# Interprofessional education perception of health students: Qualitative study

Educação interprofissional percepção de estudantes da saúde: Estudo qualitativo Percepción de la educación interprofesional de los estudiantes de salud: Estudio cualitativo

#### **RESUMO**

Objetivo: investigar a percepção de estudantes de graduação sobre a Educação Interprofissional (EIP) para formação em saúde. Método: Trata-se de um estudo descritivo com abordagem qualitativa, no qual os dados foram obtidos a partir da seleção de 94 candidatos do PET-Saúde/Interprofissionalidade realizada em 2018. Resultados: Apontaram as percepções dos estudantes a partir de quatro categorias: 1) Formação pautada na troca de saberes e experiências – "quem ganha com isso é o paciente", 2) Desenvolvimento de características pessoais para o trabalho em equipe – "saber olhar o ponto de vista do próximo", 3) Profissional mais bem preparado para o mercado de trabalho – "desenvolvimento pessoal e amadurecimento de ideias" e 4) Qualidade do cuidado em saúde – "serviço de saúde mais próximo da excelência". Considerações Finais: A experiência de vivenciar a EIP por meio do PET-Saúde viabiliza a possibilidade de uma graduação mais completa, com o desenvolvimento de habilidades importantes na colaboração interprofissional

DESCRITORES: Educação interprofissional; Ensino; Estudantes; Aprendizagem.

Objective: investigate the perception of undergraduate students about Interprofessional Education (IPE) for health education. Method: descriptive study with a qualitative approach, in which data were obtained from the selection of 94 candidates from the PET-Saúde/Interprofessionalidade carried out in 2018. Results: students pointed out their perceptions from four categories: 1) Training based on the exchange of knowledge and experiences - "who gains from this is the patient", 2) Development of personal characteristics for teamwork - "knowing how to look at the point of view of others", 3) Professional better prepared to the job market - "personal development and maturation of ideas" and 4) Quality of health care - "health service closer to excellence". Final Considerations: the experience of practicing IPE through PET-Saúde enables the possibility of a more complete graduation, with the development of important skills in interprofessional collaboration.

**DESCRIPTORS:** Interprofessional education. Teaching. Students. Learning.

#### RESUMEN

Objetivo: investigar la percepción de estudiantes de los cursos de grado em el área de la salud sobre la Educación Interprofesional (EIP). Método: Se trata de un estudio descriptivo con abordaje cualitativo, en el que se obtuvieron datos de la selección de 94 candidatos del PET-Saúde/Interprofessionalidade realizado en 2018. Resultados: Señalaron las percepciones de los estudiantes a partir de cuatro categorías: 1) Formación basada en el intercambio de conocimientos y experiencias – "quien se beneficia de esto es el paciente", 2) Desarrollo de características personales para el trabajo en equipo – "saber mirar el punto de vista de los demás", 3) Profesional mejor preparado para el mercado de trabajo – "desarrollo personal y maduración de ideas" y 4) Calidad de la atención en salud – "servicio de salud más cerca de la excelencia". Consideraciones Finales: La experiencia de vivir la EIP a través del PET-Saúde posibilita la posibilidad de una formación más completa, con el desarrollo de importantes competencias en colaboración interprofesional.

**DESCRIPTORES:** Educación interprofesional. Enseñanza. Estudiantes. Aprendizaje.

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#### INTRODUCTION

he publication of the Framework for Action in Interprofessional Education and Collaborative Practice in 2010 marks important transformations in health education that permeate the Americas region. The World Health Organization (WHO) and its partners consider interprofessional collaboration in education to be an important strategy in reducing the global crisis in the health workforce.

Faced with the need for transformations, the Pan American Health Organization - World Health Organization (PAHO/WHO) has encouraged its Member States to formulate public policies to expand and strengthen interprofessional education (IPE) to face this global crisis. 2

In Brazil, within the scope of health services, the National Policy for Permanent Education in Health (PNEPS) established in 2004 stands out as an inducing strategy for collaborative practice, which constitutes a transformation tool for the qualification of health care based on health promotion, protection and recovery actions, through dialogue between the diversity of knowledge among professionals.3

In the context of education, ministerial policies stand out as inducing policies for collaborative practice: Experiences and Internships in the Reality of the Unified Health System (VER-SUS) and PRO-Saúde.

