

## REFLECTIONS ON INTERPROFESSIONAL PRACTICES APPLIED TO HEALTH EDUCATION ACTIVITIES

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**Abstract:** Interprofessional Education (IPE) is of paramount importance for health education activities, as it has been gaining more space to the detriment of care for the health-disease process, different areas that complement each other and seek to solve health issues. The concept of Health Education consists of the production and systematization of knowledge related to training and development for health work, involving teaching practices, didactic guidelines and curricular guidance. Its practice aims to make people aware of emancipation and responsibility in health care, and enables and encourages emancipatory attitudes on health issues. It must be based on dialogue, providing opportunities for the exchange of experiences, in an environment where all knowledge and experiences are valued and subjects are considered in all their dimensions. One of the principles of the Education through Work for Health Program (PET-SAÚDE) is to make students live the experience of teaching-service-community, putting all theoretical learning into practice, seeking to enrich their professional background through of the activities developed and implemented within the scope of the project. These practices are used as a means of facilitating and strengthening teamwork, with greater integration and respect for each area, always seeking to improve the patient/community.

**Keywords:** Interprofessional education. Health education. Primary Health Care.

## INTRODUCTION

Interprofessional Education (IPE) aims to promote health by bringing together knowledge from different areas of knowledge, each one adding with their collaboration regarding the specific area and learning from each member of the team. Teamwork is fundamental in any area, especially in

health, as it contributes to improving access and health care for individuals and the community, in addition to promoting greater job satisfaction for the professionals involved (PEDUZZI, 2016; AGRELI, 2018).

From discussions on health promotion gaining strength in Brazil in the 1980s and in an attempt to overcome the predominant model of health care and fragmentation of care, the Family Health Program (PSF) was instituted and in 2009 it evolved into Family Health Strategy (ESF) within the scope of the Unified Health System (SUS), to reorganize primary care, following SUS guidelines, integrating the Health Care Networks (RAS). However, in practice, the predominance of fragmented, poorly articulated work and faulty communication processes that compromise comprehensive patient care is observed (WESTPHAL, 2006; CONDELES et al., 2019).

Among the actions for health promotion and disease prevention encouraged in primary care are Health Education (HE) activities. For the execution of such activities, interdisciplinary theory and practice and longitudinal and non-specific actions are necessary. The health professionals who make up the ESF must promote team integration, prioritizing collective, continuous, organized work centered on the enrolled population. The application of interprofessional work guidelines to health education activities in the teams, encourages the articulation of actions and knowledge, effective communicative interaction of agents, collective work and flexibility regarding the division of labor (CONDELES et al., 2019; ANDRADE et al., 2021).

The Education Program for Health Work (PET-Saúde) is an initiative of the Ministry of Health (MS) that aims to consolidate and strengthen the SUS characterized by actions for the reorientation of education

and work in health that can generate changes in the training process and health practices (BRASIL, 2005; VENDRUSCOLO; PRADO; KLEBA, 2016).

This work aims to develop theoretical reflections through the scientific literature, as well as practical reflections through reporting experiences about health education activities experienced through the Education Program for Work for Health (PET-Health) Interprofessionality during its 2019 term -2020.

## **METHODOLOGY**

The present work is a literature review carried out between the months of April and September 2022, where theoretical reflections were developed through the investigation of scientific publications on the subject, having as theoretical support the scientific files rescued in the databases: Scientific Electronic Library Online (SciELO), Portal de Periódicos CAPES/MEC, LiLACS base (Latin American and Caribbean Literature in Health Sciences) and PUBMED (National Library of Medicine - NLM).

The following keywords interspersed between the Boolean operator and were used: “Interprofessional Education” and “Health education” and “primary care”; “Interprofessional education” and “Health education” and “Primary Health”. The search was not limited to year.

The work also has a descriptive character with a qualitative approach, as it has practical and personal reflections through the experiences experienced in the Education Program for Work for Health (PET-Health) Interprofessionality of Notice, through a partnership with “CESMAC - Centro Universitário” and the Municipal Health Department of Maceió/AL.

