



PERCEPTIONS OF RESIDENTS IN URGENCY AND EMERGENCY ABOUT THEIR TRAINING: CHALLENGES FOR LEARNING

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ABSTRACT

Objective: to identify the perception of professionals in a Multiprofessional Residency Program in Urgency and Emergency concerning their training. **Method:** descriptive, exploratory, qualitative study, developed with residents of the last year of a multiprofessional residency program. Data collection took place between June and August 2018, through individual and semi-structured interviews. It was used the software IRAMUTEQ® for data processing, and the analysis was based on the thematic modality. **Results:** A total of 11 residents participated, including nurses, pharmacists, and psychologists. Two categories emerged from the convergence between data organization and analysis: Contributions from residency for professional development; Disarrangement between the transversal and specific axis. **Final Considerations:** the residency provided participants with theoretical and practical learning experiences, sharing knowledge and wisdom, through discussions of clinical cases by a multidisciplinary team. However, severe complaints with the organization of the program and the work process was observed, due to scarcity of theoretical material from teachers and preceptors, and also their adversities in articulating assistance and educational activities in a multidisciplinary and interdisciplinary way besides to work overload with a consequent distancing from activities.

Keywords: Internship nonmedical. Patient Care Team. Emergencies. Specialization. Interdisciplinary Placement.

INTRODUCTION

The Integrated Multiprofessional Residency Program in Urgency and Emergency is a specialization that trains health professionals, from an ethical, political and technical-scientific point of view, by in-service training, to work in a multidisciplinary team, ensuring the principles of Unified Health System (SUS) in attendance to health care networks, allowing a better understanding of the multi-causality of health and disease processes, individual or collective and, consequently, the qualification of professional training⁽¹⁾.

Thus, according to Interministerial Regulation no. 1,077, dated November 12th, 2009, the Multiprofessional Residency in Health

(RMS) includes a schedule of 5,760 hours of theoretical and practical training, distributed over two years and assigned in 60 weekly hours of activities, as service training⁽²⁾. One of the areas of demand is the knowledge of urgency and emergency care. The multiprofessional team needs to be ready to recognize the priorities of care and act safely, quickly and ensure the best care for the patient⁽³⁾. Besides, urgent and emergencies are the main causes of permanent or temporary physical disability, causing financial, social security losses, and significant treatment expenses⁽⁴⁾.

This training category gives the professional resident a central role in teaching and learning processes, by a positive and intense experience of working in health care. Although, studies

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show that this innovative initiative can cause an oscillating experience of feelings of satisfaction and professional displeasure⁽⁵⁻⁶⁾. Considering the above and the innovative character of the present proposal, there is a demand for investigations that considers the perception of health residents about the different aspects involved in their routine, aiming to subsidize the quality of the mentioned process⁽⁷⁾.

In the scenario of the (RMS), the perception is intrinsic to a given reality and can be different, even facing similar situations. On the other hand, the results of an exhausting routine and incoherent with the objectives initially proposed, cause general losses, and directly interfere in the work process, training and performance of the health services⁽⁶⁾.

So, considering the importance of (RMS) for the country and the development of the Unified Health System (SUS), it is essential to understand the perception of residents about the demand for improvements in multiprofessional health residency programs that can contribute to the training of these professionals. Also, it is important to know the reality and provide means for the restructuring of the actions and methodologies of the residency programs. Therefore, a question is raised: How do resident professionals identify training in a Multiprofessional Residency Program? Still, the objective in the present study is to identify the perception of professionals from a Multiprofessional Residency Program in Urgency and Emergency, regarding their training.

METHOD

This is a descriptive, exploratory, and qualitative study, carried out in a medium-sized university hospital in the state of Paraná. Participants were residents of the last year of the Integrated Multiprofessional Residency Program in Urgency and Emergency.

Eligibility criteria were: to be a resident of the last year of the mentioned multiprofessional program, as a nurse, pharmacist and psychologist, in the year 2018. Exclusion criteria: sick leave or other reasons for leave during the data collection period.

The sample was by convenience, and

among the 12 members of the residency program, only one refused to participate. The data collection took place from July to August 2018, through an individual interview, guided by a semi-structured script prepared by the authors, composed of two parts: the first corresponds to the participants' characterization; the second has open questions, which helped to discuss the study object. Interviews started with the following triggering question: *Describe how you understand your training in a Multiprofessional Residency Program in Urgency and Emergency*. Based on this question, further questions were made to investigate the residents' perceptions.

