MANAGEMENT OF MULTIPROFESSIONAL RESIDENCY PROGRAMS IN HEALTH: FROM CHALLENGES TO IMPROVEMENT STRATEGIES

GESTÃO DE PROGRAMA DE RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE: DOS DESAFIOS ÀS ESTRATÉGIAS DE MELHORIAS

GESTIÓN DE UN PROGRAMA DE RESIDENCIA MULTIPROFESIONAL EN SALUD: DE LOS RETOS A LAS ESTRATEGIAS DE MEJORA

Denilsen Carvalho GOMES[1]
e-mail: deni.gomesc@gmail.com

Marcia Daniele SEIMA[2]
e-mail:marciaseima@gmail.com

Fernanda Carolina CAPISTRANO[3]
e-mail:fernanda_capistrano@yahoo.com.br

Gisella Maria Lustoza SERAFIM[4]
e-mail: gisellaserafim@yahoo.com.br

Editors: Prof. Dr. Luci Regina Muzzeti
Prof. Dr. Rosangela Sanches da Silveira Gileno
Deputy Executive Editor: Prof. Dr. José Anderson Santos Cruz

[1] School of Public Health (ESP), São José dos Pinhais – PR – Brazil. Nurse. Coordinator of the Multiprofessional Residency Program in Emergency.

[2] School of Public Health (ESP), São José dos Pinhais – PR– Brazil. Nurse. Coordinator of the Multiprofessional Residency Program in Family Health.

[3] School of Public Health (ESP), São José dos Pinhais – PR– Brazil. Nurse. Coordinator of the School of Public Health.

[4] Moinho de Ventos Colleges (FMV), Porto Alegre – RS – Brazil. Tutor of the Specialization in Multiprofessional Preceptorship in Health at Moinho de Ventos Hospital.

ABSTRACT: The aim of this article is to describe the main challenges of managing Residency Programs and strategies to overcome them. This is a descriptive, reflective study about the difficulties experienced in Multiprofessional Health Residency Programs. It is structured into three topics: development of tutors and preceptors, resistance to the use of active and problematizing methodologies, and conflict management. Strategies such as qualifying tutors and preceptors, financially encouraging professionals to perform their roles in training residents, presenting and encouraging the use of active and problematizing methodologies, developing communication skills, qualified listening, and using tools such as the conflict analysis matrix are strategies that can contribute to overcoming challenges in managing residency programs.

KEYWORDS: Health human resource training. Preceptorship. Unified Health System. Health management.

RESUMO: *O objetivo deste artigo é descrever os principais desafios da gestão dos programas de residência e estratégias para superá-los. Trata-se de um estudo descritivo, reflexivo, acerca das dificuldades vivenciadas em Programas de Residências Multiprofissionais em Saúde. Está estruturado em três tópicos: desenvolvimento de tutores e preceptores; resistência ao uso de metodologias ativas e problematizadoras e gestão de conflitos. Estratégias como qualificar tutores e preceptores, incentivar financeiramente os profissionais para o desempenho dos papéis na formação dos residentes, apresentar e incentivar o uso de metodologias ativas e problematizadoras, desenvolver habilidades de comunicação, escuta qualificada e utilizar ferramentas como a matriz de análise de conflitos são estratégias que podem contribuir para a superação de desafios na gestão dos programas de residência.*

PALAVRAS-CHAVE: *Capacitação de recursos humanos em saúde. Preceptoria. Sistema Único de Saúde. Gestão em saúde.*

RESUMEN: *El objetivo de este artículo es describir los principales desafíos de la gestión de programas de residencia y las estrategias para superarlos. Se trata de un estudio descriptivo y reflexivo sobre las dificultades vividas en los Programas de Residencia Multiprofesional en Salud, estructurado en tres temas: desarrollo de tutores y preceptores; resistencia al uso de metodologías activas y problematizadoras; y gestión de conflictos. Estrategias como capacitar a tutores y preceptores, incentivar económicamente a los profesionales para que desempeñen sus roles en la formación de residentes, presentar e incentivar el uso de metodologías activas y problematizadoras, desarrollar habilidades comunicativas, escucha calificada y utilizar herramientas como la matriz de análisis de conflictos son estrategias que pueden contribuir para superar los desafíos en la gestión de programas de residencia.*

PALABRAS CLAVE: *Capacitación de recursos humanos en salud. Preceptoría. Sistema Único de Salud. Gestión en salud.*

Introduction

Multiprofessional Health Residency is a postgraduate modality that encompasses service-based education, including complementary theoretical and practical activities and involving three or more professional health categories (Brasil, 2021a). It is characterized by training in health services, aimed at acquiring competencies related to the concentration area, under the direct supervision of preceptors, with common axes to all professional areas involved, granting specialist certification to professionals (Brasil, 2021a).

