


Assessment of professors' perception about the interprofessional education in health using focus groups

Avaliação da percepção dos professores sobre educação interprofissional em saúde por meio de grupos focais (resumo: p. 18)

Evaluación de la percepción de los profesores sobre educación interprofesional en salud por medio de grupos focales (resumen: p. 18)


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This study evaluates the perception of professors on interprofessional education (IPE) from a public university in Brazil. Professors of Medicine, Dentistry and Nursing participated in synchronous online focus groups reflecting on topics: (1) common disciplines, (2) interprofessional research and extension projects, (3) attention to social determinants in user treatment plans, and (4) collaborative practices during the Covid-19 pandemic. An accurate focus group transcription and interpretative descriptive analysis were used to assess four focus groups (n=10) using a structured instrument with 17 items about the 4 topics mentioned. According to professors, there are no common disciplines among health courses. Extension and research projects with an interprofessional approach are only individual initiatives by professors. According to participants, students consider social determinants in treatment plans. There were few collaborative practices during the pandemic. There was a need for IPE guidelines for graduation.

Keywords: Interprofessional education. Focus group. Dentistry. Nursing. Medicine.

Introduction

Interprofessional education (IPE) is an educational strategy that aims to prepare students and health professionals to work in interprofessional teams, improving knowledge and skills for collective and collaborative action. It is an important tool for meeting the health needs of the community, transforming these professionals into facilitators through the health education process¹.

Health professionals, for the most part, are focused on individual, in-office, ultra-specialized care, fragmenting patients complains, hampering their interactions with other areas and other professions. This individualistic view is presented to students from the beginning of their clinical activities. Implementing IPE is challenging due to the difficulty of team training, mainly because there has not been, until today, an internationally accepted model².

Interprofessional collaborative practice has presented benefits that include “improved access to safe, quality care, reduced lengths of hospital stay, improved quality of life for patients and families, and improved recruitment and retention of health and social service providers”³ (p. 2). The evidence for IPE continues to evolve and will develop greater knowledge of how it can most effectively be planned and implemented, and its relationship to developing collaborative competences that can positively affect the delivery of patient care and health outcomes^{4,5}.

The identification of social determinants is important to comply with the Brazilian National Health System (SUS) guidelines. It contributes to the health-disease process. Therefore, being able to understand the development and progression of diseases in an interprofessional view will lead to a change to healthier choices, prevention, and treatment actions. The practice of health promotion must break with the concept that health is the absence of disease and think of it as a process that involves social determinants. The actions must have social relevance and meet the needs of the community⁶.

In 2010, the World Health Organization (WHO) recognized interprofessional education and collaboration as an innovative strategy that plays an important role in mitigating the workforce crisis in global health⁷ (Figure 1).

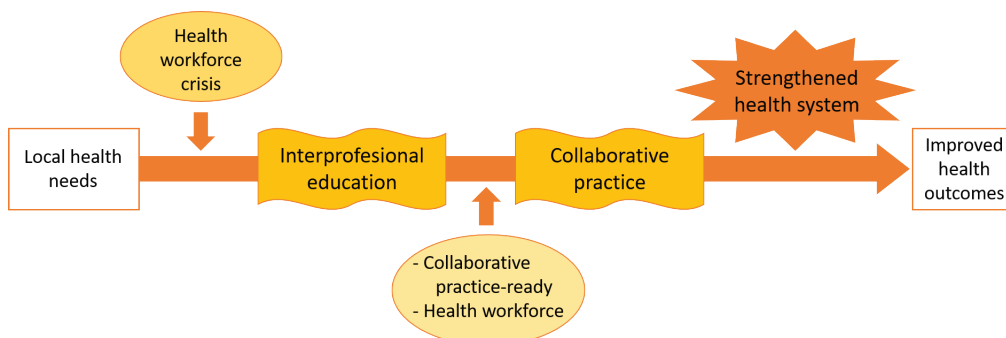


Figure 1. Health and education system (adapted from WHO⁷).



Although this issue is highlighted in the Guidelines of National Curricula (GNC) of undergraduate Dentistry, Medicine and Nursing courses in Brazil⁸⁻¹⁰, it is not discussed sufficiently during the training of these professionals. Many professors are unaware of the GNC or the Course Pedagogical Project of their courses, just as of IPE initiatives. The process of change has occurred through initiatives such as the National Reorientation of Vocational Healthcare Training (Pró-Saúde)¹¹, Education Program through Health Work (PET- Saúde)¹², Multiprofessional Residency in Health¹³ and integrative disciplines in graduation¹⁴.

