

## Residência multiprofissional em saúde e o mundo do trabalho do fisioterapeuta

### **Multiprofessional residency in health and the world's physiotherapist job**

### Residencia multiprofesional en salud y el mundo del trabajo fisioterapeuta

Mariana Lisboa Costa<sup>1</sup>  
Roseli Ferreira da Silva<sup>2</sup>  
Valéria Vernaschi Lima<sup>3</sup>  
Márcia Niituma Ogata<sup>4</sup>

**RESUMO:** Este estudo analisou as experiências de fisioterapeutas egressos de um programa de residência multiprofissional em saúde da família e comunidade - RMSFC, visando verificar as repercussões desta Residência na prática profissional. Realizou-se um estudo de caráter qualitativo, por meio da técnica de História Oral (HO). As entrevistas foram transcritas, transcritas e submetidas à análise utilizando o método da interpretação dos sentidos. Por meio da análise e articulação das temáticas encontradas, constatou-se que a residência teve um importante papel na formação profissional dos fisioterapeutas, principalmente na consolidação de princípios voltados à humanização e integralidade do cuidado em saúde. Indica ainda a necessidade de mais investimentos nesse tipo de formação, bem como em mudanças na graduação tomando como base o perfil profissional, segundo as Diretrizes Curriculares Nacionais.

**Palavras-chave:** Atenção Primária à Saúde; Fisioterapia; Residência Multiprofissional em Saúde; Saúde da Família.

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1 Mestre em Gestão da Clínica, fisioterapeuta e apoiadora institucional da Diretoria de Atenção Básica – Secretaria de Saúde do Estado da Bahia.

2 Doutora em Saúde Pública, enfermeira e docente do Departamento de Medicina e do Mestrado em Gestão da Clínica – Universidade Federal de São Carlos.

3 Doutora em Saúde Pública, médica e docente do Mestrado em Gestão da Clínica - Universidade Federal de São Carlos.

4 Doutora em Enfermagem Fundamental, enfermeira e professora associada do Departamento de Enfermagem - Universidade Federal de São Carlos.

**ABSTRACT:** This study analyzed the physiotherapists' experiences that attended a multi-professional residency program in family and community health- MRPFCH, intending to verify the repercussions of the professional practice. In the current qualitative case study, by means of the Oral Story technique (HO). The interviews had been transcribed and transcribed and subjected of the analysis by the use of the sense interpretation method. Through the analysis and articulation of the themes, it has been observed that the residency had an important role in the professional formation of those physiotherapists, mostly in in the consolidation of principles aimed at humanization and comprehensiveness of health care. Nevertheless, the residency cannot become the savior of the fragmented educational process of graduation. It is necessary to continue investing in this health formation, as well in changes concerning the professional profile according to the Curriculum National Guidelines.

Keywords: Primary Health Care; Physiotherapy; Multiprofessional Residency in Health; Family Health.

**RESUMEN:** Este estudio ha analizado las experiencias de los fisioterapeutas graduados del programa de residencia multiprofesional en salud de la familia - RMSFC, con el objetivo de echarle un vistazo a las repercusiones de esta residencia en la práctica profesional. Se realizó un estudio cualitativo con la técnica de la Historia Oral (HO). Hubo una transcripción de las entrevistas y estas se analizaron con el método de interpretación de los sentidos. A través del análisis y de la articulación de las temáticas, se pudo verificar que la residencia tiene un rol importante en la formación profesional de los fisioterapeutas, especialmente en la consolidación de los principios involucrados a la humanización y la integralidad del cuidado en la salud. El estudio señala la necesidad de más inversiones en esta modalidad de formación, así como la necesidad de cambios en la graduación en base al perfil profesiona, según las directrices del currículo nacional.

Palabras clave: atención primaria de la salud; fisioterapia; residencia multiprofesional en salud; salud familiar.

## INTRODUCTION

The multiprofessional residency in healthcare (MRH) was instituted in 2002, by the Ministry of Health (MH) and has been an important strategy for the qualification and training of the professionals to work in the Unified Health System (SUS). This strategy, along with other teaching-service articulation projects<sup>1</sup> and the formulation of the National Curricular Guidelines between 2001 and 2004<sup>2</sup> for graduation courses in the health areas are part of the policies of the MH and the Ministry of Education (MEC).

