

# Singular Therapeutic Plan: Strategies For The Well-Being Of The Elderly In Primary Care

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## Abstract:

**Background:** Elderly health faces challenges due to increased life expectancy and the prevalence of chronic diseases. In this scenario, the Singular Therapeutic Project (PTS) emerges as an innovative strategy, initially developed in mental health, but now applied in geriatrics. The PTS promotes a personalized care plan, created in collaboration with the elderly person, their family and an interdisciplinary team, focusing on the needs. This approach not only improves adherence to treatment, but also promotes autonomy and protagonism, essential for quality of life in old age.

**Aim:** This experience report aims to describe the practical learning experience of medical students in the implementation of a STP for an elderly patient in primary health care, highlighting the impact on medical care and education.

**Experience Report:** During the second semester of 2024, medical students had the opportunity to experience the practice of the Singular Therapeutic Project (PTS) in a real context, through home visits in the territory of Primary Health Care at the Basic Health Unit (UBS) Riozinho in the municipality of Bragança-PA. During the home visit to the patient's home, several instruments were applied for a more complete evaluation of both the elderly woman and her caregiver, her husband, 83 years old. Among these tools, the Adult Stress Symptom Inventory (LIPP) and the Zarit Caregiver Burden Interview (ZBI) scale were used to assess caregiver stress and burden.

**Conclusion:** The participation of medical students in the construction of the Singular Therapeutic Plan (PTS) in primary health care is an essential training experience that significantly enriches the training of future professionals.

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

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## I. Introduction

The health of the elderly represents one of the greatest challenges for contemporary health systems, due to the increase in life expectancy and the prevalence of chronic diseases in this age group. In this context, strategies emerge that seek to meet the needs of this population in a more effective and humanized way, such as the Singular Therapeutic Project (PTS). The PTS, initially conceived in the field of mental health, expands to other areas of health care, offering an individualized and person-centered approach. Its application is particularly relevant in geriatrics, where the complexity of the health conditions of the elderly requires care plans that consider both clinical and functional, emotional, and social aspects (TORRES, 2020).

The PTS stands out for promoting the construction of a personalized care plan, prepared together with the elderly, their family and an interdisciplinary health team. This methodology ensures that the patient's needs and preferences are the central point of therapeutic interventions, allowing for greater adherence to treatment and better clinical outcomes. In health care for the elderly, this active participation of the patient is fundamental, as it promotes autonomy and protagonism, essential values for maintaining quality of life at older ages. The involvement of the family and the health team reinforces the support network, expanding the possibilities of success in the interventions (HABIMORAD, 2020).

In addition to promoting a person-centered approach, the PTS values the use of integrative and complementary practices that can improve the well-being of the elderly, such as pain relief therapies and stress management. These practices, recognized by the National Policy of Integrative and Complementary Practices

(PNPIC), have demonstrated significant benefits in promoting health and in the physical and emotional recovery of the elderly. By integrating these practices into the STP, it is possible to offer more comprehensive care, which meets not only biological demands, but also psychological and social needs, providing relief, comfort, and a higher quality of life (GUIMARÃES, 2023).

However, the effective implementation of the STP in the health of the elderly requires a team of health professionals trained to deal with the complexities of geriatrics. The application of screening tools such as the Clinical-Functional Vulnerability Index-20 (IVCF-20) can help in the early identification of weaknesses and risks of functional decline, enabling faster and more assertive interventions. The IVCF-20, with its simple and easy-to-apply structure, complements the STP by providing important data for the construction of individualized care plans adjusted to the reality of each elderly patient (NUNESMORAES, 2021).

Therefore, according to Torres (2020), the PTS, combined with assessment instruments such as the IVCF-20 and integrative practices, presents itself as a robust strategy for the health care of the elderly. It enables more humanized and effective care, focused on the uniqueness of each individual and the promotion of a healthier and more autonomous life. In this way, the health of the elderly is treated holistically, integrating different dimensions of care and respecting individuality, contributing to aging with more quality of life and dignity.

## **II. Experience Report**

During the second semester of 2024, medical students had the opportunity to experience the practice of the Singular Therapeutic Project (PTS) in a real context, through home visits in the territory of Primary Health Care at the Basic Health Unit (UBS) Riozinho in the municipality of Bragança-PA. Under the supervision of the teacher of the Teaching-Service-Community V Integration axis, and in partnership with a Community Health Agent (CHA).

