INTERPROFESSIONAL EDUCATION
TRAINING OF FUTURE HEALTCARE PROFESSIONAL

MARCILÉA DIAS DE SÁ PAIVA LIMA
IVANETE DA ROSA DA SILVA DE OLIVEIRA

Presentation

With the aim of contributing to the consolidation of the Unified Health System (SUS - Sistema Único de Saúde) in Brazil, the Ministry of Education (MEC) and the Ministry of Health (MS) established the National Curricular Guidelines (DCN) for health professions. The objective was to offer education that would enable the qualification of healthcare assistance, encompassing the principles of SUS.

Some educational values, such as Health Education, found in these guidelines, were the result of a process involving political, institutional, and cultural aspects. Therefore, it can be affirmed that the DCN focused on the health field seek to elucidate education from the perspective of transforming practices, openness, and proactivity to learn throughout life, and the continuous search for new knowledge in the sense of lifelong education.

Thus, it is understood that in order to develop the competencies described in the DCN for undergraduate health courses, continuous education of the teaching staff is also necessary. The teacher must constantly update themself to improve their pedagogical practices through the acquisition of theoretical foundations that can assist them in their daily lives. This implies (re)thinking their formative journey, alongside the task of educating.

With the intention of contributing to this education, this update course entitled "Interprofessional Education: training the future healthcare professional" was conceived. It was developed as a teaching product in the Professional Master's Program in Teaching in Health and Environmental Sciences (MECSMA) at the University Center of Volta Redonda (UniFOA) and is aimed at teachers who work in undergraduate health courses.

By addressing knowledge objects with the intention of discussing topics related to interprofessionalism, this course seeks, in a way that is closely related to the teacher's everyday life, to present proposals for reflection on concepts, definitions, knowledge, and shared experiences to rethink teaching practice.

The intended pedagogical training process for these teachers will be offered through the use of methodologies that favor technological mediation employed in remote activities. The organization into three modules will enable the teacher to follow their path and critically reflect on their practice. It is

intended that these asynchronous moments be relevant for the teacher to establish parameters that broaden their conceptual, attitudinal, and procedural foundation regarding the provision of content related to Interprofessional Education in Health (EIP - Educação Interprofissional em Saude).

It is worth noting that the proposal to develop a course with the theme of interprofessionalism is supported by the core of the teaching-learning process and arises from the implications of the following question: How can we contribute in a way that the mobilization of knowledge promotes the development of collaborative competencies and skills that enhance the training of future healthcare professionals?

Therefore, it is considered pertinent for Higher Education Institutions (IES - Instituições de Ensino Superior) to bring the discussion of EIP into their daily life so that the results of the work carried out favor and sensitize teachers to the emergence and propositions of reflective practices that promote the increase in the level of critical consciousness, as required by Freirean principles (FREIRE, 1996).

1. Introductionto the course:

The constant changes in reality and the complexity of individual and collective health services and needs have driven a reconsideration of training processes in the healthcare field. The aim is to provide integrated and qualified care to users. Initiatives with these objectives began to be discussed and planned in Brazil after the Federal Constitution of 1988, which assigned to the Unified Health System (SUS) the role of participating as the regulator of health workforce training.

One of these initiatives was the PET-Health/Interprofessionalism program, launched through a public notice, with the intention of promoting, based on the theoretical and methodological elements of Interprofessional Education (EIP), the integration of teaching-service-community with a focus on the development of SUS, aiming to implement the Political-Pedagogical Projects (PPP) of undergraduate health courses with this approach (BRASIL, 2018).

Concurrently with this movement, the National Curricular Guidelines (DCN) for health courses have also been seeking a new professional profile, based on the development of professional competencies and active teaching-learning processes centered on the student.

In this sense, EIP, defined as a proposal in which professions learn together about collaborative work and the specificities of each field, is an innovative and powerful strategy in strengthening collaborative work and team communication. It is capable of optimizing services, improving professional practice outcomes, and enhancing care for users (REEVES et al., 2017; WHO, 2010).

How can we create possibilities that contribute to the development of health teaching strategies resulting in interprofessional learning? Having different professionals, with distinct professions, discussing collaboratively and interactively the actions to be taken, creates a safe space for dialogue and shared learning.

In conclusion, by proposing a workload of 60 class hours in this course, the aim is to provide participants with critical-reflexive and ethical-professional attitudes and actions inherent to social relationships and the interrelation between different professional knowledge.