The multiprofessional residency in Family Health is a *lato sensu* post-graduation course, developed in partnership with the service network in different areas of health care. It is aimed at the professional categories that integrate the health area, being accompanied by professionals in the role of preceptors and tutors. It is developed under an exclusive dedication regime with a minimum

of two years' training and a 60-hour workweek<sup>2</sup>.

In 2006, the countryside Federal University of the state of São Paulo proposed the Multiprofessional Residency Program in Family and Community Health (MRPFCH), in partnership with the Municipal Health Secretary (MHS). This program presents differentiated and innovative characteristics in its educational proposal, with emphasis on curricular orientation by competence, pedagogical conception based on the socio-constructivist approach and the use of active teaching-learning methodologies<sup>2,3</sup>.

Tofetti (2015)<sup>4</sup> when evaluating the contribution of the Specialization Course in Family Health (UNA-SUS/UNIFESP) for the graduate professionals has evidenced the permanent education as an important strategy in the teaching-learning process, and the acquired competences in the areas of care and management are being used in everyday work.

According to Sancha (2008)<sup>5</sup>, in the evaluation of the influence of the Professional Improvement Program on the professional trajectory of the graduate nurses, physiotherapists and psychologists of the years 1997 and 2002, it is pointed out that the program offers subsidies for teamwork, knowledge about the context of public health, practical learning and safety at work. Half of the graduate physiotherapists are in the private sector and few hold positions of leadership. Of the total of 51 physiotherapists, 100% of them would indicate the program to other people.

Considering the presence of these innovative elements in the MRPFCH, and the small production devoted to the discussion of the specialization of physiotherapy in family health, this study had the objective of analyzing the experiences of the physiotherapists who graduated from this program to verify the repercussions of this type of specialization in the professional practice, in order to deepen the reflections regarding the potential influences in SUS.

## **METHODOLOGICAL ROUTE**

It was a qualitative study of the interpretative-explanatory type. The scenario chosen was the MRPFCH in the countryside part of the state of São Paulo. All the nine physiotherapists trained in the first three classes of the program were contacted by 2011, whose participation was accounted through the acceptance of the participation and the signing of the Term of Free and Informed Consent, after the approval by the Ethics Committee for Research on Human Beings, opinion No. 221/2012.

The data collection was based on the oral story technique (OS). Through narratives, as the construction of the memory, the subjects - called "collaborators" -, who have brought their individual and collective trajectory regarding their experience<sup>6</sup>. The OS technique presupposes the selection of the collaborators, the preparation of the questionnaire, the planning of the conduction

of the recordings and the authorization for the use - the Free and Informed Consent term.

The interview in the OS method represents the historical path that the collaborator has traveled or which they have helped to build. In this study, the historical path concerns the physiotherapist's performance after the MRPFCH. The question triggering the interview was: "Tell us about your career and your professional history in the work environment in which you are inserted."

In order to preserve the confidential nature of the research, the collaborators have been identified by the letters of the alphabet and numbers. From the interviews, the transcription and transcreation of the recorded speeches; the text conference with the deponent, archiving and returning of the results to the target community as foreseen in OS have been carried out<sup>7</sup>. At the end of the transcription process, the textual result has been returned to each collaborator via e-mail. This validation process is called verification.

For each narrative, the recognition of the remarkable themes present in most interviews - similar and individual points - has been made. This process has been characterized as the method of interpretation of the senses<sup>8,9</sup>.

The remarkable themes present in the OS tell the trajectory of the collaborators who came from different academic universes and found themselves in a residency program, and then left to live the world of work. Thus, the themes found in the analysis were: (i) "From different starting points"; (Ii) "A place in which a new identity is built"; (Iii) "The world of work: new challenges and perspectives".

### **FROM DIFFERENT STARTING POINTS**

In their narratives, the deponents have brought important elements regarding the role of the physiotherapist in primary care, as well as contradictions, challenges and perceptions of this field of work; as opposed to the training of the physiotherapist, which remains centered on the clinical, biomedical curative model, focused on the disease and on the body. This conception has also been mentioned in relation to the hegemonic model of care, whose practices value the specialized medical appointment and the conception of health is seen as the absence of disease.

"The physiotherapist is not trained to work in basic care ... my training was directed so I could be an outpatient professional ... I think that is the reason why the physiotherapist struggles so much to start working as a team..." (I2).

The collaborators' reflections about the training in physical therapy have pointed to the low previous experience in primary care and in the dialogue with the current transformations of the world of work, especially in relation to care modes, the new relations between services and team work.

