Perception of the residents about their performance in the multidisciplinary residency program

Percepção dos residentes sobre sua atuação no programa de residência multiprofissional

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Abstract

Objective: Understanding the meanings of the training experiences of postgraduate students of the Multidisciplinary Residency Program in Health linked to a federal educational institution.

Methods: An exploratory and descriptive study with qualitative approach carried out with postgraduate students of a Multidisciplinary Residency Program in Health. The data collection was held through a semi-structured interview. The data obtained in the speeches were categorized by the content analysis technique.

Results: Four thematic categories were unveiled: the residency and multidisciplinary practice, the residency as practice of teamwork, recognition of the resident's work by users and the residency experience in the context of health work.

Conclusion: The Multidisciplinary Residency Program is understood as a significant opportunity of learning and having contact with professionals from different fields where the comprehensive care is provided in professional practice, with the awareness that the assistance should contemplate the social, environmental and psychological aspects of individuals.

Resumo

Objetivo: Compreender os significados das experiências de formação dos pós-graduandos do programa de Residência Multiprofissional em Saúde vinculado a uma instituição federal de ensino.

Métodos: Pesquisa exploratória, descritiva com abordagem qualitativa, realizada com pós-graduandos de um Programa de Residência Multiprofissional em Saúde. Realizada coleta de dados através de entrevista semiestruturada, sendo os dados obtidos nos discursos categorizados através da técnica de análise de conteúdo.

Resultados: Foram desveladas quatro categorias temáticas: a residência e prática multiprofissional, a residência como prática do trabalho em equipe, reconhecimento do trabalho do residente pelo usuário e a experiência da residência no contexto do trabalho em saúde.

Conclusão: O Programa de Residência Multiprofissional é compreendido como uma oportunidade significativa de aprendizado e contato com profissionais de diferentes áreas, onde se efetua o cuidado integral na prática profissional com a concientização de que a assistência deve contemplar os aspectos sociais, ambientais e psicológicos do indivíduo.

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Introduction

The changes in the training of health professionals have gained importance in the world,[1] and the Brazilian Ministry of Health assumed the responsibility of guiding the training of these professionals in order to meet the needs of the Unified Health System (SUS - Sistema Único de Saúde).

After the implementation of the resolution on the national curriculum guidelines for the health undergraduate courses in Brazil, there was incentive to the generalist professional training, with skills related to attention to health, decision making, communication, leadership, administration, management and continuing education.[2]

In recent years, there was a significant increase in demand of applicants for health specialization courses, and the broad creation of postgraduation courses of the *lato sensu* type (specialization). In the area of nursing, the demand for these courses is justified by the search for qualification and certification for insertion in the labor market and a better professional position.[3,4]

In Brazil, the type of education called Residency has established itself as specialization in the health area, aiming at promoting changes in the training of professionals regarding the medical model of care. The Ministry of Health proposes the strategy of the Postgraduate courses – *Lato Sensu* with programs of Multidisciplinary Residency in Health focused on the education in service destined to other areas of health.[5,6]

The intention with this model is to train professionals to understand the multiple causes of individual and collective morbid processes, contextualizing individuals in their environment, covering the areas of Nursing, Pharmacy, Physiotherapy, Speech Therapy, Medicine, Nutrition, Dentistry, Psychology, Social Work and Occupational Therapy.

It is an intersectoral cooperation program that encourages the qualified insertion of young professionals in the job market, guided by the principles and guidelines of the unified health system, from the local and regional needs and realities. Therefore, the National Commission of Multidisciplinary Residency in Health was established with the duties of registering, evaluating and accrediting the programs.[7]

It is characterized by the education and training in service, and aims to promote the specialization of health professionals in aspects that enable the professional practice with excellence in the areas of comprehensive health care, management and organization of work, and health education, involving people and communities and seeking to improve the quality of life.

The programs were established with a minimum duration of two years, total workload of 5760 hours, divided in 80% of the time for practical activities and 20% for theoretical or theoretical-practical activities, 60 hours per week and prioritizing the activities in Primary Health Care and the Hospital.

The objective of this study was to understand the meaning of the training experiences of residents and its articulation with workers in the practice fields.

Methods

This is a descriptive study of qualitative approach. The researchers with experience and *stricto sensu* postgraduate training were the facilitators and guides of the study, with the participation of a nursing undergraduate student on a fellowship program.

The research interest arose from the need to know the perception of the multidisciplinary residents about their actions in the practice setting. It is expected that this knowledge will support proposals for a new area in the residency program of the institution.

Firstly, a list with the names of the areas of practice, telephone, e-mail and place of practice of the program residents was requested to the coordinator of the multidisciplinary residency program. Subsequently, the approach method was carried out via contact by telephone or email with them to proceed with the invitation to participate in the research.

After the acceptance, there was personal contact with the participants, who received the free and informed consent form, scheduled the inter-

view and chose when and where it would happen. As the study authors were not part of the residency program, they did not have any relationship with the subjects.

