

## Reflections On Interprofessional Education In Health: Potentialities And Challenges

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### Abstract:

Interprofessional Education is an educational approach that aims to integrate health teams to promote more collaborative and individual-centered care, moving away from fragmented models. The debate on Interprofessional Education in health is growing in Brazil and worldwide, highlighting the need for greater understanding and adoption of this approach to improve effectiveness and satisfaction in the health sector. However, its implementation still faces challenges due to the predominance of individualized techniques that still dominate health education and practice. The main objective of this study was to investigate the potentialities and challenges of interprofessional education in health, aiming to understand its impact on the training and practice of professionals in the area. The following research question was answered: How does interprofessional education in health contribute to the training and practice of professionals in the area, and what are the main challenges faced in its implementation? The methodology of the study consists of an integrative literature review. The search was carried out in the Scielo, LILACS, BDNF and MEDLINE databases, focusing on articles from the last 10 years, and used the keywords "interprofessional education", "health" and their correlates in English and Spanish. Interprofessional Health Education improves professional practice and the quality of patient care by promoting collaboration between different areas of health, integrating practices and sharing experiences, although it faces structural and cultural challenges that require a joint effort of institutions, public policies and professionals for its effective implementation and consolidation.

**Key Word:** Interprofessional Education, Health, Collaboration.

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### I. Introduction

Interprofessional education (IPE) is an educational approach that provides experiences capable of fostering competencies that support the effective functioning of teams and collaborative practice in health, promoting a paradigmatic transition, moving away from a fragmented care model to adopt comprehensive and individual-centered care<sup>1</sup>.

When analyzing the challenges related to the training of health professionals, the debate on IPE has gained visibility in the world and in Brazil, requiring a more careful discussion about its ambiguities and conceptual confusions. Interprofessional education is characterized as an approach that aims to foster integration between health professions through collaboration, that is, it happens when professionals from different areas work together, recognizing that this dynamic optimizes results with regard to health care<sup>2</sup>.

In Brazil, in line with the global movement, interprofessional in education has been valued as a way to provide greater harmony in health work and to promote uniprofessional education<sup>2</sup>. This movement of adoption of interprofessional education practices has been sustained by the conviction that the application of the principles of IPE can increase the satisfaction of health professionals, improve public perception of the health team and increase the effectiveness in resolving the demands of the sector<sup>3</sup>.

It is highlighted that IPE and care should not be limited only to technical and instrumental functions that promote the individualization of care. The success of health interventions requires effective dialogue and a shared decision-making process. However, this context contrasts with the predominant focus on health practice and education, which is often focused on the technical and fragmented approach to knowledge, originated by uniprofessional, which results in the isolation of professionals and in the segmented analysis of health problems, with an excessive focus on the disease, establishing a challenge for its incorporation<sup>4</sup>.

The main objective of this study was to investigate the potentialities and challenges of IPE in health, aiming to understand its impact on the training and practice of professionals in the area. The specific objectives are: (1) To understand the concept and history of interprofessional education in health; (2) To evaluate the positive impacts of interprofessional education on professional practices and teamwork dynamics in the health area; and (3) Identify the main challenges faced in the implementation of IPE.

This work is justified by the growing need to improve collaboration and integration between different professional areas in the health sector, aiming to improve the quality of care provided and the efficiency of clinical practices. IPE emerges as a strategy to promote mutual understanding, respect, and collaboration among health professionals from different specialties. Thus, it is intended to contribute with information that can help overcome existing barriers and improve interprofessional practices.

## **II. Material And Methods**

The methodology adopted for the construction of the present study consists of an integrative literature review, which can be characterized as a methodological approach that aims to identify, evaluate and synthesize the available evidence on a given theme or research question. Using transparency and reproducibility, a critical and integrated view of the current state of knowledge on a topic is provided<sup>5</sup>.

The study seeks to answer the following research question: How does interprofessional health education contribute to the training and practice of professionals in the area, and what are the main challenges faced in its implementation?

