

# MAPPING OF OFFERS OF COURSES AND VACANCIES IN NURSING RESIDENCE PROGRAMS IN BAHIA

## MAPEAMENTO DA OFERTA DE CURSOS E VAGAS DOS PROGRAMAS DE RESIDÊNCIA EM ENFERMAGEM NA BAHIA

## MAPEO DE LA OFERTA DE CURSOS Y VACANTES DE LOS PROGRAMAS DE RESIDENCIA EN ENFERMERÍA EN LA BAHIA

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Objective: map the offer of courses and vacancies in multiprofessional residency programs and in the professional health area in nursing in Bahia. Method: documentary, quantitative study, whose data sources were 15 selective process edicts for nursing residency programs that described the variables year, number of program, concentration areas, vacancies, linked higher education institutions, and program modality. The collection took place from January 15 to 19, 2018. Results: 566 vacancies were identified distributed among 19 concentration areas and areas offered by eight educational institutions. In 2014, there was the greatest number of vacancies, 107 (18.9%); in 2015 there was a considerable fall of 57.9% in the number of these vacancies. Conclusion: multiprofessional residency programs have expanded due to reformulations of health policies and incentives to the formation of specialized human resources; however, there has been a reduction in the availability of vacancies.

Descriptors: Specialization. Nonmedical Internship. Education. Teaching. Nursing.

*Objetivo: mapear a oferta de cursos e vagas dos programas de residência multiprofissional e em área profissional da saúde em enfermagem na Bahia. Método: estudo documental, quantitativo, cujas fontes de dados foram 15 editais de processo seletivo para programas de residência em enfermagem que descreveram as variáveis ano, número de programa, áreas de concentração, vagas, instituições de ensino superior vinculada e modalidade dos programas. A coleta deu-se de 15 a 19 de janeiro de 2018. Resultados: foram identificadas 566 vagas distribuídas entre 19*

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*áreas de concentração e ofertadas por oito instituições de ensino. No ano de 2014 houve a maior oferta de vagas 107 (18,9%), em 2015 houve queda considerável de 57,9% no número dessas vagas. Conclusão: os programas de residência multiprofissional expandiram-se em decorrência de reformulações das políticas de saúde e dos incentivos à formação de recursos humanos especializados, no entanto vem ocorrendo redução na oferta de vagas.*

*Descritores: Especialização. Internato não Médico. Educação. Ensino. Enfermagem.*

*Objetivo: mapear la oferta de cursos y vacantes de programas de residencia multiprofesional y en área profesional de la salud en enfermería en la Bahía, Brasil. Método: estudio documental, cuantitativo, cuyas fuentes de datos fueron 15 ediciones de proceso selectivo para programas de residencia en enfermería que describieron las variables año, número de programa, áreas de concentración, vacantes, instituciones de enseñanza superior vinculada y modalidad de los programas. Recolección de 15 a 19 de enero de 2018. Resultados: se identificaron 566 vacantes distribuidas entre 19 áreas de concentración y ofrecidas por ocho instituciones de enseñanza. En 2014, hubo mayor oferta de vacantes 107 (18,9%); en 2015, descenso considerable de 57,9% en el número de vacantes. Conclusión: los programas de residencia multiprofesional se expandieron como consecuencia de reformulaciones de políticas de salud e incentivos a la formación de recursos humanos especializados, sin embargo, hubo reducción en la oferta de vacantes.*

*Descriptores: Especialización. Internado no Médico. Educación. Enseñanza. Enfermería.*

## Introduction

Nursing residency programs have been offered in Brazil since the 1970s; however, they were regulated as a modality of *lato sensu* post-graduation education in 2005, through Law no. 11,129, which creates multiprofessional residency in health (RMS, acronym in Portuguese). It is an intersectoral cooperation program to facilitate the qualified insertion of young health professionals into the labor market and to meet the human resources needs of the Unified Health System (SUS, acronym in Portuguese)<sup>(1-2)</sup>.

These needs are projected due to the new conceptions regarding the professional profile in health and its performance, which should be based on SUS principles, in order to contribute to the strengthening of this system. Thus, residence is a reference for the training of health workers, since their proposal is committed to the SUS and is transformative when using permanent education and in-service training.

