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Sustaining Interprofessional Collaboration in Brazil

José Rodrigues Freire Filho and Aldaísa Cassanho Forster

Introduction

This chapter presents the trajectory of interprofessional collaboration in health care in Brazil and discusses the most successful practices and challenges for promoting the sustainability of the model.

Universal health systems, which focus on comprehensive care, face the challenge of adopting strategies to improve interaction among professionals, with a view to providing care that is centred on the needs of patients and communities.

J. R. Freire Filho (✉)
Department of Social Medicine, University of São Paulo (USP); Regional Network for Interprofessional Education in the Americas (REIP), Ribeirão Preto, São Paulo, Brazil

A. C. Forster
Department of Social Medicine, University of São Paulo, Ribeirão Preto, São Paulo, Brazil
e-mail: acforste@fmrp.usp.br

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The debate on initiatives for enhancing interaction among health professionals began in the twentieth century, gaining visibility in the late 1970s through publications focused on multiprofessional approaches and proposals for implementing interdisciplinary education to promote collaboration among health professionals (D'Amour & Oandasan, 2004; Matuda, Aguiar, & Frazão, 2013).

Interprofessional collaboration is a way of working that involves professionals from different areas/specialties/professions who act in an interdependent, integrated manner with clearly defined functions, sharing a sense of teamwork, objectives, values, and responsibilities to meet the health needs of users, families, and communities, with the aim of providing patient-centred comprehensive care (D'Amour, Goulet, Labadie, San Martín-Rodriguez, & Pineault, 2008; Morgan, Pullon, & McKinlay, 2015; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013; West & Lyubovnikova, 2012; World Health Organization [WHO], 2010).

There is a set of core elements that health professionals must incorporate into their work dynamic in order to implement interprofessional collaboration. These are: sharing, partnership, power, and interdependence (D'Amour & Oandasan, 2005). Collaboration occurs only when professionals recognise that their work and practice is incomplete by its very nature and that collaboration through horizontal relationships geared towards users' needs will promote better health actions (D'Amour & Oandasan, 2005).

To obtain the desired health outcomes, interprofessional collaboration must extend beyond the team in a given sector; in other words, it must occur between different teams in a specific service or sector and between different services in the health care network and across sectors, to facilitate patient-centred comprehensive care (Agreli, Peduzzi, & Bailey, 2017; Agreli, Peduzzi, & Silva, 2016; Reeves et al., 2013).

Some authors identify two potential levels of collaboration among professionals: interprofessional collaborative practice, which occurs when collaboration is incorporated into health services' practice; and interprofessional teamwork, which is a deeper level of interprofessional work, with strong interdependence (Morgan et al., 2015). In this chapter, interprofessional collaboration will be discussed along with the achievements through mutual effort, dialogue, information-sharing, and joint action,

resulting from training processes based on Interprofessional Education (IPE), all focused on solving the population's health problems (WHO, 2010) (Fig. 13.1).

Interprofessional collaboration and education are integrated and mutually influential in providing comprehensive care, as called for in universal health systems. In Brazil, an understanding of IPE and primary health care (PHC) practices provides input for implementing and consolidating the interprofessional collaboration model.

The framework of the structural model of interprofessional collaboration that approximates the Brazilian reality emphasises that collective actions can be analysed in respect of four dimensions and ten associated indicators involving relationships between individuals and the organisational settings which influence collective action. The four dimensions of this model that allow us to analyse interprofessional collaborative action are:

1. shared goals and vision;
2. internalisation;

