

Percurso das ações de promoção da saúde na residência multiprofissional: análise à luz de um referencial europeu

Course of health promotion actions on multiprofessional residency: analysis in the light of a european reference

Curso de acciones de promoción de la salud en la residencia multiprofesional: análisis a la luz de un punto de referencia europeo

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RESUMO: Objetivo: Descrever o percurso das ações de Promoção da Saúde na Residência Multiprofissional em Saúde a partir do referencial teórico do CompHP. Método: estudo descritivo, com abordagem qualitativa, realizado em Brejo Santo, Ceará, no contexto da Residência Multiprofissional, com participação de 16 profissionais residentes. Os dados foram coletados por meio de entrevista semiestruturada e os dados foram organizados conforme Análise de Conteúdo e analisados com base na literatura e referencial teórico do CompHP. Resultados: foram construídas quatro categorias que representam os domínios de competências em promoção da saúde que caracterizam um processo sequencial e organizacional das ações de promoção da saúde: a) Diagnóstico; b) Planejamento; c) Implementação; e d) Avaliação e Pesquisa. Considerações

Finais: as ações de promoção da saúde na Residência Multiprofissional demonstram seguir uma

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sequência lógica e estruturada condizente com os domínios de competências e etapas processuais de Diagnóstico, Planejamento, Implementação, e Avaliação e Pesquisa.

ABSTRACT: Objective: to describe the course of Health Promotion in Multiprofessional Health Residence from the theoretical framework of CompHP. Method: descriptive study with a qualitative approach, carried out in Brejo Santo, Ceara, in the context of the Multiprofessional Residence, with 16 professional residents' participation. The data were collected through semi-structured interview and organized according to Content Analysis and analyzed based on literature and theoretical framework of CompHP. Results: four categories that represent the areas of health promotion skills that characterize a sequential and organizational process of health promotion actions were built: a) Diagnosis; b) Planning; c) Implementation; and d) Evaluation and Research. Final considerations: health promotion actions on Multiprofessional Residence show a logical and structured sequence consistent with the areas of competence and procedural steps of Diagnosis, Planning, Implementation, and Evaluation and Research. **Keywords:** Professional competence; Internship and residency; Professional practice; Health Promotion; Education.

RESUMEN: Objetivo: Describir la ruta de las acciones de promoción de la salud en la Residencia Multidisciplinaria en Salud desde el marco teórico de CompHP. Método: Estudio descriptivo con un enfoque cualitativo, que tuvo lugar en Brejo Santo, Ceará, en el contexto de residencia multidisciplinaria, con la participación de 16 profesionales de los residentes. Los datos fueron recogidos por medio de entrevistas semiestructuradas y los datos se organizan de acuerdo con el análisis de contenido y analizados basados en la literatura teórica y referencia CompHP. Resultados: se construyeron cuatro categorías que representan las áreas de habilidades de promoción de la salud que caracterizan un proceso secuencial y de organización de las acciones de promoción de la salud: a) diagnóstico; b) la planificación; c) Aplicación; y d) Evaluación e Investigación. Consideraciones finales: acciones de promoción de la salud en la Residencia Multidisciplinaria demuestran en una secuencia lógica y estructurada en consonancia con los ámbitos de competencia y medidas de procedimiento diagnóstico, planificación, ejecución y evaluación y la investigación.

Palavras-chave: Competência profissional; Internato e residência; Prática profissional; Promoção da Saúde; Educação.

