

SHORT REPORT

## Interprofessional education as an approach for reforming health professions education in Brazil: emerging findings

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### Abstract

Interprofessional education (IPE) is an important issue to insert in the debate on the reform of the education of health professions in Brazil. This paper provides details on an emerging study, based in Brazil, whose aim is to explore the use of IPE as a strategy to reform health professional education to become more collaborative in nature. The study has adopted a sequential mixed-methods approach, and will conduct focus groups, individual interviews and surveys with students, teachers and administrators based in two universities. Initial findings have indicated that, at present, participants were not aware of systematic strategies to bring students from different courses together for IPE, which has created problems for the development of knowledge and skills for collaborative work. Further data will be gathered to expand this analysis. Nevertheless, there is already clear evidence that there is a need to integrate and strengthen the use of IPE in Brazil, as a key route forward to strengthening the process of reorientation training of health professionals.

### Keywords

Interprofessional collaboration, interprofessional education, mixed methods, study

### History

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### Introduction

Interprofessional education (IPE) is defined as intervention where “members of more than one health or social care (or both) profession learn interactively together, for the explicit purpose of improving interprofessional collaboration or the health/well being (or both) of patients/clients. Interactive learning requires active learner participation, and active exchange between learners from different professions” (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013, p. 3). In a recent publication, the World Health Organization (2010) has guided efforts for the adoption of IPE as a way necessary for the re-formation of the health care workforce. Likewise, the Lancet Commission outlined the limitations of health professions education, and has pointed toward IPE as a key approach to educating health professionals to ensure they can collaborate in an effective manner (Frenk et al., 2010).

The growing evidence that IPE improves collaborative work in health and brings benefits for the whole health care system (e.g. Reeves et al., 2013), exposes the need to include this activity in the process of reorientation of health professional training in Brazil.

This research study aims to explore the use of IPE as a strategy to improve the reorientation of health professions education in Brazil, to understand the potential institutional factors that affect the implementation of IPE, and to explore the expectations and

perceptions of students, teachers and administrators toward the introduction of IPE.

### Background

IPE is a new concept in Brazil. The national healthcare model is based also on traditional trends, with a strong emphasis on uniprofessional, often disjointed professional practice. The education of health professions has followed a similar path – favoring the formation of the professional specificities by a uniprofessional logic, which has resulted in strengthening professional silos and training health workers with few skills for collaborative work.

In Brazil this uniprofessional logic has been strengthened in two ways. First, legislation which regulates medical work was approved, with presidential vetoes, which reinforced the dominance of the medical profession over other healthcare professions. Second, a program has been implemented whereby foreign-trained physicians are recruited to Brazil as a way to address the shortage of professionals for primary care in remote areas as well as larger urban centers. These two government policies have resulted in further unbalancing of the interprofessional relationship that medicine shared with other health professions.

IPE is therefore increasingly being seen as a much needed approach for the Brazilian context, by allowing the adoption of new educational activities to enhance the training and practice in health care. Although new policies are aiming to re-orient healthcare training, the emphasis is on strengthening the generalist profile for primary care and early participation of students in

clinical practice, with few or no initiatives that encourage the development of collaborative capabilities.

## Methods

This study employed a sequential mixed methods design. Professors and students of nursing and medicine from two universities in northeastern Brazil – one financed by the state government, the other by the federal government, comprised the research population. This population was selected because the nursing and medicine programs of the two universities receive investments as stimulus for health professions training reform. Thirty-two nursing students (16 from State University and 16 from Federal University) and eight medical students (from Federal University) participated in the five focus groups.

Focus groups and surveys (McFadyen, Maclaren, & Webster, 2007) with students will be undertaken during the initial and final phases of the courses mentioned, and individual interviews will be conducted with professors and administrators at both the universities. The focus groups and interviews will address, among other issues, the importance of teamwork, existing IPE initiatives, barriers to IPE and strategies for overcoming difficulties. To date, a content analysis has been undertaken to analyze the focus group data, and will also be used to analyze the individual interviews.

This paper presents preliminary findings from 40 nursing and medicine students based in the two universities involved in this study that participated in five focus groups. By the nature of the research other data are being collected to complement the study: focus groups with medical students at the state university, interviews with professors from both universities and questionnaires with nursing and medical students of the two universities.

## Findings

In general, the focus group data indicated that students recognized the importance of interprofessional teamwork. However, they reported a strong uniprofessional division of work in the health services, with different professional identities and a strong culture of hierarchy between the different professions. As two medical students stated:

We will not deny that there is between the doctors a certain prejudice on having to ask for a second opinion, of other professional, when this opinion doesn't come from another doctor. This is fact. There is this pride, this arrogance (M1-UFRN).

I realize this very well. . . (M2-UFRN).

A majority of students did not know about the principles of IPE, and only the Federal University students mentioned they have a very small number of courses where they come together for shared learning, but this was not IPE, as the students did not interact together. In contrast, students at State University did not report any activity that enabled them to come together for IPE.

I think the big problem is that we are not being trained to work in teams. . . the professional does not leave prepared to work in a team. (NS3-UERN).

In both groups, the students reported that there were problems with their teachers collaborating with one another:

I think there lacks a little of teamwork among professors of our department. . . (NS1-UFRN).

The professors did not form a team. (NS2-UFRN).

In addition, the students noted the difficulty of breaking the barriers established by professional identities, as well as the hierarchical relations shared between the medical and nursing professors based in the universities. Furthermore, it was noted that the physical separateness of the structures of the two universities was another major barrier in developing effective IPE.

## Discussion

The preliminary findings from the student focus groups suggest the need for greater communication and interaction between health professionals to improve collaboration and therefore meet the complex needs of healthcare systems, as noted by Wilhelmsson, Svensson, Timpka, and Faresjö (2013). The findings also highlight the importance of IPE in advancing the agenda for reforming the education of health professions to become more collaborative. However, the limitations of the teachers in this study, a historical product of their own professional training, continues to stress uniprofessional silos and hinder the building of skills for collaborative work. Although the students reported initiatives to bring together students from different professions, the current goals and form of learning was not to build skills for collaborative work.

In summary, the emerging findings presented from the focus group data suggests the need to deepen the debate on IPE as a way forward to help the reorientation of health professions education in Brazil.

Although, this research needs to be expanded with data from the interviews and surveys, these emergent results already point to a lack of any substantial interprofessional activities at both study sites, which could contribute to the improvement of collaborative care.

In presenting this study, we anticipate that it will help contribute to the global IPE discussion by presenting the possibilities and limitations for this form of education in Brazil – a country that has no history with IPE. The study may also help inform the future development, delivery and assessment of IPE in Brazil. In addition, the study has policy implications in suggesting how current health professions education could be reorganized to encourage more collaborative approaches in training different healthcare professions.

## Declaration of interest

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

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