To address the proposed question, we investigated studies indexed in the Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDENF) and MEDLINE, maintained by the National Library of Medicine (NLM), with emphasis on articles published in the last 10 years. The search was conducted using the keywords "interprofessional education", "health" and their correlates in Portuguese and Spanish.

The inclusion criteria defined were: articles that were relevant to the research theme. On the other hand, exclusion criteria were established for: theses and dissertations, duplicate works, incomplete articles, studies outside the specified period, and studies that did not directly contribute to answering the research question.

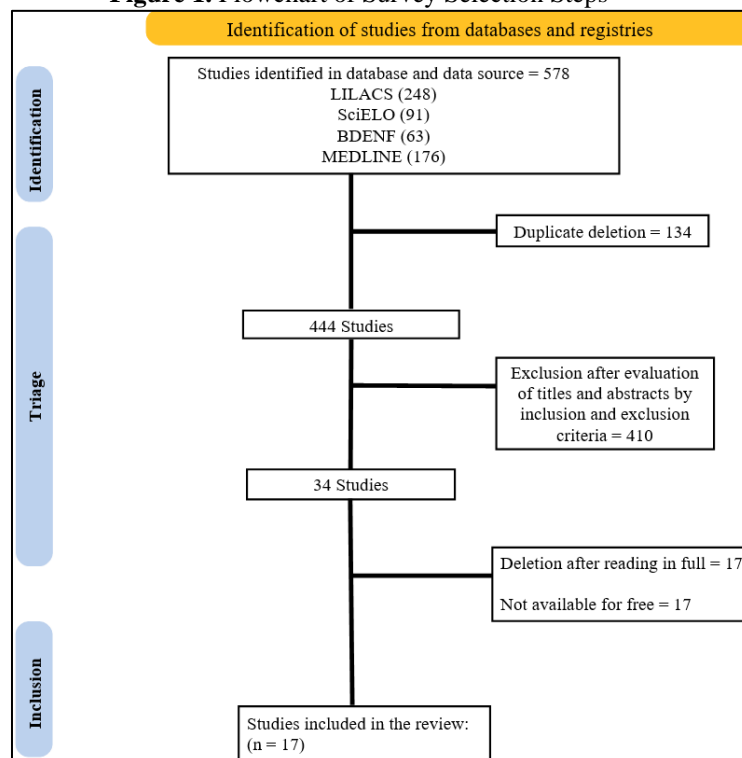
## **III. Result**

A total of 578 studies were retrieved from the searched databases. Of these, 134 were excluded because they were duplicated in more than one database, 410 studies were excluded because they did not answer the research question, and 17 studies were excluded because they were not available in full free access. Thus, the identification and screening process resulted in the inclusion of 17 articles that were part of the sample, as shown in the flowchart in figure 1.

The studies indicate a strong concentration of research in the Brazilian context, highlighting the specific practices and challenges of interprofessional health education within the country. The regional perspective of the Americas is also addressed, reflecting the importance of interprofessional collaboration on a broader scale. Between the years, there is a greater concentration of recent studies, especially in 2021, 2022, and 2023.

The types of studies ranged from literature reviews, quantitative and qualitative studies, systematic and integrative reviews, interviews, and validation of scales. Each methodology contributes in a unique way to the understanding of interprofessional practices, from assessing readiness and collaboration to identifying effective educational strategies and challenges in implementing these practices. This methodological diversity provides a comprehensive and detailed view of the different facets of interprofessional education in health. Table 1 summarizes the studies included in the sample.

Figure 1. Flowchart of Survey Selection Steps



Source: prepared by the authors, 2024.

