Interface - Comunicação, Saúde, Educação
ISSN: 1414-3283
ISSN: 1807-5762
UNESP

Dallegrave, Daniela; Ceccim, Ricardo Burg
Encontros de aprendizagem e projetos pedagógicos singulares nas residências em Saúde
Interface - Comunicação, Saúde, Educação, vol.
22, núm. 66, Julho-Setembro, 2018, pp. 877-887
UNESP

DOI: 10.1590/1807-57622017.0020

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# Learning meetings and singular pedagogical projects in health residency programs

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This is a presentation of the concepts of “learning meetings” and “singular pedagogical projects”, both resulting from a study on health education in residency programs. The first concept refers to follow-up ethics and the educationwork pair, whereas the second refers to the constitution of singular syllabuses in replacement of conservative syllabuses. The methodology was designed as “researching with Alice” (Alice in Wonderland), making use of the multiplicity of systematic (invitation to dialogue) and nonsystematic communication (hearings in debate scenes) provided in a in a Health Residency Programs National Meeting, in light of the words teaching and learning. It is understood that practical learning results from emotional exposure and apprehensions, and that a syllabus is made up of the possibility to apprehend questions and contextualize them, rather than creating a school syllabus based on what will be learned, especially when it comes to in-service education.
*Keywords*: Learning meetings. Singular pedagogical project. Health residency programs. Health education and teaching. Public Health.

## Introduction

The article discusses teaching and learning in the education process carried out within health services through residency programs. It is originated from a research in Education using a methodology designated as "research with Alice"[1], an innovative design that consisted of circulating across a National Meeting of Residencies, taking notes of speeches by speakers or participants, prompting those interested to "talk more" contributing to a thematic round as well as asking for answers by e-mail to a randomly distributed pamphlet. The whole process was developed under the question about what is learning and teaching in residency programs. It concludes with the formulation of the concepts of Learning Encounters and Singular Pedagogical Projects, as constituent elements of the "curriculum in movement" in the residencies in health, and opposed to a conservative and uncritical

curricularization.

The experience of being amidst the Meeting, with the influx of the information according to what was being said, sparing the protection of a script of inquiries, resembled the many surprises Alice experienced as she fell into Wonderland, an unknown, albeit full of signs[2] "country" related to her resources of thought. Those signs allowed her to learn as long as she could let go and be affected by the multiple callings. Alice would ask, and ask herself, a thousand questions while coming across the unusual and the unexpected at all times, experiencing in her body many changes and differences, in order to have a new autonomy to get the intelligence to walk around that place.

The article focuses on Education in Integrated Residencies and / or Multiprofessionals Residencies in Health - RIS / RMS, training modality through and by work, organized as a specialization (lato sensu post-graduation) carried out in health services. Regardless of the differences that may exist among the areas of specialty and the scopes or services that constitute the practice scenarios in the residencies in health, we were interested in a possible pedagogy of residencies. In the learning settings, residents coming from various professions - students of Residency programs - are placed in teams and are accompanied by professionals of their own or other professions, called preceptors, tutors or supervisors, some of them pertaining to a "field" (expanded health area), while others refer to a "core" (area or subareas of specialty in the specific profession)[3]. "Teaching" functions are often assumed to be a comprehensive attribution of "preceptors" in Residency programs, encompassing all actors assigned to guide the learning process.

There are no strongly established curricular guidelines for the Residency, even though there are suggestions related to their pedagogical-curricular projects that emanate from the National Commission of Residences in Health - CNRMS[4]. In the same vein, there is no definition of learning modalities and limits or extension of practice settings. Through searching for new programs and the quest for access by recent graduates, we may acknowledge the existence of intensities seeking expression, multiplicities of teaching and learning that can happen in the programs, dispute of pedagogical projects and ways of caring. Besides this multiplicity, coexist innumerable possibilities of enriching - through experience and familiarity - "encounters" between newly graduated and experienced professionals, "encounters" of young people in training with users and family members of health services and services, "encounters" among colleagues as well as both the expected and unexpected encounters in work settings (being them in care, management or social participation scenarios). There is also the social recognition that this educative activity gives outstanding quality to training for work[5,6].

