

# Presentation – Interprofessional education in health in the integration of teaching and work: notes and contributions of professor Regina Marsiglia for the field

## Apresentação – Educação interprofissional em saúde na integração ensino e trabalho: apontamentos e contribuições da professora Regina Marsiglia para esse campo

### **Nivaldo Carneiro Júnior<sup>a,b</sup>**

<sup>a</sup>Faculdade de Ciências Médicas da Santa Casa de São Paulo. São Paulo, SP, Brasil.

<sup>b</sup>Faculdade de Medicina do ABC. Santo André, SP, Brasil.  
E-mail: nicarneirojr@uol.com.br

### **Patrícia Martins Montanari<sup>c</sup>**

<sup>c</sup>Faculdade de Ciências Médicas da Santa Casa de São Paulo. São Paulo, SP, Brasil.

E-mail: patimontanari@gmail.com

### **Lívia Keismanas de Ávila<sup>d</sup>**

<sup>d</sup>Faculdade de Ciências Médicas da Santa Casa de São Paulo. São Paulo, SP, Brasil.

E-mail: livia.avila@fcmsantacasasp.edu.br

In the management of national health systems, the concern with the human resources profile takes an important place in the agenda because of its recognized strategic role in the organization of technical-managerial work processes in services, therefore being a critical element for effective actions on the demands and needs of the population (Montanha; Peduzzi, 2010).

In the Brazilian context, as of the Federal Constitution of 1988, this agenda is particularly emerging as one of the guiding axes for the implementation and consolidation of the Brazilian National Health System (SUS). The constitutional text itself ascribes the role of “ordering the formation of human resources in the health area” to the public system management (Brasil, 1988).

Therefore, professional education is a strategic policy for the public management of SUS, because of its transformative potential and as resistance to possible obstacles to its consolidation. In this direction, specific policies and actions emerge for certain contexts, such as the Permanent Education Policy (PE), aimed at workers who work in the daily practices of health services (Ceccim, 2005), and the interministerial articulation - education and health - with private and joint initiatives aiming at the formation of professional profiles that are more appropriate to SUS.

With different formulations and strategies, these two work fronts share the understanding that, even today, health education is strongly based on uniprofessional pedagogical models,

### **Correspondence**

Nivaldo Carneiro Júnior  
Rua Dr. Cesário Motta Junior, 61. São Paulo, SP, Brasil. CEP 01221-020.

reproducers of the dichotomy between knowledge and know-how, dissociated from the socio-sanitary reality, disjointed from the need for more adequate resources for the health system, among others (Vilela; Mendes, 2003).

This training model determines curricula based on scientific disciplines structured in basic curricular components, that is, ones that support knowledge for the development of respective applicabilities. Teaching for the acquisition of skills and abilities is in the professional curriculum field, provided in care, mostly hospital, spaces.

With the implementation of SUS, educational institutions and health services should come closer together, promoting specific and articulated reorientation processes. In this sense, new curricular structures are formulated, aiming at overcoming the dichotomy of basic and professional cycles/theory and practice, and there are effective incorporations of technical scenarios in teaching-learning strategies, shared between faculty, professionals, students, managers and users.

Interdisciplinarity becomes the premise of this new conception, thus building effective professional education through the concrete exercise of its pillars: learning to know (cognitive), learning to do (skills), learning to live together (teamwork), and learn to be (attitudes). In this way, the conditions are operative for the production of knowledge and the necessary strategies to deal with the contemporary complexity of the health-disease-care process (Abrahão; Merhy, 2014).

Interprofessional health education is the conception that synthesizes this movement, reviewing previous initiatives and exposing new theoretical-methodological references and teaching-learning strategies in concrete scenarios of health practices. It thus assumes the challenge of joining the academic world and the work world (Batista, 2012).

This is the context of the present dossier, which addresses some experiences of the training of health professionals in which pedagogical strategies are revealed, in view of the requirements of adequacy and revision of the national guidelines for higher education. It also highlights issues that still challenge and provoke permanent debates

and reflections regarding the training of health professionals, who must be trained and committed to improving the living and health conditions of individuals, groups and the population.

The organization of the dossier also aims to pay tribute to professor Regina Maria Giffoni Marsiglia, who died in July 2017, a professor at the Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP) and Pontifícia Universidade Católica de São Paulo (Carneiro Junior, 2017). She participated actively in the implementation of collective health, with outstanding performance in the field of health education, producing important theoretical and practical contributions in relation to the intersection of education and work (Silveira et al., 2018). For her, to train professionals is also to recognize and favor learning strategies for and with the agents of health practices (Passos; Carvalho, 2015).

Regina worked tirelessly for the search for collective, reflexive and ethical-political spaces that could promote a differential in the training of future professionals, in the training of health workers, in the development of research and in extension activities, as well as in interdisciplinary dialogue.