Table 1. Summarization of the selected studies in the sample

Study	Author (Year)	Title	Methodology	Results	Database
E1 <sup>1</sup>	Fortuna, Dias, Laus, Mishima, Cassiani (2022)	Educación interprofesional en salud en la Región de las Américas desde la perspectiva de la enfermería	Literature review	Identification of different practices and challenges of interprofessional education in the Region of the Americas, focusing on the nursing perspective and the need for integration and collaboration.	MEDLINE
E2 <sup>6</sup>	Zhu et al. (2024)	The association between proactive personality and interprofessional learning readiness in nursing students	Quantitative study with questionnaires	Positive relationship between proactive personality and readiness for interprofessional learning in nursing students, mediated by perceived social support and professional identity.	MEDLINE
E3 <sup>7</sup>	Farinha, Jaeger, Marchiori, Budel, Colomé (2023)	Educação interprofissional nas práticas de integração ensino-serviço-comunidade: perspectivas de docentes da área de saúde	Interviews with teachers	Perspectives on teaching-service-community integration, highlighting the importance of interprofessional collaboration and challenges in the implementation of integrated practices.	SCIELO
E4 <sup>8</sup>	Isidoro, Côrtes, Ferreira, D'Assunção, Gontijo (2022)	Formação interprofissional na graduação em saúde: revisão sistemática de estratégias educativas	Systematic review	Identification of the most effective educational strategies for interprofessional training in undergraduate health courses, with emphasis on the integration of active teaching practices and methods.	SCIELO
E5 <sup>9</sup>	Prevedello, Góes, Cyrino (2022)	Educação interprofissional na formação em saúde no Brasil: scoping review	Scoping review	Analysis of the current state of interprofessional education in Brazil, highlighting the need for best practices and strategies to overcome challenges in	SCIELO

				interprofessional training and practice.	
E6 <sup>10</sup>	Barbosa, Sampaio, Appenzeller (2021)	Disponibilidade para educação interprofissional em cursos orientados por métodos ativos de ensino-aprendizagem	Quantitative study with questionnaires	Assessment of the willingness for interprofessional education in courses with active teaching-learning methods, indicating benefits in the integration of practices and collaborative learning.	SCIELO
E7 <sup>11</sup>	Finkler, Moratelli, Vásquez, Verdi, Bara (2021)	Formação ética de profissionais de saúde: contribuições de uma vivência interprofissional	Qualitative study	Contributions of interprofessional experience to the ethical training of health professionals, highlighting the importance of practical experience in ethical and collaborative training.	SCIELO
E8 <sup>12</sup>	Cassaro, Cipolato, Pinheiro, Tombini, Fonsêca (2021)	A Interprofissionalidade nos cursos de enfermagem de instituições de ensino superior públicas da região sul do Brasil	Qualitative research	Analysis of interprofessionality in nursing courses in public institutions in southern Brazil, focusing on collaborative practice and challenges faced in implementation.	LILACS
E9 <sup>13</sup>	Santos, Cassola, Andrade, Domingos, Spiri (2023)	Ações de educação interprofissional desenvolvidas no contexto dos cursos de graduação em saúde no Brasil: uma revisão integrativa	Integrative review	Identification of interprofessional education actions in undergraduate health courses in Brazil, focusing on practices and strategies developed and the challenges faced in implementation.	LILACS
E10 <sup>14</sup>	Silva, Silva, Cordeiro, Silva, Velôso, Silva (2023)	A colaboração interprofissional no programa de educação pelo trabalho para a saúde	Qualitative study	Analysis of interprofessional collaboration in work-based health education programs, highlighting the benefits and challenges faced in collaborative practice.	LILACS
E11 <sup>15</sup>	Machado, Almeida, Cotta Filho, Mano, Costa, Mazzo (2022)	Validação: Escala de avaliação do trabalho e comunicação interprofissional em prática simulada	Scale validation	Development and validation of a scale for work evaluation and interprofessional communication in simulated practices, showing the effectiveness of the scale in educational practice.	LILACS
E12 <sup>16</sup>	Da Silva (2023)	A educação interprofissional e a formação técnica de nível médio em saúde	Qualitative study	Exploration of interprofessional education in mid-level technical training in health, highlighting the importance of integration and collaboration in professional training and practice.	BDENF
E13 <sup>17</sup>	Agreli, Peduzzi, Silva, Mascarelle, Espinoza (2019)	Effect of interprofessional education on teamwork and on knowledge of chronic conditions management	Experimental study	Evaluation of the effect of interprofessional education on teamwork and knowledge about the management of chronic conditions, showing significant improvements in both aspects.	BDENF

Source: survey data, 2024.