The training modality of the multiprofessional residency program allows the construction and exchange of articulated knowledge among the different health professionals in the same context of professional practice. This differs from the modality of residences in specific health areas<sup>(3-5)</sup>, in which the discussion takes place in the same professional field. However, there are similarities

between the types of residences and these are mainly found in the benefits provided by them. In this sense, they prepare the professional to work in high technology centers, to occupy positions of management and leadership and, above all, favor the insertion and retention of the worker in the job market<sup>(5-10)</sup>. In addition, they provide training for the development of research and consequent improvement in the quality of care provided in health services.

In view of the contributions made by this type of education and with a view to improving programs and stimulating their expansion over the years, legislation has been regulated in relation to the duration and duration of programs; organization, operation and duties of the Multiprofessional Residency Committee; institution of the National Commission for Multiprofessional Health Residency, with the rules of operation, duties and the information system of this commission; and the National Scholarship Program for Residences<sup>(11-12)</sup>. Thus, over the years, there was an expansionist tendency of the programs, with an increase in the number of places and areas of concentration.

Thus, in revealing the progress, growth and/or reduction of programs and the number of

vacancies, this study can contribute to Nursing, to the partner institutions and to the SUS.

Thus, the question is: What is the mapping of the offer of courses and vacancies in multiprofessional residency programs and in the professional area of nursing health in Bahia? The objective of this study is to map the offer of courses and vacancies in multiprofessional residency programs and in the professional area of nursing health in Bahia.

## Method

This is a descriptive, documentary-based study using a quantitative approach that sought the calls for the selection process for admission to multiprofessional residency programs and in the professional area of nursing health in Bahia from 2006 to 2017. The temporal cut refers to the year of creation and regulation, in 2005, until the edict of 2017. The research was constituted in the survey of the edicts and characterization of the multiprofessional residency programs and in the health professional area in nursing with the perspective of the movement of expansion of this modality of education in the state of Bahia.

The searches were conducted in the period from January 15 to 19, 2018, on the online page of the State Commission of the Multiprofessional Residency and in the Professional Health Area (CEREMAPS, acronym in Portuguese), linked to the Health Secretariat of the State of Bahia (SESAB, acronym in Portuguese), using the term “multiprofessional residence and professional area edict” with the reference year. This portal directs the search to the online pages of the technical consultancies responsible for executing the edicts for residence in the state of Bahia. In the data collection stage, all edicts were collected in this portal.

The criteria for inclusion were as follows: edicts for the opening of a selective process

for admission to multiprofessional residency programs and in a professional health area with vacancies for nurses in the state of Bahia between 2006 and 2017, and their respective errata. As exclusion criterion: Edicts in duplicate at the time of the search. Thus, 15 edicts were selected. It should be noted that, in the years 2014, 2015 and 2016, two edicts were published.

After the selection of these edicts, the data were collected specifically referring to the residency programs that provided vacancies for nurses. In this sense, the data included the following variables: year of the edict, number of programs for nurses, number and types of concentration areas for nurses, number of vacancies for nurses, linked higher education units and program modality (multiprofessional or in professional area).

The collected data were systematized in spreadsheets in Microsoft Office Excel 2013<sup>®</sup>, which allowed subsequent use of simple descriptive statistics based on graphical analysis. To better express the mapping of the offer of courses and vacancies in multiprofessional residency programs and in the professional area of nursing health, the data are arranged in graphs and tables.

This study was conducted with data from the public domain, not involving humans; however, because it is the cut of a funded research project entitled “Professional Trajectory of Nurses from Multiprofessional Residency Programs and Professional Health Area”, the study has the approval of the ethics committee, under protocol number CAAE 55876516.8.0000.5028.

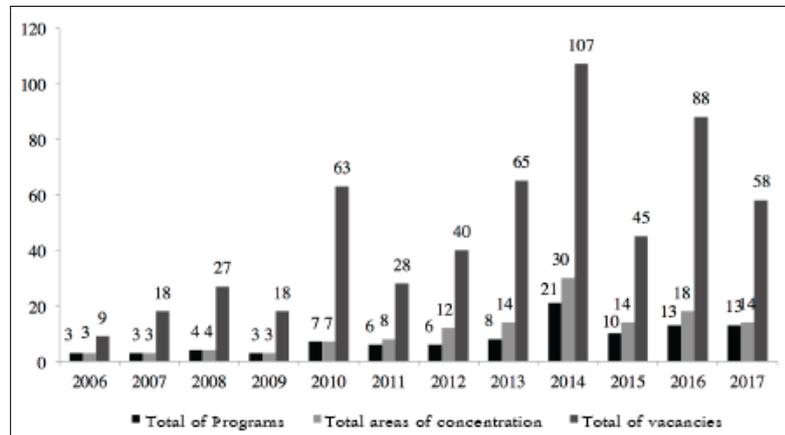
## Results

The results showed that, between 2006 and 2014, the number of residence programs and concentration areas showed a tendency to increase, especially in 2014, as the 18 concentration areas

in 21 programs offered in public edict. In the 11-year period, 566 vacancies were offered to nurses in Bahia. Graph 1 shows the distribution

of the total of programs, concentration areas and vacancies offered.

