

The Singular Therapeutic Project As A Learning And Comprehensive Care Tool: Experience Report On The Management Of Chronic Pain In An Elderly Patient

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Abstract:

Background: Chronic pain is a complex condition that affects patients physically, emotionally, and socially. Addressing it effectively in primary care requires a holistic approach that integrates non-pharmacological and pharmacological strategies. The Singular Therapeutic Project (STP) enables personalized, patient-centered care through multidisciplinary collaboration.

Aim: This experience report aims to describe the practical learning experience of medical students implementing a STP for a patient with chronic pain, highlighting the impact on care and medical education.

Experience Report: During the second semester of 2024, medical students from Bragança, Pará, engaged in home visits through the STP framework under faculty supervision. These visits facilitated an expanded understanding of the patient's clinical and psychosocial context using tools such as genograms, ecomaps, and functional assessments. Students applied interventions to manage chronic pain and address barriers to medication adherence. Additionally, collaboration with the healthcare team ensured adjustments to care based on the patient's evolving needs, promoting reintegration into physical activities.

Conclusion: The implementation of the STP fostered practical and humanized learning by emphasizing empathy, teamwork, and communication skills. This approach strengthened the students' understanding of primary healthcare, enabling the development of professional competencies essential for managing complex patient cases and contributing to the patient's improved quality of life.

Keyword: Singular therapeutic project; Primary health care; Medical education; Family and community medicine.

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I. Introduction

Chronic pain is a complex health condition defined by persistent pain for more than three months, regardless of a specific identifiable cause. This condition, which significantly affects patients' quality of life, is characterized not only by the pain itself, but also by the psychological, emotional, and social impacts that accompany it (Dagnino; Campos, 2022). In the context of Primary Health Care (PHC), chronic pain management becomes fundamentally important, as it is at this level of care that the patient establishes a continuous bond with the health team, facilitating a comprehensive and longitudinal approach (Brasil, 2014).

PHC plays an important role in the early identification, monitoring, and treatment of chronic pain, promoting interventions that go beyond the use of medications. Among the available non-pharmacological alternatives, physical therapies such as exercise and physiotherapy, integrative practices such as acupuncture and massage therapy, and psychosocial approaches such as cognitive-behavioral therapy, which aim to treat the patient in a comprehensive manner, stand out (Brasil, 2022). These methods can be combined and adapted to the individual needs of the patient, respecting their clinical condition, preferences and social context (Brasil, 2014).

In this scenario, the development of a Singular Therapeutic Project (STP) emerges as an essential strategy for the personalized care of patients with chronic pain. The STP is a tool that allows the construction of a patient-centered care plan, prepared by a multidisciplinary team together with the patient and, when necessary, their family (Napoleão et al., 2023). The development of the STP involves fundamental steps, such as collecting

detailed information about the patient, defining therapeutic objectives, implementing specific interventions, and continuously monitoring results (Brasil, 2007).

These steps ensure that care is adjusted according to the patient's responses to interventions, allowing the plan to be flexible as needed. Thus, the STP can improve the patient's quality of life by mitigating the effects of chronic pain and promoting their autonomy and active participation in the care process, contributing to more effective and humanized treatment (Napoleão et al., 2023).

In this context, the present study aimed to describe an experience report where medical students performed a STP for a patient who had chronic pain, a condition that limited her mobility and prevented her from participating in activities that were fundamental to her physical and emotional well-being. Thus, the development of a STP became essential to address the patient's needs in an integrated and individualized manner. The project allowed the implementation of therapeutic strategies that included both the management of chronic pain and the gradual reintroduction of adapted physical activities, in addition to reinforcing the importance of adherence to the drug treatment of comorbidities. It is believed that this comprehensive, patient-centered care was effective in alleviating her physical symptoms and restoring her emotional well-being, promoting a significant improvement in her quality of life.

II. Experience Report

During the second semester of 2024, medical students had the opportunity to experience the practice of the Singular Therapeutic Project (STP) in a real context, through home visits in the territory of the Taíra Basic Health Unit (BHU) in the municipality of Bragança-PA. Under the supervision of the professor of the Teaching-Service-Community Integration axis V, and in partnership with a Community Health Agent (CHA), the patient was identified and selected for monitoring, due to the complexity of her clinical condition, requiring an integrated and personalized approach.

