

Dentistry in Multiprofessional Residency in Health: experience of training in the health care network

Soraya Fernandes Mestriner*; Wilson Mestriner Junior**; Leandro Dorigan de Macedo***; Luana Pinho de Mesquita Lago****

- * Associate Professor, Department of Stomatology, Collective Health and Legal Dentistry, Ribeirão Preto School of Dentistry, University of São Paulo
- ** Full Professor, Department of Stomatology, Collective Health and Legal Dentistry, Ribeirão Preto School of Dentistry, University of São Paulo
- *** Head of the Dental and Stomatology Service, Hospital das Clínicas, Ribeirão Preto School of Medicine, University of São Paulo
- **** PhD Professor, Department of Stomatology, Collective Health and Legal Dentistry, Ribeirão Preto School of Dentistry, University of São Paulo

Received: 06/29/2021. Approved: 03/17/2022.

ABSTRACT

The Multiprofessional Residency in Health, a two-year *lato sensu* post-graduate program with training in service, allows the articulation of specific, common and teamwork knowledge, to achieve comprehensive and humanized care to the user and community. This article aims to report the experience of in-service training in the field of Dentistry of a Multiprofessional Residency Program in Integral Health Care in the Oral Health Care Network. The residency program, with weekly workload of 60 hours, involves theoretical and practical teaching activities divided into transversal axes, common to different areas, and specific for each profession, being 60% of the workload in primary care, 20% in secondary care and 20% in tertiary care, in different scenarios of practice of the oral health care network. It has 36 multiprofessional residents, including 6 dentists. In the theoretical, specific and common modules, active methodologies and virtual learning environment were used for theoretical discussion, and field mentorship support the development of collaborative interprofessional practices and the organization of the work process in primary care. The integration with different areas of health, and reflecting on and problematizing practices, enhanced teamwork aiming at a comprehensive health care. This modality of training for the area of Dentistry has proved important for the development of collaborative skills and competences of dentists and qualification of the Unified Health System.

Descriptors: Residence. Interprofessional Education. Integrality in Health. Comprehensive Health Care. Dentistry.

1 INTRODUCTION

In-service training in and for the *Sistema Único de Saúde* (SUS) challenge is to achieve comprehensive health care from the perspective of the construction and implementation of care networks. Even with changes in dentistry education paradigm and in the health care model, there is still a long way to go to overcome the fragmentation of care, aiming at interprofessional and collaborative practice in health services, thus articulating professional and community knowledge since the beginning^{1,2}.

In-service training and interprofessional work are recommended in the National Curriculum Guidelines (NCG) of Dentistry, recently approved³ and supported by the Permanent Health Education Policy⁴, whose principles include the teaching practice of reality problematization, reflexivity and meaningful learning, and they are also present in inducing policies, such as Multiprofessional Residencies in Health (MRH) and in the professional area of health.

MRH are a two-year *lato sensu* postgraduate teaching program for health professionals, in the form of a specialization course characterized by in-service teaching, with a workload of 60 hours per week⁵. Following the principles and guidelines of SUS, based on local and regional needs and realities, MRH were implemented in 2005 and established by a bilateral commission between the Ministry of Education and Health, and are effective in in-service training and the experimentation of collaborative practice⁶.

It also contributes to the integration of knowledge, enabling the experience in the different services that make up the health care network and allowing to create spaces that facilitate reflections on professional practice, and institutional, interpersonal and user relations. In the same way, it induces changes in health care,

seeking the integrality of the actions provided in accordance with a policy of permanent education for the SUS workers training⁷.

Residency training, now recognized and certified, opens an expanded field of perspectives for dental surgeon, as a team, advancing the achieve the principle of a comprehensive health care, to meet the health needs of the population. Interprofessional practice stimulates the expansion of concepts and practices capable of promoting effective networking and teamwork at different levels of care⁸.

The aim of this article is to report the experience of training in the dentistry area of a Multiprofessional Residency Program in Comprehensive Health Care in the Oral Health Care Network.

2 EXPERIENCE REPORT

Residency Program in Comprehensive Health Care

The Multiprofessional Residency Program in Comprehensive Health Care, *Programa de Residência Multiprofissional em Atenção Integral à Saúde* in Portuguese (PRMAIS), linked to a Higher Education Institution began in August 2010⁹ with an expected workload of 60% in the scenarios of practice in Primary Health Care (PHC), in six Family Health Units (FHU) of a Health District, region of this public university, initially with the areas of Physiotherapy, Nutrition, Psychology, Speech Therapy, Pharmacy and Occupational Therapy. At the time, the different areas gather to develop the project according to the notice focused on PHC and defined the workload, as well as the theoretical and theoretical/practical activities that are common and specific of each professional group at the three levels of care: primary, secondary and tertiary.