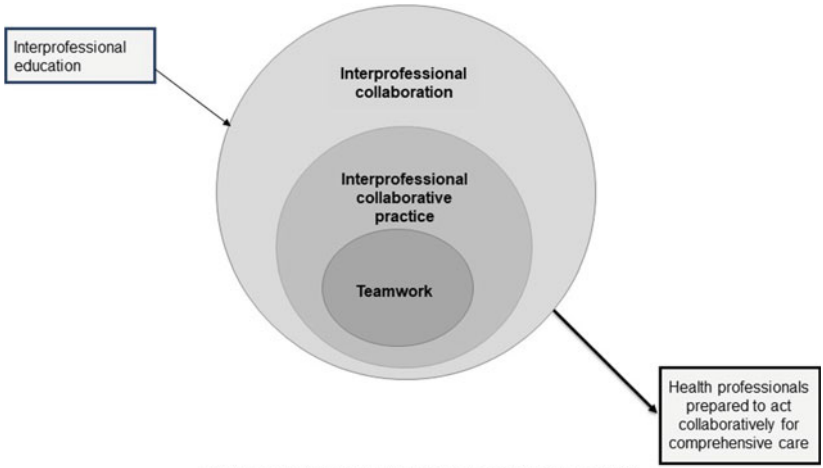

Fig. 13.1 Relationship between interprofessional collaboration, collaborative practice, and teamwork

3. formalisation and
4. governance.

To measure the shared goals and vision, which refers to the existence of common goals and their appropriation by the team, the predicted indicators are goals achieved and client-centred orientation vs. other allegiances.

For the internalisation dimension, which represents the awareness of professionals about their interdependencies and the importance of managing them, use indicators related to obtaining of mutual acquaintanceship and establishing trust.

The third dimension that refers to formalisation clarifies expectations and responsibilities and its indicators are the ability to establish formalisation tools and information exchange.

Finally, the fourth dimension, Governance, aims to guide and support professionals toward collaborative interprofessional and interorganisational practices with the indicators being centrality, leadership, support for innovation, and connectivity (D'Amour et al., 2008).

This model has viable characteristics for sustaining interprofessional collaboration, since it allows the development of educational activities through the use of IPE being established in a curriculum, making it permanent, as well as the governance function, which plays a strategic role in ensuring the sustainability of interprofessional collaboration.

Interprofessional Collaboration in Brazil

The constitutional foundation for Brazil's public health system—the Unified Health System (SUS)—includes important elements that favour interprofessional collaboration and education in health care, such as universal access to health, comprehensive care, social participation and team-based work (Barr, 2015; Ceccim, 2004; Costa, 2016). Based on the premise that 'SUS is interprofessional', its principles are recognised to be closely aligned with the theoretical and methodological frameworks of interprofessional collaboration and education, particularly with the advent of PHC, which has various health professions and social services

work together on teams in the service delivery structure and in the daily tasks (Peduzzi, 2016; Starfield & Shi, 2002).

In Brazil, PHC is guided by the Family Health Strategy, which was first instituted in 1994 as the Family Health Programme. The strategy focuses on collaboration to reorient health care by increasing its response capacity (Costa, 2016; Pinto & Giovanella, 2018). Important aspects that sustained this strategy were the political and social movements to ensure its implementation in the national health model (Pinto & Giovanella, 2018). The Family Health Strategy has worked because it contributes to the expansion of PHC, along with institutionalisation of evaluation and promotion of equity and expansion of service provision, being a sustained model in Brazil. At a minimum, PHC includes a physician, nurse, technician or nursing auxiliary and community health workers, supported by other multidisciplinary teams, such as oral health, dental surgeons, auxiliaries, oral health technicians, and the Expanded Family Health Nucleus teams. These teams include social workers, pharmacists, physical therapists, speech pathologists, occupational therapists, physical educators, and psychologists, among others (Freire Filho, Forster, Magnago, Caccia, & Rivas, 2015; Matuda et al., 2013; Peduzzi, 2016; Starfield & Shi, 2002).

Therefore, Brazil has a PHC-focused health care model with interprofessional teams, in which users and their needs guide health promotion, disease prevention, and health recovery work. PHC is therefore the locus of best practice initiatives for sustainable interprofessional collaboration. In Brazil, PHC is still recent, as is the inclusion of interprofessional initiatives. However, PHC in the country is expected to support an interprofessional model, as this is the opportune space for the development of health collaboration (Giovanella & Mendonça, 2014; Starfield & Shi, 2002). Beyond PHC, there are other initiatives in mental health services and public hospitals (Câmara et al., 2016), which are also focusing on IPP.

