

ANALYSIS OF THE TRAINING PROCESS OF A NURSING INTERNSHIP IN INTENSIVE CARE

ANÁLISE DO PROCESSO FORMATIVO DE UMA RESIDÊNCIA DE ENFERMAGEM EM TERAPIA INTENSIVA

ANÁLISIS DEL PROCESO FORMATIVO DE UNA RESIDENCIA DE ENFERMERÍA EN TERAPIA INTENSIVA

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Objective: to analyze the training process of a Nursing Internship in Intensive Care from the point of view of the former interns. **Method:** descriptive, exploratory, and quantitative study. All the former interns of the internship program between 2004 and 2012 participated in the study, 91 of which returned the research form sent via email and filled out between July and September, 2013. The data was analyzed through descriptive statistics. **Results:** the curriculum was more often rated in a satisfactory fashion (87.9%); the relationship between theoretical and practical classes (44.0%) and their relationship with the mentored studies (34.1%) stood out as average assessments. All respondents reported having developed skills for the labor market and only 3.3% reported some dissatisfaction with the internship. **Conclusion:** the study identified that internship programs should have feedback mechanisms for several aspects of the course, in addition to the interns' cognitive evaluation. We recommended implementing ongoing education projects with scientific updating and educational training for mentors and coordinators.

Descriptors: Nursing. Non-medical internship. Nursing education. Intensive care units.

Objetivo: analisar o processo formativo de uma Residência de Enfermagem em Terapia Intensiva sob a ótica dos egressos. Método: estudo descritivo, exploratório e quantitativo. Participaram todos os egressos da residência entre os anos de 2004 a 2012. Deles, 91 retornaram o instrumento de pesquisa enviado por e-mail e preenchido entre julho e setembro de 2013. Os dados foram analisados através da estatística descritiva. Resultados: o currículo teve maior frequência de avaliação satisfatória (87,9%); a relação entre aulas teóricas e práticas (44,0%) e o relacionamento com a preceptoria (34,1%) destacaram-se como avaliação intermediária. Todos relataram desenvolver competências para o mercado laboral e apenas 3,3% informaram alguma insatisfação com a residência. Conclusão: a pesquisa identificou que programas de residência devem ter propostas avaliativas que analisem diversos aspectos relacionados ao curso, além da avaliação cognitiva dos residentes. Recomenda-se implementar projetos de educação permanente que abordem atualização científica e formação pedagógica de preceptores e coordenadores.

Descriptores: Enfermagem. Internato não médico. Educação em enfermagem. Unidades de terapia intensiva.

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Objetivo: analizar el proceso formativo de una Residencia de Enfermería en Terapia Intensiva bajo la óptica de los egresados. Método: estudio descriptivo, exploratorio y cuantitativo. Participaron todos los egresados de la residencia entre los años 2004 y 2012. De ellos, 91 devolvieron el instrumento de investigación enviado por e-mail diligenciado entre julio y septiembre de 2013. Los datos fueron analizados a través de la estadística descriptiva. Resultados: el currículo tuvo mayor frecuencia de evaluación satisfactoria (87,9%); la relación entre clases teóricas y prácticas (44,0%) y la relación con la tutoría de internos (34,1%) se destacaron con evaluación intermedia. Todos relataron desarrollar competencias para el mercado laboral y apenas 3,3% informaron alguna insatisfacción con la residencia. Conclusión: la investigación identificó que los programas de residencia deben tener propuestas de evaluación que analicen diversos aspectos relacionados con el curso, además de la evaluación cognitiva de los internos. Se recomienda implementar proyectos de educación permanente que aborden la actualización científica y la formación pedagógica de tutores y coordinadores.

Descriptores: Enfermería. Internado no médico. Educación en enfermería. Unidades de terapia intensiva.

Introduction

Professional improvement is desired by professional nurses who work or wish to work in complex Intensive Care Units (ICUs). A possible non-degree graduate modality is the Intensive Care Internship, which is a specialization in a service of fundamental importance for the development of scientific, technical, and ethical competences.