The interprofessional PET-Health tutorial groups were composed of students

and professors from courses in the health and humanities (Psychology, Medicine, Nursing, Physical Education, Nutrition, Physiotherapy, Veterinary Medicine and Social Work) with the preceptorship of public service professionals (doctors, nurses, nutritionists, psychologists, dentists, social workers, physiotherapists and physical educators) who work in the various basic units of the city of Maceió.

## **LITERATURE REVIEW**

### **ROLE OF THE EDUCATION THROUGH WORK FOR HEALTH PROGRAM (PET-SAÚDE) IN PROMOTING AND ENCOURAGING INTERPROFESSIONAL WORK**

Instituted by Interministerial Ordinance No. 1,802, of August 26, 2008, PET-Saúde is part of the National Policy on Permanent Education in Health (PNEPS), whose premise is to enable initiatives for improvement and specialization in the service for health professionals, as well as as work initiation, internships and experiences, aimed at students in the area, according to the needs of the SUS.

PET-Saúde, throughout its implementation period, has been producing positive evidence that makes it possible to bring health closer to the university, promoting institutional changes, whether in universities or in health services, given its development characteristic, which consists of encouraging the implementation of intervention projects with pedagogical practices carried out directly in the reality of health work (BATISTA et al., 2015; PAN AMERICAN HEALTH ORGANIZATION, 2017).

The Education through Work for Health Program (PET-Health) had as its primary objectives the binomial education and work, with teaching-service-community integration as the guideline of its entire execution process, with the clear purpose of

promoting active articulation between the university and the health services to meet the health needs of the population. This articulation is given with the promotion of teaching-service-community integration with a focus on the qualification of care in the context of the SUS based on the theoretical and methodological elements of interprofessional education (EIP) and collaborative practices and the development of teaching and preceptorship in health to promote the theoretical-conceptual and methodological foundation of the EIP (BRASIL, 2021).

IPE has become an important debate around the world, encouraging reflection on its theoretical-conceptual and methodological bases and discussing points that can be effective in teamwork, as well as problematizing the important challenges for strengthening this approach (TOASSI, 2017).

A study carried out in 2017, sought to compare the performance of undergraduate students who participated in the PET-SAÚDE program, with those who did not participate, through the National Student Performance Examination (ENADE) in 2010, where it was possible to observe that students PET-SAÚDE participants had a higher average on the exam, taking into account the average scores of general knowledge, specific skills and collective health, than those students who did not participate in PET. Therefore, the Ministry of Health's investment, together with PET, Universities and public service professionals, had a contribution to the exact direction in health training, making a closer and more specific connection between the public health service and the university. Thus leaving the university student more prepared to perform a uniform job. (SAINTS 2017).

The discussion on the subject and reports of experiences are extremely important so that this practice can be delineated and

actually absorbed in daily life in health actions in primary care, in particular.

## **INTERPROFESSIONALITY AND HEALTH EDUCATION PRACTICES.**

The increase in the complexity of health demands brought the need to break with fragmented health care practices. Health education models with uniprofessional characteristics, despite being hegemonic, began to be discussed seeking the development of strategies for new models of care (WHO, 2010).

Health education, according to the electronic glossary of the Virtual Health Library (VHL), consists of the production and systematization of knowledge related to training and development for health work, involving teaching practices, didactic guidelines and curricular guidance. (BRAZIL, 2018)

Health education aims to make people aware of emancipation and responsibility in health care. Its practice makes it possible to broaden perspectives for breaking paradigms and stimulating emancipatory attitudes on health issues. It must be based on dialogue, providing opportunities for the exchange of experiences, in an environment where all knowledge and experiences are valued and subjects are considered in all their dimensions. (FALKENBERG, 2014)

According to Cardoso de Melo (2007), in order to understand the concepts of health education, it is necessary to seek to understand the underlying concepts of education, health and society.

