

Interprofessional education in the teaching of the health professions: shaping practices and knowledge networks

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Reading and learning from the paper ‘Why we need interprofessional education to improve the delivery of safe and effective care’, by Professor Scott Reeves, reveals a singular opportunity for interchanges, expansion of viewpoints and planning of new paths for healthcare professionals’ education who are better prepared for implementing shared practices, resulting from teamwork that is committed to comprehensiveness of care.

As educators within healthcare field who are involved in an experience of interprofessional education in an expanding field at a federal public university in the southeastern region of Brazil, his words and challenges inspire us to debate on a process of health education that combines with the Brazilian Health System (SUS) so as to defend life and emancipatory education.

From this standpoint, as educators involved in and co-participating in a

proposal for healthcare training grounded in the interprofessional education^c, and just like mineral prospectors who scour the land for indications of precious stones, we have sieved the text with the attentive eyes of those who find a meaning in every topic and with the flowing attention of those who become involved with the arguments, finding strange points and recognizing familiar points, dialectically.

Reeves analyzes the experiences of interprofessional education in the healthcare training model comprising two stages: pre and post-qualification. This has been explored in Brazil by universities in the state of Bahia, but is still little known in the majority of this country's higher education institutions. It consists of interdisciplinary healthcare projects at bachelor's degree level and subsequent specific professionalization.

The author highlights the potential and the limits of these two-stage experiences, recognizing the pertinence at the pre-qualification stage (interdisciplinary bachelor's degrees) and the possibility for strengthening and deepening the post-qualification stage (specific professionalization). He emphasizes some points that have been much reported in the worldwide literature regarding the benefits of interprofessional education such as students' preparedness^d and the reduction of stereotyped and often hostile stances between the professions.

^cStarting from policies for promoting healthcare and education in Brazil, the Santos regional campus (Campus Baixada Santista) of the Federal University of São Paulo (Universidade Federal de São Paulo, UNIFESP) has been developing an interdisciplinary and interprofessional curriculum for undergraduate courses on physical education, physiotherapy, nutrition, psychology, social services and occupational therapy since 2006. Within this training proposal, students attending these six courses have experienced shared learning and joint training during their undergraduate years. A study among students emerging from this experience, which was conducted through applying the RIPLS questionnaire with adaptation to the Brazilian context, followed by a semi-structured interview going more deeply into the issues, showed that these students were satisfied with the training received, the potential of interprofessional education for teamwork within day-to-day professional practice, and the construction and strengthening of their professional identities.

^dWe used the expression preparedness, considering that this is greatly used in many published papers on interprofessional education, but we emphasize that we take this to be an ongoing process and not an optimum state within the development and learning.

Experiences of interactive learning within interprofessional education are recognized as promoting development of skills for collaborative practices. We fully agree with Reeves's stress on the importance of taking these experiences to be part of the core curriculum and avoiding classifying them as options, which would thus be seen as having less importance in the education of future professionals.

One challenge that is emphasized relates to the teacher's place: Reeves highlights the importance of the teacher's skills as a mediator in situations of learning anchored in interprofessional education. These skills encompass a set of dimensions that include previous experiences, deliberate intention to work in interprofessional groups, flexibility and creativity to experience situations in a shared manner with students, and the teacher's involvement in and commitment towards interprofessional education.

From this perspective, the teacher's intermediation can therefore be registered as a concrete requirement for teacher development. In relation to experiences of educational innovation, the complex process of discussing professional identities within training and the potential of spaces for teachers to exchange knowledge and practices, teacher development occupies a central position. Thus, it is configured as a teacher development that in its realization and materiality can also be characterized as an interprofessional experience: collaborative, meaningful, interactive and knowledge-sharing.