Brazil has a tradition of implementing relatively advanced public policies for health and health education that are consistent with the needs of the population. These policies address important problems such as: hospital-centric and technician-focused teaching; proposed curricula based on the transmission of knowledge, with little incentive

for critical and reflexive thinking; and training institutions distanced from the real issues in people's lives and health (Costa & Borges, 2015; Haddad et al., 2010, 2012). However, this tradition favours IPC because of initiatives that the country has historically had to transform its health and education model, such as the publication of the National Policy on Continuing Health Education, the implementation of interprofessional collaboration and education in the country, and the operationalisation of changes in health practices aimed at enhancing care (Peduzzi, Norman, Germani, Silva, & Souza, 2013).

One noteworthy event for introducing interprofessional collaboration and education in Brazil was the establishment of the National Policy on Continuing Education in Health, through the Minister's office of the Minister of Health Decree number 198/2004, which consolidated key elements for implementing health education from the perspective of teaching/health service/community integration. It recognises the national health system as a privileged space for shared learning by health professionals and students from the various areas of health, managers, and users of the services (Brasil Ministério da Saúde, 2018; Peduzzi et al., 2013).

Pursuant to the National Policy on Continuing Education in Health, different initiatives were created to ensure that the education and development of workers and health professionals is aligned with SUS principles of universality, comprehensiveness and equity in the health care system and, therefore, are suitable for teamwork. Two such examples are the Multiprofessional Health Care Residency Programme for Education through Labor for Health (PET-Saúde), both established through partnerships between the Ministry of Education and the Ministry of Health (Câmara & Pinho, 2015; Costa & Borges, 2015).

Multiprofessional residencies, formally established in 2005, are geared towards local and regional needs and situations and involve various health care professions in a single training process, with teaching activities carried out in the health services. PET-Saúde, a programme for education through work for health in turn, was established in 2008 to strengthen teaching/health service/community integration with the direct involvement of health care students in SUS services, through the formation of learning groups made up of students, professionals, and

educators from different health care professions. Both initiatives provide an enabling environment for building interprofessional competencies (Brasil Ministério da Saúde, 2018; Câmara & Pinho, 2015). These IPE models in Brazil are expected to be sustainable, as they are being incorporated into the whole process of professional health education, being institutionalised by the country's government and applied at the institutional level, and included in the country's national plan to continue. The current edition of PET Saúde began in April 2019 and will end in 2021. The periodicity of the programme is biennial and there is a Brazilian network of education and interprofessional work (ReBETIS) that maintains the country's strong desire for change so that the IPC is sustainable, besides promoting champions in the theme.

Another significant move was the incorporation of IPE into an important legal framework: the National Curriculum Guidelines for undergraduate studies in medicine, published in 2014. The Guidelines explicitly state that the teaching-learning process for future medical professionals must include building competencies for teamwork, centred on integration and interprofessionality (Freire Filho, Costa, Forster, & Reeves, 2017). However, the expectation is that, starting with doctors, the IPE can be incorporated for all health professionals.

IPE-based initiatives for all health professions are found in the curricula of institutions of higher education in the states of Ceará, Rio Grande do Sul, Rio Grande do Norte, Rio de Janeiro, Minas Gerais, and São Paulo and in the Federal District, with most of the initiatives focused on teaching/health service/community integration processes, in connection with PHC. These experiences, have sparked a change in the health professionals' education for making shared learning spaces viable, demonstrating how it has been possible to strengthen teaching based on interprofessionality at the undergraduate and postgraduate levels in Brazil (Barr, 2015).

Interprofessional Collaboration Strategies Underway in Brazil

Brazil is striving to guarantee the sustainability of collaboration at the national level through the health care and the education systems since the SUS implementation to trigger processes of change and strength the SUS. Many of its efforts are the result of Brazil's track record, but they also respond to calls made by international health agencies.

The year 2016 marked a milestone in interprofessional collaboration and education in the Region of the Americas, through the active work done by the Pan American Health Organization (PAHO), which called on its Member States to study and discuss IPE at a technical meeting in Bogota, Colombia, where it encouraged countries to prepare a national action plan for implementing this approach (Pan American Health Organization [PAHO], 2017).