In the interface between education and health, constituted based on critical thinking about reality, it becomes possible to think of health education as ways for man to gather and dispose of resources to intervene and transform objective conditions, aiming to achieve health as a right socially conquered,

from the individual and collective action of political and social subjects. As for health work, the hegemonic historical form it assumed was structured from biomedicine, organizing the work process in a medical-centered way, characterized by hierarchization, reproducing the intellectual and social division of work and knowledge in health. This way, health education, produced within the scope of health services, was very subordinate to this model, as well as health education practices, aimed at society in general and its institutions, reproduced biomedical power on a large scale (MOROSINI, 2007)

Health education practices involve three segments of priority actors: health professionals who value prevention and promotion as much as curative practices; managers who support these professionals; and the population that needs to build their knowledge and increase their autonomy in care, individually and collectively. Although the Ministry of Health's definition presents elements that presuppose this interaction between the three segments of the strategies used for the development of this process, there is still a great distance between rhetoric and practice (FALKENBERG, 2014).

Health work must aim to transcend the individual tasks of each profession and project team appreciation, in which professionals do not give up their specificity, but value cooperative work in actions aimed at the population (CASANOVA, 2018)

Health education practices are fundamental in the work process of Primary Health Care (PHC) teams, being developed, above all, based on the transmission of information and the persuasion of the target audience. These practices are anchored in the traditional model of health education, characterized by teaching and guidance on health problems and recommendations for behaviors considered right or wrong (SOARES et al., 2017).

According to AGUILAR-DA-SILVA and collaborators (2011), it is possible to approach local health problems with the use of different approaches in the health/disease process, based on the development of common skills, shared learning, problem-solving capacity problems and mutual respect when collaborating.

According to CECCIM (2004), due to the insufficiency of formal and theoretical training, a movement emerges among researchers in the health area who express the need for training that includes sharing knowledge and experiences in the development of professional skills, with the use of methodologies teaching-learning activities in the permanent health education (PEH) processes.

Health education is one of the main devices to make health promotion feasible and effective, as it strengthens the development of individual and collective responsibility for the prevention of injuries. An interdisciplinary intervention in this teaching-learning process in health seeks a more critical attitude with greater power to transform the reality of the user and the community served by the health service. (ARAUJO, 2007)

Health education is favored by group activities, with strategies commonly used by health professionals, such as lectures, conversation circles, group dynamics, benefiting from interprofessional knowledge, where the deepening of discussions related to health issues is promoted, facilitating the collective and individual construction of knowledge. (FALKENBERG, 2014).

### **IMPORTANCE OF INTER-PROFESSIONAL PRACTICES IN HEALTH EDUCATION**

Interprofessionality has been growing and thus showing its effectiveness within practical

collaborative work. Thus, it is observed that with the combination of this work within the community, it contributes to a greater political and epistemological expansion in the field of knowledge and practices (theory and practice). In addition, there are certain aspects that make it possible to take a new look at it, such as: acting in an integral and ecological way in the process of knowing and educating with integrated thoughts and actions; an improvement in health outcomes when collaborative groups/interprofessional groups participate (PEDUZZI, 2016).

Despite these benefits that the interprofessional practice brought with its applicability, it is still necessary to advance in this collaborative practice, starting from the collaborative junction of social actors, such as: higher education institutions (HEIs) and Professional Education, governmental instances (federal, state, municipal), providing changes that defend health as a right and interest of the public, addressing the interprofessionality and integrality of health (PEDUZZI, 2016).

Health is a field where it is necessary to work in an integrated way, that is, everyone needs to do a small part so that it becomes a complete whole. The academic view regarding this importance is limited or not stimulated many times and it is possible to observe and analyze how much it is necessary to acquire certain knowledge for the formation of health in general.

Interprofessional education (IPE) is an educational opportunity in which members of two or more professions learn together, interactively, with the explicit purpose of improving collaboration and the quality of care provided to users, families and communities. It is recognized as a strategy that facilitates collaborative practices through interactive experiences and learning that prioritize teamwork, integration and respect for

professions, seeking to improve the patient's quality of life (REEVES et al., 2016;BATISTA, 2016).

There are several challenges in implementing an interprofessional health care that works in order to offer patients the necessary care in accordance with the principles of the SUS and without subjective or training, organizational, structural or collaboration problems.