VER-SUS was created in 2002 to focus on training professionals for the SUS. The program is based on internships and experiences that allow undergraduate students to experience a different learning space within the daily life of health services. 5

PRÓ-Saúde, created in 2005, aims to reorient professional training, ensuring a comprehensive approach to the health-disease process with an emphasis on Primary Care, in order to promote changes in the

> In Brazil, within the scope of health services, the National Policy for **Permanent Education** in Health (PNEPS)

processes of generating knowledge, teaching and learning and providing services to the population. The essence of PRÓ--Saúde was to bring the university closer to public health services, a fundamental mechanism for transforming learning, based on the socioeconomic and health reality of the population. 6

Also noteworthy in this perspective is the Education Program through Work for Health (PET-Saúde) launched in 2009, which has as its guiding principle the teaching-service-community integration and the inseparability of teaching, research and extension. It is a partnership between the Department of Labor Management and Health Education (SGTES - Secretaria de Gestão do Trabalho e da Educação na Saúde), Secretariat of Health Care (SAS -Secretaria de Atenção à Saúde), Secretariat of Health Surveillance (SVS - Secretaria de Vigilância em Saúde) of the Ministry of Health and the Secretariat of Higher Education (Sesu - Secretaria de Educação Superior) of the Ministry of Education.<sup>7</sup>

Considered a pedagogical innovation, PET-Saúde boosts academic practice based on the integration of the university with social needs in a shared way and aggregates undergraduate courses in the health area. Its execution is based on interprofessional education, in which students from different areas of training learn together, sharing knowledge in order to improve the quality of healthcare. This program promotes teamwork and the integration of different professions, valuing their specificities. 8

In 2018, the 9th edition of PET-Saúde was launched with a focus on Interprofessionality. The main objective was to promote teaching-service-community integration within the scope of SUS, with a view to implementing the EIP together with the Curricular Pedagogical Projects (PPC - Projetos Pedagógicos Curriculares) of undergraduate courses in the health area. A total of 120 projects were contemplated across the country. 9

It can be seen that for almost two decades Brazil has had concerns about health education and increasingly aims to encourage collaborative practice. Thus, being a policy that aims to bring about changes in education, this study aimed to investigate the perception of undergraduate students about interprofessional education for health training.

#### **METHOD**

Descriptive study with a qualitative approach carried out from secondary data from the evaluation of candidate selection of the Education Program through Work for Health (PET-Saúde) Interprofessionality edition of the Federal University of Mato Grosso do Sul (UFMS). It is noteworthy that IPE at UFMS is still very incipient in which the traditional teaching model prevails among courses in the health area. The IPE initiatives in the institution are consolidated, mainly from the participation in the editions of VER-SUS, PRÓ--Saúde and PET-Saúde.

Initially, two universities submitted proposals for PET-Saúde, which were considered. Therefore, a selection process was carried out for scholarship students and volunteers from PET Saúde/Interprofessionalidade. Students regularly enrolled in the institution's health courses (Biological Sciences, Physical Education, Nursing, Pharmacy, Physiotherapy, Medicine, Veterinary Medicine, Nutrition, Dentistry and Psychology) applied.

The eligibility criteria were: being regularly enrolled between 2018 and 2019, in an undergraduate health course; not be, in the academic year of 2019, attending the last year of the course; having availability of at least eight hours per week, of which four hours are available on Fridays in the morning, to carry out activities in the health units; not being in compliance with a disciplinary sanction; not be a beneficiary of a scholarship granted by the university or by any other funding body.

A total of 114 applications were accep-

ted, and 94 students attended the first stage of the selection process, which consisted of a written assessment of an eliminatory nature, consisting of three discursive questions. This took place in December 2018. Thus, this study consists of the analysis of 94 evaluations of the selection process.

The secondary data of this research correspond to question number two of the written test: "How Interprofessional Education in Health can contribute to your training and future professional practice. The answers were submitted to the technique of Content Analysis (CA), thematic modality, composed of three stages: pre-analysis, exploration of the material and treatment of the results obtained and interpretation. 10

The present study is part of the research project entitled "Interprofessionality in the perception of students, teachers, professionals and users of the unified health system" approved by the Research Ethics Committee, under number 22845619.1.0000.0021. For the use of secondary data, the coordinator of the PET--Saúde project, Interprofessionality in the use of data, was asked. To ensure anonymity in the presentation of results, responses were identified by codes with the letter P for participant, followed by the initials of the undergraduate course and evaluation control number, in line with Resolution No. 510/2016 of the National Health Council, which provides for the standards applicable to research in Human and Social Sciences.