2. Course Objectives

2.1 General Objective:

➢ To understand Interprofessional Education (EIP) as an essential curricular approach in the teaching-learning relationship, encouraging educators to incorporate it into undergraduate health courses.

2.2 Specific Objectives:

➢ To delve into the foundations of EIP and collaborative practices in health, incorporating supporting references.

➢ To discuss strategies that enable the development of collaborative competencies in healthcare work.

➢ To examine successful and powerful initiatives for EIP, such as policies that induce changes in education and healthcare practice.

3. Theoretical Framework Used in the Course:

- EIP should be presented as an approach for reorienting health professional education. It is indisputable that the role of the teacher is central to the success of educational action within the perspective of EIP.

- In light of discussions on the role of teachers in this context, this course draws on the contributions of Paulo Freire (1996) and Pierre Bourdieu (2010), as they both discuss the role of teachers as agents or reproducers of social inequalities.

- Therefore, based on the contributions of the aforementioned authors, the authors of this course understand that the adoption of reflective-critical practice as a way to study the educational process from an EIP perspective is justified because it allows for the study of society through human action and thought. Health education is seen as a process permeated by cultural patterns that are incorporated and legitimized. The logic of education reproduces the trends of social divisions present in society and power relations. Thus, problematization as a methodology for questioning social processes promotes the formation of new concepts and guidelines for the education of a more integral, just, equal, and knowledgeable human being.

- In this sense, this course assumes itself as a training process that focuses on the development of competencies in future healthcare professionals, enabling them to improve the dynamics of their work and value collaboration among different individuals in the same occupational field.

Somequestions

Based on the above, the following questions are proposed:

- Is it possible to develop competencies to improve teamwork among healthcare professionals who are both in the workforce and in training?

➢ Is it possible for students from different professional fields to learn together while respecting their specificities?

➢ Through shared learning experiences, can healthcare professionals develop competencies that make them more capable of effective teamwork?

All these questions emerge from the analysis of the general competencies required by the National Curricular Guidelines (DCN) for the healthcare fields, which are described as follows. It is important to note that the modules of this course also have these competencies as the foundation of pedagogical practices.

- **Health Care**: Healthcare professionals, within their professional scope, should be capable of undertaking actions for the prevention, promotion, protection, and rehabilitation of health, both at an individual and collective level. Each professional should ensure that their practice is integrated and continuous with other instances of the health system. Professionals should provide services with the highest quality standards and ethical/bioethical principles, understanding that the responsibility for health care does not end with the technical act, but rather with the resolution of health problems, both individually and collectively.

- **Decision-making**: The work of healthcare professionals should be based on the ability to make decisions that aim for the appropriate use, efficacy, and cost-effectiveness of workforce, medications, equipment, procedures, and practices. To this end, these professionals should possess the skills to evaluate, systematize, and decide on the most appropriate course of action.

- **Communication:** Healthcare professionals should be accessible and maintain confidentiality of entrusted information in interactions with other professionals and the general public. Communication involves verbal and non-verbal communication, as well as reading and writing skills. It also includes proficiency in at least one foreign language and the use of communication and information technologies.

- **Leadership:** In multiprofessional teamwork, healthcare professionals should be capable of assuming leadership positions, always considering the

well-being of the community. Leadership involves commitment, responsibility, empathy, decision-making skills, effective and efficient communication, and management.

- **Administration and management:** Professionals should be capable of managing and administering both the workforce and the physical, material, and information resources. Additionally, they should be prepared to be managers, employers, or leaders within the healthcare team.

- **Lifelong learning**: Professionals should be capable of continuous learning, both during their training and in their practice. Therefore, healthcare professionals should learn how to learn and have responsibility and commitment to the education and training/internships of future generations of professionals. This includes not only transmitting knowledge but also providing conditions for mutual benefit between future professionals and professionals in the field.

4. Syllabus

Conceptual, theoretical, and methodological foundations of Interprofessional Education (EIP). Convergence between Interprofessional Education and Uniprofessional Education. Specific, common, and collaborative competencies. Health Policies: Collaborative practices and teamwork in the context of the Unified Health System (SUS). Interprofessional Education and the construction of professional identities. Faculty commitment to the development of Interprofessional Education.