The current challenge of multidisciplinary work is to produce new knowledge, arising from the reflection processes regarding the difficult care task, motivating its actors to the much-needed protagonism for the qualification of the service offered and the improvement of this indispensable tool, which is teamwork, which makes patient care a humanized user of the public health system, respecting one of the fundamental principles of the SUS, the universalization of health care (MACEDO 2007).

The National Humanization Policy of the Ministry of Health understands by humanization the appreciation of the different subjects involved in the health production process and emphasizes the autonomy and protagonism of these subjects, the co-responsibility between them, the establishment of solidarity bonds and collective participation in the management process. It presupposes changes in the care model and, therefore, in the management model. Thus, this task summons us all: managers, workers and users. The greatest difficulty is to transform these precepts into a daily practice, with the commitment and adherence of the actors involved (BRASIL, 2010).

The multidisciplinary work model by itself is already a producer of conflicts. Due to the characteristics and differences of the service provided by each health professional, the autonomies or hierarchization of each profession individually, in a way it

translates into power relations, because if the differences are given, it presupposes levels of subordination and then dissatisfaction and dissatisfaction arise. the conflicts that make teamwork inefficient (MACEDO 2007).

Interprofessional practices form professionals who learn together, with each other and about each other, in an integrative way, with the aim of improving and contributing to the quality of health care, providing more efficient and continuous care in the health-disease process. Therefore, professionals who go through this experience are more than prepared.

Often, the lack of recognition of the collaborative potential and the failure to identify with the care model that prioritizes listening, acceptance and bonding make the communication process difficult in teamwork. This ends up maintaining the power relations between the health professionals themselves, as well as the decrease or lack of voice and performance of the monitors in the health service. When there is the establishment of hierarchies between categories and also between professionals towards users and family members, who are seen as merely receiving care, there is a huge loss of harmony and functionality of teamwork (OLIVEIRA, 2020)

According to OLIVEIRA et al. (2020), characteristics such as valuing teamwork, the ability to recognize the role of each one in the production of comprehensive care, which are a condition of existence for collaboration in interprofessional work, valuing the knowledge of other professionals, not having prejudice or imposing hierarchical levels between the professions that work together, knowing how to collaborate, knowing when to listen and when to speak, are seen as desirable characteristics for effective collaboration. The absence of these attributes constitutes an obstacle to interprofessional collaboration.

## **REFLECTIONS BASED ON EXPERIENCES OF PET SAÚDE INTERPROFESSIONALITY: HEALTH EDUCATION IN INTERPROFESSIONAL PRACTICE**

Since the creation of the Secretariat for Management of Work and Education in Health (SGTES) in 2003 and the National Policy for Permanent Education in Health (PNEPS) in 2004, the Ministry of Health has been investing in developing strategies to update of health education, which are necessary in view of the new requirements in the health area, the demand of the population and new technologies for teaching health. The humanization of the health service, aiming at the integrality of the patient, contemplates this new vision where multidisciplinary work is required and unavoidable.

The Department of Health Education Management (DEGES) had as one of its main actions in recent years the Formalization of the incorporation of the theme of Interprofessional Education in Health (EIP) in the SGTES agenda. This is extremely important for future health professionals to experience the reality of interprofessional work in practice and in their academic life, and thus have the opportunity to become professionals able to work in multidisciplinary teams that really work by delivering a quality service and efficiency to users of the public health service, our SUS.

PET-Saúde Interprofissionalidades is fundamental for building the beginning of a professional career. Through it, it is possible to develop behavior and teamwork skills, learning about others, with others, the importance of each area exercised, having a very rich exchange of experiences, knowledge and solidarity. All for the sake of a common good: taking care of others.

Forte et al. (2016), in their experience report at PET-Saúde/Rede Cegonha, argue

in favor of attitudes and beliefs that can favor relationships between professionals, as well as a predisposition of the actors involved to “leave their zones of comfort”, with regard to practices and disciplinary boundaries. Instead, the professionals demonstrated in their study to maintain a “disciplinary view” and a reduced “view of the world, of ourselves”.