In the field of professional health education, Regina's leadership was fundamental in the implementation of programs and strategies of teaching-service integration, particularly in FCMSCSP. In conjunction with professors of undergraduate courses - nursing, speech therapy and medicine - and clinical and managerial staff of the Central Hospital of Santa Casa de São Paulo, curricular changes, professional qualifications and articulations with public managers of the health care network were stimulated. Examples are the Project for the Integration of Teaching and Care in the Northern Zone and Barra Funda (Marsiglia, 1995), the Central Area Project of the city of São Paulo (Silveira; Carneiro Junior; Marsiglia, 2009), the National Professional Formation Reorientation Program (Pro-Health) and the Program of Education through Work for Health (PET-Saúde) (Silveira et al., 2018).

The article "Work training in undergraduate degrees in health" presents the main guiding concepts of health education, contextualizing their historical moments and influences in

our educational policy, highlighting, from this perspective, interprofessional education and the intersection of teaching and work as the structuring axis of the current National Curricular Guidelines in response to the contemporary social needs of the Brazilian socio-sanitary reality.

The articles “Collective imaginary of elderly people participating in the Protection and Defense Network of the Elderly Person” and “Homeless population: a view from interprofessional education to the non-visible” bring two particular contributions from the PET-Saúde experience, developed by FCMSCSP in partnership with the Municipal Health Department of São Paulo in the central area of the city. The former meets one of the objectives related to the development of research in the teaching-learning process from emerging issues in the teaching-services scenarios. The elderly population is expressive in this teaching-care area. In this way, active aging emerges as an issue that needs to be understood and incorporated into health education and practices.

The other article reports experiences of teaching-learning strategy in health education in the context of the intersection of education and work, that is, it describes and reflects on the participation of students in the scenario of interprofessional work in the production of health care for people living in the streets, recognizing, in this process, limits and possibilities in the professional field and in the sectorial and intersectorial attention network.

Finally, showing another face of the dynamism and availability for Regina’s intellectual and teaching work, stimulated by the proactive force of her ideas and the continuous motivation for interdisciplinary dialogues, we have retrieved and published here the text “Social determination of the epidemic process”, produced in the early 1980s and published as one of the chapters of the book *Textos de Apoio: Epidemiologia 1* (Carvalho, 1985). The dialogue between social sciences and epidemiology is placed in this joint academic production with teachers Rita Barradas Barata and Selma Patti Spinelli. In the context of this homage to Regina Marsiglia, we invite the respective professors to express their testimonies in this dossier.

## References

- ABRAHÃO, A. L.; MERHY, E. E. Formação em saúde e micropolítica: sobre conceitos-ferramentas na prática de ensinar. *Interface: Comunicação, Saúde, Educação*, Botucatu, v. 18, n. 49, p. 313-324, 2014.
- BATISTA, N. A. Educação interprofissional em saúde: concepções e práticas. *Cadernos FNEPAS*, Rio de Janeiro, v. 2, p. 25-28, jan. 2012.
- BRASIL. *Constituição da República Federativa do Brasil*. Brasília, DF: Imprensa Oficial, 1988.
- CARNEIRO JUNIOR, N. Editorial especial à Regina Maria Giffoni Marsiglia. *Saúde e Sociedade*, São Paulo, v. 26, n. 3, p. 611, 2017.
- CARVALHEIRO, J. R. (Org.). *Textos de apoio: epidemiologia 1*. Rio de Janeiro: ENSP: Abrasco, 1985.
- CECCIM, R. B. Educação permanente em saúde: desafio ambicioso e necessário. *Interface: Comunicação, Saúde, Educação*, Botucatu, v. 9, n. 16, p. 161-168, 2005.
- MARSIGLIA, R. M. G. *Relação ensino/serviços: dez anos de integração docente assistencial no Brasil*. São Paulo: Hucitec, 1995.
- MONTANHA, D.; PEDUZZI, M. Educação permanente em enfermagem: levantamento de necessidades e resultados esperados segundo a concepção dos trabalhadores. *Revista da Escola de Enfermagem da USP*, São Paulo, v. 44, n. 3, p. 597-604, 2010.
- PASSOS, E.; CARVALHO, Y. M. A formação para o SUS abrindo caminhos para a produção do comum. *Saúde e Sociedade*, São Paulo, v. 24, p. 92-101, 2015. Suplemento 1.
- SILVEIRA, C.; CARNEIRO JUNIOR, N.; MARSIGLIA, R. M. G. (Org.). *Projeto inclusão social urbana; nós do centro: metodologia de pesquisa e de ação para inclusão social de grupos em situação de vulnerabilidade no centro da cidade de São Paulo*. São Paulo: Fundação Arnaldo Vieira de Carvalho, Faculdade de Ciências Médicas da Santa Casa de São Paulo, 2009.

SILVEIRA, C. et al. (Inter)conectando o mundo acadêmico e o mundo das práticas de saúde: a trajetória de Regina Marsiglia (1943-2017). *Interface: Comunicação, Saúde, Educação*, Botucatu, v. 22, n. 66, p. 971-974, 2018.

VILELA, E. M.; MENDES, I. J. M. Interdisciplinaridade e saúde: estudo bibliográfico. *Revista Latino-Americana de Enfermagem*, Ribeirão Preto, v. 11, n. 4, p. 525-531, 2003.

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