

**EDUCATION FOR WORK IN THE FAMILY HEALTH STRATEGY: THE  
EXPERIENCE OF A MULTIPROFESSIONAL HEALTH RESIDENCY****FORMAÇÃO PARA O TRABALHO NA ESTRATÉGIA SAÚDE DA FAMÍLIA:  
EXPERIÊNCIA DA RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE****FORMACIÓN PARA EL TRABAJO EN LA ESTRATEGIA SALUD DE LA  
FAMILIA: EXPERIENCIA RESIDENCIA MULTIDISCIPLINARIA DE SALUD**

Fernanda Carolina Camargo<sup>1</sup>, Luan Augusto Alves Garcia<sup>2</sup>, Isabel Aparecida Porcatti de Walsh<sup>3</sup>, Marina Mendonça Emílio<sup>4</sup>, Vitória Helena Maciel Coelho<sup>5</sup>, Gilberto de Araújo Pereira<sup>6</sup>

**ABSTRACT**

**Objective:** This is an experience report about the proposal of education for professional activities in the Family Health Strategy, developed by a specific axis of the Multiprofessional Residency Program of a Public Teaching Hospital in Triângulo Mineiro. **Method:** The Strategic Situational Health planning conceptually guided 100 hours of class, distributed among such activities as: concentration in class, critical reading and technical report elaboration, dispersion with the community and family health teams. Medical turnover, replacement of nurses and microareas of the teams with no coverage were the main aspects identified by the situational diagnostic that generated weaknesses in the offering of services and anguish among workers. **Results:** Residents were highly capable of management, supporting the restructuring of the working process of these teams. **Conclusion:** This local experience, despite being specifically about the constitution of a new setting for the integration of service and education, contributes for expanding discussions about the team and the inter-professional education for professional activities in Family Health.

**Descriptors:** Family Health Strategy. Strategic Planning. Staff Development. Internship, nonmedical.

<sup>1</sup> Enfermeira. Doutora em Atenção à Saúde pela Universidade Federal do Triângulo Mineiro (UFTM), Uberaba (MG). Epidemiologista Clínica do Setor de Pesquisa e Inovação Tecnológica da Gerência de Ensino e Pesquisa do Hospital de Clínicas da UFTM.

<sup>2</sup> Enfermeiro. Mestre em Atenção à Saúde pela UFTM, Uberaba/MG. Doutorando do Programa de Pós-Graduação em Atenção à Saúde UFTM, Uberaba (MG).

<sup>3</sup> Fisioterapeuta. Doutora pela Universidade Federal de São Carlos, Professora Adjunto IV, Departamento de Fisioterapia Aplicada, Instituto de Ciências da Saúde, Programa de Mestrado em Fisioterapia – UFTM, Uberaba (MG).

<sup>4</sup> Fisioterapeuta. Mestranda do Programa de Pós-Graduação em Fisioterapia UFTM/UFU, Uberaba (MG).

<sup>5</sup> Fisioterapeuta. Pós Doutora pelo Instituto de Física de São Carlos, Professora Adjunto, Departamento de Fisioterapia Aplicada, Instituto de Ciências da Saúde da UFTM, Uberaba (MG).

<sup>6</sup> Doutor pela Universidade de São Carlos. Professor Adjunto do Curso de Graduação em Enfermagem, Instituto de Ciências da Saúde da UFTM, Uberaba (MG).

## RESUMO

**Objetivo:** Trata-se de relato de experiência sobre proposta de ensino para atuação na Estratégia Saúde da Família desenvolvida por eixo específico do Programa de Residência Multiprofissional de um Hospital Público de Ensino do Triângulo Mineiro. **Método:** O Planejamento Estratégico Situacional em Saúde orientou conceitualmente 100 horas/aula, distribuídas entre atividades de: concentração em sala, leitura crítica e elaboração de relatório técnico, dispersão junto à comunidade e equipes de saúde da família. Rotatividade médica, troca de servidores enfermeiros e microáreas sem cobertura nas equipes foram os principais aspectos identificados pelo diagnóstico situacional que geravam fragilidades na oferta de serviços e angústia entre trabalhadores. **Resultados:** Residentes apresentaram elevada governabilidade para apoiar a reestruturação do processo de trabalho dessas equipes. **Conclusão:** Essa experiência local, apesar de específica sobre a constituição de um novo cenário de integração ensino-serviço, contribui para ampliar discussões sobre o tema e para a formação interprofissional para atuação na Saúde da Família. **Descritores:** Estratégia Saúde da Família. Planejamento Estratégico. Desenvolvimento de Pessoal. Internato não médico.

