NURSING AS PART OF MULTI-PROFESSIONAL RESIDENCY IN A UNIVERSITY HOSPITAL: AN EXPERIENCE REPORT

A ENFERMEIRA COMO INTEGRANTE DA RESIDÊNCIA MULTIPROFISSIONAL EM UM HOSPITAL UNIVERSITÁRIO: RELATO DE EXPERIÊNCIA

ENFERMERÍA COMO PARTE DE LA RESIDENCIA MULTIPROFESIONAL EN UN HOSPITAL UNIVERSITARIO: UN RELATO DE EXPERIENCIA

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ABSTRACT
Objective: to describe the experiences of a nursing professional who joined the first group of a multi-professional residency program in the area of oncology care of the University Hospital of Brasilia and the process that provided subsidies for the development of this specialization, along the lines of the residency, with regard to oncology nursing. Method: experience report based on the experiences of a resident nurse in the Multi-professional Health Residency Program. Results: the resident nurse developed activities with regard to the triad that includes actions of theoretical and practical teaching, extension and research, as well as the necessary skills for teamwork, considering that the program mentioned is based on joint work between professionals. Conclusion: the residency provided benefits to the nurse as a professional and to the service with regard to a more individualized care provided to cancer patients.

Descriptors: In-Service Training; Graduate Education In Nursing; Specialization.

RESUMO
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Descritores: Treinamento em Serviço; Educação de Pós-Graduação em Enfermagem; Especialização.

CASE REPORT

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INTRODUCTION

According to the Inter-ministerial Ordinance No. 1,077, November 12th, 2009, the multi-professional health residency is a form of graduate education lato sensu intended for health care professions, in the form of specialization course mainly characterized by in-service teaching, with a class load of 60 hours per week and a minimum duration of two years. In accordance with this ordinance, nursing is one of the professions that are part of this multidisciplinary role, which allows—in addition to scientific enhancement of the profession—the exchange of knowledge and mutual interdisciplinary valorization between different areas of expertise in health that compose a multidisciplinary team.1

The investment in the potential of multi-professional health residency programs in Brazil and their regular funding have the goal of providing not only the training of professionals, but also the change of the techno-assistance model of the Unified Health System (UHS), current in operation.2 This type of residency seeks the integration of the multidisciplinary team for health work, avoiding the fragmentation of patient care as a result of the process of specialization and, at the same time, it promotes reflection on the production in health since it provides the interaction between professionals from different areas.3

The multi-professional health residency intends to modify the existing paradigms in relation to training of professionals for the UHS and also collaborate in the qualification of the various levels of health care provided to the community.2 In this context, as members of the multidisciplinary team, nurses have the opportunity to obtain important theoretical-practical learning related to the chance of becoming effective agents of change within the institution and the community in which they perform.

Qualified nursing professionals, aware about the health/illness process prevailing in Brazil, are important agents for the increase of the health level of the population. The residency makes this qualification possible through a critical and in-depth training.4 The multi-professional residency also allows learning about teamwork, since it prepares health professionals, especially nurses, for joint decision making in current health scenarios, in order to meet the needs of the population in a more adequate way.

The rapid and frequent development of health sciences demands constant updating of nurses and, several times, specialization, which must be acquired after the undergraduate course.5 The specialization along the lines of residency provides that health professionals can join the theory of a particular area—increasingly based on scientific grounds—to what they learn and experience while performing the service in which they are inserted, through continuous training in supervised patient care.6

Such training is focused on forming a professional with a critical view of the care to be provided, in order to make patient care more efficient. Additionally, these professionals have their horizons expanded, with a view to knowledge and recognition of the key fundamentals of the different professions within the health team, their limits of action and their respective professional skills. In-service training still provides a more realistic vision of the profession, since it makes the experience of the daily life of the institutions possible, so as to understand their functioning, failures and potentialities that can be made available for the benefit of the population.5 Adding this experience to teamwork as proposed by the multidisciplinary health residency, nurses have the opportunity to develop skills that result in improving the care provided to the patients and their families.

METHOD

This is a report on the experience of a nursing professional who joined the first group of Multidisciplinary Health Residency of the University Hospital of Brasilia (UHB) in the area of oncology care. The report also deals with the in-service teaching integration that took place between the servers of the hospital mentioned and the teachers of the University of Brasilia (UnB).

EXPERIENCE REPORT

The UHB is an institution that provides healthcare services to the population of the Federal District and surroundings. It is a field of practice for teaching, research and extension activities of the UnB. Considering the increased complexity of assistance, this hospital is currently one of the main in-service training fields for more than a thousand students of the faculties of health areas of the UnB.