5. Methodology

The starting point for conducting EIP activities is to propose the adaptation of behaviors and interpersonal interactions to what is expected of future healthcare professionals in a real environment, with collaboration and a focus on the user. To achieve this, EIP methodologies should aim to transform the way we deal with conflicts or interprofessional relationships. But how can we find answers without critically reflecting on the environment that surrounds us?

In this sense, while staying aligned with the Freirean principles of organizing an educational project, problematizing educational practice is the essence of this formative journey, structured through dialogic encounters, case

studies, and debates. The synchronous moments will allow participants to express themselves and identify elements that contribute to their development, rethinking their didactic and methodological approach. Subsequently, activities requiring self-capacitation practice will be proposed. Although they include a basic set composed of self-instructional material and laboratory practices to be carried out asynchronously, this pedagogical approach requires the learner to self-manage flexibility in terms of time and space, enabling them to develop their knowledge pathway anywhere and according to their availability.

Grounded in Paulo Freire (1996), who did not propose a structured teaching method at the time, the pedagogical approach is articulated with principles of organization that propose training devices to promote the development of procedural and attitudinal contents, such as reflection, recording, observation, and listening throughout the training of new professionals.

6. Workload:

The course will have a total duration of 60 hours, divided into 3 modules of 20 hours each. The modules will be divided into 4 synchronous hours, 10 asynchronous hours for directed activities, and 6 asynchronous hours for laboratory practices.

7. Modular Structure:

MODULE 1 – 20h
- History of Interprofessional Education and its theoretical-conceptual bases - 2h
- Pedagogical and fundamental dimensions: Competences/Learning Theory –2h
- Asynchronous directed activities - 10 h
- Laboratory Practice - 6h

MODULE 2 – 20h
- Fundamental dimensions of Interprofessional Education - 2h
- Construction of Professional Identities – 2h
- Asynchronous directed activities - 10h
- Laboratory Practice - 6h

MÓDULO3-20h
- Collaborative work/Health Policies: SUS – 2h
- Initiatives in EIP: PET-Interprofessional Health – 2h
- Asynchronous directed activity – 10 h
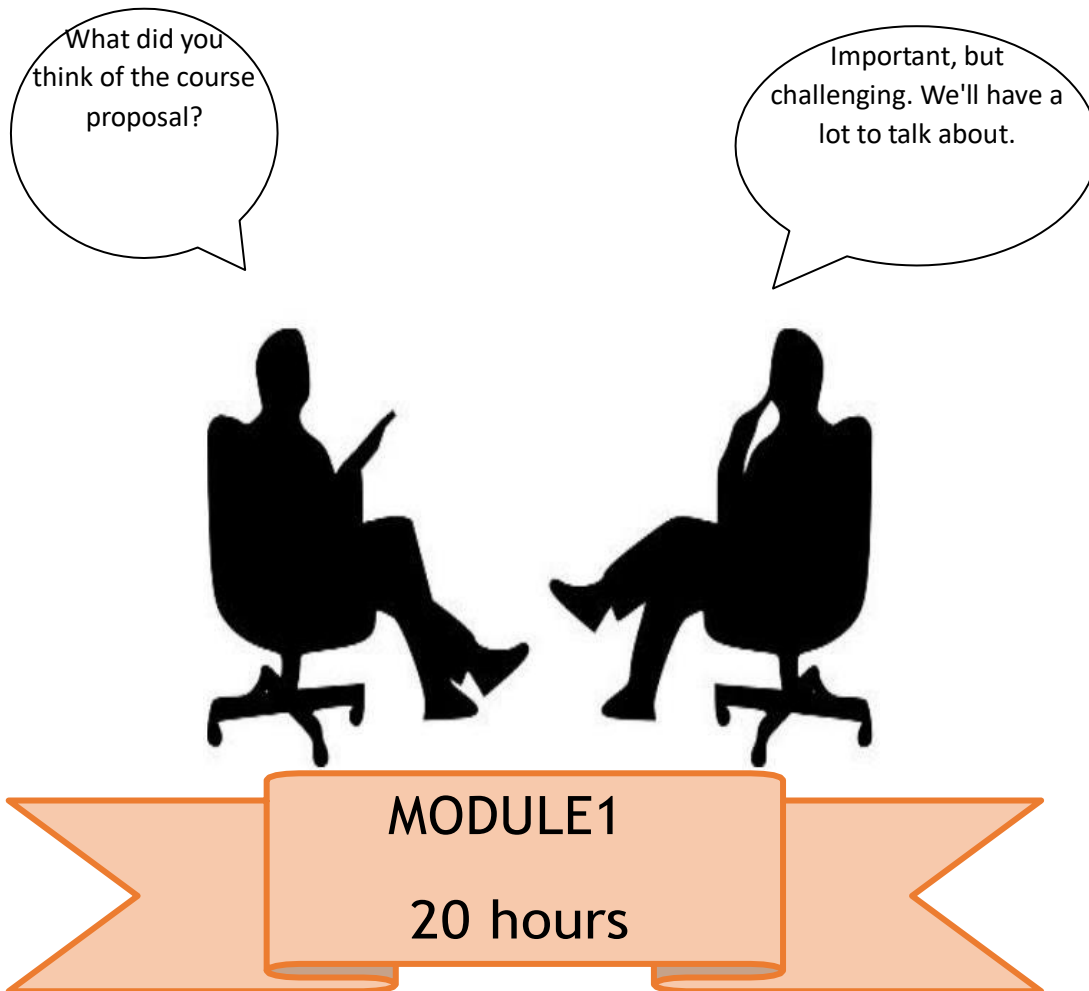- Laboratory Practice - 6h

