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EXPERIENCE REPORT

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A formação multiprofissional em saúde sob a ótica do residente

The multiprofessional health training from the viewpoint of the resident

La formación multifuncional the la salud desde la perspectiva de lo residente

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ABSTRACT

Objective: To describe the lived experiences as a nursing professional who integrates the 1st class of the Multiprofessional Health Residency Program from the Gaffrée and Guinle University Hospital and describe the activities performed during the practical and theoretical exercise of the course. **Methods:** This is a descriptive study of situational analysis, which is characterized as an experience report. **Results:** The program, which began in February 2011, was comprised of professionals from the following areas: Nursing, Nutrition, Speech Therapy and Physiotherapy. It has duration time of two years and a workload of 60 hours a week. It presents different hospital scenarios, as fieldworks, with the aim at promoting the experience of integrality of the health care, with a period directed to the Primary Care. **Conclusion:** The prolonged interaction among the multiprofessional residents has provided a great learning in relation to the collective living, by increasing the respect, appreciation and knowledge among the professions.

Descriptors: Communication; Care; Teaching.

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RESUMO

Objetivo: Relatar as experiências vivenciadas enquanto Enfermeira integrante da 1ª turma de Residência Multiprofissional em Saúde do Hospital Universitário Gaffrée e Guinle e descrever as atividades realizadas durante o exercício prático e teórico do curso. **Métodos:** Trata-se de um estudo descritivo de análise situacional e caracterizado como relato de experiência. **Resultados:** O programa, que teve início em fevereiro de 2011, era composto por profissionais de Enfermagem, Nutrição, Fonoaudiologia e Fisioterapia. Possui tempo de duração de dois anos e uma carga horária de 60 horas semanais. Apresenta como campos de atuação diferentes cenários do hospital e ainda, com a intenção de promover a experiência da integralidade da atenção à saúde, com um período destinado à Atenção Básica. **Conclusão:** A interação prolongada entre os residentes multiprofissionais proporcionou um grande aprendizado em relação ao fazer coletivo, aumentando o respeito, valorização e conhecimento entre as profissões.

Descritores: Comunicação; Assistência; Ensino.

RESUMEN

Objetivo: describir la experiencia como miembro de la 1 ª clase enfermera de salud Residencia multidisciplinar en hospital Gaffrée y Guinle y describir las actividades realizadas durante el curso práctico y teórico. **Métodos:** Se realizó un estudio descriptivo de análisis de la situación y se caracteriza como un relato de experiencia. **Resultados:** El programa, que comenzó en febrero de 2011, consistió en la enfermería profesional, nutrición, patología del habla y fisioterapia. Tiene una duración de dos años y una carga de trabajo de 60 horas a la semana. Muestra los campos de actividad como los diferentes escenarios del hospital y, con la intención de promover la experiencia de la atención integral de la salud, con un período de Atención Primaria. **Conclusión:** La interacción prolongada entre los residentes multidisciplinarios proporcionan una gran experiencia de aprendizaje en relación con el colectivo, el aumento de respeto, aprecio y conocimiento entre los profesionales

Descriptores: Comunicación; Enseñanza; Asistencia.

INTRODUCTION

The redefinition of the concepts of Health and Health Care, based on the principles of universality, comprehensiveness, fairness, intersectionality, care humanization and social participation, proposed by the Brazilian Unified Health System have required changes in the activity of several actors that comprise this scenario. Among these changes, it should be noted the proposal of multiprofessional team work in caring of the user. [1] A proposal focused on the future, where areas are not attached to a knowledge niche, but moving through different skills, by complement them and developing "new knowledge" from such a process.[2]

Acting as a multidisciplinary team intends to perform a collective work, based on communication and dialogue, which are fundamental tools for the interaction between the actors and the exchange of technical knowledge on the environment. It creates an interaction between the different professionals with sights to foster a common object: the customer. Nonetheless, there are different ways of achieving this multiprofessional care, since the work is structured in order to establish disciplinary interactions, being that it is not necessarily synonymous with interdisciplinarity.[3-4]

