


Interprofessional education and collaborative practice in physical education training: reflections of an experience from the perspective of tutoring¹


Educação interprofissional e prática colaborativa na formação em educação física: reflexões de uma experiência na perspectiva da tutoria

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Abstract

This article seeks to describe the characteristics of the curricular component “interprofessional health module”, offered to undergraduate health students at the Universidade de Pernambuco (UPE) and to show a report of experiences in tutoring activities, with particular emphasis on the analysis of the Physical Education core scenario. This strategy of interprofessional education and collaborative practice works in two pedagogical moments, concentration and dispersion, which enable the student to understand the collaborative work process from the perspective of comprehensiveness and care in network health care. During concentration, health students from the first period recognize the possibilities of their core acting in articulation with others and have contact with concepts of collective health. During dispersion, students build and perform interprofessional actions, in an educational institution linked to the family health strategy, and body practices are commonplace strategies. We noticed that there is a change in attitude about the possibility of acting in the Brazilian National Health System (SUS); however, the contents of collective health, including interprofessionality and collaborative practices, must permeate the entire training path in Physical Education, providing the qualification for comprehensiveness of care in SUS. **Keywords:** Interprofessional Training; Physical Education; Brazilian National Health System.

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Resumo

Esse artigo objetiva descrever as características do componente curricular “módulo interprofissional em saúde” oferecido aos estudantes de graduação da área de saúde na Universidade de Pernambuco e apresentar um relato das experiências vivenciadas em atividades de tutoria, com destaque para a análise do cenário do núcleo da educação física. Essa estratégia de educação interprofissional e de prática colaborativa funciona em dois momentos pedagógicos, concentração e dispersão, que possibilitam o estudante entender o processo colaborativo de trabalho na perspectiva da integralidade e do cuidado na atenção à saúde em rede. Durante a concentração, estudantes do primeiro período reconhecem as possibilidades de atuação de seu núcleo em articulação com os demais e têm contato com conceitos da saúde coletiva. Durante a dispersão, os estudantes constroem e executam ações interprofissionais em uma instituição de ensino vinculada à estratégia de saúde da família, sendo as práticas corporais estratégias corriqueiras. Percebe-se que há uma mudança de atitude sobre a possibilidade de atuação no Sistema Único de Saúde (SUS); entretanto, é preciso que os conteúdos da saúde coletiva, inclusive a interprofissionalidade e as práticas colaborativas, perpassem toda a trajetória de formação em educação física, propiciando a qualificação para a integralidade da atenção no SUS.

Palavras-chave: Formação Interprofissional; Educação Física; Sistema Único de Saúde.

Introduction

The challenges in the health field due to the complexity of individual and collective needs have led to the establishment of several policies and strategies aimed at the promotion, protection and recovery of health over the last 30 years, since the creation of the Brazilian National Health System (SUS). We can cite among them the National Policy of Primary Care (PNAB) (Brasil, 2006a, 2012, 2017B) and the National Policy of Health Promotion (PNPS) (Brasil, 2006b, 2014) as important references to promote actions in this sense in the Brazilian territory.

Even after redefinition over the years, both policies provide support for the Family Health Strategy (ESF), for the Expanded Center of Family Health and for Primary Care (NASF-AB) and for the Health at School Program (PSE) (Brasil, 2007, 2017a). The PSE is a strategy of articulation between the Ministry of Health and the Ministry of Education which seeks to promote integration and political articulation to improve the quality of life of schoolchildren. The ESF, the NASF-AB and the PES, in turn, are policies of extreme importance in the experience shown in this report.

For the operationalization of action strategies in health care, it is necessary to articulate knowledge and practices through teamwork that functions in an interdisciplinary and collaborative way. It intends to overcome the fragmentation of knowledge and hierarchies between knowledge and professions, having comprehensiveness as the main guide of actions (Feriotti, 2009; Reeves; Xyrichis; Zwarenstein, 2018). In this sense, it is important to broaden the discussions regarding professional and human training for health that, above all, contemplates the articulation education-service-community so that there can be dialogue between Higher Education Institutions (HEI) and the SUS.