The funding for these programs occurs through specific calls for proposals, with the granting of scholarships serving as an incentive for the training of specialists, considering priority areas, fields of practice, concentration areas, as well as regions with greater need for specialized training (Brasil, 2021b).

The experience offered by the Multiprofessional Health Residency Programs (PRMS), in addition to fostering the integration of residents from different professional areas, contributes to the construction of an interdisciplinary work practice (Reis; Faro, 2016). However, the management of these programs is fraught with many challenges.

A study conducted by Andrade, Oliveira, and Rojas (2014) highlights challenges in program management, such as: lack of knowledge among faculty about residency, pedagogical model used in classes, lack of alignment between theoretical content taught in classes and the reality encountered in the field of practice, inadequate preparation of tutors, supervision cancellations due to multiple ties of supervisors with the institution, and lack of understanding by the healthcare team regarding the role of the resident. All of these situations can lead to conflicts in managing these programs. Thus, challenges of theoretical-practical scope and the structure of the healthcare system hosting the residency programs are identified.

In this sense, it is important to discuss strategies to overcome these challenges, in order to empower managers to feel like protagonists (Silva; Aguiar, 2023) in the construction of PRMS aligned with the guidelines and principles of the Unified Health System (SUS), contributing to the qualitative training of specialists. This article aims to describe the main challenges in the management of residency programs and strategies to overcome them.

Method

This descriptive, reflexive study is based on literature interpretation and the authors' reflective impressions regarding the addressed theme. It is a typology of study frequently used in the healthcare field, as presented in the research by Ferrari *et al*. (2019), Carlos, Bellaguarda, and Padilha (2022), and Tembé *et al.* (2023). The study encompasses the main difficulties experienced in Multiprofessional Health Residency Programs, based on eight years of experience managing two programs: the Family Health Residency and the Emergency Health Residency, in a municipality in southern Brazil.

The Family Health Program includes Nursing, Psychology, Pharmacy, and Dentistry, with four vacancies for the first professional area and two for the others. The Emergency Program includes Nursing, Psychology, and Social Work, with two vacancies for each professional area. Each program has a coordinator, a tutor for each professional area, preceptors who guide activities in the practical field, and professors who teach in the theoretical axes.

Considerations were organized according to thematic sections derived from the difficulties experienced and reflections made during the reading of scientific texts, which contributed to the elaboration of the three topics of this article: development of tutors and preceptors, resistance to the use of active and problem-based methodologies, and conflict management.

Resolution No. 674, dated May 6, 2022, from the National Health Council, which provides for the typification of research and the processing of research protocols in the CEP/CONEP System, states in Chapter IX that research aiming at theoretical deepening of situations that spontaneously and contingently emerge in professional practice, provided they do not reveal data that can identify individuals, are exempt from review. In this sense, as this is a theoretical reflective study, whose content originated from professional practice related to Multiprofessional Residency Programs and in which there is no identification of participants or locations, the present study was classified under the aforementioned resolution.

Results and Discussion

Development of Tutors and Preceptors

Preceptors are specialized professionals who guide residents in the field of practice (Brasil, 2012), performing essential functions in service-based education. Sometimes, the preceptor is a professional with teaching experience; however, they can also be a specialist who works in a particular service and shows interest in guiding residents in the field of practice. As the scope of program coordinators' responsibilities includes establishing and promoting the qualification of the teaching staff, including tutors and preceptors (Brazil, 2012), the need for training directed at the formation of these professionals is emphasized.

It is important to note that, unlike medical residency, many professionals involved in PRMS did not undergo specialist training through residencies, which can hinder understanding of this training process and their role as preceptors. Challenges regarding the development of preceptors range from understanding what PRMS and the resident entail and the role of preceptorship to the adoption of active methodologies that contribute to the teaching-learning process.

