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MULTI-PROFESSIONAL RESIDENCE IN EMERGENCY AND URGENCY: THE VISION OF THE RESIDENT HEALTH PROFESSIONAL

RESIDÊNCIA MULTIPROFISSIONAL EM URGÊNCIA E EMERGÊNCIA: A VISÃO DO PROFISSIONAL DE SAÚDE RESIDENTE

RESIDENCIA MULTI-PROFESIONAL EN URGENCIA Y EMERGENCIA: LA VISIÓN DEL PROFESIONAL DE SALUD RESIDENTE

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ABSTRACT

Objective: to report the experiences of being a multi-professional resident health professional within the scope of urgency and emergency. **Method:** this is a descriptive study of experience type, from the resident nurse, inserted in the Multi-professional Integrated Residency Program in Health, Emphasis Urgency and Emergency, Federal University of Santa Catarina/UFSC, Brazil. **Results:** the experiences were approached in four axes of discussion. The first axis discusses the acquisition of nursing technical and nursing competency. The second axis concerns the search for interdisciplinarity, in the context of multi-professional residency in health. The third axis reports the political and social experiences experienced in the context of the residence. The fourth axis is to consider the perspective of the graduated. **Conclusion:** Multi-professional Residency Programs constitute an opportunity for newly graduated health professionals or are not included in the daily work of the Unified Health System, and to enabling professional action in a specific area of interest. **Descriptors:** Teaching; Health; Nonmedical Internship; Nursing.

RESUMO

Objetivo: relatar as vivências do ser profissional de saúde residente multiprofissional no âmbito da urgência e emergência. **Método:** estudo descritivo, tipo relato de experiência, sob a ótica do residente enfermeiro, inserido em Programa de Residência Integrada Multiprofissional em Saúde, com ênfase em Urgência e Emergência, da Universidade Federal de Santa Catarina/UFSC, Brasil. **Resultados:** as experiências foram abordadas em quatro eixos de discussão. O primeiro eixo discorre sobre a aquisição de competências técnicas e assistenciais de enfermagem, o segundo diz respeito à busca da interdisciplinaridade, no contexto da residência multiprofissional em saúde, o terceiro relata as experiências políticas e sociais vivenciadas no contexto da residência e o quarto visa considerar a perspectiva do egresso. **Conclusão:** os Programas de Residências Multiprofissionais constituem oportunidade para profissionais da saúde recém-graduados ou não se inserirem no cotidiano de trabalho do Sistema Único de Saúde, além de possibilitar a atuação profissional em área de interesse específico. **Descritores:** Ensino; Saúde; Internato Não Médico; Enfermagem.

RESUMEN

Objetivo: relatar las experiencias del ser profesional de salud residente multi-profesional en el ámbito de la urgencia y emergencia. **Método:** estudio descriptivo, tipo relato de experiencia, sobre la óptica del residente enfermero, inserido en Programa de Residencia Integrada Multi-profesional en Salud, énfasis Urgencia y Emergencia, de la Universidad Federal de Santa Catarina/UFSC, Brasil. **Resultados:** las experiencias fueron abordadas en cuatro ejes de discusión. El primer eje es sobre la adquisición de competencia técnicas y asistenciales de enfermería. El segundo eje es sobre la búsqueda de la interdisciplinaridad, en el contexto de la residencia multi-profesional en salud. El tercer eje relata las experiencias políticas y sociales vividas en el contexto de la residencia. El cuarto eje es para considerar la perspectiva del egresado. **Conclusión:** los Programas de Residencias Multi-profesionales constituyen oportunidad para profesionales de la salud recién graduados o no se insieren en el cotidiano de trabajo del Sistema Único de Salud, además de posibilitar a actuación profesional en área de interés específico. **Descriptors:** Enseñanza; Salud; Práctica no Médico; Enfermería.