Dentistry was inserted in 2013 in the PRMAIS, mainly justified by the need to expand the coverage of the Family Health Strategy in the municipality of Ribeirão Preto. It is noteworthy that this training proposal required an intense dialogue between managers, teachers, tutors and preceptors; and negotiation between partner institutions, considering the demands of the population and the structure of the health care network.

The agreement with local managers involved the Municipal Health Department (MHD), the Regional Health Department (RHD) at the State level and the Municipal Health Council, including social participation. The practice scenarios were defined according to the agreements signed with the MHD, outpatient clinics, hospitals and primarily in family health units, called Family Health Centers (FHC), managed by the *Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo* (FMRP-USP), scenarios already articulated with undergraduate activities.

PRMAIS is a two-year full-time program, with a weekly workload of 60 hours¹⁰. Thus, of the 5,760 hours of the course, 20% (1,152 h) corresponds to the theoretical workload and 80% (4,608 h) to the practical workload, distributed as follows: 60% of the workload in PHC, 20% in secondary care and 20% in tertiary care. It offered 18 vacancies in the first year (R1) and 18 vacancies in the second year (R2), totaling 36 residents. Of those, six are from the dentistry area, three in the R1 and three in the R2.

The insertion of Dentistry took place in a Teaching Project with three axes: Specific Axis of the Dentistry Profession (Specific Theory, Practice in service in Primary care I and II, Secondary I and II and Tertiary I and II); Transversal Axis of the Program (Common Theory-Practice I and II and Common

professional skills practices for multiprofessional residents); and Transversal Axis of the concentration area aim at the Residence Project Course Conclusion, as in figure 1, with the respective workloads in hours.

PRMAIS Teaching Project presents a dialogical approach to the teaching-learning process focusing on reflexive practice and co-responsibility between teams, preceptors and residents, and proposes the use of teaching-learning methodologies that privilege theoretical-practical integration. It should be considered that the program adopts a curriculum that integrates general and shared competencies, which is aligned with a dialogical approach of competence, with the objective of creating spaces for reflection on professional practice to integrate actors of health services and stimulate interprofessional thinking¹¹.

The area and field tutors follow the development of competencies with a procedural, formative and participatory evaluation, which involves residents, tutors, preceptors and multidisciplinary teams from different scenarios of practice. They use reports (descriptive and reflective), case studies, seminars, outpatient practical evaluations, self-assessment, portfolios and semiannual forms (evaluation form of residents by family health teams and form for specific professional services of secondary and tertiary levels).

Scenarios of Dentistry Practice

The dentistry practice scenarios were agreed with MHD and the university to work on the three levels of health care: primary health care in three FHC; in secondary care, at the blood center of Ribeirão Preto, in the Center for Dental Specialties; in urgency and emergency in an Emergency Care Unit (ECU); tertiary care at the *Hospital das Clínicas* of FMRP-USP, in a module managed with the Municipal Health

Figure 1. Specific axes of dentistry area and transversal axes of the PRMAIS teaching project, according to activities /module and workload (hours)

| Axis | Activities/Modules | Workload |
|---------------------------------------|---|--------------|
| Dentistry Specific | Theoretical and theoretical-practical activities specific to the professional area Dentistry | 576 |
| | Practice in service of health care activities specific to the professional area of Dentistry at primary level I | 1036 |
| | Practice in service of health care activities specific to the professional area of Dentistry at primary level II | 900 |
| | Practice in service of health care activities specific to the professional area of Dentistry at the secondary level I | 346 |
| | Practice in service of health care activities specific to the professional area of Dentistry at secondary level II | 300 |
| | Practice in service of health care activities specific to the professional area of Dentistry at tertiary level I | 346 |
| | Practice in service of health care activities specific to the professional area of Dentistry at tertiary level II | 302 |
| Program transversal | Common professional skills practices activities for multiprofessional residents | 1152 |
| | Common theoretical and theoretical-practical activities for multiprofessional residents I | 288 |
| | Common theoretical and theoretical-practical activities for multiprofessional residents II | 62 |
| Concentration Area transversal | Writing the monograph of multiprofessional residency in health conclusion | 226 |
| | Monograph data collection of multiprofessional residents | 226 |
| Total | | 5,760 |

Source: Apollo - Culture system and University Extension of the University of São Paulo.