# **RESULTS**

This study comprises the assessment of 94 students. Most participants were female (n=72), with an age prevalence of up to 20 years. Regarding the undergraduate course, the vast majority stated that they were training in the profession they chose as their first option and were between the 2nd and 4th semester. The distribution of participants among the courses was Biological Sciences (01), Physical Education (3), Nursing (23), Pharmacy (10), Physiotherapy (9), Medicine (11), Veterinary Medicine (02), Nutrition (14), Dentistry (14) and Psychology (07). The 94 evaluations were read in detail and, from the analysis of the qualitative data, the following categories emerged:

based Category 1: Training the exchange of knowledge experiences - "who gains from this is the patient"

It was observed that many students highlighted IPE as the possibility of learning with and about each other, sharing knowledge and recognizing the value of teamwork:

> "No knowledge is absolute, and I believe that when we have the possibility to share knowledge with other people, it has a consequence for you [...]". (PN10)

> "[...] just as I can learn from other professionals, they can learn from me. It is an exchange of experiences and the patient gains from it [...]". (PN12)

> "[...] I believe that I can contribute a lot to my training as a medical professional, because I will learn the value of teamwork in unity one of the goals of the educational mechanism [...]". (PM7)

In addition, they highlighted the possibility of a more complete graduation from the IPE experience.

> "[...] I believe that interprofessional education provides us with a more complete degree, being able to put into practice what is seen and learned in the classroom [...]".

> "[...] I believe that if students have the opportunity to, during graduation, carry out subjects and practical projects interprofessionally, they will leave already knowing and giving more value of this practice and the profession of their col-

# leagues [...]". (PN2)

It was also observed that the IPE was referred to as a way to break paradigms and improve the work environment.

> "[...] it is very important to break the paradigms that surround the professions and understand the importance of each area for a team. Be it professionals or academics." (PO9)

> "[...] however, there is a need for change that must start with the mind. Breaking down prejudices and seeking equality within the workplace [...]". (PE15)

> "[...] I believe that the development of interprofessional education will prepare me for a more humanized and less "deified" medicine [...]". (PM4)

#### Category 2: Development of personal for characteristics teamwork "knowing how to look at the other person's point of view"

In this category, students see IPE as a tool for developing various skills and attitudes.

> "[...] to better develop communication, share problems, ideas and thus develop a greater collective awareness, about the quality in which we live [...]". (PN1)

> "[...] some specific points of contribution would be: flexibility, good communication, ability to delegate tasks that are not my responsibility, knowing how to listen and discuss opinions, among others." (PN13)

> "[...] learning about teamwork, how much it will add to me as a human being, respect, empathy and care for others, as well as the pleasure of learning about others, with others and with each other."

### (PFa4)

"[...] other areas, such as teamwork and relationships, self-criticism, a sense of ethics and responsibility, dialogue and group discussions, can help us to be better professionals as well as better individuals, aiming for quality patient care and also strengthening interprofessional trust, which contributes to a collaborative health workforce in practice." (PO5)

"[...] knowing how to really work in an integrated way and, mainly, it teaches us to have empathy and to know how to look at the other person's point of view, gather ideas and apply them without being afraid or afraid that it might not work out [. ..]". (PFa6)

#### Category 3: Professional better prepared for the job market - "personal development and maturation of ideas"

The students highlighted that IPE is an opportunity to reflect on their area of expertise, solve problems, practice ethics at work, acquire a more humanistic vision and strengthen the SUS.

> "[...] the knowledge that I can acquire within the project will make me more confident when facing the job market, will bring me better reflection on the area of work and will provide me with an important and valuable experience." (PP4)

"[...] so, getting to know, living and communicating with health professionals and the population itself will lead me to personal development and a maturing of ideas in relation to what I want to act in the profession [...]". (PMV1)

"[...] thus, it allows the future trained professional to have a humanistic and reflective view of their professional practice, always

seeking to learn as a team and listen!" (PO4)

"Through Interprofessional Health Education I will be able to change my reality as a professional and, through this, help to strengthen the Unified Health System (SUS) [...]". (PE10)

# Category 4: Quality of healthcare -"Health service closest to excellence"

Students understand that IPE allows for greater quality and efficiency of care, in addition to greater user satisfaction, cost reduction and different possibilities for health promotion.