According to the Institute of Medicine, every clinical health professional should be able to cooperate, collaborate, communicate, and integrate care with other health teams to ensure that care is continuous and reliable¹⁵. It is necessary to implement teaching strategies in undergraduate courses that favor communication, exchange, and transdisciplinarity between different areas of health, which enable the promotion of individual and collective health¹.

To implement an IPE, it is important to create accreditation standards for the programs³; formulate curricula that incorporate the methodological bases of IPE¹⁴; establish institutional policies and administrative commitment; include IPE during the entire professional formation, not only in the begin of the course⁴; and incorporate IPE into education and health policies^{7,16}.

Health education in Brazil still places a lot of emphasis on interdisciplinary professional training and practice with multiprofessional action without introducing students to an interprofessional approach¹⁷. According to Prevedello et al.¹⁸, the challenges pointed out by professors, preceptors, and tutors for the implementation of IPE learning in Brazil, may difficult due to the distance between the academic and work universes, or insufficient institutional support and adequate articulation teaching-service, compatible curriculum, and adequate academic training.

In their scoping review, Prevedello et al.¹⁸ observed that there was an increase in the number of Institutions introducing IPE in their courses in the health area, seeking to adapt them to the GNC, and transforming the training and qualification of professionals according to the demand of the population's health and with the guidelines of SUS. They identified initiative in under graduated and post-graduated levels.

The perception and comprehension of IPE by professors is fundamental for understanding the difficulties and challenges that may occur in the implementation of an IPE.

It is worth noting that this study involves innovative methodologies, using online focus groups^{19,20}. These new methodologies seem to be useful to researchers considering Web conference technology to carry out focus group data collection in qualitative research^{19,20}.

Based on what was presented above, we present the guiding question of this research: "What is the professors' perception about IPE in different courses in the health area?"

The objective of this study was to understand the interprofessional education, in the perception of professors, between different health courses of a public institution.



Methods

It was a qualitative study based on an online focus group, that were carried out addressing IPE in the health courses of a public institution in Rio de Janeiro. The meetings were held synchronously, through a web conferencing platform (Google Meet)¹⁹.

This research was carried out with one of the largest educational institutions in Brazil, Federal University of Rio de Janeiro, with 16 courses in health.

Participants selection

Professors from three health-related courses of the target institution—Medicine, Dentistry, and Nursing—were invited to participate in the focus groups. Those three courses were selected because they are the most involved in the family health strategy, which is the basis of the SUS in Brazil.

Professors were invited to participate in the focus groups through a random selection. They were contacted by the researchers via e-mail explaining the purpose and method for carrying out the online focus groups. Upon confirming their participation, professors received a second e-mail with the Free and Informed Consent Terms and guidelines for the day of their scheduled meeting.

Each invited professor should be a member of the permanent teaching staff of the selected courses, teach clinical disciplines, have a master's and/or doctorate degree, and have worked as a professor at the institution for more than three years. Professors involved in clinical area of each course were invited because patient care considers several aspects of the individual's health, seeking to care for the patient, including the social determinants of the health-disease process.

Data collection

Video-recorded focus group interviews were undertaken with Professors from three health-related courses. Mixed focus groups were chosen as the method of data collection to facilitate a rich discussion among the courses. Furthermore, enabling participants to comment on and discuss the views expressed by someone from a different course²¹.

The focus group researchers included a moderator, reporter, and reviewer. The focus groups were facilitated by experienced moderator using a semi-structured interview schedule to guide the discussion. The topics discussed are presented in Table 1. The questions were presented in the form of a pre-established script (Table 2). The script was developed and validated in a pilot study with three professors before its application in the study group. The pilot study participants were not included in the selection of participants in the focus groups.



Table 1. Topics discussed in the focal groups.

1. Common disciplines among different health courses: Existence of common disciplines among health courses and identification of activities used for interprofessional learning.
2. Interprofessional internship activities: Identification of the existence of common internship activities between the courses and identification of common scientific productions.
3. Interprofessional research activities: Identification of interprofessional research activities.
4. Social determinants in health planning: Identification of social determinants in care planning.
5. Interprofessional activities during the COVID-19 pandemic: Identification of activities or collaborative practices with course students during the pandemic caused by COVID-19.

