MedCrave
Step into the World of Research

Nursing & Care Open Access Journal

Research Article

Open Access

CrossMark

Interprofessional education: reflections on health training in Brazil

Abstract

This is a reflective study intended to promote discussion about interprofessional health education aimed at providing comprehensive care, from the perspective of changes in professional practices. One of the priorities of the legislation underlying the Brazilian Unified Health System and the National Curriculum Guidelines for Health Education in Brazil is to indicate ways to enable professionals to transform health service practices, when necessary. Interprofessional collaboration has become an important tool for improving health care. Interprofessional Education can be considered as essentially capable of reducing the fragmentation of the health sector and influencing the collaborative practice among health professionals. Proposals that point to these perspectives can contribute to the formation of students, to bring the university closer to society and to improve the conditions of health services. However, it is still very fragmented and in the initial stages, far from the goal of comprehensive care. Therefore, teamwork and communication are still challenges that need to be confronted.

Keywords: Interprofessional education, health professions, interprofessional relationships, interprofessional learning

Volume 6 Issue 5 - 2019

Gilberto Tadeu Reis da Silva,[1] Sylvia Helena Sousa da Silva Batista,[2] Nildo Alves Batista,[2] Rosana Maria de Oliveira Silva,[1] Larissa Chaves Pedreira,[1] Giselle Alves da Silva Teixeira,[1] Cristiane Costa Reis da Silva,[3] Claudia Geovanna da Silva Pires,[1] Simone Coelho Amestoy,[1] Wilton Nascimento Figueredo[1]

[1]Graduate Program in Nursing and Health, Federal University of Bahia, Brazil
[2]Interdisciplinary Graduate Program in Health Sciences, Federal University of São Paulo, Brazil
[3]Salvador University, Brazil

Correspondence: Gilberto Tadeu Reis da Silva, Professor, Graduate Program in Nursing and Health, Federal University of Bahia, Salvador, Brazil, Tel +55713283-7631, Email gilberto.tadeu@ufba.br

Received: September 12, 2019 | **Published:** September 20, 2019

Introduction

In Brazil, the training of health professionals has been an object of study, in view of the various needs arising from public policies in the areas of both education and health,[1] and as a result of aspects recommended in the legislation underlying the Brazilian Unified Health System (SUS) and in the National Curriculum Guidelines for Health Education (DCNS). The implementation of the SUS is based on an efficient strategy for referral and counter-referral, utilizing procedures that involve the participation of all parts of the healthcare system. Hospitals stand out among the many health services; their practices could be supported within the organizational context of comprehensive care, to make the primary healthcare network more sustainable and vice-versa. Consideration of these issues gives rise to reflections on comprehensive care and interprofessionality in health education as synergistic elements for conceptual changes in the work of health professionals. Professional care must meet the needs individuals, through the promotion of practices consistent with awareness and humanization of care, warmth, and humanized embracement. Using this approach could make it possible to significantly transform the guidance of healthcare actions, in terms of transcending the paradigm that still prevails in interventions based only on the aspect of organic concreteness.[2]

Encouraging reflection

According to the principles underlying the SUS, health care should involve more than one-time care, since it must reflect genuine concern and the professional's responsibility for the patient. This is concern for the other in the philosophical sense of care, expressed in German by the word "sorge".[1]

Studies conducted in countries such as Australia and Japan have highlighted the need to improve the quality of teaching and training students, in order to encourage and develop the competencies and skills necessary for interprofessional work.[4,5] Studies conducted in Brazil have noted that there are points of conflict that need to be addressed in the training process of health professionals and in the assumptions of the SUS. For the most part, these conflicts are related to the fact that a significant number of professionals have been trained according to teaching-learning methodologies based on a reductionist vision that promotes the biological model and linearity in health status assessments[6,7] This situation contributes to the maintenance of a professional approach focused on human anatomy to the detriment of a holistic vision, and perpetuates the predominance of the medical-hospital paradigm.

