

## ORIGINAL RESEARCH

# Health promotion in multidisciplinary residency: Contributions to the training process

Fernanda Pinheiro Peixoto de Souza<sup>1</sup>, Lucas Dias Soares Machado <sup>\*2</sup>, Kelly Fernanda Silva Santana<sup>2</sup>, Rhavena Maria Gomes Sousa Rocha<sup>2</sup>, Maria do Socorro Vieira Lopes<sup>2</sup>, Maria de Fátima Antero Sousa Machado<sup>2</sup>

<sup>1</sup>School of Public Health of Ceará, Fortaleza, Ceará, Brazil

<sup>2</sup>Regional University of Cariri, Crato, Ceará, Brazil

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## ABSTRACT

Approaching the knowledge of professionals of a multidisciplinary residency program in health contributes to the reflection and analysis of knowledge, with reflexes in the structuring of educational responses aimed at strengthening the effective movement of health promotion in this training modality. This study aimed to understand the knowledge that professionals in a multidisciplinary residency have about health promotion and know the perceptions that they have about the contributions of the residency training process for health promotion practices. This is an exploratory study with qualitative approach, carried out in the context of Integrated Health Residency Program of the School of Public Health of Ceará-ESP-EC, Ceará State, Brazil. Sixteen professionals who had been trained in the program were interviewed. Data from interviews were organized according to content analysis technique and with the support of ATLAS.ti software. Two categories were raised: 1) Health promotion: from information to empowerment; and 2) Multiple training moments: contributions to health promotion practices in Multidisciplinary Residency in Health. The knowledge of residents, inferred from the speeches, sometimes assumed a posture congruent with the theoretical-conceptual international principles of health promotion, strengthening its effectiveness in the country through the Multidisciplinary Residency in Health as a training modality, and sometimes revealed features still related only to the prevention of diseases. Residents demonstrated to be aware of the need to overcome the hegemonic model that considers health professionals as the sole holders of knowledge.

**Key Words:** Internship, Nonmedical, Health promotion, Higher education, Human resources

## 1. INTRODUCTION

Health promotion covers the various economic, political, cultural and social scenarios that can influence the quality of life and the conditions and ways of living. It is a prerogative for health education processes so that they can achieve the goal of encouraging attitudes and social transformation, from an increasingly comprehensive training, and in line with the ethics.<sup>[1]</sup>

The debates about the training of professionals have occupied

an important place in the agenda of discussions of health and education policies formulated with the purpose of improving the quality of care for the population. This situation has had repercussions on strategies and ways of teaching and learning at all levels of professional training that advance in the concepts and practices of interdisciplinary education. To this end, the Multidisciplinary Residency in Health was established with the proposal of training professionals to respond to the demands of the Unified Health System (SUS), since

\* **Correspondence:** Lucas Dias Soares Machado; Email: [lucasmachado@hotmail.com](mailto:lucasmachado@hotmail.com); Address: Regional University of Cariri, Crato, Ceará, Brazil.

it presupposes the interdisciplinary construction of health professionals and the strengthening of teamwork.<sup>[2]</sup>

The Multidisciplinary Residency in Health is a strategic action to transform the organization of services, the training process, the health actions and the pedagogical practices that, in turn, imply in new working processes articulated with the training institutions and the health system. In this sense, the Multidisciplinary Residency in Health is considered a device for the development of actions to promote the changes of health professionals in order to consolidate the SUS principles. Thus, it is important to understand the training space of multidisciplinary residencies because, in addition to being important in the context of health education, it has grown in researches carried out in graduate programs in Brazil.<sup>[3]</sup>

Thus, professional training must be based on the socialization of knowledge from different fields in order to overcome obstacles and provide health care committed to equal rights and social justice. For this purpose, it is crucial that there is a stronger bond between communities to take control over the reality to be positively transformed.<sup>[4]</sup>

In this context, the Integrated Health Residencies (IHR) materialize as possibilities for permanent education of professionals, in view of political and social changes, once they are developed from curricula that focus on the health needs and based on the realities of the public health system, strengthening and ensuring the implementation of its principles.<sup>[5]</sup>