Source: own authorship.

The moderator was responsible for presenting the questions, guiding, and encouraging the professors' participation so that everyone had the opportunity to speak. The reporter was responsible for recording the meeting and, later, for transcribing the reports. The reviewer was responsible for writing down relevant reports and opinions^{19,22}.

The professors were identified by codes for the transcription process (P1, P2, P3...). The topics covered in the predefined script were discussed by the participants.

Table 2. Script used to guide focus group discussion.

Common disciplines among health courses
<ul style="list-style-type: none"> • How many disciplines does the course offer in common with other courses in the field of health? Basic or professional stage? • How is the dynamics of the discipline? What activities are used for interprofessional learning? • In what specific situation can you identify interprofessionalism and multiprofessionalism in the course?
Interprofessional internship activities
<ul style="list-style-type: none"> • Do you participate in or are you aware of internship projects with students from other health courses? • Have you ever participated in an internship project with professors and students from other courses in the field of health? • Have you supervised undergraduate students from other health courses in extension projects? If yes, which courses? • Have you ever participated in an evaluation committee on undergraduate research on other health courses? • Was scientific production generated by this participation?
Interprofessional research activities
<ul style="list-style-type: none"> • Have you participated in any research projects with professors and students from other health courses? • Have you guided undergraduate students from other health courses in research projects? If yes, which courses? • Have you ever participated in an evaluation committee on undergraduate research from other health courses? • Have you ever participated in an evaluation committee on scientific initiation research on other health courses? • Was scientific production generated by this participation?
Social determinants in health planning
<ul style="list-style-type: none"> • In your course, what are the concerns regarding social determinants in health care planning for patients? (Life history, socioeconomic conditions)
Interprofessional activities during the COVID-19 pandemic
<ul style="list-style-type: none"> • Are there activities or collaborative practices between students from different courses during the pandemic due to COVID-19? • If there are collaborative practices, what are the courses involved? • Do these collaborative practices include the participation of graduate students?



The focus group was used to debate issues and after transcribing this debate, an analysis of the content of the texts generated by the groups was carried out, emphasizing the most important points expressed by the participants^{23,24}.

All meetings were recorded with the agreement of the participants. The groups were dissolved when enough information was observed, or the focus groups were ended when researchers obtained information saturation²⁵. "Saturation" is frequently mentioned in qualitative methodological discourse. Reviews reveal that this concept is often poorly specified and far from corresponding with the original meaning of this concept²⁶.

Data analysis

The qualitative data were analyzed in two complementary moments: specific analysis of each group and cumulative and comparative analysis of the set of groups performed, as recommended by Tradd²⁷. The purpose of this process was to identify the perception of professors in relation to interprofessional activities in courses, trends and challenges associated with the subject of study.

It was decided to describe the data collected in text format to be able to better explore the similar or opposed opinions of the participants, as well as highlight phrases said by them which is usually used for this kind of qualitative research.

Responses from pilot study participants were not included in the final study analysis.

The present study was submitted to and approved by the Research Ethics Committee (registration number 3.313.556). All participants were informed of the objectives, benefits, and risks of the research, and they read and signed the informed consent before participating.

Results

Four focus groups were carried out, with an average duration of 75 minutes each session, comprising a total of 5 hours and 7 minutes of discussion among the professors on the proposed subject. Ten professors from the three courses participated in the focus groups, two from the Faculty of Medicine, three from the Faculty of Nursing, and five from the Faculty of Dentistry. Figure 2 presents a scheme with the participants of each focus group carried out.