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INTRODUCTION

The teaching modality called residence in Brazil was historically consolidated from the medical residences, which had their regulations in 1977, with the formation of the National Medical Residency Commission. The multi-professional residences in health have a recent history. Despite the existence of programs with this characteristic in the 1970s, the expansion of these programs began from the regulations in 2005. With this, new meanings have been promoted in this training scenario.¹ The intention of this training modality is to bring the health professional close to the social reality and work in the Unified Health System (SUS), training professionals to work in the system, considering that one of the competencies of the SUS, built up in the Federal Constitution of 1988, is to order the formation of human resources in the health area.² Also, they offer the possibility of a change in the health care practice, promoting teamwork, effective exchanges of experiences and knowledge and the creation of a new health reality for the population.³

Currently, the programs of multi-professional residences in health are characterized as a mode of teaching, under postgraduate courses, guided by the principles and guidelines of SUS. They have a total workload of 5760 hours, distributed in 60 hours a week, carried out over a period of two years and disseminated in practical, theoretical and theoretical-practical educational strategies.⁴

Practical educational strategies are characterized by activities related to in-service training for professional practice, according to the specificities of the areas of concentration and professional health categories. The learning in the theoretical educational strategies is developed through individual and group studies, in which the resident health professional formally have the guidance of the teaching staff. Theoretical-practical educational strategies are those that are done through simulation in laboratories, actions in health territories and instances of social control, in virtual learning environments, analysis of clinical cases and collective health actions, among others, under the guidance of the teacher's assistance.⁵ Through Resolution N° 05/2014 of the National Commission for Multi-professional Residency (CNRMS), the diversification of the applicability of the practical workload of multi-professional residency programs was possible, allowing the multi-professional

resident health professional to expand the horizons of their training, previously focused exclusively on the practical and care spheres.⁵ It enabled the multi-professional resident health professional to experiment with different scenarios, learning, and acting areas.

There are four actors involved in this scenario, the resident, the preceptor, the tutor and the teacher. The resident is the health professional in training in this modality. The preceptor is the professional of the same professional area of the resident who works in the institution executing the program, and his main function is to direct supervision of the practical activities performed by the resident health professional. The tutor is the professional with a minimum level of master and professional experience of at least three years, and his function consists of academic orientations of preceptors and resident health professionals. There are two types of tutorials, the core, and the area tutorials. The core tutorials are geared to discussions regarding the specific core of resident health professionals and preceptors. The area tutorials are directed to the scope of the concentration area of the program, directed by all the actors. Teachers are professionals linked to the training and executing institutions that participate in the development of theoretical and theoretical-practical activities of the pedagogical project of the course.⁴

The Federal University of Santa Catarina (UFSC) is the institution that forms the Integrated Multi-professional Health Residence (RIMS) with the University Hospital Prof. Polydoro Ernani de São Thiago (HU/UFSC) as the executing institution and main practice scenario. The program has three areas of concentration, urgency and emergency, high complexity and maternal child health. In the emergency and urgency concentration area, residents of the area of nursing, pharmacy, nutrition, psychology and social services are linked.

The main practice scenario of the RIMS program, in the emergency and urgency emphasis, is the HU/UFSC Internal Emergency Service (SEI), and to other sectors such as Intensive Care Unit (ICU), Toxicological Information Center (CIT), among others. Inaugurated in 1980, HU/UFSC is a large hospital that was conceived from the perspective of teaching, research, and extension in the area of health and related areas, with the mission of preserving and maintaining life, promoting health, forming professionals, producing and socializing

knowledge, with ethics and social responsibility. Its objectives are to provide assistance to the health community at all levels of complexity in a universalized and egalitarian way, among others.⁶ The HU/UFSC has 271 beds in the areas of a medical clinic, surgical clinic, dialysis treatment, intensive care, pediatrics, Gynecology, obstetrics, and neonatology. Also, it has a surgical center, obstetric center, breastfeeding center, sterilization center, toxicological information center and outpatient clinic. Currently, the hospital is a reference in the attendance of several clinical and surgical specialties. On average, SEI assists 300 to 350 patients per day, through spontaneous demands and referenced patients from other services.⁷ Among the main specialties treated in this sector, there are diseases related to the gastrointestinal tract, circulatory system, accidents with venomous animals and exogenous intoxications.⁸

