






FREE COMMUNICATION

TEN YEARS OF THE MULTIPROFESSIONAL RESIDENCY OF THE CLINICAL HOSPITAL COMPLEX OF THE FEDERAL UNIVERSITY OF PARANÁ

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ABSTRACT

Objective: to report the experience of the ten years since the implementation of the Multiprofessional Residency Program in Hospital Care at the Clinical Hospital Complex of the Federal University of Paraná. **Development:** an experience report on the ten years since the implementation of the residency program. The data were collected from internal documents and from the coordinators' and preceptors' reports. Three hundred and seventy-two professionals were trained. Among the advances of the program, the increase in the number of vacancies and specialties, consolidation of the Internal Regulations, computerized management of the Academic information, incentive to research, and improvement of the assistance provided in the hospital environment stand out. **Final Considerations:** the ten years of the program were marked by the challenge of deconstructing the uniprofessional perspective towards a project that contemplated the diversity of the multiple professions, providing the construction of new paradigms, transformation of the professional practices, development of teamwork skills, teaching-service integration, and advancement in training.

DESCRIPTORS: Education, Nursing; Health Education; Internship and Residency; Internship, Nonmedical.

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INTRODUCTION

The Multiprofessional Residency in Health (*Residência Multiprofissional em Saúde, RMS*) is a *Lato sensu* graduate course focused on in-service education and training, under teaching-assistance supervision, and with an exclusive dedication regime. Guided by the principles and guidelines of the Unified Health System (*Sistema Único de Saúde, SUS*) and based on local and regional needs, according to Law No. 11,129 of 2005⁽¹⁾, it is intended to specialize non-medical health professionals⁽²⁾.

Conceived with the objective of providing transformations in the health care practice, it promotes a training process based on integration and articulation between different health professions⁽³⁻⁴⁾.

Nevertheless, experiencing this multiprofessional and interdisciplinary integration is a constant challenge for professors, coordinators, tutors, preceptors and other professionals who work in the RMS programs, as it requires conflicts to be exposed and faced daily in a dialogical manner, in the various practice scenarios of the residents⁽⁴⁾.

This study aims to report the experience of the ten years since the implementation of the Multiprofessional Residency Program in Hospital Care (*Programa de Residência Multiprofissional em Atenção Hospitalar, PRIMAH*) at the Clinical Hospital Complex of the Federal University of Paraná (*Complexo Hospital de Clínicas da Universidade Federal do Paraná, CHC-UFPR*).

DEVELOPMENT

This is a descriptive study, of the experience report type, about the implementation and consolidation process of PRIMAH in CHC-UFPR. The data were collected from March to May 2020, by means of the analysis of documents and files from the program and of reports by the coordinators and preceptors who, for the most part, have worked in the Program since its implementation.

In the two years before its launch (in 2010), intense work and numerous meetings were developed with collective and integrated discussions for the elaboration of the specialties' Pedagogical Political Plan (PPP), including the academic subjects of the transversal axis (common to all areas and professions), concentration areas and professional areas. In addition to that, the definition, organization and preparation of the practice scenarios were also established from these discussions, with effective teaching-service integration.

The Residency Program lasts two years, with a workload of 5,760 hours, 80% of which are devoted to practical activities and 20% to theoretical and theoretical-practical rationale⁽¹⁾. For course completion, it is mandatory to prepare a Residency Conclusion Paper (RCP) in the format of a scientific article and submit it to an indexed scientific journal⁽¹⁻²⁾. Thus, the program's proposal is to contribute to the production of new scientific knowledge and to encourage the constant search for studies and research that transform the reality of the services and favor the development of the necessary skills for the health professionals who work in the institution.

In 2009, PRIMAH finally launched its first Public Selection Process Notice, carried out by the UFPR Competition Center, with effective entry of residents on February 1st, 2010. Initially, 21 vacancies were offered in five Concentration Areas: Adult and Older Adult Health Care (*Saúde do Adulto e do Idoso, SAI*), Women's Health Care (*Saúde da Mulher, SM*), Oncology and Hematology (OH), Cardiovascular Care (CV) and Urgency and

Emergency (UE), including 8 professional categories: Nursing, Physiotherapy, Nutrition, Social Work, Pharmacy, Pharmacy-Biochemistry, Psychology and Occupational Therapy.