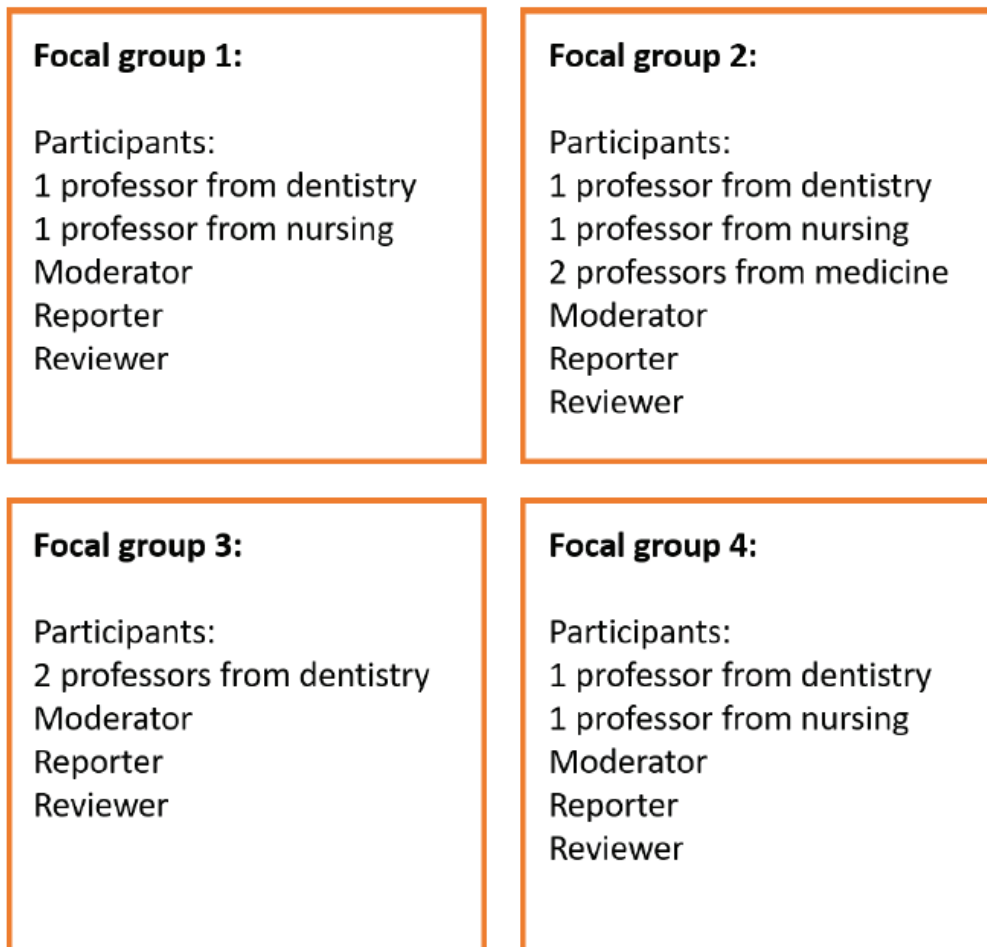


Figure 2. Scheme with the participants of the focus groups.

We must also emphasize that 25 professors were invited but did not attend the focus groups. Most of the refused or unanswered invitations were from professors from the Medicine course. Of the 14 invited professors of Medicine, only two chose to participate. Of the nine invited professors of Nursing, three participated, and of the 12 invited professors of Dentistry, five participated in the focus groups.

The results achieved with the questions/script mentioned in tables 1 and 2 will be presented below.

Common disciplines among health courses: All participating professors reported not having knowledge of mandatory disciplines that have interprofessional activities.

I think that from the formal point of view there are no intersectional disciplines, I am not aware of ongoing disciplines that have been thought, planned, and executed in conjunction with other courses. (P3)



Some professors believed that there was interaction between students from the different health-related courses in basic cycle disciplines.

I think this can happen at different times, in basic and professional training, because we have disciplines in common, such as cytology, histology, all those parts. [...] So, I think like this, both in basic and professional training, we have several moments in which we can interact. (P1)

In this case, was observed that the professors' believed that being present in the same room can characterize interprofessionality. Other professors believed that students took basic cycle disciplines together, but that there was no interaction between them. However, this is not the case, as each course offers the subjects separately to its own students.

All participants agreed that these interprofessional interactions in electives or extramural activities occur more as the result of the individual effort of each department, and not as an institutional norm. The professors also observed that, in some disciplines, there must be interprofessional action due to their integrative character, or because they work within clinics or hospitals with different professionals.

I see individual attempts, but no institutional efforts. There are areas that have a very close relationship such as geriatrics and prosthesis. Basically, because they have this need for interaction, making it a lot easier. But it's more of an individual effort, it's not very systematic. (P8)

There are different situations, considering if the patient is in primary, secondary, or tertiary care. For me, interprofessional care would be the ideal model, but we see a lot of the multiprofessional model. (P9)

In Nursing, as students work directly with other health professionals within the hospital, there is interaction between these different areas.