#### IV. Discussion

IPE is an educational approach that promotes collaboration between professionals from different areas of health with the aim of improving professional practice and the quality of patient care<sup>2,6</sup>. It is based on the idea that joint learning and interaction between different specialties can lead to a more integrated and efficient practice<sup>12</sup>, seeking to share experiences and build collaborative competencies that add to team practice<sup>11</sup>.

They verify, then, that IPE seeks to promote joint and interactive learning among members from different areas, to raise the quality of care provided to patients. For it to be successful, it is necessary to exchange knowledge

between the various specialties involved, which allows for an integration of practices and contributes to a more comprehensive and efficient care<sup>17</sup>. Its evolution over time has made it possible to include not only technical aspects, but also ethical and humanistic dimensions in professional training<sup>8,16</sup>.

Historically, IPE has emerged as a response to the limitations of uniprofessional practices and the increased complexity of health care, reflecting the need for an integrated and collaborative view<sup>11,12</sup>. Its official origin occurred in 1973, when a group of experts from the World Health Organization (WHO) recommended the integration of interprofessional training to meet the teamwork needs of health demands. This concept was reinforced at the Alma-Ata Conference in 1978, where interprofessional education was highlighted in the report "Health for all in the year 2000"<sup>2</sup>.

In 1988, the WHO published the report "*Learning together to work together for health*", reaffirming its commitment to an educational model that focused on the health needs of the population through interactive and collaborative learning. The publication of the "Framework for Action in IPE and Collaborative Practice" in 2010 and an article by *The Lancet Commission* in the same year highlighted interprofessional education as essential to face the growing complexity of the health field<sup>2</sup>.

In the Brazilian context, IPE has gained prominence with initiatives such as the Baixada Santista Campus of the Federal University of São Paulo (UNIFESP) in 2006 and the creation of the Federal University of Recôncavo da Bahia, initiatives that have demonstrated success in the training of professionals capable of teamwork, evidencing the relevance of interprofessional education in strengthening the health system<sup>2</sup>.

In this sense, the importance of breaking with traditional paradigms and adopting a biopsychosocial view for health education is highlighted<sup>13</sup>. To make collaborative practice effective, it is also essential to carry out shared learning about the work processes in this area. In this context, the interrelationship between Education and Health becomes evident, Education, from a dialectical and critical perspective, is seen as a fundamental tool for the construction of knowledge that provides social transformations. On the other hand, Health is approached from a socio-historical and cultural view, which encompasses the integrality of care and the importance of teamwork<sup>18</sup>.

From the perspective of IPE, all health professionals should be trained to integrate multidisciplinary knowledge, engaging in critical reasoning processes and adopting ethical conduct. This preparation contributes to effective participation in health systems that prioritize both patients and the community in general, valuing and respecting the various skills and practices inherent to each profession<sup>3</sup>.

The IPE has shown positive impacts on professional practice and teamwork dynamics in the context of health. It has been shown that it promotes a clearer understanding of the functions of each professional, which reduces stress and increases job satisfaction, in addition to improving communication and collaboration among team members<sup>6</sup>. Such an understanding of the roles and responsibilities also results in a more positive perception of the functions of each of the professionals<sup>8</sup>.

Communicative integration promotes the mitigation of students' negative attitudes towards other professions, by fostering the appreciation of other people's work and respect for different professional roles, while combating harmful stereotypes<sup>4</sup>.

Its potential to increase patient safety and promote more comprehensive and humanized care is also highlighted<sup>11</sup>, since participation in interprofessional activities contributes to the construction of collaborative skills and the integration of practices<sup>10</sup>. Thus, this joint learning improves both the individual and collective competencies of professionals, improving teamwork dynamics and offering cohesive and efficient health care<sup>11-13</sup>.

Such collective competencies can be verified based on the practice of qualified listening, the construction of effective bonds and the integral approach to the user's health, in which the specificities of the respective areas are valued and the formation of collaborative networks is promoted<sup>18</sup>.

