CONCEPTS

IPE (Interprofessional Education) currently represents the primary strategy for training professionals in teamwork, a practice that is essential to comprehensive health care. As a premise to develop our understanding of IPE, a review of the meaning of two essential concepts is required: education and health.

Education understood from a dialogic and critical perspective, committed to building knowledge as an instrument of social transformation, where the teacher and student interact in the teaching and learning. This concept goes a little way beyond the constructivist perspective, because knowledge is conceived as a construction process and the student takes on the role of subject of the learning process, but, above all, it breaks the traditional approach of content transmission, from the teacher as holder of the knowledge to the student as the passive recipient of information.

In this regard, we can cite Paulo Freire, when he says that: “o educador já não é aquele que apenas educa, mas o que, enquanto educa, é educado, em diálogo com o educando, que ao ser educado, também educa [...]” (p.64).

Health, meanwhile, is understood from a socio-historical-cultural outlook, emphasizing the comprehensiveness of care, with the health team working from an interdisciplinary approach. This perspective advances the biopsychosocial notion that considers the health-disease process and recognizes the importance of multi-professionalism in health care, but, above all, breaks the purely biomedical, disease-centred idea of health, with the physician as the protagonist.

It is also important to highlight the current moment in relation to the curricula of higher education courses in health. The implementation of the DCNs (National Curriculum Guidelines), officially announced 10 years ago, still remains a challenge, especially as regards effective mechanisms of curricular integration, diversification of learning settings, coordination with the Unified Health System (SUS), retrieval of the ethical, humanist, critical-reflective and caring aspect of professional practice, taking on a broadened concept of health care.

Associated to these challenges, there is an ongoing discussion regarding the need to expand university education beyond specific professionalization, tackling the challenge within the educational proposal, with consequent changes in teacher and student attitudes, and integration and interdisciplinarity as guidelines of the training proposal.

Among these and other challenges, the need for integration takes centre stage. Integration understood from the perspective of new interactions through interprofessional teamwork, the exchange of experiences and knowledge and respect for diversity, thus enabling cooperation for the exercise of transformative practices, partnerships to construct projects and ongoing dialogue.

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At this point, one could ask:

- Have undergraduate health courses in Brazil been committed to preparing professionals for teamwork?
- How can students be trained for work from the perspective of comprehensive care?
- How can the students be afforded better knowledge about the specific characteristics of different health professions?

Although obvious, these concerns have not featured in new proposals for professional training in Brazil. Their importance is acknowledged, however an emphasis is maintained on the courses in themselves, with development strategies aimed at a vision of practice isolated from the other professions.

The implementation of IPE in health training emerges as a response to these questions. It consists of joint training opportunities for the development of shared learning. In short, opportunities for two or more professions to learn together with and about each other.

As a proposal for training, interprofessional education has been discussed over the last thirty years, especially in the United States and Europe, in order to stimulate the improvement of health care through teamwork. The principles of interprofessional education apply both to the undergraduate training of different health professions and the continuous education of professionals belonging to health teams.

For Barr, IPE is the inversion of the traditional rationale behind health training - with each practice considered and discussed in itself - opening spaces for the discussion of interprofessionalism. The same author also states that IPE is a proposal where professions learn together about teamwork and about the specifics of each job, improving the quality of patient care.

IPE is committed to training toward interprofessionalism, in which teamwork, the discussion of professional roles, the commitment to problem solving and negotiation in decision-making are hallmarks. Therefore, essential components of this approach include appreciating the history of different professional areas, considering others as legitimate partners toward knowledge building, and respect for differences in an expansive movement that involves dialogue, challenge, commitment and accountability.

This strategy is based on the educational assumptions of adult learning (one learns when one sees the meaning, considering prior knowledge of learner and the perceived applicability of what is learned), interaction-based learning and practice-based learning (movements of observation, simulation and action).

IPE is committed to the development of three types of skills - skills that are common to all professions, specific skills of each professional area and collaborative skills, i.e., respect for the specifics of each profession, participatory planning, the exercise of tolerance and negotiation, through collaborative networks.

In evaluating the experiences of IPE in professional health training, two instruments are described in the literature - a questionnaire with a Scale of Perception of Interprofessional Experience (IEPS), established in 1990 and modified in 2007 and 2007, and a questionnaire to assess attitudes and readiness (RIPLS) that uses a Likert scale to assess competence for teamwork and collaboration, professional identity and the discussion of professional roles.

Systematic reviews of the literature have shown the positive effects of IPE in health training. This does not mean there are no difficulties in its implementation, such as lack of precise definition, institutional resistance and the resistance of teachers and students, curriculum barriers, simplified initiatives such as cost-cutting strategies and any problems with professional corporations.

In Brazil, experiences with IPE are few and far between. Joint learning experiences exist, but not with the aim of developing skills for interprofessional practice. We still suffer an almost complete lack of publications on the subject, although there are one-off experiments. Currently, experiments and reports of experiences of joint training and shared learning in policies that induce changes in undergraduate training such as the Pró-Saúde and PET-Saúde projects have emerged as potential platforms for IPE.