Under the National Curriculum Guidelines for Undergraduate Health Courses, as defined in Resolution no. 569 December 8, 2017 (Brasil, 2018b), from the following aspects, the intention of the HEI to train SUS workers is evident: (1) Defense of life and of SUS; (2) Care for the needs of social health workers; (3) Integrating

teaching-service-management-community; (4) Comprehensiveness and Health Care Networks; (5) Interprofessional work; (6) Pedagogical Course Projects (PPC) and curricular components consistent with social health needs; (7) Use of teaching methodologies that promote collaborative and meaningful learning; (8) Valuing undergraduate teaching, professional service network and student protagonism; (9) Health education and communication; (10) Evaluation with a procedural and formative character; (11) Research and diversified technologies in health; (12) On-site training and minimum workload for undergraduate courses in the health area. These aspects reaffirm the institutional prerogative of the SUS to ensure comprehensiveness of care, through interprofessional training.

Cutting out the guidelines with Physical Education as a health professional core in mind, in Resolution No. 6 of December 18, 2018 (Brasil, 2018d), which establishes the National Curriculum Guidelines for Undergraduate Physical Education Courses, it is possible to identify, in the common axis that permeates the current training proposal, content to meet social health needs. However, it is only in the formation of bachelors that the possibility of intervention of the Physical Education professional in the SUS is delimited, with education-service-community integration as one of the points shown to achieve this objective.

We noticed that there are some approximations between the National Curriculum Guidelines for Undergraduate Health Courses and the National Curriculum Guidelines for Undergraduate Physical Education Courses, more specifically the ones from the Bachelor's degree. However, the document on the Physical Education area is still superficial when it comes to interprofessional work and collaborative practices, citing only the possibility of the Physical Education professional to compose multiprofessional teams in various spaces, including health.

The National Program for the Reorientation of Professional Training in Health (Pró-Saúde) (Brasil, 2005) together with the Education through Work for Health Program, in its editions PET-Saúde (Brasil, 2008), PET-Saúde/GraduaSUS (Brasil, 2015) and, more recently,

PET-Saúde/Interprofissionalidade (Brasil, 2018c) at undergraduate level, and the Multiprofessional Residencies in Health Program at the graduate level are initiatives of the Ministry of Health that aim to bring Physical Education closer to SUS. However, we also noticed a limitation of interprofessional experiences and collaborative practices in undergraduation, because the programs, sometimes, have participation restricted since they are not part of the curriculum of the courses. In this sense, some universities are already moving to overcome such fragility. The works of Batista (2012), Candido, Rossit and Oliveira (2018), Capozzolo et al. (2018), Ferreira et al. (2013), show proposals in which interprofessionality is one of the structuring elements of Physical Education training.

In this article, we show the report of an experience lived in the field of interprofessional education and collaborative practice in Physical Education training. In the report, we discuss the experiences lived during the period of teaching internship of the doctoral course in Physical Education held in the Interprofessional Module in Health "Health Care from the Perspective of Care, Comprehensiveness of Care and Teamwork". The INTER Module, as it is popularly known, is a health training strategy that involves all students in the first period of six health courses of a Higher Education Institution (HEI). In this context, the objective is to describe the characteristics of the curricular component "interprofessional module in health" offered to undergraduate health students at the Universidade de Pernambuco (UPE), and show a report on the experiences lived in the tutoring activities, with particular emphasis on the analysis of the scenario of the Physical Education core.

Reflections on professions and teamwork in SUS: core, field and interprofessional education

The concepts of "core" and "field" of knowledge have been used for more than two decades in studies that address the work process in SUS. For Campos (2000), the "core" demarcates the identity of a professional area or practice, while

the “field” corresponds to the space between the assignments of the cores as a common place to all. It is in this space that the complexity of health care is shown, in which there is the recognition of the limits of each core. Therefore, alignment between core and field actions is required.

When health work occurs in isolation, that is, when it focuses only on the technologies related to the core of knowledge, the tendency is that a competition between professional cores arises that can reverberate in a disjointed and fragmented health care (Costa et al., 2018). In addition, it is evident that a single professional core cannot account for the complexities in the SUS, which emphasizes the importance of teamwork.

However, when talking about teamwork, one can refer to the notion of sharing a field by several cores, with the sharing only of the same physical space and the care of the same patients (Reeves; Xyrichis; Zwarenstein, 2018). This idea gave rise, for example, to the name “multiprofessional work”. For Peduzzi (2009), this is a difficulty in teamwork, since it requires a greater collaboration between the professional cores. Thus, the author highlights that teamwork is formed by three strands: (1) integration; (2) changes in the health-disease approach in order to understand multicausality; and (3) changes in work processes. In an interprofessional way, teamwork can be an effective strategy for a greater resolution of demands and for maintaining the commitment to the comprehensiveness of health care.

