revista online de extensão e cultura
REALIZAÇÃO

DOI 10.30612/realizacao.v13i24.21683
ISSN: 2358-3401

Submitted on June 8, 2026
Accepted on September 3, 2026
Published on September 04, 2026

HOME CARE AS A CARE STRATEGY THE FAMILY HEALTH STRATEGY: PERSPECTIVES OF MEDICAL STUDENTS

ATENÇÃO DOMICILIAR COMO PRÁTICA DE CUIDADO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: UM OLHAR DE DISCENTES DE MEDICINA

ATENCIÓN DOMICILIARIA COMO ESTRATEGIA DE CUIDADO EN LA ESTRATEGIA SALUD DE LA FAMILIA: LA PERSPECTIVA DE ESTUDIANTES DE MEDICINA

Letícia Porto Fortolan
UNIFAL
ORCID: https://orcid.org/0009-0008-4860-8812
Enzo Silva Van Melis
UNIPAMPA
ORCID: https://orcid.org/0009-0008-6333-2025
Letícia Mayara Souza de Araújo
UNIPAMPA
ORCID: https://orcid.org/0009-0003-5994-4866
Luhan Henryque Guedes Santos
UNIPAMPA
ORCID: https://orcid.org/0009-0009-1097-1103
Maria Paula Chung Moreira Guimarães
UNIPAMPA
ORCID: https://orcid.org/0009-0001-3419-7054
Valdir Paz Ribeiro Júnior
UNIPAMPA
ORCID: https://orcid.org/0009-0001-6578-9888
Sandra Beatris Diniz Ebling[1]
UNIPAMPA
ORCID: https://orcid.org/0000-0002-0876-5206

Abstract: Reporting on the experiences of students with Home Care, aiming to understand how this healthcare strategy contributes to medical education. This is a descriptive qualitative study in the form of an experience report, developed through practical activities within the Collective Health II course, which is part of the Medical School curriculum at a university located in the western border region of Rio Grande do Sul, Brazil. The students engaged in this practice within the context of a Family Health Strategy unit between June and July 2025, totaling 30 hours of practical activities. Home Care services were provided to users with diverse characteristics, including individuals with chronic conditions, bedridden older adults, and families in situations of vulnerability. The demands were primarily related to the monitoring of exacerbations of chronic conditions, such as hypertension and diabetes. The activities included multiprofessional follow-up, health education, and guidance tailored to users' realities, promoting autonomy, strengthening bonds with the healthcare team, and enhancing family

[1] Corresponding Author:
sandraebling@unipampa.edu.br

Fortolan, L. P., Melis, E. S. V., de Araújo, L. M. S., Santos, L. H. G., Guimarães, M. P. C. M., Ribeiro Júnior, V. P., & Ebling, S. B. D. Home care as a care strategy the family health strategy: perspectives of medical students. **RealizAção**, 13(24), e026017, 2026.

involvement in care. The practical immersion in Home Care achieved its intended objectives, establishing itself as an essential care strategy for medical education and highlighting its relevance within the Family Health Strategy context, particularly by contributing to the implementation of the four essential attributes of Primary Health Care.
Keywords: Chronic Disease, Health Education, Medical Education, Multiprofessional Care, Primary Health Care

Resumo: Relatar a vivência de discentes acerca da Atenção Domiciliar, buscando compreender de que modo essa estratégia assistencial contribui para a formação médica. Trata-se de um estudo de abordagem descritiva e qualitativa, do tipo relato de experiência, desenvolvido por meio de aulas práticas do componente curricular Saúde Coletiva II, o qual compõe o currículo do curso de Medicina de uma universidade na fronteira oeste do Rio Grande do Sul. Os discentes vivenciaram essa prática no cenário de uma Estratégia Saúde da Família, entre os meses de junho e julho de 2025, totalizando 30 horas de aulas práticas. A atenção domiciliar atendeu usuários com diferentes características, incluindo pessoas com condições crônicas, idosos acamados e famílias em situação de vulnerabilidade. As demandas se concentraram principalmente no monitoramento de agudizações de condições crônicas, como hipertensão e diabetes. As ações incluíram acompanhamento multiprofissional, educação em saúde e orientações adaptadas à realidade dos usuários, promovendo autonomia, fortalecimento do vínculo com a equipe e maior envolvimento familiar no cuidado. A imersão prática na atenção domiciliar alcançou os propósitos estabelecidos, consolidando-se como estratégia de cuidado essencial para a formação médica e evidenciando sua relevância no contexto da Estratégia Saúde da Família, especialmente por contribuir para a materialização dos quatro atributos essenciais da Atenção Primária à Saúde.
Palavras-chave: Acompanhamento Multiprofissional, Atenção Primária à Saúde, Condições Crônicas, Educação em Saúde, Formação Médica.