Residencies are not and do not pretend to be an obvious or natural continuity of undergraduate studies[5-7]. They do not, and also should not educate in order to achieve the specific objective of those undergraduate studies. At the same time, they cannot be the super-specialist training, for lack of enough clarity regarding this demand. The Residency is useful to move away from the “full stop period” of the professional training represented by graduation without exposing recent graduates to plain employment. It also departs from the "exclamation point" of the profession, represented by the degree title (marking that the subject is already a professional and this suffices to work in the profession). The residency allows accepting "question marks" about the meaning of being professional in territories of work and health policy, on the competencies of the professional performance and on the appropriation of the tasks within a team facing complex questions like those originated in responding to health care needs.

If they are question marks, both the one who learns and the one who teaches must be attentive to the signs

of caring, treating, attending through the interprofessional, social and managerial-administrative networks of the health system. Signs are invitations, provocations, affections but not representations. When you let yourself to be affected by the signs, what kind of unpredictable results would follow? What doubts would require us to be able to share? What "encounters" with the user would tell us about how to care in the best way? Signs are understood as that those emitted from things and which teach "by affection"[2], in the sense that they provoke a "different way of feeling", which corresponds to the variation of our potential to be/to exist, they violate thought (the given configurations) and provoke the creative act[8]. The learning-affection is, therefore, the approximation and decipherment of these signs, to become sensitive to them. Learning is firstly the result of the sensations, afterwards comes from the shaking of the current settings and lastly, the intelligence.

One must be sensitive to signs, "to consider the world as a thing to be deciphered," in Deleuze´s words[2]. In this sense, intelligence is not a gift; intelligence is something that comes later. The gift is to be able to be affected. Deleuze says that considering the world as a thing to be deciphered is undoubtedly a gift[2]. Emissions from signs do not possess strict and linear meanings. One must be sensitive, for they may not be always interpreted in the same way. Signs are emissions to be apprehended and they develop learning by their effects. They are not like the signifiers, before whom we perceive representations proposed by language and culture. Signs instead, invoke "the very thing of which they speak"[9]. We are our encounters with the signs.

**Residencies: a pedagogical practice using signs**

As a general matter, pedagogical practices in teaching and learning are guided by an institutional role that must be exercised in a fixed way (selection, curriculum, evaluation and records), attesting competencies conducive to granting a certification. However, the formative process in the residencies does not occur in a paper or in the classroom, the patients are not physiological or pathological pictures in a learning laboratory or in a simulation device, the health services are not a figure of abstraction or something that is subject of sporadic contact as may occur in experiences and practicums of undergraduate studies. The subjects are teachers and students in the care settings, in the managerial process and in participation instances with workers and users, in experiences of afflictions, sensations, decision making, conducts and procedures, humane reception (or not) of reactions, detection (or not) of particular and original needs. The formative process occurs in environments filled with signs, resulting in "in-sign-ment". We use in-sign-ment, as alternative to teaching in order to distinguish between exposing to signs and exposing signifiers, what is intended is not that the learners acquire the marks (insignia) of what they had been taught, but to try to be destabilized as a way to build knowledge out of themselves, out of encounters and otherness, on the spot, facing the construction of acts of caring, treating, attending.

A teaching-work setting is a scenario of networks of encounter, encounters that occur among the signs between people; with the signs of illness, of life in the neighborhood; of social actions/intervention; teaching and learning; institutional rules and elements of the background that tell us at every moment about how this encounter should look like, what it should create, who is fairly belonging to it as well as how its members should behave[7]. In this sense, the encounters can either be very attractive or simple ways to get rid of supervised tasks. They can unfold new ways to observe or alternatively regulate the ways of seeing. The glance that was already there, can be forced to move or adjust to the smallest number of pores at the passage of differences. When one (that is already many) meets another (that is also many others), there is the possibility that each one sees and looks back in many

others (in the team, within the team, in the care process, in the educative process, in the interaction, in the provision of actions and in experimentation in act). No one is able nor can stay the same in the encounter-affection-learning. This prevents the subject from continuing to be the same. Being a curriculum of learning, this would not be a curriculum by contemplation or formal acquisitions; it would be an enhancer of a larger life[8].

