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ADVANCED PRACTICE NURSE IN PRIMARY HEALTH CARE

ENFERMEIRA DE PRÁTICA AVANÇADA NA ATENÇÃO BÁSICA DE SAÚDE

ENFERMERA DE PRÁCTICA AVANZADA EN LA ATENCIÓN PRIMARIA EN SALUD

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In the international scenario, the debate regarding Advanced Practice Nurse (EPA) is characterized, mainly, by the increase of clinical practice that reaches more comprehensiveness and depth based on specific formation, preferably on Master's Degree level[1].

In Brazil, the debate is still limited to the Nursing representative entities, especially to the Associação Brasileira de Enfermagem (ABEn), the Conselho Federal de Enfermagem (Cofen) and to the Nursing Area Representation at the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes). In addition, it is registered recent publications concerning the theme[2,3] and it is known that nurses and health professionals are following the discussion.

Remarkable changes in the demographic and epidemiological profile of the Brazilian population and services organization in the health care network have reverberated in the nurses' job, which are developing care that integrate clinical actions of increasing complexity, in specialized care as well as in primary health care (PHC), which will be the focus of this reflection.

Debating EPA in PHC, in Brazil, requires taking in consideration the current scenario of the Brazilian National Health System (SUS) and the threatening retrocession in the horizon. Changes in the PHC and in the Family Health Strategy (ESF) are in course and seem to be inconsiderate in face of the robust evidences of the positive impact of ESF in the health conditions of the Brazilian population. For instance, the decrease in mortality by cerebrovascular diseases and of prevalence of cardiovascular diseases through actions of promotion, prevention and health recovery[4]. Recent study analyzes that ESF is producing good results in the health care for the population registered to the teams, which may be observed in the PHC attributes such as improvement in access and first contact; longitudinality and integrality of care[5]. This study indicates that integrality is provided by ESF team, Oral Care team and by the Family Health Care Support Center (NASF), which has interdisciplinary and inter-professional character, and, together they produce care to the multiple health dimensions of users, families and communities of the respective territories. Authors highlight that integrality in health care in the ESF also expresses a gradual increase in the practice scope of the different professionals that integrate the PHC [5].

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Nurses have solid participation in PHC and ESF, and based in this practice, they have been applying necessary changes to their performance scope. Since 1970's, when nurses started in PHC, their practices were predominantly managerial[6]. In the 1990's, with the implementation of ESF, was observed their involvement and increasing action in the direct care to the users, families and to the communities on the territories where it is possible to identify the social determinants of the health-disease-care-process, expressed in the life and work conditions of the population[7].

One of the polemics involving EPA in the PHC is that the nurses already perform a long list of duties[8]: besides the traditional actions of unity and work management, they develop care actions to the users and families, oriented by the collective dimension of health necessities and clinical care. It is important to recognize that all actions tend to gain complexity by the increasing acknowledgement of the social, cultural, epidemiological and clinical complexity of health necessities, which legitimately arrive at the primary care unities brought by the expansion of access and consolidation of PHC.

For that reason I believe that, it is necessary an extensive debate regarding what should be the role of the nurse in the Primary Health Care of the Brazilian National Health Care System. I believe that the long list of actions the professionals have been executing in the PHC in all country regions, correspond to the challenges and to the necessities which the Brazilian PHC is facing. Therefore, it is in opposition to these challenges and necessities, that the professionals and managers of the health system have pursued the best answers based on the SUS principles of universality, integrality, equity and social participation.

In addition to the resistance to any setback that menaces the continuous consolidation of the PHC of the SUS, two other aspects seem to me important in the debate about the EPA in PHC in the country. What are the meanings we recognize to the clinical practice of the nurse in the PHC? Also, how to guarantee consistency and quality to this clinical practice?

EPA definition presented by the Professional Nurses International Network/Advanced Nursing Practice of International Nursing Council[1:675], highlights that the EPA's have "capacity to make complex decisions and clinical competencies for the expanded practice, which characteristics are shaped by their context or country in which they have credentials to work".

Recent study that analyzes the nursing practice in the PHC in Brazil[8:Tela8] presents the predominance of assistance actions as nursing appointment, procedures, request for complimentary tests, medicine prescription, referrals of users to other services, perform scheduled activities and caring for spontaneous demand. Authors indicate that the PHC nurse clinical practice should be shaped by the expanded clinics in order to produce care centered in the user approaching the subject in the context and in the individual and collective sphere.

Another study also refers that nurses consider as clinical activities triage practices, nursing appointments (focused on prenatal, childcare, hypertension, diabetics, mental health), home visiting and work in group, and that in these search to redefine the meaning of actions in the expanded clinics perspective and self-caring with care centered in the users[7]. However, this study also analyzes that the nurses identify a tension between the hegemonic model of medical appointment, on which recognizes themselves executing "pseudo medical appointments", and the performing of "clinical care" with the contribution of Nursing practices which allow them to recognize themselves as protagonists in the "construction of expanded clinics practices, as one of the constitutive actions of the care dimension of the nurse's work".

Studies demonstrate that the nurse's clinical practice expansion in the PHC constitutes one reality consonant to the movement for expansion and consolidation of PHC, having increasing access as an answer to the necessities of the population health. Recently we watched the judicial challenges to the impediment of requesting tests by nurses from the PHC, through the ordinary action filed by the Conselho Federal de Medicina. As well as the suspension of such impediment in the face of the recognition that the nursing appointment, nursing diagnosis and the prescription of medicines based on protocols and other technical norms established by the administration of federal, state, municipality or federal

district governments, and observed the profession legal dispositions, constitutes competency of nurses from all over the country.

The second question places the need to define the adequate alterative of formation. There is also a wide debate here, but I defend that the formation of an EPA in PHC should be a Professional Master's Degree Program, for guarantee the accompanying and the evaluation of the experience of implementing EPA in Brazil, once the Graduate Programs have the evaluation practice ensured. However, for the newly graduated nurses, I understand that will be best the advanced practice formation in Professional Nursing Residency, which promote intense clinical learning with supervision in health services.

I believe that if we do not make a wide and clear debate about the EPA in PHC of the SUS, and build around it, yet temporarily, some consensus, we are at this moment assuming the risk of being left out of the discussions as we were in the process of expanding Nursing Undergraduate Courses. Which grew disorderly and presented an excessive offering of daytime and nighttime seats. Expanding also distance education with serious quality issues of an expressive number of programs according to the National Examination on Student's Development (Enade)[10].

I consider that the debate over the expansion of clinical practice and the EPA in PHC needs to involve not only nurses, as well as the diverse social actors implied with the increase in access and quality of care in the health care network of the Brazilian National Health Care System - our dear and indispensable SUS.

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