

Multiprofessional residence in mental health: nursing of the nurses in the teaching-learning process

RESUMO | Na saúde mental nos deparamos com desafios ao longo dos anos, avançamos com políticas públicas direcionadas ao atendimento dos pressupostos da Reforma Psiquiátrica Brasileira. Com a ampliação de redes substitutivas a psiquiatria, novas práticas foram produzidas, influenciando o processo de formação de enfermeiros desde a graduação quanto na pós-graduação. Objetivo: analisar estratégias de enfermeiros para a integração ensino-assistência junto à residentes multiprofissionais em Saúde Mental. Métodos: Estudo qualitativo, descritivo, com dez enfermeiros de uma instituição psiquiátrica universitária. Os dados foram coletados de fevereiro/17 a maio/17, por entrevista semiestruturada e submetidos à análise de conteúdo, na modalidade temática. Resultados: Identificamos como estratégias: interação interprofissional; trabalho em equipe; estímulo ao cuidado psicossocial. Conclusão: Os enfermeiros atuam como facilitadores do processo de ensino-aprendizagem independentemente de serem preceptores ou não, porquanto permanentemente atuam na assistência. Sugerimos a formalidade no preparo de enfermeiros-preceptores utilizadores de metodologias de ensino apropriadas para o campo da saúde mental.

Descritores: Enfermagem; Especialização; Saúde Mental; Psiquiatria.

ABSTRACT | In mental health we have faced challenges over the years, we have advanced with public policies aimed at meeting the assumptions of the Brazilian Psychiatric Reform. With the expansion of substitutive networks for psychiatry, new practices were produced, influencing the process of training nurses from undergraduate and graduate levels. Objective: to analyze nurses' strategies for teaching-care integration with multiprofessional residents in Mental Health. Methods: Qualitative, descriptive study with ten nurses from a university psychiatric institution. Data were collected from February/17 to May/17, through semi-structured interviews and submitted to content analysis, in the thematic mode. Results: We identified as strategies: interprofessional interaction; team work; stimulus to psychosocial care. Conclusion: Nurses act as facilitators of the teaching-learning process regardless of whether they are preceptors or not, as they permanently work in care. We suggest formality in the preparation of nurse-preceptors who use appropriate teaching methodologies for the field of mental health.

Keywords: Nursing; Specialization; Mental health; Psychiatry.

RESUMEN | En salud mental hemos enfrentado desafíos a lo largo de los años, hemos avanzado con políticas públicas dirigidas a cumplir con los presupuestos de la Reforma Psiquiátrica Brasileña. Con la expansión de las redes sustitutivas de la psiquiatria, se produjeron nuevas prácticas que influyeron en el proceso de formación de enfermeros de pregrado y posgrado. Objetivo: analizar las estrategias de los enfermeros para la integración enseñanza-cuidado con residentes multiprofesionales en Salud Mental. Métodos: Estudio cualitativo, descriptivo con diez enfermeras de una institución psiquiátrica universitaria. Los datos fueron recolectados del 17/02 al 17/05, por medio de entrevista semiestructurada y sometidos a análisis de contenido, en la modalidad temática. Resultados: Identificamos como estrategias: interacción interprofesional; trabajo en equipo; estímulo a la atención psicossocial. Conclusión: Los enfermeros actúan como facilitadores del proceso de enseñanza-aprendizaje independientemente de que sean preceptores o no, ya que actúan permanentemente en el cuidado. Sugerimos formalidad en la preparación de enfermeros-preceptores que utilicen metodologías de enseñanza adecuadas al campo de la salud mental.

Palabras claves: Enfermería; Especialización; Salud mental; Psiquiatria.