The interviews took place after the previous contact, in a private room, at the above-mentioned institution, only once with each participant (n=11), with an average time of 43 minutes each. Remarkably they happened during the participants' break, without compromising their activities. The research team consisted of nurses, with a doctorate and undertaking residency, experienced in this area. The main researcher transcribed all the speeches entirely and properly discarded the audios, excluding them permanently from all media used for recording and storage. To preserve their identity, the participants were identified with the letters PR (professional resident) and the respective number of their research entry (e.g.: PR - 01).

For the analysis of the speeches it was used the thematic modality proposed by Bardin⁽⁸⁾. The results were supported by the software Interface of *R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ®)⁽⁹⁾. In the beginning, a text was created with parts from participants' speeches who answered to the objective of the study, and out of the frequency of the words it was originated the text segments (each text segment is equivalent to approximately 3.25 lines).

It was adopted the Descending Hierarchical Classification (DHC) for this study, whose text segments were classified according to the association between similar words, and afterward, flexed according to frequency, establishing initial classes. To check the association between text segments for a given class, the software performed the chi-square test (χ^2), whose words were chosen according to statistical significance ($p \leq 0.001$)⁽¹⁰⁾. From the

convergence between the data and the thematic analysis, two categories emerged, named as follows: Contributions from residency for professional development; and Disarrangement between the transversal and specific axis, which were discussed based on the literature.

The study followed the ethical precepts established by Resolution no. 466/2012, of the National Health Council, and Resolution no. 510/2016. All participants were invited to sign the Informed Consent Form, in two copies of equal content. The study was approved by the Standing Committee on Ethics in Research with Human Beings under decision no. 2,660,902/2018.

RESULTS AND DISCUSSION

Eleven professionals from the

Multiprofessional Residency Program in Urgency and Emergency participated in the study, three nurses, two pharmacists, two pharmacists who majored in clinical analysis and four psychologists. Most participants were female, between 22 and 26 years old, with a mean age of 24 years old. Only two participants were professionals with experience, the others started residency immediately after undergraduate school.

It was collected 246 text segments out of the speeches, which 168 were evaluated, providing 68% of utilization. Initially, the software pointed to four primary classes, and out of this organization and the data analysis convergence two definitive categories emerged: Contributions from residency for professional development; Disarrangement between the transversal and specific axis. (Figure 1).

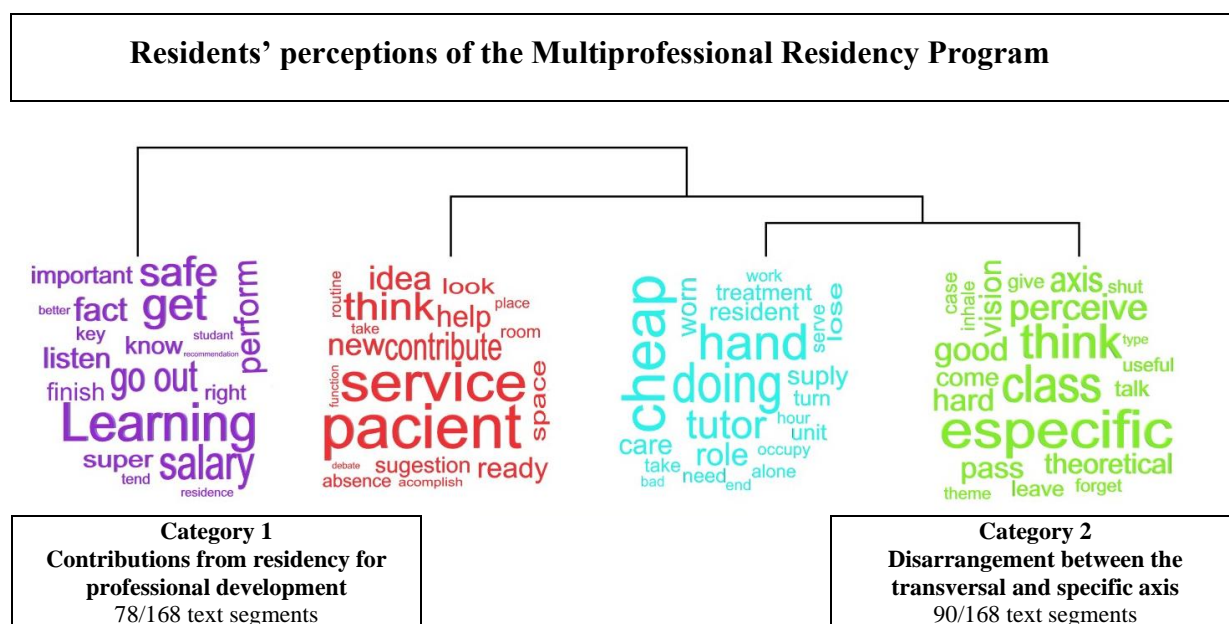


Figure 1. Dendrogram of classes. PR, Brazil, 2018.