Peduzzi and Agreli (2018) consider that interprofessional education (IPE) can contribute to access and quality of health care. However, this is still a topic little worked on in HEIs, especially from the point of view of operationalization in training. In this sense, in 2010 the World Health Organization (WHO) launched the “Framework for Action on Interprofessional Education & Collaborative Practice” in order to encourage the proposal of interprofessional work, which is gaining more and more notoriety in political and academic spaces.

The IPE proposes a joint learning, in which students from different courses can learn about the “core” of the other, identifying approaches and distances with their own “core”. Thus, it does not disregard uniprofessional or multiprofessional training, but shows itself as a proposal to build skills for teamwork, with the important function of causing changes in the work process in health (Costa et al., 2018). According to Batista (2012), systematic literature reviews have shown the positive effects of PPE on health care.

In this context, health and education systems must work articulately in order to coordinate strategies for the health workforce. If health workforce planning and policy making are integrated, IPE and collaborative practice can be fully sustained (who, 2010).

Interprofessional education and collaborative practice “learning together to work together”

The concept of IPE in health used here refers to a training perspective capable of having an impact on collaborative practices in work teams. The WHO (2010) uses the slogan of the Centre for Advancement in Interprofessional Education (CAIPE)² “Learning together to work together” to point out the need for articulation between health and education systems in order to maintain the excellence of actions. Thus, the power of the workforce in health, which is collaborative and prepared for practice, occurs through the meeting between IPE and collaborative practice.

The IPE materializes in the training process through varied models, depending on the reality of the courses. According to Costa et al. (2018), we can adopt the theoretical model, with encouragement to read texts about teamwork and collaborative practice, and/or the practical model, with visits, discussions about the observed reality and field interventions that favor the development of collaborative skills through the identification

² UK-based non-profit institution.

of possibilities manifested from the various interpretations about the phenomenon. The IPE can be incorporated both later, at the end of the training process, in which there is already the domain of theoretical and technical references of the professional core, and earlier, when it is possible to address it at the beginning of the training, considering that the earlier the students participate in interprofessional activities, the more effective the deconstruction of hierarchies between the professions can be.

The authors also highlight that IPE initiatives, as curricular components, can have an elective character - which, although it facilitates discussions due to the possibility of choice, does not affect all students - as well as a mandatory character, reaching all students and being able to integrate the PPC. The IPE can also occur partially, happening only in some moments of the training, such as a class or event, or integrally, through the constitution of disciplines or modules.

In this way, it is possible to identify that some formats allow a greater rapprochement of students with the other professional core and with the reality of health care, which facilitates the incorporation of collaboration and/or collaborative practices still in the training process. For this to happen effectively, it is necessary to have the qualification of teachers and health professionals who are already in the field.

In this sense, in 2017 the Pan American Health Organization (PAHO) built an action plan for IPE in Brazil, which includes, among the lines of action: the strengthening of IPE in the context of health undergraduations; incorporation of discussion in health graduations and residencies; the adoption of IPE in the formative processes of continuing health education, and more specifically in the Programa Mais Médicos; teacher development for IPE; mapping IPE initiatives in Brazil; sharing IPE experiences in health work; support for publications of national IPE experiences; and support for events on education and interprofessional work in health (Brasil, 2018a). Therefore, it is important to transform the IPE into a curricular proposal in the HEI, because, in this way, the development

of skills necessary for collaborative practice can develop (Batista; Batista, 2016).

Reeves et al. (2013) consider that collaboration is an essential element for improving outcomes in health care, while Peduzzi and Agreli (2018) expose that collaboration and collaborative practice belong to a contingent approach to the notion of interprofessional work, which aims to overcome traditional forms of teamwork. We emphasize, however, that collaboration should be an element present both in training for the field in teamwork, and for the core, when considering the necessary joints within the same professional core.

Costa et al. (2018) differentiate between collaboration and collaborative practice, so that collaboration is understood as a form of work in health in which there is no shared identity of teams, with less interdependence and integration among professionals, while collaborative practice is centered on the patient and their uniqueness, being the materialization of collaboration in the process of work in health whose objective is comprehensiveness.

