

The Education through Work Program for Health/Interprofessionalism: experiences of a Medical student

O Programa de Educação pelo Trabalho para a Saúde/Interprofissionalidade: experiências de uma acadêmica de Medicina

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ABSTRACT

Introduction: When considering strategies that allow the consolidation of a health system that takes into account the dynamic, diverse and complex characteristics presented by the community, interprofessional education appears as a powerful tool in the training of future professionals, capable of carrying out collaborative work. In this context, the Education through Work Program for Health is highlighted by allowing the exchange of knowledge between students from different courses.

Experience report: The narrative of events experienced by the medical student intern with a scholarship from the Education through Work Program for Health/Interprofessionalism was used as a tool, integrated to the "Consultório na Rua" ("Street Office") in a city of Rio de Janeiro, an integration that allowed the exercise of interprofessionalism in the practical field, an experience that was not limited to interaction with the service physician, although this coexistence was equally invaluable, but which also led to exchanges with workers with different professional backgrounds and students from other courses.

Discussion: For the collaborative work to occur, it is not enough for workers to share the same space; from this perspective, it is necessary to discuss the effects of interprofessional education on academic training, awakening in these students the desire to work collaboratively and preparing them for the challenge of meeting the needs and demands of the Unified Health System users.

Conclusion: In Brazilian universities, there are still few activities that are guided by interprofessional education; however, this type of education has the power to bring the student closer to the realities to be faced in the daily life of their future professional practice, based on the teaching-learning process with individuals from different professional backgrounds, so that collaborative work becomes a facilitator when offering the community a high-quality health service.

Keywords: Comprehensive Health Care; Patient-Centered Care; Interprofessional Education; Homeless Persons.

RESUMO

Introdução: Quando se pensa em estratégias que possibilitem a consolidação de um sistema de saúde que leve em consideração o caráter dinâmico, diverso e complexo que a comunidade apresenta, a educação interprofissional mostra-se como uma ferramenta de grande potência na formação de futuros profissionais capazes de exercer um trabalho colaborativo. Nesse contexto, o Programa de Educação pelo Trabalho para a Saúde ganha destaque ao possibilitar a troca de saberes entre acadêmicos de distintos cursos.

Relato de experiência: Utilizou-se como ferramenta a narrativa de eventos vivenciados pela acadêmica de Medicina estagiária bolsista do Programa de Educação pelo Trabalho para a Saúde/Interprofissionalidade, integrada ao Consultório na Rua de uma cidade do Rio de Janeiro. Essa integração possibilitou o exercício da interprofissionalidade no campo prático, experiência que não se limitou à interação com o médico do serviço, embora fosse igualmente valiosa essa convivência, mas que levou também à troca com trabalhadores com distintas formações profissionais e discentes de outros cursos.

Discussão: Para que o trabalho colaborativo ocorra, não bastam trabalhadores dividindo o mesmo espaço; nessa ótica, faz-se necessária a discussão acerca dos efeitos da educação interprofissional na formação acadêmica, despertando nesses alunos o desejo de trabalhar colaborativamente e preparando-os para o desafio de atender às necessidades e demandas dos usuários do Sistema Único de Saúde.

Conclusão: Nas universidades brasileiras, são poucas ainda as atividades que têm como fio condutor a educação interprofissional, entretanto esse tipo de educação possui potência para aproximar o graduando das realidades a serem enfrentadas no cotidiano de sua futura prática profissional, pautado no processo ensino-aprendizagem com indivíduos de diferentes formações profissionais, de modo que o trabalho colaborativo se torne um facilitador na oferta à comunidade de um serviço de saúde de alta qualidade.

Palavras-chave: Atendimento Integral à Saúde; Cuidado Centrado no Paciente; Educação Interprofissional; Pessoas em Situação de Rua.

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INTRODUCTION

Recognizing that health problems have become increasingly complex and dynamic is to recognize that new forms of care must be put into practice. Therefore, interprofessional education (IPE) and collaborative work (CW) have gained prominence. The CW “[...] must be understood as complementary of the practices of the different professional categories, acting in an integrated way, sharing common goals to achieve the best health results.”¹ According to Ceccim²,

[...] interprofessionality is the motto and power of more research, experimentation and renewal, not annihilating the professions, but improving and raising their skills and abilities to different levels, more capable of problem-solving and interacting with the knowledges and practices in the field of action where they are implanted or inserted. (p. 52)

However, it is emphasized that “training more collaborative professionals implies cultural changes, with major challenges that are also institutional and political” (p. 18)³; thus, the Education through Work Program for Health (PET-Saúde, *Programa de Educação pelo Trabalho para a Saúde*), established by the Interministerial Ordinance n. 421, of March 3, 2010, undertakes an important role in institutional and political spheres by promoting reflections on professional training.