Category 1. Contributions from residency for professional development

In this category, participants described the residency as a field that provides learning and the development of confidence/security for professional performance by the articulation between theory and practice, factors that are not possible only in undergraduate school.

Practical learning was being able to perform some

procedures that had not been done or seen in undergraduate school, but that could be taken at the residency, this was very important. (PR - 07)

We have just left college with the impression of not having learned anything, I never worked in the area, I did no more than, one or two clinicals, so, my expectation was in fact to feel a little safer about work, and it was achieved with the residency. (PR - 08)

It is noticed that the participants had positive

expectations regarding the learning and experience acquired at the residence. Expectations were achieved through a theoretical-practical routine, which contributed to the training process, personal concern, technical and skills training, clinical reasoning, the handling of unpredictable situations professional performance with greater effectiveness, safety and opportunity for future insertion in the labor market. This way, literature points out that the multiprofessional residency broadens the horizons of graduation, raising different scenarios and experiences that enrich the professional knowledge⁽¹¹⁾.

It was noted, from the speeches, the appreciation of group discussions about clinical cases, which enable the enrichment of knowledge, based on the sharing of specific expertise among professions.

Clinical cases are enriching, it is possible to have a view of other fields. The pharmacy can explain inaccessible things. Psychology having a totally different view being a source of learning. **(PR - 06)**

When all residents are in a field, it is possible the dialogue in a multidisciplinary way making professionals in that field think that way too. **(PR - 04)**

The reciprocity and discussions about the work process reflect in the care for the patient, the contributions go to the practice and the service. **(PR - 01)**

These experiences can help the resident to act in a qualified and interdisciplinary way, by understanding the importance and the role of each professional that compose the health team during urgency and emergency care. Meanwhile, such discussions impact on the improvement of care, approaching a service that satisfies the needs and complexities of users. It can be said that the residence provides experiences that prepare professionals for an increasingly demanding job market⁽¹²⁻¹³⁾.

Participants also reported that the presence of residents can contribute to the motivation of professionals, helping them to act in a multidisciplinary and interdisciplinary way.

Professionals can learn from us too. We learn a lot from them about the service routine, the way it works, but we have new ideas that are interesting to be followed by professionals and

implanted in the unit. **(PR - 03)**

Thus, residency impacts the way of thinking and acting of the professionals, allowing to add knowledge and techniques of each field, without suppressing the aspects of each professional, and, consequently, empower the work process reflection, providing opportunities for acting together among teams, for knowledge integration, quality of institutions, development of original proposals, improvements, enabling understanding health care for users of the system⁽¹⁴⁻¹⁵⁾. It also allows continuity in the course of "learning in service", favoring the articulation among teaching, research and the practice of the residents, assisted by competent and experienced professionals⁽¹⁶⁾.

Category 2. Disarrangement between the transversal and specific axis.

Within this category, participants were frustrated and even displeased with the residency program theoretical classes they were enrolled into. The program presents two types of classes that make up the theory part, being the transversal axis classes with all residents, classes with conversations and with the presence of the teachers, preceptors, tutors and other social actors involved with the residency, besides the production of multiprofessional case studies. The classes of the specific axis are held with residents of the same area long with their respective teachers, having the same characteristics of the transversal axis, except for clinical case discussion which is done only with professionals from each area, expanding the theme and without multidisciplinary involvement.

It is observed that the participants faced a disarticulation in the program, concerning the theoretical schedule of the transversal axis. It is testified that classes are canceled without being prior noticed or informed at the last minute, taught without planning and lack of articulation to connect the theoretical themes with practice.