Diego Rocha Louzada Villarinho

Nurse. Master in Nursing from EEAN/UFRJ. Specialist in dermatological nursing Centro Universitário Celso Lisboa (UCL). Specialist in Mental Health, Psychopathology and Psychosocial Care (UNOPAR) Professor of Primary Care and Mental Health at Centro Universitário Celso Lisboa (UCL). Brazil
ORCID: 0000-0002-7849-5256

Ana Cristina Silva de Carvalho

Doctoral student in Nursing at EEAN/UFRJ. Nurse, Tutor of the Multiprofessional Residency of the Teaching and Research Division of INTO. Master

Adjunct Professor I at UNIGRANRIO. Brazil
ORCID: 0000-0002-4303-4740

Alessandra Cabral de Lacerda

Doctoral student in Nursing at EEAN/UFRJ. Nurse, Tutor of the Multiprofessional Residency of the Teaching and Research Division of INTO. Master Adjunct Professor I at UNIGRANRIO. Brazil
ORCID: 0000-0002-1408-7835

Débora Ribeiro Cardoso

Doctoral student in Nursing at EEAN/UFRJ. Nurse at IPUB/UFRJ and DESIP. Brazil
ORCID: 0000-0001-7219-4893

Rosa Gomes dos Santos Ferreira

Doctoral student in Nursing at EEAN/UFRJ. Nurse at IPUB and HMMC. Brazil
ORCID: 0000-0003-4591-1345

Maria Angélica de Almeida Peres

Nurse. Doctor in Nursing. Associate Professor at the Amnna Nery School of Nursing at the Federal University of Rio de Janeiro. Brazil
ORCID: 0000-0002-6430-3540

Recebido em: 20/02/2022

Aprovado em: 24/05/2022

INTRODUCTION

Nursing education in mental health in Brazil is a historical challenge that has been overcome over the years, with the advancement of public policies aimed at meeting the assumptions of the Brazilian Psychiatric Reform. With the expansion of networks replacing the psychiatric hospital, new practices and new knowledge were produced, influencing the process of training nurses at both undergraduate and graduate levels.

Transformations in the practice of nursing care require the academy to adapt teaching in order to theoretically support the practice and its improvement, in order to train professionals who are coherently prepared for health services. This has constantly been a challenge for nursing.

The need for specialization and continuing education in the area of mental health is reinforced by the recognition of the psychosocial model as a guide for health practices in the psychiatric field and by public health policies¹, which increasingly distances other care models that are not supported by the community from the reality of care.

Thus, it is discussed how the teaching of psychiatric and mental health nursing should be in the face of the new paradigm that is placed for health professionals, which requires the abandonment of hospital-centered and medicalizing care.²

Nursing training at the undergraduate level provides for learning the practice of caring for people in psychological distress, in different health units, previously determined by the educational institutions of which they are part. However, studies indicate that non-specialized nurses report the need for greater preparation to work in the mental health scenario, which gives relevance to postgraduate courses in the area.³

In view of this, the Multiprofessional Residency Programs in Mental Health insert professionals specialized in services of different approaches, which can work as a strategy to revitalize the logic of care through the exchanges effected between young and old professionals.

It is emphasized that the concern with

the teaching of psychiatric and mental health nursing has been the subject of long-term discussion, within the academy and in specific forums. Nursing, in these fields, goes through a transitional process in the form of teaching, that is, the abandonment of the asylum practice to enter the psychosocial rehabilitation



In terms of the teaching-learning process, the importance of learning by doing, learning to learn, the importance of interest, experience and participation as a basis for life in a democracy is highlighted.



model.⁴

Thus, upon entering the Multiprofessional Residency in Mental Health, professionals in the specialization process become part of the care teams, according to the course's planning, which leads them to live directly with the professionals of the service, among them, preceptors and nurses of the institution, who act as facilitators of the teaching-learning

process. This relationship between residents and nurses requires, in the dynamics of the teaching-learning process, there is an exchange of knowledge about the specificities that characterize mental health work and an understanding of the complexity of health care in an area that has undergone important transformations in recent years.⁵

We emphasize that, in the reality under study, in addition to the preceptors formally established, assistance nurses contribute to the training of residents, who act as facilitators of the teaching-learning process and teaching-care integration. This fact deserves to be highlighted since, in Residents' practice fields, it is understood that the teaching-learning process is a collective construction, which involves the planning of the entire educational process with all the actors inserted in the place where the training takes place.⁶

In terms of the teaching-learning process, the importance of learning by doing, learning to learn, the importance of interest, experience and participation as a basis for life in a democracy is highlighted. Modern pedagogies have directed the active learning of collective work, participation, research and knowledge construction.⁷

With this collective learning process in mind, the following research objective was elaborated: to analyze Nurses' strategies for the teaching-care integration with multiprofessional residents in Mental Health.

