

## Interprofessionality and health: connections and changing borders

Márcio Florentino Pereira<sup>(a)</sup>

The interprofessionality theme has been recently mobilizing educators, researchers, managers, workers, advisors, and health and education bodies and institutions. It is becoming a movement, with the organization of events, such as the International Colloquium on Interprofessional Education and Practice, in Natal/RN, in 2015, held by the Management Department for Work and Education, from the Brazilian Ministry of Health (MS), and with the creation of structures, such as the Regional Network of Interprofessional Education of the Americas (REIP).

However, there is still a lot of contradictions when we identify political, theoretical and practical limits and resistances in interprofessional health education and in its limited ability to incite changes in professional and curricular scenarios strongly dominated by specialized disciplinary individualism and decontextualized biotechnicism. In this case, health interprofessionality is assessed within and among professions and disciplines with barely noticeable criteria and patterns and by setting limits and boundaries of health education and professionalization. According to the author, it can incite “conflicts, reprimands, disruptions, discomforts and blurs.”

In the article “Connections and boundaries of interprofessionality: form and form-giving,” the author instigates us with important questions: Why isn't there an interprofessionality debate in undergraduate health courses? How is it possible to advance in interprofessional health education with an educational structure focused on diseases and techniques, and not on the user/patient/citizen/care/family/community? Is a creative and constructive reunion of health work and education possible in the connections and intersection of interprofessionality? These are theoretical, practical and methodological issues related to the development of education and health policies in our realities and contexts.

Experiences have shown that a health education in tune and articulated with the constitution of the Brazilian National Health System (SUS) has enabled a greater political and epistemological enlargement in the field of knowledge and practice. This has, in turn, enabled the emergence of new arrangements, diversity and differences regarding the biomedical professionalization model. In SUS, interprofessionality has constituted a reference to changes in health work

<sup>(a)</sup> Departamento de Saúde Coletiva, Faculdade de Ciências da Saúde, Universidade de Brasília. Asa Norte. Brasília, DF, Brasil. 70910-900. marcio.florentinop@gmail.com

and practice, which are necessary for a comprehensive and universal care (Family Health Strategy, Community Health Agents, Primary Care, programs like Pró-Saúde, PET-Saúde, More Doctors, VERSUS, etc.).

I have been following, through a political and academic militancy, institutional initiatives developed in health and education, such as the latest experience of expansion of federal universities and particularly of the Guiding Plan's structuring project of Universidade Federal do Sul da Bahia (UFSB)<sup>1</sup>. The interprofessionality proposal is a fundamental part of the Guiding Plan, being present in all knowledge areas, particularly in health, where collaborative work and shared learning are guided through three dimensions: interdisciplinary, interprofessional and intercultural.

The structure of these dimensions in knowledge and practices, organized by cycles, axes and components, guides the educational action and enables a totally distinct pedagogical approach towards traditional curricula organized by disciplines and specialties and based only on the undergraduate courses' Curricular Guidelines. Specifically in the southern part of the Brazilian state of Bahia, courses have interculturality dimensions, because traditional people and knowledge are regionally organized, such as indigenous and *quilombolas*, as well as a variety of immigrant and foreign people attracted by the region's tourism.

UFSB's academic proposal, and pedagogical and curricular model aim at overcoming the courses and curricula's centrality, which are excessively organized only in the professionalization stage, aiming at a wider model of approaches and education with the incorporation of collective health, comprehensive care, universality and equality. In UFSB's Political-Pedagogical Project, health is considered, and acted upon, a field of knowledge and practices, under the perspective of social and human development, playing a role in the transformation of the local and regional reality, considering the understanding of inequalities as something essential. One of its principles is the critical and humanistic education in the development of science, education and research<sup>2</sup>.

