

Planning an interprofessional education activity for healthcare professions

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Introduction

Interprofessional Health Education (IHE) is a global movement stimulated by the World Health Organization¹ in favor of the strengthening of teamwork and collaboration in health systems. It is defined as the learning that takes place between two or more professional areas, constructed in undergraduate education, postgraduate education, and in the in-service education modality, with the purpose of improving outcomes in user care^{2,3}.

Interprofessional collaboration occurs when professionals from different areas work together, with interdependence of actions, clearness of specific roles, and recognition of common objectives, values, and responsibilities, focusing on meeting the health needs of users, families, and communities^{1,4-7}. The developments of this collaboration improve the outcomes of clinical practice and the care that is provided for users, regarding utilization of health services' resources, team's adherence to recommended clinical protocols, and strengthening of collaborative work and team communication⁶.

The establishment of interprofessional work is a powerful alternative to the fragmentation of healthcare and to the increasing complexity of health needs, which require communication and collaboration among different professional areas so that shared decisions are made about care, reverberating on patient safety and on the effectiveness of actions^{1,2,8}.

In this sense, the promotion of IHE in undergraduate courses, by means of the articulation of disciplines or modules that approach themes that cross all health professions, must be fostered in universities as a way of stimulating collaborative work early in the education process and minimizing competitiveness⁹.

In Brazil, the presuppositions of IHE strengthen the principles of Brazilian National Health System (SUS), grounded on the amplified concept of health and on comprehensive care. The latter, in turn, presuppose the articulation of actions and services for the promotion, prevention, treatment, and recovery of individuals' and collectivities' health, considering the complexity of health needs and team collaboration in the Healthcare Network (RAS). However, the consolidation of IHE is challenged by the logic of health education, targeted

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at the construction of specific and isolated professional identities, in a process that is distant from collaboration and teamwork^{10,11}.

Therefore, it is important to recognize the privileged space of Primary Care to organize and coordinate care in the RAS. The highlight is the Family Health Strategy, whose work, organized in teams, has been presenting significant advances in interprofessional articulation and collaboration¹².

On the other hand, in the sphere of professional education, it is possible to notice the incipient status of IHE and actions to integrate courses. Thus, investing in strategies to overcome this fragmented logic of teaching has become paramount, with initiatives directed at interprofessional education and collaborative work by means of shared learning, considering the specificities of each profession and, at the same time, weaving webs to overcome differences.

In this perspective, we emphasize the importance of the analysis of aspects related to work and its influences on users' illness processes, the transversal axis that permeates the education of all the health professions. The work process in the health services also needs to be investigated, focusing on workers' health, which has revealed high rates of absenteeism and presenteeism, overload and intensification of the work rhythm, and an increase in the number of cases of illness and psychological suffering, which negatively affect the quality of care and users' safety^{13,14}.

The transversal approach to work as one of the social determinants of the health-disease process is necessary to guarantee that the provided care tackles the health problems of individuals and collectivities. In this sense, this approach presupposes changes in education and professional qualification, and investments in the dialog with current practices and conceptions, to problematize them in light of comprehensive care.

The option to approach the theme of work in the IHE perspective derives from the authors' experiences and the research they have developed about the subject, considering workers' health surveillance as an attribution of the SUS in the RAS, and also as an element inseparable from comprehensive care. Thus, comprehensive care must consider aspects related to interprofessional teamwork in healthcare.

Workers' Health Education in Brazil is a challenge, especially due to the low efficiency of the traditional format of lectures and practical exercises in the classroom. It is necessary that teachers and services' professionals engage in education based on solving the problems that emerge in the field of practice, considering the population's needs and demands, and using active pedagogical strategies¹⁵.

Many changes have been occurring in the world of labor, like the constant incorporation of new technologies, intensification of the work's rhythm, precarization of occupational conditions, flexibilization of employment relationships, increase in the number of working hours, and loss of workers' rights as a consequence of changes in the current laws. Such changes imply that workers' health in the SUS needs to incorporate, in an effective way, concepts, actions, and paradigms that encompass the work context in health promotion.

Health education, in turn, faces similar obstacles, as it must strengthen essential aspects to the promotion of comprehensive care for individuals and collectivities. One of these aspects is the multidimensionality of work considered in the perspective of interprofessional practice.

Concerning interprofessionality, the intention is that the theme must be approached since the undergraduate studies, in order to promote changes in professional practices and knowledge¹⁶. In this sense, we believe in the power of the theme of workers' health to promote the construction of shared education spaces, as it involves the field of collective health, which is approached in all the courses of the health area.

