

## Methodology for constructing the patient's itinerary as a candidate for heart transplantation

*Metodología para la construcción del itinerario del paciente candidato a trasplante cardíaco*

*Metodologia de construção do itinerário do paciente candidato ao transplante cardíaco*

**Andreza Serpa Franco<sup>1</sup>**

ORCID: 0000-0001-5008-1345

**Ana Lucia Cascardo Marins<sup>1</sup>**

ORCID: 0000-0002-8485-8308

**Karla Biancha Silva de Andrade<sup>1</sup>**

ORCID: 0000-0002-6216-484X

**Raquel de Mendonça Nepomuceno<sup>1</sup>**

ORCID: 0000-0003-3848-7398

**Cristiano Bertolossi Marta<sup>1\*</sup>**

ORCID: 0000-0002-0635-7970

**Camila Medeiros dos Santos<sup>2</sup>**

ORCID: 0000-0002-7683-8235

**Isabelle Araujo da Silva Alves da Silva<sup>2</sup>**

ORCID: 0009-0005-3451-9657

**Ana Carolina Eiris Pimentel<sup>2</sup>**

ORCID: 0000-0003-3631-010X

**Fernanda de Pádua Soares<sup>2</sup>**

ORCID: 0009-0005-1972-1398

**Luiz Carlos dos Santos Rocha<sup>2</sup>**

ORCID: 0000-0002-8555-7531

**João Pedro da Hora Silva Barros<sup>2</sup>**

ORCID: 0000-0002-6486-4292

**Jessica França Pereira<sup>2</sup>**

ORCID: 0000-0002-3889-5378

**Layla Viana Rodrigues Lima<sup>2</sup>**

ORCID: 0009-0008-3416-0527

**Marcelly Martins Alves<sup>2</sup>**

ORCID: 0009-0003-2195-3441

<sup>1</sup>Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil.

<sup>2</sup>Hospital Universitário Pedro Ernesto, Rio de Janeiro, Brazil.

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### \*Corresponding author:

[cristianobertol2014@gmail.com](mailto:cristianobertol2014@gmail.com)

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### Abstract

The aim was to report the experience regarding an educational activity on the itinerary of patients who are candidates for heart transplantation. This is a descriptive-reflexive study, of a qualitative nature, in the form of an experience report. The study setting was in a University Hospital in the State of Rio de Janeiro, in March 2023, with residents from the cardiovascular nursing program, tutors, and nurses on duty with experience in transplantation. The activity proposed in a playful way using kraft paper, to build a mural of continuities and images of visual representation with the technologies and actors involved in the patient's itinerary, enabled discussion about the transplant recipient's journey from indication for transplant to follow-up at the post-operative period, involving possible entry points according to the patient's clinic and socio-family context, through care mapping. At the end of the activity, it was possible to improve the participants' knowledge, explore teamwork, creatively organize the proposed itineraries, clarify doubts, and contribute to improving assistance in different areas of activity beyond hospital care.

**Descriptors:** Heart Transplantation; Nursing; Therapeutic Itinerary; Professional Qualification; Cardiology.

### Resumen

El objetivo fue relatar la experiencia de una actividad educativa sobre el itinerario de pacientes candidatos a trasplante de corazón. Se trata de un estudio descriptivo-reflexivo, de carácter cualitativo, en forma de relato de experiencia. El escenario del estudio fue un Hospital Universitario del Estado de Rio de Janeiro, en marzo de 2023, con la participación de residentes del programa de enfermería cardiovascular, tutores y enfermeros de guardia con experiencia en trasplante. La actividad propuesta de manera lúdica, utilizando papel kraft, para construir un mural de continuidades e imágenes de representación visual con las tecnologías y actores involucrados en el itinerario del paciente, permitió discutir sobre el recorrido del trasplantado desde la indicación para el trasplante hasta el seguimiento en el hospital. postoperatorio, involucrando posibles puntos de entrada según el contexto clínico y sociofamiliar del paciente, a través del mapeo de cuidados. Al finalizar la actividad se pudo mejorar los conocimientos de los participantes, explorar el trabajo en equipo, la creatividad y organizar los itinerarios propuestos, aclarando dudas y contribuyendo a la mejora de la asistencia en diferentes áreas de actividad más allá de la asistencia hospitalaria.