METHODS

Research with a qualitative, descriptive approach.⁸ The setting was the Institute of Psychiatry at the Federal University of Rio de Janeiro (IPUB). The participants were ten nurses, registered as preceptors or not, who work in the practice scenario of residents in the institution.

Nurses who experience assistance with Residents were included regardless of whether they are formally preceptors or not, since, in the case of a teaching hospital, all professionals are involved in the different training processes for which the institution is responsible. Thus, we will use the terms preceptor/facilitator in the text to refer to the participants,

covering all professionals who work with residents.

For data collection, the semi-structured individual interview was used, which is the one in which a script is used that allows greater freedom to the participant to answer the questions.⁹ The interviews were carried out from February/17 to May/17, the data of the article, although collected in 2017, were essential for this discussion, since training in Mental Health considers the evolution of its trajectory to qualify these professionals. Before or after the participants' work shift, in order not to interfere with the care routine; were recorded on a digital device and transcribed; The average duration of each interview was 35 minutes. Content analysis, in the thematic modality, supported the treatment of data, discussed according to the scientific production on the subject. Three categories were identified: Interprofessional interaction as a facilitating strategy for the teaching-care integration process; Teamwork as a facilitating strategy for the teaching-care integration process; Encouraging psychosocial care as a facilitating strategy for the teaching-care integration process.

The project that gave rise to the research was approved by the Research Ethics Committee and followed the guidelines contained in Resolution 466/12 of the National Health Council.¹⁰

RESULTS

Interprofessional interaction as a facilitating strategy for the teaching-care integration process

The results show that, for the best use of conditions and daily activities, the participants highlight the need for a horizontal relationship, so that the guidelines of the preceptor/facilitator nurse to the Resident have better acceptability.

The participants revealed the strategy of respecting the trainees as professionals:

Residents are separated by teams and they themselves set priorities for the day-to-day demands of the sector. (Nurse III).

I think, above all, we have to know how to get to this Resident, because not everyone knows the way of teaching that UFRJ/IPUB has, so many of these get a little lost with the beginning of everything and if the preceptor does not know how to deal with it or has the patience to understand the issues that permeate the Resident's practice, his entire learning process can be blocked. (Nurse VIII).

Faced with the practice of preceptor/facilitator in the multiprofessional residency, the participant's speech below raises questions that converge with the idea presented above, that the Resident's relationship with the service team always involves the nurse, since most of the Residents' practical activities take place in the scenario of leadership and activity of the nurse and his team.

I was a Resident, not in Mental Health, but I know how hard it is to deal with all that. The theoretical part, the hospital practice and the conflicts that occur in relation to the team, so having a good relationship with this nurse who is there with you in those moments can make all the difference. Also because this Resident becomes part of that team too (Nurse VIII)

It is possible to verify that, for a better learning experience, nurses are aware of the meaning of a good professional interaction with Residents, an important strategy to facilitate the educational process under construction.

Teamwork as a facilitating strategy for the teaching-care integration process

Regarding the strategies used, the activities carried out in the hospitalization units stand out, where one participant refers to the interdisciplinarity characteristics that collaborate for the teaching-learning process of all Residents:

It's multi-professional, everyone does everything. Nobody knows who is a nurse, occupational therapist, among others. They assume and divide the patients according to their teams (Nurse I)

The formation of teams to carry out care takes place with the articulation between Residents, preceptor/facilitating nurses and the medical team.

We are linked to a supervision team, every day here they have shifts with the preceptors of the medical staff, thus carrying out the mini team for that day. In this way, we evaluated the cases demanded on the day (Nurse VII).