From the beginning, the home visits provided significant learning for the students by putting them in direct contact with the reality of the patient and her support network. The diagnostic phase stood out for allowing a broader understanding of the patient's physical, emotional and social conditions. The application of tools such as the genogram and the ecomap revealed to the students the family structure and social dynamics and bonds that influenced her health. In addition, students applied instruments such as the Beck Depression Inventory (BDI) and the Time Get Up and Go Test (TUGT) to assess the patient's mental health and mobility, identifying factors that could negatively impact her well-being. This approach showed students the importance of understanding the patient beyond physical symptoms, including emotional and contextual factors.

In addition to collecting clinical data, students learned to conduct a detailed medical history, developing empathetic communication and active listening skills, which are essential for creating a bond of trust with the patient. During this phase, it was essential to understand the barriers faced by the patient in relation to adherence to medication treatment and the importance of continuing physical activities, since these directly interfered with the management of her hypertension and chronic pain.

Implementing the treatment plan was a challenging phase, requiring flexibility and continuous adjustments on the part of the students. During each visit, unexpected situations arose that needed to be addressed in a practical and collaborative manner. For example, on days when the pain was more intense, the students adapted the proposed activities, prioritizing non-pharmacological interventions, such as relaxation techniques and foot baths, to provide immediate relief and motivate the patient.

Another relevant learning experience was the adaptation of the educational activities to ensure that the patient understood the importance of adherence to treatment. The students used strategies such as accessible reminders and informal conversations to reinforce the importance of regular medication use. This practical approach allowed the students to practice educational skills and explore health communication, fundamental elements in medical practice.

The experience demonstrated the importance of teamwork and collaboration with different professionals at the BHU. The students worked together with the multidisciplinary team, which adjusted the activities so that the patient could gradually reintegrate into the BHU exercise group. In addition, the partnership with the CHA was essential to closely monitor the patient's condition and quickly identify any need for intervention.

This interdisciplinary experience highlighted the importance of involving the patient's support network in the continuity of care. The proximity to the community and the appreciation of social ties showed students the influence of social determinants of health, especially in the context of chronic diseases. Finally, the reassessment phase was an opportunity for students to learn about the need for ongoing monitoring and adjustments to the treatment plan. Each week, students reassessed the patient's pain intensity, reviewed established goals, and proposed modifications to interventions as needed. This phase demonstrated that STP is a dynamic process in which the care plan must be constantly adapted to the patient's therapeutic responses and emerging needs.

III. Discussion

The first stage of the STP, diagnosis, is important for the construction of an effective and personalized care plan. In this phase, the team seeks to carry out a comprehensive assessment of the patient's condition, including not only physical aspects, but also emotional, social and environmental factors that influence her well-being (Brasil, 2007). Based on the data collected in the diagnostic phase, the planning stage begins. At this point, a personalized action plan is defined, with clear therapeutic objectives and well-defined deadlines.

The organization of a structured schedule allows the interventions to be applied sequentially and adapted to the patient's needs, ensuring greater effectiveness in the care process. To ensure that the planned actions are executed in a coordinated manner, the division of responsibilities is an essential step. In this phase, each member of the health team, including the patient and her family, assumes specific roles based on their skills and the nature of the necessary interventions. This process strengthens the cohesion of multidisciplinary work, ensuring that each intervention is carried out by those with the appropriate expertise (Brasil, 2007).

Reassessment, on the other hand, is essential to ensure that the strategies implemented are achieving the expected results and to make continuous adjustments to the care plan. Periodic analysis of the patient's progress, conducted through home visits and specific assessment instruments, allows the adaptation of interventions to the observed responses and to changes in clinical conditions over time (Brasil, 2007).

The genogram emerges as a useful tool for mapping family relationships and identifying hereditary and social patterns relevant to the patient's health. Allowing the visualization of family dynamics and significant events, the genogram helps in the creation of more personalized care plans, strengthening the understanding of the context in which the patient is inserted (Napoleão et al., 2023; Gomes and Dalla Vecchia, 2023).

Complementing this analysis, the ecomap provides a graphic representation of the connections between the patient and their social and community environment. By mapping support networks and the nature of relationships with family, friends, and institutions, it allows the identification of external factors that influence health. This tool helps professionals plan interventions that enhance social support and minimize stressors (Gomes; Dalla Vecchia, 2023).