INTRODUCTION

There are, at present, glaring concern about patterns of life and determinants of health-disease-care process bringing reflections in the fields of health, education, social assistance, among other areas of knowledge, to intervene by reducing the vulnerability of sickness, chronic disabilities as well as premature and preventable death of individuals. ¹

In this context, the propositions of Health Promotion (HP) while paradigm with sustainable and relevant strategies for overcoming the determinants that interfere in the ways of living and becoming sick should be highlighted. ²

Health promotion is based on a larger design and positive health-disease-care process and its determinants, including the strengthening of the capacity of individuals and communities to take action on these determinants. To this end, institutional and community resources, as well as technical and popular knowledge, that pass through quality of life, solidarity, equity, democracy, citizenship, participation and partnership are mobilized and articulated.³⁻⁴

Consistent with constitutional frames, the legislation that regulates the SUS, the resolutions coming from national and international conferences and other related discussions, the Ministry of health has proposed, in the year of 2006, the National Policy of Health Promotion (NPHP) as a tool for tackling the challenges linked to the actions of health, believing that the HP constitutes a mechanism and implementation of a cross-cutting, intersectoral and integrated policy, in which it is possible to articulate subject/collective, public/private, State/society, clinic/politics, health industry/other sectors, aiming to break away the excessive fragmentation in the health-illness process approach and, therefore, minimize the vulnerabilities, risks and damage produced in it.⁵

This way, considering the polysemy breadth of the HP field and intimate connection with social and cultural determinants of health, a wide spectrum of possible actions, strategies and interventions in health promotion appear, scored in the individual and collective spheres, that need to be structured and organized to meet the demands of reality and society.⁶

In this context, a number of initiatives in order to strengthen HP actions and ensure its effectiveness, elaborated sets of core competencies in health promotion, defined as a minimum set of knowledge, skills and attitudes that health promoters are expected to develop in order to ensure effective actions appropriate to reality.⁷

Among the proposals of sets of competencies in health promotion, the initiative of the *International Union for Health Promotion and Education* (IUHPE), through the project *Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe* (CompHP), which aimed to develop standards for the practice of health promotion, education and training, making reference to the formation of competent health professionals able to transfer the policy, theory and research into effective actions should be remarked.⁷

CompHP is organized in nine areas of expertise, namely: advocacy in health, partnership, possibility of change, communication, leadership, diagnosis, planning, implementation, and evaluation and research. These domains are supported by ethical values and knowledge about health promotion and specify performance criteria required for the practice of health promotion congruent with the quality, local reality, effectiveness and efficiency.⁷

CompHP is an important reference, in which the formative processes in health can be anchored, advancing to overcome the institutional logic of the dichotomy between theory and practice and thus promoting a network of knowledge from various fields of knowledge and strengthening the

development of professionals with skills to act against the determinants of health.

The search of articulation between theory and practice in health training has as an obstacle the lack synchrony between education and the actual practice of everyday life in the networks of health services.⁴ It is necessary, therefore, to promote situations where the knowledge is used in real contexts, betting on permanent education, as the Multiprofessional Residency in healthcare, which provides personal development of those working in the field of health and at the same time, consolidates the institutions.⁸

The Multiprofessional Residence in healthcare is characterized as a post-graduate course focused on health and education which aims to articulate the knowledge acquired in initial training with the complexity of the determinants, promoting changes in healthcare practice, strengthening the teamwork, encouraging exchanges of knowledge and practices, developing health promotion actions and, thereby, building new realities of healthcare for the population.⁹⁻¹⁰

In this context, studies that signals the progress and the course of actions to promote health in formation processes such as Multiprofessional Residence in healthcare are relevant to allow constant adjustments to real and local population needs, in addition to contributing to the professionals training, so that they are able to return to society the means to social change.¹¹⁻¹²

Given this situation, this study aimed to describe the course of Health promotion in Multiprofessional Health Residence from the theoretical framework of CompHP.

METHOD

Whereas the method must conform to the object under study, this research is characterized as descriptive, qualitative approach. This design contributes to the interpretation of reality within a complex, holistic and systemic vision, a process of reflection and analysis to detailed understand the object under study in its historical-structural context.¹³

This study adopted the concept of Health promotion contained in NPHP and the set of Competencies in Health Promotion of Project CompHP as theoretical parameters to analytical base of the empirical material collected.^{5,7} We used, specifically, areas of diagnosis, planning, implementation, and evaluation and research, while cyclical process of actions of health promotion realisation comprising competencies linked directly to connected and sequential steps that direct the health promotion practices. These areas were explored in order to identify their evidence in the participants' speech.