The study population were the residents in the first and second years of the multidisciplinary residency program, from different backgrounds within the health area, and that had demonstrated interest and willingness to participate in a previous contact. The sample consisted of 16 subjects, defined by the data saturation criterion, and two interviews were discarded, thus accounting 14 residents in total.

The data collection was carried out in a private place, in rooms provided by the service in the resident's practice field. The interviews were conducted using the assumptions of the semi-structured interview,[8] with the following guiding question: "How do you perceive your role in the scenario of practice? Why?"

Thus, the subjects had the opportunity to speak about the studied issue. A test was carried out prior to the implementation of data collection to adjust the guiding question. The interviews were digitally audio recorded and the speeches were transcribed in full afterwards. The recorded conversations were made available by digital files. There were records available in a field diary too. The interviews lasted 1-3 hours on average.

The theoretical saturation is defined as the set that will support the analysis and interpretation of data from the experience of the researcher in the search field. This saturation was determined by the researchers when they observed that data collection through new interviews would not add many elements to the discussion in relation to the theoretical density already obtained.

The methodological framework of the Content Analysis was used,[9] constituted by the following phases: pre-analysis; exploration of the material; and treatment of results, inference and interpretation.

After transcription, the residents had the opportunity to read their interviews and validate their contents. The data were coded from the registration units. In the last step was done the categorization of speeches, which is the classification of elements according to their similarities and differences, with subsequent reunification according to the common characteristics, thereby generating thematic categories that are relevant for the data obtained. For the categorization, were used codes for the units of meaning, followed by the number corresponding to the speech.

The development of the study met the national and international standards of ethics in research involving human subjects.

Results

The study participants were 14 residents, predominantly female, 13 (92.8%), and 12 were aged between 22 and 27 years (85.8%). Three physical educators, three nurses, a nutritionist, two occupational therapists, a biomedical, a physical therapist, and three social workers were interviewed. Most subjects, nine (64.3%), have been working for a year and the other five (35.7%) for three months.In total, four thematic categories were identified: 1. The residency and multidisciplinary practice; 2. The residency as practice of teamwork; 3. Recognition of the resident's work by users and 4. The residency experience in the context of health work.

1. The residency and multidisciplinary practice

It refers to the residents' understanding about the meaning of multidisciplinary practice. They report that the residency brings the opportunity of acquiring new knowledge about other areas, making that different professions help and complement each other.

The full care to patients has a comprehensive view, treating them not only as patients, but meeting their needs.

The residents realize that in order to work in a multidisciplinary form, they must be aware of the role of each subject. They mentioned that it is important to discuss the cases of the patients seen to provide an expanded multidisciplinary care.

2. The residency as practice of teamwork

The subjects report about the teamwork in residency, that it is seen as a great opportunity of learning, contact and exchange of knowledge and experiences with professionals from other areas.

The medical residents seek to perform their duties jointly, and always sharing with another professional from a distinct area. In cases when patients need care beyond their competence, they demonstrate knowing how to act and make the referrals.

The residents realize that although the work is done as a team, all professionals must have their own individuality, not interfering with the action of others, but contributing to the development of the multidisciplinary practice for the benefit of patients.

3. Recognition of the resident's work by users

The subjects unveiled the acceptance and recognition of patients towards professionals and the care. They feel valued and appreciated when the users show satisfaction with the care provided, and recognize their own roles.

The residents were satisfied with the recognition of patients. They find that the actions developed in the program are beneficial to them through the qualified care, evidenced by the return and attendance to the service, as well as the constant participation in the activities proposed by the professionals.

4. The residency experience in the context of health work

As for the differences of acting in the hospital and in primary care, the subjects show that the hospital environment involves immediate action and intervention, and has better resources for the appropriate care to patients. However, they realize that the assistance in primary care is dynamic and comprehensive, although also exhausting, because the resources not always meet the professionals' needs for developing their care activities.

The perception of residents about the user embracement at the hospital is opposed to that performed in the Basic Health Unit (UBS – Unidade Básica de Saúde) because the latter allows different approaches. At the hospital, the care is directed to the fragmented and individualized assistance, insufficiently comprehensive, focused on the situation of acute disease or worsened chronic disease. Thus, the assistance is directed to technical procedures, despite the residency program having the comprehensive and full care as a principle.

At the UBS, the professional performance is based on people as a whole, extending the care to their homes. This approach allows to include their families through the implementation of home visits that provide a better tracking of users, encouraging the adherence to treatment, prevention and health promotion.

Discussion

This study is limited to the knowledge of the perceptions showed by the residents in a qualitative-interpretative approach. Therefore, it is necessary to expand the understanding of these subjects' experiences from other methodological approaches and new research on this topic.

The results of this study lead to an understanding of the realities of education and assistance experienced by the residents, which contributes by adding knowledge to the professional training process of the residents for the SUS.

In the residency category and the multidisciplinary practice, the participants recognize that the training process must be articulated, ensuring the participation of different health professions in building a collective knowledge, and adding contributions of the different professional cores included in this process.