**Descriptores:** Trasplante de Corazón; Enfermería; Ruta Terapéutica; Formación Profesional; Cardiología.

### Resumo

Objetivou-se relatar a experiência referente a uma atividade educativa sobre o itinerário do paciente candidato ao transplante cardíaco. Trata-se de um estudo descritivo-reflexivo, de natureza qualitativa, na modalidade de relato de experiência. O cenário de estudo foi em um Hospital Universitário do Estado do Rio de Janeiro, no mês de março de 2023, com a participação de residentes do programa de enfermagem cardiovascular, tutores e enfermeiros plantonistas com experiência em transplante. A atividade proposta de forma lúdica com uso de papel kraft, para construção de mural de continuidades e imagens de representatividade visual com as tecnologias e atores envolvidos no itinerário do paciente possibilitou a discussão sobre o percurso do transplantado desde a indicação ao transplante até o acompanhamento no pós-operatório, envolvendo as possíveis portas de entrada de acordo com a clínica do paciente e contexto sociofamiliar, através do mapeamento do cuidado. Ao final da atividade foi possível aprimorar o conhecimento dos participantes, explorar o trabalho em equipe, a criatividade e organizar os itinerários propostos, esclarecendo dúvidas e contribuindo com o aperfeiçoamento da assistência nas diferentes áreas de atuação além da assistência hospitalar.

**Descritores:** Transplante de Coração; Enfermagem; Itinerário Terapêutico; Formação Profissional; Cardiologia.



## Introduction

The itinerary that the user takes within a health network, also known as the line of care, is the image designed to express the care flows guaranteed to users. The line of care incorporates comprehensive health care, which means unifying preventive, curative, and rehabilitation actions<sup>1</sup>.

The construction of the line of care requires the organization of health services that involve the entirety of the subject to facilitate "walking the network", the processes must be recognized and organized and have a guideline in which the services operate on users' needs and no longer on the provision of services, which generally limits access<sup>2,3</sup>.

The patient's journey represents a care continuum made up of promotion, prevention, treatment, and rehabilitation actions. Even though the path of a patient candidate for heart transplantation involves all points of health care, including the family and social environment, the care itinerary that the user takes within the health unit needs to be safe and guaranteed.

The line of care for patients who are candidates for heart transplantation, both from a management and care perspective, needs to be known and recognized by the health professionals who participate in this process. The line of care can serve as a roadmap to guide health professionals on the most effective procedures for controlling/ treating the disease and the respective points of care that are co-responsible in the care process<sup>3</sup>.

Intending to map the care network of a patient candidate for heart transplantation, by residents of a Cardiovascular Nursing Residency Program at a University Hospital in the State of Rio de Janeiro, the following guiding question emerged: "What is the itinerary of the candidate patient for the heart transplant within the University Hospital?" In the search for answers to this question, the program's teachers and tutors created a methodology for resident participation in the construction of this itinerary<sup>4</sup>.

Given this context, this work aims to report the residents' experience in participating in a methodology for recognizing and constructing the line of care/ itinerary of patients who are candidates for heart transplantation within a University Hospital.

## Methodology

This is a descriptive-reflective study, of a qualitative nature, in the form of an experience report, on the method applied to the construction of the itinerary of the patient candidate for heart transplantation within a University Hospital in the State of Rio de Janeiro.

The construction of the method took place in March 2023 by professors from the Cardiovascular Nursing Residency Program and Tutors from the practice of a Postoperative Cardiac Surgery Unit that receives transplant patients.

Method construction steps:

1. Survey of the situational diagnosis of the path taken by the patient candidate for heart transplantation

by a professional member of the transplant team at the University Hospital.

2. Acquisition of kraft paper to build a continuity mural (in brown color, a mural to display the itinerary), creation of images (through Canva®, an online tool for creating a design) visually representative of all technologies and actors involved in the itinerary of the patient.
3. Meeting with residents of the Cardiovascular Nursing Residency Program, explaining the objectives of the theme by building the heart transplant candidate's itinerary based on ex-ante knowledge moderated by a professional from the unit's heart transplant team.
4. Scheduling the day and location of the dynamics: Post-Operative Cardiac Surgery Unit to provide opportunities for voluntary learning from other nursing professionals working in the unit on the proposed day.
5. Distribution of activities in the organization dynamics of the continuity mural (cutting and gluing work).
6. Initiation of the dynamics upon entry of the patient candidate for heart transplantation into the University Hospital.
7. Collection of information about reflection based on the experience of building an itinerary based on the proposed method.

## Experience Report

The starting point of this report originated from the experience of one of the participants (residency program teacher) in developing the construction of the line of care methodologies during a stint at the Secretariat of Specialized Health Care at the Ministry of Health in 2020/2021.

Even though the constructions were carried out with professionals from different states through virtual meetings and the use of whiteboards, the construction method in a team with different knowledge provided an opportunity to discuss access, treatment, rehabilitation, and the construction of lines based on the needs of users.

With the experience lived virtually, it was then proposed through cutting and pasting methods, display of a continuity panel, use of images, the construction of an itinerary made by nursing residents, discussing the peculiarities of each patient's passage within the care units for transplant candidate patients at a University Hospital.

Firstly, the teacher arranged a meeting with a professional member of the transplant team to learn about the entire journey of this user, organized and experienced by them. This meeting was recorded with the authorization of the health professional. Subsequently, this recording contributed to the teacher, using the virtual tool Canva®, extract images of figures that could represent the different ways of passing through the health units within the University Hospital. Brown kraft paper was then purchased to build the mural where images of the route would be pasted.



