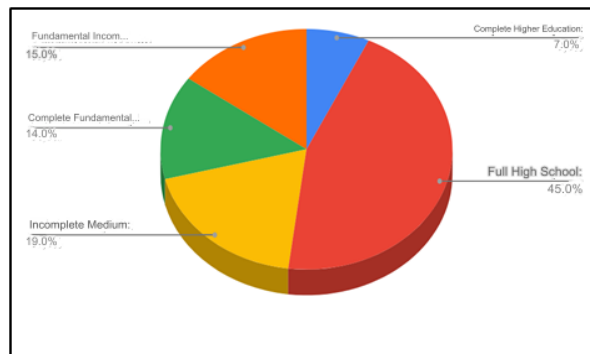
Graph 1. Average of the initial and final evaluations of the Course for Caregivers of Patients in Special Care.



Source: Own authorship.

Regarding the level of education of the participants, a compilation of the four editions is presented below, presented in Graph 2.

Graph 2. Distribution of the educational levels of the participants of the Course for Caregivers of Patients in Special Care.



Source: Own authorship

A comprehensive evaluation of the course was also conducted, considering the following criteria:

- Environment/facilities/structure;
- Teaching methodologies, didactics and mastery of the subject by the facilitators;
- Space for interaction and clarification of doubts;
- Didactic material offered.

The overall average in the four editions revealed indices of 90.16% for "Excellent", 8.43% for "Good" and 4.2% for "Regular". The criteria with the most suggestions for improvement were environment/facilities/structure and teaching methodologies. All the evaluations of the participants were sent to the facilitators for analysis of the methodology, contributing to the planning of the next editions together with the organizing team.

Contact was established with caregivers who completed the course, and of the 81 certificates, 28 participants provided information about the patient's outcome at home. The results indicate that 10.7% were readmitted, 25% died, and 64.3% remained uneventful. In this way, the objective of training caregivers to promote patient safety at home was fully achieved.

DISCUSSION

It is possible to notice the considerable dropout rate of students in some editions of the course, with editions 2 and 3 prevailing. In this context, a better mapping of the main contributing factors is needed. Among them, we can mention: difficulties in commuting to the place of the course, given the high social vulnerability and patient care centered on a single caregiver.

The discrepancy between the initial and final evaluations in all editions can be attributed to the level of education of the registered participants. In the first two editions, more than 50% of the participants had less than complete high school, representing 61% in the 1st edition and 55% in the 2nd edition. It is noteworthy that edition number 2 was the only one in which there were no participants with complete higher education.

Based on the consolidated data, it is possible to see that the students effectively assimilated the knowledge. In each edition, the necessary changes are implemented according to the content grid, and the initial average of the participants varies according to the educational level. In addition, it is noted that the editions that registered an average final evaluation of less than 90% also had a higher dropout rate, with an overall average of 28.1% in this aspect.

Despite being a universal interest of the population, we saw that not all the vacancies offered were filled, which demonstrates that it is necessary to review the communication processes with this specific audience. The use of electronic forms may have been a contributing factor to the difficulty in applications. Additionally, the use of technical language can make it difficult for the recipient to understand, reducing the level of interest in the subject.

It is noteworthy the commitment of the professionals to adapt the language and the level of the materials produced to make them accessible to the participants. The use of verbal guidance combined with practical demonstrations and illustrative materials enhances the preparation of caregivers/family members. However, it is important to use understandable language when passing on information, whether verbally or illustratively⁴.

In order to improve the quality of teaching, all classes taught were evaluated by the students and shared with the teachers, representing an opportunity to improve their teaching style and practice. In view of the above, it is crucial that teachers are open to suggestions and willing to adapt according to the learning needs of their students⁸.

The use of active methodologies is a resource that facilitates learning in all educational contexts, as their use ranges from Basic Education to Higher Education, being predominantly in the area of health⁹. This type of methodology facilitates the implementation of continuing education in the services, since the participants are not just passive spectators, but protagonists and builders of knowledge¹⁰.

There are several types of active methodologies to be applied in the transmission of knowledge. In this project, there is a need to use visual resources as a pedagogical aid, since, on average, 50% of the participants have a level of education up to elementary school. In this sense, the use of these resources facilitates students' concentration and retention of the content, arousing their interest through images and illustrations¹¹.

The drawings used in this project, to exemplify the anatomy of the human body systems, stimulate learning through the visual resource, in addition to allowing students to use the tactile sense. The level of student retention is higher when we provide different stimuli to pass on the same content⁸.

Another resource used during the course is the Problematization Methodology, which is based on increasing the student's ability to participate as an agent of social transformation during the process of detecting real problems and searching for original solutions. Therefore, the problematization methodologies are aligned with the educational needs of this project by combining community participation in the practice of health education and are essential to build knowledge¹².

It is worth highlighting the importance of the project in stimulating and empowering informal caregivers and patients' families, since, through training and certification, a new opportunity arises for the job market. In addition, it unifies technical qualification, the development of critical thinking and social responsibility. Of the total number of participants interviewed, 75% of them entered the job market after completing the course and continue to work in the area.

In this context, the relevance of this project in the field of public health is noted, since the expansion of professional qualification provides dialogues and evidence-based health practices, causing changes in health practices for the benefit of the population, especially the neediest. Thus, Continuing Education has been shown to be able to transform the reality and daily routine of health work¹³.

The replicability of this project by other institutions of the public health network is an important factor to be considered, since the provision of care to chronic critically ill patients in conditions of hospital discharge is increasing. In this context, it was possible to identify that expanding access to this training optimizes resources used in care and promotes better health practices.

CONCLUSÃO

The course played a crucial role in the technical, critical and social improvement of the participants, contributing to an improvement in home care. Its contribution to the strengthening of informal caregivers and family members, combined with the successful integration of these professionals into the labor market, is particularly relevant in a growing scenario of providing care to critically ill patients in conditions of hospital discharge. In this context, it is evident that expanding access to this training not only optimizes resources in the provision of care, but also fosters the implementation of more effective practices in the field of health.

A limitation of this study is the small sample size, due to a high dropout rate, influenced by sociodemographic limitations and social vulnerability among participants. However, this project can serve as a reference for other researchers, who can adapt it and implement improvements to overcome these limitations.

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