The collective construction of knowledge, one of the objectives of this training module, can put into practice the development of an innovative proposal for assistance, in addition to expanding the possibilities of action with the health multidisciplinary teams and the community.[10,11]

The multidisciplinary approach provides interaction between many types of technical and specific knowledge, and new intervention proposals emerge from this interaction, which could not be achieved

by any professional in isolation, but as the result of uniting different kinds of knowledge.

The multidisciplinary practice is characterized by the differences of professions, using this criterion to aggregate knowledge of each area and thus, the residency contributes both to the integration of knowledge as to the learning of teamwork.[12]

Regarding the thematic category of residency as practice of teamwork, the residents observe the importance of integration between the various areas of expertise for developing care with quality.

The concept of multidisciplinary teamwork implies in common goals, shared team identity, shared commitment, clear team roles and responsibilities, interdependence among the team members and integration of the working methods. The clarity of the professional roles of every member is a key factor, because it may allow a broad understanding of both their own professional roles and the professional duties of their other colleagues.[13]

Studies show that the joint and shared actions, the appreciation of health professionals, the active methodologies at work, the exchange of information and the mastery of skills are fundamental principles in the current processes of health production.[14-16]

Therefore, it is necessary to transform isolated work in collective work, in which there is appreciation of the work of others, because in the multidisciplinary and interdisciplinary exercise happens the aprehension of multiple knowledge and practices, where actions converge and enable teamwork.[17]

Studies indicate that the notion of teamwork is etymologically associated with performing tasks and sharing work among individuals, as the basis for integral actions in health that require the active participation of its members and the conjunction of comprehension of each area of knowledge in the implementation of joint projects to improve the health status of the people.[2,17,18]

The importance of the interactive nature of work implies knowing and understanding the participation of the subjects involved in providing services and health actions, seeking an integral and effective care.[2]

It is emphasized that teamwork does not require abolishing the specificities of each professional. The technical differences can enable the contribution of labor division for improving the quality of services provided, to the extent that the specialty allows the improvement of knowledge, technical performance in each area, and a greater production.[19]

Thus, the multidisciplinary practice differs from teamwork because it consists in the mutual interaction between the different areas in health, in the articulation of knowledge and the division of labor. This situation allows that health professionals analyze the patients widely and fully, going beyond the specificities of their professional practice, where all seek to achieve joint goals and there is awareness on how the activities of every one are important in order to reach such goals.[2,20]

Regarding the recognition of the resident's work by users, it is observed that the bond between professionals and users is established from a relationship of trust, favoring the adherence to hospital treatment and the participation in the programs developed by the teams.

Studies have shown the importance of professionals earning the trust of users and their families, and the recognition of professionals as participants in their treatment process. Thus, the established bond is a result of the close relationship between the team and the population, which stimulates their autonomy and participation in the care process, in a relationship of respect and appreciation of their individualities.[21-23]

The assistance provides a stronger bond between nurses and users when it meets their individual needs, generating satisfaction and professional recognition.

Studies emphasize the importance of considering objective and subjective issues inherent to human beings in the assistance, since health actions should be permeated by interpersonal relationships, considering the family, individual and social aspects of patients, as well as their rights.[24,25]

Regarding the residency experience in the context of health work, the residents realize that the care provided in the hospital and the UBS occur differently, according to their specificities.

The residents see the UBS as establishments that offer comprehensive service to the community by considering the aspects oriented to the social, psychological, environmental and biological needs of users. However, there are lacks of human and material resources in this work environment, which are necessary to ensure the completeness of health actions. The organization of the multidisciplinary teamwork needs new ways of enabling the collective work that overcome the structural difficulties of the practice in this environment.[26]

The subjects see the hospital environment as a model of care focused on the disease and clinical management, ignoring factors such as psychosocial determinants of health, and the environment. In the hospital, the health care depends on the joint work of several professionals, where the care received by patients is the result of small partial assistances, which will complement each other, explicitly or implicitly, from the interaction among the various caregivers.[27]

The clinical performance focused on disease, prescription and treatment is of fundamental importance in the context of health care. However, we believe that it should be associated with a broader view of health that incorporates skills to the performance of professionals and allows them to have a humanistic and holistic view of the health-disease process in the political, economic, educational and family aspects, among others.

The program of Multidisciplinary Residency in Health aims at initiatives that can modify this scenario and favor assistance, such as the formation of discussion groups, inclusion of other team members in the studies, the monitoring of cases, the inclusion of family members, among others. These practices can assist in achieving a more humanized and holistic care, providing better quality of life.

Conclusion

The multidisciplinary residency program in health was understood as a significant opportunity of learning and having contact with professionals from different fields, allowing residents to take a new behavior in their professional practice, where assistance to users acquires a more humane and comprehensive character through the effective sharing of specific knowledge in each area and participation in health activities.

Collaborations

Silva JC; Contim D; Ohl RIB, Chavaglia SRR and Amaral EMS declare to have contributed to the conception and design, analysis and interpretation of data, article writing, critical review of the relevant intellectual content and final approval of the version to be published.

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