**Graph 1** – Distribution of programs, areas of concentration and number of nursing home vacancies. Salvador, Bahia, Brazil – 2006-2017.



Source: Created by the authors.

Table 1 lists the 19 areas of concentration of the programs, the number of times they were

offered and the number of places available for each area during those 11 years.

**Table 1** – Area of concentration, occurrence and number of vacancies in the concentration areas of residency programs for nurses. Salvador, Bahia, Brazil – 2006-2017.

Concentration Area	Occurrence n (%)	Vacancies n (%)
Family Health	31 (23,5)	111 (16,6)
Intensive Therapy	26 (19,7)	256 (45,2)
Mental Health	13 (9,8)	19 (3,4)
Child and Adolescent Health	13 (9,8)	18 (3,2)
Adult Health	8 (6,1)	8 (1,4)
Oncology	6 (4,5)	13 (2,3)
Cardiology	6 (4,5)	19 (3,4)
Health of the Elderly	4 (3)	8 (1,4)
Emergency Department	4 (3)	16 (2,8)
Obstetrics	4 (3)	54 (9,5)
Person and Family Clinic	4 (3)	8 (1,4)
Health Planning and Management	3 (2,3)	7 (1,3)
Nephrology	3 (2,3)	8 (1,4)
Maternal and Child Health	2 (1,5)	7 (1,3)
Hospital Health Care	1 (0,7)	6 (1,2)
Collective Health	1 (0,7)	2 (0,3)
Neurology	1 (0,7)	2 (0,3)
Neonatology	1 (0,7)	2 (0,3)
Health Surveillance	1 (0,7)	2 (0,3)

Source: Created by the authors.

Table 2 shows the Institutions of Higher Education and the number of vacancies offered per year.

**Table 2** – Distribution of the number of places of residency programs for nurses according to Higher Education Institutions. Salvador, Bahia, Brazil – 2006-2017

Year	Unit	UFBA	UNEB	EESP	BAHIANA	UNIFACS	FAMAM	UNIVASF	FPS
2006		6	-	-	1	-	-	2	-
2007		14	-	-	2	-	-	2	-
2008		23	-	-	2	-	-	2	-
2009		14	-	-	2	-	-	2	-
2010		47	-	10	4	-	-	2	-
2011		22	-	-	4	-	-	2	-
2012		21	13	-	4	-	-	2	-
2013		29	14	-	4	-	14	2	2
2014		47	18	-	6	14	14	4	4
2015		13	9	15	4	2	-	2	-
2016		42	14	14	2	14	-	2	-
2017		26	14	10	4	2	-	2	-
Total		304	82	49	39	32	28	26	6

Source: Created by the authors.

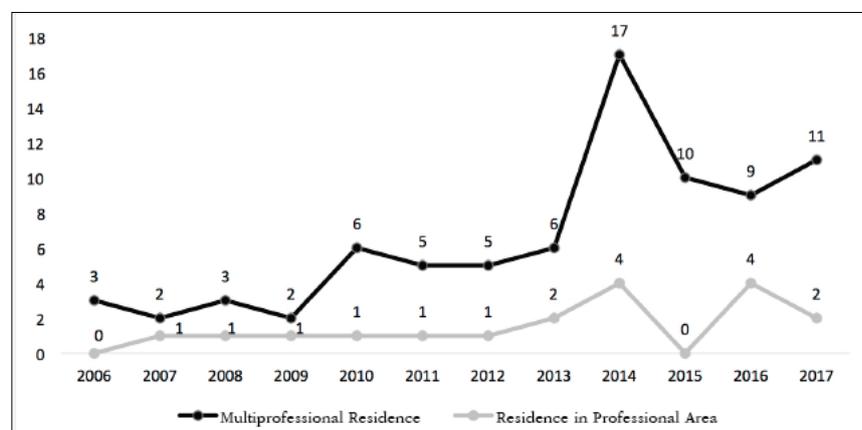
Note: Conventional signal used:

- Numerical data equal to zero not resulting from rounding up.