According to Macedo (2011), “the presence of the student in certain scenarios contributes to the introduction of substantive changes in that reality, including respect for the autonomy of users”.

Health education activities were excellent opportunities to reproduce practices involving teaching-service-community. The presence of students thirsty for learning and with a new world view, starting their professional life, breaks the communication barrier between the health service user and the professionals who care for them, as many of them, already immobilized and methodical in their profession, together with the routine and demand in the public service.

The greatest difficulty found in experiencing the interprofessional PET SAÚDE health education practices, from the point of view of students/monitors in the process, was the distribution of tasks and responsibilities of each member, as well as the need to be seen by the preceptor as active and qualified members of your work team.

The academic must feel that he belongs to the activities demanded in the health units, while the experiences, he must be part of the team and contribute effectively to the service, generating satisfaction for both actors (monitors and preceptors) in relation to his performance in the team (PARO, 2018).

This was an important discussion as a group, especially for the field tutors, where they were perceived in their conduct. There were reflections on the issue of real service-teaching-community integration, thus

contributing to practical changes for future monitors and interns with these professionals.

For students, experiencing a closer relationship with other professionals is extremely important for professional training. The exchange of experience and more active participation in the process with the service fosters a differential in academic training, helping in the training and professional future of the monitors participating in the PET-Saúde program, offering a vision of the challenges that are seen in professional practice.

The existence of a gap between the health service and the university demonstrates the need for spaces for permanent negotiation for the debate on the teaching-service integration, and “devices that establish spaces and instruments for the analysis of ongoing processes” must be forged (GUIZARDI, 2011).

The criticism reported here demonstrates how service professionals often fail to see the importance of that activity in student training, as well as the existence of the still traditional distance between the university and the health service, which so harms the training of professionals. prepared to act effectively in the labor market and in accordance with the principles of the SUS.

To minimize the challenges encountered, study and continuing education groups were created with students, professors and health professionals working in the services so that there was a more concise understanding of IPE and collaborative practices and also to trigger critical reflections on the practical performance of professionals and of students towards interprofessional practices.

Continuing education is an important factor for individual and group work development, with the aim of progressing in the intellectual and practical part, thus aiming at improving training for labor situations imposed in the face of social needs and the



objectives to be met. In addition, you can also define it as updating concepts in a particular area of knowledge.

It was observed in practice that the work of the EIP together with health education practices contributed to a unique exchange of information that further enriched the professional background of each participant and it could be seen that, after this work, they left with a differentiated view towards the patient and/or the community, and especially towards the colleague from other professions, characterizing a more humane professional who broadened the look beyond the diseases.

The PET SAUDE program enriches the professional future through a perspective of experiencing reality. The studies, debates and practical experiences with service professionals managed to bring successful experiences in the focus of health education.



Figure 1. Continuing Training.  
Source: Personal Archive.



Figure 2. Execution of territorial reconnaissance and home visits.  
Source: Personal Archive.



Figura 3. Health education: Action on the prevention of dengue for children in a State School.  
Source: Personal Archive.



Figure 4. Health education action integrating teaching-service-community.  
Source: Personal Archive.

## CONCLUSION

The Education Program for Work in Health (PET-SAÚDE) aims to integrate teaching-service-community, preparing students for their future profession, where they will have to live together and plan actions with other students from different courses and with professionals who already work in the area (preceptors), in favor of a common good (individual/community), thus exchanging experiences and learning from each other.

An important point within the Program is the interprofessionality corroborating with the practices of actions in health education, since these practices are essential for the creation of a bond with the patient/community. They are carried out in a simple, easy-to-understand way, themes that always seek to promote health, from a simple reception, to serious health matters, with the objective of informing, welcoming, listening, bringing up daily matters of these groups, so that be discussed and possibly resolved.

The problems and challenges reported can be useful to guide professionals and managers to understand the challenges related to interprofessional work in health and identify how to promote collaboration.