We help them [Residents] in the discussions of clinical cases. And the coolest thing about it all is that, because of his specialty, they always bring new observations and are not limited to the knowledge acquired by them during graduation. Here they interact well and we can see the evolution of a professional towards teamwork (Nurse X).

Thus, the research shows that the activities of preceptorship/facilitation of nurses in the teaching-learning process of Residents in mental health of the IPUB course are directed according to the demand of the sector in an interdisciplinary process for psychosocial care.

Encouraging psychosocial care as a facilitating strategy for the teaching-care integration process

Regardless of the Residents' practice scenario, the participants refer to the support base of care in the psychosocial model:

We try to work with patients outside of here. They go out a lot, we try to take them to the territory, even when hospitalized, we make

sure they continue to attend the PCN of origin (Nurse VII).

Many arrive here without knowing anything about Mental Health and bringing up this thought of psychosocial rehabilitation becomes easier and more pleasant (Nurse IV).

Therefore, the participants refer to the search for theoretical references for a qualified approach and care.

In this approach to cases and discussion with them, a lot of material is used on Health Policy Reform, Psychiatric Reform and Mental Health Ordinances (Nurse VIII)

In this approach to cases and discussion with them, a lot of material is used on Health Policy Reform, Psychiatric Reform and Mental Health Ordinances (Nurse VIII).

We use texts, problem situations surrounded by references according to the necessary attention (Nurse IX).

The hospitalization sector is the practice scenario of IPUB Residents as a strategy to demonstrate the intersection between the services that constitute the Psychosocial Care Network (PCN), focusing on rehabilitation in crisis situations and long-term hospitalization.

When they [Residents] arrive here, they are referred to long-stay users with the aim of deinstitutionalizing them. What I consider a great challenge! (Nurse VII).

IPUB is a crisis hospital. This is a fact! But we cannot forget the Psychiatric Reform in this context, because all these years of struggles and conquests will be worthless

(Nurse IX).

Residents do not come here with fear of them [patients] nor with the asylum logic installed (Nurse I).

I find it impressive when Resi-

Reform “fresh” in mind and are even shocked when they see some more asylum activity, but they are not limited to just observing and questioning with us the occasional thing (Nurse X).

The study revealed the critical view of the institution's professionals and the Residents, which is a positive point for us to advance in the discussions on transition of models in mental health.

DISCUSSION

Although specialization courses for health professionals in the residency modality have existed in Brazil since the 1970s, its regulation was primarily for medical professionals, with Decree n. 80,281 of 1977.

For the Multiprofessional Residency, which this study is about, it was only in 2005, by Federal Law n.11,129 of 2005, that it was instituted as a teaching modality of Lato Sensu Post-Graduation, aimed at training human resources for the Unified Health System (SUS).¹¹ This legislation stipulates that the multiprofessional and uniprofessional Residency Programs in the health area be developed with 80% of the total workload concentrated on practical and theoretical-practical educational strategies, “with the guarantee of actions of integration, education, management, attention and social participation and 20% (twenty percent) in the form of theoretical educational strategies”.¹²

When asked about their activities with the Residents, the research participants informed the strategies used for interprofessional interaction in order to combine care practice with teaching, with emphasis on the interdisciplinary relationship, teamwork and the exchange of experience between nurses and residents, with a view to the process of deinstitutionalization and psychosocial rehabilitation.¹³

Two important pieces of information about daily care in the institution studied, which enable the exchange of experiences between nurses and Residents, are explained in the research results. One is related to the



The territory's practices focus on psychosocial rehabilitation, since the promotion and reaffirmation of this individual's autonomy is the main objective. One of the embodiments is the presence of the Therapeutic Companion (TC).



dents arrive here at IPUB and are unaware of everything that is here. The PCN generation that has never entered a hospice and criticizes everything that happens here and at the same time finds itself divided on what to do (Nurse VIII).

The Multiprofessional Residents arrive here with the Psychiatric

participation of Residents, Nurses or not, in the daily activities of the unit, which is a reason for coexistence, therefore, for approximation between apprentice professionals, users and employees; and another is the sharing of psychosocial care actions respecting the knowledge already brought by them, since they are already health professionals.

