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Nursing skills in matrixing in mental health: integrative review

Habilidades de enfermagem em matrização em saúde mental: revisão integrativa

Competências do enfermeiro no matriciamento em saúde mental: revisão integrativa

ABSTRACT

Introduction: Mental health is surrounded by challenges, with the nurse responsible for conducting effective measures for user-centered matrix support. **Objectives:** The study aimed to identify, in scientific production, the skills of nurses related to health promotion in the context of mental health matrix support, according to the Galway Consensus. **Method:** This is an integrative review that searched for articles published in the LILACS, BDNF and SCIELO databases, between the years 2015 to 2019. The articles were analyzed according to the eight competence domains: Catalyzing changes, Leadership, Diagnosis, Planning, Implementation, Evaluation, Defense and Partnerships. **Result:** It was found that all domains were covered in the study, with the following domains: Catalyzing changes, Implementation and Evaluation. **Conclusion:** In this way, the nurse has the technical capacity to develop articulation of educational actions with professionals, users and family, that is, to consolidate advances arising from the Psychiatric Reform.

DESCRIPTORS: Mental health; Primary attention; Matrix Support; Professional Competence; Nursing.

RESUMEN

Introducción: La salud mental está rodeada de desafíos, siendo la enfermera la responsable de llevar a cabo medidas efectivas para el soporte matricial centrado en el usuario. **Objetivos:** El estudio tuvo como objetivo identificar, en la producción científica, las habilidades del enfermero relacionadas con la promoción de la salud en el contexto del soporte de la matriz de salud mental, según el Consenso de Galway. **Método:** Es una revisión integradora que buscó artículos publicados en las bases de datos LILACS, BDNF y SCIELO, entre los años 2015 a 2019. Los artículos fueron analizados de acuerdo a los ocho dominios competenciales: Catalizar cambios, Liderazgo, Diagnóstico, Planificación, Implementación, Evaluación, Defensa y Alianzas. **Resultado:** Se encontró que todos los dominios fueron cubiertos en el estudio, con los siguientes dominios: Catalizar cambios, Implementación y Evaluación. **Conclusión:** De esta forma, el enfermero tiene la capacidad técnica para desarrollar la articulación de acciones educativas con profesionales, usuarios y familiares, es decir, para consolidar los avances derivados de la Reforma Psiquiátrica.

DESCRIPTORES: Salud mental; Atención primaria; Soporte de matriz; Competencia profesional; Enfermería.

RESUMO

Introdução: A saúde mental é cercada de desafios, sendo o enfermeiro responsável por conduzir medidas de efetivação do suporte matricial centrado no usuário. **Objetivos:** O estudo teve o objetivo de identificar, nas produções científicas, as competências do enfermeiro relacionadas à promoção da saúde no contexto do matriciamento em saúde mental, conforme o Consenso de Galway. **Método:** Trata-se de uma revisão integrativa que buscou artigos publicados nas bases de dados LILACS, BDNF e SCIELO, entre os anos de 2015 a 2019. Os artigos foram analisados conforme os oito domínios de competências: Catalisar mudanças, Liderança, Diagnóstico, Planejamento, Implementação, Avaliação, Defesa e Parcerias. **Resultado:** Constatou-se que todos os domínios foram contemplados no estudo, sendo os domínios: Catalisar mudanças, Implementação e Avaliação os mais recorrentes. **Conclusão:** Dessa forma, o enfermeiro possui capacidade técnica para desenvolver articulação de ações educativas junto aos profissionais, usuários e família, ou seja, consolidar avanços oriundos da Reforma Psiquiátrica.

DESCRIPTORES: Saúde mental; Atenção Primária; Apoio Matricial; Competência Profissional; Enfermagem.