> "[...] interprofessionality helps patients to have a better quality of health, care and, thus, a faster diagnosis, without superfluous tests [...]". (PN8)

> "I hope to be able, in the future [...], to work collaboratively with other health professionals, so that we can find the best solutions with greater efficiency and quality, and in a humanized way [...]." (PF2)

> "[...] given that they are all in favor of a common objective: the promotion and implementation of universal, comprehensive, accessible and quality health [...]". (PM2)

### DISCUSSION

In general, the results pointed out the aspects of great relevance regarding the implementation of IPE in the health field and its contributions to the training and future professional practice of students. The main positive aspects are related to the exchange of knowledge between the different health areas that enable comprehensive care; the possibility of improving human characteristics necessary for teamwork and interprofessional collaborative practice; the ability to be better prepared to exercise care and develop skills and competences that culminate in quality care practice.

Despite the scarcity of studies at the national level that deal with IPE, it is observed that this is still a pedagogical strategy little observed in the health training process, which is characterized mostly in a uniprofessional way. The actions carried out in relation to training are most often multi-professional, whether at undergraduate and graduate levels and in optional and extracurricular activities. 11

The IPE, whose first fruits is, mainly, learning with the other, is still little contemplated in the curricula of undergraduate courses. Often implemented in an optional way, in which the student is not obliged to perform it, which consequently does not generate an opportunity to build knowledge through socializing and exchanging experiences. 12

However, it was observed that even though IPE is a strategy that is still not widespread, students consider it a valuable tool for providing the exchange of knowledge and knowledge with different professionals in training. It should be noted that training in health has increasingly recognized the gains from the use of active methodologies in the teaching-learning process. 13

Thus, in this new perspective of knowledge construction, in which students assume the leading role in this process, it is also important to consider their opinions and expectations. Other studies show similar results, in which students believe it is possible to learn together and share knowledge, with IPE being a profitable and enriching strategy. 13

Furthermore, it is worth noting that learning together, about oneself, about the other and about the different professions, enables students to see in a broader way the real situation of the health status of individuals and communities. This experience makes it possible to recognize needs and thus plan actions for the scope and quality of care based on the uniqueness of patients and different contexts. 14

However, it is worth noting that there are still many obstacles that limit the concrete implementation of the IPE, mainly regarding the lack of organizational support and teacher development, in addition to other characteristics that can permeate the IPE process. 15

Among these characteristics is the relationship between students of different courses, especially between certain specific courses. 13 Since the beginning of graduation, the conception of stereotypes, created

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for each profession, which end up interfering in the way students relate to each other is notorious. The experience of learning together can promote the development of mutual respect between professionals, which favors the breaking of these prejudices. 16,17 Reports from medical school students show the need for changes in relation to these stereotypes, since since graduation there is a certain distance and less interest of these in relation to the others. 13

It is important to emphasize that collaborative practice cannot be influenced by a professional system based on rigid boundaries between categories, territorial and disciplinary behaviors, since such aspects are contradictory for the implementation of collaboration. 18

In this regard, teacher training is also characterized as a challenge to IPE, since it requires the search for new knowledge and professional skills continuously, in order to arouse in students an interest in learning from each other. In addition, IPE requires the teacher to have previous experience, involvement, commitment and, above all, willingness to work in a team. 19

In this context, the execution of IPE is linked to the teacher's interest in also learning from others, as it demands the need for collective work with other professionals, with other perspectives and visions. Such anxieties can be understood in different ways by teachers, so this process can present itself as a challenge in the face of the great demand that the exercise of teaching implies. In this way, the support of Higher Education Institutions (HEIs) is important in order to support, stimulate and offer subsidies to the teacher for the realization of the IPE.

Regarding the development of human characteristics, communication was often mentioned by students as an essential skill for collaborative interprofessional practice. The act of communicating also requires other attitudes from the individual: knowing how to listen, knowing how to speak, knowing how to respect differences. All these attitudes are presented as a fundamental condition for collaborative work, as it is from them that other important personal characteristics are incorporated in collaboration for teamwork, respect, trust and unity. 20,21

There is no consensus on the concepts necessary for teamwork, but interaction, communication, articulation of actions, mutual respect, trust, recognition of roles among professionals, common goals and attention focused on the health needs of users are presented as principles for collaborative work. 22

In addition, students understand the importance of their ethical social role, since they are able to identify that to meet the demands of users and the community, it is necessary to have knowledge beyond their specialty. 20 In this sense, the IPE contributes to collaborative work whose common objective is quality care that follows the principles and guidelines of the Unified Health System.