Department of Ribeirão Preto, inserted in multidisciplinary teams in the Department of Evaluation, Regulation, Control and Audit, and in the Department of Health Surveillance, the Department of Health Planning (Programs and Services - Collective and preventive procedures in Dentistry), and in the Ombudsman.

The oral health care line at PRMAIS comprises a set of oral health actions of the population through promotion, prevention, recovery and rehabilitation. Those actions are integrated with other health actions in the FHC and other points of care of the network, in an interprofessional way within the scope of SUS.

FHC are the scenarios of PHC practice, with 60% of the practical workload of residents that, in this context, corresponds to the communication center of the Oral Health Care Network in the Western District of the municipality of Ribeirão Preto, which coordinates care and orders the actions and services available in the network. In the FHC, residents are inserted in a multidisciplinary team, where interprofessional training is the aim, performing territorialization, admission of clients, welcoming, bonding, accountability, integrality and resolution of care, besides learning on the field and core of competencies and responsibilities, building knowledge, skills and attitudes specific to this professional, as well as dealing with transversal themes that sustain their practice as a health professional. Dental care in PHC is performed at the *Centro Saúde Escola - CSE Cuiabá*, near the FHC, which has a collective /outpatient dental clinic with five equipments.

The activities in the scenarios of practice of secondary and tertiary care correspond to 40% of the practical workload. They are performed with MHD in secondary care at the Regional Specialty Outpatient Clinic, where the *Centro de Especialidade Odontológica* CEO type III (Endodontics, Surgery, Periodontics, Semiology and Special Patients), the Pediatric Dentistry Center and the Dental Services Center work. From a perspective of comprehensive oral health care and in view of the need for prosthetic rehabilitation, the municipality is accredited with the *Laboratório Regional de Prótese Dentária* (LRPD).

The blood center of Ribeirão Preto, in addition to its activities as a transfusion agency and blood bank, is a reference in the care of hereditary coagulopathies and hemoglobinopathies within the specialized network of SUS and offers comprehensive care to the patients with the support of different medical and non-medical specialties, including dentistry. At the blood center, these patients receive secondary dental care with the

participation of residents, while tertiary care is developed in the HCFMRP-USP facilities.

The Dentistry and Stomatology Service of HCFMRP-USP acts in the care of high complexity patients who demand hospital structure, either due to the systemic condition or to the complexity of the treatment or diagnosis of the oral condition. In addition, it provides care to hospitalized patients who develop acute dental pathologies. The most frequent systemic conditions are, in descending order: oncological diseases, heart diseases, hematological disorders, liver diseases, infectious diseases, autoimmune diseases, endocrine diseases and dermatological diseases. The scenarios of practices are *HC Criança*; *Unidade Especial de Tratamento de Doenças Infecciosas* (UETDI); Dentistry Outpatient Clinics; Medical outpatient clinics; Wards; Operating Room; Transplant Units; Chemotherapy center; and Intensive Care Unit (ICU).

Also, given the context of the pandemic, PRMAIS activities were restructured to follow the recommendations of the National Health Council¹⁶ for in-service training activities with respect to the municipal epidemiological situation. Thus, the residents were part of the contingency plan to cope with COVID-19 in the provision of services and strategies of interprofessional work, either through the MHD teleservice (Dial COVID-19), in FHC Reception (I Can Help), in dental care giving priority to pregnant women and monitoring people with chronic diseases, in Telemonitoring and Teleguidance, and in emergency care; and in tertiary care, in Intensive Care Unit and Intensive Care Centers with COVID-19 patients.

In all scenarios of practice, residents are supervised by tutors and preceptors. Considering the competence nucleus of the dentistry area, the program has 4 tutors, 18 preceptors dental surgeons of health services and 8 professors. As for the field of competence, the nucleus also has the preceptorship of 3 family and community

physicians, 3 nurses, both members of the Family Health Teams (FHT) and other members of the FHT; multiprofessional residents in the areas of Speech Therapy, Pharmacy, Occupational Therapy, Psychology, Nutrition, Physiotherapy; and count with the support of the multidisciplinary teams of the other scenarios of practice.