From the perspective of these collaborators, the graduation focused on the practice of physiotherapy in rehabilitation and treatment, particularly supported by hard technologies, often insufficient and inadequate to care needs in primary care. In contrast to this biomedical model, some collaborators have referred to the model of the expanded primary care clinic<sup>10</sup> as an alternative to the hegemonic model, emphasizing that the work of the physiotherapist should also be focused to the care of groups, privileging teamwork, in which concerns actions to promote health and prevent diseases.

“If I have the residency in family health, I can also promote another type of support that goes beyond the core of the physical therapy knowledge.” (N4).

Some contributors have mentioned that there have been advances in graduation towards the insertion of students in the SUS scenario, and in the formation of new subjects who have “the capacity to learn, not only to adapt to reality, but above all to transform, to intervene in it, recreating it.”<sup>11</sup>.

“There are many gaps and, still, it not a very easy thing. But I think there are advances in the training and the students are going more to the work field of the physiotherapists or to the family health team. The professionals who were trained two or three years ago, many of them, had no training in public health or in similar experiences.” (M3).

Some authors have been discussing the professional training in physiotherapy and the insertion of the physiotherapist in Primary Care from the perspective of SUS<sup>12,13,14</sup>. The researches advance to a new thinking and acting of the physiotherapist in the primary care, which shows the possibility of transformation and action in public health for these professionals<sup>14,15,16</sup>. Through the in-service training, the physiotherapist broadens his/her range of knowledge along with other professionals, allowing them to leave the isolation, within a learning scenario, including family health. It takes an open posture in trying and experiencing new ways of learning<sup>17</sup>.

As a common point in the testimonies, the entrance into the residency has been pointed out as an opportunity to find “an open space to multiple possibilities of creation and invention”<sup>18</sup>. This invention has not been guaranteed by the graduation mentioned by the employees, which has been reflected in their desire to attend a residency that would bring a proposal aimed at overcoming the limitations and difficulties of training in face of the health needs of the people. Starting from different points of departure, the residency for these collaborators was chosen for the potential transformations they have attributed to this program, so they could “sail through seas never before navigated.”<sup>19</sup>.

## A PLACE IN WHICH A NEW IDENTITY IS BUILT

Among so many “floating readings”<sup>20</sup> of stories full of experiences, the word residency stood out in the narratives, with strong meanings and senses.

For the collaborators, an important experience brought by the residency was the change of roles and perspectives in relation to the learning. The methodological proposal of the course has been perceived as an experience beyond the cognitive knowledge, allowing the development of skills and attitudes towards the construction of knowledge and the desired competence profile.

“I know that I am referring very much to the residency: the problem situations that I had in the residency, I redeem them with the students, I modify some things with them and I reflect a lot on what I have acquired in those years in order to work in my teaching.” (A1).

The collaborators have stated that the use of pedagogical practices and innovative methodologies favor the reflection regarding the professional insertion in the work world, and it has contributed to the production of knowledge and construction of networks of changes, with the consequent expansion of individual and collective consciousness.

However, one of the collaborators has reported tension between residents and tutors regarding the pedagogical guidance. At some moments, the tutors had a posture of bank educators and “many had not tasted the SUS” (D). The ambiguity of these reports points to the difficulty of developing an educational proposal that redefines the roles of the teacher and the student, strongly established by the hegemonic educational model in our society.

Another aspect which has been highlighted in the OSs was the role of residence in inducing changes in the health care model, strengthening the primary care and consolidating the family health strategy (FHS). According to reports, the residents, in composing the FH teams, have shared knowledge and solutions regarding the complexity of the act of caring. In this way, it was possible to weave networks in the collective plane, expanding spaces of dialogue and listening:

“We used to understand that the spaces and the health network happen through conversation, with positive alliances, protocols instituted from conversations, risk assessment, to understand that the other and all this happens with dialogue or with training of the collective or with people, network formation, a teamwork made up of people.” (M3).

For the collaborators of this research, the matrix support was configured as an organizational arrangement that operates in the logic of the joint construction with the FH teams, re-signifying the logic of the referral. With a view to expanding continuous and integral clinical work, this method is adopted at the Family Health Support Center (FHSC) in order to increase the access, continuity of care, and the quality of SUS actions and services.

Due to the training, which is focused on individual and rehabilitative care, the idea of sharing knowledge and practices brings an unusual perspective to the work of specialists. Thus, the matrix support proposal has been identified as an underdeveloped organizational arrangement in physical therapy. In addition to the physical therapists' maturation to the basic care reference teams, other devices and tools used in the residency, such as strategic planning and health management, have been highlighted as valued for the building of a new identity of the physiotherapist.