Based on the foregoing, differentiating concepts of multidisciplinarity, interdisciplinarity and transdisciplinarity becomes a necessary share. The term "multidisciplinary" makes use of information from various sources to study a particular element, without the worry of linking the disciplines among themselves.[4-5] The multiprofessional health work demands humbleness and willingness on the part of each professional. It is a movement that allows recognizing different positions regarding the same object in which the workers might and should help each other in their difficulties. Hence, every professional needs to express interest and curiosity by its colleague's area.[6-7]

The concept of interdisciplinarity, by itself, establishes an interaction between two or more disciplines, besides indicating an interaction among researchers.[4-5] The interdisciplinary model might be summarized into two categories: 1) joint coordination; and 2) partnership relations among the different perceptions of reality built by the disciplines present in the process. This model has the commitment to overcome the existing fragmentation and disconnection.[4,8] The interdisciplinary work rescues the process of learning to learn or to live together. It is a challenge for all those who feel attracted by its practice. Respect, openness to others, desire for collaboration, cooperation, tolerance, dialogue, humbleness and boldness are crucial aspects for the achievement of this process. Thus, the Interdisciplinarity is a matter of attitude.[9]

Concerning the transdisciplinarity, there is a great cooperation among the different disciplines, so that there is no way to separate them. This is the stage of cooperation among the disciplines with the highest level of difficulty for being applied in the academic scope and in the professional life, because there is always the possibility of an "imperialist" discipline override the others.[4-5]

In this report, the study analysis pathway is multiprofessional, which is anchored in the proposals of integration among the health areas that have been introduced in the government scope. The teamwork, concerning the care competence as an integrative dimension, invites health workers, in addition to answering questions of population health, to become available for exchanging experiences with other professionals, different areas of skills and customers.[10]

In the context of health care and team work occurs, on June 30th, 2005, the promulgation of the Law nº 11.129, which establishes the practice of the Health Professional Area Residency (Art. 13) and creates the National Commission Residency Multidisciplinary Health (known as CNRMS - Art. 14) within the structures of the Ministry of Education, which starts the regulatory process of the Health Multidisciplinary Residency Program.[1]

The Brazilian Ministry of Health, fulfilling its role as a federal manager, has elaborated, through the Health Education Management Department (known as DEGES /

SGTES), ordinances that regulate the Law and subsidize the financing of Multiprofessional Health Residencies, namely: Ordinance nº 1.111, of July 5th, 2005; Ordinance nº 1.143, of July 7th, 2005; Interministerial Ordinance nº 2.117, of November 3rd, 2005.[1]

Through the Interministerial Ordinance nº 1.077, of November 12th, 2009, which provides for the Multiprofessional Health Residency and Health Professional Area Residency and establishes the National Scholarship Program for Multiprofessional Residencies, one can perceive a considerably changing in the CNRMS composition and functioning; however, without discussion in collective spaces or awareness of social actors who participated in the previous discussions. [11] Recently, the Resolution nº 5 from the CNRMS, November 23rd, 2012, established the Information System of the Multiprofessional Health Residency National Committee (known as SisCNRMS), with the purpose of supporting the national assessment process, besides the Multiprofessional Residency Programs and Health Professional Area supervision and regulation in the Brazilian territory. [12] Such a system integrates the information from each residency program and allows the MEC to monitor the courses evolution.

Because of the need of the current health care adequacy, linked to the technological practice and integration, the Gaffrée and Guinle University Hospital (known as HUGG) has incorporated into its activities the Multiprofessional Health Residency Program in February 2011. All the pedagogical structure of the course was developed through a partnership among the HUGG itself, Alfredo Pinto Nursing School and Nutrition School from the Federal University of the Rio de Janeiro State. Four areas have participated in this beginning: Nursing, Nutrition, Physiotherapy and Speech Therapy.

Based on these considerations, the intended objectives are: to report the lived experiences as a nursing professional, who is member of the 1st class of the Multiprofessional Health Residency from the HUGG, and describe the activities performed during the practical and theoretical exercise of the aforementioned course.

It is necessary to report, in the light of the analysis of a nurse and member of the Multiprofessional Health Residency Program from the HUGG, over two years, the development of the first class of resident students, as well as the possibility of integration among the areas of skill at this time of deployment and improvement of the *lato sensu* specialization course.

This report aims at contributing to the best choice of directions to be followed, in addition to serving as a memorial record of the first class of Multiprofessional Residents from the HUGG and disseminating other residency programs in relation to the conduction and encouragement of the production of papers with multidisciplinary nature, in order to socialize the changes occurred after the first class and provide visibility for the constructed scientific production.