ICUs should be staffed by skilled professionals and equipped with high technology for the treatment of critically ill patients. Because of the technological progress in critical patient care, professionals working in this area must be familiar with new healthcare technologies, combined with technical and scientific skills, to be fully acquired in an Intensive Care Internship. This is certain to benefit both patients and healthcare professionals⁽¹⁾.

The training of the IC nurse is linked with how the teaching-learning process is conducted. This involves the training, monitoring, guidance and evaluation method used by the internship programs⁽²⁾.

The Internship in Nursing is part of the Internship in Professional Healthcare. It is defined and regulated by Law n. 11,129, of June 30, 2005, on Multiprofessional Internship and Professional Occupational Healthcare. It is a model for training healthcare professionals created by the joint efforts of the Ministries of Education and Health. It proposes strategies to train professionals committed to the Brazilian Unified Health System (SUS). The Multiprofessional Internship in Healthcare is constantly improving and new regulations are frequently approved⁽³⁾.

Internships are training models that promote experiential learning based on critical reflection on everyday situations. These models are based on 80% practical and theoretical-practical training and 20.0% theoretical training⁽⁴⁾.

In the daily routine of an ICU, the complexity and diversity of administrative and care-related activities and work processes are articulated to enable their continuous dynamics. In the Nursing Internship in IC, topics such as care, management, and interpersonal relationship are addressed over the process to emphasize their importance in the achievement of excellent care and harmony among the stakeholders⁽⁵⁾.

The routine activities of intensive care nurses are carried out systematically: 60 hours a week, coupled with uninterrupted supervision and assessment, which often subject the intern to stress in an already potentially stressful environment like the ICU⁽⁶⁾.

In the 48 hours a week of in-service training, the role played by the mentors in the training of the intensive care nurse stands out. These professionals are relevant in the training process because they are directly responsible for the supervision, orientation and evaluation of the intern in the field of practice.

Healthcare-related education in an internship program is a complex task. Teaching skills and interpersonal relations are connected and require those involved to have a differentiated and sensitive view of the process dynamics. This means being able to listen and act with flexibility, availability and proactivity⁽⁷⁾.

The need to evaluate the training given by internship programs in intensive care is justified

by the relevance of this process in healthcare, the specificity of critical care, and the possibility of contributing to improved strategies through ongoing education and the enhancement of the strengths of these internships.

In view of the complexity involved in healthcare education and the authors' involvement in the internship process (former intern, mentor and professor) and their concerns about the results of the program, this study has come up with a question: How do the former interns rate their internship in terms of the training and education they received? The overall objective was formulated as follows: to analyze the training process of a Nursing Internship IC from the former interns' standpoint.

Method

This article derives from the *Estudo de egressos de uma Residência de Enfermagem em Terapia Intensiva da Bahia* dissertation, presented in the Graduate Program of the Nursing School of the Federal University of Bahia⁽⁶⁾. This is a descriptive and exploratory study with a quantitative approach, developed with nurses who completed their Nursing Internship in Intensive Care between 2004 and 2012.

The internship program began in 2002 with a partnership between the Nursing School of the Federal University of Bahia, the Sócrates Guanaes Institute and the Department of Health of the State of Bahia. The training program lasts two years, according to the standards prescribed by the National Commission of Multiprofessional Internship in Healthcare⁽⁶⁾.

The investigated population comprised all 148 IC nurses who graduated during the first 11 years of the internship program (2002–2012). The sample included 91 former interns who returned the form. Data was collected from July to September 2013, through the application of a virtual questionnaire prepared by the authors on the LimeSurvey software. The link to the questionnaire was emailed to the entire study population.

The email addresses contained in the Sócrates Guanaes Institute database were used to

send the forms to the former interns. The institute is the executive agency of the program and is responsible for its administration and file management. After this stage, we made contact over the phone – within 15 days – with all the participants. We informed them about the email, confirmed receipt and updated incorrect and/or modified email addresses. Finally, we spoke about the importance of the survey.

Those who agreed to participate in the study met the criterion of inclusion, which was to have graduated in the first 11 years of the internship program. They all signed the Free and Informed Consent Term. The form contained questions for the evaluation of the training and teaching-learning process experienced by the interns.