The patient was chosen for follow-up due to the complexity of her clinical picture, which requires a personalized and integrated approach. From the beginning, home visits provided a valuable learning experience for students, connecting them directly with the patient's reality and her support network. The diagnostic phase was especially important, as it allowed a more comprehensive understanding of the patient's physical, emotional, and social conditions. During the home visit to the patient's home, in addition to the therapeutic foot bath, several tools were applied for a more complete evaluation of both the elderly woman and her caregiver, her husband, 83 years old. Among these tools, we used the Adult Stress Symptom Inventory (LIPP) scale and the Zarit Caregiver Burden Interview (ZBI) scale to assess stress and burden on the caregiver.

The ZBI Scale revealed that the caregiver is significantly overloaded, facing high levels of emotional and physical exhaustion, manifesting symptoms such as insomnia and irritability. The LIPP Stress Symptom Inventory indicated that he is in the exhaustion phase, which underscores the need for urgent practical and psychological interventions to ensure his health and well-being. In addition, the Clinical-Functional Vulnerability Index (IVCF-20) was applied to the patient, in which she obtained 18 points, classifying her as a frail elderly woman, with a high risk of functional decline and health complications. This result highlights the urgency of a personalized care plan. The learning process of medical students in the use of the Zarit, LIPP and (IVCF-20) scales is an enriching and fundamental experience for training in the health area.

These tools, designed to assess caregiver burden and stress symptoms, respectively, provide students with a practical and theoretical understanding of the complexities involved in caring for patients and caregivers in primary health care. In addition, the use of these scales stimulates critical reflection on the interventions that can be implemented. Academics learn to develop care plans that consider not only the needs of the patient but also the well-being of caregivers, promoting more balanced and effective care. In this sense, another tool applied, such as the genogram and the ecomap, revealed to the students the family structure and the dynamics and social bonds that influenced their health.

The genogram highlighted the extensive family structure of the patient and her husband, as well as the significant losses they faced, such as the death of two children, factors that intensify the couple's emotional stress. The ecomap revealed that, although the elderly woman has the support of the Basic Health Unit (UBS) Riozinho, there is a distance from health professionals and the community on the part of the patient. The application of these tools allowed an in-depth analysis of the patient's situation, evidencing the need for interventions aimed at both the physical and emotional health of the elderly woman and the relief of the caregiver's stress overload.

In this context, the development of a Singular Therapeutic Plan (STP) for an elderly patient presents a series of challenges and opportunities for growth. This process not only teaches students how to address the complexity of geriatric care but also emphasizes the importance of humanized and patient-centered care. Academics, when faced with the reality of an elderly patient, often feel the pressure to apply theories and knowledge in practical situations. Building a STP requires careful assessment of the patient's health conditions, emotional and social needs, and identification of the main sources of stress in her life. In this way, short, medium and long-term goals were developed for the PTS.

Short-term goals included immediate interventions such as emotional support sessions and the introduction of integrative practices such as occupational therapy, community walking activities and relaxation with music therapy, comfort massage. These actions aim to provide immediate stress relief and an improvement in the patient's well-being. Medium-term goals can focus on strengthening the patient's support network, involving family members and health professionals in creating a safer and more welcoming environment. This can include promoting support groups and carrying out activities that stimulate social interaction, which are fundamental for emotional health. Finally, the long-term goals included a psychological consultation approach, as well as the maintenance of the patient's physical and emotional health, promoting a care plan that guarantees her autonomy and quality of life over time.

This may involve periodic reassessment of the PTS and adapting interventions as needed, ensuring that strategies remain aligned with the patient's needs. The development and implementation of these goals resulted in significant benefits for the patient. By experiencing a reduction in stress levels and an increase in emotional support, she was able to regain a sense of control over her life, improving her quality of life. For the academics, this hands-on experience not only reinforced their technical knowledge but also cultivated interpersonal skills and empathy, which are essential for their future professional performance. Thus, the teaching-learning process in the context of the PTS not only prepares students for the challenges of medical practice, but also contributes to the promotion of more holistic and effective care, benefiting both patients and future health professionals.

### **III. Discussion**

The process of elaborating the PTS is organized in four fundamental stages: situational diagnosis, definition of objectives and goals, division of tasks and responsibilities, and reassessment of the PTS. In the first phase, it is essential that students can establish contact with individuals, families, groups or collectives, where attentive and humanized listening contributes to the construction of bonds. The second stage involves the identification of the issues that are to be addressed, it is important that students and the team work with goals to be achieved in the short, medium and long term (Brasil, 2012).

These goals should be negotiated with the subject of the PTS and other people involved. In turn, the third stage is marked by the clear definition of the tasks and responsibilities of the reference technician, who maintains the closest bond with the family or user, involves clarifying what will be done, by whom and within what deadlines. Finally, the fourth stage should be conducted by the technician in a systematic way, being scheduled with the team and the person receiving the care, this phase, and marked by the periodicity of the reassessment and planning of the new actions and goals that will be defined, as well as new deadlines (Brasil, 2012).

