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# Actions and practices carried out in the Multiprofessional Family Health Residency Program

## *Ações e práticas realizadas em Programa de Residência Multiprofissional em Saúde da Família*

## *Acciones y prácticas realizadas en Programa de Residencia Multiprofesional en Salud Familiar*

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**ABSTRACT**

**Objective:** To report health actions and practices carried out by Nursing residents in the Family Health Strategy (*Estratégia Saúde da Família – ESF*). **Data synthesis:** This is an experience report of health promotion practices developed in ESF territories by Nursing residents of the Multiprofessional Family Health Residency program (*Residência Multiprofissional em Saúde da Família – RMSF*) in Sobral (2019-2021), Ceará. The activities took place from March 2019 to February 2021. The actions included operative groups, body practices and physical activities groups, block circles and local health council. **Conclusion:** The experience of the health practices and actions presented in this study made it possible to understand that health promotion goes beyond the walls of the offices or the physical space of ESF and must be done and thought of with the user based on their territorial demands and desires.

**Descriptors:** Health Promotion; Internship and Residency; Family Health Strategy.

***RESUMO***

***Objetivo:*** *Relatar ações e práticas de saúde realizadas por enfermeiras residentes na Estratégia Saúde da Família (ESF).* ***Síntese dos dados:*** *Trata-se de um relato de experiência que teve como base as práticas de promoção da saúde desenvolvidas por enfermeiras residentes do programa de Residência Multiprofissional em Saúde da Família - RMSF de Sobral (2019-2021), Ceará, em territórios da ESF. As atividades ocorreram no período de março de 2019 a fevereiro de 2021. As ações compreenderam a condução dos grupos operativos, de práticas corporais e atividades físicas, roda de quarteirão e conselho local de saúde.* ***Conclusão:*** *A experiência das práticas e ações de saúde apresentadas neste estudo possibilitou compreender que a promoção da saúde vai além dos muros dos consultórios ou do espaço físico da ESF e deve ser feita e pensada com o usuário, a partir de suas demandas e os anseios territoriais.*

***Descritores:*** *Promoção da Saúde; Internato e Residência; Estratégia de Saúde da Família.*

***RESUMEN***

***Objetivo:*** *Informar acciones y prácticas de salud realizadas por enfermeras residentes en la Estrategia Salud Familiar (ESF).* ***Síntesis de datos:*** *Se trata de un informe de experiencia que tuvo como base las prácticas de promoción de la salud desarrolladas por enfermeras residentes del programa de Residencia Multiprofesional en Salud de la Familia – RMSF de Sobral (2019- 2021),*



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*Ceará, en territorio de la ESF. Las actividades sucedieron en el período de marzo de 2019 a febrero de 2021. Las acciones comprendieron la conducción de los grupos operativos, de prácticas corporales y actividades físicas, rueda de cuadra y consejo local de salud.* ***Conclusión:*** *La experiencia de las prácticas y acciones de salud presentadas en este estudio posibilitó comprender que la promoción de la salud va más allá de los muros de los consultorios o espacios físicos de la ESF y debe ser hecha y pensada con el usuario, a partir de sus demandas y deseos territoriales.*

***Descriptores:*** *Promoción de la Salud; Internado y Residencia; Estrategia de Salud Familiar.*

## INTRODUCTION

The strength and extension of the expression “health promotion” triggered changes in the way of thinking and producing health and impacted the creation and structuring of health services. The term “health promotion” was coined by the Canadian Henry Sigerist in 1945, but the elucidation of its current theoretical conception only took place in 1986 during the First International Conference on Health Promotion held in Canada, which culminated in the publication of the Ottawa Charter[1,2]. In that event, health promotion came to be defined as the training and strengthening of populations (empowerment) for better control over the determining and conditioning factors of health with the aim of improving health conditions[3].

Sobral, a municipality in the Northwest region of the state of Ceará, in the face of discussions of the new health concepts that emerged in Canada, and with the strength of the national health movement that began in the 60s, also began to experience changes in health paradigms, with debates on the new concept of health promotion, which requires remodeling the training process to achieve a new profile of workers and professionals committed to the new practices and postures necessary to strengthen the Unified Health System (*Sistema Único de Saúde – SUS*)[4,5].

In the meantime, the Multiprofessional Family Health Residency (*Residência Multiprofissional em Saúde da Família – RMSF*) program in Sobral was launched in September 1999. Over the years, the design of the RMSF program has improved under the coordination of the Visconde de Saboia Family Health Training School (*Escola de Formação em Saúde da Família Visconde de Saboia – EFSFVS*) founded in 2001[4]. The RMSF aims to develop technologies for the Family Health Strategy (*Estratégia de Saúde da Família – ESF*) based on theoretical, methodological, technical, operative, social, political and human competences for the different categories of health professionals and centered on the concept of health promotion and consolidation of SUS[6].