METHODS

This is an experience report in which the living as nurse component of the 1st class of the Multiprofessional Health Residency Program from the Gaffrée and Guinle Hospital will be described. Furthermore, it makes a brief analysis of the situation in which the institution is inserted.

Such a hospital belongs to the Federal University of the Rio de Janeiro State and is located in the Planning Area 2.2.

RESULTS

The Multiprofessional Residency Program in Hospital Health is comprised of a *lato sensu* post-graduation course, which is offered to fields of occupations that are related to the health scope, Nursing is among them, being that it is essentially characterized by in-service teaching.[13]

This is a formation that takes place in dedication of sixty hours per week, of which 80% are concentrated in the health care practice and the remaining 20% cover theoretical and practical activities. Thus, the total workload of 5.760 hours is subdivided into 520 hours of theoretical and practical activities, 765 theoretical hours and 4.475 practical hours.

The selection of candidates that would constitute the program in 2011 was held by means of a selection process, which was published through a Notice requested by the director of the institution executing the program. The exams are loaded of an objective nature, by encompassing the knowledge of the Brazilian Unified Health System and those skills that are specific to each area involved in the program at stake.

From the Professionals who have joined the 1st class, in 2011, six were nurses, one was speech therapist, three were physiotherapists and four were nutritionists, coming from public and private universities, being that one of the residents came from a city that is located outside of the Rio de Janeiro State. Throughout the residency time, there was a withdrawal by a nurse, for reasons that have placed her against the recommendations of the Internal Rules of the Program and the Norms established by the CNRMS resolutions.

DISCUSSION

The Multiprofessional Residency at stake

Some hospital units are common to all professions, such as: Medical Clinic, Surgical Clinic and Intensive Care Unit - Adults. Other scenarios, such as: General Surgical Center, Sterilization and Material Storage Center, Continuing Education and Infection Control Committee were experienced only by Nursing residents. There is a proposal of the coordination to expand some of these sectors, yet unique to the Nursing, to other areas. As much as the inclusion of other professionals is not essential, it is becomes essential, as a training course, that all trainees have knowledge on the activities performed by the services.

The outpatient clinic was a scenario of activity for all residents, although they did not interact with each other because of the particularity and the physical mood of each one. The consultations with the services of Nutrition, Physiotherapy and Speech Therapy were conducted in different environments. A special feature is assigned to the Physiotherapy outpatient clinic which has its physical location outside of the main building of the hospital, however, still it is inside of the Hospital Campus boundaries.

The Physiotherapy residents are the only ones who did not act in the areas of Pediatrics and Intensive Care Unit - Neonatal, in the period in which we performed the course. There is a proposal for the year 2013 to make this service available for the practice field of all residents.

The training does not cover the Emergency sector, which is not included in the hospital at stake. The admission of patients into the HUGG is provided by the outpatient clinics and by the State Regulation Center - Rio de Janeiro. In the hospital, there is a committee that is specifically responsible for issues related to the above mentioned process.

The in-service training in the Primary Care

With a view to promoting and expanding the experience of integrality with the Unified Health System, the HUGG Residency Program provided a time period for the residents to remain in the Primary Care.

Due to the difficulty and consequent delay in establishing an agreement with the Municipal Health Department and Civil Defense of the Rio de Janeiro State, within the Primary Care module, the integration between the residents and the Extension Program "Care Factory" has been accomplished, which is developed by the Alfredo Pinto Nursing School (known as EEAP/UNIRIO). Such a project has workshop for teaching on the blood pressure control, vaccination campaigns, consultation with nutritionist, health fairs, home visitations to the communities next to the EEAP (Benjamin Constant Village Residents Association [known as ALMA] and Lauro Miller Residents Association [known as AMOVILA]), besides having activities like ballroom dancing, ballet, yoga, theater classes, among others aimed at promoting the life quality and welfare of the community, by contributing to the adoption of healthier lifestyles and an active aging.

The proposal of work for the residents was a direct intervention in the community that has occurred at two different times. The first time was characterized by the identification of the health needs of the community and the second by the intervention assisted on the analyzed cases, individually and collectively.

