International Journal of Advanced Engineering Research and Science (IJAERS)
Peer-Reviewed Journal
ISSN: 2349-6495(P) | 2456-1908(O)
Vol-8, Issue-11; Nov, 2021
Journal Home Page Available: https://ijaers.com/
Article DOI: https://dx.doi.org/10.22161/ijaers.811.45

Educational Practice in Health: Teaching and Recognition in a Playful Way About Stroke

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Received: 29 Sept 2021,
Received in revised form: 13 Nov 2021,
Accepted: 21 Nov 2021,
Available online: 30 Nov 2021

***Keywords*— Health Educational, Prevention, Recognition, Stroke.**

***Abstract*—*The ascularencephic is a disease in which blood flow is interrupted, being caused for ischemic reasons, when blood flow is obstructed in the vessels, or for hemorrhagic reasons, when the vessels are ruptured, causing hemorrhage in or near brain tissue. Objective: report the experience of members of an academic league of urgency and emergency interactive educational interventions were carried out, using realistic simulation about the identification maneuvers on ascularencephic in the in the municipality Ananideua/PA, Brazil. Method: This is an experience report with a qualitative approach and participatory method, elaborated from actions carried out in extension activities, of the Interdisciplinary Academic League in Urgency and Emergency. Results and Discussions: The educational action proved to be effective in raising the awareness of the participants, aiming to evaluate the efficacy of playful interventions as mediators in health education on the theme addressed. Conclusion: The use of educational practices as a disease prevention strategy is a positive means of strengthening communication with professionals and users of health services through active listenign.*

I. INTRODUCTION

The stroke is a disease in which blood flow is interrupted, being caused for ischemic reasons, when blood flow is obstructed in the vessels, or for hemorrhagic reasons, when the vessels are ruptured, causing hemorrhage in or near brain tissue [1].

It can cause several changes in the metabolic system, such as: ischemia, insufficient energy, acidosis, free radical formation, damage and cell death, being a serious health problem that requires immediate care. The main signs and symptoms are: numbness or weakness in the face, arms or legs, hemiplegia, confusion or changes in mental status, aphasia, visual impairment, abasia, loss of balance or coordination and severe headache [2].

We considered two types of risk factors with regard to stroke, non-modifiable risk factors, such as age, gender, family history among others and modifiable risk factors, which we can intervene to influence, prevent or treat, such as SAH (Systolic Arterial Hypertension); cardiovascular diseases; obesity; bright; smoking, etc. For a pre-hospital evaluation, a rapid test is performed using the CincinnatiScale, consist in the early identification of the disease, through three ectoscopic parameters that are present in most victims: facial asymmetry, paresis in one or both of the upper limbs and speech alterations suggestive of aphasia, monotonous or dragged speech [3].

Stroke is the second leading cause of morbidity and mortality and occurs predominantly in middle-aged and elderly adults. When it does not lead to death, it causes a partial or complete disability dysfunction, resulting in a series of restrictions on activities of daily living, making the person totally or partially dependent [4]. Stroke the most correct term accepted by health professionals. Since anatomically it can affect the entire brain and not only the brain [5].

A transient type of a stroke is identified when the neurological deficit lasts less than 24 hours, that is, a short-term disorder, and can thus be considered a reversible dysfunction. However, when this dysfunction is long-lasting, that is, if it is maintained for more than 24 hours may result in the installation of permanent and irreversible lesions in the brain leading to the death of a group of neurons [6]. Stroke can occur in two ways: one of them is by occlusion of a vessel, called ischemic stroke, which represents the majority of cases in 85% and the other form occurs by a rupture of the intracranial vessels with extravasation of blood to the brain tissue or to the subarachnoid space, which is called hemorrhagic stroke represented in 15% with systemic arterial hypertension as the main cause [7].

According to Santos et. al [7], in Brazil, 99,732 deaths from cerebrovascular diseases were recorded in 2010, causing the equivalent of 166,000 hospital admissions in 2012. In addition, andprospective in the country, they presented an annual incidence of 108 cases per 100,000 inhabitants [8].

According to Lubini et al. [9] the practices developed from the precepts of the Unified Health System (SUS), as a strategy for prevention and health promotion, include health education. Which proposes the development of dialogued actions, with active and creative participation and that can contribute to the autonomy of users in their condition of autonomy of their health and disease trajectory [10]. Health education is characterized by strategies that focus on the quality of life of the population, because the purpose is to share among individuals, community, social movements and workers the promotion of autonomy and co-responsibility, in order to contemplate the principles of the SUS [11]. Educational practices in health are important instruments to stimulate the principles that govern the notion of self-care, and it is through it that a healthy life is sought. Health education, in addition to proposing alternative paths, also deserves this than for preparing for a critical self-awareness capable of reviewing concepts and values [12].