Each collaborator has experienced to be resident in a singular way, some has been through the storm of an immersion that deeply stressed the known practices. Others have considered it a "safe harbor" in the experimentation and construction of a new identity: residents who were neither students nor workers. Thus, having savored and experienced new knowledge, practices and reflections, the now professionals came out different from this residency, and started to live "life as it is."<sup>21</sup>.

### **THE WORLD OF WORK: NEW CHALLENGES AND PERSPECTIVES**

For the collaborators, the work experience, after the residency, was seen as a movement of invention and reinvention, with different forms of experimenting the living and the living with people, of producing care and of meeting the unexpectedly unknown.

"My professional nucleus has allowed me to conduct a qualified discussion about the projects that involved or could involve the participation of physical therapy trainees. On the other hand, being a health professional, having experienced the health service before experiencing the central management spaces was crucial for my performance today." (S5).

Inserted in the world of work, some collaborators have reported how the work happens or should happen in the daily life of their services. One of the highlights was regarding the importance of promoting a listening space for the professional, with conversations that make it possible to mediate their work process and reflect on projects and actions, making the health act productive.

Conversation groups were one of the forms of listening used by the MRPFCH graduates. The listening space has been pointed out as a key aspect to establish a link and accountability of the professionals with the users. They have been valued as collective spaces that expand the capacity of analysis and intervention of the subjects, favor the participative management and generate autonomy and respect to the subjectivities of the workers.<sup>22</sup>.

The Permanent Education (PE) also appeared in almost all stories, especially in those in which the collaborator plays the supporter role. In the sense of the training of workers and the development of the SUS, the PE in health has been considered a potent strategy that stimulates the creation of collective spaces in the world of work and that provides a moment of dialogue and exchange of experience, corroborating the use of this device to promote the improvement of health services<sup>23</sup>.



On the other hand, some collaborators have failed to reproduce these experiences in their post-residency professional insertion. They have reported centralized and vertical management models that make it difficult to change processes due to the low autonomy of the workers to develop their own work, the low interaction among professionals and the fragmentation of the processes.

“...the suffering today is... is to participate in “hard” spaces of management where you realize the impossibility, incapacity, lack or even positioning of some actors in not allowing a discussion that is democratic. They are spaces where things are built of quiet verticalized forms and I cannot even analyze if this is something evaluated by the management or if it is a style of management that is going through the country.” (S5).

The beginning of the work was challenging for all the collaborators and had a proper meaning for each one, especially regarding the insertion in new teams. Besides being relevant to identify the problems related to the new professional insertion, they have also considered important to find possibilities of confrontation, dialogue and agreements. However, this confrontation proved to be more difficult when the teams did not understand the role of matrix support. In some teams, there was distrust and even hostility for being newly formed and wanting to promote change.

Therefore, in facing the diversity and specificities of the world of work, retired physiotherapists of the MRPFCH have reacted with resilience and optimism towards the movement of change; sometimes, with disillusionment and frustration at the loss of the “protected” world of the residency and the reflection promoted by the university.

## **FINAL CONSIDERATIONS**

A fundamental aspect brought by the collaborators was in relation to the formation and training of the physiotherapist. Pointed as focused on the biomedical-curative clinical model, which is focused on the disease and the body; as well as the limited experience in primary and collective care with actions to promote health and disease prevention, and in the multiprofessional teamwork. Furthermore, they have indicated the need for pedagogical and methodological changes in training, by the “production” of subjects who are capable of being involved in transformation processes in health services and, consequently, in health care. A true paradigm change in training, in the educational processes and in caring.

Another important aspect which has been indicated for the world of work was the need to promote spaces for listening and reflection among professionals, mainly to establish EP spaces in teams that favor the processes of changes in health practices, providing personal and professional support to each member of the team.

Finally, the MRPFCH played an important role in the professional training of physiotherapists, mainly in the consolidation of principles aimed at the humanization and integrality of health care. In fact, this type of in-service training, based on pedagogical practices and innovative methodologies, on the use of diversified practice scenarios and taking as a basis for training the



areas of competence in care, management, education and research have proved to be powerful devices which are capable of producing changes in the training of these professionals. It is also necessary to continue investing in this type of training, as well as changes in the graduation based on the professional profile according to the National Curricular Guidelines.

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