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Interprofessional learning and practive in Family Health Strategy: conditions of possibility for integration of knowledge and interprofessional collaboration

The principle of interprofessional learning and practice is a fundamental criterion that guides multidisciplinary teams in the Family Health Strategy (FHS). The professional action, however, seems to be marked by a logic characterized by the narrow boundaries of the territories of each category as a scene of contention between the contradictory logics of professionalization and interprofessional practice. This is understood as the synthesis of a process of integration of knowledge and interprofessional collaboration.

These processes are mediated by affects. Considering that there are several obstacles to the realization of the interprofessional learning and practice, the research aims to understand the dynamics of inter-relationships in the production of care in the family´s health strategy, exploiting the existence of conditions of possibility for the construction of interprofessional learning and practice.

This is a qualitative case study inspired by hermeneutics. The scenario is a study of the Family Health Center, in a Brazilian capital. The gathering of the information was conducted from March to August 2012, with open interviews, observation of activities in the FHS and workshops for knowledge production, involving 23 professionals. Conditions were identified in the possibilities of interprofessional FHS, combined in the following groups: Organizational, collective, and subjective. Included in the organizational dimension are devices and institutional arrangements, cross-media activities for structuring a "Health-Education system", transforming all health facilities of a municipality into areas of teaching, research, and assistance.

The "interprofessional continuing education" helps to overcome the hegemonic logic of professionalism, sill found in the training of healthcare workers and user-centered approach, in contrast to the trend of organizing health service based on corporate interests.

The second dimension focuses on aspects related to the organization of professionals working as a group, or the organizations of the collective community practice, characterized by agreeing on a common project, mutual engagement and shared repertoire. Even though health professionals trained to the hegemonic logic of professionalization, involving a struggle to preserve status and labor market participation in the ESF team, the way they are formed as a community of practice, enables the learning of other values, knowledge and practice, favoring the integration of interprofessional collaboration and knowledge, though not free of conflict.

The third dimension includes subjective aspects such as the identification of professionals of the ESF health care model, dealing with frustration and affection.

We consider that the interprofessional learning and practice are possibles, if subjected to the organizational and collective conditions, mobilizing subjective aspects of professionals. The offering conditions of possibility in the organizational level are essential but not sufficient

for integration of knowledge and interprofessional collaboration. Without the mobilization of emotions, desires and micro powers of each subject, interprofessional learning and practice are not possible.

Keywords: Interprofessional relations. Patient care team. Family Health Program.

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