8. Assessment

The course assessment is designed to be process-oriented and continuous, with diverse activities focused on hypothetical problem-based situations. The following aspects will be evaluated:

a) Reading, interpretation, and participation: The ability to engage with and compare problem-based scenarios involving reflective practice.

b) Active listening and critical-reflexive thinking: Demonstrating an understanding and thoughtful reflection on the topics presented during the course.

c) Synthesis and analysis skills: The capacity to not only grasp the knowledge being shared but also discern the most effective approach to conflict resolution.

The assessment will utilize practical written activities as instruments for evaluation. Additionally, self-assessment criteria will include attitudes related to student responsibilities and interpersonal relationships within the course. Attendance and active participation in remote sessions will also be considered as evaluative criteria.

What did you think of the course proposal?

Important, but challenging. We'll have a lot to talk about.

MODULE1

20 hours

Welcome!

Here you will have the first approaches to the theoretical-conceptual and methodological foundations of Interprofessional Education (EIP) as a basis for the development of collaborative competencies.

DID YOU KNOW?

EIP emerged in the mid-1960s from the recognition of the complexity and scope of the health-disease process, the complexity of the care network, and the need for collaboration (PEDUZZI, 2016). Currently, it presents itself as

one of the strategies and possibilities to train future professionals capable of working in teams, an essential practice for comprehensive health care.

SO, LET'S TALK A LITTLE BIT...

We start from the idea that understanding EIP requires us to redefine the concepts of Health and Education since these concepts converge in the realm of learning. It is necessary to believe that, both in the field of Education and in Health, the construction of knowledge must take place in a transformative dimension, where teachers and students engage in interactive teaching and learning situations, breaking away from the traditional model of content transmission and the notion that the teacher possesses all knowledge. In this sense, it is essential to recall Paulo Freire (1996, p. 57-76), when the author states that "the educator is no longer the one who merely educates, but the one who, while educating, is being educated, in dialogue with the educand, who is also educating [...]".

Health is also a centuries-old concept and has been understood as a condition contrary to disease. The World Health Organization (WHO) already brings a socio-historical-cultural conception, emphasizing the comprehensiveness of care, with the health team working from an interdisciplinary perspective. This perspective advances compared to the biopsychosocial concept that considers the health-disease process and recognizes the importance of multiprofessionalism in care but, above all, breaks with the purely biomedical conception of health, centered on disease, with the doctor as the central figure.

The topic of EIP is also part of the education management agenda of the Ministry of Health. The approach is explicitly present in the new National Curricular Guidelines (DCN) for Medicine undergraduate programs, with the intention of incorporating it into other health-related undergraduate programs, as well as initiatives related to continuing health education practices.

EIP consists of occasions in which members of two or more professions learn together, interactively, with the explicit purpose of advancing the

collaboration perspective as a prerequisite for improving the quality of health care. EIP is relevant in the development of collaborative competencies as pillars for effective teamwork in the provision of health services and care promotion.

Although the topic of EIP incorporates new words into the Brazilian context, it is important to highlight that this approach strengthens the already known fundamental principles of the Unified Health System (SUS), where patient care should be centered on action and service reordering. Investment in continuing education is necessary so that professionals' profiles align with the health system's needs, as well as a reassessment of practices within the logic of teamwork and interprofessional collaboration, which will consequently lead to the inclusion of professionals more committed to the necessary societal transformations. Therefore, the construction of EIP and interprofessional work should not be seen as a separate movement from the historical struggle to strengthen SUS.