The exchange of knowledge involves a relationship of trust in the learning process, which makes a difference when you want to specialize a professional, since knowledge is given through the provision of health care and this trust and motivation to learn is based, in many cases, on the process of mirroring the one who becomes a reference to everything.¹⁴

For the best use of the conditions and daily activities, a horizontal relationship is necessary, so that the guidelines of the preceptor/facilitator nurse for this Resident have better acceptability.

Knowing how to relate is one of the challenges of the preceptor/facilitator and the work process, linked to the educator commitment, requires the formation of didactic partnerships - practices for the resolution of interpersonal conflicts and the daily confrontation of the profession.¹⁵ In this regard, it is noteworthy that interdisciplinarity performs the interpretation between areas, allowing dialogue between knowledge capable of re-dimensioning the practice both in the formal school environment and in an alternative environment.¹⁶ In the speech of the participants, the intention to provide psychosocial care is evident, including within the new territorial practices:

“Territory is not just a geographic area, although its geography is also very important to characterize it. The territory is fundamentally constituted by the people who inhabit it, with their conflicts, their interests, their friends, their neighbors, their family, their institutions, their settings (church, cults, school, work, pub, etc.). It is this notion of territory that seeks to organize a network of care for people who suffer from mental di-

sorders and their families, friends and stakeholders.”¹⁷

The territory's practices focus on psychosocial rehabilitation, since the promotion and reaffirmation of this individual's autonomy is the main objective. One of the embodiments is the presence of the Therapeutic Companion (TC). This practice must take place through the participation of a professional, from any professional category present in the multidisciplinary team, in the reintegration of the individual with a mental disorder to society, especially to their territory, which requires trained professionals for this approach.¹⁸

In the research, it became evident that preceptor/facilitator nurses conduct the Residents' practice in accordance with public mental health policies in Brazil. Deinstitutionalization is still a concern in the psychiatric care setting, and new professionals must be prepared to act in response to the needs of patients and families.¹⁹

But that in one way or another we realize that the specialization for health professionals in the residency modality has a differential of interdisciplinarity, and although there is a certain concern with the psychiatric care scenario, professionals provide interdisciplinary assistance, mitigating many actions that could cause harm.

In this way, it brings interdisciplinarity with greater force to the challenges of strategies to achieve the objectives of the TPS, to which interdisciplinarity must be understood as a strategy for health. Perhaps the difficulty of some is in the training that was not treated in this way, but with the evolution of science and with globalization we have to adapt.

The act of deinstitutionalization aims at Psychosocial Rehabilitation through the emphasis on the family relationship, and on the territorial relationship for the link to the Therapeutic Residency Service (TRS). This service from the perspective of the Ministry of Health 18 motivates that the creation of therapeutic residential services is essential for the reduction of beds in psychiatric hospitals since they offer living conditions for those who have become institutionalized, homeless people and egresses from penal institutions and judicial

asylums, that is, people with compromised or non-existent family and social ties.²⁰

The proposed method of care that corresponds to this expectation is the Singular Therapeutic Plan (STP), which involves a set of proposals for articulated therapeutic approaches, aimed at an individual, family or community. It aims to outline an intervention strategy for the user, relying on the resources of the team, the territory, the family and the subject himself, and involves an agreement between these same actors.²¹

Team relationships develop one of the great challenges for the deinstitutionalization process, where the lack of understanding of being multidisciplinary is one of the most common obstacles.²² The research showed that preceptor/facilitator nurses understand their interdisciplinary role and revealed that these professionals are links in the team, certainly because they remain in the service all the time.

CONCLUSION

The IPUB/UFRJ Multiprofessional Residency course has in the institution's nurses important allies for the specialized training of professionals in the mental health team, consonant with the reconfiguration of care practices by the psychiatric reform, which became a challenge for the adoption of new paradigms. Taking into account that students and preceptors/facilitators come from different places and cultures and understanding and working on this relationship in order to add better educational information is a necessity of this preceptor/facilitator.²³

The simplest strategies are the ones that, in the view of the interviewees, enabled the best effectiveness. It is important to highlight that in the relationships developed between residents and preceptors/care nurses, practices were directed towards de-hospitalization and de-institutionalization.