Discussing the multiple determinants of the health-disease process aiming at comprehensive care, work among them, proved to be relevant to the setting where the research was carried out, especially due to the articulation among the different social actors of this area and to the desire already shown by students and RAS professionals.

Based on this favorable context, open to new approaches, and on the relevance of the theme of workers' health, we designed a proposal to develop an activity targeted at IHE. To ensure the conceptual alignment between this activity and interprofessionality, we initially conceived a planning stage among the actors involved - the focus of this experience report.

To enable the organization of the program and to select teaching and learning methodologies, as well as the evaluation method, we organized workshops to discuss IHE concepts and stimulate dialogs and joint constructions among teachers, students, and professionals.

Therefore, this report aims to describe the planning stage of an IHE activity named "Interprofessional education for workers' health in Primary Care". The activity considered the complementariness of different professional experiences and knowledge around a common theme - workers' health - and aimed to strengthen interprofessional education in a federal university, as well as the engagement of students, teachers, and workers in this collaboration process.

Method

The planning of the IHE activity was grounded on the Action Research method, a type of social research that is conceived and conducted in close association with an action or with the resolution of a collective problem, in which researcher and participants are involved in a cooperative and/or participatory way¹⁷.

In action research, the object of investigation is not constituted by people; rather, it is comprised by the social situation and problems of different natures. Participants play an active role in the discussion of the needs that were found and in the evaluation of the actions that were triggered¹⁷. Action research is a framework capable of subsidizing joint planning and development of propositions and actions, in a critical dialog that problematizes fragilities, needs, and mechanisms to overcome problems, strengthening subjects' involvement with the research object¹⁸.

The proposal was developed at a public higher education institution located in the State of São Paulo. In 2017, the institution had 24,521 undergraduate and postgraduate students distributed over 66 face-to-face courses, of which seven were in the health area: Physical Education, Nursing, Physiotherapy, Gerontology, Medicine, Psychology, and Occupational Therapy.

The research participants were undergraduate and postgraduate students, and teachers from health courses who worked or were involved in the areas of collective health, workers' health, and IHE. The participants were invited to participate in the workshops. They were identified by means of searches in the institutional platform, using the matters mentioned above, and the invitations were sent by electronic mail.

Twenty teachers were invited to participate in the planning of the activity, but many refused due to timetable difficulties, although they acknowledged the importance of the process and their interest in collaborating with it. Six teachers participated in all the workshops - two physiotherapists, one physical educator, and three nurses -, as well as one undergraduate student and one postgraduate student, both from the nursing course. All the participants signed a consent document¹⁹.

It is important to highlight that, despite the teachers' low adherence - a limitation of this study, as we expected that at least one teacher from each course in the health area would participate -, there were no losses for the interprofessional construction, as three professions from the health area were present.

Planning in action research is flexible, as there are different approaches for its organization and execution¹⁷. Based on this premise, the workshops were initially structured considering the curriculum design stages proposed by Janet Grant²⁰, with the following objectives:

1. Establishment of learning objectives in core competencies: setting the objectives expected at the end of the activity, that is, which specific skills, attitudes and knowledge should be achieved.
2. Establishment of professional experiences: setting, based on each participant's professional experiences, how the objectives should be fulfilled and which themes should be discussed during the activity. It is worth highlighting that professionals and themes must be integrated so that, at the end of the activity, the developed competencies are common and integrated, aiming at interprofessionality and teamwork.
3. Structuring of the IHE activity and of the evaluation systems: setting the development and implementation of the activity, its structure, duration, learning methodologies, pedagogical strategies, and how the evaluation of the activity and of the group should be performed.

To perform the stages described above, five workshops were carried out, lasting approximately two hours each. The workshops were held in September 2017, grounded on the precepts of IHE and collaborative work. Apart from the participants, the workshops were attended by a moderator and an observer-participant. The moderator role was played by a teacher from the university with large experience in studies related to the themes and in moderating groups. She was responsible for triggering the theme and facilitating the discussion. The observer-participant role was played by a postgraduate student, who systematized the collected data in a field diary. Both the moderator and the observer are responsible for the study presented here. They mastered the theoretical and methodological frameworks implied in the study to perform their functions.

We decided to record the data in a field diary, an instrument widely used in observation registers because it enables to monitor information and understandings surveyed by the observer-participant during the encounters, allowing to record and consult the data at any time²¹. The recorded data were analyzed, compiled, shared, and validated by the group at the end of each encounter, either in a face-to-face way or at a distance.