In Residencies in Health, there is a curriculum in movement, infusion of signs, and programmatic curricularization, scheduling and distribution of field assignments and classes. It will appear on the one hand an emergence of actors in *problematic listening* and on the other hand, a process of regulation, normative and sets of rules in *meaningful learning*. In Education in Residencies, there are contributions of educational work (plurality and construction) as well as a curricularization of the education in work contexts. It may be hard to inform and defer what is *movement* and what is *process* in this kind of scene and context. It turns out that the political power of the notion of in-sign-ment is not to let us to be more knowledgeable regarding the technical and technological lore, but that, from the affection of thought (coming from something that forces out of the established configurations), to know different. Lore does not move only in the rational-cognitive field, also in things and in us[2,8], it inspires new sensitivities to signs (move our perceptions, move our affections). It is in this sense that we can educate professionals capable to know, instead of learned professionals. Do we tolerate a "curriculum" of this kind? Where are our resistances?

**The path and its findings: researching with Alice**

An original research "rehearsed" the experimentation of signs, a willingness to meet. Inserted in a doctoral program in Education, a research was designed to teach and learn during the residencies, contacting actors, whether residents or former residents, preceptors or ex-preceptors, as long as they were involved - in the contemporary - with its thematization, guidance or student attendance. We chose as the setting to let ourselves being affected, the II National Meeting of Residencies in Health, held in conjunction with the X Brazilian Congress of Collective Health that was precedent to the First Gaucho Meeting of Residencies in Health. It was an unparalleled opportunity for congregation and circulation of ideas, debates of opinion, presentation of contradictions, conciliation or opposition of differences. It was during 2012, and the regulation and regularity of the offer of residence programs was a burning issue at the time. The "tried" experimentation was that of an experience of Alice in Wonderland. To be in the places of debate, to listen to the conversations from the side, ask questions, and to pass around notes with the question "do you want to tell me more about learning and teaching in the residency?" (The slip contained a place and time for a conversation round if there was acceptance) It was also distributed a pamphlet that presented the question "how would you express a learning experience in the Health Residency (image, sound, narrative, poetry, reporting, whatever)?", requesting answers to be sent by e-mail.

In addition to exposure to signs, the search for representations: as in a mirror or alternatively through the looking-glass. We analyzed the legislation in force in 2013 regarding Health Residencies, totaling 18 documents (11 of which were Medical Residencies and 7 were Integrated Residencies and / or Multiprofessional Residencies). Without prior knowledge of the research path, there was an issue regarding the need to analyze education practices within and through the work process, in relation to the pedagogical management of the training process, the training of teachers (preceptors) and the evaluation of learning.

This endeavor resulted in a composition of notes, records of conversations with a person or a group and

the receipt of emails. It was possible to weave a plot, using the listening and the answers in writing, ending with the creation of thought, in those areas in which Alice's outputs were able to configure. We painstakingly reviewed annotations and images. Reading and re-reading allowed us to appreciate emerging themes. Many records called for more than six possible classifications, if they were compared by discursive representations. The electronic tool used to organize the material was the MaxQDA 10 software. This application allows producing indicators, marking the text and adding comments. The result of this codification is an electronic separation of the passages, according to the markers used. In attempting the analysis, the research used these markers making them work so that they were useful. Thus, the research path focused on the material in depth, using the analysis of the order of discourse in Foucault (the inaugural lecture of the Collège de France, December 2, 1970, entitled The Order of Discourse). In this piece, Foucault presents the procedures, principles and notions of discourse[10] (there is no correspondence to the methodologies of Thematic Analysis or Content Analysis). This "attention" articulated the questions of study, operating with the concepts of the analysis of the Foucauldian order of the discourse (the discourse does not refer to the immediate situation of enunciation, as it is enunciated within the condition of emergence of a given discursivity).