Also, the resident health professional performs compulsory curricular practice in other components of the Emergency and Urgency Network (RUE) such as the Emergency Care Unit (UPA) and the Mobile Emergency and Urgency Service (SAMU), and in others services with the objective of complementing vocational training focused on SUS care in emergency and urgency situations. Another moment of compulsory curricular practice is carried out in the basic care of the SUS, with the objective of knowing the other points of the Health Care Networks and fostering practices of articulation among the different levels of care through reference and counter-reference for continued care.

The choice to attend a multi-professional residency program in emergency and urgency was based on the interest in these situations during my graduation in nursing. Through the multi-professional residency program in this emphasis, I envisioned the opportunity to deepen practical and theoretical knowledge. Therefore, this article aims to report on the experiences of being a multi-professional resident health professional within the scope of urgency and emergency.

METHOD

This is a descriptive study with a qualitative approach of the experience report type on the training process in the RIMS/UFSC program, in the emergency and urgency emphasis, in the period 2014-2016. The reports of the experiences are characterized by systematic observations of reality, showing as narratives of professional experience, building knowledge from the everyday life.⁹

This experience report was structured in four axes of discussion, that different approach themes. The first axis was called the resident nurse, concerning technical and nursing training as a nurse during the RIMS/UFSC program. In the second axis called as the construction of the theoretical knowledge during the residence, is the report of the theoretical and practical-theoretical activities developed in the RIMS/UFSC program and the search for interdisciplinarity. In the third axis entitled the resident as a political-social being, there is the report about the political and social experiences lived in the context of the RIMS/UFSC program and in other areas. The perspective and challenges of the graduated are the fourth axis of discussion.

RESULTS

♦ The resident nurse

According to national curricular guidelines, the training process in nursing graduation is geared towards the generalist, humanistic, critical and reflective formation of the nurse, and the curriculum is geared to the different specialties and areas of attention.¹⁰ Thus, the residence enables the complementarity in training in a specific area of work and personal interest, instrumenting the professional through the immersion in daily work and other methodologies. Also, it allows the graduated to experience professional performance, with the support of a preceptor. In this sense, the residency enables the recently graduated nursing professional to provide technical training in the performance of nursing procedures, the applicability of the nursing process and other nursing precepts, facilitating the future insertion in the job market.

At the beginning of the residency program, in the context of urgency and emergency, I experienced a period of adaptation in the area due to the complexity, dynamicity, and peculiarities of the work process in a hospital emergency. With the support of preceptors, I passed this adaptive phase in a safe manner, and it was soon possible to assume assistance, managerial and administrative competency related to the nurses working in this sector. Then, I have also been able to perceive the acquisition of other competence such as interpersonal relationships, clinical reasoning ability, as well as a professional performance with greater effectiveness and safety. In a study carried out with nurses who had graduated from residency programs, the residence was able to generate self-confidence, safety, development of practical

skills, personal and professional growth, besides contributing in some cases to theoretical and practical training not achieved during graduation.¹¹

It is worth highlighting the experiences of practical activities carried out in the UPA and SAMU, important components of the RUE. It was possible to know the daily work in these services and to add practical knowledge about prehospital care. I also carried out practical activities at the São José Regional Hospital, a reference in trauma care in the region. Also, through a technical visit, it was possible to know the service of local aero-medical transport. Another practical experience was in primary health care at the Lagoa da Conceição Health Center in Florianópolis/SC. In this place, it was possible to know the operation, importance, and particularities of the work process of this scope.