Recognizing the current fragmentation of the Unified Health System, it is imperative that the higher education institutions and the SUS work together to coordinate and organize professional training for the health area. In the current context of health, the insertion and experience offered by the residency programs in SUS services have been emphasized and required, given the need to train professionals with the necessary competences for comprehensive health care through teamwork, focusing in the health needs of the population. This need is more pressing due to the profile of health professionals who have been trained for individualized care, focused on disease and on procedures, with little knowledge and almost no involvement with the public health system.<sup>[6]</sup>

The Multidisciplinary Residency in Health seeks to promote the change of the health care practice by favoring teamwork, effective and practical exchanges and construction of a new reality for the population, based on health promotion. It is a *latu sensu* graduate level, focused on health education. It includes professionals of nursing, psychology, nutrition, physical education, pharmacy, biomedicine, veterinary medicine, social work, physiotherapy, occupational therapy, speech therapy, dentistry and public health, and translates efforts

invested towards the reorientation of training of health professionals, in extension activities, in the strengthening of research activities, permanent education and graduate education.<sup>[7]</sup>

In this sense, the Multidisciplinary Residency in Health converges towards the global improvement of health promotion, pursuing improvements in the public health workforce and promoting the training of professionals with tools and skills to translate the theory, policy and research in health promotion into effective actions.<sup>[8,9]</sup>

In this modality, professional education transposes the traditional educational paradigm by promoting the development of skills, here understood as an articulated set of knowledge, abilities and attitudes, not only transmitting knowledge.<sup>[10,11]</sup>

Thus, taking into account that, in order to promote health, professionals must hold the basic knowledge of its fundamental concepts and principles, as well as its application in practice, and that the Multidisciplinary Residency in Health seeks to contribute to the training of professionals with technical, scientific and political skills, the following question arises: do professionals in the process of training enrolled in a health residency program have knowledge that match the concepts and principles of health promotion?

Whereas approaching the knowledge of resident professionals contributes to reflection and analysis of knowledge, reflected in the structure of educational responses aimed at strengthening the movement of effectiveness of health promotion, the present study had the goal to survey the knowledge that professionals undergoing training of Multidisciplinary Residency in Health have on health promotion and know the perceptions of these professionals on the contributions of the residency training process to health promotion practices.

## 2. METHODOLOGY

This is an exploratory study with qualitative approach carried out in the context of Integrated Health Residency Program – RIS of the School of Public Health of Ceará-ESP-EC, Ceará State, Brazil. The exploratory methodological design is suitable for providing greater familiarity with the problem, approaching and making it more explicit, and it is suitable for still little explored topics, offering an overview of the fact or phenomenon.<sup>[12,13]</sup> The qualitative approach corroborates for being used when there are gaps in knowledge and/or when little has been explored about a phenomenon, experience or concept.<sup>[14]</sup>

The RIS/ESP-EC is pedagogically organized in two components: the hospital, with eight emphases focused on the hospital network of the capital of Ceará, Fortaleza; and the

community, with three emphases focused on the basic care services network, distributed in the five macroregions of Ceará, covering the whole territory of the State. The emphases correspond to thematic peculiarities of each specialization, giving support for detailed discussions during the training process of the residency. Family and Community health, Mental Public Health and Public Health represent the community component.

The study population comprised residents of the emphases of the community component of RIS/ESP-CE in the city of Brejo Santo, Ceará, Brazil. The focus on the community component is justified by the representation of a panorama of the educational process at the state level, since this is widely found throughout the health regions of the state, and because it favors health promotion practices evidenced in primary care. The municipality was chosen because it includes simultaneously the emphases of Family and Community health, Mental Public Health and Public Health, providing a plurality of perspectives within the emphases of the component in question.

Sixteen professionals enrolled in the RIS/ESP-EC and working in the town of Brejo Santo were invited to participate in this study. These met the following criteria: being a resident professional; being willing to contribute to the study; and not being away from activities for any reason, whether on leave or vacation during the data collection period.

To obtain relevant information to the object of study, semi-structured interviews were conducted in private rooms, in the workplace, based on a script prepared by the researchers, guided by the questions: what is health promotion? How is this addressed in the multidisciplinary residency training?