The data was processed in Microsoft Excel spreadsheets and converted to be analyzed in the Stata V.11 statistical analysis program. The descriptive and exploratory analysis of the data was done through the frequency distributions, which were summarized in tables and charts⁽⁸⁾.

This study was approved by the Research Ethics Committee of the Nursing School of the Federal University of Bahia, on May 10, 2013, under approval n. 261.505 and CAAE n. 14604913.8.0000.5531, pursuant to Resolution of the National Health Council n. 466 of 2012.

Results

This article presents the opinions of 91 (61.5%) former interns of eight classes of the first 11 years (2002–2012) of the Bahia Nursing Internship in IC who finished the course between 2004 and 2012 and filled out the form.

The population studied was predominantly female (91.2%), under 30 years old (46.1%), living in Salvador and its metro area (92.3%), graduated in public institutions (70.3%). The majority of the former interns began to work in intensive care about a month after the course (78.0%). In up to six months, 92.3% were already working in the area. The former interns mainly have an employment relationship (53.8%) and a monthly income between 5.1 and seven minimum wages (32.9%). They work between 40

and 45 hours (32.9%) a week in assistance/care (72.5%) and in the hospital area (81.5%).

In the evaluation of the teaching-learning process and of the interpersonal relationship in the development of this internship, we noticed that the former interns rated most of the items as very satisfactory or satisfactory (Table 1). However, the only items with unsatisfactory evaluation should be highlighted: bibliographic collection available and the materials for the classes (56.1%). Some items of average ratings should also be mentioned: relation between theoretical and practical classes (44.0%), and the evaluation methodology of theory and practice (38.4%). The highest frequency of dissatisfaction in the interpersonal relationship is to be found in the relationship with the coordination of the ICU service in the field of practice (36.3%) and with the mentoring (34.1%).

Table 2 shows the evaluation of the theoretical and theoretical-practical training of the program. It becomes clear that most of the items

surveyed obtained good ratings, with highlights to the curriculum (87.9%) and its high frequency of positive assessments. The material and teaching methodology variables presented the highest percentages between the sum of the regular, very bad and bad dimensions – (48.4%) and (46.2%), respectively.

In their evaluation of the professional skills provided by the internship, 83.5% of the participants indicated that the program fully prepared them for the labor market, whereas 16.5% reported that it only partially prepared them. The absence of negative ratings regarding the development of skills for the professional environment stands out.

Regarding the former interns' degree of satisfaction with the program, we notice that after adding up the percentages, 96.7% are very satisfied, moderately satisfied or satisfied, and only 3.3% showed little satisfaction and dissatisfaction, as shown in the chart.

Table 1 – Distribution of the items of the teaching-learning process and the interpersonal relationship in the internship of an IC Nurse from the perspective of the former interns. Salvador, BA, Brazil, 2013 (n = 91)