In this way, professional training gains in depth and relevance, preparing individuals to work in interprofessional contexts in a harmonious way<sup>18</sup>. In other words, interprofessional practices provide contextualized learning and support the development of skills for collaborative practice, which improves the quality of care and patient satisfaction<sup>14</sup>.

Interprofessionalism seeks to ensure comprehensive care for the patient, overcoming the reductionism and fragmentation that characterize the isolated view of a single profession, promoting an integrated view of care. By facilitating interaction between professionals from different areas, the exchange of knowledge and experiences is allowed, ensuring that all dimensions of the patient's needs are addressed. In this way, the quality of care is improved, but it also strengthens the ability of health professionals to work as a team, valuing cooperation and coordination between different specialties to face complex health challenges<sup>19</sup>.

In addition, IPE contributes to a more patient-centered approach and integrated care, which is reflected in improved clinical outcomes and patient satisfaction<sup>16</sup>. Communication, one of the pillars of IPE, ensures that the team functions cohesively and efficiently<sup>15</sup>. Likewise, this practice allows professionals to share knowledge and skills, resulting in an overall improvement in work dynamics and patient care<sup>17</sup>.

With its implementation, self-report skills and knowledge of professionals in teamwork are improved; strengthens students' belief in the importance of interprofessional practice; and improved students' confidence in their own professional identities, allowing them to value the differences between team members and be better prepared for clinical practice<sup>19</sup>.

At the undergraduate level, IPE promotes the initial training of professionals with an integrated and collaborative understanding of the different areas of health, essential for the construction of interprofessional practices from the beginning of their careers. This educational focus allows future professionals to develop communication skills, understanding of functions, and collaboration, which are fundamental for effective practice in multidisciplinary teams<sup>19</sup>.

In continuing education, the principles of interprofessional education are equally important, as they facilitate the continuous updating and improvement of interprofessional skills, ensuring that professionals already working can adapt to changes in health practices and policies, improve the integration of their functions and promote more cohesive and effective care<sup>19</sup>.

In this context, the National Policy for Permanent Education in Health (PNEPS), established in 2004, represents a strategy for the reorientation of health practices and education, as its guidelines promote integration between professionals, academic institutions, managers and social control through an educational process, centered on the daily routine of health activities. These aspects create a favorable environment for the adoption and strengthening of methodologies and theories that guide the development of collaborative competencies based on the logic of IPE<sup>20</sup>.

Thus, it can be observed that IPE has a positive impact on the preparation of professionals and health care<sup>1,6-17</sup>. These results corroborate the need to integrate it from the early stages of academic training, as discussed in the literature<sup>19</sup>.

The literature reveals that, despite the recognition of the highlighted benefits, the practical implementation of IPE is still limited<sup>1</sup>, reflecting both structural and cultural barriers in educational institutions and health services. In many contexts, especially in Brazil, the tradition of uniprofessional and biomedical training continues to predominate<sup>1</sup>. The physical and organizational structure of educational institutions is often not equipped to support interprofessional integration, with a lack of adequate spaces and resistance to change among professionals<sup>7</sup>.

Likewise, the lack of articulation between teaching and health services is also an obstacle, evidenced by the resistance of teachers and students and by the difficulties in adapting the curriculum. In this sense, there is a need to overcome prejudices and improve institutional support, as well as to review curricular and pedagogical processes<sup>9,10</sup>. Regarding the latter, it is added that it is necessary to integrate interprofessional disciplines as a mandatory part of the training and the training of teachers also so that they can deal with collaborative teaching methods<sup>12,13</sup>.

Resistance to change and lack of preparation of teachers are, therefore, significant barriers that need to be overcome for the effective adoption of IPE<sup>13,14</sup>. Teacher training should focus on preparing educators to facilitate collaborative learning and the integration of interprofessional practices<sup>16</sup>. In other words, adherence to this practice needs to be related not only to health students, but also to encompass those who are responsible for teaching the content and teaching it.

The difficulty in evaluating the efficacy of IPE, which is still performed only on the basis of self-assessment instruments, can also lead to a disconnection between perception and actual practice, making it difficult to accurately evaluate its results and to increase adherence to this practice<sup>10</sup>.