Subtitle: UFBA – Universidade Federal da Bahia; UNEB – Universidade do Estado da Bahia; EESP - Escola Estadual de Saúde Pública Professor Francisco Peixoto Magalhães Neto; BAHIANA – Escola Bahiana de Medicina e Saúde Pública; UNIFACS – Universidade Salvador; FAMAM – Faculdade Maria Milza; UNIVASF – Universidade Federal do Vale do São Francisco; EPS – Faculdade Pernambucana de Saúde.

Figure 2 shows the distribution of the residency programs according to the modality offered to the nurse in Bahia during the studied period.

**Graph 2** – Distribution of residency programs according to the modality offered to nurses – 2006-2017



Source: Created by the authors.

## Discussion

The data presented evidenced the fact that the offer of programs and areas of nursing residence concentration in Bahia oscillated in the period from 2006 to 2017; however, it showed a growth trend that reached the apex in 2014. In 2014, 107 (18.9%) nursing residency vacancies were available, the highest amount observed in the period analyzed. However, in 2015, there was a significant decline in this availability. Still in the scope of vacancies, the Federal University of Bahia stood out, offering 304 (53.7%) vacancies in those years. As for the area of concentration, the health of the family was the most offered. Finally, multiprofessional programs were more available 79 (81.5%) in relation to programs in professional areas 18 (18.5%).

The expansion presented by nursing residency programs in Bahia between 2006 and 2017 is directly related to the pronounced process of expansion of undergraduate nursing courses, which began in 1991. This process was marked by the increase in nursing schools and consequent increase in the number of graduates from nursing courses<sup>(13-14)</sup>.

Factors that led to these changes in the educational scenario of nursing in undergraduate and postgraduate settings were the reformulations in the health sector marked by the national need to develop qualified and specialized human resources to work in the SUS, with a view to strengthening this system. This fact evidenced changes in the nature and work process of the professionals, resulting in a greater search in the area of residence for this modality of specialization and increase of government incentives for courses and programs.

Thus, the consolidation of multiprofessional residency and health professional residency programs constitutes an important political movement to propose changes in the way of producing health with a focus on interdisciplinarity, through the presence of the universities in the health units, for a transformative practice that meets the local needs of its users<sup>(15)</sup>.

Concerning the area of concentration, it was observed that the most offered to nurses was family health care, prioritizing integrality and strengthening basic care. This evidences the potential of these programs as a strengthening proposal of the health system, reflecting the new reformulations in the training of professionals of diverse areas, based on the integrality and articulation of the actions for the health care of the population<sup>(16)</sup>.

The changes in the legislation and in the organization of health services also contributed to the increase of the concentration area and consequently the number of vacancies in health of the family, as the new Administrative Rule No. 2,488/2011, which approves the National Policy of Basic Attention (PNAB). This approval made it necessary to increase the number of professionals in the area, with a specific academic background to attend to those exposed by the policy<sup>(17)</sup>. This fact could be observed with the publication of public edicts, in the last three years, by the School of Public Health of the State of Bahia (EESP, acronym in Portuguese), with vacancies only for the health area of the family.

Regarding the number of vacancies, there is a greater growth in the area of Intensive Care, which represents 256 (45.2%) of the total vacancies of the 19 existing concentration areas. This increase in the number of vacancies for intensive care derives from the fact that this specialty requires highly qualified professionals to be able to work providing quality care, since the work of the nurses in an Intensive Care Unit (ICU) is characterized by activities that require constant improvement of skills necessary for the care and management of the critical patient<sup>(18)</sup>. In addition, it is related to meeting a greater demand of professionals, both for the high turnover and for legal requirements in relation to personnel sizing, in which the number of nurses in an ICU corresponds to 56% of all human resources necessary for the operation of a unit<sup>(19)</sup>.

Another aspect that motivated the expansion of this area was the fact that it was one of the priorities for training human resources for the SUS, both by the expansion of the number of public

and private beds in ICUs and by the changes that came with RDC No. 7/2010, regarding the minimum standards of professionals for the operation of ICUs in Brazil. With this, investment and expansion of vacancies and programs increased<sup>(20)</sup>.