## RESUMEN

**Objetivo:** Se trata de un relato de experiencia sobre la enseñanza propuesta de acción en la Estrategia de Salud Familiar desarrollado por eje específico del Programa de Residencia multidisciplinario de un hospital público Mineiro Triángulo de Enseñanza. **Método:** Totalizaron 100 horas / clase, impulsado conceptualmente-situacional de Planificación Estratégica de la Salud, distribuidos entre las siguientes actividades: sala de la concentración, la lectura crítica y la elaboración del informe técnico, que se distribuyen a los equipos de salud de la comunidad y la familia. facturación médica, los servidores de Exchange enfermeras y micro áreas sin cobertura en equipos eran asuntos clave identificados por el diagnóstico de la situación que ha generado debilidades en la prestación de servicios y la ansiedad entre los trabajadores. **Resultados:** Los residentes consideran altos de gobierno presentes para apoyar la reestructuración del proceso de trabajo de estos equipos. **Conclusión:** Esta experiencia local, aunque especialmente en el establecimiento de un nuevo conjunto de integración enseñanza-servicio, tiene un potencial aumento de la literatura científica sobre el tema y la educación interprofesional para operar en Salud. **Palabras clave:** Estrategia de Salud Familiar. Planificación Estrategica. Desarrollo de Personal. Internado no Médico.

## INTRODUCTION

Preparing professionals to work in multiprofessional health teams that can develop collaborative practices among the different professional categories has been a common theme of discussion and topic of

interest, both nationally and internationally. The World Health Organization encourages an education that enables the performance of multiprofessional activities, as an initiative that can positively impact worldwide health systems, improving the health

conditions of the populations, especially due to the fact that the multiprofessional work allows the professionals to improve their team work, guide the integral management of cases, in addition to generating better health practices for individuals and collectivities.<sup>1</sup>

The interest in discussing the multiprofessional health formation is related to a United Nations document, from September 2015, in which world leaders reiterated their commitments to Universal Health Coverages as one of the world health goals.<sup>2</sup> In addition to treating the needs of the member countries to guarantee a healthy life and promote the wellbeing of all, the acceleration of the progress of the goals of Universal Health Coverage seeks to strengthen health systems through professional qualification, and through the development and valorization of human resources in health.<sup>2-3</sup>

In Brazil, the New Curricular Directives in health guide the education of generalist, humanist, critical and reflexive professionals, capable of intervening in relevant problems in the local/regional/national epidemiological profile, with social responsibility and committed to citizenship.<sup>4,5</sup> In the scope of the Unified Health System (SUS), the National Program of Reorientation of Professional Education in Health aims, since 2005, to promote changes in

education, as well as to promote education-service integration, guaranteeing that health care practices will have an integral approach.<sup>4</sup> However, the changes in the educational process and the operationalization of pedagogical projects guided by the Family Health Strategy (FHS) are still challenging.<sup>4,5</sup>

A recent publication that analyzed political-pedagogical projects of multiprofessional residency programs in the state of São Paulo found that syllabuses, didactic-pedagogical organization, educational objectives, pedagogical matrixes and evaluation systems were very heterogeneous. The research highlighted how important it is for the political-pedagogical projects to align their structures, so that they can express the social responsibility of higher education institutions in the education, in accord to SUS.<sup>4</sup>

A study from the Municipal Health Secretariat of Fortaleza, that aimed to conduct an evaluation of the course of Primary Care Residency (PC residency), states that the contribution of this innovative type of education is undeniable for the instruction of these professionals, considering that it contributes for them to acquire new types of knowledge, in addition to enabling direct contact to reality, increasing their professional maturity. That allows them, once they

become professionals in these services after concluding their education, to overcome the challenges of the daily work.<sup>5</sup>

In this context, increasing the discussions regarding the formation in multiprofessional residencies is paramount. It is, after all, possible to act as to change the know how of the health team, in addition to the instituted hegemonic practices.<sup>4-6</sup> Still, since the scientific production regarding this theme is still restricted in the country<sup>1-6</sup>, the need to conduct studies that contribute for the discussion becomes evident. Therefore, this work aims to report on the educational experience of members of the multiprofessional health residency for professional activities in the FHS.