Understanding the evaluative process, using formative assessments, requires a rethinking beyond traditional teaching. Firstly, it is essential to understand and reflect on how tutors and preceptors perceive the evaluation process in the context of PRMS, discussing the importance of viewing evaluation as a learning tool, with the potential to bring reflections on the preceptor's practice.

Possible paths to overcome this challenge include planning and implementing actions focused on improving difficulties experienced in practical fields, including the qualification and integration of professionals involved in the teaching-learning-work process, and the integration of PRMS with other residency programs (Flor *et al*., 2023).

The structuring of tutor and preceptor training courses serves as a strategy for overcoming challenges, with discussions focused on the development of competencies for tutoring and preceptorship, covering thematic approaches such as understanding the roles of tutors and preceptors, planning pedagogical actions, resident-centered teaching, teaching-learning tools, and assessment tools.

The articulation with other residency programs can be encouraged through meetings, forums, and discussions that provide spaces for collective construction. Discussions in the

Structuring Teaching-Assistance Units (NDAE) can also be a way to enhance the implementation and consolidation of the pedagogical project of the programs.

Financial incentives for faculty participation in Residency Programs have also been considered a strategy to encourage healthcare professionals to join and perform roles in resident training.

In order to qualify for Health Residency Programs, the Ministry of Health created the National Plan for Strengthening Residencies to value the professionals involved in this process - residents, teaching-assistant faculty, and program managers, with qualification, incentive, and support strategies for the entities proposing these programs (Brasil, 2021b). So far, three calls related to the National Plan for Strengthening Health Residencies have been published.

Actions to strengthen PRMS should also be discussed in Health Conferences, in order to direct goals and actions of Health Plans at the municipal, state, and national levels, including incentives and qualification actions for those involved in resident training.

Resistance to the use of active and problem-based methodologies

With the aim of promoting active participation and autonomy of residents in the teaching-learning process, Medical Residency Programs (PRMs) have adopted active methods during the theoretical-practical axis. These methods include the use of portfolios, seminars, flipped classrooms, simulated juries, workshops, panel presentations, among others, and have encouraged the use of problem-based methodologies.

However, there is resistance regarding the use of active methodologies and problematizing practices, especially among newcomers, which can be explained by unfamiliarity with this pedagogy or by fear of education geared towards critical judgment (Maroja; Almeida Júnior; Noronha, 2020).

Health professionals whose education was based on a biologistic and fragmented model tend to have greater difficulties assuming their role as protagonists in the teaching-learning process. This is because there is estrangement in the use of active methodologies and interdisciplinary action (Maroja, Almeida Júnior, Noronha, 2020). This leads to the discussion that using active and problem-based methodologies is not only a challenge for the residents but also for teachers, preceptors, tutors, and coordinators of PRMS.

It is notable that some residents prefer the traditional teaching model, which, in part, can be explained by the workload involved in PRMS (60 hours per week), which often contributes to their choice to adopt a passive stance in the learning process.

The principles and methods of problematizing pedagogy must be clarified to residents from the beginning of the course to avoid misconceptions and achieve the objectives of this pedagogical proposal (Maroja; Almeida Júnior; Noronha, 2020). By observing reality, the resident identifies key points to be theorized, in order to develop hypotheses of actions applicable to their reality (Berbel, 2012), which can be a challenge at the beginning of the residency but contributes to the resident's perception of their development throughout the training process.

It is also noteworthy to emphasize the importance of encouragement and persistence in the use of these methodologies. For example, case discussions among residents, coordinators, tutors, preceptors, and professionals in the field of practice contribute to the construction of a collective view on the health demands of users, constituting a rethinking that generates a movement of transformation of established practices in services.

When considering Medical Residency Programs (MRPs) in the area of urgency and emergency, marked by the need for quick decision-making and immediate interventions, along with the use of technological devices, adopting these methodologies can instigate discussions aimed at building a more integrated practice. This approach seeks to take into account the history and uniqueness of each individual, going beyond actions that disconnect health from its social determinants.

Considering that MRPs are based on social reality and interprofessional work, sharing education and service and using a critical and reflective pedagogical approach (Flor *et al*., 2023), tutors, preceptors, and residents, by appropriating the educational principles involved in MRPs, enhance the teaching-learning process (Maroja; Almeida Júnior; Noronha, 2020).

