Integration between teaching and health services in academic training for multi-professional health residents: the professors' conception

Integração ensino-serviço na formação de residentes multiprofissionais de saúde: concepção de docentes

Integración enseñanza-servicio en la formación de residentes multiprofesionales de salud: concepción de maestros

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ABSTRACT
Objective: to examine the teachers' conception of a multi-professional health residency program as to integration between teaching and services in the training given to residents. **Method:** this qualitative study was conducted, from March to June 2015, in southern Brazil, with 13 professors involved in teaching actions on the program. After approval by the research ethics committee, data were collected by semi-structured interviews and systematic observations, and then subjected to thematic analysis. **Results:** integration between teaching and services was understood as fostering praxis for the construction of knowledge, and constituted a strategy for meaningful learning. **Conclusion:** when conceiving integration between teaching and services as a strategy that allows praxis for building recognition and knowledge, professors envisaged a dialectical movement alternating between practice and theory.
Descriptors: Health human resource training; internship no medical; teaching care integration services; qualitative research.

RESUMO
Objetivo: analisar a concepção dos docentes de um Programa de Residência Multiprofissional em Saúde acerca da integração ensino-serviço na formação dos residentes. **Método:** pesquisa qualitativa realizado com 13 docentes envolvidos em ações de ensino do referido Programa, no período de março a junho de 2015, no sul do Brasil. Os dados foram coletados, após aprovação por Comitê de Ética em Pesquisa, por meio de entrevistas semiestruturadas e observações sistemáticas e, em seguida submetidos a análise temática. **Resultados:** a integração ensino-serviço foi compreendida a partir da práxis para a construção do conhecimento, apresentando-se como uma estratégia para aprendizagem significativa. **Conclusão:** os docentes, ao conceberem a integração ensino-serviço como uma estratégia que possibilita a práxis para a construção do (re)conhecimento, vislumbraram um movimento dialético, de alternância entre a prática e a teoria.
Descritores: Capacitação de recursos humanos em saúde; internato não médico; serviços de integração docente-assistencial; pesquisa qualitativa.

RESUMEN
Objetivo: analizar la concepción de los maestros de un Programa de Residencia Multiprofesional en Salud acerca de la integración enseñanza-servicio en la formación de los residentes. **Método**: investigación cualitativa realizada junto 13 maestros involucrados en acciones de enseñanza del referido Programa, en el período de marzo a junio de 2015, en el Sur de Brasil. Los datos se recolectaron, tras aprobación por el Comité de Ética en Investigación, por medio de entrevistas semiestructuradas y observaciones sistemáticas y, después, sometidos a análisis temáticos. **Resultados**: la integración enseñanza-servicio se comprendió a partir de la praxis para la construcción del conocimiento, presentándose como una estrategia para el aprendizaje significativo. **Conclusión**: los maestros, al concebir la integración enseñanza-servicio como una estrategia que posibilita la praxis para la construcción del (re)conocimiento, vislumbraron un movimiento dialéctico de alternancia entre la práctica y la teoría.
Descriptores: Capacitación de recursos humanos en salud; internato no medico; servicios de integración docente asistencial; investigación cualitativa.

INTRODUCTION

The Multiprofessional Health Residency (MHR) Programs, created from the promulgation of Law No. 11.129 of 2005, cover the various health professions and they are guided by the principles and guidelines of the Unified Health System (Sistema Único de Saúde, SUS), according to local and regional realities and needs[1]. MHR allows, through permanent health education (PHE), the involvement of professionals in training with the service workers, integrating scientific, theoretical and practical knowledge[2].

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The inclusion in the practical realities of public health services, provided by this modality, tends to foster the teaching-service integration, considered as a collective work, agreed and integrated among the training professionals, professors, service workers and managers[3]. In these interactions, all subjects outlined a key role, that of the facilitator. This figure attributed to the action of professors and service professionals corresponds to the role of orientation, motivation and collective construction of knowledge with knowledge integration[4].

From these reflections the following may be asked: How do the professors of an MHR Program conceive the teaching-service integration? And, thus, the objective was to analyze the professors' conception of an MHR Program about the teaching-service integration in the residents' training.

LITERATURE REVIEW

Teaching-service integration in health education provides learning close to people's health reality and and to that of the SUS, which meets the concrete needs of both[4,5]. Residence can be considered as a PHE space for the construction of professional identity and citizenship, where service professionals, professors, users and students build and establish their social roles in the confluence of their knowledge, ways of being and see the world[6].

Given the perspective of teaching-service integration, this may be a key strategy for health service consolidation[7]. To this end, it is recognized that there are limitations that cover this reality in the MHRs, such as the lack of workers from different nuclei in health services and the provisionality of residents. But at the same time there are several contributions to the health services and care to users[5].