The study was conducted in the county of Brejo Santo, Ceará, Brazil, in the period from May to July 2016. This county was chosen for being a locus of a Multiprofessional Residence in Healthcare activity with emphasis on three areas of performance during the study, namely: Family and Community health, Collective health and Mental Collective health, the three with a formative

character directed to the promotion of individual and collective health.

For better understanding the population universe in this study, with information obtained by the Public Health School of Ceará, the set of active residents in the county focus of this study was constituted by a total of 28 Professionals, being 10 of the area Family and Community Health, 04 of Collective Health and 14 of the Collective Mental Health area.¹⁴ Of those, 16 professionals participated in the data collection selected and invited to participate through methodological technique named “Snowball”. Initially, a field preceptor of the Residence in question was contacted by the researchers and they indicated one of the residents who developed and/or was engaged in health promotion actions. This, in its turn, indicates another one and so on. The search for new professionals ended while residents who had already achieved their participation in the study were again being mentioned.

The approach to professionals was carried out personally to present the methodological path and the goals of the project. Then, semi-structured interviews were scheduled with the participants in our course, and in a private place, chosen freely by the respondent. The interviews were based on a prebuilt script, being guided by the following questions: “How are health promotion actions conducted in Multiprofessional Residency?” and “What is the way to carry out these actions?”.

The interviews were recorded on digital audio and later transcribed. The texts generated in this process were submitted to reading and re-reading, aiming to eliminate distortions caused by typing. The textual material was then submitted to the organization stages of Content Analysis, as the suggested steps: pre-analysis, in which floating reading of the material and organization of the analysis *corpus* was carried out; exploration of the material, in which the researchers reduced the text to significant words and expressions, grouping them into categories; and, finally, the treatment of the obtained results and interpretation, in accordance with the scientific literature and the theoretical framework adopted.¹⁵ The theoretical framework assisted in clarifying the categories that have been used to give account of the phenomena to be addressed and explained.¹⁶

We were concerned to follow the ethical and legal principles of research with humans, in attention to what provides Resolutions nº466 and 510, both of the National Health Council, and this research was approved by the Ethics and Research Committee of the Regional University of Cariri, through Judgement nº 1.500.946, 2016.¹⁷⁻¹⁸ Participants confirmed their desire to contribute to the study through signature of informed consent (TCLE). The anonymity of the participants was ensured by replacing the name of respondents by a code formed by the letter R (representing the noun “residente”) and a number, as the interview order (R01, R02 ... R16).

RESULTS

All participants were female, aged between 23 and 35 years (average of 29 years), and members of a formative process in the areas of Family and Community Health, Collective Mental Health, and

Collective Health. Of the interviewed, seven (43.75%) were on the first year of residency and nine (56.25%) of the second year. With regard to professional training, five were identified as nurses, five as social workers, four as psychologists, a nutritionist and a physical education professional.

Considering the theoretical framework adopted, the organization of textual material from the interviews enabled the construction of four categories for analysis, which are: a) Diagnosis; b) Planning; c) Implementation; and d) Evaluation and Research.

Diagnosis

Diagnosis, in conceptual CompHP perspective, involves having access, through surveys, to the needs and possibilities of a given context, focusing on the determinants of health in order to support and direct the actions of health.⁷

Evidence of this area of competence were observed in residents' speech in the interface know and do, in the practice territory domain.

[...] According to the needs of each user's health, of each territory, you will act in a manner which could promote this quality of life [...] (R02).

[...] Workshops were carried out and in workshops we realized the demands they had in each territory. [...] In the territorial workshops we picked the demands of the territories [...] (R10).

That domain is attached to the premise of "knowing for action", with the health interventions having a key role in identifying the health needs of the context to work with. Identifying needs involves having an understanding about the epidemiological profile of the region, the potential of the community and health promotion priorities.