Faced with the potential of multiprofessional residency and health professional programs, the Brazilian government has promoted investments for strengthening and expanding this model of education in the country. In the period 2007-2009, the Ministries of Health and Education invested approximately 180 million Reais in these programs. In 2010, the Integrated Multiprofessional Health Residency Program of the Federal University Hospitals network was implemented, for which 500 scholarships were made available, at an estimated annual cost of 11 million Reais. On the following year, the scholarship offer for multiprofessional residence doubled<sup>(21-22)</sup>.

However, it was observed in this study that the number of scholarships offered from 2015 decreased by 62 units (57.9%) between 2014 and 2015. This reflects the political moment of Brazil, characterized by a strong economic crisis, with budget cuts in all government sectors, including education. In 2016, vacancies increased by 43 units after the fall in 2015, thus revealing the attempts to get out of the crisis and return on investments in education; however, in 2017, this growth was not maintained due to the current political scenario of dismantling SUS, with the privatization of health services by the corporatism of maintaining a biomedical hegemonic model that opposes any change in the profiles of health professionals for the non-construction of SUS<sup>(15)</sup>.

Moreover, the Proposed Constitutional Amendment (PEC, acronym in Portuguese) No. 95/2016, which instituted the new public spending regime, also known as "Expenditure PEC", in order to freeze investments in education and health, will promote the maintenance of this reduction in the formation of human resources for the SUS over the years of its term<sup>(23)</sup>.

As to vacancies/scholarships available for educational institutions, a significant amount is

available from the Federal University of Bahia (UFBA), if compared to other institutions. This may be due to the fact that UFBA was the first public higher education institution in Bahia and a pioneer in the *lato* and *stricto sensu* postgraduate course, as well as in the offer of the first specialization course in the residence modality in Bahia and Brazil. It has also influenced in its prominence in the offer of vacancies of these programs to its location, with the largest camp in the capital of Bahia, where there is greater articulation with the services made available to the field of practice.

With this study, it was noticed that, over the years, multiprofessional programs stood out when compared to the programs in professional health areas. This is due to the fact that training with professionals from all health areas enables training aimed at integral care, with impact on the consolidation of a humanized health system<sup>(24)</sup>.

Some limitations of this study are the impossibility of generalizing these findings for the different regions of Brazil, and the deepening of the analysis regarding the intrinsic and extrinsic reasons that led to the increase and decrease in the number of vacancies and residence programs, considering only the proposed descriptive character. However, this is a suggestion for new studies, for broadening the discussion so as to reach an analytical character and provide more answers to the reasons for expanding and retracting the number of vacancies, scholarships and residency programs.

## Conclusion

The offer of courses and vacancies of the multiprofessional residency programs and in the professional area of health in Nursing in the state of Bahia occurred with an expansionist tendency throughout the years from 2006 to 2014 and a decline from 2015. During this 11-year period (2006 to 2017), 566 vacancies were offered. It was observed that, in 2014, the largest number of vacancies was offered (107), in 18 concentration areas of 21 programs. The concentration areas with the greatest number of vacancies were:

Family Health, with 31 occurrences and 111 vacancies; and Intensive Therapy, with 26 occurrences and 256 vacancies. Among the educational institutions, UFBA was the one that stood out the most in the number of vacancies offered: 304. The modality with the greatest number of programs was the Multiprofessional Residence.

This study implies in the area of nursing and the bodies responsible for training and development of human resources for health, giving visibility to the real growth and/or reduction of programs, in order to support the creation of other areas, increase the number of vacancies and partnerships to meet SUS needs.

It can be inferred, however, that the policy of budget cuts practiced by the Brazilian government in the present time can cause the discontinuity of the investment in the formation of human resources for the SUS and become one of the elements for its dismantling.

### Collaborations:

1. conception, design, analysis and interpretation of data: Rosana Maria de Oliveira Silva, Rebeca Santos do Amaral de Souza and Lázaro Souza da Silva;

2. writing of the article and relevant critical review of intellectual content: Rosana Maria de Oliveira Silva, Rebeca Santos do Amaral de Souza, Lázaro Souza da Silva, Ana Lúcia Arcanjo Oliveira Cordeiro, Olga Maria Brito dos Santos and Josicelia Dumêt Fernandes;

3. final approval of the version to be published: Rosana Maria de Oliveira Silva, Rebeca Santos do Amaral de Souza, Lázaro Souza da Silva, Ana Lúcia Arcanjo Oliveira Cordeiro, Olga Maria Brito dos Santos and Josicelia Dumêt Fernandes.