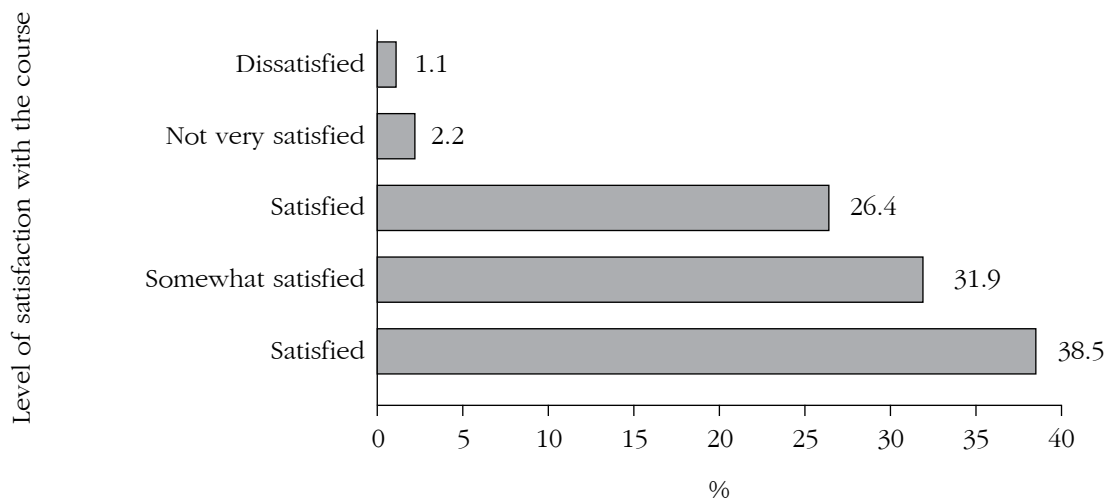
Teaching-learning process evaluation	Evaluation dimensions			
	Very satisfied n (%)	Satisfied n (%)	Dissatisfied n (%)	Unable to answer n (%)
Course offerings	10 (11.0)	57 (62.6)	24 (26.4)	-
Relationship between theoretical and practical lessons	13 (14.3)	38 (41.7)	40 (44.0)	-
Bibliographic collection and class material	6 (6.6)	32 (35.1)	51 (56.1)	2 (2.2)
Multidisciplinary sessions and article discussion	26 (28.6)	44 (48.4)	20 (21.9)	1 (1.1)
Fields of practice	38 (41.7)	51 (56.1)	2 (2.2)	-
Supervision strategy	17 (18.6)	40 (44.0)	33 (36.3)	1 (1.1)
Learning provided by the internship	36 (39.6)	53 (58.2)	2 (2.2)	-
Evaluation methodology of theory and practice	8 (8.9)	47 (51.6)	35 (38.4)	1 (1.1)
Evaluation of the interpersonal relationship				
Professor	14 (15.4)	63 (69.2)	14 (15.4)	-
Coordination of the internship	17 (18.7)	55 (60.4)	19 (20.9)	-
Coordination of the ICU of the field of practice	12 (13.2)	46 (50.5)	33 (36.3)	-
Mentor	12 (13.2)	48 (52.7)	31 (34.1)	-
Practical nurses	20 (22.0)	65 (71.4)	6 (6.6)	-
Physicians	17 (18.7)	62 (68.1)	12 (13.2)	-
Physical therapists	23 (25.3)	63 (69.2)	5 (5.5)	-
Dietitians	18 (19.8)	68 (74.7)	5 (5.5)	-
Other professionals	12 (13.2)	70 (76.9)	4 (4.4)	5 (5.5)

Source: Developed by the Aauthors.

Table 2 – Evaluation of the items that structure the theoretical and theoretical-practical training of the Nursing Internship in Intensive Care from the perspective of the former interns. Salvador, BA, Brazil, 2013 (n = 91)

Assessment of theoretical and theoretical-practical training	Dimensions				
	Very good n (%)	Good n (%)	Regular n (%)	Bad n (%)	Very bad n (%)
Curriculum	29 (31.9)	51 (56.0)	11 (12.1)	-	-
Teaching Methodology	5 (5.5)	44 (48.4)	35 (38.5)	6 (6.6)	1 (1.1)
Teaching materials	8 (8.8)	39 (42.9)	36 (39.6)	8 (8.8)	-
Quality of the professors	13 (14.3)	52 (57.1)	22 (24.2)	3 (3.3)	1 (1.1)
Quality of the mentors	14 (15.4)	52 (57.1)	21 (23.1)	3 (3.3)	1 (1.1)
Relation between theory and practice	17 (18.68)	44 (48.4)	25 (27.5)	4 (4.4)	1 (1.1)

Source: Developed by the aAuthors.

Chart – Level of satisfaction of the former interns of the Nursing Internship in IC, Salvador, BA, Brazil, 2013 (n = 91)

Source: Developed by the Aauthors.

Discussion

The systematic evaluation of the internship training process provides subsidies to improve the positive actions and to schedule changes. In the case of the program under study, we observed that most of the aspects analyzed by the former interns were favorably rated. For example, in the evaluation of the teaching-learning process, the field of practice and the learning provided by the internship achieved 97.8% of positive ratings. Combined with other aspects, these achieved a greater dimension of satisfaction than dissatisfaction.

The knowledge acquisition enabled by the internship is directly related to the level of satisfaction with the experienced teaching-learning method, as described by a study that aimed to

identify situations of pleasure and suffering in the training process of multiprofessional interns in healthcare⁽⁹⁾.