As a final reflection, we raised the need to prepare assistance nurses to act as preceptors/facilitators of teaching in the field of mental health with a leading role in the psychosocial model of care. 🌱

References

1. MENDES AC, MARQUES I, BARROSO T. Necessidades educacionais e enfermagem de saúde mental e psiquiátrica: estudo exploratório em enfermeiros a trabalhar em psiquiatria. *Rev Enf Ref* [Internet]. 2002 Mai [cited 2018 Mai 21]; 8(1):17-23. Available from: https://ui.esenfc.pt/rr/index.php?module=rr&target=publicationDetails&pesquisa=sa%FAde%20mental&id_artigo=53&id_revista=5&id_edicao=14.
2. LESSA, G., PREIS, L., MARCIANO, A., MOISÉS, D., EFFTING, J. A DISCIPLINA DE SAÚDE MENTAL E/OU PSIQUIATRIA NOS CURSOS DE GRADUAÇÃO EM ENFERMAGEM: REVISÃO INTEGRATIVA. *Cadernos Brasileiros de Saúde Mental/Brazilian Journal of Mental Health* [Internet]. 2017, Mar [cited 8 mar 2017]. Available from: <http://incubadora.periodicos.ufsc.br/index.php/cbsm/article/view/4422>
3. Duarte M de L, Porto L, Scholz D, Torres O. PROGRAMA DE EDUCAÇÃO PELO TRABALHO NA SAÚDE MENTAL EM UM MUNICÍPIO NO SUL DO BRASIL. *RCS* [Internet]. 7 nov. 2017 [cited 27dez.2018]; 17(33):167-73. Available from: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/5719>
4. SOARES, M.H. Cenário do enfermeiro psiquiátrico: estudo de caso. 2007. Dissertação (Mestrado)-Universidade de São Paulo, Ribeirão Preto.
5. CAVALHERI, Silvana Chorratt. Transformações do modelo assistencial em saúde mental e seu impacto na família. *Rev. bras. enferm.*, v. 63, n. 1, p. 51-57, 2010.
6. SANTOS, Fernanda Almeida dos. Análise crítica dos Projetos Político-pedagógicos de dois Programas de Residência Multiprofissional em Saúde da Família. Dissertação de Mestrado. Escola Nacional de Saúde Pública (ENSP) /Fiocruz. 2010.
7. AMARAL, A. L. As eternas encruzilhadas: de como selecionar caminhos para a formação do professor de ensino superior. In: XXII ENDIPE, 2004, Curitiba. Conhecimento local e conhecimento universal: pesquisa, didática e ação docente. Belo Horizonte: Editora Universitária Champagnat, 2004. v. 1, p. 139-150.
8. MAFRA, FLN, CAPPELLE, MCA, MENDONÇA, MCA, OLIVEIRA, MLS, PAULA, MG. Ensino-aprendizagem numa perspectiva crítica: relatos de uma experiência. *RAM, REV. ADM. MACKENZIE*, V. 13, N. 1, pp.40-67, SÃO PAULO, SP, 2012.
9. LÜDKE, M e ANDRÉ, M.E.D. Pesquisa em Educação: abordagens qualitativas. São Paulo: EPU, 2ª ed. 2013.9. GIL, Antonio Carlos. Como elaborar projetos de pesquisa. 4. ed. São Paulo: Atlas, 2008.
10. Brasil, Ministério da Saúde. Resolução nº 466, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras com pesquisas envolvendo seres humanos. Conselho Nacional de Saúde. *Diário Oficial da União* 13 jun 2013; Seção 1. pag.59
11. 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 no 10.683, de 28 de maio de 2003, e 10.429, de 24 de abril de 2002; e dá outras providências. *Diário Oficial da União, Poder Executivo, Brasília, DF, 01 jul. 2005.*
12. Brasil. Secretaria de Educação Superior, Comissão Nacional de Residência Multiprofissional em Saúde (BR). Resolução CNRMS nº 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 a frequência dos profissionais da saúde residentes. *Diário Oficial da União [da] República Federativa do Brasil*. 2014 nov 10.