Starting in 2017, motivated by the agenda put forward by PAHO, Brazil's Ministry of Health gave priority to including guidelines on IPE in its health care professional training policies and education. It immediately promoted linkages with the Ministry of Education, institutions of higher education, and the ReBETIS to prepare Brazil's action plan for 2017 and 2018 (Brasil Ministério da Saúde, 2018).

The plan formalises the incorporation of IPE within the Secretariat of Management of Work and Education in Health agenda to strengthen the continuing education in health professions for practices that promote reflection on the work process and the construction of collaborative and meaningful learning activities. It was structured based on a compilation of the main educational initiatives underway in Brazil, to which the theoretical and methodological premises of IPE could be applied (taking into account the organisational structure of SUS) in order to strengthen interprofessional collaboration.

The plan made headway on strategic points for strengthening interprofessional collaboration and education in the context of health care education, training and work. This included professional development for teachers in IPE, mapping IPE initiatives in Brazil's institutions of higher education in health professions, dissemination and production of

knowledge on IPE and collaborative practice. Along with this, encouragement of interprofessional collaboration and education in forums, where health professionals at both undergraduate and post-graduate level, receive continuing and permanent education (Silva, Cassiani, & Freire Filho, 2018).

The plan's developments include: publication of Resolution the National Health Council 569, of 8 December 2017, adopting Technical Opinion number 300/2017, which presents general principles including diversity of interdisciplinary practices and interprofessional teamwork in health care among others to be incorporated into the National Curriculum Guidelines for all undergraduate health care courses, to guide the development of curricula and teaching activities with an IPE approach; and publication of an edition of the journal *Interface-Comunicação, Saúde, Educação* [Interface: Communication, Health, Education] focusing on interprofessional collaboration and education in health (Brasil Ministério da Saúde, 2018; Costa, Freire Filho, Brandão, & Silva, 2018).

The framework for action to implement the IPE plan in Brazil was structured according to five action lines: strengthening IPE for the reorientation of undergraduate health care courses, analysis of IPE initiatives currently underway in the country, faculty development for IPE, enrichment of spaces for dissemination and production of knowledge on IPE, and including IPE within the context of health professional continuous education (Brasil Ministério da Saúde, 2018). The implementation process already has many advances, nevertheless, it is important to continue monitoring and evaluating the planning activities and status of the planned actions. Also, investing in processes that can approximate the relations between Ministry of Health and Ministry of Education is crucial for this process (Brasil Ministério da Saúde, 2018; Freire Filho & Silva, 2017).

Noteworthy was the Second Regional Technical Meeting on Interprofessional Health Education: Building the Capacity of Human Resources to Move Towards Universal Health, held from 5 to 6 December 2017, in Brasilia, DF. The event, organised by the Ministry of Health, together with PAHO/WHO, set a broad agenda for incorporating the subject into health education policies in the countries of the Region of the Americas and formalised the Regional IPE Network of the Americas (REIP),

aiming to promote IPE and collaborative practice in health care in the Region of the Americas, with Brazil serving as representative of the executive secretariat for 2018–2021, together with Argentina and Chile (Silva et al., 2018).

With the development of Brazil's action plan, there was also the launch of the Health Education Innovation Laboratory in September 2017. This was a strategy that aimed to provide a flexible, useful and collaborative tool for information and knowledge exchange that will enable a descriptive analysis and evidence of successful and innovative experiences. The first round of this focused on continuing education in health and included IPE and practices as one of its themes. This initiative stemmed from the need to strengthen the links between IPE and the National Policy on Continuing Education in Health, which serves as the mechanism for dialogue with the base level of Brazil's educational and health systems. The aim of the Health Education Innovation Laboratory was to highlight national experiences in interprofessional practices currently underway and encourage their replication elsewhere.

Another major step forward in 2018 in terms of promoting the alignment of undergraduate courses in health with the theoretical-conceptual and methodological frameworks of IPE was the PET-Saúde/Interprofessionality decree, which states that the IPE should be incorporated into the curricula of all undergraduate courses in the health area, with activities of interactive learning with the community, targeting public and private non-profit institutions for higher education throughout Brazil (Oandasan & Reeves, 2005). This alignment occurs through the articulation between the educational institutions and the SUS. In this sense, it can be stated that the PET-Saúde/Interprofessionality initiative and the whole process for its implementation is considered as successful practices in Brazil for the establishment of a resilient health system that can generate sustainable public value, capable of supporting complex transformations in health through the establishment of effective collaborative practices. The Ministry of Health has provided technical and financial support to projects, programmes and public policies aimed at

qualifying and adapting the workers' profile to social health needs, having as an axis the teaching-service integration to maintain the development of IPE in the country (França, Magnago, Santos, Belisário, & Silva, 2018).