Nonetheless, the main items of unsatisfactory evaluation were the bibliographical material and the materials for the classes, the relation between theoretical and practical classes and the methodology of evaluation of theory and practice. These aspects are similar to those found in a study carried out in Rio de Janeiro, which describes the evaluation of the training and professional insertion of the former interns of a program in Obstetrical Nursing. In Rio's study, the greatest shortcomings were related to the theoretical content of the subjects (42.1%), the mentoring follow-up (21.0%) and the relation between theory and practice (10.5%)⁽¹⁰⁾.

In another study that identified limiting factors for the practical teaching of interns, dissatisfaction was correlated with the dissociation between theory and practice, the inadequacy of supervision and evaluation processes, and the insufficient insight of the mentors about their educational role, which involves, in addition to the intern, the multiprofessional team, the patient and their families⁽⁷⁾. These results point to the need for improvement of some educational initiatives in order to remedy the shortcomings in the teaching-learning method indicated by the former interns.

In the analysis of the interpersonal relationship variable, when we add up the satisfied and very satisfied levels, physical therapists and dietitians stand out, both with 94.5%. Practical nurses also stand out, with a favorable evaluation of 93.4%. For the former interns, the lowest ratings regarding interpersonal relationship are in their relationship with the coordination of the ICU service and with the mentoring. These factors are directly related to the conduction of the teaching-learning process of the interns.

The interpersonal relationship with all those involved in the in-service training process is fundamental for the maintenance of harmony in work environments. Therefore, the relationship with professors, coordinators and, most of all, mentors influences the quality of the learning provided by the program.

We must reflect on the educational training of the mentors to understand to what extent they are qualified to provide mentoring. Therefore, we must rethink the field of practice and teaching, bringing them closer so that they are integrated in the training of a healthcare professional⁽²⁾. A method effectively used for professional qualification is the tool of permanent education, which is achieved through systematic meetings between mentors, professors and coordinators in the search for ways of understanding and transforming this reality⁽¹⁾.

With the possibility of improvement through ongoing education tools, interns can seek support from mentors and from the multiprofessional staff, feeling valued and encouraged to address

complex patient-related issues, following their path of qualification and professional growth⁽¹¹⁾.

It is important to clarify that the theoretical and theoretical-practical training in the internship is important for the collective discussion on the situations experienced in the field. Resolution n. 5 of November 2014⁽⁴⁾ defines that 20.0% of the total hours of internship programs be developed in the form of theoretical educational strategies and 80.0% in the form of practical and theoretical-practical educational strategies. Prior to this resolution, internship programs were developed with 80.0% of the total workload in the form of practical activities and with 20.0% in the form of theoretical or practical-theoretical activities⁽¹²⁾. In the evaluation of the framework of the theoretical and theoretical-practical training of this program, the curriculum achieved the best ratings (Table 2).

The relevance of the appropriate curriculum is addressed by an international article that aimed to report the lessons learned in a graduate program in the form of nursing internship over 10 years of research. It described the importance of the standardized curriculum with a triennial restructuring to address the rapidly changing healthcare environment. For this reason, nursing schools, together with hospital organizations, should develop a consistent and evidence-based curriculum to train skilled nurses for more excellence and specificity⁽¹³⁾.

Still on the evaluation of theoretical and theoretical-practical training, the education material, the teaching methodology, the interrelationship between theory and practice, and the quality of professors and mentors obtained the highest percentages of very bad, bad, and regular ratings. However, in those same items, very good and good ratings outweighed the negatives. These unfavorable characteristics are sometimes due to the separation and lack of integration between theory and practice, respectively provided by professors and mentors during the training process⁽¹⁴⁾.

In order to increase the quality of the internship, discussions about patients, healthcare and management linked to the content of the

theoretical classes should be further encouraged and improved by the entire multiprofessional team. These strategies, when adopted by all players involved in capacity building processes such as those evaluated in this study, shorten the existing distance between theory and practice^(5,14).