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INTRODUCTION

Quality mental health care constitutes a public health challenge worldwide, especially due to the increasing prevalence of disorders in the population, being one of the reasons for disability and morbidity today, which raise means in order to overcome these disparities.¹⁻²

Some factors contribute to the establishment of this scenario, with emphasis on difficulties in the care and integration of actions between the health network services, the absence of professionals, or even initiatives to meet the demands of mental health in primary care.³⁻⁴ As a consequence, there are difficulties in the identification and control of new cases in primary care, work overload in reference services, as well as reduced access to mental health services.⁵

Successful experiences have contributed to strategies whose purpose is to implement devices that promote integration and qualify care between primary care and mental health specialists, such as shared care and collaborative care that are reveal as best cost-effectiveness.⁶⁻⁷

In Brazil, similar to these initiatives, matriculation in mental health emerged, which consists of a strategy that aims to ensure specialized support from the as-

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sistance level to the pedagogical-therapeutic. Through the care shared between primary care professionals and specialists from reference services, in which knowledge is shared, increasing the resolution of existing problems and the expansion of co-responsibility by users.⁸⁻⁹

Despite the notable advances coming from matrix support, the implementation of this strategy requires changes in work relationships, in the fragmented way of producing care, in health practices, as well as in professional training.¹⁰

In light of this, the Galway Consensus Declaration, agreed in 2008, promoted an exchange and collaboration between countries, with the aim of identifying and building essential competencies for health promotion and education, workforce development¹¹, as well as to stipulate attitudes, values and eight areas of competence required for the effective engagement of health promotion practices, namely: Catalyzing change, Leadership, Diagnosis, Planning, Implementation, Evaluation, Advocacy/Defense and Partnerships.¹²

In this perspective, for the matrix support actions aimed at mental health users to be effective, nurses are required specific skills, which should be outlined in the potential to use this guideline to establish professional standards, create

mechanisms to ensure quality care and expand necessary knowledge and skills.

There is, therefore, the relevance of this study aimed at highlighting the nurses' competencies to develop comprehensive care actions, with emphasis on matrix support as an organizational model of mental health care in the territory. Thus, this research aimed to identify, in scientific productions, the competences of nurses related to health promotion in the context of matrix support in mental health, according to the Galway Consensus.

METHOD

An integrative review was used as a methodological resource, which constitutes an important method for critical evaluation and synthesis of the available evidence on the investigated topic based on publications, contributing to identify trends, incorporate knowledge and point out gaps that guide the development of new research.¹³

The construction of this review was structured based on the following steps: 1) identification of the theme, formulation of the research question; 2) establishment of the eligibility criteria; 3) survey of studies in the data-

bases; 4) critical analysis of the selected studies; 5) categorization, 6) evaluation; 7) interpretation of results and 8) presentation of the synthesis in the integrative review.¹⁴

With the purpose of capturing studies that reveal the nurses' experiences in matrix support in mental health, the review was guided by the following research question: What skills are necessary for nurses in matrix support in mental health?

The survey of the articles took place in the online database systems Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Nursing Database (BDENF) in November 2019, whose search used the following descriptors: Mental health, Primary Care, Matrix Support, Professional Competence and Nursing.

It was adopted as inclusion criteria original articles, available in full electronically, produced by nurses, having been published between 2015 and 2019. Articles of bibliographic review, not understood in the established period, editorials and dissertations were excluded.

In the first search, 669 primary articles were found, however, after reading the title and abstract, it was found that most

did not deal with the defined theme, 634 studies were excluded, 373 of which were not related to the thematic axis, 98 were found duplicates in the LILACS and SCIELO databases and 163 did not answer the research question (Figure 1).

The second reading culminated in the systematization of knowledge, the extraction of concepts and the characterization of a corpus of analysis consisting of 13 studies. This step was carried out, concomitantly with the inclusion of the findings in a previously prepared chart, which allows to discriminate the authors, year of publication, adopted method, domains of competencies explored in articles and nurses' interventions related to these domains.

The exploration of the studies made it possible to present the results in a descriptive way, answer the guiding question, understand the applicability of matrix support, the interviews for the development of quality care, highlight the limitations in the analysis and present considerations regarding the theme addressed.

It is noteworthy that the research, due to its bibliographic character, was not submitted to the Ethics Committee of the Federal University of Sergipe (CEP/UFS), but ensured the authorship of the ideas and concepts of the authors mentioned, in accordance with the regulatory standards Brazilian. (NBR 10.520 e NBR 6.023).

RESULTS

The results were presented in Table 1 and analyzed according to the competence domains defined in the Galway Consensus about the matrixing practices by the nurse professional.

