

The interprofessional education in Brazilian context: some reflections

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The paper by Scott Reeves mobilizes reflections that are necessary for the process of reorienting professional healthcare teaching in Brazil, from the viewpoint of interprofessional education. It can also be emphasized that his discussion is in tune with the political project for strengthening and consolidating the Brazilian Health System (Sistema Único de Saúde, SUS).

The history of interprofessional education shows that it emerged as a strategy with the capacity for improving healthcare quality through effective teamwork. Thus, collaborative practice forms its primary purpose. This perspective puts into effect educational processes that are capable of establishing relationships of a more collaborative nature among healthcare professionals, with the result of greater safety for patients. Collaborative practice has thus been shown to have the power to reduce errors among healthcare professionals and the costs of the healthcare system, among other advantages.

However, I believe that for Brazilian realities, interprofessional education has a very particular meaning, going beyond those brought in by Reeves. We have a history marked by debate on comprehensiveness and social and healthcare needs, and especially by important theoretical contributions relating to healthcare work as an

eminently collective process. These are debates that complement and strengthen the ideas of SUS, with a commitment towards a new project for society.

In this regard, within the process of healthcare professionals' education the debate on teamwork has always been present, even if with different focuses. Generally, it has been more centered in theory than in the materialization of education' processes of professionals better prepared for collaboration through teamwork. It is important to take a look at our reality, starting from the points that Reeves brought in, with the aim of noting the contributions made by the present educational model, so as to qualify healthcare professionals for effective teamwork.

It is very true that over the last decade, induced through important interministerial policies for reorienting healthcare education, we have been able to advance towards overcoming or reducing many knotty problems within healthcare teaching. There have been significant gains with regard to strengthening interactions between teaching, care services and the community, and with regard to introduction of methodological strategies that are more active and curricular changes that incorporate significant modifications to the dynamics of healthcare professionals' education.

However, it needs to be clear that, even with the advances achieved, there is resistance to breaking away from the logic of strongly separated education, which is the logic responsible for legitimation of the current healthcare model ruled by division of healthcare work. Despite significant gains that have been achieved along some lines, we are still educating our professionals separately, for them to work together in the future.

Our university structure is, without doubt, a major obstacle to interprofessional education. Although it may be possible to surmount the physical barriers through introducing other possibilities for interaction between courses, there is still a barrier that is more difficult to transpose: one of cultural nature. The logic of specific education is very strong and has a significant influence on constructing professional identities. Corroborating this scenario, the teaching process is still heavily focused on content material, which makes it difficult to bring in strategies that would be capable of shaping attitudes, skills and values governed by collaboration.

Therefore, we have a challenge to be thought out and faced: to teach healthcare professionals who are willing and able to work together within an institutional context in which the “natural” way is the separate education. In the present context, it is worth emphasizing the need to strength the comprehension of that the specifics are complementary and that the work and the interprofessional education sustain the logic of a more effective job in addressing the complex and dynamic social and health needs, giving them centrality.

The Reeves’s text, in turn, should be considered to provide guidance for new educational processes for collaborative healthcare work. Some current policies, such as PROPET–Saúde, VER–SUS and others have started to stimulate interprofessionality within teaching. Other institutions are also moving in this direction, with interest in putting a new curricular design into effect, so as to allow healthcare professionals to have new ways of thinking and new dynamics for producing healthcare services that are more comprehensive and coherent with social and healthcare needs.

These changes are presented within the Brazilian scenario in a variety of forms. They go from introduction of subjects common to different courses within the healthcare field and interprofessional curriculum design, to introduction of interprofessionality within the sphere of multiprofessional residency. These are all important initiatives and many of them stem from current policies. They may constitute a powerful space for strengthening interprofessional education in Brazil.

Reeves’s text provides our current and future efforts with the theoretical and methodological basis required for putting interprofessional education into effect. It needs to be understood that simply bringing together students or professionals from different professional categories does not signify that interprofessionality will materialize. For this, it is fundamental within the various scenarios to take on the aim of making collaborative practice the future result and to place effective teamwork as the perspective for processes adopted today. For this reason, Reeves emphasizes how challenging it is to implement interprofessional education.

Because of all the points raised in Reeves’s text, this is an invitation for us to take a look at our realities and see what we have done and where we need to go from

here. There is ever growing interest in and understanding of the relevance of interprofessional education in Brazil, with the aim of adding robustness to the historical processes of changes that we have previously backed. Thus, there is a need to become properly acquainted with initiatives that we are defining as interprofessional education, to build evidence of the gains achieved through some of these initiatives and to move forward in the processes that are more solid and sustainable and which point towards putting interprofessionality into effect over the short term, with improvement of the quality of healthcare over the longer term.

Lastly, and going back over the great contributions made by Prof. Scott Reeves, I would emphasize the clarity of the challenges imposed, which point towards seeking institutional support, with backing for present and future policies and towards the need for qualification of the teaching staff for interprofessional education, strengthening of relationships between universities, healthcare services and communities, and investment in changes in interprofessional and interpersonal relationships among the many players involved with education and healthcare service production, among other requirements. However, above all, I would reiterate that I believe in the political will to move forward with these changes, through the desire that we might in the future have an even stronger healthcare system, with linkage to the struggle to achieve fully participatory citizenship.

Translated by David Elliff