From this guiding and structuring axis of the training programs in the services, the MHRs can be considered as a space for developing and training (changing) for health workers (inserted in the teaching and service intersection) articulated as a permanent education device[2].

METHODOLOGY

A qualitative study[8], performed in an MHR, in the state of Rio Grande do Sul, Brazil. The study included professors from a public university, selected from the following inclusion criteria: being an effective faculty member linked to the university and working in one of the Program's six areas of concentration (chronic-degenerative, maternal-child, onco-hematology, primary care/family health, health surveillance and mental health) for over one year, during the data collect period, as they would have a better understanding of the reality as well as of the residents' training, being in a context of educational practices. And, the exclusion criteria were the following: people on leave for health treatment, maternity or paternity leave or on vacation during the data collect period.

The total number of the MHR teaching members was 25, of which 17 met the established criteria. Thus, we sought a minimum representation of each professional category and concentration area, being selected by a draw. Participation of all professional categories was considered important, since multiprofessionality is one of the main proposals of the MHR Programs. Thus, 13 professors (men and women) took part, and the closure of the collects occurred due to information redundancy[8].

Data collect took place from March to June 2015 through semi-structured interviews. These were held at places and times chosen by the participants and occurred after reading the Free and Informed Consent Term. The interviews lasted approximately 40 minutes and began with the following question: What do you understand as teaching-service integration? With the consent of the participants, the interviews were recorded and later on transcribed in full by the lead researcher.

Subsequently, data was subjected to thematic analysis[8], performed in three steps: data ordering, which corresponded to the transcription and organization of the interviews; data classification, where ordered and exhaustive data readings were performed. And the data analysis, which corresponded to forming the thematic categories. The units of meaning guided the identification of two thematic categories: teaching-service integration seen from praxis for knowledge building, and teaching-service integration: strategy for meaningful learning.

Participants are mentioned in the text with the letter D for professors, followed by an Arabic number from D1 to D13, safeguarding their identification. At all stages of the study, ethical aspects were preserved and respected, according to Resolution 466/12 of the National Health Council on research involving human beings. The study project was submitted to the Research Ethics Committee and approved under Opinion No. 932.528 and CAEE: 40246414.4.0000.5346.

RESULTS AND DISCUSSION

Teaching-service integration seen from praxis for knowledge building

Teaching-service integration, when conceived as an educational praxis, becomes an element for (or the very process of) knowledge construction that (re)creates the conditions for transforming the work's world, determining purposes and guiding educational actions for meeting with the collective. Thus, in the context of the training of residents, health education and care are considered as two inseparable aspects of the same process as expressed by the professors participating in the study:

> Teaching-service integration is precisely to bring into these discussions that we did, here at the Residence, which brings theoretical elements, but to bring much of the experience of these students in service. (D3)

> We have so many possibilities for interventions for being in the service. This is my perspective for integration in vocational training: to make this link with student training and with the work. (D13)

The integration between teaching and service, when understood as something not static, is characterized as a praxis that comes from a continuous movement of perception, participation, action-reflection, directed by a political and historical project in its moments of action[9]. Considering it as a practice linked to theory, which requires a constant coming and going from one plane to another, being active, flexible and creative throughout the educational process, expressing the complementarity between theory and practice. The movement for alternation between these axes, made possible by the MHR, emphasizes the importance of going beyond the dichotomous view of theory/practice and creates mechanisms that help the professors enhance the collective construction of new knowledge[10].

In addition, from the resident's immersion in health practices, it is possible to work with several professional nuclei, which is fundamental for building up the knowledge from the group praxis[11]. These meeting spaces, such as field and core tutorials, preceptories, case discussions and other collective activities, tend to enhance the actions of teaching-service integration through problematization among different actors, facing their professional practices in different acting scenarios[12].

However, the search for collective participation, with a view to the praxis of knowledge building, needs to be continuous and implies involvement, commitment, exchange, and sharing among the various actors who actively take part in this qualification. Thus, the educational praxis is the unveiling of the reality that surrounds the person, either through an individual or collective act, where the contents are guided by people's needs, their own interests with effective participation and reflected action of all the involved in this situation[9]. This praxis is effective in action-reflection-action mediated by critical and creative gaze and action:

> The Residence is the transformation of this reality, it is the confrontation with the manager, with the user, and this confrontation with the daily drama of, sometimes, not having material, not having the equipment to care and seeking creative solutions [...] . So, it is a complexity given in everyday life, it is building networks, building bridges. (D1)

> You are able to insert this student in a work field, where they will, by their own participation, gain knowledge and, at that moment, make the exchange for the experience [...]. (D5)

For implementing the educational praxis, as required by the MHR, the action of residents in health services can be triggered as devices for analyzing real health practices, constituting an intercessor space for developing PHE actions[2]. And, for developing the same in the logic of praxis for building up the knowledge, there is a need to effect the integration among training, teaching development, management and health teams in order to strengthen the role of each individual in the theoretical and practical social development.