## METHOD

The experience started from cooperative activities between Adult Health field in the *lato sensu* Post-graduation Program, more specifically, the Integrated Multiprofessional Residency and Health from the General Hospital of the Triângulo Mineiro Federal University (UFTM), and the Technological Research and Innovation Sector of the General Hospital of UFTM/EBSERH branch.

This residency, started in 2010, aims to generate different types of professionals:

social workers, nurses, occupational therapists, physical therapists, nutritionists, psychologists, medical biologists and physical education professionals. Its political-pedagogical project considers the attributes needed for excellence in integral and humanized health care, social mobilization, management, work organization in education and health, to improve the quality of life.<sup>7</sup> The Technological Research and Innovation Sector, in turn, seeks to offer technical support to the development of scientific researches and technological innovation, in addition to proposing any procedures necessary for the organization and the monitoring of research activities withing the GH-UFTM.<sup>8</sup>

In June 2016, a partnership contract between the Municipal Health Secretariat of Uberaba/Minas Gerais, the General Hospital at UFTM/Ebserh branch and the UFTM, prescribed the implantation of a practice field that emphasized Primary Care and Family Health Strategy, for students in technical education, graduation and post-graduation at UFTM. This practice space would be a unit (the Center for Integrated Health Care - CAIS), to promote the development of teaching, extension, research and technological innovation, as to guarantee that the university has a social role, as well as the hospital. This is a new space for the

integration of service and education, composed by a support unit for six family health teams, covering nearly 5,600 families in different socio-epidemiological vulnerability conditions.<sup>8</sup>

In this collaborative action, a module named "Diagnosis and Community Intervention Project" was organized. This experience integrates the strategic process of this sector "Support to the Management of Hospital Health Care Units of the GH through Knowledge - UFTM", approved in 2016 in the public notice PROEXT/UFTM, under protocol 244599.1278.243768.18082016. The suggested approach, for the development of the Strategic Situational Planning (SSP)<sup>9-10</sup> was the active methodology, seen as a process for the performance of many mental operations, of increasing complexity, based on social practices.<sup>11</sup>

## RESULTS

The meetings took place from March 08 to March 24, 2017, to a total of 100 hours of class, distributed among the activities in group in the meeting rooms of the Teaching and Research Management of the GH-UFTM/Ebserh branch (25 hours), dispersion activities for critical readings and the elaboration of a technical report (25 hours) and dispersion with the

community and the family health team of CAIS (50 hours).

The development of the module considered essential theoretical bases, instrumental bases for the elaboration of the diagnoses and intervention projects, as well as the creation of the intervention project itself. The themes that made up the theoretical base of the module were: Health Promotion: a) Historic and contemporary perspectives; b) Vulnerability in Health; c) Collective Health Knowledge Nuclei and Field; d) Attributes of Primary Care; e) Directives for the composition of Work in the Family Health Strategy; f) Health Planning. In turn, the instrumental bases were: a) The Stages of the Strategic Situational Planning in Health; b) Community Diagnosis; c) Fast Estimative Technique for Community Diagnosis; d) Elaboration of an Action Plan.

For all activities in the concentration group the students sat in a circle, as to guarantee that knowledge was to be treated horizontally, as a collective construction. Debates took place, as well as guided studies and readings. The materials used were: copies of scientific articles made available to every participant, experience reports published in scientific periodicals or book chapters that discussed the theme being addressed. For the instrumentalization of the group of

residents, guidelines were elaborated and the minimum required abilities for their performance were discussed. Politeness, clear presentation to the members of the family health team and to the community regarding the reasons for which they

wanted to collect information, attitudes expected from the residents, such as being open to the new, no judgement, and active listening were the main ones discussed with the group.