It should be noted that the demands and needs for reformulation of the training model of health professionals grew with the idealization of SUS, which demanded concrete and contributory responses to change the technical care design at the national level[7]. Thus, based on extensive discussions about training processes, in 2005 the Multiprofessional Health Residency (*Residências Multiprofissionais de Saúde – RMS*) programs in Brazil began to be regulated as a modality of training for SUS[8].

With regard to the operating field of RMS programs, the territory of ESF constitutes the main strategy for the consolidation of Primary Care (PC) and the effectiveness of health promotion practices, as provided for in the guidelines of the National Primary Care Policy (*Política Nacional de Atenção Básica – PNAB*). Thus, PC within ESF and the body of workers and professionals promote actions and practices of health protection and promotion according to territorial needs based on health determinants and conditioning factors[9].

The challenges of effective health promotion are numerous and require responses that extend beyond the health sector, expressing the need for dialog with multiple sectors, requiring intersectoral responses and dialogs mediated by SUS[10]. Likewise, it is necessary to build policies that strengthen health practices based on the concept of health promotion within the scope of SUS, such as ESF and RMS programs, as they enable training processes in health and favor the insertion of qualified professionals in health services[11].

Given this context, the relevance of this study lies in the experience of nurses from RMSF in articulating and developing practices and actions to promote health in the fertile territory of ESF, where residents, based on humanized care, group practices, block circles and moments of embracement and listening, sought to promote health promotion actions and strengthen SUS.

Thus, this study aims to report health actions and practices performed by Nursing residents within the Family Health Strategy (*Estratégia Saúde da Família – ESF*).

## DATA SYNTHESIS

This is an experience report on health promotion practices developed in four ESF territories by Nursing residents from the 16th cohort of the RMSF Program in Sobral (2019-2021), Ceará.

With 64 residents, the first cohort of the RMSF program included only Medical and Nursing professionals[4]. In 2021, the RMSF program included Physical Education, Pharmacy, Physiotherapy, Dentistry, Social Work, Occupational Therapy, Nutrition and Psychology professionals. It should be noted that the expansion of the scope of professional categories in the program has occurred since 2001, starting with the second cohort of residents[12,13].

The RMS constitute a full-time graduate teaching modality, with a weekly workload of 60 hours[14]. Thus, the RMSF program in Sobral has a total workload of 5,760 hours in 24 months, where 80% of the workload is allocated to practical and theoretical-practical activities and 20% to training. The learning experiences within the program are structured around four axes: I - experiences in the territories of family health; II - theoretical experiences; III - extension experiences; IV - experiences of scientific production[5].

During the 24 months of the RSMF program in Sobral, the resident may be developing the following activities in the ESF territories: territorialization; individual, shared and collective care; facilitate or lead groups, perform block circles; home care and visits; body practices and physical activities; promote processes of permanent health education; enhance social participation and local health councils; articulate health promotion actions in the social facilities in the territory.

Given the universe of activities that the resident can develop and the multiple experiences lived by the 16th cohort of the RMSF program in Sobral, there was a need to select which activities would be used to compose and consolidate the four guiding axes of the present study based on the theoretical framework set for health promotion[9], namely operative groups, such as the one with the motto “Spaces for collective construction, knowledge and affections”; body practices and physical activities (*práticas corporais e atividades físicas – PCAF*), with the motto “Exercise is essential for self-care”; block circle, with the motto “Buildings beyond the walls, on the sidewalks, on the streets, where there are people who want to talk and share”; and Local Health Councils (*Conselhos Locais de Saúde – CLS*), with the motto “Empowering and training are necessary actions for social control”.

### Operative Groups: “Spaces for collective construction, knowledge and affections”

The groups can be understood as tools, spaces and methodologies, and they can even gain new interpretations and definitions depending on the perspective of analysis. The truth is: groups have been increasingly used and explored for their numerous dialectical potentials[15]. In the health field, among the numerous group proposals, the operative group is an important technology in facilitating therapeutic spaces[16], which may be used to operationalize the smoking cessation group, as proposed by the National Smoking Control Program.

The meetings of the smoking cessation groups should be structured by sessions, with weekly meetings for four weeks. In these spaces, information and strategies are offered to tackle smoking, so that, at the end of the cycle of sessions, users have stopped smoking[17]. Based on the territorial particularities that make up the municipality of Sobral, and on the users that the residents followed, there was a need to change the number of sessions for the smoking cessation group from four sessions to eight, with the standard of one meeting per week. In addition to this change, the residents designed a therapeutic itinerary for each user as a strategy to increase the chances of success for the smoking cessation group.