Sixteen professionals from the 1st and 2nd year of training of the emphases of Family and Community Health, Public Mental Health and Public Health were interviewed. The participants were approached personally by the researchers and introduced to the proposal of the study. Those who voluntarily agreed to participate registered their interest through the Informed Consent Form (ICF), which is a document developed by the researchers, based on the ethical and legal precepts of research with human beings, which addresses the purpose of the study, data collection methods, risks and benefits, as well as the means to ensure justice, non-maleficence, beneficence and autonomy. Participants signed the term confirming their interest in participating.

Interviews were suspended when PhD researchers orienting the study detected saturation of data in the speeches. Interviews lasted between 20 and 30 minutes, were digitally recorded and subsequently transcribed by two students of a

master's degree in nursing, and compared to eliminate the bias. After transcription, the written material was made available to respondents in order to ascertain compliance with the interviews audios.

The analysis was held by organization of data through the content analysis technique and was carried out by a master professional under the supervision of the PhD researchers.<sup>[15]</sup> Content analysis is a modality of treatment of qualitative data that seeks the interpretation of the material. It refers to the research technique that allows making the inferences about data of a certain context replicable and valid.<sup>[16]</sup>

Among the content analysis techniques, the thematic analysis was used. This recommends the use of the theme as a basis for analysis of the material collected. The phases of pre-analysis, material exploration and processing of obtained results were followed. In the pre-analysis, fast readings of the material were carried, while organizing the corpus and correcting the interpretative directions and conservation of questions. The exploration of the material seeks the understanding of the text and consisted in the formulation of categories, reducing the text to meaningful expressions. In the specific case of this study, the themes were drawn from the participants' speeches, with the help of ATLAS.ti 7.5.10 software to cut, add and enumerate the data, thus allowing the initial view of categories. This program enables the organization of texts, graphics, audios and visual files for coding, annotation and comparison of information in a project.<sup>[17]</sup>

Categories are groupings of classificatory concepts of elements loaded with meaning, found and systematized by the researcher from the data collection.<sup>[16]</sup> Finally, information with greater strength of representation among the results obtained was highlighted. The interpretation of the findings was based on relevant literature on health promotion, vocational training and multidisciplinary residency in health.

In order to maintain the accuracy of the study, the criteria that properly guide qualitative research reports, as established in the Reporting Qualitative Research (COREQ) instrument, were used. COREQ is a checklist comprised of a set of criteria that allow readers to better understand the study design, its achievement, analysis and conclusions, addressing items such as the research team, the study design, the methods of analysis, and the conclusions.<sup>[18]</sup>

The ethical and legal principles of research involving human beings were respected at all stages of the study, with reference to the Brazilian resolution No. 466/12 of the National Health Council. When using the material collected, the participants' identity was preserved by giving to each individual a code beginning with the letter R, of resident, followed by

the interview number.

This study is part of the project Development of Skills for Health Promotion in the Process of Training of a Multidisciplinary Residency in Health, assessed and approved by the Research Ethics Committee of the Regional University of the Cariri, under the Opinion No. 1.5009.946.

### 3. RESULTS

All study participants were female. Seven (43.75%) were residents of the first year and nine (56.25%) of the second year of residency. Table 1 shows the profile of the residents participating in the study.

**Table 1.** Characteristics of the study participants (Brejo Santo, 2016)

Characteristics	N
<b>Professional category</b>	
Nursing	5
Social Work	5
Psychology	4
Nutrition	1
Physical Education	1
<b>Time after finishing graduation (in years)</b>	
Mean	6
Minimum	2
Maximum	10
<b>Age of the residents (in years)</b>	
Mean	29
Minimum	23
Maximum	35
<b>Emphasis of the specialization in residency</b>	
Public Mental Health	9
Family and Community Health	5
Public Health	2

The speeches from the interviews resulted in the following two categories.

#### 3.1 Health promotion: from information to empowerment

This category emerged from the knowledge of residents on health promotion and revealed a discourse that shows the evolution of the concepts of health promotion, which at times received characteristics related to disease prevention and, at other times, a more current guise, known as 'new health promotion'.