This research followed the precepts of Resolution 510/2016¹⁹ and was approved by the Research Ethics Committee under protocol no. 2.291.292 and CAAE (ethical appraisal certificate) no. 68957817.5.0000.5504.

Results and discussion

The workshops enabled the construction of the interprofessional competencies, learning objectives, and pedagogical and evaluation strategies to be developed in the IHE activity. The activity will be implemented with the participation of students and professionals from different areas of health, with a workload of sixty hours subdivided into 15 weekly encounters lasting four hours each.

The "first workshop" aimed at the presentation and reflection on theoretical-methodological aspects that subsidize the work proposal, with discussions about the themes of IHE, workers' health, comprehensive care, and collaborative work. The group's theoretical-conceptual alignment was structured through a survey of the participants' previous knowledge about the theme. The participants highlighted the relevance of the following aspects: teamwork, integration of actions, communication, respect for and recognition of professional roles, understanding of the work process, user's centrality in health actions, comprehensive care, and knowledge exchange.

The aspects pointed by the participants are aligned with the competencies for interprofessional collaborative practice presented in the theoretical framework of interprofessional competencies proposed by the Canadian Interprofessional Health Collaborative⁵, such as the participation of users, families, and communities; interprofessional communication; clarification of professional roles; functioning of teams; collaborative leadership; and resolution of conflicts.

During the conversation circle, conceptual differences between the terms interprofessionality and interdisciplinarity were clarified, as some participants treated them as synonyms. Interdisciplinarity refers to the sphere of disciplines, sciences, or areas of knowledge, while interprofessionality is related to the professional practice in which work in health teams is developed¹². The confusion between these terms is still very common in the academic environment and understanding them was extremely relevant to advances in the interprofessional proposal.

The participants emphasized that, because the IHE activity has the participation of undergraduate and postgraduate students from all the health courses, as well as RAS professionals and users, identifying the common knowledge necessary to provide care for workers in the sphere of Primary Care is primordial. They evaluated the power of this innovative proposal of collective construction, and emphasized the pertinence of the approached themes, the learning opportunity, personal and professional contributions, and challenges related to thinking about interprofessional competencies.

Although the IHE movement is incipient in the Brazilian reality, important advances occurred in recent years. In 2016, the World Health Organization and the Pan American Health Organization held a Technical Meeting with the countries of the Region of the Americas, including Brazil, to identify possibilities for interprofessional education and work¹⁶.

In 2017, Health Education Management Department (DEGES), in the sphere of Management Department for Work and Education in Health (SGTES/MS) of the Ministry of Health developed a national plan for the implementation of IHE, containing five lines of action: IHE as a device to reorient undergraduate health courses; survey of initiatives in Brazil; teacher development; strengthening of spaces for IHE knowledge dissemination and production; incorporation in spaces of permanent education in health¹⁶.

The “second and third workshops” focused on the construction of interprofessional competencies for workers’ health in Primary Care, by means of setting actions that involve knowledge, skills, and attitudes. The identified actions were: (i) care in the comprehensive perspective, (ii) work as a social determinant of the illness process, and (iii) interprofessional teamwork.

The participants argued that the emphasis of the activity must be on “care in the perspective of comprehensiveness”, based on health promotion and disease prevention, in an articulated set of preventive and curative, individual and collective actions and health promotion services²² in the RAS, considering the multiple factors that influence users’ health, bearing in mind that work is one of them.

Comprehensive care as a mode of organization of the practices requires the horizontalization of vertical processes, overcoming the fragmentation of activities developed inside health units. This process should be based on spontaneous demands and referrals for the application of protocols, identification of risk situations to health, and implementation of collective actions in the community²².

The integrated practices in the services and in the RAS reinforce the importance of the complementariness of professional roles and interprofessional collaboration to provide care targeted at the health needs of users, families, and communities, in light of the determinants of the health-disease process.

The group emphasized that the activity needs to include awareness-raising moments concerning aspects related to their own health, with the recognition of themselves as workers and of their work context as a potentializer of health or disease. In addition, the group highlighted the importance of understanding “work as a social determinant of the illness process”. This strategy will also contribute to the approach to empathy, also highlighted by the group and viewed as extremely important for comprehensive care: when one steps into the other’s shoes, it is possible to embrace them and understand them in their complexity^{22,23}.

The recognition of the implications of the work environment to individuals’ health, as well as the causal nexus between work and illness, requires interprofessional articulation in teams, so that each professional’s knowledge, which complements one another, can contribute to a joint analysis of the illness’ clinical manifestations, based on social insertion in work and on the dynamics of life.