According to the WHO (2010), the implementation and execution of collaborative practice among health teams occurs through institutional support mechanisms, definitions of governance models, structuring of protocols and sharing of operational procedures. In addition, it is necessary to develop policies that stimulate collaborative practices, as well as the existence of work culture mechanisms that allow the team to define goals and therapeutic projects, with efficient dialogue and balancing of individual and collective actions and environmental mechanisms that organize spaces in order to facilitate dialogue between team members and reduce hierarchies.

We should recognize that the approach with these mechanisms still in the training process facilitates the transition from student identity to professional identity that maintains an interprofessional and collaborative relationship in the work process. Later in the text, we can follow the materialization of IPE experience and collaborative practice in the INTER Module of UPE, with special emphasis on the formation of the Bachelor in Physical Education.

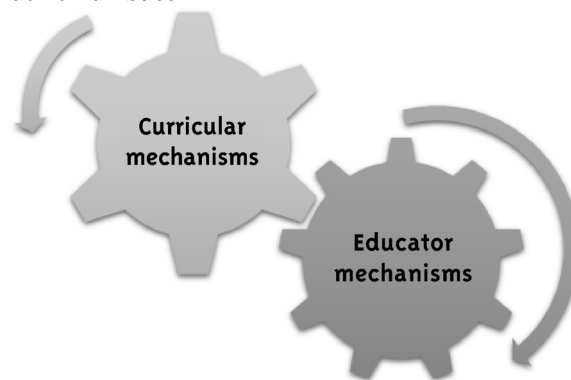
Interprofessional module in health at the Universidade de Pernambuco and its mechanisms

The Interprofessional Module in the Health Area: “Health Care from the Perspective of Care, Comprehensiveness of Care and Teamwork” of the UPE, or INTER Module, is a proposal of total IPE whose objective is to provide students with an understanding of the process of collaborative teamwork from the perspective of comprehensiveness and care in network health care. The module was implemented in the second half of 2013 as an early mode of IPE, as it is offered to students of the first period of HEI health courses.

It is an elective training strategy for Bachelor’s degrees in biological sciences and Physical Education and mandatory for nursing, medicine, dentistry and public health courses. The INTER Module uses the synchronization between the theoretical and the practical IPE models, providing, in addition to the acquisition of references on collective health and knowledge about the chosen profession, the first contact with the SUS, allowing the execution of health promotion actions through collaborative practice, in accordance with the ESF, the NASF-AB and the PSE.

For a better understanding of the *modus operandi* of this formative strategy, we will use two themes described by the WHO (2010) as mechanisms for the development and delivery of IPE: (1) curricular mechanisms, which include logistics, schedule, programmatic content, mandatory presence, shared objectives, adult learning principles, contextual learning and evaluation; and (2) educator mechanisms, which involve the training of academic professionals and leaders, institutional support, managerial commitment and learning outcomes, as Figure 1 shows below.

Figure 1 – *Modus operandi* of the training strategy of the Interprofessional Module in Health of the Universidade de Pernambuco



In the curricular mechanisms, regarding logistics, the INTER Module serves up to 290 students per semester distributed in 6 groups organized by color (yellow, blue, orange, green, pink and purple) with an average of 49 students in each. The groups consisting of representations of all courses are organized into 6 subgroups (A, B, C, D, E, F), accompanied by three tutors. In this way, each subgroup can work from an interprofessional and collaborative perspective in all semester activities. Students have access to the operationalization and content of the INTER Module through an institutional website. Through the website it is also possible to carry out a self-assessment that we will address later.

The meetings are weekly and can take place in the classroom, as a concentration activity, or in the field of intervention, as a dispersal activity. The schedule is structured in 20 theoretical-practical activities, following the time of the UPE academic calendar. The programmatic content is distributed in two moments/units: the first moment is “Recognition of professions and teamwork in health in SUS” and the second, “Demonstration of the ability to interact and collaborate in teamwork in health”. The exhibition of the programmatic content addresses SUS and health professions, undergraduate health courses, the expanded concept of health and the

perception of different social subjects, and finally, interprofessional teamwork and the process of health work.

Students must meet 75% of the expected workload and participate in the moments of concentration and dispersion actively and collaboratively, in order to fully develop cognitive, affective and psychomotor objectives. When considering the social problem, the learning principles are guided by the critical approach to reality, showing themselves as a path for contextual learning in the health territory of the state of Pernambuco, especially in the city of Recife.