Promotion involves various aspects; you can do activities, campaigns exactly to promote health, to prevent that a disease becomes an epidemic. (R13)

There is the issue of curative health care; it is more about promoting the health situation actually, not only the absence of disease. (R01)

Health promotion is an activity that must be developed to guarantee the quality of life of the people and should be encouraged by all health-care professionals. (R07)

Health promotion actions developed by residents rely on the broad health proposition and abandon the structure of knowledge domination, in which professionals have the knowledge and pass it on to users, represented by individuals, families and communities, with the intention that habits considered incorrect may change.

I think that health promotion is this, and also means empowering the subject of that process; thus, it won't help if you do a group to inform and the subjects do not realize that this is something important; so it is not health promotion. Health promotion is when the subject is also able to assume the control over that process. (R02)

I see it as the professional's intention, from the reality of each municipality, to promote a comprehensive form of care for the person, in the person's health as a whole, not only approaching the issue of disease, but the whole reality of the subject. (R01)

Promoting is to give opportunities, whether with examples or with practical actions; giving the opportunity to make the person look for their own health. (R06)

Thus, initiatives of social involvement and of joint identification of diseases appear, and, in this way, the planning and execution of actions that are able to positively reflect in the improvement of the life of the people also appear. The information takes a worthy position of power, being recognized as a tool in decision making of the subjects.

#### 3.2 Multiple training moments: contributions to health promotion practices in Multidisciplinary Residency in Health

The training process of the residency comprises theoretical and theoretical-practical moments that help residents develop skills to carry out the actions in practical settings. It involves face-to-face modules, which encompass discussions of cross-sectional issues to professional categories, such as men's health, and seek to provide expertise to the activities; and

field and core discussion groups, which take place in the territory of operation and address the peculiarities of the actions in the context in which they occur.

Health promotion, many times, it is addressed, yes, I believe so, because, in a sense, these are training moments with the theory so that we use this practice to a particular purpose, and so, how this practice is going to be used, this is up to each resident in their practice setting. (R15)

I think that the residency has much to contribute, because this is so, we have a training; it is a training in which we have guidance. (R03)

We have tutors, my tutor was once a resident, so she has that different look, and she can awaken always new things at us, we always sit down to talk and she always manages to bring new things, so that we can develop new actions. (R10)

Training moments of the Multidisciplinary Residency in Health were designed to contribute to the actions of the residents in their respective scenarios. However, there is recognition of the challenges to be faced in the realization of these moments, especially the process of driving/facilitating these moments.

The residency could bring more on health promotion, because this is only briefly addressed. (R06)

The core discussion groups, no, the core discussion groups do not flow; it is that loose thing, sometimes we get there and we do not even know what we are going to do and we stay there, just looking at each other's face, talking. (R11)

Residents point out that themes relating to health promotion, despite being part of the health activities and actions in Multidisciplinary Residency in Health, are still little discussed. These are present in specific debates and are not effective in the preparation and training of qualified professionals to carry out actions with this focus.

#### 4. DISCUSSION

The high participation of women in the study, as well as in the training process of multidisciplinary residency in the various emphases, demonstrates compliance with current trends of significant increase of Brazilian women occupying leadership positions. This is result of feminist advances that have guaranteed the insertion of women in different areas of knowledge and work.<sup>[19]</sup>

The knowledge of the residents showed several times similarities and differences from the current health promotion concepts, demonstrating the gap between theoretical field concepts and principles and the actions carried out in practice. Many speeches relate health promotion with actions that aim to prevent the spread of diseases, such as in the first records of the term, made by physicians such as Virchow, Neumann and Rumsay between the eighteenth and nineteenth centuries.<sup>[20]</sup>

Even with advances in the design of health promotion, professional practices are still strongly rooted in a context centered on the disease, causing theoretical and practical mistakes in what is considered health promotion, especially related to prevention. Although disease prevention is crucial in the care provided by professionals, it is clear that this predominance makes it difficult to contemplate the subject in their entirety.<sup>[21]</sup>

It is necessary to distinguish, in this context, prevention and promotion, recognizing their specificities and relevance in the comprehensive health care. Prevention is related to avoid, control and reduce risk of emergence of diseases and other grievances. In turn, promotion has a wider sense, with a focus on identifying and addressing the great determinants of the health-disease process, based on the concept of health beyond the absence of disease.<sup>[22]</sup>