The sessions of the smoking cessation group were conducted by the residents and the multidisciplinary team through meetings based on the needs listed by the group participants linked to the schedule of sessions proposed by the technical manual[18]. In this space, residents were able to coordinate the group, develop recreational activities, provide guidance on the harmful effects of smoking, and present strategies that can be used to stop smoking. The group is a space for growth for both participants and residents, as it facilitates the sharing of stories, wisdom and knowledge, and for expressing the residents’ creativity in operationalizing technical guidelines according to the participant’s reality in order to involve them in the care process. The formation of operative groups is presented as an instrument for transforming reality through the relationships that are established in the group, as they share common goals and engage in a creative and critical participation established by interactions and bonds[19], that is, through the synergistic contact between people.

In addition to operative groups, there are other therapeutic group modalities that can be conducted by residency teams in partnership with ESF professionals and workers, such as social groups that provide spaces for redefinition of practices and concepts of health promotion adjusted to territorial realities and demands. Thus, during the course

of the residency, the following social groups were held: pregnant women, childcare, adolescents, men, women, older adults, parents, body practices and self-care for SUS workers. All these groups were conducted by the residency team with support from ESF workers and professionals being always sought as a strategy for the continuity of the groups even after the residency period.

It should be noted that each group had particularities regarding the duration of the meetings and frequency, such as the group of body practices – held twice a week –; the women's group – held fortnightly –; while the other groups were held once a month. As they are composed of different audiences and have different objectives, each group promoted unique experiences. In the group of women, for example, female empowerment was experienced, while in the group of practices, participants sought to engage in physical activities for better control of chronic conditions or even for self-care purposes. Through the groups, the residents were able to delve into the universe of ESF, which ranged from the challenges of finding a space to carry out collective activities to the delights of exchanging affection.

Of all the groups held, the group of women had some remarkable particularities due to its historicity, with more than ten years of activity, and representativeness, for promoting talks about the reality of women. The group is made up of women in the widest age ranges. The group allowed the participation of men, as long as they were interested in discussing topics relevant to female empowerment. The frequency of meetings was once a week, lasting one hour and with themes defined each semester by the participants. Some themes included politics, health, household activities, leisure and sexuality.

In holding the groups, the residents were able to experience the construction of bonds through affection and the sharing of users' experiences. Thus, it is clear that ESF groups are significant and necessary spaces to achieve expanded care for the users. For residents, the group experience makes it possible to redefine academic knowledge through meanings and affections.

### Body Practices and Physical Activities (*Práticas Corporais e Atividades Físicas – PCAF*): "Exercise is essential for self-care"

Regular PCAF favor the development of contributing factors for the prevention of diseases, the control of chronic conditions, and the maintenance of health and well-being[20-22]. Since the first version of the National Health Promotion Policy (*Política Nacional de Promoção à Saúde – PNPS*), PCAF are among the priority themes of health promotion actions, with the use of public space being encouraged based on the cultural context. PCAF that make use of social spaces present in the territory, such as squares and sidewalks, promote empowerment beyond the geographic space itself, moving towards the space of health promotion as it produces meanings and subjectivities[23].

From these perspectives, the actions and practices of physical activities developed by the residency teams in the present study, such as the activities articulated in partnership with the team of the Expanded Family Health Center (*Núcleo Ampliado de Saúde da Família – NASF*) in the ESF territory, always sought to incorporate the singularities and territoriality of the community in the conduction of PCAF, which are essentially developed by groups in view of the dialectical learning potential. Thus, physical activity groups often took place in the territory's squares and on the sidewalk of the CSF, on some occasions in the community's church hall or even in other social facilities.

Residents in the space of the PCAF group were able to work on topics related to self-care, breast self-examination, mental health, obesity and even guidelines on the correct disposal of garbage as a strategy to avoid outbreaks of the dengue mosquito. In this space, residents experienced and understood the importance of developing PCAF linked to the needs of the territory as a measure to promote health education and as a strategy to achieve user empowerment, which is necessary for health promotion.

### Block Circle: "Buildings beyond the walls; on the sidewalks, on the streets, wherever there are people who want to talk and share"

The block circles were born as a proposal to break the walls of the established health services, as a strategy to bring the community closer to health policies and understand them. They are based on fostering social participation and awareness of the pursuit of health-related rights in order to build the autonomy of the social actors involved in this process. One of its characteristics is the inversion of the *modus operandi* within ESF, since the professionals go out to meet the community[24], thus breaking the walls of the CSF to discuss themes relevant to the territory in the territory.