In my experience [Nursing], as I work in hospitals and my sector is hospitalization, multiprofessional care predominates. We never work alone; we work as a team. For example, in an intensive care unit patient, oral hygiene is performed by a nurse, and it is often not done correctly and therefore it would be important to have a dentist doing this procedure. With medicine we always have a work interaction. Nursing has dependent, independent, and interdependent functions. In some areas there is involvement of nutrition, dentistry, nursing and medicine. (P5)



The professors, despite having great experience in their courses, were not sure if they had interprofessional activities between their courses.

Interprofessional internship activities: Most of the participating professors worked, coordinated, or had already worked on internship projects involving students from different health courses.

We have advanced a lot in this area. You can experience in these courses the networking that takes the University Hospital technicians to primary care. It makes the student understand what primary care is, its purpose, the meaning of controlling chronic diseases from early treatment, and team care, which is fundamental. (P3)

They emphasize the importance of extra-walls activities, with the interaction between the professions for better patient and community care.

It is very difficult to talk about interprofessional work if there are no common initial activities between the areas of health. In this internship activity, we work on arts, such as performance, taking the students to the street. Students have a different perception of the people they care for, and what care is. (P4)

There are individual initiatives by some disciplines and professors, but interprofessionality is not regularly present in the pedagogical projects of the courses.

Interprofessional research activities: When asked about research projects involving students or professors from other areas of health, only one participant reported that all the research she developed was in this line of interprofessionality and involved undergraduate and graduate studies.

All research production was in response to the real health problems of the population, whether linked to the teaching area or the work process of interprofessional teams, and the role of each one. (P3)

Social determinants in health planning: The importance of knowing social determinants was unanimous among the participants. All professors believe that future professionals need this knowledge to be able to define diagnosis and treatment.

The student is faced with a social reality that is completely different from his, and the entire course of this discipline takes place in planning care for patients in this context of the family team, considering the social determinants. I understand, in our experience, when we take the student to the field of primary care, my expectation is not that he learns to prevent disease. My expectation is that he learns to take care of people in the context of the family [...]. And, in this set of approach, prevention is mixed with curative practice. (P3)



Some professors reported thinking that students are being prepared to have this concern. They believe that some of the basic science subjects are intended to prepare students to observe social determinants in planning their patients' treatment.

They need to understand society, need to understand the neighborhood, the reality of a deprived community, the level of education in that society that can contribute to health problems. To reach that they have Sociology, Anthropology, and Psychology. (P1)

Other subjects in the professionalizing stage, according to the professors, also aim to prepare the student for understanding social determinants, where they are key concepts in the subject and the objective is for the student to understand an expanded concept of health.

A professor considered that the Faculty of Dentistry's vision is still very technical.

I see a growing concern in terms of social determinants; however, I still find the technicist vision passed within the faculty to be very strong. This issue of social determinants is increasing, but I think it is still very small. The concern is still with the technique to be used, the best material, including in the Integrated Clinic, and sometimes what you want to offer is not what the patient needs. (P6)

A Nursing professor reported working in secondary care and receiving students for internship practice who, in most cases, are unable to scale this issue of social determinants and how it impacts the patient's conditions.

I honestly don't see any concerns about the course in this part of social determinants [...]. I receive students for internship practice and most of the time they are unable to understand this issue of social determinants and how this impacts the patient's conditions. (P9)

In this topic there was a polarization in the professors' perception. Some believe that students can understand social reality, and others believe that they cannot.

Interprofessional activities during the COVID-19 pandemic: Most of the professors were not aware of collaborative activities or practices between the health courses during the pandemic. Some professors reported knowledge of volunteer programs, which worked to help inform the population about the virus and ways to prevent it.

Although most of the participating professors were not aware of interprofessional collaborative activities, some mentioned participating in collaborative projects to face COVID-19.



Discussion

Analyzing the responses obtained through the focus groups, it was observed that the professors believe that interprofessional education in the areas of health in higher education institutions enables students to learn and share their knowledge and to improve care and quality of treatment. This interaction requires the active participation of students through activities and/or methodologies in which students from different health disciplines are responsible for the exchange of knowledge^{28,29}.

In contrast to what some professors reported, in the analyzed course, there are no common disciplines among the courses in the basic cycle. And they believed that the presence in the same room would be considered an interprofessional experience. To reach IPE, there are ways to have interaction between the subjects, mixing directed theory and practice, through discussions and interprofessional experiences and strategies for evaluating the ability of future professionals to work as a team¹¹. In addition, the availability of professors to develop IPE is also important, integrating it into learning objectives and assessment strategies^{30,31}.