In view of these two ways of seeing health promotion, residents mostly agree with the framework of the paradigm of the new health promotion, strengthened from the 1980s with the completion of the First International Conference for Promotion Health in Ottawa. The new health promotion includes a new look for making health, based on the view of the determinants and conditioning of the health-disease process. From this period, professionals started to understand that the promotion of health must involve the collective sphere, working in the perspective of the expanded concept of health.<sup>[20]</sup>

Traditionally, health promotion actions have been vertically developed, in terms of domination and imposition of knowledge, considering health professionals as the sole holders of knowledge. This attitude goes against the principles of the new health promotion and contributes to establishing a distance between professionals and users of health systems. On the contrary, the relationships must be permeated by the exchange of knowledge, reflection and search for actions that promote autonomy and involvement of users in matters relating to their health, implying, therefore, in empowerment of subjects and considering the context in which they are immersed.

Professionals must turn their practices towards creating bonds, considering the subject in their uniqueness, complexity and comprehensiveness. Professionals and users are involved in a deliberative process of (re)formulation, in which both groups are co-responsible for building the care plan. In this sense, dialogue is a tool of the autonomy, because it does not act with a focus on transmission, as a mechanism of exchange, but rather as a form of mutual incitement between the professional and the user.<sup>[23]</sup> The effective participation of users and of the population is the axis of the establishment of emancipatory practices with emphasis on autonomy and dialogue between professional and user.<sup>[24]</sup>

In order to achieve this interaction between professional and user, it is essential that the team composed of the various disciplines works synergistically, moving in a single direction focused on the provision of quality care. Thus, interdisciplinarity stands out as an important tool for a health care that enhances user satisfaction. It is essential to have a diversified team, with professionals who aggregate knowledge from other spheres, such as the social sphere, complementing the clinical and epidemiological aspects, commonly related to the biological approach.<sup>[25]</sup>

Interdisciplinarity is an important element that must be worked continuously, from the initial training of the nurse, still in the curricular bases of undergraduation. By raising the need for interdisciplinary dialogue between content and thematic axes, it contrasts with the traditional subjects and disciplines.<sup>[26]</sup> Thus, there is need, in health professionals training, of pedagogical practices that address comprehensiveness as a presupposition that needs to be constructed throughout the training, and an educative process based on comprehensive and interdisciplinary practices, aiming at a critical-reflexive thought, and practices based on knowledge, skills and attitudes.<sup>[27]</sup>

Based on the existing literature, the authors present the stages of development of an instrument to measure the degree of integration concepts that lead to interdisciplinary clinical practice, as well as to identify its strengths and weaknesses. It is a self-assessment questionnaire with sixty-five questions, which measures the perceptions and beliefs about one's own professional competence, the role they play in their work, in their group, their goals and their results.<sup>[28]</sup>

This instrument has proved to be an important tool to strengthen interdisciplinary practice, by reflecting on the reasons for failures, weaknesses and differences among the team members, enabling them to improve their perception of themselves. In addition, the instrument can be adapted to specific needs. It brings some points needed to achieve desired results: union around a common vision, commitment

to interdisciplinary work, appropriate leadership to the needs of the team, institutional and organizational contribution, well-defined function and tasks of each member with respect to the autonomy of each area, interaction of care and services, mutual support and recognition of the specific contributions of each professional.<sup>[28]</sup>

Another way to strengthen interdisciplinary work is coaching leadership, which has as its essence the development of skills to achieve goals. The coach leader, who conducts the process, must awaken the ability and willingness of his or her team to carry out a task, guiding them, and providing necessary support.<sup>[29]</sup> This type of leadership emphasizes decentralization and participation, pointing to a cultural shift that suggests a new way of thinking and relating within an organization.<sup>[30]</sup>

In this sense, nurses' training should be based on interdisciplinary and transdisciplinary knowledge, based on the understanding that community's knowledge must also be valued, not only the scientific knowledge. It should be emphasized that no professional has all the knowledge, but it must be continuously built among the different disciplines. Thus, knowledge is an important tool to fight against hegemony, releasing the population from the role of hostage of technical knowledge. Based on it, people are able to make decisions regarding their health and well-being, reaching a real improvement in their health status.<sup>[31]</sup>