To promote integration and communication between health care points and support systems, residents have the possibility to use Information and Communication Technologies (ICT) and electronic devices, including health information systems. In the health units of Ribeirão Preto MHD, the Hygiaweb System has web connection, electronic patient records, standardization of registration, integration with e-SUS system and other systems, among other functionalities. In the HCFMRP-USP complex, the institution's own system is used, which, in addition to electronic medical records, integrates the entire management and request system of beds and surgical center, diagnostic medicine system through clinical analysis laboratories and medical imaging centers. In addition, residents work with the CROSS (*Central de Regulação de Oferta de Serviços de Saúde do Estado de-SP*) and Hygiaweb systems for patient regulation. When they start the program, residents take a training course for the different systems and obtain personal certificate for digital signature of documents from the electronic medical record.

Spaces for theoretical, theoretical-practical and interprofessional practice discussion

Knowledge and responsibilities that are common or confluent to various professions or specialties are present on the field of knowledge of the health professions. The nuclei of knowledge, which are the set of knowledge and responsibilities specific to each profession or specialty, as well as the interprofessionality, emerges from multidisciplinary meetings¹⁷. In

this sense, the competencies for the resident dentist would involve the knowledge on the field and the core of competencies and responsibilities, building, in addition to knowledge, the skills and attitudes proper to this professional, with transversal themes that sustain their practice as a health professional.

Therefore, this MRH program proposes spaces of dialogue in the formative process in the specific theoretical module, the common theoretical module and field mentoring, aiming at the discussion and construction of collaborative interprofessional practices. The contents and activities are worked at the different levels of health care in a common way between the different professions, as well as in the specific nucleus of the profession.

In the theoretical, specific and common modules, theoretical reflection activities are carried out using active methodologies and virtual learning environment with remote synchronous and asynchronous classes through the Moodle platform. In both, the contents in the curriculum are previously selected and ordered from the local reality and gives priority to the group of residents and services.

The specific theoretical module aims at updating specific knowledge, reinforcing contents indispensable to clinical practice and, thus, providing qualified care to users of health services. And in the common theoretical module, themes common to all health professions are addressed, encouraging the sharing of practice and search for scientific evidence with the participation of facilitating teachers. These activities have weekly frequency and are organized by the tutors responsible for the area.

To foster spaces for integration between the different professions, and as provided for by the *Comissão Nacional das Residências Multiprofissionais em Saúde* (CNRMS)¹², this MRH program has field mentorship activities,

which occur preferably in primary care health units. It also presents articulation with the Residency Program in Family and Community Medicine, with the sharing of care, in case discussions, in the construction of Singular Therapeutic Projects, in addition to matrix support and shared consultations.

The field mentorship addresses the specific and transversal modules of the program, in which dentistry professors perform are field tutors that monitor the work-learning process in the daily routine of services with residents and the preceptor, in view of theoretical, theoretical-practical and practical guidance and discussion, integrating the different professional centers in periodic meetings and action planning¹³.

In the daily routine of the services, dentistry preceptors contribute to build knowledge of the transversal axis of the program, in comprehensive health care and chronic diseases care, which can also be performed by professionals of the minimum team, such as nurses, physicians and others. Evidence in the literature shows that the presence of a facilitator of the teaching-learning process in the field can enhance the teaching role of the health team itself, with discussions that are consistent with both the local reality and the guidelines of the NCG¹⁴, as well reflection movements in which residents recognize themselves as workers of a broad and complex health system¹³.

In this sense, field mentoring has been carried out based on theoretical and practical contents that support the development of collaborative competencies for the organization of the work process in primary care, such as interprofessional communication, user-centered care, family and community, clarity of professional roles, team dynamics and functioning, conflict resolution and collaborative leadership¹⁵.

Among the contents addressed in the field mentoring, the ones that stand out are assertive communication, family care management tools in primary care, collectives co-management, power relations, shared decision-making, ethical and legal aspects in the conduction of cases, team agreement and team work contract, intersectoriality, the use of information and communication technologies in health and management of health information systems.

To this end, the active methodologies used are based on problematization and creation of moments of reflection, carried out at wheel, so that residents can analyze the problems and propose suggestions for group reports. Furthermore, residents perform bibliographic search for scientific evidence that supports professional practice. This movement favors a significant learning process that is collectively constructed and promotes the development of integration skills and interprofessional collaboration.

However, there are obstacles and challenges to overcome, such as the bureaucratization of management at the university, the difficulty in finding preceptors aligned with the program proposal, in addition to ensuring greater integration among teachers, tutors and preceptors from different areas in the construction of strategies for interprofessional work in the scenarios of practice.