As a theoretical framework structuring the INTER Module, the work "Pedagogy of autonomy" by Freire (2004) is used, considering that, from problematization, students are able to establish a dialectical relationship between themselves and the object of learning. Thus, far from using predetermined manuals for teamwork, in the concentration activities there are dialogued exhibitions, readings and debates, panels with representation of each professional core and interactions. Although the same content is offered in all groups, the answers are always different and dynamic, revealing wide possibilities of looking at the same phenomenon.

For the dispersion activities, in conjunction with the ESF, NASF-AB and PSE, the students, using an observation and interview script, identify a problem in the intervention space, composed of schools and/or kindergartens. Subsequently, there is a theorization for construction and presentation of the intervention proposal for the school community: board, coordination and professors. In the third stage, there is the execution of the intervention plan with basic education students. Thus, the steps of the Maguerez Arc are followed: observation of reality, explanation of key points, theorization, elaboration of a solution hypothesis and application in reality (Prado et al., 2012).

Students go through two evaluative moments during the semester that consider three dimensions related to the learning objectives: the assessment of knowledge, the assessment of attitudes and the assessment of skills. However, they are not only evaluated by tutors, but also by a self-assessment that contemplates the dimension of attitudes and

skills that, through different weights assigned to each, result in the grade of the unit.

The assessment of the knowledge carried out by the tutors takes place both collectively and individually, through the writing of a collective field diary, annotations, arguments and seminars with post-test and the writing of the final paper, which is a poster. We highlight that the evaluation of the poster takes place in the scientific format, with two reviewers for each work who consider the criteria of "writing" and "presentation". The assessment of attitudes is individual and considers interpersonal and group communication, the organization of thought and language, ethical posture, commitment to the construction of knowledge and participation. The assessment of skills is also individual and the skills acquired in relation to the perception of the interprofessional field and professional roles, the elaboration of strategies and/or materials for the contribution of interprofessional action in health promotion and the demonstration of the ability to interact and collaborate in teamwork in health are observed.

Because it is an experience still in the first period of the course, the INTER Module, through its curricular mechanisms, gives students important approaches with their core, with other health professionals, with primary care professionals and with education professionals, allowing them to apply the theory at the same time as theorizing the practice in health promotion activities with public school students.

Regarding the mechanisms of the educator, the INTER Module is composed of the general coordination, 18 tutors (university professors, health professionals, residents and *stricto sensu* graduate students), preceptors (health professionals who receive students in the territory) and monitors (fellows of the undergraduate courses of the UPE). This team covers different professional cores that support all the activities developed. The INTER Module is also a space for teacher training for residents and post-graduates *stricto sensu*. To empower the team, a process of permanent education takes place at the beginning and during the semester, through weekly meetings which discuss the themes that will be worked with the

students, the application of methodologies in pedagogical practice and the evaluation of health promotion actions, among other emerging points. At the end of the semester, the team participates in a meeting to evaluate the training process and the learning results.

Physical education in the interprofessional module in health: perceptions from the perspective of tutors

The Bachelor's degree in Physical Education of the UPE, which works at the Escola Superior de Educação Física (ESEF) with a duration of eight semesters distributed over four years, with a total hourly load of 3,258 hours, intends to offer a:

generalist, humanist and critical academic and professional training that qualify an intervention based on scientific rigor, philosophical reflection and ethical posture, in the constant search for the relationship practical theory; in biological, sociocultural, philosophical, scientific, pedagogical and technical knowledge; through an action, creative and committed to a plural and democratic society. (UNIVERSIDADE DE PERNAMBUCO, 2017 p. 10, our translation)

Among the elective subjects offered by the course is the INTER Module, offered to students of the first period. As tutors of the module, in addition to participation in the moments of interprofessional permanent education and the evaluation of the training process together with the coordination and the other tutors, collective discussions were systematically carried out on the core of Physical Education after each meeting, activity and/or evaluation, using as instruments our observations in class and the student follow-up files regarding the acquisition of knowledge, attitudes and skills. This information was recorded and organized in a report, delivered at the end of each semester to the graduate program to which they were bound. Thus, the content of these materials served as the basis for the construction of this report.

We observed a certain initial demotivation of Physical Education students, especially because of their poor identification with the SUS. Many arrive at the initial training with a pre-established model of intervention that meets market expectations, such as clubs and gyms, and did not visualize the possibilities of insertion in public policies, especially health ones. We noted, however, that most students were unaware of their course guidelines.