In our study, it was also observed by many professors that these initiatives are generally individual efforts by professors or teams, offering elective courses, internship programs, research projects or activities outside the walls of the academic institution. IPE initiatives have been shown to benefit communities and student satisfaction with their lived experience, in addition to positively influencing the training of health professionals¹⁴. Sharing this view with those authors¹⁴, we noticed that our results did not include an institutional standardization implemented in the mandatory curriculum that leads the knowledge acquired in interprofessional experience to be explored and disseminated in more activities during a student's professional training.

Institutions need to train future professionals to work as a team, understanding the social determinants and reality of the population, as reported by P4. With a real-world experience, students gain a different perspective of care. However, it was observed in some professors' answers that in the daily life of health courses, there is a perceived lack of student knowledge and involvement regarding social determinants.

Social determinants of health are key concepts in the course and its objective is for the student to understand the expanded concept of health. Institutions need to train their future professionals to work as a team, understanding the social determinants and the reality of the population served³². This theme must be discussed from the first years of the training course, so that future health professionals recognize its importance from the diagnosis to the treatment plan of an illness or a problem situation.

The Brazilian public health service called SUS presents the Primary Health Care, as the most embracing health service in the country³³. Its conception is based on the Family Health Strategy which deals with interprofessional and intersectional approaches, however it seems that the health educational strategies still must consider it a lot further. Some experiences have shown the relevance of the IPE^{5,33}.



In Brazil, since 2012, the quota regime was created to ensure that 50% of vacancies in public higher education institutions were allocated to students who came entirely from public secondary education³⁴. This can influence the reality of students, and consequently, the perception of professors, improving their understanding of the determinants of health and disease.

Most of the participating professors reported not being aware of collaborative activities during the Covid-19 pandemic period. However, several actions were developed in the institution's health units, such as telemonitoring of patients, vaccination, guidance to patients, among others. It is important to publicize these actions for the knowledge and participation of professors, students, and employees, showing a need for a better divulgation.

Santos et al.³⁵, when looking at the IPE from the perspective of Nursing and Medicine students, verified the presence of stereotypes in relation to the colleague's area which indicates the need for this pedagogical practice begins in the first year of graduation in the health professions.

The curricular structure presented by the undergraduate dentistry courses in Brazil, despite the governmental guidelines^{10,36}, is still a barrier to the implementation of IPE due to its segmentation³⁷. Currently, IPE is mandatory in undergraduate dentistry courses in supervised internships, which comprise 20% of the total workload of dentistry courses^{10,36}.

Medicine and Nursing have governmental guidelines to structure their curricula^{8,9} as well as Dentistry¹⁰ which the guidelines also guide the formation of a professional capable of acting in interprofessional activities.

Proposals for the implementation of IPE in health area courses require institutional changes: creation of mandatory subjects that provide interprofessional experience with different courses³⁸; mandatory insertion of students in activities with collaborative practices in the public service from the beginning of the course and throughout training³⁹; implementation of active methodologies with the participation of students from different courses in the health area³⁸, seeking an interprofessional approach to case resolution; the offering of inter professional internship projects; and partnerships to implement IPE²¹.

In our study, only two Medicine professors participated, both work in primary care and have extensive experience in IPE. In our opinion, this lack of participation may reflect less interest of some professors in discussing interprofessionality. Correa et al.⁴⁰ found that medical schools perceive more difficulties in incorporating IPE and offered fewer mandatory courses, which can indirectly reflect and corroborate the fact that medical students are less open to IPE than others. However, seems to be clear that IPE is a strategy in public health care^{4,26}.

The participation of Nursing professors was greater because it is a profession that already includes interprofessional performance⁴¹, where professors have experience and know the importance of these relationships between courses. In Dentistry, acceptance was also good, but the professors' knowledge of the subject matter was a little more limited, showing that there is still a need for a greater emphasis on this approach in the course. Overall, many professors declined the invitation to participate.

We opted for the development of online focus groups due to the epidemiological crisis that is the Covid-19 pandemic. As the lack of interest described above, this can also have compromised the adhesion of the professors invited to participate in the focus groups, with the adaptation of class hours, remote teaching, and professorial overload. This fact was a limitation of our study. Although some studies recommend up to 12 participants in a focus group²², the researchers of this study decided to hold focus groups with a smaller number of participants to develop more detailed discussions about the chosen themes. Consequently, it was more fruitful to promote discussions on the proposed subjects with a small number of participants.