In 2010, the first group of the Multidisciplinary Health Residency Program started its activities in the hospital. The area of oncology care was composed of seven
professional areas: nursing; pharmacy; physical therapy; nutrition; dentistry; psychology; and social work. There was, then, an intense multidisciplinary and interdisciplinarity training process, in which the residents shared disciplines and care, including discussion of clinical cases.\(^7\) The learning process sought the intersection of knowledge of the various specialties involved in order to guide a clinical and therapeutic joint action aimed at healing, rehabilitation and improvement of the quality of life of patients.\(^9\)

Next, we present the activities performed by the resident nurse in oncology care within the proposal of the multi-professional residency with regard to the triad established by the course, which includes theoretical and practical teaching, research and extension activities. At the same time, we also present a brief description of how the process of establishing this kind of expertise occurred through integrating the university and the service.

• **Education: uniting the theory to practice**

The theoretical content of the Multi-professional Residency of the UHB was divided into two groups: 1) core disciplines, which are given to all members of the multidisciplinary team; and 2) specific disciplines for each area.

Core disciplines were taught by professionals from different areas. The teachers were from the UnB and professionals from the UHB, with the participation of guests from the National Health Council, Ministry of Health, Ministry of Education, National Commission on Multidisciplinary Health Residency, and health institutions of the Health State Department of the Federal District, among others. The disciplines that were part of the theoretical content of the first group of Multidisciplinary Residency were: Scientific Research Methodology; Epidemiological Methods; Biostatistics; Ethics, Bioethics and Health Work; Public Health Policies and Health Care Models; Professional-User Communication; Introduction to Health Practices; Biosafety and Hospital Infection; multi-professional clinical sessions, called Clinical Meetings; and sessions for discussion of scientific papers, called Magazine Club. The emphasis on multidisciplinary performance was present in most disciplines.

These disciplines were important since they addressed necessary topics for the professional practice and scientific development, which also assisted in the elaboration of the end-of-course paper elaborated at the end of the specialization.

In addition to the theoretical disciplines, weekly clinical sessions were implemented by the residents of the multidisciplinary team, along with preceptors and resident medical doctors of the field of oncology. These sessions had interdisciplinary discussions as the main aim in order to establish conduct of performance among the cancer patients admitted to the infirmary of the Hospital Medical Clinic. This fact was extremely enriching, because the construction of knowledge was made in a collective atmosphere, with scientific basis and mutual valorization. This contributed substantially to an integral specialized and individualized assistance to the patient, whose differential was noticeable for all professionals, patients and family members of the unit. The motivational factor further strengthened the ties between the professionals of different areas for the benefit of patients.

The specific disciplines of nursing addressed updating contents for nurses’ clinical and surgical practices. Three disciplines were taught: Updating of Clinical Nursing; Updating of Surgical Nursing; and Oncology Concepts. The first two were taught by teachers of the Nursing Department of the UnB, nurses from the UHB and expert guests from hospitals of the State Health Department of the Federal District. The last discipline was taught by teachers of that department together with oncology nurses from the High Complexity Oncology Center (CACON) of the UHB, which is a reference unit for the treatment of neoplasias in the Federal District and surroundings.

The elaboration and teaching of the last discipline required close communication and integration between university teachers and teaching hospital professionals, promoting major development in this relationship. Such partnership represented the emergence of new possibilities: continuing education and improvement in hospital care and new opportunities for research and extension to the university and the UHB. In this context, the residency proved to be essential to the emergence of new actions, experiences and projects, since there was a narrowing of the relationship.

The practical content was developed in the form of intensive in-service training. During the first year, the resident nurse made three-month internships, performing rotations through several hospital units, including: Clinical Medicine, Clinical Surgery/Operating

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Room/Sterilization and Material Center; Intensive Care; and High Complexity Oncology Center. The goal was to acquire knowledge on different areas, by assisting clinical and surgical patients, from various specialties, thus diversifying her experience. It is still important to highlight that although the internships included various specialties, it turns out that there are currently patients with malignant neoplasias inserted in the vast majority of these units, since treatment or cancer therapy involves care provided to patients in several areas. In this way, although the first year of residency should aim to achieve a more expanded knowledge of other specialties, the resident nurse had the opportunity to establish contact with her specific area of training starting from the first internship. Thus, the first year of residency enabled learning about cared provided to cancer patients under intensive, surgical and clinical care, and outpatient palliative care. This experience further intensified the need for technical and scientific knowledge on management of surgical and chemotherapy treatment, as well as on hospitalization due to complications related to the disease, rehabilitation for home care and palliative care.

In the second year, the resident nurse performed the in-service training at the CACON. This center offers outpatient treatment with chemotherapy and radiation, through teletherapy and brachytherapy. In this unit, the resident nurse deepened her practical and theoretical knowledge in the area of oncology, along with the multidisciplinary team, with guidance and supervision performed by nurses from the unit and teachers from the UnB that work with extension projects. Both the nurses from the unit and the teachers from the university that accompanied the resident held their specialization in oncology at the National Cancer Institute (INCA). This provided intensive and qualified in-service teaching, which facilitated and encouraged the resident nurse to obtain the skills necessary to develop actively her profession, in a spirit of leadership and teamwork. In addition, it provided care to patients based on solid ethical and scientific knowledge and recognizing them, along with their families, as biopsychosocial beings.