Concerning functionality and organization the same key is always hit. One is the lack of organization. Several times classes were dismissed, or the teacher informed only in the last minute. It gives the impression they totally forget, and suddenly are reminded about it and then they

create an assignment out of the blue just to use up time. **(PR - 08)**

I think the classes are not being multiprofessionally thought. There comes a specific theme, which comes a specific professional from that area and it is difficult to be able to dialogue in a multiprofessionally way if you are just a specific professional, within that concerned area. I believe we could think more about multiprofessional classes and not one specific professional teaching [...]. **(PR-04)**

A study carried out with residency professionals from multiprofessional programs also faced difficulties in anticipating or scheduling activities without prior arrangement, separating theory from practice in the disciplines and the reality experienced in daily life⁽⁷⁾.

It is also noteworthy from the testimonies that the demand for multiprofessional and interdisciplinary classes frequently are taught by professionals from a single area and focused on a specific subject, not involving the competence of other major resident professionals.

Also, teamwork should not be restricted to grouping professions, that is, multi-professional, but it is also necessary to articulate the team, through recognition from the others, dialogue, cooperation, equality of relationships and cohesion of actions regarding converging objectives⁽¹⁷⁾.

It was identified participants satisfied and frustrated with themselves and with the teachers, in the specific axis classes, as seen in the statements.

I have no complaints about the specific axis because it is noticed the teachers expect us to bring a demand. Most of the classes are like this [...]. And in psychology classes we talk a lot about our practice, talk a lot, even about the work processes, the teachers give this opportunity to us[...]. **(PR - 01)**

[...]it gets hard on teachers because they do not receive overtime to be part of the residency, they do not receive an extra super salary, they do not have availability, they do not manage to disconnect from the graduation subjects, so it ends up not having much adhesion from teachers. I think this ends up impairing the practices program, mainly of the theoretical classes. **(PR - 10)**

Regarding training, multiprofessional health residents are expected to develop a critical and

reflective analysis at their professional practice and achieve innovations in the work process, in the technical assistance model, in training, and act as articulators in solving problems in varied (SUS)assistance scenarios⁽¹⁸⁾. Therefore, it is fundamental that training under the residency scope is based on the daily demands of the practice, which often require questions and concerns that trigger reflection and need to be present in the theoretical training process to contribute to a new conception of multidisciplinary and integrated performance, as recommended by SUS^(7,19).

Still, participants show frustration with the approach of the theoretical classes by the invited professors because, in some cases, there is not a significant contribution to supply the residents' theoretical-practical knowledge needs. However, alternatives to fill this gap would be the dialogue about the residency among tutors and professors invited, and opening discussions about the demand.

Sometimes they invite teachers and it is spoken what is of their concern, not necessarily what we understand as useful for us [...]. **(PR - 09)**

When is the case of invited teachers, It could be informed how the residency works, what are the types of students that will be in class, so that it does not get too deep in a specific point [...]. **(PR - 05)**

Another important point made by the participants was about feeling "cheap labor". The high demand for health professionals and the absence of overloaded workers involved in assistance, leading residents to assume extracurricular functions, which generates a lack of time for the family and themselves due to the excessive workload. This physical and emotional distress causes changes in mood and low productivity.

A weakness is that the residence ends up serving as cheap labor. It is needed to be careful because it is noticed many residents occupying jobs that were supposed to be done by a service professional. **(PR - 01)**

I have the perception that they do not practice empathy, they do not understand that we have an excessive workload, and that in addition to the residence, we have family. We need to take care of our mind, our body, we need to eat and mainly rest, otherwise, we will not be able to cope nor be

able to produce anything. (PR - 06)

Our workload is huge, we don't have time to rest. This turns to be a difficult point because we find ourselves in a bad mood, irritated. It gets very tiring and exhausting. (PR - 09)

A study carried out at a public university in the south of Brazil also found residents assuming responsibilities as duty workers, compromising field activities performance with other residents and reducing the space for discussion with the preceptors and staff⁽⁶⁾.

Literature shows that residents experience sensations of physical and mental exhaustion and overload of work as a result of program features, leading them to deprivation of rest, fatigue, excessive administrative activities and problems related to the quality of teaching⁽²⁰⁻²¹⁾. While they are unable to meet all the demands attributed to them, they feel unhappy and frustrated for not reaching their idealized plans and projects⁽²²⁾.

Regarding the limitations of the study it is mentioned the fact that only residents have participated, an important counterpoint at the perceptions of professionals, teachers, and users. The need to add other actors in the research was realized only after analyzing the data. Therefore, it is suggested to carry new research to make their experiences achievable to improve the residency programs, hence reflecting on the professional qualification and the improvement of the assistance provided to the population.