The Pan American Health Organization (PAHO), the WHO, and the Ministry of Health have formulated an action plan for implementing EIP in Brazil. The Regional Interprofessional Education Network of the Americas (REIP) has also been established, with the coordination of Argentina, Brazil, and Chile. Brazil, among the countries of Latin America and the Caribbean, is one of the countries with the most experiences related to EIP.

To reflect:

➢   Was the concept of Interprofessionality known to me?
➢   What did I learn about Interprofessional Education?

The maxim "learning together to work together" then begins to trigger significant movements worldwide towards building theoretical and methodological foundations capable of developing competencies to effectively work as a team. It is in this scenario of concern and commitment to providing better quality health services that Interprofessional Education (EIP) consolidates itself as a path to strengthen the logic of collaboration in the dynamics of health work (REEVES et al., 2013).

Before any discussion on the topic of competence, it is necessary to understand what competence is and how this concept is established. Thus, it can be said that competence is the ability to mobilize knowledge in order to address a specific situation.

According to Perrenoud (1999, p. 30): "Competence is the ability to mobilize a set of cognitive resources (knowledge, skills, information, etc.) to solve a series of situations with relevance and effectiveness." Therefore, it is important to examine what this concept aims to reflect and impel us to think and rethink student education.

However, we need to consider that the competence we are referring to is linked to the educational and professional process of healthcare professionals, in which the uniprofessional model is normalized. The initial understanding experienced and perceived by students is characteristic of this disciplinary training model in which specific competencies are highly valued, leading some students to feel uncomfortable when collaborating with other professions. It is necessary to think of strategies that allow competencies to converge. This would enable the identification of elements for the development of specific, common, and collaborative competencies, the latter being clearly defined by the need to improve capacities for teamwork in the Family Health Strategy (FHS).

It is true that integrating content alone does not develop competencies, but it demonstrates an understanding of overcoming disciplinary education that underlies the uniprofessional perspective, increasingly highlighting the need to consider educational approaches that aim to facilitate the exchange of experiences among various stakeholders toward critical reflection.

Figure 1

COMPETENCIES GROUPS

SPECIFIC OR COMPLEMENTARY SKILLS:specific competencies of a profession that complement other professional practices in the dynamics of healthcare work.

COMMON COMPETENCIES:competencies that can be developed by all healthcare professions without interfering with their respective boundaries.

COLLABORATIVE COMPETENCIES: a dimension of competency that ensures effective collaboration among different healthcare professionals, diverse healthcare workers, between different institutions, and with users, families, and communities.

As observed in the figure above, the competencies of EIP aim at collaborative practice.

The challenges related to professional practice are evident, especially due to the fact that professional identity is generated from the beginning, from the first day of a student at the university, where a hidden curriculum begins to form. This hidden curriculum reinforces the person's professional identity, making it difficult for them to accept or integrate the interprofessional approach. This also applies to professional associations and associations of schools and colleges of healthcare professionals.

To reflect:
➢ How would you involve students in the process of developing interprofessional competencies?
➢ What specific, common, and collaborative competencies do you imagine should be developed with students in the course where you work?

GUIDELINES FOR THE ACTIVITIES

Objective: analyze and discuss the objectives and common, specific, and collaborative competencies that guide health courses.

The participant, along with their fellow partners, should develop a critical analysis that articulates responses to the two proposed questions:

➢ How would you involve students in the process of developinginterprofessional competencies?

➢ What specific, common, and collaborative competencies do you imagine should be developed with the students in the course where you work?

Standardization:

- Use up to three (03) pages, articulating reflections on the experiences with the content covered in this class;
- Standardize the written record;
- Font: Times New Roman;
- Font size: 12;
- Line spacing: 1.5;
- Justified alignment with a first line indent of 1.27cm;
- Margins: top and bottom (1.25 cm); right (1.1 cm); left (2.57 cm);
- Generate a PDF file.

MODULE 2

20 hours

Welcome!

In this module, we will discuss the necessary dimensions for developing EIP (Interprofessional Education) and then delve into the construction of professional identities as a challenging element for collaborative work.

SO LET'S START!

You might be wondering why EIP emphasizes the reflection of dimensions.

