

EXPERIMENT REPORT

ACADEMIC MENTORING AND CARE FOR A PERSON WITH A STOMA: EXPERIENCE REPORT

MONITORIA ACADÊMICA E O CUIDADO DA PESSOA COM ESTOMIA: RELATO DE EXPERIÊNCIA

PRÁCTICAS ACADÉMICAS Y ATENCIÓN PARA PERSONAS OSTOMIZADAS: RELATO DE LA EXPERIENCIA

Nayara Cavalcante Fernandes ¹

Regina Ribeiro Cunha ²

Arthur Ferreira Brandão ³

Luciana Lima da Cunha ⁴

Pérola Dias Barbosa ⁵

Cassilene Oliveira da Silva ⁶

Maria Samara Alves da Silva ⁶

¹ RN. Hospital Metropolitan de Urgência e Emergência. Belém, PA – Brazil.

² RN. PhD. Adjunct Professor of the Universidade Federal do Pará – UFPA and Universidade do Estado do Pará – UEPA. Leader of the Amazonian Research Group on Stomatherapy Nursing – ENFESTA/UFPA, Belém, PA – Brazil.

³ RN. School Health Program – PSE of the Secretary of Health of the Municipal Prefecture of Abaetetuba. Member of the ENFESTA/UFPA, Belém, PA – Brazil.

⁴ RN. Scientific Initiation Grant of the Fundação Amazônia de Amparo a Estudos e Pesquisas do Pará – FAPESPA, Belém, PA – Brazil.

⁵ RN. Member of the ENFESTA/UFPA, Belém, PA – Brazil.

⁶ Undergraduate Nursing Student. Scientific Initiation Grant of the FAPESPA/ UFPA. Member of the ENFESTA/UFPA, Belém, PA – Brazil.

Corresponding Author: Regina Ribeiro Cunha. E-mail: reginaribeirocunha@gmail.com

Submitted on: 2014/07/24

Approved on: 2015/03/30

ABSTRACT

This study aimed to report an experience of academic mentoring of the care process in the perioperative period of ostomy surgery in an undergraduate nursing course, with a group of mentors consisting of five students. **Method:** A descriptive experience report study conducted at the university hospital in Belém/PA/Brazil, from March of 2011 to December of 2012, during clinical classes on curricular activity in medical-surgical nursing, taking as reference the process of caring for people with a stoma. **Results:** Mentoring is a teaching-learning process that contributes to concrete academic development. **Conclusion:** The mentoring activities stimulate learning by other students under the teaching responsibility, along with the actions of health education across the rehabilitation process of people with a stoma.

Keywords: Education, Nursing; Perioperative Care; Surgical Stomas; Nursing Education.

RESUMO

Este estudo tem como objetivo relatar uma experiência de monitoria do curso de graduação em Enfermagem com uma equipe de monitores que foi composta de cinco estudantes sobre o processo de cuidar no período pré-operatório de cirurgia geradora de estomia. Método: estudo descritivo, tipo relato de experiência, desenvolvido no hospital universitário na cidade de Belém-PA, Brasil, no período de março de 2011 a dezembro de 2012, durante aulas práticas na Atividade Curricular Enfermagem Médico-Cirúrgica, tomando como referência o processo de cuidar de pessoas com estomia. Resultados: a monitoria é processo de ensino-aprendizagem que contribui para o desenvolvimento acadêmico concretamente. Conclusão: as atividades desenvolvidas na monitoria impulsionam o aprendizado dos demais estudantes sob a responsabilidade docente e, principalmente, as ações de educação em saúde frente ao processo de reabilitação de pessoas com estomia.

Palavras-chave: Educação em Enfermagem; Assistência Perioperatória; Estomas Cirúrgicos; Cuidados de Enfermagem.

RESUMEN

Este estudio tiene como objetivo describir una experiencia de monitoreo del curso de grado en Enfermería con un equipo de 5 monitores durante el período pre operatorio de cirugía de ostomía. Se trata de un estudio descriptivo, tipo relato de experiencia, desarrollado en el hospital universitario de la ciudad de Belém / PA / Brasil, entre marzo de 2011 y diciembre de 2012, durante las clases prácticas de la asignatura Enfermería Médico-quirúrgica, tomando como referencia el proceso de atención de pacientes ostomizados. El monitoreo es el proceso de enseñanza-aprendizaje que contribuye al desarrollo académico específicamente. Estas prácticas impulsan el aprendizaje de los demás estudiantes bajo responsabilidad de los docentes y, principalmente, las acciones de educación en salud ante el proceso de rehabilitación de los pacientes ostomizados.