In health education, the cyclic regime is based on services and communities as a possibility of social integration of the field in a permanent connection with SUS' organization reality in the region, in a Healthcare-School System. The Healthcare-School System is an education proposal that reflects upon a project of collaborative and shared education for work in interdisciplinary and interprofessional dimensions necessary to Family Health Teams (ESF). Therefore, theoretical, methodological and pragmatic conformations articulating a social, political, cultural, environmental and clinical health production arise. This is an exercise that recognizes other knowledge, practices and experiences within and beyond specific competencies and individual skills, which determine time, space and habitus<sup>3</sup> of the health work professionalization stages.

These configurations refer to the challenge of considering health as a "plural epistemological field" of knowledge, practices and experiences with different vocabularies and ways of identifying oneself: wellbeing, quality of life, good living. According to Arriscado Nunes<sup>4</sup>, they are ecological relationships under a process of critical and creative construction, construction of knowledge and acknowledgements, in permanent dialog with other interdisciplinary and intercultural perspectives, such as the indigenous people, who see health and disease issues in a different way, with other cosmologies. This is an assumption that we are part of an ecology and permanently exposed to everything that is inside and outside the field. For example, our health is connected to the environment and nature's health. These are relationship networks that often become irrelevant or medicalized: "There are different ways of dealing with diseases, but they are dealt with in monoculture – medicine, collective health, etc. monoculture. Knowledge and practices with what we call health. Ecologies versus Monocultures"<sup>4</sup>.

Health as ecology of knowledge and practices<sup>5</sup> in contexts, situations and needs that require intervention. A live and collaborative field of education and transformation with production of senses and meanings, with presence, intersections, disputes, interests, convergences, meetings, mismatches and consensus. According to Arriscado Nunes<sup>4</sup>:

... an idea of the relationship of knowledge and practices as ecologies. Monocultures admit a certain degree of pluralism, but they are necessary to extend and decenter the universe of knowledge. Ecologies are cognizance that occur in a certain field, with specific connections. Just like practices, ecologies generate knowledge. Social practice produces cognizance. Practice produces knowledge.

Knowledge is oftentimes not formally understood and coded. However, it is incorporated through the way of living and can be shared. Ecologies of knowledge recognition. It requires an attitude to listen. When faced with a crisis of understanding, it is our obligation to listen. Positive discrimination in favor of recognition: "Ecology of the valuation methods. How the productivity of effects is assessed. Creation of appropriate assessment methods. There are temporality ecologies. Different, multiple times. Differences in interventions of access to care, emergency response, risk's time"<sup>4</sup>.

Health and education interprofessionality articulated in new interdisciplinary and intercultural education arrangements in processes of experimentation and production of elements that constitute collective health work. As an integral and ecological way of knowledge and education; as integrated thought and action, in the production of processes, tools and organizations; as a transformation praxis with strong conceptual, methodological and political implications connected to the development of health and education.

In the article being discussed, the author evidences that interprofessional health work can be more adherent, shared, collaborative and safe, and thus more ecological. Therefore, it is more pleasurable, less insalubrious and integrated, and with greater reciprocity. It can increase professional retention, with territorialization and contextualization of its practices, enabling to advance into an action that is planned and assessed by the team, with greater effectiveness and efficiency in the organization of the work process, comprehensive care and permanent education of the team. An assessment that is positively and ideally closer to interprofessional health work, taking into consideration the principles and guidelines that lead SUS and its local, bottom-up, integral, participative and universal organization.

Therefore, transforming health education means dealing with contradictory and conflicting movements and processes of advances and setbacks, with possibilities of crises towards this transformation. It means acting in objective and subjective dimensions where professionalization became a decisive element for the constitution of an unequal space of the possibility of being and having, of the social, economic, cultural and political act of hierarchizing, with total hegemony of certain professions in the market.

In conclusion, I think that the challenge of overcoming inequalities and hierarchies in health and education requires the definition and re-definition of work processes, interprofessionalization and interdisciplinary health education in a broader context of university and democracy projects in national, popular and intercultural dimensions. These processes remit to movements of reform and transformations that, due to their deep characteristic representing our society, should collide and overcome the colonized knowledge and power structures.

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