One of the definitions of dimension is: each of the senses in which one uses to measure extension in order to estimate it.
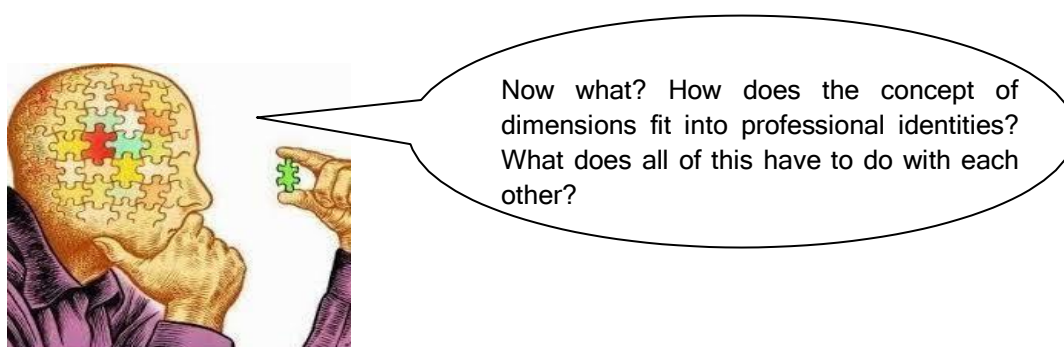
Therefore, we will use three levels of dimensions: micro, meso, and macro. This will help us bring the problem closer to us (micro), those close to us (meso), and those far away from us (macro), as if the development of EIP depended on us, those near us, and those distant from us. However, to make these concepts clearer, let's better understand them through the processes and descriptions presented in the table below:

Figure 2

DIMENSION	PROCESSES	DESCRIPTION
MICRO	Faculty development	Pedagogical processes that aim to propose continuing education to the faculty.

MESO	Institutional support	Administrative processes that value and support methods for implementing interprofessional education and collaborative work initiatives in health, including logistics and financial support
MACRO	Policy formulation	Education and health policies that value interprofessional education as a theoretical-conceptualand methodological basis for the development of collaborative competencies, aiming to train professionals who are better equipped for effective teamwork. The macro dimension should support and legitimize the initiatives of the meso and micro dimensions.

Reflecting from this perspective, it is necessary to consider initiatives that are feasible within the realities and pedagogical proposal of the Higher Education Institution (IES), as they need to induce changes in curricular designs and the adoption of theoretical and methodological frameworks consistent with the assumptions of EIP. It is essential to reinforce that EIP is not just about bringing together students or professionals from different categories in the same space to share experiences and learning, but rather to think about the dimensions of a planned initiative in an interactive, meaningful, and shared manner, with the horizon of developing competencies that support

Now what? How does the concept of dimensions fit into professional identities? What does all of this have to do with each other?

collaboration among different students and/or professionals (BARR, 2013).

The history of education and the teaching profession dates back to the second half of the 18th century. It is at this moment that, throughout Europe, the profile of the ideal teacher is sought to be outlined: should they be lay or

religious? How should they be chosen? These questions refer to the process of professionalizing teaching. Teaching, over the centuries, has been shaping and structuring itself as a profession as it was defined who had the role of educating. Nóvoa (1995, p.19) draws attention to the fact that "professional identity is exercised based on collective adherence to norms and values"; this means that the discussion on professionalization is part of a broad, complex debate that involves political and social structures.

In this way, we can think about the process of forming the identity of all professions. What values and ideas are intertwined in the desire to establish oneself as a professional? This reflection leads us to confirm the specificities of each profession, that is, a professional activity, whatever it may be, has its own characteristics, even when performed by such different individuals.

But today, we need to consider how undergraduate teachers can develop learning activities based on EIP. It is a challenge, especially when we consider that undergraduate studies only last a few years, while professional activity can span decades and knowledge and competencies are rapidly evolving.

Therefore, it becomes essential to think about a methodology for liberating education, in the formation of an active professional who is capable of learning to learn, respects the profession of others, and wants to learn with and about others. Only in this way will it be possible to select active, reflective methods capable of giving us the certainty that the principles of Interprofessional Education in Health (EIP) have been effective to the point where students become professionals capable of collaborative work. Not criticizing each other's profession, but being able to come together and contribute to a healthier work environment that responds to the demands of users and health situations.

TO READ, THINK, AND REFLECT...