Resumen: Relata la experiencia de estudiantes de Medicina en la Atención Domiciliaria, con el objetivo de comprender de qué manera esta estrategia asistencial contribuye a la formación médica. Se trata de un estudio de enfoque descriptivo y cualitativo, del tipo relato de experiencia, desarrollado a través de actividades prácticas de la asignatura Salud Colectiva II, que forma parte del plan de estudios del curso de Medicina de una universidad ubicada en la frontera occidental del estado de Rio Grande do Sul, Brasil. Los estudiantes realizaron esta práctica en el contexto de una Estrategia de Salud de la Familia, entre los meses de junio y julio de 2025, totalizando 30 horas de actividades prácticas. La Atención Domiciliaria atendió a usuarios con diferentes características, incluyendo personas con enfermedades crónicas, adultos mayores encamados y familias en situación de vulnerabilidad. Las demandas se concentraron principalmente en el seguimiento de las agudizaciones de enfermedades crónicas, como la hipertensión y la diabetes. Las acciones incluyeron seguimiento multiprofesional, educación para la salud y orientaciones adaptadas a la realidad de los usuarios, promoviendo la autonomía, el fortalecimiento del vínculo con el equipo de salud y una mayor participación familiar en el cuidado. La inmersión práctica en la Atención Domiciliaria alcanzó los objetivos propuestos, consolidándose como una estrategia de cuidado esencial para la formación médica y evidenciando su relevancia en el contexto de la Estrategia de Salud de la Familia, especialmente por contribuir a la materialización de los cuatro atributos esenciales de la Atención Primaria de Salud.
Palabras clave: Atención Multiprofesional, Atención Primaria de Salud, Enfermedades Crónicas, Educación para la Salud, Formación Médica.

INTRODUCTION

Primary Health Care (PHC) is known to be based on four essential attributes: first-contact access, longitudinality, comprehensiveness, and care coordination (STARFIELD, 2002). These attributes complement and structure primary care practice: first-contact access refers to the preferred entry point for users into the health system, being the first place they turn to whenever a need arises; longitudinality concerns the continuous relationship between the healthcare team and the user, favoring follow-up over time and strengthening trust;

comprehensiveness is related to the provision of a broad range of services that address different health needs, from preventive actions to treatment, articulating different levels of care; finally, care coordination involves the organization and integration of the different points of the healthcare network, ensuring continuity and follow-up even when specialized care is required (STARFIELD, 2002).

Regarding the derived attributes, there is family orientation, which seeks to understand each family member and their role within the family unit, considering that these dynamic influences health maintenance. In addition, cultural competence considers the particularities of different population groups and their specific characteristics. Community orientation, in turn, defines actions aimed at the needs of the population, encouraging community participation in this process (SOUZA et al., 2023).

These attributes give PHC a central role in structuring more equitable, efficient, and population-centered health systems, which tend to achieve better health outcomes. Furthermore, strengthening PHC requires professionals who are qualified to perform their functions within interdisciplinary teams and in accordance with the principles of the Unified Health System (Sistema Único de Saúde – SUS) (GIOVANELLA; FRANCO; ALMEIDA, 2020). It should also be emphasized that PHC acts as an articulating and reorganizing axis of the healthcare network, organizing care flows and integrating the different levels of complexity (MENDES, 2011).

Home Care (HC) is an essential instrument of the Family Health Strategy (FHS), as it enables health promotion, prevention, rehabilitation, and treatment based on knowledge of the environment in which the individual lives. In the context of individuals who are homebound or bedridden, it is particularly relevant not only because of the direct care provided to the user, but also because of the support offered to caregivers and family members, who often experience physical and emotional overload. Such visits facilitate closer interaction between the healthcare team and the families' reality, building relationships of trust and enabling assertive and practical guidance, such as positioning the user in bed, hygiene, medication management, and the proper disposal of materials, among others.