Palabras clave: Educación en Enfermería; Atención Perioperativa; Estomas Quirúrgicos; Atención de Enfermería.

INTRODUCTION

Mentoring is an educational support service offered to undergraduate students interested in deepening their knowledge and in overcoming difficulties with some topics during classes.¹ Among the several academic activities developed at the university, mentoring has a concrete perspective that contributes to the development of the teaching-learning process, associated with the technical and scientific qualification of the student mentor, in line with the educational process of the undergraduate course.

Mentoring emerges in this context, contemplated by a public notice of the Undergraduate Studies Dean (PROEG) at *Universidade Federal do Pará* (UFPA) in the curricular activity of medical-surgical nursing. This activity is the curriculum matrix of the undergraduate nursing course at the School of Nursing (FAENF), at the Institute of Health Sciences (ICS) of UFPA, developed in 204 hours: 85 theoretical hours and 119 clinical hours. Among the skills and abilities to be developed, it is intended for students to: a) plan the nursing process for the patient during the perioperative period, based on nursing theories; b) arouse critical-reflective attitudes for decision making across the healthcare team, patient and responsible person/caregiver in practice scenarios; c) collaborate in conducting inpatient and outpatient nursing appointments, seeking to implement the referral and counter-referral program of the health system; d) guide users and family on participation in possible programs/social associations.²

This report is justified by the interest in sharing the experiences of student mentors, focused on health care for people with an ostomy. An ostomy is created by a surgical opening, whose name depends on the exteriorized organ.³ People with a stoma must use safety and security equipment and assistive devices attached to the abdominal wall to collect feces, urine or gas. Neoplasias prevail among the several causes that require construction of a stoma.⁴

Considering that several activities are developed in the hospital setting, and in view of the many aspects that involve the rehabilitation of people with an ostomy, the care process in the perioperative period of ostomy surgery should be initiated when the medical diagnosis and indication of a surgical procedure are given.

The perioperative period is characterized by three distinct phases: preoperative, intraoperative and postoperative. The surgical patient is unsettled by the information about his/her disease, the surgery and the requirement of a stoma. The patient and family are eager for and receptive to information that supports them in working on their anxiety and fear of the unknown, and which activates their coping mechanisms.⁵

In addition to nursing care regarding physical, nutritional, intestinal and skin preparedness, particularly the preoperative ostomy demarcation, psychosocial training should be emphasized that focuses on the rehabilitation process of each person with an ostomy, which is considered to be a physical disability.⁶

Education for self-care, proper instruction on the use of a pouch system, safety and security protective aids, and local assessment during cleaning are nursing actions that must be initiated beginning in the preoperative phase, with a view toward preventing complications of the stoma and peristomal skin.⁷ The emphasis on self-care has been described as an alternative to enable the person to actively participate in his/her treatment by stimulating the responsibility for the continuity of care in his/her household.⁸

This study aimed to report an experience of academic mentoring on the care process in the perioperative period of ostomy surgery in an undergraduate nursing course, with a group of mentors consisting of five students.

METHOD

This is an experience report on the care process in the perioperative period of ostomy surgery during clinical hours in the medical-surgical nursing curricular activity in the undergraduate nursing course at FAENF/ICS/UFPA. The experience report provides a type of information consisting of recorded situations and/or relevant cases that occurred during a given situation. The clinical classes were developed in the surgical clinic of a university hospital in the city of Belém, PA, Brazil, from March of 2011 to December of 2012. The student mentors were selected from the Mentoring Program notice at PROEG/UFPA.

UNVEILING THE DAY-TO-DAY MENTORING GIVEN THE CARE PROCESS OF A PERSON WITH OSTOMY

The clinical hours occurred during the morning. Each subgroup consisted of an average of seven students who performed their activities under direct supervision of the faculty coordinator and a student mentor. The activities developed in the surgical clinic were directed to the surgical patient. The pre and postoperative nursing visit was a daily routine of all hospitalized people. The nursing educational activity⁹ was established during the preoperative phase, constituting an essential element in the success of the whole care process until the time of discharge. At that point, the team observed the patient's and his/her family's fears and doubts about the surgery. With information from the nursing assessment, the team met to discuss the evidenced defining characteristics and related factors, and thereby establish the nursing diagnosis and care plan, and implement the relevant nursing interventions for every basic need that was affected.