A meeting was held with the nursing residents to explain the method so that they could bring their knowledge (ex-ante) to date to construction and, together, construct the itinerary of the patient candidate for heart transplantation within the University Hospital in together

with a member of the transplant team. All stages were photographed with permission from the participants. Subsequently, this member would moderate and adjust the paths, reviewing opportunities and challenges (Photo 1).

Photo 1. Meeting on the methodology with residents of the Cardiovascular Nursing Residency Program. Rio de Janeiro, RJ, Brazil, 2023



Source: Authors' personal archive, 2023.

After the residents understood the dynamics, the pieces, and the mural were exposed, and they played the role of organizing and distributing the activities (cutting and gluing images in the form of cards and assembling the kraft panel). At this time, the Program's teacher and tutor assessed the ability to work as a team and distribute tasks (Photos 2, 3, and 4, respectively).

As the continuity mural received a collage spray, the pieces moved easily according to the construction of

everyone's thoughts and understanding. After the group discussed exhaustively and together prepared the itinerary for an hour, the Residency Program tutor and member of the hospital's heart transplant group moderated and reconstructed some care flows based on reality based on challenges and opportunities, finalizing the discussion panel. continuity of the itinerary of the patient candidate for heart transplantation.

Photos 2,3 e 4. Cutting and pasting distribution of images and panels. Rio de Janeiro, RJ, Brazil, 2023



Source: Authors' personal archive, 2023.



After the images were prepared and the panel was assembled, the residents voluntarily invited employees from the Cardiac Surgery Post-Operative Unit to participate in the dynamics, as they actively participated in some stages of this patient in the network. Three nurses on duty and the Unit's nursing manager were present. From then on, the teacher started the dynamics by inserting the first piece in the panel

(of the patient candidate for heart transplant) and they were able to draw the patient's path through different "entry doors" (Photo 5).

In the end, they were able to build the complete panel, testing understanding of the peculiarities of patient management, assistance, and clinical practice that directly influence the patient's itinerary in this context (Photo 6).

**Photo 5.** Participation of residents and staff inserting pieces of the transplant candidate patient's journey within a University Hospital. Rio de Janeiro, RJ, Brazil, 2023



Source: Authors' personal archive, 2023.

**Photo 6.** Construction of the continuity panel of the itinerary of the patient candidate for transplantation in a University Hospital by residents of the Cardiovascular Nursing Program. Rio de Janeiro, RJ, Brazil, 2023



Source: Authors' personal archive, 2023.

**Discussion**

The proposed methodology was intended to bring visual possibilities through cutting and pasting, maximizing the ability to work as a team, rescuing manual skills, and mainly contributing to residents' knowledge about the path a patient takes when becoming a candidate for heart transplantation within a University Hospital.

The literature points out that the individual who could carry out cutting and gluing activities through the creative process can relate, order, configure, and meaning<sup>5</sup>. All these verbs seem to make sense in the view of the professor in the group in this study, especially the role of the resident in carrying out the activity beyond that of the "doer", but rather of the trainer. The activity seemed to have

a role in training the construction of knowledge already brought by the residents and adjusted to the role of moderator and tutor of the Program within the approach to heart transplantation.

The construction of the itinerary/ path allows detailing events and attitudes focused on the search for access and encourages reflection on health vulnerabilities with an emphasis on the care path in the public health system and the organization of care<sup>6-8</sup>.

The enthusiasm and collaboration in identifying and exploring manual parts within the context of heart transplantation were noticeable, allowing us to broaden horizons and discover new ways of assisting this clientele outside the hospital therapeutic environment.



At the end of the activity, residents were able to express their opinions on the topic. Seven residents from the Cardiovascular Nursing Program, one from the Surgical Nursing Program, and one from the Intensive Care Nursing Program participated in the activity, in addition to the presence of three employees of the institution who participated voluntarily.

The authors state that knowledge of the patient's path/itinerary within the health system is a logic that overcomes the fragmentation of work processes in health teams, allowing us to approach the notion of team integration<sup>9</sup>.

All residents considered the methodology innovative, even though it used simple cutting and gluing materials, which evoked nostalgia and fun, exploring a creative side and skills that had not been recovered for some time. They were able to reinforce the importance of teamwork, and exceeding expectations, and reported that

they were able to learn the itinerary of the patient candidate for heart transplantation within the University Hospital.

The study applied this methodology in the specific sector of customer service studied within the reality of a public hospital in the State of Rio de Janeiro. It is believed that the replication of results in other public and private units must be adapted to the reality in these locations.

### Conclusion

Given the experience reported, it is concluded that the methodology used to construct the itinerary of the patient candidate for heart transplantation was satisfactory, innovative, aggregating, capable of maximizing creativity, exploring skills, and ensuring knowledge of the steps and paths that the patient takes from his admission to the University Hospital until the heart transplant and his relationship with the health network for rehabilitation and promotion of quality of life.

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