The knowledge on the community and identification of the health problems were made possible through the application of a health questionnaire developed and validated by the resident students, being that it was focused on the guidelines of the World Health Organization and of other institutions with similar purposes. This tool has addressed concepts and diagnostics for the areas involved in the program. Moreover, the observations of resident students about the community environment also contributed to highlight the things that should be more deeply investigated among the inhabitants.

Subsequently, we applied the community health survey and the obtained data were analyzed. Thus, two intervention lines were conducted: 1) collective - held on a specific day in the community club, after a broad disclosure of the event by the resident students. The workshops proposed for this day involved issues such as prevention of sexually transmitted diseases, contraceptive methods, prevention of falls in older people, prevention of occupational diseases, hearing and vocal health care, as well as guidelines on the food reuse and its proper sanitation. The inhabitants received services such as: blood pressure measurement of, blood glucose, condoms distribution and informational leaflets produced by the resident students, based on the programs of the Brazilian Ministry of Health; 2) individual - conducted in the homes of selected residents, after discussions on the cases among the resident students.

The contact with the social reality of families was a crucial issue in this process, which was observed in visitations to the homes of some users. Many of the resident students had never been performed this type of intervention. Therefore, these opportunities have served to broaden their knowledge about the health deviations shown by the population which seeks the hospital services.

Over four months in this action field, we have also produced some weekly reports containing the description of the performed activities, as requested by the course coordinator. These reports formed a compilation that was delivered to the Care Factory Coordination, so that its members could update the data and design new strategies and care actions.

After the return of the resident students to the hospital environment, there was a presentation towards the professionals of the 2nd class of multiprofessional residents of the hospital under study, by socializing the lived experiences in the Primary Care scope. Possibly, those who compose the second class will be the assessors of the started process. They will propose further interventions and give continuity to the intervention process.

Educational process as training and empowerment

One of the difficulties found in the educational process throughout the training is related to the spaces available for the multiprofessional staff to work and to discuss, thus combining theory and practice. As previously mentioned, some spaces did not have the presence of all residents. To meet this need and enable a reflection on the health practices, the multiprofessional residents fortnightly scheduled an afternoon shift for performing the presentation of clinical cases.

The discussion period was mediated by a teacher whose training was in the Nutrition area. The exchange that occurred in this space of knowledge production had little involvement of the tutors and other professionals, due to the lack of interest or schedule-related difficulties thereof.

This is a limitation of the course, starting from its proposal of multiprofessional integration. Since the richness of the discussions was limited by the lack of specialists of each field of knowledge. Despite the excessive invitations, few of them were willing to participate because of the time available and the existing tasks.

The demand was presented to the course coordinator and we hope that the educational and knowledge construction process has a real integrality. The State policies envision this integration and are identified by the creation of broad and multiprofessional *lato* and *stricto sensu* programs, besides promoting financing programs through scholarship courses to the units that make use of this profile in their structures.

Assessment process of the residents

During the fieldwork, the tutor performed the monthly assessment of the resident, being that the minimum required grade was 7.0, as well as a frequency of 100% in these practical activities, as determined by the CNRMS.

The initial assessment form was altered over the course and its current version has the following aspects to be assessed in the pathway of the resident: assiduity, which was based on frequency and punctuality; performance, which assessed the ability to safely perform daily activities of the service, besides the capacity for action aimed at the service organization and the articulation between theory and practice, with deepening knowledge; attitude, which covers the personal presentation, interpersonal relationship; and leadership, which evaluates the contribution to the care improvement.

This chart guided the tutorship regarding the items that should be evaluated, as well as the residents towards the activities that should be attended and the way in which they would be evaluated. Moreover, it made available a space intended for the students do comments and self-assessment and for the tutor comment too.

The knowledge production

Residents were encouraged to conduct a research project on a topic of interest, which would be presented at the end of the residency period as Term Paper (TP), as determined by the CNRMS and the Internal Rules of the Program.

There was no requirement that the TP advisors were from the same professional nucleus of the resident, by allowing numerous exchanges among the professions and encouraging the communication process. This provided a greater integration among the areas, as well as stimuli for teachers in trying to understand a little more about the way in which the other professions gaze the same investigation object.