- Extension: a way to share the knowledge acquired by the team on behalf of the community

The performance of the resident nurse in extension projects was of vital importance for her professional training, as well as for the other members of the multidisciplinary team. Together with other residents, the nurse was a member of the League Against Cancer of the UnB, in the Extension Program for Continuous Action that has undergraduate and graduate students from several health areas, such as: nursing; psychology; nutrition; medicine; pharmacy; social work; and management in public health. In this program, in conjunction with students, teachers and health professionals, the residents organized events, such as the I Scientific Journey of the League Against Cancer of the UnB, the Weeks of Fighting Cancer of the UnB, and weekly lectures in the area of oncology, having the resident participated as speaker, addressing the theme Antineoplastic Chemotherapy Treatment. In addition, the resident nurse participated actively in the Extension Projects for Continuous Action, linked to the league, namely: 1) outpatient nursing consultation in radiotherapy; 2) outpatient nursing consultation in chemotherapy; 3) outpatient long-term central venous catheters; and 4) outpatient tumor lesions, all developed at the High CACON, coordinated by three teachers, who were nurses specialists in oncology from the Nursing Department of the Faculty of Health Sciences of the UnB.

The participation in the XIII Scientific Journey of the UHB—as well as in other scientific events, such as conferences and courses—was stimulated during the period of residency. This enabled the development of critical and scientific analysis on the nursing activities in the oncology area in a shared and integrated way with other professional areas. The resident nurse was also invited to be part of the Organizing Committee of the XIV Scientific Journey of the UHB and participated in the deliberations related to the event.

This stimulus enabled the presentation of works conducted during the residency in several scientific events. Three papers were presented in the XVII Brazilian Congress of Clinical Oncology and seven works in scientific journeys; most of them were planned and carried out in partnership with other residents of the multidisciplinary team, teachers from the UnB and professionals from the UHB. Among the papers presented, two were awarded in events, and one of them obtained the first place in the XIV Scientific Journey of the UHB, in the area of Social Medicine, and the other was awarded second place in the I Scientific Journey of the League Against Cancer of the UnB.

This experience was essential to the scientific development, which together with
the practice, made the nurse more prepared for the work market in order to perform the care provided to patients and families with quality.

- **Research: aiming at having the practice being subsidized by science**

  Because it is a university hospital and due to the fact that the residency is directly linked to the university, the research has always been present in the various practice scenarios. The aim of the residency is to train professionals who experience the hospital daily activities, with care based on scientific evidence from several articles and systematic reviews discussed throughout the internship at the CACON and in research groups. This effectively increased the quality of interventions and provided better assistance to patients and family members, resulting in the formation of critical and reflective professionals.

  After attending the residency, the nurse became a member of the group “Research Applied to the Clinical Practice in Oncology: an interdisciplinary approach”, linked to the National Council for Scientific and Technological Development (CNPq) and certified by the UnB, participating in several research projects and scientific discussions promoted by the group.

  The elaboration of the end-of-course paper also stimulated the resident nurse to be more in contact with the field of research. Her aim was to know the main doubts and questions of patients undergoing chemotherapy in relation to their treatment, in order to obtain subsidies for the elaboration of guideline manuals for patients undergoing antineoplastic chemotherapy, which would be used in nursing consultations at the CACON, UnB.

  Such experiences motivated the resident nurse to participate in the selection process for master's degree candidates in the Graduate Program in Nursing, UnB, and she was awarded the second place in that process.

**FINAL CONSIDERATIONS**

The multi-professional residency provided the start of the elaboration of interdisciplinary performance at the UHB. From it, professionals from various fields acquired deeper knowledge about the performance of each team member and also recognized its importance. In addition, the professionals developed skills to work together in resolving problems and conflicts, which certainly generated time and quality gain while performing diagnoses, treatment and care for patients. Still, the residency provided the beginning of the breaking process of the paradigm backed in the medical model, in which these professionals hold almost exclusive knowledge that prevails in the hierarchy of value to the detriment of other professional health areas.

The multidisciplinary approach provided most appropriate patient care at the UHB. Furthermore, the residency program enabled to present some structural and organizational problems of the hospital, allowing thoughts on such difficulties and the search for solutions to these demands.

The resident nurse in oncology care acquired essential and solid theoretical and practical learning during these two years and became an active agent of change within the institution. The residency, therefore, proved to be a great differential in professional training, since the resident will hold necessary skills, competencies and capacities in order to continue acting accordingly in her next jobs, because she received in-service training with this approach. Training during the residency gave her the incentive to continue improving her scientific knowledge, by means of participation in updating courses, internships, specific events of the area and search and reading of scientific articles. In addition, she will surely be an agent of knowledge multiplier in oncology in the places she will work upon completion of the residency.

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