PET-Saúde collaborates to implement the National Curriculum Guidelines for undergraduate courses⁴. These guidelines “[...] brought interprofessionality as one of the milestones capable of transforming the logic of future health professionals” (p. 19)³. Its Interprofessionality edition selected projects that promoted the “qualification of teaching-service-community integration processes, in an articulated way between the Unified Health System (SUS, *Sistema Único de Saúde*) and educational institutions [...]”¹, promoting the “[...] IPE and Collaborative Health Practices”¹.

Program teachers/tutors and health service professionals/preceptors guide the students⁴. Those selected to participate in PET-Saúde are granted a scholarship; however, students and volunteer preceptors can also be found. The “Street Office” (CnaR, *Consultório na Rua*) initiative, selected to integrate the preceptorship of PET-Saúde/Interprofessionality, constitutes the primary care of the Psychosocial Care Network, following its foundations and guidelines⁵. The CnaR teams (eCnaR) consist of professionals from different backgrounds and can be structured into three different modalities, according to the professionals that constitute them.⁶

METHOD

This article reports the experiences of a female medical student from Universidade Federal Fluminense (UFF), an intern

who was granted a PET-Saúde/Interprofessionality scholarship, at the CnaR of a city in the state of Rio de Janeiro, being assisted by two tutors/professors from UFF and three preceptors/CnaR professionals from different professional backgrounds and interacting with UFF students from different courses. The PET-Saúde/Interprofessionality was started in the first half of 2019 and ended in the first half of 2021.

For Pacheco and Onocko-Campos⁷, “the life or experience is told through the narrative”. Using the narrative as a methodological tool, it will be shared not only what the practical field brought to light, but also what came to life through intersubjectivity in the encounter with different characters and through the reflective processes resulting from this approach. Bondía⁸ speaks of experience as “what we experience, what happens to us, what touches us” (p. 21). Therefore, this will be a movement of sharing not only what was observed by me, but above all what I experienced, of what left marks, touched, affected, added, strengthened and became a transforming force in the encounter with the other.

Forty-four reflective reports sent weekly to preceptors and tutors of PET-Saúde/Interprofessionality were used as the basis of this report. These reports were revisited and underwent a new reflective process, bringing up other memories and new ways of seeing the experienced facts. According to Benjamin⁹, “the narrator takes what they tell of the experience: of their own experience or that reported by others. And they incorporate, in turn, the narrated things to the experience of their listeners” (p. 217), highlighting that the narrative “[...] retains its strength and after a long time remains capable of unfolding” (p. 120).

EXPERIENCE REPORT

During the significant encounters with the homeless (HL) population, I was able to observe diverse, complex and dynamic situations. For some, medical care was what they needed at certain times; for others, getting an ID Card was the main need. Through qualified listening, it was possible to identify people who showed intense concern about the health status of others, sometimes forgetting about themselves. Violence in marital relationships was present on several occasions and perhaps the first and greatest challenge was to make the individual realize that they were a victim of violence, as both women and men who were attacked often called this type of aggression a simple disagreement.

Another delicate situation that was addressed several times was the one involving puerperal women who made harmful use of alcohol and other drugs. The active search carried out by the eCnaR so that pregnant women had adequate prenatal care was one of the priorities and very often the start of the building of stronger bonds with the team

and the development of a deeper connection with the baby. Although some children were an incentive for a change in the woman's life, some were separated from her children. It is undeniable that the child should be protected, but distancing from the family was not the answer in all cases, and there were, therefore, team actions so that, until the delivery, the woman who wanted to remain with her child was undergoing the process of progressive re-establishment of citizenship; we also sought to contact a family member with whom the child could stay, preserving the family ties.

To understand the dynamics that involve the HL population was important not only for the development of greater skill to deal with these people, but also for one's inclusion in actions that consider the individuals regarding their needs and for the understanding of the relationships that were constructed in that space.