In this context, the need for collaboration between universities and health services is evident, exemplified by programs such as the Education through Work for Health Program (PET-Saúde), for a successful implementation of IPE<sup>14</sup>. However, the creation of specific environments and the formalization of these partnerships are not enough, the lack of institutional support and the persistence of the biomedical model, together with the absence of effective implementation strategies, are also limiting factors<sup>12,14</sup>.

Thus, there are challenges associated with the transformation of educational paradigms, given that, when properly implemented, it promotes a construction of knowledge anchored in democratic principles, contrasting with the mercantilist logic that often permeates the health sector<sup>2</sup>. Another challenge concerns something that can also be seen as a potentiality, which is communication, since when it is limited to technical and instrumental success, it can compromise the effectiveness of the practices, if misused, it can be used for manipulation or persuasion, which would result in unequal relations between professionals and users<sup>4</sup>.

The implementation of IPE can vary between academic and professional contexts. In technical and secondary level courses, for example, integration faces additional challenges due to curricular and resource limitations<sup>16</sup>. It is also noteworthy that factors such as proactive personality, perceived social support, and professional identity influence students' readiness for IPE. This lack of adequate preparation of students can negatively impact this implementation, thus indicating the need for strategies that promote a collaborative mindset from the beginning of training<sup>6</sup>.

The success of this practice depends on several conditions, including the creation of a work environment that favors cooperation and mutual support among professionals, promoting positive interpersonal relationships. Likewise, universities need to adopt democratic practices that facilitate interprofessional learning, reducing the hierarchy between different professions in practice scenarios, while also addressing academic competitiveness in order to create a more collaborative and equitable educational context<sup>3</sup>.

Practical training in this field can help in this case, minimizing resistance to change among educators and institutions as well<sup>15</sup>. In addition, the use of simulations and teaching methods that involve observation and discussion of cases help to improve students' perception of the functions of different professions, reinforcing the understanding and appreciation of the various roles in the context of health<sup>8</sup>.

To advance in the implementation of the IPE, it is necessary to promote curricular reforms, strengthen teacher training and institutionalize collaborative practices<sup>14</sup>. The continuity of the academic debate on the subject and the support of public policies are also important to consolidate this approach in the training of health professionals<sup>13</sup>. The promotion of interprofessional education should be seen as a tool for the construction of a health system capable of responding with quality to the demands of society<sup>1,6-17</sup>.

It is noteworthy that the annual meetings promoted by the International Colloquia on Education and Interprofessional Work in Health (CIETIS) brought together professors, professionals, researchers and students in the health area with the objective of sharing progress and difficulties for the strengthening of IPE and interprofessional collaboration. Such meetings have a positive impact on the development of the Unified Health System (SUS), emphasizing the importance of the health needs of users, families and communities both in academic training and in professional practice<sup>2</sup>.

Further studies with representative samples and continuous validation of evaluation instruments are recommended to strengthen the evidence on the efficacy of IPE<sup>15</sup>. In addition, collaboration between researchers, educators and managers is essential to overcome challenges and promote the integration of this practice in the training of health professionals<sup>16</sup>.

#### **IV. Conclusion**

The IPE presents itself as an approach to improving professional practice and the quality of patient care. Promoting collaboration between different areas of health, it seeks to integrate practices and share experiences, which results in more efficient care, including technical, ethical and humanistic aspects, demonstrating its potential to transform professional training and practice in health, highlighting the importance of breaking with traditional paradigms and adopting a biopsychosocial vision.

The positive impacts of IPE can be seen in professional practice and in the dynamics of teamwork, since the formation of collaborative competencies and the integration of practices enable the construction of an efficient health team, reflected in the improvement of clinical outcomes and patient satisfaction.

However, such implementation faces challenges, among which structural and cultural barriers in educational institutions and health services stand out. Overcoming them requires a joint effort of educational institutions, health services, public policies and professionals in the area. Collaboration between researchers, educators, and managers is essential to consolidate this approach in health professional training and practice.

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