The way people make their choices is related to the ability to participate, as well as to the distribution of power in these spaces. Thus, it is necessary to recreate ways to transform the authoritarian power relationships into more horizontal relationships that lead to empowerment of those involved.<sup>[32]</sup>

Thus, there is an urgent need for professionals to incorporate in their work process the conceptual attributes of health promotion, prevention and management of health and disease conditions that take into account the peculiarities and vulnerabilities of the subjects (TEIXEIRA et al, 2014). It is essential that health professionals understand the extent of health promotion with its various intervention strategies, and may work on it from the clinic to the context of social and political determinants of the health-disease process, which should encourage the empowerment of multiple social actors.<sup>[33]</sup>

In this process, it is evident the challenge experienced by practitioners to combine health needs and guidance that is able of producing impacts on the health of the population in a dialogic and interactive way, considering users as subjects and participants of health planning.<sup>[34]</sup>

In this perspective, it is necessary to deconstruct the care

model so that the production of knowledge in health may extrapolate the rationality of discourse that only focuses on the prevention and cure of diseases. For this purpose, it is important to review the logic of training health professionals, seeking to break this dichotomy marked by little focus given to the issue of health promotion and to the approximation between health services and population.<sup>[24]</sup>

In this way, it is highlighted the challenge of stimulating professional performance from the perspective of the new health promotion, by aligning discourses and discussing on the characteristics, principles and prerogatives of such perspective. Thus, it must be inserted in the scenarios of professional practice and training, overcoming the predominantly curative, individual and fragmented health care.<sup>[25]</sup>

The need to implement health promotion practices in the routine of health services, involving the various actors and sectors, becomes evident here. Thus, it would enable the user to be the central part in the health care and the practices of professionals would be a way to aggregate and build resources to provide health care in an autonomous and responsible manner. In this matter, the voice given to the user would be fundamental; the professional would come out of their space of power and would negotiate with the leading figures, the users, who are co-responsible for their health.<sup>[24]</sup>

This evidences the need to instigate the central role of the users and that they become empowered to develop skills and act for the benefit of their own quality of life.<sup>[24]</sup>

To this end, health professionals must change their way of thinking and working. These changes include modifications in the training processes, and also transformations in the care model and in the professional practice.<sup>[26]</sup>

Thus, health promotion seeks to involve users and professionals, by encouraging personal and social development, providing information and health education that can contribute to the improvement of life skills. With social participation in these moments, there is increase of the options available for people to make beneficial choices to their existence.<sup>[37]</sup>

In this context, the actions of professionals enrolled in the Multidisciplinary Residency in Health were guided by principles internationally advocated, which include participation, quality of life and teamwork, and which has contributed significantly to the effectiveness of health promotion. The actions of the residents proved to be consistent with strategies to fill the gaps of implementation and development of health promotion, as discussed in the conferences held in Nairobi in 2009 and Helsinki in 2013.

Thus, the Multidisciplinary Residency in Health represents

an important contribution to the strengthening of health and community system, with the spread of knowledge about health, with the interdisciplinary work through the establishment of partnership, as well as with the building of human resources, institutional capacity and technical skills that facilitate the implementation of health in all policies.<sup>[38]</sup>

The Multidisciplinary Residency in Health is consistent with the new proposals of professional training, encouraging residents to be subjects of their own learning, by integrating theory and practice under the guidance of teachers and/or tutors. Significant spaces are proposed for the development of skills through theoretical and practical-theoretical moments that foster collective learning, based on experiences and interpersonal relationships.<sup>[39]</sup>

The on-site modules aim to offer theoretical-conceptual support and catalyze reflection, study and the consistent and competent practice. In turn, both the core and the field discussion groups are the result of the reflection and action of the resident and of other actors of their web of professional contact within their area of expertise. These moments must seek new directions for their activities, by rethinking the planning of work with both users and health professionals involved in the team.<sup>[39,40]</sup>