Planning

This category encompasses the goals and objectives of health promotion that are based on the diagnosis of needs and potential, in conjunction with key people.

Planning health promotion actions were evidenced in the participants' speech, reinforcing the need for approximation of Community Professionals, and so enable the elaboration of goals and strategies.

[...] We had the planning workshop. We were going to plan how we would solve those problems that they have brought. [...] Each design has been made, a written project, all cute, and containing the introduction and objectives, what we wanted to

*develop. We joined the team, we residents sat: ‘ how can we supply this demand? ‘
[...] (R10).*

*[...] From the moment we found the needs then made a plan: who will do what?
And so it goes. We outline strategies. Who’s going to? What to do? How to do it?
Where? How? When? [...] (R06).*

The interviewees recognize the planning as a tool to identify health promotion strategies through the systematic organization of actions for a more efficient performance.

Implementation

The implementation comes to perform the actions of health promotion in the context of the community and public health policies, effectively and efficiently, taking into account ethical and cultural characteristics of society.

On the residents’ speech, that domain was shown as part of the proceeding concerning health actions planned by them.

[...] I believe that after outline the strategies, the implementation comes [...] (R06).

[...] We do this process of planning, implementation and evaluation [...] (R01).

The implementation of health promotion actions developed by residents happens by the insertion into existing health and therapeutic education groups as well as creating new ones, home visit and assistencial consultations, considering every moment is opportune to promote health.

Evaluation and research

This domain concerns the use of evaluation and research methods appropriate to monitor health promotion actions and reflect on these. It includes the requirement that, after the choice and use of appropriate evaluative methods and research is feasible monitoring the actions carried out, in an ongoing process of reflection and action.

Evaluation and research evidence was verified in the residents’ speech by pointing out that competence as a component in the planning and implementation of health promoting actions.

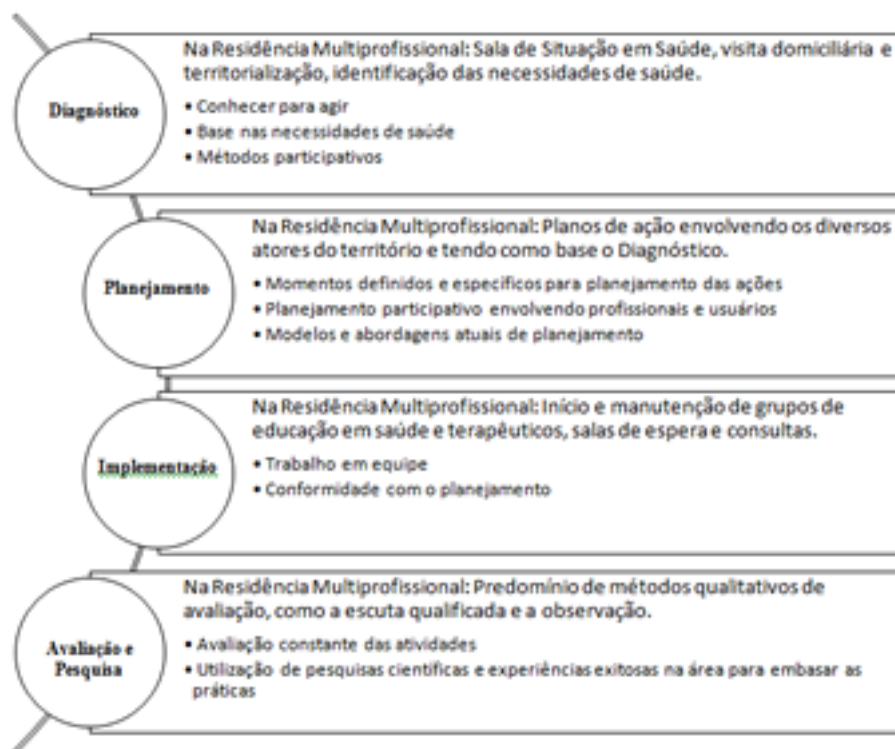
*[...] We do the activity, then they give a feedback and we ask what they found. And
at the end we sit and will review what has been done and what needs to be improved,
what we think of didactics, if it was productive or not [...] (R01).*

[...] Here, for example, we sat down to draw up, researching something interesting, I would also ask for help to the other team that's in a different area, to also know what they are doing, if it was working [...] (R11).