In addition, the Clinical-Functional Vulnerability Index (IVCF-20) is a relevant tool for identifying the patient's vulnerability in relation to their health conditions and functional capacity. Composed of 20 items, the IVCF-20 assesses clinical and functional aspects, such as the presence of chronic diseases and the ability to perform daily activities. Its application allows the stratification of the patient's risk, facilitating the prioritization of the most appropriate interventions and optimizing clinical decision-making (Morais et al., 2026). Therefore, the integrated use of these tools in the STP — such as the genogram, the ecomap, and the IVCF-20 — favors a broader and individualized approach to care, considering the patient's family, social, and functional context. These instruments allow the multidisciplinary team to develop more precise interventions, strengthen the bond with the patient, and promote continuous, person-centered care.

Furthermore, in the assessment of the elderly, the Beck Depression Inventory (BDI) has proven to be a valuable tool for identifying depressive symptoms, which are prevalent in this age group, especially in patients with chronic and limiting conditions. Depression in the elderly often presents itself subclinically, masked by somatic complaints or associated conditions, such as chronic pain and degenerative diseases (De Lima Argimon et al., 2016). In the context of the STP, the application of the BDI allowed for a systematic assessment of the patient's emotional state, identifying signs of mild to moderate depression. This assessment is essential, as mental health directly influences adherence to treatment, motivation to participate in physical activities and management of chronic pain, impacting the overall quality of life of the elderly. In addition, early detection of depressive symptoms enables targeted interventions, both pharmacological and psychosocial, which can prevent the worsening of the condition.

The Time Get Up and Go Test (TUGT) is a practical and widely used tool to assess the risk of falls and functional mobility in the elderly. Reduced mobility, often associated with joint pain, such as that presented by the patient, can increase the risk of falls, which are one of the main causes of morbidity and loss of autonomy in the elderly (Podsiadlo; Richardson, 1991). In the STP, the application of the TUGT allowed an objective assessment of the patient's mobility capacity, identifying possible limitations and guiding the necessary interventions, such as adjusting physical activities and preventing falls in the home environment. This type of assessment was important for planning rehabilitation strategies and promoting the elderly's autonomy, while minimizing risks associated with functional loss.

The use of the STP in medical education has proven to be essential for integrating teaching, service and community, promoting practical experiences that bring students closer to the reality of primary care. The STP provides an individual-centered approach and strengthens the bond between students and the community, promoting a humanized and interprofessional vision of care. This experience fosters the training of professionals committed to comprehensive care, aligned with the needs of the Brazilian Unified Health System (SUS) (Ferreira et al., 2022).

In addition, it is noteworthy that the application of the STP enhances the development of interpersonal skills and the construction of an expanded clinic. The experience in different scenarios allows students to practice effective communication with the health team and families, in addition to developing critical skills for care management. Although there are challenges, such as limited time and difficulties in maintaining follow-up, these experiences strengthen the articulation between theory and practice and consolidate collaborative learning (Rocha et al., 2023).

In this way, the importance of the STP for the training of future doctors is reinforced by promoting practical and humanized learning. Home visits and multidisciplinary work encourage the development of empathy and respect, broadening students' perspectives on comprehensive care. Thus, the application of the STP not only improves the relationship with the community, but also enables students to work at different levels of care, consolidating the principles of the SUS and qualifying health care (Alencar et al., 2021). This articulation between teaching and practice demonstrates that the STP is an efficient tool for training professionals with technical and human skills, prepared to face the challenges of public health with a comprehensive and patient-centered approach.

IV. Conclusion

The experience of participating in the implementation of a STP provided students with an in-depth view of comprehensive, patient-centered care. They were able to understand that, in order to achieve significant results, it is necessary to go beyond prescriptions and protocols, considering the individuality and circumstances of each patient. Direct interaction with the patient and the health team allowed them to develop communication, empathy, and teamwork skills, which are essential for medical practice.

This experience also reinforced the importance of primary health care as a training and practice space for future professionals. The proximity to the community and contact with complex situations strengthened the students' understanding of the challenges and potential of longitudinal care, emphasizing the need for a careful and human approach to caring for others.

In summary, the participation of medical students in conducting the STP proved to be an enriching experience, providing technical learning and the development of human and interpersonal skills. Continuous monitoring and periodic reassessments ensured that the interventions were effective and adjusted to the patient's needs, promoting a significant improvement in her quality of life.

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