Conflict Management

In the management of Medical Residency Programs (MRPs), it is crucial to recognize conflict mediation as one of its responsibilities, as dealing with these situations is a common occurrence in the programs' daily life. Although conflicts may initially seem negative, it is essential for the MRP manager to see them as opportunities for personal growth for tutors, preceptors, and residents.

Strategies for continuous education and institutional support can assist in enhancing conflict management (Martins *et al*., 2020). Managers should seek to develop skills such as effective communication and non-judgmental listening to enable resident-centered teaching and create a conducive dialogue space.

Strategies such as participating in welcoming new residents can contribute to the manager's understanding of the professionals entering the program and their expectations. The manager's close relationship with residents, tutors, and preceptors, engaging in dialogue with all parties, is of the utmost importance throughout the residency course. This can help mediate conflicts that may arise during the course.

Another ally in minimizing conflicts in the context of MRPs is understanding their causes and focusing on planning. Management should listen to all parties involved in conflict resolution, considering that in certain situations, individualized dialogue may be beneficial.

Failure to consider the experiences of those involved can lead to evident or hidden revolts, whether from the group or individual. Professionals who adopt a passive stance do not always agree with the situations; at times, this may be related to demotivated professionals (Silva; Aguiar, 2023). Management tools can be used to address conflict management, in this regard, the Conflict Analysis Matrix (Cecílio, 2005) stands out.

This tool operates on four pillars: a) description of the conflict; b) characterization of the tensions comprising the conflict, including the actors involved, understanding the perspectives of the parties involved, their interests, offensive or defensive postures, alliances with other actors, and identification of resources controlled by those involved; c) analysis of how the conflict is currently addressed by the group, whether it is ignored or discussed; d) identification of new approaches to dealing with conflicts, respecting the group's governance limits (Cecílio, 2005). An example of the application of the Conflict Analysis Matrix in the context of MRPs is presented in Table 01.

Table 01 - Example of the application of the Conflict Analysis Matrix in the context of MRPs

Description of Conflict	Tensions Constituting Conflict	How Conflict is Handled	New Approaches to Handling Conflict
Preceptors report frequent tardiness of residents in an MRP.	a) Actors involved: residents and preceptors. b) Appreciation of what actors make of the conflict, based on their position and interests: preceptors believe residents need to arrive on time, and residents believe the residency workload is exhausting; they work a lot and do not need to arrive exactly at the beginning of the shift. c) Whether actors are more offensive or defensive and if they ally with other actors: preceptors are more defensive; while residents are more offensive and ally with residents from other MRPs. d) Identification of resources controlled by involved actors: preceptors control resident evaluations; while residents control certain activities in the field of practice.	These conflicts occur frequently and are resolved individually. Each situation is treated as an isolated phenomenon.	Clarification on residency workload and practice hours during the residents' integration week. Holding regular meetings, with discussions on this subject, seeking to understand the group's perception regarding workload issues. Discussing the importance of arriving on time for shift handover in order to receive information that enables continuity of patient care and for organizing their work period.

Source: Authors' elaboration.

It is necessary to consider new approaches to addressing conflicts. Participation in the development of institutional documents needs to be encouraged (Silva; Aguiar, 2023), such as involvement in the elaboration of regulations and resident manuals, which can contribute to resolving the situation presented in the conflict analysis matrix.

Final considerations

Among the main challenges in the management of residency programs are those related to the training/qualification of preceptors; resistance to the use of active and problem-based methodologies, both on the part of residents and the teaching staff, whose training is based on the traditional method; and conflict management.

Strategies such as training the actors involved in the teaching-learning process, financial incentives, and integration with other residency programs are essential to qualify the teaching staff of the programs. Regarding resistance to the use of active and problem-based methodologies, it is essential to clarify the principles and methods of problem-based pedagogy to all those involved in residency programs, as well as to encourage and persist in the use of these resources.

Conflict mediation is one of the significant challenges in the management of residency programs and requires the development of competencies related to assertive communication, qualified listening, and knowledge about the pedagogical process, so that conflict management and decision-making are centered on the resident's training. Among the tools that can be used for conflict management is the conflict analysis matrix. This study presents limitations as it is a snapshot of the local reality of two Multiprofessional Residency Programs.

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