The testimony of the respondents also revealed the use of qualitative methods of evaluation, as listening and observation of participation during the implementation of the actions. In relation to the research, they cited the use of scientific research, in the form of articles, manuals and books, to support the moments of practice and preparation of strategies that fitted to the local reality. They pointed out the use of references of successful experiences in the activity *locus*.

The steps outlined by residents, regarding the course of actions to promote health, were grouped and arranged in a sequential layout to enable better understanding of the details of these actions (Figure 1).

Figure 1. Steps taken by residents to carry out actions of multiprofessional health promotion. Crato, 2017.



Source: Our own authorship

DISCUSSION

To achieve an effective and quality health promotion materializes as a theoretical and political challenge, which involves a complex, dynamic and dialectical process of mediations and fields constitutions, both as ethical and relational between subject and collectivities.¹⁹

On professionals training for the Family Health Strategy, Multiprofessional Residence constitutes a promising environment of integral care production, concatenating knowledge to the solution of the problems in the community, while assigns new meanings to these professionals practices.²⁰

Under a different approach, it is understandable that the residence, to promote the direct contact with the professional field (community), encourages the development of skills, knowledge and abilities that aggregate improvements to work in primary health care, overcoming the fragmentation and verticalization of the work, still present in this context.²¹

Skills for Health Promotion constitute then the set of knowledge, abilities and values that fit the conceptual landmarks referred to formation processes of the health professions, and reference the praxis within the Family Health Strategy. This way, Health Promotion Skills listed in the CompHP Project can contribute as na action structuring proposal, besides raising positive reflections with emphasis both to do it and how to know in community health.

The areas highlighted in this study (diagnosis, planning, implementation, evaluation and research) indicate that, from the perspective of the European standard, the professionals have skills considered essential for health promotion actions, emphasizing the importance of recognizing them to enhance your use of Residency programmes, since, in Brazil, is still an array of core competencies for promoting health.

It is urgent the need for establishing standardized health promotion actions, well structured and appropriate to the context. To this end, professionals need to understand such complexity and promote the involvement of various intervention strategies in macro and micro plans of action, from the clinic to the context of the determinants and policies, directing them to stimulate the empowerment of multiple social actors.²²

The domains highlighted in this study (diagnosis, planning, implementation, evaluation and research) indicate that, from the perspective of the European standard, the professionals have skills considered essential for health promotion actions, emphasizing the importance of recognizing them to enhance their use on Residency Programmes, since, in Brazil, there is a grid of core competencies for promoting health.

Thus, professionals should (re) organize their practices so that they are based on a contextual and Situational diagnosis that precedes planning and local programming of their actions. In this sense, different diagnostic methods can be used to meet a context in which to work health promotion, many of these participatory, which ensure social participation and the development of a more reliable diagnosis to this reality and real needs of the population.²³

On the formative process of the residence, target of this study, the Health Situation Room was used as the basis to form health education groups; Home Visit, as the users' context, in order to integrate and meet socio-cultural conditions that influence in process; and Territorial Workshops,

developed in the areas of professional activity, promoting integration among residents, population and other sectors, to dynamically provide the diagnosis of interest.

The diagnosis and health planning need to be carried out from a perspective of interdisciplinary approach that considers the social determinants, the completeness of the attention, the resolution and the intersectoral approach. This aspect is privileged in the formation of the Multiprofessional Residence, whereas this includes and ensures interaction between the different professional categories and the joint action of the professional nuclei.²³

At this juncture, the reorganization of the practices, and subsequent reorganization of the health care model, lead to a model centred on the territory and on the health needs of the community, being congruent with the contribution of different professional and social actors in the production of health care.²⁴

In the context of Residence, we observed the use of models and current planning approaches, such as the Health Situation Room and the activities structuring through action plans, produced from the interaction with other actors, like other residents and people in the community paying attention to the health needs.