As academic professional training is one of the factors with great influence on the other problems, it is extremely important that student monitors be given an active voice and more expressive means of collaboration and performance in the PET-Saúde program, since the program is created to encourage this vision of interprofessional work in health since academic training, thinking about the formation of the base of action of the future professional.

## REFERENCES

- AGUILAR-DA-SILVA RH, Scapin LT, Batista NA. **Avaliação da formação interprofissional no ensino superior em saúde: aspectos da colaboração e do trabalho em equipe.** Avaliação (Campinas). 2011; 16(1):165-82.
- ANDRADE, Yasmim de Santana et al. **EDUCAÇÃO EM SAÚDE NA SALA DE ESPERA: espaço de produção de cuidado e trabalho interprofissional.** Saúde em Redes, v. 7, n. 2, p. 73-82, 2021.
- ARAÚJO, M. B. S., ROCHA, P. M.(2007) **Trabalho em equipe: um desafio para a consolidação da estratégia de saúde da família.** *Ciência & Saúde Coletiva* [online]. 2007, v.12, n.2.
- BATISTA, N. A.; BATISTA, S. H. S. **Educação Interprofissional na formação em Saúde: tecendo redes de práticas e saberes.** Interface comun. saúde educ., Botucatu, v. 20, n. 56, p. 202-204, 2016.
- BRASIL. Ministério da Saúde. Ministério da Educação. **Portaria Interministerial Nº 2118, de 3 de novembro de 2005. Institui parceria entre o Ministério da Educação e o Ministério da Saúde para cooperação técnica na formação e desenvolvimento de recursos humanos na área da saúde.** Diário Oficial da União, Brasília 4 nov. 2005: Sec. 1:112
- BRASIL. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. **Política Nacional de Educação Permanente em Saúde: o que se tem produzido para o seu fortalecimento? / Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde – 1. ed. rev. – Brasília : Ministério da Saúde, 2018.**
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Núcleo Técnico da **Política Nacional de Humanização. HumanizaSUS: Documento base para gestores e trabalhadores do SUS / Ministério da Saúde,** Secretaria de Atenção à Saúde, Núcleo Técnico da Política Nacional de Humanização.– 4. ed. 4. reimp. – Brasília : Editora do Ministério da Saúde, 2010.
- BRASIL. Ministério da Saúde. Vigilância Alimentar e Nutricional - SISVAN: **Orientações básicas para a coleta, processamento, análise de dados e informação em serviços de saúde.** Brasília: MS. 2004.
- CASANOVA, I. A., BATISTA, N. A., MORENO, L. R. (2018) **A Educação Interprofissional e a prática compartilhada em programas de residência multiprofissional em Saúde.** Interface [online] 2018,v 22, n.1.
- CECCIM RB. **Equipe de saúde: a perspectiva entre-disciplinar na produção dos atos terapêuticos.** In: Pinheiro R, Mattos RA, organizadores. Cuidado: as fronteiras da integralidade. Rio de Janeiro: IMS/UERJ; 2004. p. 259-78.
- CONDELES, Pedro Cesar et al. **Trabalho em equipe na Estratégia Saúde da Família: percepções dos profissionais.** Escola Anna Nery, v. 23, 2019.
- FARIAS-SANTOS, Bárbara Cássia et al. **PET-Saúde como indutor da formação profissional para o Sistema Único de Saúde.** *Ciência & Saúde Coletiva* [online]. 2017, v. 22, n. 3.
- FALKENBERG, M. B. Et al. **Educação em saúde e educação na saúde: conceitos e implicações para a saúde coletiva.** *Ciência & Saúde Coletiva* [online]. 2014, v.19, n.3.
- FORTE, F. D. S., MORAIS, H. G. d. F., RODRIGUES, S. A. G., SANTOS, J. d. S., OLIVEIRA, P. F. d. A., MORAIS, M. d. S. T., LIRA, T. E. B. G. d., & CARVALHO, M. d. F. M. (2016). **Educação interprofissional e o programa de educação pelo trabalho para a saúde/Rede Cegonha: potencializando mudanças na formação acadêmica.** *Interface-Comunicação, Saúde, Educação*, 20, 787-796.
- GUIZARDI FL, STELET B, PINHEIRO R, CECCIM RB. **A formação de profissionais orientada para a integralidade e as relações político-institucionais na saúde: uma discussão sobre a interação ensino-trabalho.** In: Pinheiro R, Ceccim RB, Mattos RA, organizadores. **Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde.** Rio de Janeiro: CEPESC, IMS/UERJ, ABRASCO; 2011. p. 153-78.
- MACÊDO MCS, ROMANO RAT, HENRIQUES RLM. **Cenários de aprendizagem: interseção entre os mundos do trabalho e da formação.** In: Pinheiro R, Ceccim RB, Mattos RA, organizadores. **Ensinar saúde: a integralidade e o SUS nos cursos de graduação na área da saúde.** Rio de Janeiro: CEPESC, IMS/UERJ, ABRASCO; 2011. p. 229-50.