The social actors of the residences said in plenary and at the tables that working in health and health institutions are inhabited by "accompanying strategies" and by the "education-work coupling", that both the preceptory and the learning are intensive exchanges, challenge of creative forces, invitation to invention. However, thousands of blocking mechanisms coming from preceptors, residents, managers or regulators annul and empty such potential. It was understood that institutional follow-up, in its pre-fixed role, happened (and happens) in a formal, structured and recorded way, more specifically in the expression of a grade for the resident (or an approval; or several ways of saying that learning happens or happened - or not - in that place). The participation of several signs in the learning settings could (and may) resonate with different intensities to each one in the scene. What can be learned from the affections produced by the signs is not generalizable and, for this reason, it would not make sense to think of equalization in the fields of learning of the Residency, or of any other form of expression of curricularization in pre-stablished contents and forms.

The research tried to organize some of these signs that were possibilities to make care visible and to provoke learning. It can be said that signs provoke thought, it can be said that in-sign-ment is not intentional and that it only happens to those who were touched. So, in order to overcome this unpredictability of learning and in order to fully regulate learning it may be upheld a curriculum of instituted knowledge? and may it be traced without error its reassertion and its regulatory domain? May this ensure from an educational point of view, that it would be what it should be known? Silva, for example, says that three concepts operate curriculum practices: meaning, representation and fetish (curriculum as practices of signification, curriculum as representation and curriculum as fetish) [8].

Some components of the learning settings were narrated as themes originated from the work process, others seem to come from the thematic pedagogical process. There was an interest to know what went through these scenes, what challenged the work and what the signs did regarding the inhabitants of this work and its institutions. We still do not know, but one concept has gained an enunciation strength: "learning encounters"

**Learning encounters within Residencies in Health**

> What a time the Monster is, cutting up that cake!' Alice had seated herself on the bank of a little brook, with the great dish on her knees, and was sawing away diligently with the knife. 'It's very provoking!' she said, in reply to the Lion (she was getting quite used to being called "the Monster"). 'I've cut several slices already, but they always join on again!'
> 'You don't know how to manage Looking-glass cakes,' the Unicorn remarked. 'Hand it round first, and cut it afterwards.'
> This sounded nonsense, but Alice very obediently got up, and carried the dish round, and the cake divided itself into three pieces as she did so. 'Now cut it up,' said the Lion, as she returned to her place with the empty dish[11] (p. 266-7).

"Today I will teach about this technique...". This may be the beginning of a theoretical class regarding any professional technique in health work. Some students will have probably read the schedule of classes before and studied the technique in the reference book for the course or “mined” trusted sites of the great virtual world, to arrive "well prepared" to their class. They are prepared to listen and learn in a good way whatever the teacher has to say to them on that day when they will be able to master that subject. They may get out of class confident, knowing they have learned. The days passed and that class is transposed to the health service, where the learned technique is experienced. The "known" technique, when performed with one person, carries much other lore, many life productions. This "complexity" did not belong to the class, but to the encounter where the students recognize learning and modify it, but need the affections and feelings produced in it The encounter that takes place in the daily life of health work, filled with mundane, loving, sensitive and sensorial signs[7] causes a displacements of self. It may be that a destabilization happens moments after the known technique is performed, in a moment when strangeness arrives and body and thoughts act.

In this learning meeting, which happens in the daily work, there is also a kind of ethics, what could be called an accompanying ethic. This ethics happens within a relationship between the resident and the preceptor (encompassing all denominations assumed in this teaching function), a relationship that is sometimes mediated by conflict, in other times by mutual admiration, or a passionate relationship of friendship. One could say then, a relationship between preceptor and resident, an accompanying relationship, permeated by an ethics of friendship, "a relation still without form," as in Foucault, when he refers to friendship - a connection without affiliation and without intention of parenthood or motherhood. By formulating this fashion of developing the friendship relationship, there are infinite possibilities to express the concerns of what affects, what produces fidelity among friends, what is friendship, which causes affection and companionship. Encompassed in this ethic of friendship[12] and the preceptor, we found the possibilities of shaking the institution, of violating what has already been instituted, of producing new meanings for the day-by-day care (learning).

