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EDITORIAL

Interprofessional education in Brazil: Building synergic networks of educational and healthcare processes

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Introduction

The healthcare practices supported by interprofessional education (IPE) and the debate about those processes are in the early stages in Brazil (Costa, Vilar, de Azevedo, & Reeves, 2014). This does not mean that the country lacks a richness of previous experiences that are a fertile basis for expanding and strengthening IPE, being its conceptual framework and operational proposal very much in line with the cornerstones of the Brazilian Unified Health System (SUS) (Barr, 2015). The SUS is the national public policy in health matters and is geared towards universal access, comprehensiveness, and social participation, articulated around Primary Health Care as the backbone of the network (Brasil, 2012). In this editorial, we outline social and political processes that have contributed to the development of interprofessional practice (IPP) in Brazil. We also describe an international colloquium which provided an important forum for discussion and debate around IPE and collaboration. Based on discussions during this colloquium, we go on to describe the establishment of a national collaborative network in IPE and practice. This editorial also marks a collaborative venture by the editors of *Journal of Interprofessional Care* and *Interface – Communication, Health, Education* to work together and publish matched editorials in both English and Portuguese that explore key issues of mutual interest to readers of both journals.

Brazilian context

The social and political process that resulted in the building of such universal healthcare system (Brasil, 1990) was anchored in the aforementioned principles and resulted in acknowledging the need of interprofessional and interdisciplinary team work, especially in primary care and healthcare networks contexts. These circumstances fostered the uprising of innovative proposals for developments in teamwork practices, centred in health needs both of individuals and of communities. Studies of

initiatives in primary care, in mental health, and in hospitals (among other settings) show, “success in reorganizing the *modus operandi* of teams, based in a technical care model that fosters interprofessional collaboration” (Furtado, 2007, p. 254). Notwithstanding those successful stories, teamwork in Brazil still has a long road ahead to be consolidated as an effective practice and to overcome the usual fragmented work process, if we take as a reference the framework of collaborative IPP proposed as a global goal by the World Health Organization (WHO, 2010).

This promising context and subsequently the need of strengthening the public policies for a reorientation of health professional training were the starting point for summoning a first International Colloquium of Interprofessional Education and Practice, in Natal (Rio Grande do Norte state, in the Northeast region of Brazil), in July 12 and 13, 2015.

An international colloquium

The colloquium was organized by the Federal University of Rio Grande do Norte (UFRN), the State University of Rio Grande do Norte (UERN), the Secretariat for Labor and Education of the Ministry of Health (SGTES), and the Pan American Health Organization (PAHO). The following academic institutions were key participants in the organization: Botucatu School of Medicine (FMB), as part of the State University of São Paulo (UNESP), the Federal University of São Paulo (UNIFESP), the University of São Paulo (USP), and the Federal University of Minas Gerais (UFMG), with the support of several special projects called Pro-Ensino financed by the federal Coordination of High Level Education Improvement (CAPES), a branch of the Ministry of Education. The participants came from several states and universities and were selected from the ranks of teachers, graduate and postgraduate students, healthcare providers, health services managers, and researchers. The Colloquium was intended to encompass both

the diversity of the national context and the international developments.

Four main thematic areas were in focus during the colloquium: (1) The role of IPE and practice in promoting equity in health, a national priority due to the burden of inequality still prevalent; (2) Interprofessional educational and practice in the public policies for reorienting health professional training in Brazil, with an emphasis on the effects of the “nudging function” of the Ministry of Health in the present context; (3) The need for more evidence coming from research on IPE and IPP, which may show impacts on quality both in the educational and in the service delivery processes; (4) A critical look on the pioneering experiences on IPE and IPP and their interactions with a wider inter-sectoral perspective.

Several of the IPE experiences analysed were considered as wide-range innovations in the federal universities. In UNIFESP's campus Baixada Santista, in 2006 an integrated interprofessional curriculum was put in practice, with the participation of six health professional courses, and guided by IPE, teamwork promotion, and collaborative practice; the Ceilandia School of Health (FC), part of the Federal University of Brasilia (UnB), from its inception in 2008, was composed of five professional courses that develop activities in an integrated fashion and interacts with a local community that was requesting access to higher education; the Federal University of the South Bahia (UFSB) chartered in 2013 adopted from the start a cycle structure in order to allow for a greater flexibility to design higher education itineraries beginning with an Interdisciplinary Bachelor in Health Sciences to progress, depending on the student's choice, to a more traditional health professions career and post graduate studies. All these initiatives were considered as examples of shifts in the model and are especially relevant considering the present expansion of universities and healthcare professional courses in countryside and mid-size cities and regarding the public policies geared to strengthen the primary care-based healthcare model.

Discussions at the colloquium also stressed the importance of several “nudging policies” for reorientation of health professional education emanated from the partnership Ministry of Health- Ministry of Education: the Training through Work in Health (PET-Saude) and the Multi-professional Residency Program. The former is a strategy to promote training-service-community integration, gathering teachers and students of different fields and practitioners. It places a bet in the role of working in the primary care setting as a tool for the improvement of the learning process, and specifically promoting the students' integration in the Family Health Strategy. In this way, PET-Saude can be considered the main *locus* for integration of activities between healthcare and health professional training.

An overview of IPE in Brazil in a recent article that mapped out initiatives in the global context, including Latin America (Barr, 2015), presented a series of still not consolidated experiences, scattered around the Brazilian territory in diverse geographic and social settings. A strong point made by the colloquium was that there is a need to systemize the range of experiences that are being developed throughout Brazil. The importance of

disseminating all that is being produced as food for thoughts and critical reflection on these IPE implementation scenarios was also stressed, to add up forces to overcome barriers and to claim for the continuity of robust public policies.

Establishing a national interprofessional network

As a result of the colloquium, a set of actions and priority areas demanding for investments in order to strengthen IPE in Brazil were listed: to promote local and regional core groups to mobilize forces around IPE from universities to support and consolidate the existing initiatives; to request the continuity of the nudging policies of the Ministry of Health-Ministry of Education such as PET-Saude and Multiprofessional Residency; to build a collaborative network in IPE and practice, allowing information exchange, reciprocal learning, and support for the expansion of IPE and collaborative practice in the country; to promote a network of medical schools that may foster innovations and an expanded dialogue with other health professional schools; to engage in dialogues and collaboration with the international community of stakeholders interested in IPE; to develop research to supply evidences about different aspects of implementation of IPE in Brazil, evaluating its effects in quality of both training process and healthcare services, contributing to build a shared base of concepts and terminology.

Concluding comments

The road ahead in Brazil looks extensive, and progress will require not only dialogues but an effective alliance among all those with a stake in the improvement of healthcare and professional training – universities, health professionals, managers and decision-makers in all levels of government, public regulation agencies, patients, and population. This joint movement may prove itself useful to overpass hegemonic models of single and separated professional training and practice that are not longer responsive to present challenges and complexities of health needs.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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