Therefore, educational practices in health include actions aimed at health promotion, prevention and risk minimization [13]. The promotion of educational practice in stroke, not only passed on the consciousness of the feeling but, as well as teaching actions of rapid conduct when witnessing the symptoms of the stroke, helps in the prevention of future sequelae that may arise. Studies show that about 70% of patients recover faster when urgently attended, as well as decreases the percentage of permanent sequelae [14].

II. METHODOLOGY

This is an experience report with a qualitative approach and participatory method, elaborated from actions carried out in extension activities, of the Interdisciplinary Academic League in Urgency and Emergency (LAIUEM) by students of the league being 12 students of the nursing course and 1 of the bachelor's degree in physical education. Interactive educational interventions were carried out, using realistic simulation about the identification maneuvers on stroke for the target audience of the action that were the patients of the Family Health Strategy Unit, in the municipality of Ananindeua-PA, with an average audience of 40 male and female people.

The educational intervention was carried out through the use of realistic simulation, which is a technique to

stage real situations, reproducing a scenario that allows the previous training of the desired practice [15].

LAIUEM had been invited to provide an educational action of playful strategy, aimed at evaluating the understanding of the population about stroke. The action was carried out in two days, 24 and 26 of November in 2020, in a structured environment for training, with practical scenarios organized.

The following were used as methodological materials and resources: media resource, TV, internet, darts and question board about stroke. The execution and management of all simulation processes were carried out by students from the Nursing and Physical Education course with the guidance and guidance of instructors linked to the Academic League.

The action was divided into two moments. At first, the playful method was performed, where the members of the academic league showed what the is and its complications, such as its diagnosis, treatment, and recognition of victims of stroke. Interactively, with simple communication and clarity for better understanding of participants. Then were invited some of the spectators to participate in a game of questions on the topic lectured, this activity lasted 30 minutes.

The game consisted of a random spectator being selected to throw a dart on a board of subdivisions by area - each of them being represented by a question - these being: "what is stroke?", "What are the symptoms?", " What are the causes?", “What is the treatment?”, “How to prevent?”, “How to help a stroke victim?”, “What are the sequelae of a stroke?” and “How to identify a stroke victim?”. Depending on where the individual threw and hit, on the board, he would have a specific question about AVE whose answer was previously taught through an educational lecture, so that learning is reinforced.

III. RESULTS AND DISCUSSION

During the action, the playful method was performed, being at the first moment, the members of the academic league showed what is the stroke and its complications, its diagnosis, treatment, as well as recognizing a victim with a vena, interactively, with simple communication and clarity for better understanding of the participants. After the lecture, some of the spectators were invited to participate in a game of questions on the topic lectured.

Depending on where the individual pitched and hit, on the board, he would have a specific question about stroke whose answer has already been taught previously through an educational lecture, so that learning is reinforced.

The action consisted of the explanation about the stroke, as a concept: the causes, risk factors, diagnosis, treatment and its main forms of prevention. Emphasizing the approach on how to recognize and how to trigger the victim's help in case of a VES. Using the playful method to bring more clarity and dynamism in the activity, encouraging participants to reflect and question about the proposed theme.

The action took part in 10 men and 32 women, the women showed to have more interest in self-care and well-being of health, where it was briefly explained about the care with adequate nutrition, obtain a balanced diet, not to do the use of alcohol or a control of excessive alcohol use, do a physical activity and get out of sedentary lifestyle, are important preventive recommendations to maintain quality of life, regardless of agegroup. At 20 years of age, young people do not usually present at risk, but it is important to start maintaining a healthy life, from 30 to 40 years health care is essential for a healthier senility, it is important to emphasize that stress and smoking are risk factors for a blood loss. From the age of 40 in addition to healthy habits, it is important to make periodic clinical evaluations to monitor and prevent the stroke.

According to Nunes et al. [16], in Brazil, despite the decline in mortality rates, it is still the main cause of death. Botelho et al. [8] the incidence of stroke doubles every decade after the age of 55, occupying a prominent position among the elderly population claims to be the most common cause of neurological disability in the world, thus leading to the great demand for diagnoses, resources and treatments.