In the description of the selected articles, it was observed that the majority had a qualitative approach (n=10), followed by a qualiquantitative approach (n=1). The most prevalent research design was descriptive (n=3), exploratory, experience report, focus group appeared once.

As for the journals where articles on

Figure 1 - Sample filter flowchart



Source: Own elaboration, 2019.

Chart 1 - Distribution of articles that made up the integrative review

AUTHOR/YEAR	JOURNAL	METHOD	COMPETENCY DOMAINS	NURSE INTERVENTIONS
Araújo LN, Brioso IP, Vasconcelos AMM, Sampaio FFF, Albuquerque JTPJ, Oliveira EN, 2015 ¹⁵	SANARE-Revista de Políticas Públicas	Experience report	Leadership Catalyze changes Implementation	Discussion of cases; Reception; Consultations; technical meetings; periodic meetings between the teams.
Martins ÁK, Ferreira WD, Soares RKO, Oliveira FB, 2015 ¹⁶	SANARE-Revista de Políticas Públicas	Exploratory Qualitative	Catalyze changes Implementation	Reception; Promotion of family life in the unit; Drug therapy; complementary social reintegration therapies; active search for defaulters.
Matos JC, Oliveira AC, Chaves AS, Ferreira FD, Henriques MVM, Amorim E, 2015 ¹⁷	Revista Eletrônica Gestão & Saúde	Descriptive Qualitative	Catalyze Changes Partnerships	Social support; reintegration into the family; community actions.
Pereira AA, Reinaldo AMS, Andrade DC, 2015 ¹⁸	SANARE-Revista de Políticas Públicas	Qualitative	Leadership Catalyze changes Diagnosis Planning Implementation	Therapeutic and health education groups; community therapy; case discussion meetings; team training; health workshops; follow-up of specific cases.
Coelho BP et al., 2015 ³	Revista Cubana de Enfermería	Exploratory Qualitative	Catalyze changes Planning Implementation Partnerships	Reception and bonding; treatment planning; training; joint actions; family support; group activities.
Souza MC, Afonso ML, 2015 ¹⁹	Gerai: Revista Interinstitucional de Psicologia	Qualitative	Catalyze changes Diagnosis Planning Implementation Assessment Partnerships	Interdisciplinary approach; host; consultations; action plan; assessment; supervision and encourage family participation in workshops.
Borges CAS, Vasconcelos CR, Oselame GB, Dutra DA, 2016 ²⁰	Revista de Medicina e Saúde de Brasília	Qualitative quantitative Descriptive Transversal	Catalyze changes Diagnosis Planning Implementation Assessment Partnerships	Supervision and guidance of the nursing team; participation of discussion groups with multiprofessional teams; participation in welcoming and listening, individual, family and group therapeutic care, nursing consultation, home visit, hygiene and food care.
Nordi AB, Aciole GG, 2017 ²¹	Trabalho, Educação e Saúde	Documentary Focus Group	Diagnosis Leadership	Situational diagnosis; team meetings.
Dantas NF, Passos IC, 2018 ⁵	Trabalho, Educação e Saúde	Qualitative	Leadership Catalyze changes Planning Implementation	Meetings between professionals, organization defining flow, insertion of the family in the treatment, training of the team, welcoming.
Santos RC, Pessoa Junior JM, Miranda FA, 2018 ²	Revista Gaúcha de Enfermagem	Quantitative Analytical Transversal	Catalyze changes Partnerships	Team training; individual, group and family service; promotion of autonomy.
Chazan LF, Fortes S, Camargo JR KR, Freitas GC, 2019 ¹	Physis: Revista de Saúde Coletiva	Qualitative	Partnerships Diagnosis	Integration support to management, identification of service demands.
Firmino DG, Lôbo AP, 2019 ⁴	Cadernos ESP/CE	Descriptive Exploratory Qualitative	Catalyze changes Diagnosis Implementation	Health promotion and education, reception; family support; training of professionals; reorganization of the flow.