DISCUSSION

The role of teachers as facilitators is vital for the success of the IPE, as they assist in the collaborative learning of students by ensuring favorable interprofessional environments¹⁰; however, expanding the qualification of teachers so they can teach in classes comprising students from different courses is an arduous task, as the traditional model remains rooted in educational institutions. Reeves et al.¹⁰ draw attention to the fact that the organizational/institutional support is also critical to the initiative success by ensuring access to the necessary resources for the implementation and development of the IPE.

Authors such as Guraya et al.¹¹ and Costa et al.¹² believe that IPE can deconstruct the stereotypes workers have about others from different backgrounds. In addition, "teachers from different courses can help to think of the disciplines, encouraging collaboration"¹² (p. 69) and improving this teaching model. However, this integration does not always occur; curricular frameworks leave little or no time available for interaction between courses, and it is possible to find students sharing the same space, such as wards, without encouraging the exchange of knowledges/experiences between them.

In Brazil, the CW has been discussed aiming to support a universal, equitable and comprehensive health system, but the challenges remain abundant, requiring the development of strategies to ensure the consolidation of the IPE¹³. Although more studies are required to better understand the long-term results of IPE in health, with the knowledge about its impact on organizational and patient care changes being still limited, evidence of its impact continues to expand, indicating that this type of education can remarkably improve the collaborative attitudes/perceptions and knowledges/skills of those involved, reaching students at different undergraduate stages^{10,11}.

Through the CW and interpersonal interactions with service users, new requirements can be identified and new goals can be set and, if necessary, modified. "We know that we are not able to establish positive bonds with all persons; therefore, it is good to work in teams that constantly evaluate their actions. We cannot do everything, we must know our limits and possibilities."⁵ (p. 27) But one cannot ignore the fact that:

[...] one of the weak points in the process of training health professionals is the lack of ability to train professionals capable of effective teamwork, reproducing a very fragmented and little effective health care model¹⁴ (p. 710).

Several challenges arise when the IPE is debated, making it necessary to rethink the curricular organization of educational institutions and teacher qualification, connecting health practices to the reality of the community and promoting the articulation with different health courses and other areas¹⁴. However, it is necessary to keep in mind that, in this dynamic process, the interprofessional approach does not exclude uni- or multiprofessional approaches, with situations in which the latter are capable of offering good results¹², but these alone will certainly not be able to offer all the necessary support.

There are divergences between several studies in relation to the time of student introduction of collaborative practices. Some believe that it should occur after the acquisition of knowledge related and specific to the course, which would give students greater security in the discussion of cases; others believe that this interaction should occur earlier, when the elements that build their professional identities are not yet consolidated¹².

For Reeves¹⁵, the IPE can be used in the early undergraduate stages, with the purpose of initially preparing students in relation to collaborative practices and, at a later stage, with the objective of reinforcing learning experiences. In spite of these doubts regarding the time when the IPE should occur, there is no doubt that the presence of the CW has become increasingly significant regarding the offer of a better quality service.

FINAL CONSIDERATIONS

Transformations/expansions in the way of thinking about the relationship with the other must be accompanied by real changes in the student's performance, who becomes a multiplier of interprofessionalism within the scope of activities carried out with other students in classrooms, wards, outpatient clinics – and why not say in the street space? – etc. This long process is not always – or almost never – easy; however, the collaboration between professionals has the power to awaken in the students the skills that will help them

to face difficulties and overcome the obstacles that will arise in this complex task of relating to the other.

The broadly addressed IPE, but by no means exhausted by PET-Saúde/Interprofessionality, enables the interaction between students from different courses and the coexistence with professionals from different backgrounds, improving the teaching-learning process. The CW in health carried out by professionals from different fields of training becomes a key point in the training of medical students, who now have the opportunity to join health units that focus on interprofessionality, allowing a significant acquisition of this new concept.

Therefore, the IPE has the power to favor the training of future professionals involved with interprofessional practices in SUS; however, constant analyses of the medical curriculum, the professionals' continuing education in health, restructuring of teaching practices, institutional support and other actions to implement spaces for the exchange of experiences/knowledges between students from different courses, constitute important steps in the training of undergraduate students, who are dedicated, from the beginning of the journey, to provide high-quality services, centered on comprehensive and networked care for users.

AUTHORS' CONTRIBUTION

The material presented herein is the result of Elisabete D'Oliveira Paula Sousa's medical course conclusion work, whose supervisor was Magda de Souza Chagas. Therefore, the two authors participated in conception, discussion and methodological construction of the report, and in the design of the text structure, discussion and final review.

CONFLICTS OF INTEREST

We declare no conflicts of interest related to this study.

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