Despite these limitations, conclusions of this study contributed to the literature, in the sense of adding the residents' experiences and

perceptions about their education, highlighting the potential and weaknesses of the teaching and learning process. The demand to understand the organization of multiprofessional residency programs in the country can be affirmed, including issues concerning the qualification of the professionals and teachers involved, the dynamics of the curriculum, the users' perception and the health practices developed.

FINAL CONSIDERATIONS

Based on the results of this study, the perceptions of the students of a Multiprofessional Residency Program in Urgency and Emergency are identified. Residency provided participants with experiences on theoretical and practical learning, sharing of wisdom and knowledge, through discussions of clinical cases by the multidisciplinary team. However, there was an intense frustration among the interviewees towards the organization of the program and the work process because of the scarcity of theoretical material from teachers and preceptors, and also due to the struggle in articulating assistance and educational activities in a multi and interdisciplinary way, besides work overload, with a consequent distancing from their activities.

It is expected that the institutions reflect on the theme and develop strategies to improve the programs, which are tools for the training and qualification of professionals working in the public and private sectors.

PERCEPÇÕES DE RESIDENTES EM URGÊNCIA E EMERGÊNCIA SOBRE SUA FORMAÇÃO: DESAFIOS PARA A APRENDIZAGEM

RESUMO

Objetivo: identificar a percepção de profissionais integrantes de um Programa de Residência Multiprofissional em Urgência e Emergência acerca de sua formação. **Método:** estudo descritivo, exploratório, qualitativo, desenvolvido com residentes do segundo ano de um programa de residência multiprofissional. A coleta de dados ocorreu entre junho a agosto de 2018, por meio de entrevista individual e semiestruturada. Para processamento dos dados utilizou-se o software IRAMUTEQ®, e a análise ancorou-se na modalidade temática. **Resultados:** participaram 11 residentes, entre enfermeiros, farmacêuticos e psicólogos. Da convergência entre a organização dos dados e da análise emergiram duas categorias: Contribuições da residência para o desenvolvimento profissional; Desarticulação entre o eixo transversal e o específico. **Considerações Finais:** a residência proporcionou aos participantes experiências de aprendizado teórico-prático, compartilhamento de conhecimentos e saberes, por meio de discussões de casos clínicos por equipe multiprofissional. Entretanto, notou-se intensa insatisfação com a organização do programa e o processo de trabalho, devido à escassez de aporte teórico dos docentes e preceptores, e também sua dificuldade para articular as atividades assistenciais e educacionais de forma multi e interdisciplinar, além da sobrecarga de trabalho com consequente desvio de suas atividades.

Palavras-chave: Internato não médico. Equipe de assistência ao paciente. Emergências; Especialização; Práticas Interdisciplinares.

PERCEPCIONES DE RESIDENTES EN URGENCIAS Y EMERGENCIAS SOBRE SU FORMACIÓN: DESAFÍOS PARA EL APRENDIZAJE

RESUMEN

Objetivo: identificar la percepción de profesionales integrantes de un Programa de Residencia Multiprofesional en Urgencias y Emergencias acerca de su formación. **Método:** estudio descriptivo, exploratorio, cualitativo, desarrollado con residentes del segundo año de un programa de residencia multiprofesional. La recolección de datos ocurrió entre junio a agosto de 2018, por medio de entrevista individual y semiestructurada. Para procesamiento de los datos se utilizó el software IRAMUTEQ®, y el análisis se basó en la modalidad temática. **Resultados:** participaron 11 residentes, entre enfermeros, farmacéuticos y psicólogos. De la convergencia entre la organización de los datos y del análisis surgieron dos categorías: Contribuciones de la residencia para el desarrollo profesional; Desarticulación entre el eje transversal y el específico. **Consideraciones Finales:** la residencia proporcionó, a los participantes, experiencias de aprendizaje teórico-práctico, intercambio de conocimientos y saberes, por medio de discusiones de casos clínicos por equipo multiprofesional. Sin embargo, se notó intensa insatisfacción con la organización del programa y el proceso de trabajo, debido a la escasez de aporte teórico de los docentes y preceptores, y también su dificultad para articular las actividades asistenciales y educacionales de forma multi e interdisciplinaria, además de la sobrecarga de trabajo con frecuente desvío de sus actividades.

Palabras clave: Internado no médico. Equipo de atención al paciente. Emergencias. Especialización. Prácticas interdisciplinarias.

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