The possibility of lovingly living the work differs from the prevalence of certain school machinery or from the regulations resulting from the instituted work. It is the possibility of piercing the institution established between the resident, of forcing leaks, in order to recreate the environment. It is, above all, the possibility of being in motion, of embracing the affective hurricanes. Foucault refers to friendship as a way of life[12]. A way of life that can also be the ethical method of friendship present in the relationship between preceptor and resident. A way of life that "can lead to intense relationships that do not resemble any of those that are institutionalized," giving way to

other manners of embracing affections and building learning. This situation allows recognizing the encounter of learning as passion, a passionate relationship, and an intense affective plot. This intense affective plot is acted by characters of the most diverse orders, composing productions of learning in the daily health work. The preceptors in these experiences with learning potential are been educated, just like the residents. In these same instances, affective hurricanes reap the future products of work and learning.

The workplace and health teaching environment is in motion. What moves each of us? The will of power emerging from the "encounters" multiplies the possibilities of being. Experiencing new ways of being there, welcoming the production of others-in-us, emerging from the multitude that we already are, updates us to others, not a permanent replacement of identities, which return and settle. What returns is the production of diversity, plurality (always again and again). We are intensive manufacturers of learning in the world of work. It seems, in this sense, that there is an interface between the by-products of work and learning in the Residencies in Health, in the limit transforming one in the other, as in a Möbius tape, a screen of Escher or in the *taiji* diagram of the Yin-Yang forces, with no beginning or end. This persistence of movement appears in the daily routine of residency programs, where education within and through work presents itself as encounters and learning, requiring its own and original pedagogical projects. The school machinery and the rules about work can function as two gears moving reciprocally, a kind of coupling, therefore not bad. In this education-work coupling there are at least "possibilities": the power of one leading the other in its self-potential, in spite of the validity of captures in which one command the protocols of action of the other.

In a didactic way, we contrived a frame of combinations (Table). The power is coded by the symbol "+" meaning that it is a positivity, i.e. the qualities present in each one are capable of mobilizing desires and futures. Captures instead are represented by the symbol "-", as a way of expressing that there is a hierarchy in which rules and norms are superior to individuals, giving rise to performativity and serialization.

**Frame 1.** Scheme of possibilities of the education-work coupling

| Powers / Catches | **Powers of Education** | **Catches of Education** |
|---|---|---|
| **Powers of Work** | + work<br>+ education<br>A | + work<br>- education<br>B |
| **Catches of Work** | - work<br>+ education<br>C | - work<br>- education<br>D |

Source: Original search[13]

In quadrant A, we put the desire and the future of education and work, the creation of each one that participates in the educational scene, using the formal knowledge and also the invested knowledges. Schwartz differentiates the formal knowledge from the invested knowledge[14]. For him, lore "is knowledge that occur in adherence, in capillarity with the management of all work situations, in itself acquired throughout individual and collective singular trajectories." The invested knowledge is contrary to the "formal" academic knowledge that is disinvested, that is, that can be defined and related to other concepts, regardless of the particular situations. Using the language of the National Humanization Program in the Brazilian National Health System[15] regarding

therapeutics, the construction of Singular Therapeutic Projects, it may be suggested a proposal of Singular Pedagogical Projects. Singular Pedagogical Projects would take into account the productions in daily life, the scrutinized affections, the unusual perceptions, and reconstructed concepts due to their presence in residency programs. Individual trajectories, perceived training needs, itineraries through practices and the network of attention and management, expositions to users and instances of social control in health, listening to movements for diversity and strategies for the struggle for rights in society, among the many calls coming from the world that are important for learning health and social needs in health.

Based in this idea of Singular Pedagogical Projects (PPS in Portuguese), it would not be coherent to determine a total time for the whole educational process, nor the previous definition of a curriculum-program (fetish), with disciplines or other traditional ways defined for education, such as education in modules or series to be covered by a group, supposing that everyone should leave with the same competencies. In order to have a certain profile of graduates, there would not be enough to have places to experience or to prioritize centers of excellence or even overestimate the teachers / preceptors entitled by the "notorious knowledge" of their titles.