The frequency of visits is essential, as it ensures continuous follow-up, promotes an educational and preventive environment, and provides support to the caregiver and support network from the perspective of safe care and emotional support. Thus, HC goes beyond its care-related nature and assumes a biopsychosocial support function, also serving as a space for listening, guidance, and the sharing of responsibilities.

Regarding its operationalization, in 2012, the Ministry of Health (MH) classified the problems to be addressed through HC into three levels of modality (Table 01).

Table 01 – Organization of the Home Care Service within the SUS

Modality	**User Profile**	**Care Intensity**
HC1	Stable conditions. Controlled or compensated health problems. Physical difficulty or inability to travel to PHC services. Among other types of care within the scope of PHC.	Follow-up by PHC.
HC2	Need for frequent care. Follow-up of decompensated chronic conditions. Among other intermediate-level care needs.	Multidisciplinary care.
HC3	High complexity. Administration of continuous intravenous medications. Tracheostomy care. Among other types of care involving complexity.	Use of technologies and continuous support.

Source: Adapted from the Ministry of Health (2012) and Ferreira et al. (2026).

Within the FHS, the community health worker (CHW) should follow up with families through regular home visits, with at least one visit per month as a reference. Home visits by physicians and nurses, in turn, are conducted according to the needs identified by the healthcare team. This practice prioritizes disease prevention and health promotion through the active outreach of the population assigned to the territory (BRASIL, 2020). Nevertheless, the health needs of individuals within the FHS are not restricted exclusively to preventive demands, also encompassing treatment and rehabilitation actions. In addition, in practice, a large proportion of Family Health teams serve a number of families and address a diversity of health problems that exceed those anticipated by the programs and by the management of the healthcare system (BRASIL, 2020).

Based on the above, the preparation of this experience report is justified by the need to deepen the understanding of the role of PHC, more specifically the FHS, in medical education, particularly regarding the development of a more humanized, resolutive, and person-centered practice in the context of HC. Furthermore, it is relevant to deepen reflections and discussions on the impacts of HC on the "reduction of avoidable hospitalizations, continuity of care, and clinical outcomes within the context of Primary Health Care" (FERREIRA et al., 2026, p. 4).

The experience of students within the FHS constitutes a unique learning opportunity, as it promotes direct contact with individuals and communities. Thus, it allows students to encounter the complexity of the social determinants of the health-disease process, going beyond biomedical education, traditionally centered on clinical and hospital-based aspects. This contributes to the development of relational, ethical, and social competencies that are essential to the practice of medicine. Therefore, the present study aims to report students' experiences regarding HC, seeking to understand how this care strategy contributes to medical education.

MATERIALS AND METHODS

The methodological approach adopted is based on participant observation, direct experience within the FHS service, and critical reflection on the experiences, constituting a central element in the development of the present report. During the period of integration into the service, it was possible to follow the care practices, particularly HC, the team's work dynamics, and the interaction with users within the territory. This experience enabled a broader understanding of how the FHS operates.

This study adopts a descriptive and qualitative approach, in the form of an experience report, a method based on a written narrative that seeks to assimilate events or experiences, allowing an in-depth analysis of the subjective aspects involved. It represents a form of knowledge production that, combined with theoretical and scientific support, contributes to broadening learning and developing a more comprehensive understanding of personal experiences, valuing writing as an instrument for reflection and the sharing of diverse forms of knowledge (GROLLMUS; TARRÉS, 2015).

The qualitative approach, in turn, understands research as a means of accessing the meanings that individuals attribute to their experiences, relationships, and social practices. It is grounded in the pursuit of an in-depth understanding of phenomena, considering the complexity of lived reality and the subjectivity that constitutes it. Unlike quantitative methods, this perspective is not limited to data measurement but prioritizes the critical and reflective analysis of experiences, recognizing the meanings constructed in everyday life (MINAYO, 2016). Thus, knowledge production occurs in a procedural and dynamic manner, through a spiral movement in which each discovery gives rise to new questions, promoting a more humanized understanding that is connected to social practice.