It is important to note that significant achievements were attained in these ten years of PRIMAH, such as: expansion of the number of vacancies and specialties (Figure 1), greater incentive to research, and improvement of health care in the hospital environment, representing a significant change in the daily lives of the professionals involved with the residency program.

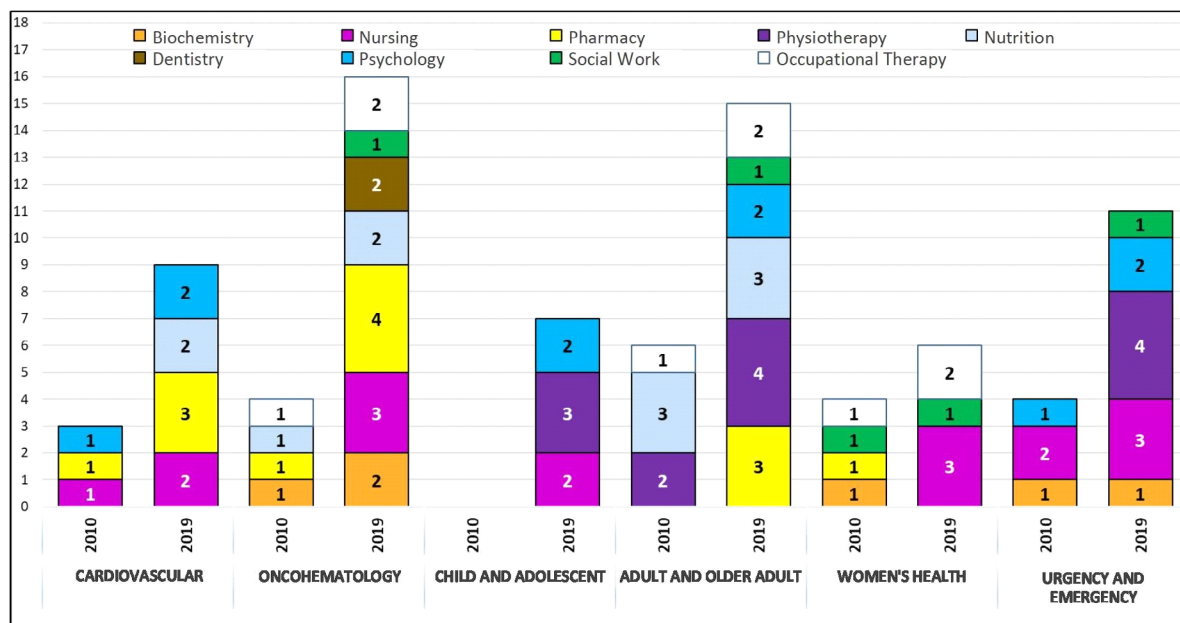


Figure 1 – Concentration areas and evolution of the vacancies offered, 2010 to 2019. Curitiba, PR, Brazil, 2020

Source: PRIMAH-CHC-UFPR

Several actions are taken to improve the pedagogical practice and supervision of the residents, such as the search for the improvement of the service professionals, through *Stricto* and *Lato sensu* Graduate Programs and training courses for preceptors.

So as to give visibility and notoriety to the academic and scientific production of the Multiprofessional Residency, in 2020 the III Congress of the CHC-UFPR Residency Programs was held with the presentation of the RCPs of all the trainee residents (R2), which also provided the opportunity for integration between the different PRIMAH concentration areas in conjunction with the Medical Residency Programs correlated to these areas.

To this date, PRIMAH has trained 372 specialists, having achieved notoriety in the community as a reference in the training of specialists in the health area. This fact is evidenced by the excellent professional placement of its graduates and by the significant increase observed, year after year, in the number of enrolled students in the Selection Process.