It is worth highlighting that the process of residents' work is organized in such a way that there are scheduled times to plan the activities to be developed, which strengthens the presence of planning in the process of formation. It was demonstrated that, most of the times, planning is participatory and ensures the involvement of other people in its design and monitoring.

The implementation of actions, for the time, is always ruled in the aspects considered during planning, so that these steps are in compliance. At that moment, creative methods that approximate the teams to their communities are used, seeking to incorporate health promotion concepts geared to the intersectoral work, still rank as a challenge to the promotion of health.⁶

The intersectoral approach should be seen as a two-way street, where the sectors are seeking each other, on partnerships for health promotion. It implies strategic articulation initiatives and resources integration – managerial, financial and human – aiming to dissolve the fragmented character of public agencies.²⁵

In front of challenges presented, each of the actions of health promotion steps must be constantly evaluated and supported in the scientific literature, in the popular knowledge, in the health needs of the population and on the experience of the team. In the Residence practices, it was evident the need for constant evaluation of the activities developed, so that it can be reinforced what has been identified as positive and reconsidered the weaknesses found, always leaning in the updates on the issues addressed.

In this context, the Multiprofessional Residency demonstrates its potential to contribute to

practices and effective health promotion actions by training professionals qualified to respond to the health needs and the operationalization and qualification of the health system, modeling a senior bent with the guarantee of the HO principles.⁸

Together the challenges pronounced to a training focused on health promotion, possibilities emerge, standing out the work -education-citizenship integration, as advocated and performed at the residence. In this integration, health care providers, tutors, guardians and residents are entered in the real world of work, with a view to permanent education and action about the real problems.⁸

Therefore, Multiprofessional Residence enhancement can contribute to the consolidation of the health promotion field, since it ensures the professional approach with the context of practice, from the perspective of permanent education, working on him and learning from him how to positively transform the reality experienced.²⁶

Thus, the areas of diagnosis, planning, implementation, and evaluation and research, proposed by CompHP, show that, in addition to core competencies, are well adjusted and complementary steps in health promotion practice, serving as a model for structuring and organization of HP actions.

It is known that a model and a skills profile, by themselves, are not sufficient for excellent practices, although they are an important step forward in this way. It is necessary, therefore, to invest in discussions and reflections on the existing models and benchmarks, as well as investigate how these are being employed and operationalized in the daily health and education services.²⁷

FINAL CONSIDERATIONS

Health promotion actions on Multiprofessional Residence following a logical sequence demonstrate structured and consistent with the areas of competence and procedural steps of Diagnosis, Planning, Implementation, and Evaluation and Research.⁷ However, it is urgent these steps are covered in depth in dialogic interaction between guardians, tutors, residents and health care professionals to be improved and constitute a critical-reflective process.

The Multiprofessional Residence in health brings a proposed reorientation of vocational training for the SUS, forming professionals with wider profile, based on critical and reflective attitudes and interdisciplinary practices in health promotion.

European referential of CompHP proved as a relevant framework for subsidizing practices and training geared to HP, pointing out the necessary competences to be developed by professionals to perform with quality and effectively each of the significant steps of health promotion process.

The adoption of a solid reference can contribute to the structure and organization of the training course, ensuring that the professional get knowledge and essential skills, performing actions consistent with the individuals and collective promotion of the health.

This study can contribute to program actions for the promotion of health adopting the steps outlined, in addition to recover discussions on the importance of involving health promotion as a transversal character of training in health and demonstrate the potential of the Multiprofessional Residence in this context.

This research was conducted with qualitative character and with a limited group of professionals, according to the method adopted, which can point out some weaknesses. Thus, it is suggested that further studies with other methodological approaches and perspectives, may complement and/or confirm these findings, enhancing the reflections on the promotion of health and its role in achieving global well-being.

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