Therefore, the experience report goes beyond the mere narration of events and seeks to value the experience itself through reflective analyses, based on a theoretical-methodological approach that favors an in-depth understanding of what was experienced. Accordingly, the methodology adopted here aims not only to report the experience but also to understand and critically interpret it, contributing to the production of relevant knowledge on the topic addressed.

Thus, this report results from experiences provided by the Collective Health II component, which is part of the curriculum of the Medicine program at a university on the western border of Rio Grande do Sul, in accordance with the Undergraduate Program Pedagogical Project (PPC). This component is mandatory in the second semester of the curriculum, with a total workload of 120 hours, comprising a theoretical component (90 hours) and a practical component (30 hours), and aims to understand the organization and work processes within PHC, recognizing biopsychosocial and environmental aspects related to the health of individuals, families, and communities within the context of their territories.

The students carried out this practice specifically in an FHS setting in the aforementioned geographic region, between June and July 2025. The unit serves approximately 10,000 users and comprises two multidisciplinary teams, including two female physicians, three nurses, seven female community health workers, and four nursing technicians. In addition to these teams, the service receives support from a multidisciplinary team consisting of a nutritionist, a dentist, a physical education professional, and a psychologist, thereby expanding the capacity to provide comprehensive care to the population.

This unit develops a comprehensive range of actions within PHC, including individual consultations and procedures such as abscess drainage, medication administration, vaccinations, longitudinal follow-up, and group activities. Among the services provided are anthropometric assessment; measurement of vital signs; capillary blood glucose testing; medical, nursing, dental, and nutritional care; prenatal care, newborn follow-up, and childcare; dressing changes; rapid testing for HIV, syphilis, and hepatitis B and C; cytopathological examinations and pregnancy tests; home visits; health education activities within the territory; and referrals to specialists when necessary (App SAU, 2024).

In addition, the FHS provides differentiated services through group activities, such as activities with a physical education professional, guided walks, a weight-loss group, a pregnant women's group, and groups for individuals with hypertension and diabetes. These actions demonstrate the comprehensiveness of the unit's healthcare services and its strategic role in health promotion, disease prevention, and continuity of care for the population.

The territory in which the unit is located is characterized as a consolidated urban area, presenting age diversity and a slight predominance of females. A significant concentration of children, adolescents, and young adults was observed, requiring longitudinal follow-up, particularly about maternal and child health and chronic conditions. It is a region relatively close to the municipality's central area, with good integration with the rest of the city and crossed by important roads, facilitating urban mobility and access to services (URUGUAIANA, [s. d.]).

The area has a network of predominantly small-scale commercial establishments, including pharmacies, bakeries, snack bars, automotive repair shops, and other essential services, contributing to meeting the daily needs of the local population. It has consolidated basic infrastructure, with mostly paved streets, as well as schools, community spaces, and religious institutions, which contribute to an active social dynamic and strong community ties. The local profile is predominantly residential and family-oriented, with interaction between long-term residents and workers in the region, reflecting a more stable daily routine and closer neighborhood relationships. Although it is not an area with a wide range of services, leisure,

and cultural activities, it presents generally satisfactory living conditions within the local context, reinforcing the importance of intersectoral actions and continuous healthcare to maintain and improve the population's quality of life (IBGE, 2022).

RESULTS AND DISCUSSION

The HC, developed within the FHS territory, made it possible to identify the living conditions, health conditions, and vulnerabilities of users and their families followed by the teams. In total, seven visits were conducted with users presenting diverse profiles, including individuals living with chronic conditions, bedridden older adults, and families experiencing economic and social vulnerability.

The follow-up was conducted by a nurse and a CHW and, at times, also included the participation of the team's physician. The experience made it possible to observe that most of the demands were related to the clinical monitoring of users affected by different illnesses, particularly chronic conditions such as arterial hypertension and type 2 diabetes.

The actions also included health education practices and the identification of social and environmental factors that could compromise the quality of life of families. In this context, health education from a health promotion perspective was conducted in a manner adapted to the reality of each family unit, seeking to promote users' autonomy in caring for their own health. Guidance was provided on the correct use of medications, adherence to treatment for chronic conditions, healthy eating with the assistance of the nutritionist, and disease prevention, always considering the prior knowledge of the individuals being followed.