Having Freire's pedagogy as a background, people were encouraged to become familiar with their ostomy. Health education permeated the entire nursing care. After breakfast, the person with the ostomy was accompanied to the bathroom,

where a chair was placed inside the shower stall to facilitate the shower, relieve the typical fatigue common during the first post-operative days, and also because most patients were elderly. Removal of the adhesive barrier of the pouch system was demonstrated with the participation of the person with the ostomy. They received instructions on showering and cleansing of the ostomy and peristomal skin. When the shower was finished, the person was accompanied to his/her bed, where care was provided to the surgical opening and the stoma. A new pouch system was adapted and the whole process was performed, step by step, with the participation of the person with the ostomy and his/her companion, usually a family member.

During the change of the pouching equipment, doubts were clarified; thus, the person would become more familiar with this technology, and finally, be aware of the importance of knowing the routine removal of the adhesive barrier, noting the ostomy and peristomal skin conditions, and applying a new pouch system. Problem-based teaching of the several possibilities of self-care with the ostomy can result in the safety required for the recovery of health and well-being.¹⁰

To enable acceptance, a mirror was offered to facilitate visualizing the stoma, since this accessory is not available in the restrooms of public hospitals. The protective and safety equipment and assistive devices for ostomy were introduced before use. Every person was instructed to touch, assemble, disassemble, become familiar with the equipment, which thereby reflects on self-care at home, clarifying doubts about the beginning of the process of adaptation to the stoma, which tends to differ between people.

The participation of people with an ostomy in the care process makes them more active, and their involvement reflects their autonomy,¹⁰ given the limitations imposed by the surgical treatment. People in the postoperative period received immediate and mediate care according to individual needs, either as verbalized by the person him/herself, his/her family, or as evidenced by the team.

The first impact faced by people in the postoperative period is usually the change in body image,³ due to the presence of the pouch system on the abdomen. In this first moment there must be a repetition of the nursing educational intervention performed during the preoperative phase, and performance of self-care, which must be started during hospitalization with inclusion of the family.

People with a confirmed hospital discharge received the written nursing prescription, signed and stamped by the student mentors, and ratified by the faculty coordinator, containing relevant instructions for the general, specific postoperative care and instructions to complete the registration in the Stomatherapy Service at the State Secretariat of Public Health and the Pará Association of Ostomy (AOPA).

The mentoring exercise during the undergraduate course is considered a support activity to the teaching-learning process, and preparation for future faculty training, which enables participants to gain experience and knowledge, both in the aspects of popular and technical-scientific knowledge.¹¹ The opportunity of combining technical-scientific knowledge with clinical nursing practice contributed in a positive way to the development, improvement and revision of procedures with direct supervision of the faculty coordinator. Care for people with an ostomy was favored by the involvement with this academic activity.

The educational activity of instructing people with an ostomy and their families, performed by the faculty coordinator and student mentors, can be considered a strategy that must integrate the idea of the existence of specialized care and the recognition by the person him/herself of the importance of his/her inclusion in the care process, from the preoperative phase until hospital discharge.⁷

During the mentoring period, the interaction between students, faculty and health professionals that participated in daily activities was evident, especially the approach with each person receiving nursing care during the curricular practice. Thereby, the implication of mentoring for nursing practice is the improvement of the quality of care provided to every person with an ostomy, and their families, at all stages of life.

The mentoring exercise results in improvements to the student mentor and other students. The student mentor develops him/herself academically and the other students have support in clinical classes, improve their view of clinical, develop technical dexterity, have longer contact with the technologies that are relevant to nursing interventions, and have incentive for research and extension activities. Teaching-learning in nursing requires a differentiated method and time in clinical classes. Nursing care is individualized, demands scientific knowledge, and a given time according to the responses of each person and/or family receiving care. Therefore, the implications of mentoring in education are essential, directly contributing to the process of student training and teaching activities of each school period.

LIMITATIONS OF THIS STUDY AND RECOMMENDATIONS FOR FUTURE RESEARCH

This work comprises only student mentors in one educational institution, the School of Nursing of the Institute of Health Sciences, at the *Universidade Federal do Pará*. As already stated, it is an experience report, therefore it is relevant that future studies work with a greater number of student mentors of different undergraduate courses, accompanying the entire teaching-learning process.