Challenges for Interprofessional Collaboration in Brazil

In the Brazilian context, since the creation of SUS, there have been many initiatives to reorient the education of health professionals and the health care model. All have been aimed at enhancing health care work processes, through interprofessional collaboration, to provide comprehensive care consistent with users' needs. Nevertheless, to move this process forward in a more consolidated manner, interprofessional collaboration and education must be implemented in all entities involved in patient care. To sustain interprofessional collaboration in Brazil it is necessary to make it an integral part of the competencies of health professionals. Also, it is essential to make every profession recognise the role of the other, mitigating conflicts among them. And it is having the clarity that through interprofessional activities it is possible to improve resilience in the area of health (França et al., 2018; Ministério da Saúde, 2018). This process is still in the implementation level in the whole country.

The challenges to effectively implement interprofessional collaboration through IPE in Brazil can be analysed at three levels: macro, which demands sustainable policies for reorienting professional education, such as the National Curriculum Guidelines and PET-Saúde, and maintenance of the care model organised around interprofessional teams; mezzo, which includes implementation of curriculum designs, programmes, and components and proposes continuing education initiatives focused on building competencies for collaboration; and micro, which considers interpersonal and interprofessional relationships and interactions The success of interprofessional actions in the micro context and their systematisation will depend on coordination among the three

levels, of which there are initiatives for the development of interprofessional competences among health professionals (Oandasan & Reeves, 2005).

The Ministry of Health, together with the Ministry of Education, pledges to coordinate, monitor, and support the measures taken at the mezzo and micro levels, taking into account the policies established at the macro level. However, despite the gains made, investment is still needed in a fundamental component of the macro dimension: regulation of health care work, which is still under development in the country. In this area, mechanisms for regulating scopes of practice need to be discussed and adopted by the ministries and professional boards, in order to move beyond traditional models of self-regulation and a strict biomedical approach, as well as isolated and independent professional work (Peduzzi, 2016).

Brazil has seen comparatively greater progress in interprofessional collaboration and practice in health services and in the daily work of professionals than in the area of teaching (Batista, 2012; Peduzzi et al., 2013; Silva et al., 2018). As a result, greater investment is needed today in initiatives that promote IPE in undergraduate and graduate programmes that educate health professionals, as has been done with the launch of strategic programmes of the Ministry of Health, such as PET- Saúde. In the coming years, this will guarantee that interprofessional collaboration in Brazil is sustained. It is important to mention that in interprofessional practice, initiatives sustained through the reality of work are those from permanent health education actions, such as those proposed with the inclusion of students and health professionals from different professions learning and practicing interprofessionality together. These interprofessional characteristics within Brazil's health system will facilitate the sustaining of interprofessional practice.

PET-Saúde, launched more than a decade ago, is one of Brazil's great innovations to sustain the interprofessional practice in the country. This programme presents evidence that the SUS is a health system that enables the development of sustainable interprofessional teams, due to its own conformation that involves different health professionals in practice. Besides this it allows the socialisation of students in the context of interprofessional health teams, as well as with patients, bringing benefits to

the population. Research shows that having a team-friendly health system is essential to sustain interprofessional teamwork, and this is present in Brazil (Nuffer, Gilliam, McDermott, & Turner, 2015; Peduzzi, 2016; van Dijk-de Vries, van Dongen, & van Bokhoven, 2017).

To sustain the interprofessional activities in practice it is necessary to provide incentives for continuing education for the entire team. Therefore, it is crucial to provide excellent communication experience, conflict resolution, and shared decision-making with students, to maintain an ongoing relationship with interprofessional collaborative teams, and recognise sites and professionals who demonstrate exceptional performance in interprofessionally team-based care (Nester, 2016).

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