At the same time, the identification of social and environmental factors demonstrated the strong influence of social determinants of health on the health-disease process, reinforcing that the conditions in which individuals are born, grow, live, and work have a direct impact on health outcomes (MARMOT, 2020).

Vulnerable aspects such as housing conditions, inappropriate medication use, and difficulties in accessing healthcare services were shown to be directly related to the worsening of clinical conditions and difficulties in adhering to the recommendations proposed by the team. Thus, HC enabled not only clinical care but also the development of more comprehensive interventions, integrating health promotion and disease prevention actions and, when necessary, referrals to other points within the healthcare network. Corroborating Lima et al. (2022), HC goes beyond strictly clinical care, allowing the identification of vulnerabilities and needs related to the social and family context, thereby promoting comprehensive interventions and better organization of care within the FHS.

The actions developed by the team included the assessment of bedridden users, therapeutic review and updating of prescriptions, when necessary, wound care, and measurement of vital signs, particularly systemic blood pressure, due to the high prevalence of systemic arterial hypertension (SAH). Procedures such as urinary and nasoenteric catheterization, vaccination, and guidance to family members of users with sequelae resulting from stroke (CVA) were also performed. Questions regarding treatments were also clarified, aiming to increase family autonomy in providing care.

Regarding the immediate impacts observed, strengthened bonds between the healthcare team and users were identified, particularly when the presence of professionals and students was perceived as emotional, social, and clinical support. In addition, some families demonstrated greater understanding of the guidance provided and greater participation in care, reinforcing health education and the relevance of the FHS in the daily lives of individuals and communities.

Therefore, although positive results were observed, challenges were also identified, particularly those related to limitations in the FHS human resources, which restricted home care for families. Nevertheless, the experience demonstrated that HC constitutes an important strategy for student education, as it promotes an understanding of families' real-life contexts and the planning of health actions that are consistent with the living conditions of individuals and communities.

In this context, the students' integration into the territory enabled not only the recognition of demographic, social, economic, and territorial aspects that influence the health-disease process, but also practical experience of the dynamics of care for individuals and work within the FHS. This experience facilitated the integration of theory and practice, allowing for a critical analysis of the actions developed, as well as a broader and contextualized understanding of the health needs of the population receiving care.

FINAL CONSIDERATIONS

The practical immersion in the context of HC achieved the established objectives, consolidating itself as an essential care modality for medical education. The practical activities moved beyond the traditional biomedical model by immersing students in the reality of the population's socioeconomic determinants, fostering reflections on the importance of relating users' living conditions to healthcare.

The experience reported demonstrated that the dynamics of care transcend isolated outpatient clinical practice, showing that the effectiveness of follow-up is directly associated with health education actions developed from a health promotion perspective and adapted to the needs of individuals and their communities. Such actions aim to promote users' autonomy and strengthen their bonds with the healthcare team.

On the other hand, a more in-depth analysis of the experience reveals operational weaknesses that limit the expansion and consolidation of PHC. Among these, the workload of FHS professionals, insufficient human and structural resources, and socioeconomic barriers present in the territory stand out as factors that compromise the problem-solving capacity of the teams and hinder the provision of comprehensive and continuous care to the population.

It is concluded that strengthening PHC as the coordinator of care requires organizational and structural investments, combined with management models that enhance integration among the different levels of care. In this context, HC stands out as an essential component of the FHS for the implementation of the four essential attributes of PHC. In addition, HC expands access, strengthens the bond among the healthcare team, users, and family members, promotes longitudinality of care, and addresses clinical and social needs within the territory.

REFERENCES

BRASIL. Ministério da Saúde. Modalidades de Atenção Domiciliar. Brasília: Ministério da Saúde, 13 jul. 2021. Atualizado em 05 ago. 2024. Disponível em: https://www.gov.br/saude/pt-br/composicao/saes/dahu/atencao-domiciliar/modalidades. Acesso em: 23 nov. 2025.

FERREIRA, B.C.N. et al. Atenção domiciliar no SUS e atuação da equipe multiprofissional: impactos na redução de internações evitáveis, continuidade do cuidado e desfechos clínicos na atenção primária. Veredas do Direito, [S. l.], v. 23, e235398, 2026. Disponível em: https://revista.domhelder.edu.br/index.php/veredas/article/view/5398. Acesso em: 10 abr. 2026.