The several professional areas that invested and believed in the residency did so by seeking to bring the practice of the services closer to teaching and management, which, in itself, is already an undeniable innovation in the reformulation of policies for the training of health professionals focused on the SUS principles and guidelines⁽¹⁾.

In this way, both the PPP of PRIMAH and its operationalization translate into a complex and effective teaching-service integration, understood as the collective work, integrated and formally agreed upon, performed by residents, professors, tutors, preceptors, health service professionals and managers, so as to positively impact on training excellence and on the quality of the services⁽⁵⁻⁶⁾. The consolidation of the program in the institution through the development and publication of its Internal Regulations, the annual Academic Calendar, the Resident Manual and the computerized management of the information by means of the Academic Management System (*Sistema de Gestão Acadêmica, SIGA*), fully integrated with the UFPR, are highlighted.

Numerous and significant challenges have occurred along this path. Among them, it is possible to highlight the communication difficulty across the different professions, weaknesses in the infrastructure and even, at first, the relative devaluation of the program with the CHC-UFPR community, when its real importance and the beneficial impact it would have on the transformation of the practices at different levels within the institution were not yet foreseen.

From the beginning, the residents felt the lack of structure in the practice scenarios, such as classrooms and the computer lab, among other spaces for developing knowledge in a multidisciplinary way. Nevertheless, a number of refurbishments in the institution have minimized some problems such as improvements in the classrooms and the ongoing construction of a computer lab and a realistic simulation center for training the residents.

It is important to highlight that the articulation work performed by the implementation group during these years ensured the consolidation of the Program and harmony between the activities. This group of professionals (from the services) assumes, on a daily basis and together with their duties, the commitment to plan, execute and evaluate all the training activities of the residents during the program. The fundamental role of the coordinators, managers, tutors and preceptors of the CHC and UFPR stands out for immersing the residents in the production of patient care.

One of the major issues to be continuously faced is the shortage of professionals in the assistance staff in some professions and services, which ends up causing work overload for the preceptors and coordinators. In addition to that, to a certain extent some professionals find difficulties in understanding the importance of the RMS, directly impacting on the better integration of the residents with the services. However, the hiring of new employees in recent years, as well as raising awareness in these professionals to work in the residency program and the participation of professors from the various departments of the Health Sciences Sector, have minimized these situations.

However, it is possible to assert that instituting PRIMAH was an immense and gratifying challenge, achieved by integrating the various services of the CHC, UFPR Departments, and different professions and health professionals. This diversity, which at first appeared to be an insurmountable obstacle, was fundamental for the construction of a project based on respect for the differences, on the ethical conduct of its members, and especially on the development of multidisciplinary and interdisciplinary work in the same field of performance, without failing to prioritize and respect the specific knowledge cores of each profession⁽⁵⁾.

FINAL CONSIDERATIONS

Managing the residency program is a permanent challenge, aiming at maintaining its quality, expanding vacancies, joining new areas, and improving assistance. This leads to constant coordination and updating of the pedagogical project, in search of potentialities and policies for transforming the care model and the practices of multiprofessional health

care based on the learning experienced in the real work context.

The residency program is an important tool in the construction of new paradigms and teamwork skills, representing a major advancement in the training of professionals and in the improvement of assistance. In this sense, the Program's path can be considered victorious for the CHC community, for the UFPR teaching departments, for the 372 graduates, for the next to come, and for society as a whole. Ultimately, this is the biggest beneficiary of PRIMAH, since it annually receives around 60 new specialists trained to work in teams and guided by the SUS guidelines to meet the health needs of the population.

It is important to encourage initiatives to launch new multiprofessional residency programs, as well as to strengthen and consolidate the already existing ones, so that the benefits herein presented can be expanded with the transformation of the professional practices, development of teamwork skills, effective teaching-service integration, and advancements in the training of excellent professionals.

More studies are needed that present the challenges of the RMS in the country and discuss the relationship between theoretical teaching and professional practice, the structuring of research management in the services, and the strengthening of education in health.

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