At the same time, increased consensus is needed regarding the importance of promoting greater integration between knowledge, practice and disciplines, in order to meet the challenge of interdisciplinary development.[8] An interdisciplinary perspective enables better work relations among professionals and between professionals and users/families, since this approach is connected with new ways of organizing work processes that contribute to the implementation of the principles of the SUS, in that they promote access, the building of bonds, and embracement of patients.[9]

However, for this educational action to occur, the barriers caused by a fragmented teaching model that is based on specialization must be overcome, to enable professional training to focus on care practices that integrate teaching, service and community.[10] Consolidation of changes in curricula in the health field has been an objective since the reformulation of the laws pertaining to the SUS and movements within

[1]According to Heidegger, the German term "sorge" means concern for, care for. It is the primordial state of "being-in-the-world".[3]

professional associations in the 1990s which, among other objectives, were guided by the need to promote interprofessional training to enable rethinking of the disease-centered, curative paradigm and prioritize collective work.[11]

Interprofessionalism has been the object of studies in the last decade and has encouraged the implementation of various research centers in this area at the international level and also in Brazil, where the SUS is one of the main alternatives for developing interprofessional education practices.[4–13] To this end, it is necessary to understand the concepts that guide the work, in order to make changes in curricula, methodologies and practices, as well as rediscuss the need for disciplinary and professional divisions in this interface with education.

The replacement of the predominant professional intervention model with interprofessional training also involves challenges and particular needs. These, in turn, depend on a series of structural issues, such as the nature of teaching staff and differences between universities and the agenda for the activities of health service professionals.[14] There is still a gap with respect to the training of human resources for the implementation of educational programs on the subject of interprofessionalism. One of the main difficulties is insufficient communication between universities, health service managers and communities, which results in difficulties in dialogue regarding the objectives of interprofessional education, as well as its educational programs and other needs related to professional practice.

It is important to bear in mind that effective implementation of interprofessional education requires building bonds between groups of health professionals and others, trained by professors, to enable understanding the intricacies of professional practice and the theoretical-scientific justifications that provide support for education and the construction of interprofessionalism. This makes changes in roles visible within the healthcare system, with interprofessionalism centered on the knowledge of multiple professionals, as well as the needs of users.[15]

In view of the above, it is understood that all of the aforementioned factors must be taken into account in discussions and deliberations from this perspective, so that actions and reflections can be carried out by professionals who are genuinely committed to humanized care. Authors who have examined the conduct of professors in undergraduate nursing courses have pointed out that the intent of these professors is to work with students so that they are able to reflect on their knowledge, develop critical thinking, justify decision-making, and achieve technical competence. Thus, according to the studies, professors aim to contribute to the personal growth of their students.[16] Therefore, based on these factors, efforts are made to reflect on the relevance of the approach of interprofessionality during the training process for health professionals.

The aforementioned public and social policies, as well as grassroots and professional movements, have been essential for promoting the active and effective involvement of professionals in the context of assessment of the health service and in terms of proposals for improving health in the country. Given the historical and political relevance of these issues, a new outlook was needed on the training of health professionals and the current curricular model in Brazil, for the sake of developing a unique vision for the subjects involved in this process.

In order to achieve this goal and based on the recommendations contained in the DCNS, various professional associations and health education institutions discussed their political-pedagogical projects and sought to standardize the discourse under construction. Healthcare managers and professionals were involved, as well as professors and students, who launched a major movement to raise awareness about implementation of the new curricula in health education.

From the perspective of the DCNS, there are signs that the teaching model is moving away from the disease model and toward insistence that learning should transcend techniques and mere performance of tasks. This new paradigm also contends that humanization and comprehensiveness in health care should be a trademark of provision of care. Therefore, implementation of professional practices based on the comprehensive care of human beings has been sought. Efforts have been made to ensure that the training of health professionals enables them to develop highly desirable critical-reflective attitudes and that communication and teamwork express actions of embracement and humanization.

However, this new professional training model has met with resistance in various higher education institutions in Brazil[11] although it should not be overlooked that a significant number of professionals have been effectively working in the process to consolidate changes required under the SUS. Based studies and surveys, these professionals have pointed out certain situations that have been experienced in practice, perceived, and conceptualized since the changes established by the National Curriculum Guidelines for Health Education, that are relevant and essential elements for discussion of the theme.

From this picture, it can be seen that interprofessional training reaffirms the need for communication and teamwork. Also evident is the commitment to resolution of problems and the recognition of professional interfaces that make explicit the meaning of complementarity and inherent interdependence, with a view to turning people who are the subject of care into beings inserted in the world.

It is understood that coordinated actions and collaborative attitudes are part of proposals for permanent interprofessional education, since they provide space for compartmentalization of knowledge and practices. It is possible to shorten the distances between specificities and specialties, in the sense of making way for complementarity, in addition to emphasizing general professional training.

The complementarity and interdependence referred to here will be actualized in professional and social relations, and become essential for institutional organization. This will enable coordinated institutional practices that are focused on providing care to users in a manner that extends beyond a merely reductionist vision. In this way, the care needs of human beings will, in fact, be met. Therefore, in order to comply with the recommendations of the SUS and the understanding that health practices should be aligned with the framework of comprehensive care, the present article seeks to promote reflection among health professionals in relation to these concepts and the future of care.