To understand the influences of work on users’ health, the group mentioned the need to investigate the user’s work life, considering the risk factors present in the occupational environment and the definition of a causal nexus, even though in an incipient way. The recognition of work’s repercussions on individuals’ health is an attribution of all health professionals. They must strive to solve the health problem and to render the service team accountable, performing actions to prevent the chronicity of illnesses and unnecessary referrals²⁴.

Some health professionals recognize the work-health-disease relationship in their daily practices. However, they face difficulties in developing promotion, prevention, and surveillance actions, due to historical roots and to their poor education, which fails to give them conditions to recognize work as an important determinant of the health-disease process²⁵.

In spite of significant advances in the conceptual field, which point to a new approach and new practices to deal with the work-health relationship, grouped under the name “Workers’ Health”, the daily routine reveals the hegemony of Occupational Medicine and Occupational Health²⁶. In the critical reflection on the limitation of these current models, new forms of apprehending the work-health relationship emerge, as well as new ways of intervening in work environments and, consequently, of introducing workers’ health practices in the core of the Healthcare Reform proposals²⁶.

This new line, which has not been completely incorporated into the RAS services yet, needs discussions about professional education in order to imbue future workers with this responsibility in Primary Care, which must be assumed in a comprehensive, interprofessional, collaborative, and intersectoral way. Thus, it is expected that the amplified approach to users-workers’ health needs will

be performed by professionals from different areas who work together, in the sphere of Primary Care, articulated with other services of the RAS and other sectors, whenever there are demands.

“Teamwork”, emphasized by the National Curricular Guidelines for education in the area of health, is characterized by focus on the user, establishment of common objectives, interdependence, complementary actions, co-accountability, recognition of the other’s work, and effective communication¹⁶. These characteristics enable interprofessional collaboration, indispensable for the provision of comprehensive care for workers. In addition to the RAS professionals, this care also involves intersectoral articulation with other agencies, like social work and social security services.

One important action that can be performed in an interprofessional team in a collaborative way is embracement, defined based on the recognition of the singularity of users’ health needs^{27,28}. The workshops’ participants mentioned it as a process that depends on qualified hearing and effective communication, which are necessary skills to health professionals and attributes present in the National Humanization Policy.

After the reflections on the themes approached in the workshops, we observed the emergence of a concern about the need to amplify discussions related to the understanding that workers’ health is an attribution of the SUS. According to the participants, the occupational medicine paradigm and the medical-centered model should be deconstructed to incorporate workers’ health issues in favor of the strengthening and co-accountability of the interprofessional team in Primary Care.

Based on the discussions and constructions of the workshops, the following interprofessional competencies were defined for workers’ health in Primary Care (Chart 1).

Chart 1. Interprofessional competencies and respective definitions.

Competency	Definition	Objectives
Comprehensive care	To understand the multiple dimensions of care, which involve health promotion, disease prevention, treatment, recovery, and health surveillance.	<ul style="list-style-type: none"> ○ To understand the social determination of the health-disease process; ○ To recognize the epidemiological and productive profile of the population registered in the territory; ○ To understand the structure of the RAS and the system of referral and counter-referral of users.
Work as a social determinant of the health-disease process	To understand that work is one of the determinants of individuals’ illness process.	<ul style="list-style-type: none"> ○ To recognize the bases of the Brazilian healthcare model; ○ To understand the structure of and access to the RAS.
Interprofessional teamwork	To understand that interprofessional teamwork is performed by means of effective communication and complementary actions among professionals from different areas, organized with common objectives.	<ul style="list-style-type: none"> ○ To raise the participants’ awareness about their role and the role of different professionals in Primary Care, with emphasis on workers’ health; ○ To develop skills for interprofessional teamwork, such as: communication, focus on users’ needs, resolution of conflicts, shared leadership, recognition of professional roles; ○ To set common objectives related to workers’ health; ○ To develop collaborative practice in workers’ health by means of joint discussions and analyses of cases.

Source: the authors

It is relevant to consider that the three competencies defined by the workgroup are aligned with the six domains of core competencies in the area of Public Health defined by the Association of Schools of Public Health in the European Region, namely: (i) methods in public health, like epidemiology; (ii) population health and its social and economic determinants; (iii) population health and its environmental determinants; (iv) health policy, economics, organizational theory and management; (v) health promotion: health education, health protection and disease prevention; (vi) ethics²⁹.

Relevant international organizations and academia agree on the importance of updating the concept of teaching based on core competencies in public health, which should lead to the expected performance levels³⁰. This reinforces the approach used in this research. In spite of the challenges posed by the collective construction, the research attempted to foster the recognition of the core professional competencies for workers' health in Primary Care.