In addition to the TP, other works performed by the residents were presented at events such as: 14th Brazilian Congress of Nursing Boards, in Curitiba; V Brazilian Congress of Nutrition and Cancer (CBNC), in São Paulo; III Scientific Meeting of the Post-Graduate Course in Hospital Speech Therapy at the Veiga de Almeida University, in Rio de Janeiro; 10th Brazilian Congress on Collective Health, in Porto Alegre; 2nd Brazilian Congress of Neonatal Nursing, in Fortaleza; XIV Seminar on Nutrition in Public Health, in Rio de Janeiro; among others. Furthermore, one of the residents has published one paper during the period.

At each period, the stimulus to the production of scientific papers for submission to journals indexed was done. The TP proposed by the course should be written in form of research paper, which facilitates and encourages the resident to publish its survey. Moreover, the TP's credit could be earned, since the produced and published paper during the course would have co-validity to the first author of the same. The intention by the course coordination was to stimulate the production - among the areas of skills - on the products, implementations and changes performed in the HUGG after the staying of the resident students, by increasing the legacy of the course.

Perceived challenges in facing the tutorship

Before speaking of the challenges identified by the residents in relation to the tutors, we need to define who they are and what tasks they do. Tutors are nurses, nutritionists and physiotherapists and speech therapists from the UNIRIO in partnership with the Gaffrée and Guinle Hospital who work in places where the practical activities of the common and specific centers are carried out. It is a task of the tutor to conduct the practical teaching through formal instructions and with certain objectives and goals. The tutor should worry about the clinical competence, besides the teaching and learning aspects of the professional development.

A portion of the tutorship activities was insufficient. Many of the professionals distributed across the sectors have a temporary association with the institution. We observed advantages and disadvantages arising from this fact. The advantage for the care is undeniable, due to the quantitative, which, although insufficient, supplies the institutional demand. In contrast the professional bonding and commitment to a higher education institution is short of expectations. There is the need for professionals with an expected qualification to perform the practical guidelines within the practical space. The Speech Therapy staff even lacks permanent professionals in the HUGG.

Importantly, one should consider that, in relation to the involvement of HUGG professionals with the residency, they had no access to mentorship and tutorship scholarship programs. Furthermore, the course coordination should better work for achieving a way to deal with the tutorship function, so that it is not an "imposed" function, but "desired" by the professionals who are there.

Unfortunately, what we describe here certainly does not address the demands of the tutors. We should know about their desires and expectations towards the residency program, however, this is not the main object of our proposition.

Breakthrough strategies for the training period

Strategies for overcoming such a situation require commitment, accountability, as well as effective measures to solve it, therefore, the staff (coordination, tutors and mentors), along with residents has discussed – during the meetings - about the acquired skills and knowledge and the positive and negative aspects from the viewpoint of the resident and of the remaining members.

As breakthrough strategy, it was recommended: continuing education of tutors and mentors. It is emphasized that the continuing education assumes the meaningful learning (which promotes and produces senses) and proposes that the transformation of professional practices should be based on critical reflections on the actual professional practice and its actions in the services network.[14]

The qualification procedures for the health staff should be structured from the problematization of their work process, being that it requires the scientific investigation on these issues with the help of all resident students. The objective is to transform the professional practices and the work organization itself, by using the health needs, sectorial management and social control as benchmarks.

There is already a proposal to expand the professional categories in the Multiprofessional Residency Program from the HUGG/UNIRIO, which intends to include psychologists, social workers and pharmacists. The awareness of professionals of several areas in relation to the importance of the multiprofessional staff improves the provided care. Hence, an extended viewpoint from these professionals makes the care processes more fluid and clear, but obeying the specific care of each area.

CONCLUSION

Given the constant need for training and qualification of professionals who work and/or will work in the SUS, regardless of the level of complexity, the Multiprofessional Residency comes to strengthen the exchange of knowledge between scientific and practical skills.

Accordingly, the role of Nursing as a member of the Multiprofessional Residency goes through providing an increased resolvability of health care actions, by allowing, in fact, the consolidation of the SUS principles, which are: universality, fairness and integrality.

The prolonged interaction among the multiprofessional residents has provided a great learning in relation to the collective living, by increasing the respect, appreciation and knowledge among the areas.

We have observed the context and the difficulties in developing the Residency Program, which were identified and monitored during the survey period. Mainly, because it is 1st class, they should not be understood as barriers impeding the residency program operation, but as obstacles to be overcome.

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