In view of the playful activity, the members of the league answered the participants' questions. A relevant public doubt regarding the theme was the identification of the stroke. A video, of an educational nature, was shown to the participants, which granted further clarification. However, the specificities of emergency care were nebulous in the common understanding, although the main one, which is promptness and speed in care, was very well explained with the help of educational video.

The educational action proved to be effective in raising the awareness of the participants, aiming to evaluate the efficacy of playful interventions as mediators in health education on the theme addressed. In view of that, a veal is a disease that generates functional and cognitive dysfunction, personality or behavioral and communication change. These sequelae resulting from the disease generate levels of disabilities, compromising not only the patient, but the family and the community [16].

In the action performed, it was observed that there is a common knowledge about the stroke, however, little

criticality in relation to its causes and treatments. Calso showed that most of the individuals who participated in the action showed to know superficially theoretical questions on the subject, however, they obtain experiences experienced by close people and family members who were affected by the stroke, who were voluntarily communicated to the students. This demonstrates, empirically, that the subject in question is present in the local reality. This situation only shows how fundamental the importance, clarification and training of the population to attend to emergency situations is thus avoiding the paralysis of the rescuer when deciding what the next step to follow is. It is added that the population must be able to act in any emergency situation, providing first aid care, thus defining first aid as immediate care provided to the sick person what can be performed by the population when recognizing [17].

In fact, the playful nature of the final moment, where an interactive activity was carried out on the subject, helped to keep the attention of our viewers, however, the dispersion of public attention was evident, although the objective explanations were simple and direct. Siqueira [18] state that educational institutions must present an environment with appropriate structure to the development of recreational activities due to opportunities for spontaneous behaviors, which are established in an integrated way among the cultural socio-cultural elements present. The educational spaces are constantly changing due to the great challenge of ensuring a quality education for all, and that respects the local, ethnic, social, cultural and biological diversity of each individual [19]. Because it is an older audience, interest in the activity was not as receptive as expected.

With regard to treatment, it is necessary that not only is their knowledge common as its practice as well, it is something routine in the daily life of the average man, given that the conditions associated with causes such as smoking, excessive alcohol consumption and obesity, are statistically also customary to the average Brazilian and characterized as a risk factor of the modifiable type [20].

It's understood that the urgency in the care of stroke requires rapid care so that the circulatory alteration is contained as soon as possible avoiding the diffusion of brain damage [21].

Sommer [22] estimates that the more neurons are lost every minute without treatment of the patient of the stroke, the more difficult the recovery of the tissue,therefore, the signals need to be efficiently identified and the care prioritized. There was interest in emphasizing during the presentation, questions related to the main causes of stroke, which were duly explained, with hypertension and diabetes mellitus being the main objects of clarification.

Most strokes are attributed to high blood pressure, dyslipidemia syndromes and obesity, so stroke is treated as a diverse manifestation of comorbidities and risk factors that need to be analyzed from a multifunctional perspective in individuals' habits as a primary and secondary prevention strategy associated with self-care [23].

It was emphasized by the students showing that adequate, fast and well-structured care for patients with a stroke reduces mortality and morbidity. The results also show an impact on the academic community, since students and ligands of the academic league were instructed to seek up-to-date information and data on the dimension of the theme and oriented about the main forms of prevention to transmit to the target audience.

In addition, public presentations and clarification of doubts proved to be a good exercise for undergraduate students to transmit knowledge in the patient's language, which becomes essential in the development and apprenticeship in the professional relationship of the students of the nursing, physiotherapy, pharmacy, physical education and psychology courses with the patient during the playful action.

IV. CONCLUSION

The objective of educational actions and practices in the health area is to promote the care and prevention of diseases at various levels of complexity through a process of integration of scientific knowledge with the common and popular knowledge of individuals in order to develop a critical view in relation to such healthcare.

The use of educational practices as a disease prevention strategy is a positive means of strengthening communication with professionals and users of health services through active listening, humanized reception, playful practices and other strategies for integration and knowledge building, which also help in academic professional development and improvement

In this sense, educational actions that can positively interfere in the health-disease process and contribute to greater social control in quality of life - through prevention - are fundamental and are foreseen in the main public health policies in Brazil, besides producing an interdisciplinary academic collaboration accessible to the community public.

V. ACKNOWLEDGEMENTS

We would like to thank the members of the Interdisciplinary Academic League of Urgency and Emergency at the University of Amazônia for providing this extremely important action in health for the academic community of Pará.

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