Dubar (2006) points out that professional identity refers to the socially recognized way in which individuals relate to each other in the scope of work and employment. Silva, Aguiar, and Monteiro (2014) draw on the theoretical contributions of Sainsaulieu (1995) when the author defends the construction of this professional identity as the way in which groups at work identify

themselves with peers, bosses, and other groups. This is a definition that situates the debate on professional identity in the relational and social experience of power.

> Professional socialization is, therefore, this very general process that permanently connects situations and paths, tasks to be performed, and perspectives to be followed, relationships with others and with oneself (self), conceived as a process under constant construction. It is through this and in this "social drama of work" that work worlds are structured and individuals are defined by their work (Dubar, 2012, p. 358).

The literature indicates that differences and threats associated with professional identities can be among the main causes attributed to interprofessional conflicts (Mitchell, Parker, Giles, 2011). Therefore, understanding the factors that threaten professional identity is crucial for interprofessional practice. The different professional identities associated with disputes in the workplace, anxiety among groups, and other professional factors can generate what are called fault lines.

Please refer to the table below, which contains the challenges and possibilities:

Figure 3

Professional Identity	
Challenges	Possibilities
Overcoming old habits and recognizing limits	Working in an integrated manner, based on knowledge of different competencies
Resistance from some professionals or specific professions to socialize the diagnosis and/or treatment of the user	Learning, collaboration, awareness, rediscovery of values and aptitudes among various healthcare professionals
Overcoming hierarchies and professional silos in healthcare	Greater appreciation of all professions in the healthcare field
Difficulty for some professionals to work with prevention and health promotion due to the curative model.	Changing paradigms and shaping future professionals who will also be the new educators in the healthcare field with a focus on prevention/health education.

When discussing professional identities and their implications in interprofessional education and work, the debate on professional tribalism always proves relevant. Professional tribalism occurs when members of

professional groups have different expectations regarding their participation in work processes based on their professional socialization. Specific groups' expectations about work shape professional tribalism and lead to a tendency for each professional group to act alone, in isolation, without connection to other professional groups.

The phenomenon of professional tribalism stems from processes of socialization and lack of collaboration during educational formation, which can result in the development of negative stereotypes and naive perceptions of other healthcare professionals in the workplace (Sharpe and Curran, 2011). The different processes of professional socialization within healthcare occupations mean that:

- There are divergent values;

- There are different interpretations of what constitutes appropriate patient care and treatment. Thus, healthcare professionals may judge that the provision of their care practices is more important for the patient than that of other professionals, even without a clear understanding of colleagues' roles.

To reflect:

➢ In your professional practice, have you ever experienced any instances of differential treatment among professions? How did it happen?

GUIDELINES FOR THE ACTIVITIES

Objective:Analyze and discuss the challenges and possibilities of healthcare professions.

Activity Objective: Identify the contextual, institutional, cultural, and relational aspects that interfere with interprofessional education and work in the context of PET-Health/Interprofessionalism.

This activity has two stages, as presented below:
1st stage:
Create an affinity diagram.

To do this, talk to some colleagues about the challenges and possibilities in building interprofessional identity in the context of future professional formation.

Note: Take into consideration cultural, social, and institutional aspects.

AFFINITY DIAGRAM	
Cultural, social, institutional aspects	
Challenges	Possibilities

MODULE 3

20 hours
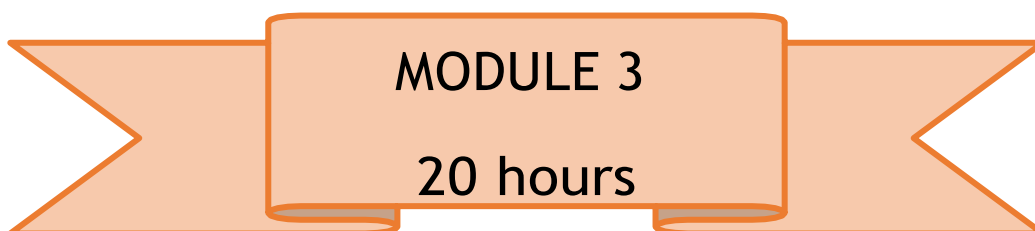
It is known that collaborative groups are those in which all components share the decisions made and are responsible for the quality of what is produced together, according to their possibilities and interests. But this is not a simple task. Groups, by themselves, need to reflect on the effective importance of collaborative work for professional well-being and the development of less uniprofessional practices.