In the schedule of the INTER Module, a moment is reserved for the study of the National Curricular Guidelines and the PPC of the course itself, leading them to broaden the perspectives regarding the possibilities of Physical Education. The contact with tutors of their own professional core also awakens in students a certain curiosity about the possibilities of operating. In this sense, the INTER Module becomes a fertile ground for discoveries of one's own professional identity.

On the other hand, Physical Education students showed a certain favorable expectation regarding teamwork with other students in training for health action and the possibility of developing health promotion actions in a real scenario. In interventions, during dispersal in the interprofessional module, it is common to observe the use of body practices as a resource for health promotion and education in schools or kindergartens. Considering the school reality, it was necessary to adapt the strategy used and the age group. Thus, body practices are used in virtually all the topics addressed. However, we must remember that students do not yet have defined theoretical frameworks of their core, especially in relation to teaching methodologies; therefore, the use of games came from previous knowledge.

Core knowledge is acquired in uniprofessional training, but it is important to maintain an interface with public health in order to qualify subsequent interventions, either as interns or as SUS workers. There are no instruments for a more detailed analysis of this study, but Costa et al. (2018) highlight that the experience, especially of collaborative practice among students in training of different cores, carried

out early at the moment when they are starting the academic journey, can favor the breaking of hierarchies between professions and the understanding that it is necessary to appropriate different tools of their own core, as well as to know the other cores so that there is a greater resoluteness of field actions.

In addition to the interventions of the INTER Module, it is important to highlight that the insertion of Physical Education in the SUS was strengthened with each publication of the PNPS, gaining a higher degree of notoriety with the NASF-AB and, in particular, with the Health Academy Program, which instituted body practices and physical activities as one of the structuring axes whose objective is “to contribute to the promotion of health, production of care and healthy lifestyles for the population from the implementation of poles with infrastructure and qualified professionals” (Brasil, 2013 p.37).

In this way, the training of Physical Education professionals who know how to work in a team in an interprofessional and collaborative way is crucial for the health system gear to indeed function in the sense of comprehensiveness. There is no point in training with excellence in the professional core, if isolation and fragmentation occur in the work process, because there will be no power needed to meet the demands that are shown in the complexity of the SUS.

It is worth noting that public policies need to favor the insertion of these professionals, so a lot of dialogue is needed between the health system and the education system. According to the study of Candido, Rossit and Oliveira (2018), few Physical Education professionals trained in a perspective of comprehensiveness for performance in the SUS are inserted in the health network, thus perpetuating a market logic in the formation of this core. On the graduated students of the INTER Module of the UPE, there are still no studies to point out the repercussions of the training strategy. However, in 2020 a public health competition involving Physical Education professionals took place in Recife, which may have been a gateway for these professionals already trained in an interprofessional and collaborative perspective.

Final considerations

The IPE and the collaborative practice are instruments for the promotion of the comprehensiveness of care in the SUS. This article shows the experience of the INTER Module of the UPE, which is one of the possible resources of interprofessional training for health that considers integration between the different health courses of the HEI. The experience is not a pioneer in Brazil, but is the first in the state of Pernambuco and remains in force since 2013, having, consequently, professionals who were students in the INTER Module inserted in the health system.

Specifically about the training in the Bachelor's degree in Physical Education, there is an initial lack of knowledge of the students in relation to the areas of activity. We recognized strangeness of the possibility of acting in the SUS being mitigated as dispersion activities begin, and the possibilities of using content related to its professional core. Having as a reference in the tutoring and preceptorship qualified Physical Education professionals through permanent education can also help to break with performance models that correspond only to the fitness market when considering the axis of health promotion.

For the development of the skills of interdisciplinary and collaborative work, we can consider the INTER Module as a starting point, a trigger for actions and as a space of articulation in network and between teaching-service-community. However, to implement these competencies in the health work process, it is necessary – in addition to the operationalization of the National Curricular Guidelines of Health Courses and National Curricular Guidelines of Physical Education Courses – to create incentive and incorporation policies in HEI and support throughout training, especially in the health axis, by the content of collective health. Thus, we advocate the transition from a training focused mainly on the market to a training that can provide society with qualified professionals to better serve the population according to the perspective of comprehensiveness of care in the SUS.

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Authors' contribution

Reubens-Leonidio and Carvalho contributed to the conception, writing of the article, critical review and approval of the version to be published. Antunes and Barros conducted the critical review and approval of the version to be published.

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