Iglesias A, Avellar LZ, 2019 ¹⁰	Ciência & Saúde Coletiva	Qualitative	Partnerships	Comprehensiveness, formation of management groups, co-responsibility for services
Source: Own elaboration, 2019.				

the subject were published, the following stand out: SANARE-Revista de Públicos Políticas, Revista Eletrônica de Gestão e Saúde, Revista Cubana de Enfermería, Gerais- Revista Interinstitucional de Psicologia, Revista de Medicina e Saúde de Brasília, Work , Education and Health, Revista Gaúcha de Enfermagem, Physis: Revista de Saúde Coletiva, Cadernos ESP/CE and Ciência & Saúde Coletiva. The years 2015, 2018 and 2019 together concentrated the majority of publications (n=11) (Graphic 1).

The primary care nurse, in the performance of his duties, needs skills and abilities in mental health in order to solve problems in this area. Team actions are combined as practices that enhance integrality, universality and guidance tool in deconstructing the stigma about mental disorders.¹⁷

Attending the individual with mental disorder and his family requires knowledge from the nurse for decision making, mobilization of resources and skills in carrying out welcoming, qualified listening, integration of families in the proposed activities, structuring bonds,

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making commitments in the treatment process, exercising co-responsibility with other professionals and improve service planning.³

DISCUSSION

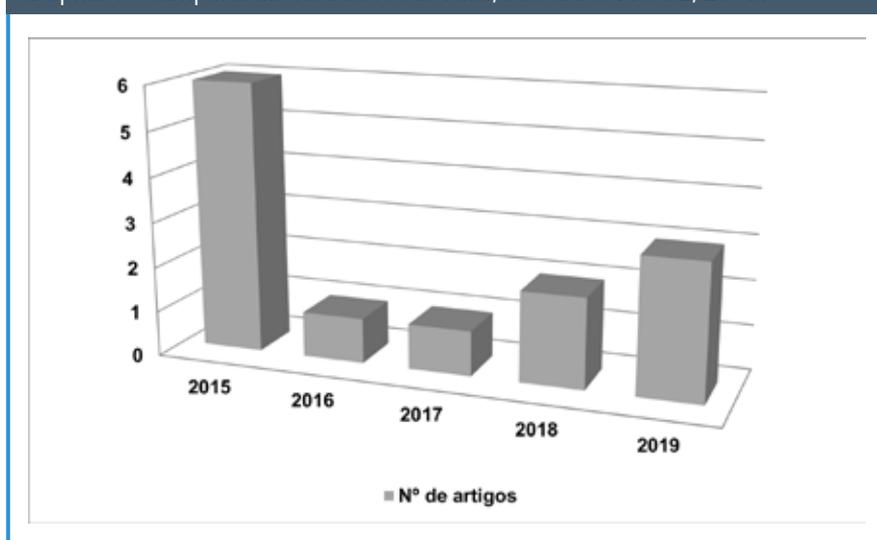
In this sense, to evaluate the development of the skills of the nurse responsible for matrix support, through targeted actions based on the Galway Consensus health promotion domains (catalyzing changes, leadership, diagnosis, planning, implementation, evaluation, defense and partnership) creates new possibilities to think about improvements in the assistance provided by this professional.

The skills of nurses directed to the domain catalyze changes were present in most studies, in the sense of providing protagonism with a mental disorder in making changes in their behavior. For this, health education actions, user participation in workshops, family-centered treatment and encouraging the development of healthy habits were mentioned.¹⁸⁻¹⁹

Educational practices are effective strategies for transmitting the desired information, constituting an essential tool for reinforcing good habits and changing attitudes. In view of this and the objectives configured in this practice, interaction between users, family and health professionals is required, establishing an exchange of experiences expressed by those who receive guidance and who provide it, which reveals the importance of seeking changes in posture nurses and other members of the health teams.

Leadership in the Galway Consensus is about creating strategies and opportunities to participate in the development of healthy public policies and mobilizing resources to promote health and build attitudes. In this study, this competence was identified by the actions of promoting the participation of nurses in tech-

Graphic 1 - Temporal distribution of articles, São Cristóvão/SE, 2019.