Interprofessional practice is premised on collaborative work, which requires learning. For Paulo Freire (1987), in Pedagogy of the Oppressed, the being becomes aware of itself and reflects on itself in the relationship with the world through social relations and not in an isolated way. Communication or dialogue is fundamental in the learning process.

Thus, we can understand that collaborative work is inferred from collaborative learning, which must be thought of during the student training process. This will require from the teacher a desire and an understanding that some experiences should be lived in the collective, centered in the group and not in isolation.

There is evidence that interprofessional teams have access to a wider range of knowledge and skills (CHSRF, 2007) and are able to generate more innovative solutions to problems than the isolated performance of professionals (FAY et al., 2006).

The benefits of collaborative work can be facilitated if the negative effects of social categorization processes can be managed (BRODBECK, GUILLAUME and LEE, 2011). Ensuring sensitivity and reflection on group fault lines by team leaders can minimize professional identity threats and interprofessional conflicts.
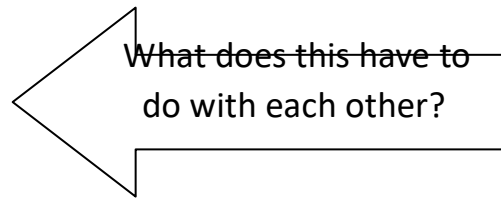

THE SUS IS INTERPROFESSIONAL

The SUS, created in 1988 by the Brazilian Federal Constitution, legitimizes that it is the duty of the State to guarantee health to the entire Brazilian population. This system has as precepts universality, equity, and integrality, thus providing care to all according to the needs of each one.

The struggle for the valorization of the SUS is entirely linked to the struggle for the consolidation of training and EIP for health workers. This work strengthens the centrality of the user in the reordering of health services and provides the alignment of professional profiles in the face of these complex health needs. In addition, the search for the reorganization of health practices within the logic of teamwork and interprofessional collaboration results in the training of professionals more involved with the transformations necessary for society.

The EIP seeks to encourage different courses in the health area and professionals already inserted in the service "to learn to work together collaboratively". Each professional knows the specificity and performance of the other, and all act together for the benefit of the user. Thus, one can find in the proposal of EIP a relationship of influence between education and health care, educational system and health system.

Costa (2018) brings to the debate the concept of health expanded to understand and give centrality to the interrelationship between SUS and collaborative work because, in the face of the complex Brazilian health scenario, only teamwork has been shown to be resolute.

It is time to rethink the value that should be given to this health policy and return to it informed, reflective professionals, capable of sustaining it and ensuring its effectiveness.

The PET-Health/Interprofessionality is part of the set of activities foreseen in the lines of action of the national plan for the implementation of EIP in Brazil (years 2018 and 2019) presented to the Pan American Health Organization/World Health Organization (PAHO/WHO) by the Ministry of Health, together with the Ministry of Education and the Brazilian Network of Education and Interprofessional Work in Health.

What is PET-Health?

The Program of Education through Work for Health (PET-Saúde) is a program of the Ministries of Health and Education in Brazil aimed at enabling improvement and specialization in service, as well as initiating work, internships, and experiences directed towards professionals, students in the health field, and users of this service, according to the needs of the Brazilian Unified Health System (SUS). The purpose of the program is to promote the integration of teaching, service, and community, with the mission of strengthening education through work in health by providing scholarships for tutors, who are university professors, preceptors (service professionals), and undergraduate students in the health field.

To reflect:

➤ How would you involve students in a process of developing interprofessional competencies?

To effectively work as a team in an interprofessional and collaborative manner, it is important to recognize limiting factors and their origins. However, the innovative approach to collaborative work lies in the fact that tasks are developed collectively.

Objective: Observe initiatives to incorporate the theme of Interprofessional Education (EIP) into the educational processes of healthcare courses.

Participants should create a proposal that addresses the following two questions:

➢ How would you involve students in a process of developing interprofessional competencies?
➢ What initiatives do you suggest to make this happen?

Standardization:

• Use up to three (03) pages to articulate reflections on the experiences related to the content covered in this class.

• Use Times New Roman font.

• Font size 12.

• 1.5 line spacing.

• Justified alignment with a first line indent of 1.27 cm.

• Margins: top and bottom (1.25 cm); right (1.1 cm), left (2.57 cm).

• Generate a PDF file.

6. Bibliographic References

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