### References

1. Martins GDM, Caregnato RCA, Barroso VLM, Ribas DCP. Implementation of multi-professional healthcare residency at a Federal University: historical trajectory. *Rev Gaúcha Enferm* [Internet].

2016 [cited 2018 Mar 9];37(3):1-8. Available from: DOI: 10.1590/1983-1447.2016.03.57046

2. Brasil. Lei n. 11.129, de 30 de junho de 2005. Institui o Programa Nacional de Inclusão de Jovens - ProJovem, cria o Conselho Nacional da Juventude - CNJ e a Secretaria Nacional de Juventude, altera as Leis n. 10.683 e 10.429 e dá outras providências [Internet]. Brasília; 2005 [cited 2018 Mar 9]. Available from: <http://www.camara.gov.br/sileg/integras/535652.pdf>
3. Casanova IA, Batista NA, Ruiz-Moreno L. Training for teamwork in multidisciplinary residency in health. *Abc Health Sci* [Internet]. 2015 [cited 2018 Mar 9];40(3):229-33. Available from: DOI: 10.7322/abcshs.v40i3.800
4. Fernandes MNS, Beck CLC, Weiller TH, Viero V, Freitas PH, Prestes FC. Suffering and pleasure in the process of forming multidisciplinary health residents. *Rev Gaúcha Enferm* [Internet]. 2015 [cited 2018 Mar 10];36(4):90-7. Available from: DOI: 10.1590/1983-1447.2015.04.50300
5. Silva CT, Terra MG, Kruse MHL, Companogara S, Xavier MS. Multi-professional residency as an intercessor for continuing education in health. *Texto Contexto Enferm* [Internet]. 2016 [cited 2018 Mar 10];25(1):1-9. Available from: DOI: 10.1590/0104-0707201600002760014
6. Magnabosco G, Haddad MCL, Vannuchi MTO, Rossaneis MA, Silva LGC. Opinion of former residency students in nursing management. *Semina cienc biol saude* [Internet]. 2015 [cited 2018 Mar 17];36(1):73-80. Available from: DOI: 10.5433/1679-0367.2015v36n1Suplp73
7. Garrison FW, Dearmon V, Graves RJ. Working smarter: Building a better nurse residency program. *Nurs Manag* [Internet]. 2017 [cited 2018 Mar 17];48(3):50-4. Available from: DOI: 10.1097/01.numa.0000512898.76048.0b
8. Goode CJ, Lynn MR, McElroy D, Bednash GD, Murray B. Lessons Learned From 10 Years of Research on a Post-Baccalaureate Nurse Residency Program. *J Nurs Adm* [Internet]. 2013 [cited 2018 Mar 17];43(2):73-9. Available from: DOI: 10.1097/nna.0b013e31827f205c
9. Johnson A, Salisbury H, Johannsson M, Barajas K. Emergency Nurse Residency Program Evaluation. *J Nurses Prof Dev* [Internet]. 2013 [cited 2018 Mar 17];29(5):233-7. Available from: DOI: 10.1097/01.nnd.0000433908.82754.10