Thus, the "fourth and fifth workshops" aimed to establish the structure of the IHE activity, the learning methodologies, pedagogical strategies, and evaluations of the group's learning and of the discipline. Based on the list of competencies and objectives that was created, the most appropriate strategies to each activity were constructed, with emphasis on the participants' interaction.

Choosing interactive learning methods is one of the requisites for the success of IHE. Some examples are seminars, observation, problematization, simulation, clinical practices, case discussions, online learning, and mixed teaching (face-to-face plus distance teaching)³.

The following strategies were established to implement the activity: activities to stimulate IHE and collaborative teamwork; workshops; conversation circles; "cinematrip" and videos as discussion triggers; inverted classroom; online discussion forum and face-to-face discussions, presupposing students' active participation.

The main strategy proposed to evaluate learning was a case study concerning care provision for one worker in the RAS. The objective was to offer the opportunity of following up a case in the reality of professional practice, involving the identification of work-related aspects (work profile, work-related risks, epidemiological profile), and the relation between this case and the topics approached in the discipline. To evaluate the discipline, a feedback form with open and closed questions was created. The latter had options in a five-point Likert scale.

The purpose of the planned activity was to construct an interprofessional teaching and learning space so that students and professionals had opportunities to interact and reflect on the collaborative care provided for users in Primary Care. At the same time, we believe that the proposed activity enabled to constitute a powerful space to disseminate IHE and to stimulate teacher development about the theme, so that it can be implemented in other educational moments at the higher education institution.

The literature shows that the advance and sustainability of IHE require organizational support⁶. In this sense, we can state that the higher education institution of the present study has stimulated and valued integration opportunities among courses in extracurricular actions, but it is still necessary to create curricular spaces with the allocation of common times for integrated practices in the classroom and in fields of practice.

We understand that the proposed initiative will reinforce the dissemination of IHE in the higher education institution, fostering future offers of integrated curricular activities. Advances in the education model for the health professions are necessary to meet users' health demands, which increasingly require integration between knowledge and actions.

The successful implementation of IHE requires leadership in multiple levels, both in the scenario of academia and in that of practice. This implies the promotion of curricular innovations, enabling the development of interprofessional competencies and enhancing interdisciplinary practice, ensuring the alignment between curriculum and professional practice. In addition, it requires the positioning of educational institutions to include IHE as a standard in curricula³¹.

Final remarks

The collective construction of an IHE activity by means of planning sessions developed in workshops with the participation of different professional areas was a pioneering experience in the higher education institution. It was evaluated as innovative and relevant for interprofessional education and collaborative practice.

Focusing on the competencies that are common to all the health professions to provide comprehensive care for the population of workers in Primary Care was a challenge to the group.

The participants gathered efforts to overcome this obstacle, revealing the power of collaborative teamwork.

The final product of this planning was a consistent activity conceived by multiple views, experiences, types of knowledge, and perspectives. It would not be so rich if it had been planned in isolation by only one professional group.

With this experience report, we hope to disseminate the potentialities of collective construction, considering different perspectives and the interprofessional view on themes that cross all the health professions, like workers' health.

We highlight the importance of involving professionals from the health services of the RAS in the construction of proposals for the planning of teaching in the SUS, as well as the importance of hearing users in the process. This aspect was not covered by the experience reported here, but was envisaged by the coordinators of the activity, who plan to hold workshops with workers and users for the future enhancement of the proposal. The engagement of the social subjects mentioned above can promote the construction of health education actions aligned with real needs identified in the daily routine of the services, strengthening teaching-service-community articulation in the SUS.

Authors' contributions

Ana Paula Griggio and Jaqueline Alcântara Marcelino da Silva participated in data collection, analysis and discussion, in the writing of the manuscript and its respective reviews, and in the approval of the final version of the work. Vivian Aline Mininel participated in the conception of the study, in data collection, analysis and discussion, in the writing of the manuscript and its respective reviews, and in the approval of the final version of the work.

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This manuscript aims to describe the planning stage of an activity named "Interprofessional Education for workers' health in primary care", which aims education and training undergraduate students and healthcare services professionals on comprehensive workers' healthcare. Planning stage was based on Action Research framework, with the participation of faculties and students from different health courses from a federal university, in weekly workshops. Data were gathered through participative observation and registered in a field diary, which was synthesized and then validated by the group. From this experience, we expect to share the potentialities of construction of an Interprofessional Education activity, regarding different perspectives and views from transversal issues in education for healthcare professions, as workers' health.

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