In the Brazilian context, in recent years, new pedagogical and methodological proposals have been discussed and elaborated on teaching reforms, which demonstrate collaboration. 15,23 Such changes are characterized by the integrated curricula, the teaching-work articulation, and the debate regarding the National Curriculum Guidelines (DCN - Diretrizes Curriculares Nacionais). 24

Since 2001/2002, the DCNs for courses in the health area have established that, during their professional training, students must have education that assures them of competences and skills for future professional practice. Health education in Brazil takes place mainly through the SUS, based on integrated care, but with a prevalence of multidisciplinary work. 25

However, there are significant changes in face of this reality. The DCN established for the Medicine course from Resolution No. 3, of June 20, 2014, in the area of competence of healthcare, states that the graduate of the course must act in a way that guarantees "person-centered care, in the family and in the community, in which interprofessional teamwork prevails, with a horizontal, shared relationship". This document guides that the training of these professionals must contemplate all the principles of the SUS, thus giving them the ability to act in a manner consistent with teamwork, in addition to the professional learning from their own practice and in the exchange of knowledge with other professionals from different health areas, thus practicing interprofessional learning. 26

Such recommendations are also present in other documents that guide courses in the health area. In the DCN of the undergraduate course in Physiotherapy, the development of interprofessional work based on skills and abilities is established in order to provide the graduate: "to act multi-professionally, interdisciplinary and transdisciplinary with extreme productivity in health promotion". The DCN of the Psychology course guides that learning must be directed so that the professional is able to "act inter and multi-professionally, whenever the understanding of the processes and phenomena involved so recommends".27

The regulations for health training point to interprofessional work and interprofessionality as an important characteristic for future health professionals. However, it is worth mentioning that the implementation of these guidelines is still a challenge for HEIs.

Faced with this demand, IPE is a strategy with the potential to achieve interprofessionality, consequently a better prepared professional for the job market. It is during the process of academic formation that the construction of professional identity takes place 28, thus, it is necessary to create opportunities for these spaces for exchanges and collective construction.

Based on national guidelines, it is necessary to create possibilities that favor interprofessional collaboration, reflection on care practice, problem solving, allowing for a more humanistic vision and strengthening of the SUS. <sup>4</sup> A concrete possibility of initial movement of the different courses would be the attempt to integrate the different undergraduate courses that have common disciplines, such as Collective Health, offering activities that promote the planning of shared care.

In order to strengthen the SUS, the largest employer of professionals in the health sector, overcoming barriers related to professional training in health, with an emphasis on collaborative work and the principles of integrality and social needs, is necessary. Thus, interprofessional work is seen as one of the strategies to advance in this direction, since the SUS is recognized with the potential for the development of interprofessional practices.3

In addition to adding to professional training, IPE also positively impacts the lives of patients who are assisted by teams that are better prepared for comprehensive care. Integrality, in addition to being a guideline of the SUS, is also a skill developed through the IPE, as the student learns to center care on the user and on the community, which contributes to the development of teamwork skills. 29

In addition, the need for improvements in terms of access to health services, adequate use of specialized resources, guarantee of care for chronic health conditions, patient safety,

reduction in the number of complications and hospitalizations, hospitalization time, conflicts between care providers, professional turnover, care error rate and mortality, also justify the investment in interprofessional collaboration, in addition to bringing benefits in terms of job satis-

In this sense, the importance of IPE for the training process of students is reiterated, and the possibilities that PET-Health/Interprofessionality can generate are highlighted, with a view to promoting changes, both in the way of teaching and learning. Therefore, it is necessary to invest in HEIs in new directions for health education in order to support the academic community, whether in the training and improvement of teachers for IPE and its methodological and conceptual bases, or in the creation of spaces for reflection and collective work, in which students can develop skills for interprofessional teamwork.9

#### CONCLUSION

The analysis of students' perception allowed the identification of IPE as a pedagogical strategy capable of contributing significantly to training and future professional practice. The opportunity to learn with and about the other, to share knowledge, stood out as properties that contribute to the recognition of teamwork.

The possibility of experiencing the IPE experience through PET-Saúde enables the

opportunity for a more complete graduation, with the development of important skills in interprofessional collaboration: communication, respect, empathy, sharing of problems and ideas, collective conscience, capacity for self-criticism, sense of ethics and responsibility, flexibility in managing demands, in addition to caring for others.

It is known that the execution of IPE involves several challenges, but it is necessary to give voice to the main actors of the teaching-learning process and consider their opinions and expectations. Based on this democratic logic, it is necessary to rethink teaching strategies for health education in order to meet the students' wishes, the guidelines of the World Health Organization and the National Curriculum Guidelines.

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