Abrams et al.²² showed that the richness of data from an online focus group can be compared to that of a face-to-face focus group. One of the biggest advantages of synchronous online focus groups via web conferencing is the real-time participation of geographically distant people^{19,42}. In relation to online text focus groups, an advantage is the possibility to see and hear all participants through cameras and microphones connected to the computer, allowing interaction between them. In our experience, we considered this methodology very useful.

Face-to-face focus groups are characterized by both verbal and non-verbal communication¹⁹. It is possible for the moderator and his assistants to observe the facial and body expressions of the participants while another person is talking, either as a form of agreement or disagreement. This methodological characteristic may be impaired in online focus groups. Even though the participants had their cameras on, it was difficult for the moderator to observe this non-verbal communication.

Another limitation of this sort of study is that participants kept their microphones off to avoid interrupting another participant, and maybe the discussions between them may have been lost, as they were waiting to turn on their microphones and speak. This is an important feature of face-to-face focus groups¹⁹, where participants can speak up for or against, generating a spontaneous and healthy debate for data collection.

Overall, at a national level, several efforts have been made to implement more interprofessional care in the Brazilian public system, through important public policies, such as: The National Program for Professional Reorientation in Health (Pró-Saúde) and the Education through Work for Health Program (Pet-Saúde) stand out, as a joint action of the Ministry of Health (MS) and the Ministry of Education and Culture (MEC), aimed at bringing about change in the training of health professions, with a greater focus on their sustainability over the years⁴³; Programa de Residência Multiprofissional⁴⁴; and continuing education programs.



Conclusion

According to the professors' perceptions, the IPE is beneficial, however its implementation in the institution is a challenge for the teaching staff in different courses in the health area. IPE exists in individual initiatives made by groups or professors in the evaluated institution. They demonstrated the difficulties in implementing interprofessional methodologies, and that the pedagogical project must present several interprofessional opportunities throughout the courses involved. The results showed a need for IPE guidelines for academic health programs to better care for the Brazil's population. Future studies on this topic may bring more important data for the creation of this guidelines.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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Este estudo avalia a percepção de docentes de uma universidade pública brasileira sobre educação interprofissional (EIP). Professores de Medicina, Odontologia e Enfermagem participaram de grupos focais on-line síncronos refletindo sobre os seguintes tópicos: (1) disciplinas em comum; (2) projetos interprofissionais de pesquisa e extensão; (3) atenção aos determinantes sociais nos planos de tratamento aos usuários; e (4) práticas colaborativas durante a pandemia de Covid-19. Foi usada análise interpretativa descritiva para avaliar quatro grupos focais (n = 10) utilizando instrumento estruturado com 17 itens acerca dos quatro tópicos mencionados. Segundo os docentes, não existem disciplinas comuns entre os cursos da Saúde. Projetos de extensão e de pesquisa com abordagem interprofissional acontecem somente por poucas iniciativas individuais de professores. Segundo os participantes, os alunos consideram os determinantes sociais nos planos de tratamento. Ocorreram poucas práticas colaborativas durante a pandemia. Observou-se a necessidade de orientações sobre EIP para graduação.

Palavras-chave: Educação interprofissional. Grupo focal. Odontologia. Enfermagem. Medicina.

Este estudio evalúa la percepción de docentes de una universidad pública brasileña sobre educación interprofesional (EIP). Profesores de Medicina, Odontología y Enfermería participaron en grupos focales *on-line* síncronos reflexionando sobre tópicos: (1) asignaturas en común, (2) proyectos interprofesionales de investigación y extensión, (3) atención a los factores determinantes sociales en los planes de tratamiento a los usuarios, y (4) prácticas colaborativas durante la pandemia de Covid-19. Se utilizó el análisis interpretativo descriptivo para evaluar cuatro grupos focales (n=10) utilizando instrumento estructurado con 17 ítems sobre los 4 tópicos mencionados. Según los docentes, no existen asignaturas comunes entre los cursos de la salud. Los proyectos de extensión y de investigación con abordaje interprofesional constituyen unas pocas iniciativas individuales de profesores. Según los participantes, los alumnos consideran los factores determinantes sociales en los planes de tratamiento. Hubo pocas prácticas colaborativas durante la pandemia. Se observó la necesidad de orientaciones sobre EIP para graduación.

Palabras clave: Educación interprofesional. Grupo focal. Odontología. Enfermería. Medicina.