MADRUGA, L. M. D. S., RIBEIRO, K. S. Q. S., FREITAS, C. H. S. D. M., PÉREZ, I. D. A. B., PESSOA, T. R. R. F., & BRITO, G. E. G. D. (2015). **O PET-SAÚDE da família e a formação de profissionais da saúde: a percepção de estudantes. Interface-comunicação**, saúde, educação, 19, 805-816.

MOROSINI, Márcia Valéria G. C.; FONSECA, Angélica Ferreira; PEREIRA, Isabel Brasil. **Educação e saúde na prática do agente comunitário. In: MARTINS, Carla Macedo; STAUFFER, Anakeila de Barros (Org.)**. Educação e saúde. Rio de Janeiro: EPSJV/FIOCRUZ, 2007. (Coleção Educação Profissional e Docência em Saúde:a formação e o trabalho do agente comunitário de saúde, 6). p. 13-34.

OLIVEIRA, Argus Tenório Pinto de; GUIZARDI, Francini Lube; DUTRA, Evelyn de Britto. **Desafios da colaboração no trabalho interprofissional em saúde. PASSOS, Maria Fabiana Damásio (Org.)**. Em mar aberto: colaboração e mediações tecnológicas na educação permanente em saúde. 1 ed. Porto Alegre: Rede Unida, 2020. p. 13-34.

ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). Gabinete da Rede de Profissões de Saúde – Enfermagem & Obstetrícia do Departamento de Recursos Humanos para a Saúde. **Marco para Ação em educação interprofissional e prática colaborativa**. Genebra, 2010. 64 p.

PEDUZZI, Marina. **O SUS é interprofissional. Interface- Comunicação, Saúde, Educação [online]**. 2016, v. 20, n. 56

PEDUZZI, Marina; AGRELI, Heloise Fernandes. **Trabalho em equipe e prática colaborativa na Atenção Primária à Saúde**. Interface-Comunicação, Saúde, Educação, v. 22, p. 1525-1534, 2018.

PEREIRA, Márcio Florentino. **Interprofissionalidade e saúde: conexões e fronteiras em transformação**. Interface - Comunicação, Saúde, Educação [online]. 2018, v. 22, n. Suppl 2.

REEVES, S. **Porque precisamos da educação interprofissional para um cuidado efetivo e seguro**. Interface comun. saúde educ., Botucatu, v. 20, n. 56, p. 185-196, 2016.

TOASSI, R. F. C. **Interprofissionalidade e formação na saúde: onde estamos? [recurso eletrônico]** / Ramona Fernanda Ceriotti Toassi, organizadora. – 1.ed. – Porto Alegre: Rede UNIDA, 2017. p. : il. – (Série Vivência em Educação na Saúde).

VENDRUSCOLO C, Prado ML, Kleba ME. **Integração EnsinoServiço no âmbito do Programa Nacional de Reorientação da Formação Profissional em Saúde**. Cien Saúde Coletiva. 2016;21(9):294960.

WESTPHAL, Márcia Faria. Promoção da saúde e prevenção de doenças. **Tratado de saúde coletiva; organizadores Gastão Wagner de Sousa Campos...[et al.]**, 2006.