DOI: 10.1590/1807-57622015.0383

The SUS is interprofessional

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The paper by Professor Scott Reeves develop a broad overview of interprofessional education (IPE) on the global stage and helps us understand why and how to extend the IPE debate and practice in Brazil.

In the beginning it clarifies the context in which the IPE emerges, composed on the one hand by the gradual recognition of the complexity and scope of health and disease, its multiple organic, genetic and psychosocial dimensions as well as its cultural and social determination, being the health-disease process an expression of life and work, i.e., the way individuals and families social groups are inserted in society. On the other hand, and related to the former, it arises from the complexity of the network of health care and the necessary coordination and collaboration between professionals and the services.

The paper also deals with organizational aspects that either contribute or constitute barriers to the IPE and about the evidences showing results produced in the quality of education and health care through this educational approach.

It points out that the organizational support is crucial to the success of IPE. It takes leaders with interest, knowledge and experience for both includes the IPE in the wider educational agenda as well as to build and deploy their own agenda for the

development of this type of professional education. Also crucial is the commitment of educational and institutional policy managers, since a set of initiatives and resources are required to support and drive IPE. The involvement of teachers and health professionals linked to services where students develop learning practices is also required. The author points out that building a working group with enthusiasm for overcoming the challenge posed by the traditional model of education – uniprofissional and strictly biomedical is also critical.

Furthermore, the paper establishes the need to build educational programs and curricula including IPE combined with the adoption of innovative teaching methods that encourage what is characteristic of the IPE – the interactive shared learning.

Some specific challenges are highlighted as the articulation of interprofessional and specific activities of each field, as both contribute to an integrated learning process of the set of skills needed for teamwork and collaborative interprofessional practice. Educational programs, teachers and students tend to overrate the specifics, certainly important for future responsible behavior, and the contribution that each professional will give in caring for health needs. What seems insufficient is to limit the training of health professionals to their specific area, because as noted above, there is a growing recognition of the complexity and scope of health needs. Another crucial challenge is to incorporate the IPE initiatives as mandatory in the curriculum, because in being elective there will be a trend to be chosen only by students more sensitive to changes, which tends to limit their impact.

These resistances have historical and social roots which the author remarks pointing out the existing inequalities between the different professions that make up the field of health. The differences in knowledge and practices, also historically constituted, allow each profession to contribute its expertise in regard of the recognition and responses to health needs, which are expected to be defined in a participatory manner, with users, families and communities. However, differences and inequities coexist in the work of health professionals that as pointed out by the paper, may compromise the quality of services as these require coordination and collaboration.

The EIP aims to promote that students from different undergraduate courses and health professionals inserted in services may "learn to work together collaboratively." Thus, it is recognized in the proposal of IPE the mutual influence and reciprocal relationship between education and health care, educational system and health system. In this sense the Brazilian National Health System (SUS) is interprofessional, built and consolidated as a health care arena, where professional education, management and social control are guided by the comprehensiveness, equity, universality and participation principles.

SUS and the Family Health Strategy (FHS) are recognized both in national and international context as important contributions to the reform of health systems, responding in meaningful ways, to the technological and the ethical dimensions of the health needs of the population[1,2]. The FHS impact study shows the success of the integrated approach linking promotion, prevention and recovery of health[3], which requires integrated and collaborative performance of a broad array of health professionals in addition to the physician: community health workers , nurses, nursing assistants and technicians, dentists, assistants and technicians of oral health as well as the professionals inserted in the Centers of Support for Family Health (call NASF in Portuguese): physiotherapists, speech therapists, occupational therapists, physical educators, psychologists and others - hence the eminently interprofessional nature of health care and training of professionals.

The literature on IPE and collaborative practice shows that this kind of practice is not a goal on the distant horizon, as the changes are effectively needed to improve access and quality of network of care based both in the context noted above and in the evidences by the studies on the subject, as is well documented in the paper.

In Brazil there were larger advancements of teamwork and interprofessional practice in the organization of services and in the daily work of professionals, out of synchrony with the incipient EIP[4,5]. This means that there is so much to advance in the interprofessional education and collaborative practice and for that is needed the involvement and support of various social actors such as: Higher Education Institutions (HEIs) and Professional Education, government agencies (federal, state, local) so that

the health and educational policies may incorporate IPE and interprofessional practice in the set of proposed changes. It is also critical the action of the professional regulatory bodies, as their participation is crucial to changing the paradigm still focused on self-regulation of professions, shifting to a paradigm of regulation that incorporates the protection of health as a right and the public interest, which refer to the interprofessional approach given the comprehensiveness of health[6].

From this perspective it is important to widen the debate on the expansion of scope of practice of health professions, so that professionals in each area do all that they have been trained to do and act with all of their capabilities. The professions are not static and change as the population profile, the health needs and the way of organization of services and health care evolve.

To strengthen the IPE and collaborative practice in Brazil we must be aware of the resistance that include the risk to reiterate traditional concepts and models of self-regulation and strict biomedical approach, as well as isolated and independent professional activity in a field of health ever more complex, interprofessional and interdisciplinary. The risk aforementioned refers to the dialectic between action and their meanings conveyed by language and communication, as Charmaz[7] (p. 983) points "Actions impart meaning and meanings shape actions. We need to look for how people draw on and act on the larger social meanings available to them".

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Translated by Felix Rogoli