Thus, the block circles of this study took place in communities covered by ESF in attempt to exchange information and share experiences. The *locus*, the extramural area, comprised the squares of the neighborhoods, the sidewalks and even the backyards, that is, where there was embracement and the need for dialog, thus enabling the construction of knowledge through the exchange of experiences. Residents in the spaces of the block circle were able to be

closer to the community and experience the dynamics of relations in the territory, an experience that was uniquely meaningful to the residents.

Block circles, like conversation circles, are opportunities for building and strengthening the bond between ESF workers and the community in addition to breaking with the standard of individual-office care[25]. The block circles, conducted by the residents of the ESF in the present study, had the support from Community Health Workers (CHW) in mobilizing the community through the disclosure of place, date and time. It should be noted that the themes addressed in the circles were decided by the users themselves and favored interest in the moment. Thus, the block circles provided residents with an understanding of the importance of local contact with the community for the structuring and meaning of working within ESF, thereby allowing them to understand the reality and aspirations of the population present in the territory.

**Local Health Councils (*Conselhos Locais de Saúde* – *CLS*): "Empowering and training are necessary actions for social control".**

The CLS must be promoted by the ESF teams in order to achieve a governing and participatory community that faces its local problems[26]. Thus, as a strategy to strengthen the CLS in ESF territories and for the effective participation of the community in this space, the residents, in partnership with the ESF teams, promoted training and qualification cycles in the territory addressing the importance of empowerment and community participation in CLS to promote changes in health determinants and conditioning factors.

Community regulation in SUS management became official through Law No. 8.142/1990, which instituted the creation of CLS, reinforcing the importance of the organizational principle of popular participation. The CLS are deliberative bodies that must be composed of service providers, health professionals, government representatives and, essentially, health service users[27] so that they can effectively exercise social control through monitoring, inspection and evaluation of public policies.

CLS members have direct representation in the National Council of Health Secretaries (*Conselho Nacional de Secretários de Saúde – CONASS*) and in the National Council of Municipal Health Secretaries (*Conselho Nacional de Secretários Municipais de Saúde – CONASSEMS*), as they must participate in national health conferences, so that, after this moment, they can monitor and evaluate the formulation of the following processes: health plan, the Pluriannual Plan Bill (*Projeto de Lei do Plano Plurianual – PPA*), the Annual Health Program (*Programação Anual de Saúde – PAS*), Budget Guidelines Bill (*Projeto de Lei de Diretrizes Orçamentárias – LDO*) and the budget bill, based on guidelines, objectives and goals[28].

The municipality of Sobral, as a strategy on the part of public management, created, at the municipal level, the role of the social articulator for the Local Health Councils, which aims, together with the municipal health councilors, to promote community articulations that express political wills of the management body as a public servant, and may interfere with the autonomy of the community while seeking to promote the training of community leaders[29].

Despite the CLS being a space that gives voice and strength to users in the formulation of public policies, lack of knowledge and even the discrediting of the strength of social control articulated to CLS is evidenced[30]. Therefore, the residents of the present study, in understanding the importance of social participation, always sought to encourage users during individual consultations and in collective activities, encouraging participation in meetings of activities that strengthen and empower the community, such as the CLS space, the groups and training related to the theme. The experience of CLS enabled the residents to strengthen their militancy in favor of SUS and collaborated in the construction of professionals committed to this system based on the principles of universality, equity and integrality, prioritizing social participation.

## CONCLUSION

The RMSF program sensitized the Nursing residents to understand that in order to achieve health promotion actions and practices it is necessary to break the barriers of conventional offices, which still exist in the PHC context. It is understood that greater contact with the community is necessary in order to understand the demands and anxieties, mediating this contact through group activities, block circles, spaces of local health councils, as experienced by residents.

Based on their experiences in the course of the RMSF program, the Nursing residents began to understand and be more sensitive to the demands of the territory. Thus, the importance of residency programs is emphasized as a potential for the training of professionals able to meet the demands and desires of SUS, something necessary to achieve the operationalization of health promotion in the microspaces of health services and practices.

## CONFLICTS OF INTEREST

There are no conflicts of interest.

## CONTRIBUTIONS

**Beatriz da Silva Sousa**, **Lidyane Parente Arruda**, **Roberlandia Evangelista Lopes** and **Vitória Ferreira do Amaral** contributed to the study conception and design; the acquisition, analysis and interpretation of data; and the writing and/or revision of the manuscript. All authors take public responsibility for the content of the work.

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