Source: Research data, 2019.

nical meetings, discussion of case studies, positive initiatives, stimulating communication, the exchange of experiences and knowledge among members.²¹

The ability to lead is essential in the nurse's work, due to the need to establish trust and bond to propose changes in the planning and execution of actions, in the behavior of individuals, seeking to solve the problems faced.¹⁵ In addition, also articulate the reference levels based on multiprofessional support actions, aiming at social reintegration.³

The Diagnostics competency allows the professional to assess users' needs in relation to treatment, based on observation and information collection. Based on this, a study highlighted the difficulty of primary care professionals in recognizing the importance of matrix support. This led to resistance in the performance of consultations, support and identification of existing demands in the service.¹ This measure exemplifies that the development of the diagnosis requires an expanded view, which implies recognizing the role of each member of the team and the environment in which it is inserted.

After the diagnosis, it is essential that the nurse develops the Planning that consists of establishing objectives and goals in response to the identification of needs, in addition to creating strategies resulting from scientific knowledge and practice. In the primary care setting, studies have shown the importance of planning care management, creating orientation programs/lectures, social support workshops and care protocols.^{15-16,19}

The implementation of actions, the fifth area of consensus, is aimed at implementing strategies to improve health actions, individual, group and family consultations, home visits and group dynamics. However, difficulties were identified in the studies in relation to the continuity of care, adequacy of roles and functions of professionals and the integration of practices between the services that make up the health care network.^{2,4}

In this sense, the need to improve mental health actions is evident, es-

It is important to emphasize the importance of the matrix worker to use the resources of light and hard technologies in health promotion, undo the idea of referral and present the proposal to the managers, eliminating resistance, promoting changes that aim to meet the principles of SUS and Psychiatric Reform.

pecially in referral services that reveal their inefficiency in meeting the demands of people with mental disorders and in providing support to primary care professionals.

In the Evaluation, the impact of health programs and policies is measured. This includes the use of research methods to give sustainability to the programs implemented, reorganization of service flows, training of work teams, updating. In view of this, the matrix manager who has the mental health knowledge offers instructions to the team, through training.

It is important to emphasize the importance of the matrix worker to use the resources of light and hard technologies in health promotion, undo the idea of referral and present the proposal to the managers, eliminating resistance, promoting changes that aim to meet the principles of SUS and Psychiatric Reform.^{5,10}

Defense is a competence that is based on nurses' practices to promote the apprehension of improvements in health and well-being by users, by strengthening their capacities to adhere to actions that ensure their quality of life and favorable conditions for treatment, the nurse being a key player in conducting this process.¹⁷

The last area is Partnership, which according to the Galway Consensus, relates to cooperation between professionals, sectors and partners with a view to improving the reach and sustainability of health promotion policies. A study described this action as an integrative activity, in which nurses meet with all managers and professionals in the network in order to define specific actions.

In the conception of some matrix managers, the incompatibility of understanding between professionals, managers and users about the guidelines of matrix support in mental health promotes negative impacts on the work process, as each believes in a different way of operating, creating a gap in the devices assistance.¹

Thus, this study reaffirms the importance of understanding matrix support as a back-up for the unit's team,

with the nurse being the professional indicated to present the proposal as an experience of knowledge exchange, comprehensiveness, pedagogical-methodological and learning support, enhancing quality assistance and reorienting work processes.^{5,21}

CONCLUSION

The development of this integrative review allowed the analysis of nurses' competences related to health promotion in the context of mental health matrix support, in the light of the Galway

Consensus. The most evident areas of competence were: Catalyzing changes, Implementation and Evaluation.

The data presented indicated that the nurses' competences are related to educational health practices, development of the protagonism of patients with mental disorders and their families in the treatment of social support, training and qualification workshops and promotion of horizontal partnerships.

The study demonstrated that the theme of nurses' actions, regarding the conduct of matrix support, is incipient, mainly in the description of the nurse's

competences to develop the planning of specific practices, according to guiding guidelines. However, it is emphasized that the methodology and the difficulty of accessing articles in full in the databases, limited the analysis of more comprehensive results.

From the above, it is believed that the study made it possible to disseminate the theme, especially in relation to the domains inherent in the Galway Consensus that can subsidize the nurses' conduct for the proposal's qualification practices, generating subsidies for the organization of a more resolute matrix support. ■

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