**Table 1** - Specification of the activities carried out for the elaboration of the project of intervention in the community according to the stages of the Strategic Situational Planning in Health. Uberaba, Minas Gerais, 2017.

<b>Explanatory moment</b>
Prioritization of the Problems according to: a) importance: attributing high, medium or low levels for the importance of the problem b) Urgency (risk of greater damage or death) - distributing scores according to an Urgency from 0 to 10 c) Teams management skill: define whether the solution of the Problem is inside, outside, or partially within the capabilities of the RIMS team responsible for the project
Description of the Problem: addressing the selected problem through record analysis
Definition of the critical problems from the perspective of health vulnerability: type of cause of the problem which, when addressed, causes the transformation its context
<b>Normative moment</b>
Design of the action Plan: including objectives, goals and determining which activities would be necessary to reach them.
<b>Strategic Moment</b>
Analysis of the economical, administrative and political resources essential for the development of the action. Description of the actors that control these resources, if they are: very favorable, partially favorable or not favorable to carry the activities out.
<b>Tactical-Operational Moment</b>
Elaboration of the planning of the Proposal including schedule, the name of the responsible parties and indexes for monitoring its application, as well as a description of the evaluation process. The revision of the objectives stands out as essential, as it defines the strategies and parameters for monitoring and evaluation, for both the results and the process, leading to the recognition that the planning should be more flexible, and guaranteeing its effectiveness and efficiency.

Source: elaborated by the authors, 2017

The main issue identified by the residents was the composition of the family health teams. The setting presented a high medical turnover, the replacement of nurses and the microareas with no

coverage. This situation made the offer of services worse, which led to anguish between the workers. The team of residents was highly capable of managing the situation as to support the restructuring of the work process of these teams. Their action plan is summarized below (Table 2).

**Table 2** - Summarization of the Action Plan proposed to face the issues regarding the work of family health teams. Uberaba, Minas Gerais, 2017.

<b>Issue: Composition of the family health team</b>			
<b>Operation</b>	<b>Expected results</b>	<b>Indexes</b>	<b>Source</b>
Permanent Education Implementation	Permanent education implementation routine Information about roles	Number of Meetings for permanent education Type of content discussed	Meeting minute
Group to listen to the anguishes of the team	Group creation	Instituted group Implanted activities	Meeting minute

Source: elaborated by the authors, 2017

## DISCUSSION

The PES was conceived in the eighties by Carlos Matus, a Chilean economist, as a theoretical and methodological proposal to plan and govern. It defends that the context is uncertain, complex and open, and that the person who plans co-exists with other actors, who also plan in the same context. Therefore, he highlights the need for dialogue and interaction. He also emphasizes that there is no single diagnostic nor are there objective truths. Planning must enable one to explore possibilities of intervening upon the circumstances. The problems to be confronted must be considered in a wide context, so their viability analysis and the possibilities of intervening in reality are rich.<sup>9-10</sup>

In general, active methodologies are technologies that enable the engagement of students in the educational process, as to favor their critical and reflexive capabilities, promoting: proactivity,

through their commitment in the educational process; connection between learning and the meaningful aspects of reality; the development of reasoning and of capabilities for intervention in reality itself; the collaboration and cooperation among participants.<sup>11</sup>

The complex contemporary demands for the health sector in SUS include the need of re-configuring the model of assistance, focusing on the primary level of care, through the strengthening of the Family Health Strategy (ESF). They have been influencing the opening of new spaces and educational processes aiming to qualify and develop professional abilities and competences, so that workers at SUS can be increasingly committed to offering care that is universal, integral, equal, continuous, and especially efficient in the resolution of the needs of the population.<sup>1,3</sup>

Ongoing changes regarding teaching and the early insertion in professional education, in the settings of SUS. Despite that, the scientific production that aims to discuss these transformations are still

scarce in a national level, especially regarding the Multiprofessional Residence Programs.<sup>9-11</sup> From this perspective, the inter-professional education is an advance in the way to produce health, achieved by multiprofessional actions when, more than just learning by each other's side, about and with the new professions, these different categories manage to act interactively and engage with the members of the group.<sup>4-6</sup>