The PPS, following the knowledge already organized in the area of health under the concept of the Singular Therapeutic Project - PTS, could be characterized by the organization of a residency curriculum originated from the knowledge and experiences already accumulated by the resident. This curriculum may take the resident by paths that provoke unlearning of what has already been instituted as well as leading to the reorganization of knowledge into new ways of looking at everyday situations. In the way of learning, of looking, of the body, that listening and feelings are fixed, thus learning of the new does not occur without detachment, separation or undoing, and therefore true unlearning.

The Singular Pedagogical Project may be an arrangement at the same time capable of managing and operating of learning, resulting from discussion and collective construction, carried out by the learner. In this pedagogical project, the production of a professional profile for egress would only be possible if based on the construction of individual autonomy with interprofessional action, with team mindset (both multiprofessional and interdisciplinary) using collaborative and intersectoral practices. Learning happens by giving life to the intensity and production of friendship (otherwise it will not be an ethic of the encounter). In addition, a singular pedagogical project must be sustainable, as it allows recognition by the residents of their work as a territory of creation and of collective and solidarity acts (education-work coupling). It will be a moving curriculum of learning construction, involving residents, preceptors and health institutions.

Thinking about a Residency program such as that placed in quadrant A, with the stated prioritization of training needs and a training project agreed with the residents, would be tantamount to a proposition geared towards a deep reflection on the trajectory of professional learning during university, or the path of the work that was performed up to that point, if we were dealing with professionals who wanted to expose themselves to a situation where there is a certain protection of the *in-training status*. In this case, it would be the responsibility of the programs to certify and, in particular, to follow up the pedagogical itineraries. From this follow-up would derive other responsibilities, from preceptors and residents, from thinking about themselves and regarding the work situations[13]. The conception of "Pedagogical Itineraries" was built as similar to the notion of "Therapeutic Itineraries"[15], meaning that it was understood that one should construct specific paths for each group of residents, not made by the simple circulation by the set of services offered for a given treatment. One must privilege the knowledge of the local life, the cultural values, the conceptions of care and the action responding to demands of the

life. In this sense, an itinerary differs from a path. In the path is "described" the way to get from one place to another. In the itinerary, paths are being built and recorded. Among the responsibilities of the residency program, would be to provide experiences in different work processes, with different professionals, in different places.

In order to understand a Singular Pedagogical Project, it could be exemplified using integrative and complementary practices. What would an integrated multiprofessional residence in this area look like? How to acquire the knowledge about the body, about the anatomy-physiology relations and about the intervention and therapies coming from Eastern knowledge, religious manifestations or cosmic environment without wide self-involvement? In order to make a diagnosis in integrative practices, several characteristics of the ways of being, feeling and acting are used, otherwise caregivers' offers are guaranteed in the absence of any therapeutic need, only to obtain comfort, openings of sensations or satisfaction experiences. In a proposal of residency would the resident accompany a therapist or many? Would the resident need a year of training, two, or more than ten (as in the Eastern world with the practice of meditation) in order to achieve sufficient qualification? Would the journey take 40 or 60 hours of the week? Perhaps when invested with Eastern philosophy, in which food, corporal practices and temporal changes are part of the apprehension of senses, the journey will take 24 hours of each day! After all, what do you want to certify? It is known that it is not possible to measure the hours of "affections" of each resident, at most his or her presence in places.

On the quadrant D, we would have the presence of all type of captures. By captures we understand everything that is capable of imprisoning knowledge, which prevents us from seeing the other and the multitude that the other is, that leave us at ease, albeit in the exact place where we already were, imposing formal knowledge to the detriment of experiences (impromptu or not). These captures impose journeys irrespective of any suffering this may cause, impose the experience of suffering with work as the apprehension of a concept of health work (strenuous and without reversion), which imposes standard days at 60 weekly hours, counted from the definition of a total minimum workload of 5760 hours[4], irrespective of the innumerable ways to put them together. The quadrant D is the quadrant of "form", unique, totalizing, generalized model. In quadrants B and C, potential and futures would be present, but also those captures and constraints of inventiveness. It seems that it is not possible to observe a separate reality in either quadrant. There is no possible matrix capable of stagnating a process in one or the other, since movement stands out over form, even in militancy or complaint, by defense or lack of quality.

