CARE AT THE HOME ENVIRONMENT: A SCENARIO UNDER CONSTRUCTION

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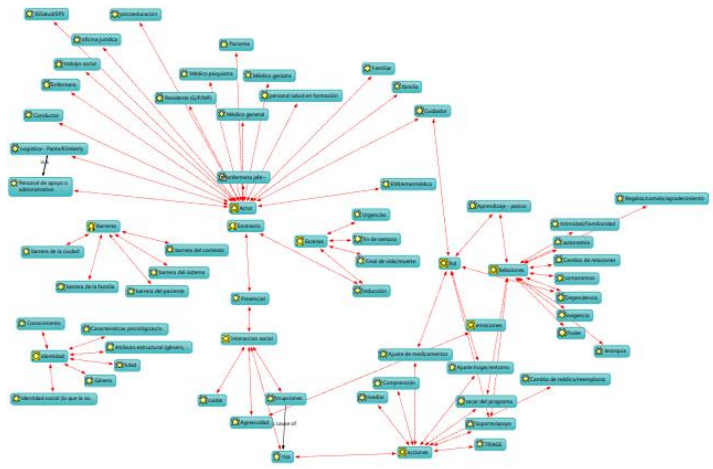
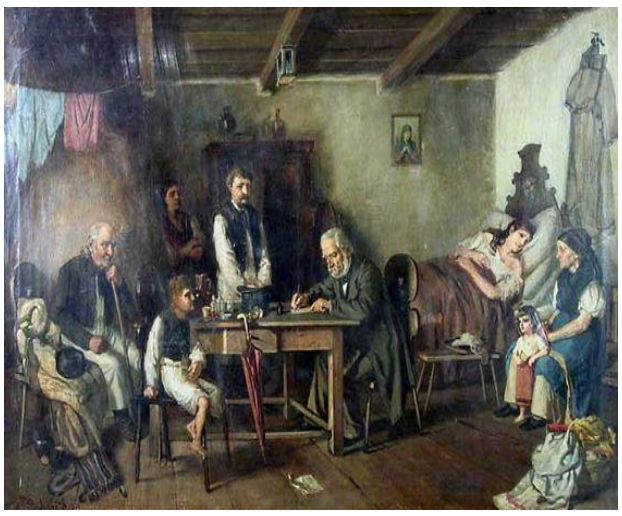
Introduction: The good results obtained by the home care services of the Center for Memory and Cognition *Intellectus* of the University Hospital San Ignacio raised the need to understand its success. Home care is defined as a set of biopsychosocial activities to be carried out at home to detect, attend to, and monitor the health and social problems of the individual and their family and improve their quality of life (1), to learn about the environment in which develops the patient, to identify harmful factors and positive ones can be reinforced. Shifting health personnel to the patient's home changes the traditional scenario generating changes in the type of relationship and communication between the various actors. This study deepens in the relationships between the actors (doctor, elder patient, relatives/caregivers)of this services, their roles and the role of the environment(2).

Objectives: To establish the role of each of the actors within homecare services. To identify the main characteristics that constitute the relationship between the actors in the home environment. To describe how the home and community environments transform the relationship between actors.

Methods: This study proposes a qualitative and interpretative methodology based on interaction theory. For the collection of information, field notes, focus groups and semi-structured interviews were used to explore the way the medical personnel conceived the home visit, their role within the scenario, as well as the challenges, barriers, and possibilities of the service. For the analysis, a dictionary of codes and categories was built, which was triangulated by an interdisciplinary team and from which the results were presented (5). This study was approved by a research and ethics committee.





The village's physician. Sándor Bihari. 1880

Results: Qualitative studies on medical home visits are scarce. This research shows how the change of scenery modifies the interaction between the different actors, characterized by greater familiarity, depth in the relationship, as well as reciprocal relationships, rarely present in contexts such as hospitals or outpatient services. This type of interaction modifies the vertical relationship traditionally associated with biomedical practice and requires the specialist doctor to develop soft skills. (3) The differential and often inequitable contexts of Bogotá make specialists perceive insecurity and mobility difficulties as barriers, which on the contrary, are interpreted as advantages from the patient and his family perspective, indicating a change in roles and loads in the care work. (4) The home care services contribute to the training of health professionals towards a comprehensive view of the life of the participants, including a broader perspective of the socioeconomic contexts.

Conclusion: Different levels of care can and should be studied in an interdisciplinary approach. In this specific case, the satisfaction of the patients and their families is characterized qualitatively, highlighting the home as a scenario where care centered on the patient and the family achieve their objectives. The pedagogical function and the need to reinforce the soft skills that recognize the humanity of all actors on stage are privileged over exclusive biomedical perspective. Communication and a contextual view are skills to be strengthened in the training of doctors. Some health systems barriers are better confronted in this scenario.

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