These aspects are correlated to a North American study that emphasizes the complexity of educational initiatives aimed at redesigning teaching techniques, as well as the importance of cooperation among all the teams involved in the healthcare. According to that study, we should strengthen the partnerships between healthcare delivery systems, the academic community, healthcare professionals, and political agencies to improve patient experiences and the assistance to the population in general⁽¹⁵⁾.

In the development of skills for the labor market, all the participants in this study reported that the internship empowers nurses to enter the professional market. Another study evaluates that in this training model, the interns develop self-confidence, the ability to organize and prioritize the work of communication and leadership. These skills improve the qualification of the professionals and the efficiency of the care provided in the healthcare services^(9,13).

A study carried out in southern Brazil to investigate the nursing internship contributions to the professional performance of former interns reports that the skills and abilities acquired during the internship make the professionals differentiated and highly competitive, favoring their entry into the labor market. However, some changes, such as incentive to research and participation in scientific events, greater improvement of professors and joint classes with the medical interns were suggested by the former interns to further improve the learning process⁽¹⁶⁾. These measures are subsidies for the implementation in several internships, highlighting the quality of this training model.

In the analysis of the level of satisfaction of the former interns with their internship, a variable that is directly related to the development of professional skills and to the other items

involved in the training process, only 3.3% of the former interns reported a low level of satisfaction or dissatisfaction with the internship.

The high level of satisfaction found in the study is associated with rewards and pleasures, both of material and intellectual nature. These overcome the barriers and suffering experienced, contributing to higher satisfaction when the goals are achieved, even if the training process is intense and demanding, as evidenced in other studies^(9,17).

In this context, the level of satisfaction is influenced by teaching-learning strategies, the quality of the mentors, support in clinical settings and the leadership profile built over their careers. These factors also increase their commitment to the quality of the service extended to the patients⁽¹⁸⁾.

The limitations to the development of this study were due to difficulties in the return of the digital questionnaire. Additionally, we portray the profile of a specific Internship Program, making generalization of conclusions impossible. These limitations, however, as well as the results found, stimulate the conduction of further research to investigate the training process and teaching-learning experiences in other internship programs, expanding data and comparing the findings.

Conclusion

The evaluation of the training process in a Nursing Internship in IC over 11 years based on its former interns' feedback revealed several positive aspects, an unsatisfactory point, and some average assessments that need attention so that continuous improvement can occur.

In the evaluation of the teaching-learning process and the interpersonal relationship, the former interns rated most items as very satisfactory or satisfactory. However, some issues need to be reviewed to improve the training of the interns. Among them, the bibliographical collection and the material for the classes, the relation between theoretical and practical lessons, the theory and practice evaluation methodology, and the relationship with the coordination of the ICU service and with their mentors. These two last factors are

fundamental, as the interpersonal relationship plays a leading role in the maintenance of a work environment that fosters learning.

As for the evaluation of the components related to theoretical and theoretical-practical training, a high percentage of favorable ratings was also achieved, with more frequent highlights to the curriculum. Nevertheless, there are aspects that have been evaluated with a considerable percentage of regular ratings. These should be the priorities, including: teaching methodology and material.

The vast majority says the internship fully prepares the interns for the market, with a high level of satisfaction among former interns. These evaluations encourage the continuity of this project by the executing and training institutions. It should also lead to changes in the issues and items identified as deserving amendment and adaptation.

It is important to emphasize the need to expand the use of ongoing education in healthcare to improve the aspects susceptible of changes and to establish strategies to improve the internship.

It is recommended that those involved in this process and in other internships participate in the discussions to outline collective strategies to overcome the difficulties identified in the training process. We also suggest maintaining ongoing healthcare education projects that include scientific updating and teaching skills for coordinators and mentors, giving priority to the investment in the mentors, since they are largely responsible for the interns' learning and progress.

Collaboration:

1. design, project, analysis and interpretation of the data: Adailton da Silva dos Santos e Livia Magalhães Costa Castro.
2. article writing and critical review of the intellectual content: Adailton da Silva dos Santos e Livia Magalhães Costa Castro.
3. final approval of the version to be published: Adailton da Silva dos Santos, Livia Magalhães Costa Castro, Norma Carapiá Fagundes e Débora Feijó Villas Bôas Vieira.

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