The experiences of residency lived by the authors, both those that are reported in the thesis and dissertations on the subject[5], as well as the experiences that were told in the conversations undertaken during the research that gave rise to this "textual cut" move around the four quadrants. The quadrants are permeable to each other. What is possible to say in spite of this is that there are institutions where the permeability to futures is more present, while in other institutions this permeability is blocked by the control systems. Even so, the participants of the pedagogical itineraries of the residencies are competing all the time for disruptions of this blockade.

**Final considerations**

The basic piece of research made it possible to propose that a curriculum in the residencies encompasses "learning meetings", constituted by the accompanying ethics and by the education-work coupling, as well as Singular Pedagogical Projects, pedagogic itineraries by exposure to learning from oneself and from work, through interprofessional, intersectoral experiences and with the instances of participation and social control. In learning

encounters, the teaching function is exercised as "friendship" or as an "accompanying ethics". In a curriculum that is conceived as a movement for affections and not as the process of curricularization, the formation of alliances and companionship brings the possibility of collecting and offering meanings to daily care, giving rise to the learning process as a relation of intensity and affection by the signs of contact with people, objects, environments, narratives, images, poetry, odors and places.

In the proposal geared to build the concept of singular pedagogical projects, a curriculum is connected to the emergence of future outputs of work, producing care and guidance to users, as well as to the health system as a whole. In spite of the rules of professional practice protocols, and the school machinery that insists on how learning should take place, it was understood that other educational processes might mean potentials in daily life and learning encounters. The social recognition of the quality of training in residencies maintains our focus on those residencies that defend interprofessional training[16], the interdisciplinarity of knowledge, the comprehensiveness of care, the invention in the development of care technologies[6,16] and the domain in knowledge related to the health system , where the "specialized" professional practices are inserted as "agencies" of the devices of the teamwork, the multiprofessionality and the construction of care in the practice.

The article does not exhaust the possibilities of research, but opens a thematization to the idea of curriculum in residencies in health. The curriculum is not a solved issue, even in elementary school, but it is true that we cannot make simple transpositions of the notions of school and university curriculum to the residencies. It is also true that we cannot make simple adaptations of the curriculum topic in the evaluation of higher education to be used in the curriculum topic when evaluating Education in Residencies. Chaves and Ceccim suggested that there should be a "dimension of the margins" for the whole curriculum in higher education[17], we suggest learning meetings and the singular pedagogical project, an ethics of accompanying and a disposition of friendship (values without dimension, dimension of margins). It is a topic for new research and thought essays, we have tried to explore Education in the Residencies, thus the door has been unlocked. So far, the pedagogical agenda of the residencies has been a theme dear to the resident movement, as it appears as a defense to the Permanent Education in Health, while for the managers has been the program of minimum hourly load of 60 hours per week, requirement of shifts, predominance of activities attendance (80%) on any other activity, minimum degree of preceptors equivalent to the *sensu stricto* as well as the requirement of a list of content with a schedule, heavily outlined in the pedagogical-programmatic proposal. All this is curriculum fetish or "curricularization". Alice learned other things about these "certainties," heard phrases, watched drawings, and listened to music that came from the other side of the mirror, a mirror that did not reflect, but rather summoned her to pass "through it."

**Collaborators**

Daniela Dallegrave participated in the elaboration and execution of the research, direct participation in the analysis and discussion of the data, elaboration of the research report, writing and dissemination of the final products (doctoral thesis and article). Ricardo Burg Ceccim participated in the supervision in the elaboration and execution of the research, in the analysis and discussion of the research report, acting in the joint writing of the article and the texts of extraction of the doctoral thesis.

**Financing source**

This scientific research is embedded in larger research and teaching projects, without specific funding, without interference in the design of the study, in the collection, analysis and interpretation of data, in the writing of the report as well as in the decision to submit the work for publication.

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Translated by Felix Rigolli

Submitted in 30/01/17. Approved in 18/07/17.