

## Interprofessional collaboration in health professions

*Colaboração interprofissional nas profissões da saúde*

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Interprofessional collaboration occurs when different professions working in a given context develop authentic and effective practices to achieve common goals, which can be translated into quality health care (Green & Johnson, 2015).

Much has been discussed about the collaboration between health and education systems for strategy coordination and health work planning, including the development of integrated policies. To this end, interprofessional collaboration involving education and clinical practice is a promising strategy for providing high-quality, comprehensive, and effective health care (World Health Organization [WHO], 2010). However, reality shows that although nursing and medical curricula create expectations about the need for collaborative work, namely cooperation and communication, which call for a sense of collective responsibility, the dynamics of joint work do not always materialize (Escalda & Parreira, 2018).

Due to their organizational structure partly based on the interdependence and skill mix required from their professionals, health organizations can promote the development of a collaborative interprofessional practice that translates into health gains (Escalda & Parreira, 2018).

Studies in this area have drawn attention to serious issues related to the inefficiency of collaborative work, such as communication problems that lead to errors, ineffective practices, repetitive procedures, and adverse events, which amplify risk contexts and affect the quality of care and the optimization of human and material resources (Van Duin et al., 2022). However, other studies have underlined the benefits of implementing collaborative interprofessional practices in health organizations, namely regarding communicational effectiveness, professional satisfaction, efficiency, and patient safety (Naumann, Schumacher, et al., 2021; Naumann, Mullins, et al., 2021). Although some studies explore this transition from student to professional to prepare for new health professions, they do not always highlight the positive experiences, the type of interprofessional interactions, and the health team's activities intended for new graduates. We believe that this information would improve interprofessionalism (Wang et al., 2019).

### The role of care organizations – health schools and settings

Overall, the literature above stresses that health and social professions must invest in education and training to promote the development of attitudes, knowledge, and skills required for effective joint work. Technical and policy documents have stress the importance of interprofessional education (IPE) in improving collaborative skills. WHO (2010) has reinforced its commitment to IPE, highlighting the importance of this approach for developing the skills needed for collaborative practice, building a health workforce ready to act, and improving fragmented and inefficient health systems worldwide.

Other initiatives have influenced educational, professional, and organizational changes, resulting in the integration of IPE into health and social care programs, regulatory bodies, and organizational policies. For example, IPE courses, programs, and centers have been created in higher education organizations in countries such as the United States of America, Canada, the United Kingdom, and Australia. In

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these cases, health and social care units work together to create IPE opportunities for their students. The results show that students attending interprofessional courses interact more easily and feel more able to work within an interprofessional team. Reeves (2016) reported that in countries such as the United Kingdom and the United States of America, where primary care practices and medical centers have promoted health care through interprofessional initiatives, professionals are more committed to improving care. This support has also been encouraged by different universities, professional associations, and health institutions, which recognize the need to provide these lifelong learning models (Barr et al., 2005).

Therefore, we argue that IPE could start with student training to promote collaborative practices. At a later stage, we believe that it would reinforce learning experiences that would result in their dissemination. The definition of IPE described above highlights the need for a clear interprofessional interaction between participants.

### **Strategies to overcome barriers**

Interprofessional collaboration is becoming a priority in the health sector's agenda for human resources, illustrated by the clear political intentionality and reinforcement of the health schools and health organizations' managers.

We believe that education and training play a key role in professional development (Macedo & Encarnação, 2022) and that we need to search for activities and strategies capable of implementing collaborative work (Vieira et al., 2020). However, true interprofessional collaboration requires this education and training to be part of the clinical supervision strategies and implemented in educational and health settings. Here lies the ultimate purpose of university education: preparing students to work in diverse settings, providing them with opportunities to address specific issues related to working in healthcare teams.

Thus, in this context, we will describe some experiences of interprofessional development among medical and nursing students, expecting to raise future professionals' awareness of the need to develop knowledge, attitudes, skills, and behaviors necessary for collaborative practice.

Another interesting experience related to sharing activities and disciplines occurred at the University of Minho, Portugal. First-year medical and nursing students participated in joint activities such as i) Classes of introduction to anatomy and exploration of human cadaveric specimens/bones; ii) Classes in the Clinical Skills Laboratories of the School of Medicine; iii) Classes of interprofessional communication training in which coordinators and facilitators attended joint training in pedagogical strategies and case discussions (Vieira et al., 2020).

We believe that this activity contributed to the development of skills necessary for effective collaboration but should extend beyond the university context, that is, in a curriculum focused on on-the-job training. In this case, we are talking about real contexts with many learning opportunities where investment should be made in continuous training in interprofessionalism. It means extending the spaces for reflection beyond the formal context (of a classroom), creating spaces to reflect on teamwork, regardless of the clinical outcome. For example, informal learning can be helpful because it allows individuals to share ideas and obtain guidance from peers, co-workers, supervisors, or managers in healthcare settings. Above all, creating these spaces will allow team members to realize the importance of sharing the emotions experienced during clinical practice, promoting support, validation, and comfort, and strengthening interpersonal relationships.

## **Conclusion**

There is a current debate over the best time to implement IPE in education or health organizations. Studies indicate that first-year undergraduate students already hold several established and consistent stereotypes about other health and social care professional groups. Some argue that IPE should be addressed early on in an undergraduate program to reduce the harmful effects of professional socialization.

Therefore, we believe that IPE should be provided continuously and as early as possible so students can better understand their professional identity and role. IPE should be part of an individual's lifelong professional development, starting in undergraduate programs and continuing throughout their career. Moreover, given the scarcity of studies on the effectiveness of the IPE model in achieving key outcome indicators, we also call for the commitment and intervention of researchers in enhancing science at this level.

Joint communication experiences in education and training among the various multi-professional stakeholders allow students to become familiar with several methods, encouraging feedback. Integrating IPE training in health curricula and providing opportunities for informal learning in clinical settings are valuable approaches to IPE. Similar to students, faculty members may struggle with interprofessional and uniprofessional issues. Faculty professional development can reduce feelings of isolation, develop a more collaborative approach, and provide opportunities to share knowledge, experiences, and ideas. Faculty development programs are growing and focus on various preparatory activities, such as understanding the roles and responsibilities of different professions, exploring professionalism issues, and planning strategies. It means that development in IPE implies both individual and organizational changes.

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