Recognizing the importance of these moments to the training process of the residents, the use of active and participatory learning methodologies is encouraged in order to overcome the fragmentation of the conduction of these meetings and allowing that professionals assume the central role, with the structural axis corresponding to continuing education, comprehensive care and disciplinary knowledge.<sup>[41]</sup>

It is recommended that the preceptorship must be given to professionals who recognize the student experience as a fundamental part of the teaching-learning process and who understand the complex reality and being immersed in the historicity of the agents involved in the process of capturing and understand reality and the ways to intervene.<sup>[42]</sup>

The Multidisciplinary Residency in Health has as theoretical and methodological framework the principles of health promotion and continuing education. Continuing education comprises educational processes in line with the reality experienced in the daily work, realizing the work context as a learning context and not separating what is done from what is learned.<sup>[40]</sup> Regarding health promotion practices, it favors the teaching-service integration, and thus advances in the applicability of theoretical knowledge in practical experience, learning from what is beyond the theory.<sup>[36]</sup>

However, there are some challenges in the contextualization of such practices. For residents to absorb the proposals of the

Multidisciplinary Residency in Health in harmony with the SUS, with health promotion and continuing education, these principles must be addressed in a transversal manner, and not only in specific moments. It is necessary to work from the thinking/doing health with a consistent training where tutors and preceptors are also engaged to facilitate this training process.<sup>[39]</sup>

Thus, the training of residents must go beyond specific debates, and actors must hold discussions about continuing education in order to contribute to the development of skills that guide the practice in SUS scenarios. Residents are expected to have critical-reflective attitudes and to work as articulators, identifying critical knots and in the formulation of strategies that solve and disentangle such knots, aiming at the consolidation of SUS. In addition, there is the challenge regarding the perpetuation of counter-hegemonic practices, still present in the training of health professionals.<sup>[3]</sup>

However, even in the face of such challenges, it is believed that the knowledge of residents about health promotion and the contributions of the training moments in the construction of this knowledge reveal its importance in the construction of the intersection between training and services operating on the logic of health promotion. These spaces are rich in the production of new knowledge and practices as well as in the improvement of interdisciplinary care conducts.<sup>[43]</sup>

In this scenario, the Multidisciplinary Residency in Health is able to articulate the knowledge acquired in the initial training, often fragmented and uncoordinated, with the complexity of determinants that interrelate in life and in the health care to the population and is, therefore, a potential tool in the structuring and effectiveness of health promotion.<sup>[44]</sup>

## 5. FINAL CONSIDERATIONS

The knowledge of residents, inferred from the speeches sometimes assumed a posture consistent with the international theoretical-conceptual principles of health promotion, strengthening the effectiveness of health promotion in the country through the Multidisciplinary Residency in Health as training modality, and sometimes revealed features still

related only to the prevention of diseases. Residents demonstrated to be aware of the need to overcome the hegemonic model that considers health professionals as the sole holders of knowledge. The interdisciplinary team assumed a prominent role, by valuing a comprehensive knowledge that encompasses the various areas of knowledge.

Approaching the knowledge of professionals on this theme allows the training and managing institutions to align the training processes with the needs of professionals and of the public, reflecting on a more powerful health care in approaching the determinants of health.

The structuring of the training moments of Multidisciplinary Residency in Health proved to be efficient in the approach of health promotion when they are conducted/facilitated according to a meaningful learning, including the different actors and their contexts and considering their previous knowledge. However, the training has the fragility of still not being guided by cross-sectional practices.

Strengthening the Multidisciplinary Residency in Health may contribute to the consolidation of the health promotion field, as it ensures the approximation between professionals and the context of performance, from the perspective of continuing learning, working on it and learning from it how to positively transform the experienced reality.

As a limitation, there is the impossibility to generalize results, as it is a study that involved only one residency program of a city in the interior of Ceará, Brazil. Despite of its extent, there is the need to know the reality of other similar training processes. Further studies are also needed to survey the satisfaction of residents with the training moments, in order to identify those with greater potential, pointing out the weaknesses and challenges to be faced. Added to this, there is the fact that the object of study is related to subjective aspects, such as perception, which can be influenced by the personal characteristics of the residents.

## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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