3 FINAL CONSIDERATIONS

The Multiprofessional Residency in Integral Health Care has been a powerful field for strengthening the teaching-service-community articulation and for interprofessional training and has been proved important for the development of collaborative skills and competences of dentists and for the qualification of the health care network of the municipality.

Dentistry residents use their creative capacity to overcome very complex daily challenges, specific to life and health situations that require integrated work. They are protagonists in the continuous construction and reconstruction of practices, triggering important movements of transformation of the work processes and management of MRH, as well as in the expansion and diversification of their scenarios of practice. In this experience, the reflection on teamwork has enhanced the expansion of the nucleus and field of knowledge, and the reorganization of the work process, aiming at a comprehensive health care.

ACKNOWLEDGEMENT

To residents and graduates of PRMAIS for their contribution to the construction of the Residency and qualification of the oral health care network, to MHD of Ribeirão Preto for the partnership, and to the Ministry of Health and Education for supporting MRH.

RESUMO

A Odontologia na Residência Multiprofissional em Saúde: experiência da formação na rede de atenção à saúde

A Residência Multiprofissional em Saúde, modalidade de pós-graduação *lato sensu* com formação em serviço e duração de dois anos, permite a articulação de conhecimentos específicos, comuns e de trabalho em equipe, para o alcance do cuidado integral e humanizado ao usuário e comunidade. Esse artigo tem por objetivo relatar a experiência de formação em serviço na área de Odontologia de um Programa de Residência Multiprofissional em Atenção Integral à Saúde na Rede de Atenção à Saúde Bucal. O programa de residência, tem carga horária semanal de 60 horas, envolve atividades teóricas e práticas de ensino divididas em eixos transversais, comum às diferentes áreas, e específico para cada profissão, sendo 60% da carga horária na atenção primária, 20% na atenção secundária e 20% na atenção terciária,

em diferentes cenários de prática da rede de atenção à saúde bucal. Conta com 36 residentes multiprofissionais, dentre esses, 6 cirurgiões-dentistas. Nos módulos teóricos, específico e comum, utilizaram-se metodologias ativas e ambiente virtual de aprendizagem para discussão teórica, e a tutoria de campo deu subsídios ao desenvolvimento de práticas interprofissionais colaborativas e à organização do processo de trabalho na atenção primária. A integração com diferentes áreas da saúde e a reflexão e problematização das práticas tem potencializado o trabalho em equipe, visando à integralidade do cuidado em saúde. Essa modalidade de formação para a área da Odontologia tem se mostrado importante para o desenvolvimento de habilidades e competências colaborativas dos cirurgiões-dentistas e qualificação do Sistema Único de Saúde.

Descritores: Residência. Educação Interprofissional. Integralidade em Saúde. Assistência Integral à Saúde. Odontologia.

REFERENCES

1. Kalichman AO, Ayres JRCM. Integralidade e tecnologias de atenção à saúde: uma narrativa sobre contribuições conceituais à construção do princípio da integralidade no SUS. *Cad Saude Publica*. 2016;32(8):e00183415.
2. Tompsen NN, Meireles E, Peduzzi M, Toassi RFC. Educação interprofissional na graduação em Odontologia: experiências curriculares e disponibilidade de estudantes. *Rev odontol UNESP*. 2018;47(5):309-30.
3. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Institui as Diretrizes Curriculares Nacionais do curso de graduação em Odontologia e dá outras providências. Resolução n 3, 21 jun. 2021. *Diário Oficial da República Federativa do Brasil*. 2021; Sec. 1: 115, p.77. [Cited Dec. 07, 2021]. Available from: <https://www.in.gov.br/>