**AN EXPERIENCE**

In the context of interprofessional education we find the curricular design of the new courses at the Baixada Santista Campus of the Federal University of São Paulo, where undergraduate courses in Physical Education, Physiotherapy, Nutrition, Psychology, Occupational Therapy and Social Work have been implemented.
These courses have the objectives of training health care professionals for interprofessional teamwork, with an emphasis on comprehensive patient care, training of technical-scientific and human excellence in a specific professional field, as well scientific training, understanding research as the driving force behind teaching and learning.

To achieve these objectives, the following principles steer the pedagogical project: indissociability between teaching, research and extension, professional practice as guiding axis of the pedagogical project, tackling the problem of education based on practice and research, interdisciplinarity, active student role in constructing knowledge, facilitator/mediator role of teachers in the teaching/learning, integration with the community, integration between different levels of education and research, dynamic pedagogical plan with permanent construction and reconstruction, formative assessment such as feedback from the process, teacher development.

Adopting interprofessional education as the guideline for this project entailed the development of an interdisciplinary and interprofessional training proposal, breaking with the traditional discipline-centred structure, and specific training for a specific professional profile. Therefore, all the courses have a curriculum based on four axes of training that run through the all the undergraduate years. On each axis, understood as paths travelled by students during their training, related thematic modules make up the curricular proposal.

A link between the four proposed axes is established, directed at the training of health professionals committed to consistent, critical and potentially socially transformative work: emphasis on interprofessional education, interdisciplinarity, problematizing approach and knowledge production.

The axis *The human being and his biological dimension* consists of a core of knowledge common to and required for all the proposed courses (biological knowledge required for a professional to work in health care) and a specific set of more detailed knowledge based on the needs of each course.

The axis *The human being and his social insertion*, covers the areas of anthropology, sociology, psychology, education, philosophy, ethics/bioethics, economics and management and grounds its training and learning actions on the permanent effort to link practice to theory, seeking to overcome the conception that separates knowledge into basic and professional. The general aims are to train the student to understand the emergence of humanities as an area of knowledge, and to be committed to health training that incorporates, in theory and methodology, contributions from the different fields of human sciences.

The axis *Working in health* is present throughout all the courses and covers common topics to all health professionals: health as a field of knowledge, health policies, health professions, working in health, health services, comprehensive care, public/collective health, epidemiology, multiprofessional and interdisciplinary teamwork, the production of knowledge in health.

The axis *Development toward a specific health care practice*, developed progressively since the start of the course and respecting the student’s autonomy, addresses specific issues to each of the six professions of the proposed courses (physiotherapy, occupation therapy, psychology, physical education, nutrition and social work).

The commitments to health training are grounded on the understanding of sciences from a perspective that breaks with the instrumental and/or accessory character of the contents and methodologies of scientific fields, engaging in the construction of critical reflection on health practices, in view of factors of a biological and cultural nature, labour, social relations, productive and living conditions in societies.

A central feature of this experience is the intentional creation of classes that mix students from the six different courses: in these “mixed” classes the key question is “what should a health professional know, regardless of his specific profession?” As part of this proposal, the students have shared learning time in each year of the course (80% in the first year, 40% in the second year, 20% in the third year and weekly meetings in the fourth year).

These shared learning opportunities allow the experience of interprofessional groups, where mixing implies a willingness to live and work with each other, get to know each other better, respecting the uniqueness of each and seeking to build more inclusive interpersonal relationships.

As the traditional logic behind health training changes, dialogue with the teaching practices is introduced: teachers, with their training background based on disciplinary
specialization, are confronted with their desires and possibilities of learning and teaching in a more participatory, interactive and creative manner. And these possibilities can be expanded by teachers helping build an innovative pedagogical project, assuming joint responsibility for the direction and routes of the proposed health training.

Therefore, it is also a new situation for the teachers to leave the disciplinary framework and engage in dialogue with colleagues from other areas, relativizing their beliefs and deeming it possible and necessary to (re)learn the dynamics of knowledge, working and being in health. To form an axis that is intrinsically interdisciplinary and engage in the modules requires approaching subjects from angles yet to be unveiled and/or appreciated, revisiting the known and being open to new paths.

As explained by Larossa and Kohan⁶:

*Also the experience, and not the truth, is what gives meaning to education. We educate to transform what we know, not to transmit what we already know. If we do not educate, experience is the possibility of what we do know, this experience that is always being identified, allows us to get out of certain truths, so that we can become another thing. (p. 1)*

In the crossovers between the practices of the subjects, contents, didactic and pedagogical options, the perceived value of this formative experience is that it could potentially transform health training committed to the construction of the Unified Health System.

This project has been evaluated by different mechanisms: focus groups involving teachers and students, progress tests, qualitative and quantitative tools for student assessment of the process. Moreover, it has been the subject of research presented and approved by funding agencies such as the projects “A interdisciplinaridade como princípio formativo na graduação em saúde: dos planos às concepções docentes”⁷ and “A educação interprofissional na graduação em saúde: preparando profissionais para o trabalho em equipe e para a integralidade no cuidado”⁸.

Finally, it is important to note the culture created at the Baixada Santista Campus in relation to Interprofessional Education. This culture, already consolidated in undergraduate studies, has directed the creation of all the graduate programs. With these principles, the Multiprofessional Residency Program has been created, involving the areas of Physical Therapy, Occupational Therapy, Nutrition, Psychology, Social Work, Pharmacy and Nursing as well as the Interdisciplinary Master’s Program in Health Sciences.

REFERENCES


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