13. Arruda Gisele Maria Melo Soares, Barreto Ivana Cristina de Holanda Cunha, Ribeiro Kelen Gomes, Frota Amanda Cavalcante. O desenvolvimento da colaboração interprofissional em diferentes contextos de residência multiprofissional em Saúde da Família. *Interface (Botucatu)* [Internet]. 2018 [cited 2018 Dec 27]; 22(Suppl 1): 1309-1323. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832018000501309&lng=en. Epub Dec 07, 2017.
14. Watkins Chanell, Hart, Patricia L.Hart, Mareno, Nicole. The effect of role effectiveness on newly licensed registered nurses' perceived psychological empowerment and professional autonomy. *Nurse Education in Practice*. Elsevier. Volume 17, March 2016, Pages 36-42. Available from: <https://www.sciencedirect.com/science/article/pii/S1471595316000251>
15. Bispo, Emanuella Pinheiro de Farias, Tavares, Carlos Henrique Falcão e Tomaz, Jeruzi Mendes Tôrez. Interdisciplinaridade no ensino em saúde: o olhar do preceptor na Saúde da Família. *Interface - Comunicação, Saúde, Educação* [online]. 2014, v. 18, n. 49 [Available from: 27 Dezembro 2018], pp. 337-350. Available from: <https://doi.org/10.1590/1807-57622013.0158>. Epub 10 Mar 2014. ISSN 1807-5762. <https://doi.org/10.1590/1807-57622013.0158>.
16. Aberšek, Boris. Interdisciplinarity in education. *Problems of education in the 21st century* Volume 61, 2014.
17. BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de ações programáticas estratégicas. Coordenação Nacional de Saúde Mental. Residências terapêuticas: o que são, para que servem. Brasília: Ministério da Saúde; 2004.
18. Amarante P, organizador. *Psiquiatria social e reforma psiquiátrica*. 2ª ed. Rio de Janeiro: Fiocruz; 2002
19. Oliveira Eliany Nazaré, Linhares Maria do Socorro Carneiro, Osawa Maristela Inês, Santiago Anna Vicente, Ponte Maria Alzenir C., Dias Maria Socorro de Araújo. Residência em saúde da família: a preceptoria de enfermagem lapidando seu objeto de trabalho. *Rev. bras. enferm.* [Internet]. 2000 Dez [citado 2018 Dez 27]; 53(spe): 111-115. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-7167200000700017&lng=pt. <http://dx.doi.org/10.1590/S0034-7167200000700017>.
20. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Residências terapêuticas: o que são, para que servem / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. – Brasília: Ministério da Saúde, 2004. 16 p.: il. – (Série F. Comunicação e Educação em Saúde) ISBN 85-334-0822-6 1
21. Hori Alice Ayako, Nascimento Andréia de Fátima. O Projeto Terapêutico Singular e as práticas de saúde mental nos Núcleos de Apoio à Saúde da Família (NASF) em Guarulhos (SP), Brasil. *Ciênc. saúde coletiva* [Internet]. 2014 Aug [cited 2017 Aug 23]; 19(8): 3561-3571. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000803561&lng=en. <http://dx.doi.org/10.1590/1413-81232014198.11412013>.
22. ALVERGA, Alex Reinecke de; DIMENSTEIN, Magda. A reforma psiquiátrica e os desafios na desinstitucionalização da loucura. *Interface (Botucatu)*, Botucatu, v. 10, n. 20, p. 299-316, Dec. 2006. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832006000200003&lng=en&nrm=iso.
23. SILVA, S.L.R.P.T., BALSANELLI, A.P.; NEVES V.R. Competências Pedagógicas do enfermeiro professor na graduação de Enfermagem. *Revista Nursing* [Internet], 2019; 22 (250): 2721-2727 <<http://revistas.mpmcomunicao.com.br/index.php/revistanursing/article/view/270/252>>