Thus, it is understood that the health-disease process is dynamic, and may, at certain times, require an intervention more focused on biological or psychosocial aspects, while at other times it requires a deeper integration between these points. However, it is always necessary to convert knowledge about disease patterns into an understanding of the sick person, taking into account their uniqueness and the complexity of the unpredictability and contradictions that characterize the human being. (MACEDO CS, et al., 2017).

In this sense, the first stage of the PTS took place with the collection of data based on the instruments: Adult Stress Symptom Inventory Scale (LIPP), Zarit Caregiver Burden Interview Scale (ZBI) and Clinical-Functional Vulnerability Index (IVCF-20). For the application of the collection instruments, a quiet and pleasant environment with herb flavoring was organized. The objective was to make the user feel comfortable to answer the questions, avoiding the stress of applying the collection instruments (Bianchi, 2015).

Information collection involves a comprehensive survey of the patient's physical, emotional, and social conditions, as well as the available support network. During this phase, in addition to the instruments mentioned, tools such as the genogram and the ecomap were also used to map the family relationships and the social context of the elderly woman (VERAS, 2011).

With the data collected and the diagnosis of needs carried out, the planning stage begins. This stage is essential to ensure that health interventions are effective and personalized, meeting the specific needs of the patient and the support network. This planning is not limited only to the definition of goals, but also involves the clear division of tasks among all those involved, including health professionals, the patient and her caregivers (BARROS, 2009).

In this phase, the information collected during the diagnosis stage is analyzed, allowing the health team to identify priorities and areas that need intervention. Crafting a well-structured plan ensures that all aspects — physical, emotional, and social — are considered, promoting a holistic and integrated approach.

In addition, planning provides an opportunity to involve the patient and her caregivers in the decision-making process. By including their perspectives and preferences, the team strengthens commitment and adherence to the plan, increasing the chances of success of the interventions. Just as the division of tasks is an essential part of PTS planning. It is critical that the responsibilities of each team member are clearly defined, as are the roles of the patient and her caregivers. This clarity helps to avoid overlaps and overloads, ensuring that everyone knows exactly what they are going to do (BARROS, 2009).

The last step is the reassessment of goals in the Singular Therapeutic Plan (PTS), which is essential to ensure the success of the therapeutic planning and the effectiveness in achieving the established objectives. During the reassessment process, the progress made, the challenges encountered and the emerging needs of the individuals served are analyzed, which allows adjustments in the plan and makes monitoring more effective.

The importance of this reassessment lies in its ability to adapt therapeutic goals and strategies according to the patient's evolution and changes in context. By periodically checking whether the initial goals are still relevant or need to be adjusted, the healthcare team ensures that the STP remains realistic and achievable. In addition, this review allows the identification of points that require more attention or adjustments, such as changes in available resources, health conditions or the patient's personal goals, which may have evolved (BARROS, 2009).

Therefore, the periodic reassessment of goals is essential for the success of the STP, as it promotes a more assertive, humanized care that is consistent with the patient's reality, adjusting the plan as it evolves and contributing to a more effective care process focused on achieving the expected results.

Thus, the development of the Singular Therapeutic Plan (PTS) by medical students focused on the care of the elderly in primary health care was an enriching training experience, which provided practical learning and in-depth knowledge about the specific needs of this population. In the context of medical training, the creation and execution of a PTS allows future professionals to develop essential skills for clinical practice, such as multidisciplinary teamwork, the development of communication skills and the understanding of comprehensive care.

#### **IV. Conclusion**

The participation of medical students in the construction of the Singular Therapeutic Plan (PTS) in primary health care is an essential training experience that significantly enriches the training of future professionals. By being directly involved in the design and execution of PTS, students develop fundamental skills such as critical thinking, individualized planning skills, multidisciplinary teamwork, and a patient-centered approach. This process allows them to understand the importance of humanized and comprehensive care, especially when dealing with vulnerable populations, such as the elderly.

In addition, practice in primary care provides a complete view of the impact that preventive and health promotion actions have on the quality of life of patients and on the health system as a whole. By actively participating in care, scholars learn to recognize the complexity of health needs, strengthening their commitment to improving public health and to ethical and compassionate care. Thus, the construction of the STP in primary care contributes in a profound and lasting way to the training of trained health professionals, committed to comprehensive care and prepared to face the challenges of medical practice with competence and sensitivity.

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