Teacher development has also been shown through Brazilian experiences to be nuclear: studies^e have elicited as structuring element the need to construct a collaborative teaching, bringing together teachers with different backgrounds and professions, along with the importance of teacher education in interprofessional

^eRegarding the studies conducted by teachers at the Campus Baixada Santista of UNIFESP, the findings have been thought-provoking in relation to newly qualified and experienced teachers, the concepts of interdisciplinarity and interprofessionality, practices within the common strand of healthcare work and teacher identity in relation to interprofessional education, and practices and conceptualizations among teachers participating in policies for promoting Pró-Saúde and PET-Saúde.

environments. This makes it possible to learn to teach from the perspective of interprofessional education, through teaching and reflecting on experiences and constructing knowledge, strategies and collective projects.

There is some resistance to proposals for interprofessional education among teachers. Overcoming this not only requires movement among teachers in their processes of learning about teaching, but also strongly implies the need for a guarantee of institutional support through policies for funding and placing value on interprofessional teaching, with a commitment towards healthcare training based on comprehensiveness of care. It is important to create an academic culture that places collaborative and shared practices among teachers as university praxis, changing the logics of work done in isolation, governed through strict merit of publication and that places the professions as occupations that are thought out separately.

In this process, the reference made to assessment practices deserves attention: which assessment projects and projects link up with the perspective of interprofessionality? These could be assessments as projects and processes with critical interlocution; with collectively elaborated indicators and parameters; with recording of the descriptive dimensions of experiences and also their symbolic dimensions; and with possibilities for combining different instruments and strategies, thus allowing different viewpoints and perceptions to be revealed. Assessment forms one of the anchors sustaining interprofessional education and equally, it presents the challenge of constructing measurement methods that promote autonomy and empowerment.

In order to systematize a set of information, findings and conclusions relating to interprofessional education, Reeves presents a critical analysis on the scientific evidence and quality of studies published on this topic, brought together in six systematic reviews involving more than 200 studies conducted over the last three decades. The convergences that are identified around the concepts of interprofessional education, the combinations of different learning strategies and the emphasis on assessment of training seem to signal comprehension of the experiences of interprofessional education that is more consistent and coherent.

The critical analysis of studies that have evaluated the experiences of interprofessional education selected in systematic reviews paints a thought-provoking picture: (1) most of the experiences investigated were of short duration (between one and five days) and are described in a very summarized manner; (2) the methodological limitations have been little explored; (3) most of the studies have evaluated the impact of interprofessional education over the short term; (4) the magnitude of the changes produced within professional practice are still addressed by very few studies; (5) positive perceptions voiced by students at the end of experiences of interprofessional education emerge as the favored view in most of the studies; and (6) investigations on behavioral changes translated into practice, organizational changes and repercussions for improved care are still little explored.

Despite these limitations, Reeves points out that there is a current trend towards improved quality among studies relating to interprofessional education around the world.

In these moves towards understanding, engaging with, projecting and conducting dialogue, as proposed by Reeves, a theoretical-methodological anchor for seeking to joint together and interlink the dimensions discussed in the text can be found within a network perspective. This network can be taken to be a symbolic circulation space within interactions that incorporate individual and social constituents in dialectics that are registered in a given time and place. In this manner, group movements and institutional movements elaborate ways of conducting interprofessional education within healthcare.

Within this sphere, one possible response to the title question put forward by Reeves, starting from our reading and experience, is that we believe that interprofessional education may show potential to be in tune with social demands, within Brazilian realities, inspired from the ideas of Paulo Freire, from consolidation of the Brazilian System and from integration between teaching and care services.

Manoel de Barros¹ made a statement and issued an invitation:

“(…) Direct expression does not dream.

It does not use the conventional outline.

The eye sees, remembrance sees again and imagination sees across.

You have to see across the world.

Meaning:

God gave the shape. Artists misshape things.

You need to misshape the world:

Take natural things out of nature.

Make green horse, for example.

Now you just have to pull the silence alarm so I can go out there to misshape things (...)" (p.75)

Our view, strengthened through dialogue with Scott Reeves, is that interprofessional education may be a teaching instrument that leads us to make green horses within healthcare education.

References

1. Barros M. Livro sobre nada. São Paulo: Record; 1997. p. 63 e 75.

Translated by David Elliff