The insufficient number of professionals who work in the Primary Care, the high turnover due to work leaves and the devaluation and demotivation of the professionals, were also found as problems in a Primary Health Care Unit where a Multiprofessional Adult and Elder Health Residency program, which is connected to the Alagoas Federal University, practices. The integration of the residents in the management team of the unit contributed for the problem to be discussed together with the other professionals of the service, as well as the ways to deal with it.<sup>12</sup>

A study that evaluated the perception of multiprofessional residents in the city of João Pessoa (PB), in the Family and Community Health field, found similar results to those in this study, concerning the structural issues in the practice settings themselves, since the integration of the residents with the work routine of the

service resulted in many tensions in the insertion in activities conducted in the health services.<sup>13</sup>

The integration process between residents and professionals from the services in which they are inserted has been mentioned as a point of conflict, since the role of the resident within practice settings is not clear. Sometimes they are seen as "students" in an educational process - even if they already finished their graduation -, sometimes as "*cheap work force*" or "*precarious work*", due to the fact that there are not enough professionals working at SUSM<sup>14</sup>.

Although the residents, as professionals, are not legally bound to the health services, the problems faced by the settings of practice directly impact their educational process. Among them are the insufficient or even non-existent field preceptors - which would represent the support from the services to deal with difficulties found by the residents - and the use of the resident to replace a professional that the service is lacking, leading them to act with no professional guidance<sup>12,15</sup>.

Even if the practice settings have issues, the integration between education and service, through the insertion in a Multiprofessional Residency, can contribute for the resolution of these problems, considering that this educational methodology has potential to, creatively

and innovatively, contribute to overcome these challenges, since one of the goals of the Residency is the education for future work in the SUS Health Care Network.

## FINAL CONSIDERATIONS

Qualified education for working at the SUS has presented itself, in the contemporary setting, as a structuring axis, especially when one discusses the worldwide eminence of the establishment of universal health systems, as essential resources to establish the wellbeing and health of the populations. As one considers multiprofessional education and national policies, one is faced with the challenging of bringing forward pedagogical strategies that allow for experiences to be had and knowledge in the primary level of care to be produced. This experience report is an alternative to reach towards achieving an education that converges towards a solution to these needs.

Although the demands of building a new education and service integration may be specific to a certain context, the proposition gives support to didactic-pedagogical activities, also adding to the national production of knowledge about the theme, which is still scarce. The present study may discuss a local experience but has potential to give support to other interventions that in turn give support to the education of

professionals who can work in the services in the SUS network. Other researches, however, should be conducted to evaluate the pedagogical strategy and the impact of the intervention project proposed by the group of multiprofessional resident students.

## REFERENCES

1. Peduzzi M, Norman IJ, Germani ACCG, Silva JAM, Souza GC. Educação interprofissional: formação de profissionais de saúde para o trabalho em equipe com foco nos usuários. *Rev Esc Enferm USP*. [Internet]. 2013 [citado em 28 abr 2017]; 47(4):977-83. Disponível em: <http://dx.doi.org/10.1590/S0080-623420130000400029>.
2. Mendes IAC, Ventura CAA. Protagonismo da enfermagem nas metas da ONU para a saúde dos povos. *Rev Latinoam Enferm*. [Internet]. 2017 [citado em 02 maio 2017]; 25:e2864. Disponível em: <http://dx.doi.org/10.1590/1518-8345.0000.2864>.
3. Batista NA. Educação interprofissional em saúde: concepções e práticas. *Cad FNEPAS* [Internet]. 2012 [citado em 02 maio 2017]; 2:25-8. Disponível em: [http://www.fnepas.org.br/artigos\\_caderno/v2/educacao\\_interprofissional.pdf](http://www.fnepas.org.br/artigos_caderno/v2/educacao_interprofissional.pdf)
4. Miranda Neto MV, Leonello VM, Oliveira MAC. Residências multiprofissionais em saúde: análise documental de projetos político-pedagógicos. *Rev Bras Enferm*. [Internet]. 2015 [citado em 02 mai 2017]; 68(4):586-93. Disponível em: <http://dx.doi.org/10.1590/0034-7167.2015680403i>
5. Castro VS, Nóbrega-Therrien SM. Residência de Medicina de Família e Comunidade: uma estratégia de qualificação. *Rev Bras Educ Méd* [Internet]. 2009 [citado em 01 mar 2018]; 33(2):211-20. Disponível em:

<http://www.scielo.br/pdf/rbem/v33n2/08.pdf>

6. Silva CT, Terra MG, Kruse MHL, Camponogara S, Xavier MS. Residência multiprofissional como espaço intercessor para a educação permanente em saúde. *Texto & Contexto Enferm* [Internet]. 2016 [citado em 02 maio 2017];

25(1):e2760014. Disponível em:

<http://dx.doi.org/10.1590/0104-0707201600002760014>.

7. Universidade Federal do Triângulo Mineiro. Residência Integrada

Multiprofissional em Saúde: projeto pedagógico [Internet]. Uberaba, MG: UFTM; [201-] [citado em 22 jan 2017].

Disponível em:

[http://www2.uftm.edu.br/upload/ensino/Projeto\\_Pedagogico.pdf](http://www2.uftm.edu.br/upload/ensino/Projeto_Pedagogico.pdf)

8. Empresa Brasileira de Serviços Hospitalares, Gerência de Ensino e Pesquisa. Pesquisa e Inovação tecnológica [Internet]. Uberaba, MG: EBSEH; [201-] [citado em 03 maio 2017]. Disponível em:

<http://www.ebserh.gov.br/web/hc-uftm/setor-de-gestao-da-pesquisa-e-inovacao-tecnologica>

9. Silva AK, Sousa JP, Rodrigues W, Cançado AC. Planejamento estratégico situacional - PES: uma análise bibliométrica da produção científica brasileira. *Rev Serv Público* [Internet]. 2017 [citado em 28 ago 2017]; 68(2):365-388. Disponível em:

<https://doi.org/10.21874/rsp.v68i2.1269>

10. Lopes CR, Prado ML, Ferraz F, Canever BP, Pilatti P, Nascimento EP. Instrumentos avaliativos na formação crítico-reflexiva em enfermagem: revisão de estudos brasileiros. *Inova Saúde* [Internet]. 2017 [citado em 28 ago 2017]; 6(1):155-176. Disponível em:

<http://dx.doi.org/10.18616/is.v6i1.3484>

11. Lima VV. Espiral construtivista: uma metodologia ativa de ensino-aprendizagem. *Interface Comum Saúde Educ.* [Internet]. 2017 [citado em 02 mai 2017]; 21(61):421-34. Disponível em:

<http://dx.doi.org/10.1590/1807-57622016.0316>

12. Costa ACS, Azevedo CC. A integração ensino-serviço e a residência multiprofissional em saúde: um relato de experiência numa Unidade Básica de Saúde. *Tempus* [Internet]. 2016 [citado em 26 abr 2018]; 10(4):265-82. Disponível em:

<http://www.tempusactas.unb.br/index.php/tempus/article/view/2013/1732>

13. Santos Filho EJ, Sampaio J, Braga LAV. Avaliação de um programa de residência multiprofissional em saúde da família e comunidade sob o olhar dos residentes. *Tempus* [Internet]. 2016 [citado em 26 abr 2018]; 10(4):129-49. Disponível em:

<http://www.tempusactas.unb.br/index.php/tempus/article/view/2245/1714>

14. Rodrigues TF. Residências multiprofissionais em saúde: formação ou trabalho. *Serv Soc Saúde* [Internet]. 2016 [citado em 26 abr 2018]; 21(1):71-82.

Disponível em:

<https://doi.org/10.20396/sss.v15i1.8647309>

15. Rossoni E. Residência na atenção básica à saúde em tempos líquidos. *Physis* [Internet]. 2015 [citado em 26 abr 2018]; 25(3):1011-31. Disponível em: <http://dx.doi.org/10.1590/S0103-73312015000300017>.

RECEIVED: 03/05/2017

APPROVED: 20/06/2018

PUBLISHED: 07/2018