10. Kram SL, Wilson J. Nurse residency program attracts and retains novice nurses. *Nursing* [Internet]. 2016 [cited 2018 Mar 17];46(2):15-6. Available from: DOI: 10.1097/01.nurse.0000476245.39588.ff
11. Brasil. Portaria Interministerial n. 1.320, de 11 de novembro de 2010. Dispõe sobre a estrutura, organização e funcionamento da Comissão Nacional de Residência Multiprofissional em Saúde [Internet]. Brasília; 2010 [cited 2018 Mar 25]. Available from: <http://www.ufjf.br/huresidencias/files/2017/07/Portaria-n%C2%B01320.pdf>
12. Brasil. Resolução CNRMS n. 5, de 7 de novembro de 2014. Dispõe sobre a duração e a carga horária dos Programas de Residência em Área Profissional da Saúde nas modalidades multiprofissional e uniprofissional e sobre a avaliação e frequência dos profissionais de saúde residentes [Internet]. Brasília; 2014 [cited 2018 Mar 25]. Available from: <https://www.legisweb.com.br/legislacao/?id=276672>
13. Fernandes JD, Teixeira GAS, Silva MG, Florêncio RMS, Silva RMO, Rosa DOS. Expansion of higher education in Brazil: increase in the number of Undergraduate Nursing courses. *Rev Latino-am Enfermagem* [Internet]. 2013 [cited 2018 Apr 3];3(21):1-8. Available from: DOI: 10.1590/S0104-11692013000300004
14. Erdmann AL, Fernandes JD, Teixeira GAS. Panorama da educação em enfermagem no Brasil: graduação e pós-graduação. *Enferm Foco* [Internet]. 2015 [cited 2018 Apr 3];89-93. Available from: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/91>
15. Meneses JR, Ceccim RB, Martins GC, Meira IFF, Silva VM. Residência em saúde: os movimentos que as sustentam. In: Ceccim RB, Meneses LBA, Soares VL, Pereira AJ, Meneses JR, Rocha RCS, et al. *Formação de formadores para residências em saúde: corpo docente-assistencial em experiência viva*. Porto Alegre, RS: Rede UNIDA; 2018. *Série Vivências em Educação na Saúde*. p. 33-48.
16. Domingos CM, Nunes EFPA, Carvalho BG. Potential of multiprofessional residency for family healthcare: the view of healthcare workers. *Interface Comunic Saúde Educ* [Internet]. 2015 [cited 2018 Apr 5];19(55):1221-32. Available from: DOI: 10.1590/1807-57622014.0653
17. Brasil. Ministério da Saúde. Portaria n. 2.488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS) [Internet]. Brasília; 2011 [cited 2018 Nov 24]. Available from: [http://bvsm.sau.de.gov.br/bvsm/sau.delegis/gm/2011/prt2488\\_21\\_10\\_2011.html](http://bvsm.sau.de.gov.br/bvsm/sau.delegis/gm/2011/prt2488_21_10_2011.html)
18. Frota LA, Camponogara S, Arbiot EL, Tolfo F, Beck CLC, Freitas EO. The nurse's visibility in intensive care units: perceptions of workers. *Rev Eletr Enferm* [Internet]. 2015 [cited 2018 May 7];17(3):1-8. Available from: DOI: 10.5216/ree.v17i3.31608
19. Camelo SHH. Professional competences of nurse to work in Intensive Care Units: an integrative review. *Rev Latino-Am Enfermagem* [Internet]. 2012 [cited 2018 May 7];20(1):192-200. Available from: DOI: 10.1590/S0104-11692012000100025
20. Brasil. Ministério da Saúde. Resolução RDC n. 7, de 24 de fevereiro de 2010. Dispõe sobre os requisitos mínimos para funcionamento de Unidades de Terapia Intensiva e dá outras providências [Internet]. Brasília; 2010 [cited 2018 Nov 24]. Available from: [http://www.sau.de.mg.gov.br/images/documentos/RDC-7\\_ANVISA%20240210.pdf](http://www.sau.de.mg.gov.br/images/documentos/RDC-7_ANVISA%20240210.pdf)
21. Brasil. Relatório de Atividades da Comissão Nacional de Residência Multiprofissional em Saúde – CNRMS Exercício 2007/2009 [Internet]. Brasília; 2009 [cited 2018 May 10]. Available from: <http://www.sbf.org.br/portal/pdf/Relatorio%20Atividades%20CNRMS%202007%202009.pdf>
22. Miotto RCT, Alves FL, Caetano PS, Dal Prá KR. The multiprofessional residence programs in healthcare: the experience of the Federal University at Santa Catarina. *Serv Soc Saúde* [Internet]. 2012 [cited 2018 May 10];11(2):185-209. Available from: DOI: 10.20396/sss.v11i2.8635288
23. Brasil. Presidência da República. Casa Civil. Emenda Constitucional n. 95, de 15 de dezembro de 2016. Altera o Ato das Disposições Constitucionais Transitórias, para instituir o Novo Regime Fiscal, e dá outras providências [Internet]. Brasília; 2016 [cited 2018 Nov 24]. Available from: <http://www.legisweb.com.br/legislacao/?id=276672>

planalto.gov.br/ccivil\_03/constituicao/emendas/emc/emc95.htm

2018 May 14];30(1):215-44. Available from: DOI: 10.1590/S0102-46982014000100009

24. Vendruscolo C, Prado ML, Kleba ME. Formation of human resources in the field of health in Brazil: an integrative review. *Educ Rev* [Internet]. 2014 [cited

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