

Situational diagnosis in health: a method to bring residents closer to the socio-sanitary territory

Diagnóstico situacional en salud: un método para aproximar los residentes al territorio sociosanitario

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The Health Situational Diagnosis (hereinafter DSS) is one of the initial components to be approved by the residents, in the Brazilian context of the Multiprofessional Residency Programs in Family Health. Its main objective is to promote moments of contextual approximation with the social and health reality of the communities in which the residents will act during the two years of academic-professional training as future specialists. It is a real immersion in the local health system, especially in the primary care axis, with which the resident is expected to develop the collective skills of identification, interpretation and resolution of clinical and epidemiological situations reported by users enrolled in basic family health units (1).

In this order of ideas, the DSS confers a series of possibilities for the resident to experience the health care process from the perspective of family and community health, beyond the institutional walls. To achieve this goal, the ability to receive and process not only implicit data is required, since sometimes it will be the responsibility of the resident to reveal circumstances that have the potential to restrict the integrity of the proposed interventions, as well as interfere in the timely progress of health programs and services for the community.

The DSS proposes the displacement of residents to the homes of users with whom they have a care link, that is, those users who have been assigned due to the stages of territorialization and health regionalization that characterize the organizational model of family health and community (2). On the one hand, it contributes to the decongestion of the demands received in the health units and, on the other, it allows a fair distribution of the professional agendas of the residents. In addition, the *on-site* visits make it possible for the residents to determine the influence/impact that the social determinants of health exert on the clinical pictures presented by their users, to the extent that they provide a situational cut of the conditions and lifestyles, in the individual and community spheres.

Likewise, the DSS adopts the function of an evaluative instrument, by guaranteeing group reflection on the prominence of the family health strategy to

cause changes in the life contexts of the users followed longitudinally, being a more noticeable aspect in the case of communities with limited resources, which tend to express worse social and health indicators (3). In the debate proposed here, it is essential to understand the broader meaning of the DSS for local health management and planning processes, since it contemplates a return by the residents, about the main information highlighted in the DSS, which involves, consequently, a package of individual and collective interpretations for the significant problems that have repercussions in the observed socio-sanitary territories and the corresponding intervention proposals, seeking to offer medium and/or short-term solutions.

It is for all of the above that the DSS transforms the traditional image of the resident as a single provider of professional services, turning it into a key element for strengthening local family health networks.

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References

1. Gadelha AKS, Barreto ICHC. Integrated Health Residency: perception of the actors emphasizes Family and Community Health. *Interface (Botucatu)*. 2018; 22(Suppl. 1):1339-51. <https://doi.org/10.1590/1807-57622017.0183>
2. Faria RM. Territorialization of Basic Health Care of the Unified Health System of Brazil. *Collective Science and Health*. 2020; 25(11):4521-4530. <https://doi.org/10.1590/1413-812320202511.30662018>
3. Faerron Guzman CA. Complexity in Global Health– Bridging Theory and Practice. *Annals of Global Health*. 2022; 88(1): 49, 1–8. <https://doi.org/10.5334/aogh.3758>



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