The full-time undergraduate nursing course from 2009² is an impediment to the schedule of the student mentor in the mentoring activities. The structuring factors of the health care services, which do not have an environment with privacy for nursing care or the necessary number of hospital items required to perform technical nursing procedures, constitute a major challenge to the faculty and the student mentor, given the need for articulation between theory and curriculum practice in health care services.

Although mentoring was performed in a university hospital, the academic management was not part of the process of pedagogical program development in the undergraduate course; there is no involvement in planning and development of curriculum practices; the goals of academia and the university hospital are extremely divergent.

FINAL CONSIDERATIONS

This study aimed to report a mentoring experience of the care process in the perioperative period of ostomy surgery, in an undergraduate nursing course, with a team of mentors consisting of five students.

Mentoring demands a proactive attitude of the student mentor, contributes to the improvement of education by means of innovation in nursing care practices, motivating teaching strategies that can consolidate curricular practices. Mentoring seeks further academic improvement given the opportunity to experience theoretical and practical activities, thereby enabling a review of the content and deepening of studies by constantly updating and including oneself in activities in different realities in the hospital, ambulatory clinic and meetings with patients' associations.

The study is expected to contribute to the professional understanding of the activities developed by the student mentor and to sensitize academic management staff of the university hospital about the importance of their participation in the planning and development of curricular practices, in order to decrease the extreme divergence between educational goals and the service's goals.

ACKNOWLEDGEMENT

The authors acknowledge the nurses, Zélia Oliveira Saldanha and Silvana Sagica de Vasconcelos, for their collaboration during the writing of the manuscript.

REFERENCES

1. Haag GS, Kolling V, Silva E, Melo SCB, Pinheiro M. Contribuições da monitoria no processo ensino-aprendizagem em enfermagem. *Rev Bras Enferm.* 2008; 61(2):215-20.
2. Universidade Federal do Pará. Instituto de Ciências da Saúde. Faculdade de Enfermagem. Projeto Pedagógico do Curso de Enfermagem. Belém: UFPA; 2008. [Cited 2012 Apr. 05]. Available from: <http://www.ufpa.br/ics/arquivos/pppenfermagem.pdf>
3. Cascais AFMV, Martini JG, Almeida PJS. O impacto da ostomia no processo de viver humano. *Texto Contexto Enferm.* 2007; 16(1):163-7.
4. Silva AC, Silva GNS, Cunha RR. Caracterização de pessoas estomizadas atendidas em Consulta de Enfermagem do Serviço de Estomaterapia do Município de Belém-PA. *Rev Estima.* 2012; 10(1):12-9.
5. Callegaro GD, Baggio MA, Nascimento KC, Erdmann AL. Cuidado perioperatório sob o olhar do cliente cirúrgico. *Rev Rene.* 2010; 11(3):132-42.
6. Brasil. Ministério da Saúde. Portaria nº. 400, de 16 de novembro de 2009. Estabelece Diretrizes Nacionais para a Atenção à Saúde das Pessoas Ostomizadas no âmbito do Sistema Único de Saúde – SUS, a serem observadas em todas as unidades federadas, respeitadas as competências das três esferas de gestão. *Diário Oficial da União* 18 de novembro de 2009; Seção 1.
7. Mendonça RS, Valadão M, Castro L, Camargo TC. A importância da Consulta de Enfermagem em pré-operatório de Ostomias Intestinais. *Rev Bras Cancerol.* 2007; 53(4):431-5.
8. Tosato SR, Zimmermann MH. Conhecimento do indivíduo ostomizado em relação ao autocuidado. *Rev Conexão UEPG.* 2007; 2(1):34-7.
9. Schwartz MP, Sá SPC. Ação educativa do enfermeiro no pré-operatório da confecção do Estoma Intestinal: revisão integrativa. *Rev Enferm UFPE on line.* 2013; 7(esp):6233-7.
10. Martins PAF, Alvim NAT. Plano de cuidados compartilhado junto a clientes estomizados: a pedagogia Freireana e suas contribuições à prática educativa da enfermagem. *Texto Contexto Enferm.* 2012; 21(2):286-94.
11. Nascimento FB, Barletta JB. O olhar do docente sobre a monitoria como instrumento de preparação para a função de professor. *Rev Cereus.* 2011; 5. [Cited 2014 July 10]. Available from: www.ojs.unig.edu.br/index.php/1/article/download/57/75.