From an effective, questioning, critical and ethical participation in the face of developing the qualification process, where the student learns not only to learn or to adapt to the posed reality, but, above all, to intervene on it, transforming it and recreating it[13].

Teaching-service integration: strategy for meaningful learning

From the contact experienced by professors and residents in the health services, a critical reflection to the condition lived in the daily practices is provided, besides investigating and instigating the practice itself configuring a new know-how, a new way for knowing and learning. In everyday learning, teaching-service integration may be developed in order to understand the complexities and intersubjectivities of care practices:

> I will work with the characteristic of that subject that is beyond that literature and that is today in the daily life of that service [...] This means in what place this is happening so that I may understand? This is teaching-service integration. (D1)

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It is reinventing ways of caring, it is reinventing ways of learning to learn. And to learn daily from different subjects in the complexities, subjectivities, intersubjectivities. It is learning to reinvent solutions for everyday life and also learning to ask new questions. (D10)

Teaching-service integration can be conceived, on the one hand, as a strategy for reorienting training, as it provides meaningful learning and, on the other hand, as a mechanism for enhancing and improving health care actions through a space for exchange between student and professional[14]. Meaningful learning triggers people's life experiences, as well as interrogating and problematizing from a dialogical relationship of teaching and learning[15-17]. In addition, it implies the connection or linking of what the student knows with the new knowledge, that is, the old with the new.

Seen from meaningful learning, teaching-service integration would be like a constitutive element in itself of a new way of thinking about training. However, we point out that this is not about transforming the space of services and community into extensions of hospitals and other health services. But it is about building learning spaces by incorporating professors and students to the production of services in real scenarios[7].

Thus, the professionals with different backgrounds in health, willing to move between specific areas of training, articulate their specific knowledge with others in the organization of work and this is what enables both to share actions and delegate activities to other professionals in the molds of a collaborative practice[18]. This movement, in turn, tends to increase the solvability of the services and health care quality. Corroborating these aspects, the professors generally understand teaching-service integration as a complex and fundamental process for educating the residents, based on integrating and implementing public policies in health services:

It is integration. That is, it is what is found in the Law 8080/90, that the public service, the health services, not only the public ones, are natural, real spaces, to learn to practice, to make health. (D6)

[...] it is the insertion of this professional in the public service, so the breadth is greater in this understanding of the need to train a professional integrated with reality. (D12)

The relationship between teaching and the real world of work, as an articulating movement between university and service contexts, apparently disconnected, seeks to overcome the old models of education that are unable to fulfill their role of training individuals capable of responding to the needs of the population in a qualified manner[3]. MHRs are displayed as an important strategy to enable teaching-service integration, in order to rethink the health production process, through the training of critical subjects and the creation of spaces for professional representation and social movements for the construction process of the SUS[5].

The proposal of this integration expands discussion spaces for a cooperative, collective, integrated production, and the professors play the role of mediators, providing the opportunity for dialog and instigating the residents. For this, the importance of critical thinking is emphasized in training the higher education professionals, with teaching strategies that enable the resident to learn, question and reflect.

The dialectical movement provided by the MHRs, to come and go between practice and theory, between the construction and reconstruction of knowledge, through meaningful learning, enables health professionals to understand their place in user-related care and especially, in meeting the SUS' requirements. And in this thinking line, the importance of building knowledge with the other is emphasized, based on a culture that allows human beings to understand their human condition and helps them to live, thus favoring an open and free way for thinking, that is, an educational teaching, whose mission of the professor and the others involved in this training is not to transmit simple knowledge[19].

CONCLUSION

The professors, when conceiving teaching-service integration as a strategy that makes the praxis possible for building up the (re)knowledge, had glimpsed a dialectic movement, on alternation between practice and theory. Regarding the professors' conception about teaching-service integration, seen as a strategy for meaningful learning, it was noticed that the contact experienced in the health services provides a critical reflection to the daily life of the practices, besides investigating and instigating the very practice, both of the professor and the resident, configuring a new know-how, a new way of knowing and learning to be and do.

It is acknowledged that this research is limited because it is a local study; however, it is expected to stimulate other reflections on the subject and to lead to new studies, in search of co-responsible pedagogical practices, with a view to qualifying teaching and learning and to interprofessional collaboration, in accordance with the real needs of the health services.

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