GIOVANELLA, L.; FRANCO, C.M.; ALMEIDA, P. F. Política Nacional de Atenção Básica: para onde vamos? Ciência & Saúde Coletiva. Rio de Janeiro, v. 25, n. 4, p. 1475–1482, 2020.

Disponível em: https://www.scielo.br/j/csc/a/TGQXJ7ZtSNT4BtZJgxYdjYG/. Acesso em: 07 jul. 2025.

GROLLMUS, N.S.; TARRÉS, J.P. Stories about Methodology: Diffracting Narrative Research Experiences. Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, [S. l.], v.16, n.2, 2015. DOI: 10.17169/fqs-16.2.2207. Disponível em: https://www.qualitative-research.net/index.php/fqs/article/view/220. Acesso em: 06 jul. 2025.

IBGE (Instituto Brasileiro de Geografia e Estatística). Malhas territoriais. [s. l.]: IBGE, [s.d.]. Disponível em: https://www.ibge.gov.br/geociencias/organizacao-do-territorio/malhas-territoriais/15774-malhas.html. Acesso em: 23 abr. 2026.

Lab. LASC. App SAU – Aplicativo de Saúde. Aplicativo móvel. Google Play, 2024. Disponível em: https://play.google.com/store/apps/details?id=br.com.app.gpu2406870.gpudb371431a3edf9840d81c6076ef1124f. Acesso em: 20 abr. 2026.

LIMA, A.C.B.; SOUZA, D.F.; FERRAZ, F.; CASTRO, A.; SORATTO, J. Função e atuação do serviço de atendimento domiciliar na perspectiva de profissionais da Atenção Primária à Saúde. Revista Brasileira de Medicina de Família e Comunidade, Rio de Janeiro, v. 17, n. 44, e3003, 2022. Disponível em: https://rbmfc.org.br/rbmfc/article/view/3003. Acesso em: 18 maio 2026.

MARMOT, M. Build Back Fairer: The COVID-19 Marmot Review – The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity, 2020.

MENDES, E.V. As redes de atenção à saúde. Brasília: Organização Pan-Americana da Saúde, 2011. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/redes_de_atencao_saude.pdf. Acesso em: 7 jul. 2025.

MINAYO, M.C.S. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec, 2016.

SCORE DE CIDADES. São João, Uruguaiana (RS): qualidade de vida e inteligência territorial. [S.l.]: Score de Cidades, [s.d.]. Disponível em: https://scorecidades.com.br/bairro/rs-uruguaiana-sao-joao/. Acesso em: 20 abr. 2026.

SOUSA, G.S.; CARDOSO, J.M.S.; CORTELA, D.C.B.; LANZA, F.M.; SILVA, P.R.S.; FERREIRA, S.M.B. Atributos Essenciais e Derivados da Atenção Primária à Saúde em Crianças e Adolescente com Hanseníase. Texto & Contexto – Enfermagem, Florianópolis, 2025. Disponível em: https://www.scielo.br/j/tce/a/QHPqyy57zmSg75T3YHPyWPS/?format=pdf&lang=pt. Acesso em: 23 mai. 2026.

STARFIELD, B. Primary care: balancing health needs, services, and technology. Rev. ed. New York: Oxford University Press, 2002. Disponível em: https://archive.org/details/primarycarebalan0000star_e7a4. Acesso em: 07 jul. 2025.

UNIVERSIDADE FEDERAL DO PAMPA (UNIPAMPA). Projeto pedagógico do curso de Medicina: bacharelado. Uruguaiana: UNIPAMPA, 2022. p. 58-85. Disponível em: https://repositorio.unipampa.edu.br/jspui/handle/riu/815. Acesso em: 06 jul. 2025.

URUGUAIANA (RS). Prefeitura Municipal. Mapas de Uruguaiana. Uruguaiana: Prefeitura Municipal, [s.d.]. Disponível em: https://www.uruguaiana.rs.gov.br/portal/servicos/1189/mapas-de-uruguaiana. Acesso em: 20 abr. 2026.