It is believed that simply pointing out possibilities is one way to make this proposal viable. Nevertheless, coordination between students and professors during health education courses is vital, in order to enhance dialogue and the exchange of knowledge at that time and, in the future, between professionals.[10] It is important to note that the movement described here requires room for knowledge-sharing, responsibility, continuity of health care conceived as a collective practice, and joint construction of integrated and collaborative care plans. The present article enables a theoretical understanding of interprofessional education, guided by effective teamwork, with

comprehensive care as the guiding principle that endeavors to respond to the complex individual and collective health needs of the population.

Final considerations

In summary, there is a need to build a political project for comprehensive care in the educational dimension of interprofessionalism, according to which the training processes of professionals provide opportunities for joint interactions of the different professions involved in health care. Teaching-learning processes also need to enable various teaching strategies, so that students can be more active agents in their training process, as subjects in the learning process. From this perspective, it is relevant to highlight the ethical dimension, because through the difficulties and differences of this training process, students also construct their way of being, existing and acting in the world, i.e., the issue in question is shifted to a collective existential territory. Sensitive listening to needs, enabling care that includes specificities and singularities, is only possible when professionals are able to empathize with others. Based on this approach, when considering otherness, it is possible to train critical and reflective individuals who are capable of promoting mobilization and transforming the realities in which they operate.

Funding details

None.

Acknowledgments

None.

Conflict of interests

The authors declare that there is no conflict of interest.

References

1. Moretti-Pires RO, Bueno SMV. Freire's theoretical framework and the professional capabilities of nurses, physicians, and dentists for the Brazilian Universal Healthcare System. *Acta paul enferm*. 2009;22(4):439–444.
2. Pirolo SM, Ferraz CA, Gomes R. Comprehensive care and communicative action in the interprofessional practice of intensive care. *Rev esc sick USP*. 2011;45(6):1396–1402.
3. Steiner G. *Heidegger's ideas*. São Paulo: Cultrix; 1978.
4. Haruta J, Sakai I, Otsuka M, et al. Development of an interprofessional competency framework in Japan. *Journal of Interprofessional Care*. 2016;30(5):675–677.
5. Wilson AJ, Palmer L, Levett-Jones T, et al. Interprofessional collaborative practice for medication safety: Nursing, pharmacy, and medical graduates' experiences and perspectives. *Journal of Interprofessional Care*. 2016;30(5):649–654.
6. Freire Filho JR, Viana Da Costa M, Forster AC, et al. New national curricula guidelines that support the use of interprofessional education in the Brazilian context: An analysis of key documents. *J Interprof Care*. 2017;31(6):754–760.
7. Peduzzi M, Norman IJ, Germani ACCG, et al. Interprofessional education: training for healthcare professionals for teamwork focusing on users. *Rev esc Enferm*. 2013;47(4):977–983.
8. Furtado JP. Reference teams: an institutional arrangement for leveraging collaboration between disciplines and professions. *Interface (Botucatu)*. 2007;11(22):239–255.
9. Matos E, Pires DEP de, Campos GW. Work relations in interdisciplinary teams: contributions towards new forms of work organization in health. *Rev bras enferm*. 2009;63(6):863–869.
10. Silva JAM da, Peduzzi M, Orchard C, et al. Interprofessional education and collaborative practice in Primary Health Care. *Rev esc Enferm USP*. 2015;49(2):16–24.
11. Peduzzi M. El SUS es interprofesional. *Interface (Botucatu)*. 2016;20(56):199–201.
12. Aguilar-da-Silva RH, Scapin LT, Batista NA. Evaluation of interprofessional education in undergraduate health science: aspects of collaboration and teamwork. *Avaliação (Campinas)*. 2011;16(1):165–184.
13. Reeves S. Why we need interprofessional education to improve the delivery of safe and effective care. *Interface (Botucatu)*. 2016;20(56):185–196.
14. Liaskos J, Frigas A, Antypas K, et al. Promoting interprofessional education in health sector within the European Interprofessional Education Network. *Int J Med Inform*. 2009;78 Suppl 1:S43–S47.
15. Curran V, Sargeant J, Hollett A. Evaluation of an Interprofessional Continuing Professional Development Initiative in Primary Health Care. *Journal of Continuing Education in the Health Professions*. 2007;27(4):241–252.
16. Prado C, Leite MMJ. Understanding the intentions of the actions of a multiprofessional faculty in an undergraduate nursing course. *Brazilian Journal of Nursing*. 2010;63(4):548–554.