- [en/web/dou/-/resolucao-n-3-de-21-de-junho-de-2021-327321299](https://www.gov.br/dou/-/resolucao-n-3-de-21-de-junho-de-2021-327321299).
4. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? / Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde – 1. ed. rev. – Brasília: Ministério da Saúde. 2018. 73 p. [Cited Dec. 07, 2021]. Available from: https://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_e_educacao_permanente_saude_fortalecimento.pdf.
 5. Brasil. Ministério da Educação. Ministério da Saúde. Dispõe sobre a Residência Multiprofissional em Saúde e a Residência em Área Profissional da Saúde, e institui o Programa Nacional de Bolsas para Residências Multiprofissionais e em Área Profissional da Saúde e a Comissão Nacional de Residência Multiprofissional em Saúde. Portaria n. 1.077, 12 nov. 2009. Diário Oficial da República Federativa do Brasil, Brasília 13 nov. 2009. [Cited Dec. 07, 2021]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=15462-por-1077-12nov-2009&Itemid=30192.
 6. Arruda GMMS, Barreto ICHC, Ribeiro KG, Frota AC. O desenvolvimento da colaboração interprofissional em diferentes contextos de residência multiprofissional em Saúde da Família. *Interface*. 2018;22(supl 1):1309-23.
 7. Silva CA, Dalbello-Araujo M. Programa de Residência Multiprofissional em Saúde: o que mostram as publicações. *Saúde Debate*. 2019;43(123):1240-58.
 8. Haddad AE. A Residência Multiprofissional em Saúde e a Odontologia: conceito, histórico e aplicação na formação dos profissionais de saúde. *Rev Assoc Paul Cir Dent*. 2017;71(1):48-9.
 9. Brasil. Ministério da Educação. Ministério da Saúde. Homologa o resultado do processo de seleção dos projetos que se candidataram ao Programa Nacional de Bolsas para Residências Multiprofissionais e em Área Profissional da Saúde, e dá outras providências. Portaria Conjunta n. 1, 24 fev. 2010. [Cited Dec. 07, 2021]. Available from: https://bvsmms.saude.gov.br/bvs/saudele/gis/sgtes/2010/poc0001_24_02_2010.html.
 10. Brasil. Ministério da Educação. Ministério da Saúde. Edital de Convocação n 17, 4 de novembro de 2011. Programa Nacional de Bolsas para Residências Multiprofissionais e em Área Profissional da Saúde. Brasília: Diário Oficial da União n 214; 2011, p. 133-135. [Cited Dec. 07, 2021]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=9504-editaldeconvocacao-17-residenciamultiprofissional-1&category_slug=dezembro-2011-pdf&Itemid=30192.
 11. Lima VV, Ribeiro ECO, Padilha RQ, Mourthé Júnior CA. Desafios na educação de profissionais de Saúde: uma abordagem interdisciplinar e interprofissional. *Interface*. 2018;22(Suppl 2):1549-62.
 12. Brasil. Secretaria de Educação Superior. Comissão Nacional de Residência Multiprofissional em Saúde. Resolução CNRMS n 2, de 13 de abril de 2012. Dispõe sobre Diretrizes Gerais para os Programas de Residência Multiprofissional e em Profissional de Saúde. Poder Executivo, Secretaria de educação superior, comissão nacional de residência multiprofissional em saúde. Diário Oficial da União; 2012. [Cited

- Dec. 07, 2021]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=15448-resol-cnrm-n2-13abril-2012&Itemid=30192.
13. Lago LPM, Matumoto S, Silva SS, Mestriner SF, Mishima SM. A análise de práticas profissionais como dispositivo para a formação na residência multiprofissional. *Interface*. 2018;22(Supl 2):1625-34.
 14. Souza SV, Ferreira BJ. Preceptoria: perspectivas e desafios na Residência Multiprofissional em Saúde. *ABCS Health Sci*. 2019;44(1):15-21.
 15. Canadian Interprofessional Health Collaborative. A National Interprofessional Competency Framework. College of Health Disciplines, University of British Columbia. [Internet]. 2010. [Cited Dec. 07, 2021]. Available from: <https://ipcontherun.ca/wp-content/uploads/2014/06/National-Framework.pdf>.
 16. Conselho Nacional de Saúde. Recomendação n 018, de 26 de março de 2020. Recomenda a observância do Parecer Técnico n 106/2020, que dispõe sobre as orientações ao trabalho/atuação dos Residentes em Saúde, no âmbito dos serviços de saúde, durante a Emergência em Saúde Pública de Importância Nacional em decorrência Doença por Coronavírus – COVID-19. [Cited Dec. 07, 2021]. Available from: <http://conselho.saude.gov.br/recomendacoes-cns/1086-recomendacao-n-018-de-26-de-marco-de-2020>.
 17. Ceccim RB. Conexões e fronteiras da interprofissionalidade: forma e formação. *Interface*. 2018;22(Supl. 2):1739-49.

Correspondence to:

Soraya Fernandes Mestriner
e-mail: somestri@forp.usp.br
Avenida do Café, s/n - Campus da USP
14040-904 Ribeirão Preto/SP Brazil