In addition, at this stage, I have been living with professionals who use integrative and complementary practices (PICs), such as acupuncture, auriculotherapy, reiki, medicinal plants, among others, in the work process and health care and I performed how effective they are as therapeutic resources, to encourage autonomy, empowerment and health promotion of the population. According to the World Health Organization (WHO), there has been a considerable increase in the use of PICS on a world scale in the last decade. Among the reasons for this growth, there are the increase in the demand caused by chronic diseases, the increase in the costs of health services, leading to other alternatives of care and the search for treatments that provide quality of life when it is not possible to cure.¹²

Carrying out these curricular activities proposed by the RIMS/UFSC program in other services and at different levels of attention have significantly added practical knowledge about several situations experienced. They also served to emphasize the importance of strengthening work in an articulated way in RAS. I believe that staying in practical activities for two years in a residency program only in an area of care or only in one sector does not allow the health professional the knowledge necessary to answer the complexity of some cases found in the daily life of SUS.

♦ The construction of the theoretical knowledge during the residence

The fragmentation of knowledge process, induced mainly by the isolation of the subjects and strengthened by corporate interests, has brought their inability to

respond to the complex demands faced in the daily work of health.¹³ In this context, interdisciplinarity emerges, proposing the execution of a work in an integrated and articulated way, demonstrating workers' understanding of the work of other professionals, their work, and the quality of their results.¹⁴ Interdisciplinary is one of the assumptions of multi-professional residency programs.

The curricular matrix of the RIMS/UFSC program composes different theoretical moments, carried out through lectures in a multi-professional manner and with the participation of preceptors, tutors and other social actors involved with the residence. Moments with these characteristics were unpublished until then for most of the health professionals resident. The subjects focused on the training of qualified professionals on SUS, as well as attention to the main social needs of the population. Among the disciplines studied, there are: SUS and Public Health Policies; Work Process and Humanization of Assistance; Health education; Patient Safety; Health Management and Planning; Methodology and Scientific Production; Biostatistics; Work Process and Integrated Reflection of Multi-Professional Care. Also, there are personal, professional moments with the objective of discussing specific issues of the professional areas, with pre-determined themes and suggested by the resident health professionals, based on the demands encountered during the work process. Also, there are integrated moments of discussion about the work process and other issues among professionals in each program emphasis.

Another theoretical moment is the multi-professional case studies. In this opportunity, there is the elaboration of a case study with professionals who act in the same emphasis, with the support of tutors and preceptors, on real situations that have promoted the engagement of the multi-professional team for resolution and integral care. After its construction, there is the socialization and discussion of it among all residents of the RIMS program. The integrated moments of discussion and multi-professional case studies with other residents were important training strategies, aggregating knowledge from all areas of health, allowing to get closer to the integrality of care and experiencing health in its social, cultural, political, ethnic-racial, individual and collective.

From these theoretical moments, it was possible to develop the work process in a slightly more articulated way and a team,

seeking the support of other health professionals in different situations. Also, it was possible to share knowledge, to know different points of view about certain situations. According to a study that aimed to analyze the impact of multi-professional residency on health in the training and practice of residents in a teaching hospital, it was shown that it was possible for residents to improve integration with other professionals, the ability to work in groups, the correct recognition of application situations, and the ability to transmit knowledge to others.¹⁵

However, although these theoretical moments encourage joint actions and provoke reflections on the professional performance, I found difficulties to carry out this praxis in the context of urgency and emergency. The moment when information was exchanged among professionals from different areas was during the duty, even briefly. However, in some situations, it was possible to carry out interventions in a multi-professional way, which were valuable learning. I believe that the main impediments to making these practices routine in the work process are the excess of demand given in the sector and the lack of a culture of these actions by the professionals.

Experiencing these moments contributed in a singular way to my professional growth, because I realized and understood the real attributions of the social worker, pharmacist, physician, nutritionist and psychologist through the daily contact with different professionals, as well as their contributions in each case and importance within the health sector, considering that among the duties of the nurse, there is the administration of health services and units, and this professional is responsible for conducting the entire health team through leadership.¹⁶

♦ The resident as a political-social being

The two years of teaching service insertion in the RIMS/UFSC program enabled experiences in different formative spaces, highlighting in this axis of discussion the qualitative gains of the resident's political-social being.

From the first year until the completion of the residency, I participated as a representative of the health professionals residing in the Multi-professional Residency Committee (COREMU) of UFSC, a deliberative instance of the RIMS program and the Multi-professional Family Health Residency Program (REMULTISF) linked also to UFSC, in partnership with the Municipal Health Department of Florianópolis. Also, I was able

to compose the National Forum of Residents in Health (FNRS), a social movement that historically seeks improvement in the formation processes of residential programs, throughout Brazil and also for SUS. Through the FNRS, it was possible to participate, as a representative of the residents, in the CNRMS, which is the largest inter-ministerial and deliberative body of residence programs. These experiences added political, social and personal insight into numerous situations in the daily context of the residence and allowed the struggle for the qualification of residence programs at the national level, regulation, reduction of work hours, as well as other controversial issues related to residences in health.

Another precept of the SUS exercised during the residency was social control, participating as a health professional at the IX Municipal Conference of Health of Florianópolis, where I was elected state delegate to the VII State Conference of Health of Santa Catarina. These municipal, state and federal impact events were moments of exchange of experiences among health professionals, managers, and SUS patients, in the search for better individual and collective health conditions and the guarantee of the public SUS, under state and quality management for the Brazilian people.

These experiences have increased significantly for the training as a nurse and are certainly a differential for the future professional insertions in the labor market, as they expanded my biological and curative vision, for health in its integrality and dynamism. Health education should not only aim at the diagnosis, care, treatment, prognosis, etiology and prophylaxis of diseases and problems. It is necessary to go beyond and target the creation of conditions to meet the health needs of people and populations, sector management and social control in health. Thus, a quadrilateral in the formation for health composing and articulating teaching, management, attention and social control is proposed.¹⁷

Also, it is imperative to maintain and expand the political performance of the health professional in the various areas that imply in their work process and especially in the SUS scope. There is a need to implement a complex triad of actions to advance the SUS in all spheres, and it is necessary that the forces interested in consolidating the system face the political obstacles, management, and reorganization of the care model.¹⁸

◆ The perspective and challenges of the graduated

Completing a multi-professional health residency program is a challenge. There are several obstacles experienced by multi-professional residents on a daily basis, such as the extensive workload and the lack of quality teaching service, theoretical and practical training of many programs in the national scenario. The impossibility of finalizing the residency program, due to calls for tenders, motivates the abandonment of many professionals from their programs before their end.

Upon completion, new challenges and perspective emerge from the graduated. Among them, there is the insertion in the SUS, as health professionals. Another obstacle is the non-certification by the Ministry of Education of the great majority of the programs, the lack of valorization in the tests of titles of public tenders and the lack of a career plan for the workers of the SUS, considering the residence as a qualifying process. I realized that these factors often lead to graduates of multi-professional residency programs to enter the private market, after receiving a public incentive to train human resources.

However, when finishing, there is the qualification of the professional to work in an area of interest, acquisition of theoretical and practical knowledge, and skills in interpersonal relationships. This facilitates the process of (re) insertion in the labor market, bringing personal security in this period. A survey carried out with graduates of multi-professional residency program, most of them considered totally relevant the competencies acquired during the program.¹⁹

CONCLUSION

The multi-professional residency programs constitute a strategy for the training of professionals to work in the SUS, through the insertion for professional action in local realities and other teaching strategies. They are also characterized as opportunities for newly graduated health professionals or not, to be inserted in the daily work of SUS, with the supervision of preceptors and support of tutors, promoting professional practice in a reflective way. Also, there is the possibility of professional work in specific areas of interest and acquisition of knowledge, skills, and experiences in different areas.

Among the main challenges experienced by resident health professionals, there is the extensive workload, the search for

interdisciplinary work, the lack of certification of most of the programs, and the difficulty of reinsertion into the SUS after the end of the programs. However, at the end of the program, there is a professional qualification in a specific area of interest, acquisition of technical and relational skills, which facilitates professional reintegration.

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