

RESEARCH ARTICLE (ORIGINAL) 

Interprofessional education and collaborative work in health: Perceptions and experiences of teachers and tutors

Educação interprofissional e trabalho colaborativo em saúde: Compreensões e vivências de docentes e preceptores

Educación interprofesional y trabajo colaborativo en salud: Comprensión y experiencias de profesores y preceptores

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Abstract

Background: Health training has been debated in different scenarios, especially due to changes in health care models, with Interprofessional Health Education being a strategy tailored for this purpose. **Objective:** To analyze the perception of health teachers and tutors of a public university in southern Brazil about interprofessional education and the challenges for changing the professional training model, based on their experience in the Education through Work Program (PET) – Interprofessional Healthcare.

Methodology: Qualitative, descriptive-exploratory research, using semi-structured interviews and thematic analysis according to Minayo (2016).

Results: The experiences in the PET generated new perceptions about teamwork, collaborative work, and uniprofessional work, highlighting Interprofessional Education (IPE) as fundamental in training and work.

Conclusion: Inserting interprofessional and collaborative work into teaching is fundamental for changes in curricular guidelines, as evidenced by experiences with the PET. Therefore, promoting collaborative work within the Unified Health System (SUS) through IPE becomes a relevant strategy for changing the professional profile in health work.

Keywords: interprofessional education; professional training in health; work team

Resumo

Enquadramento: A formação em saúde tem sido debate em diferentes cenários especialmente pelas mudanças nos modelos de atenção à saúde, sendo a Educação Interprofissional em Saúde uma estratégia afinada para este fim.

Objetivo: Analisar as visões sobre educação interprofissional e os desafios na mudança do modelo de formação profissional, conforme percebido por docentes e preceptores de cursos de saúde numa universidade pública do sul do Brasil, através da participação no Programa de Educação pelo Trabalho (PET) - Saúde Interprofissionalidade.

Metodologia: Pesquisa qualitativa, do tipo descritiva-exploratória, utilizando entrevistas semiestruturadas e análise temática.

Resultados: As experiências no programa provocaram novas percepções sobre o trabalho em equipa, colaborativo e uniprofissional destacando a Educação Interprofissional (EIP) como fundamental na formação e trabalho.

Conclusão: Integrar a colaboração interprofissional na educação é crucial para mudanças curriculares significativas, como visto no Programa de Educação pelo Trabalho (PET). Isso impulsiona o trabalho colaborativo no Sistema Único de Saúde (SUS) através da Educação Interprofissional (EIP), impactando o perfil profissional na saúde.

Palavras-chave: educação interprofissional; formação profissional em saúde; equipa de trabalho

Resumen

Marco contextual: La formación sanitaria ha sido objeto de debate en diferentes escenarios, especialmente debido a los cambios en los modelos de atención sanitaria. La Educación Sanitaria Interprofesional es una estrategia adecuada para este fin.

Objetivo: Analizar las visiones sobre la educación interprofesional y los desafíos en el cambio del modelo de formación profesional, según lo percibido por los profesores y preceptores de cursos sobre salud en una universidad pública en el sur de Brasil, a través de la participación en el Programa de Educación por el Trabajo (PET) - Interprofesionalidad en la Salud.

Metodología: Investigación cualitativa, descriptiva-exploratoria, mediante entrevistas semiestructuradas y análisis temático.

Resultados: Las experiencias en el programa han llevado a nuevas percepciones de trabajo en equipo, colaborativo y uniprofesional, entre las que destaca la Educación Interprofesional (EIP) como fundamental en la formación y el trabajo.

Conclusión: Integrar la colaboración interprofesional en la educación es fundamental para realizar cambios curriculares significativos, como se observa en el Programa de Educación por el Trabajo (PET). Este impulsa el trabajo colaborativo en el Sistema Único de Salud (SUS) a través de la Educación Interprofesional (EIP), lo que repercute en el perfil profesional de la atención sanitaria.

Palabras clave: educación interprofesional; formación profesional sanitaria; equipo de trabajo

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Introduction

Interprofessional Education (IPE) in health is widely recognized as an essential element for a comprehensive reform of the professional training and health care model. This innovative approach will transform the professional health profile, prioritizing teamwork and interprofessional practice (Peduzzi et al., 2016).

Over the last 15 years, the Ministry of Health has been pushing forward the reformulation of health education, bringing theory and practice closer together by integrating students into health services. This is evident in the Education through Work Programs (PET) in health, created for this purpose.

This article aims to analyze the perception of health teachers and tutors of a public university in southern Brazil about IPE and the challenges of changing the professional training model. This is explored based on the experiences of the PET program – Interprofessional Healthcare.

Background

IPE in health involves training professionals to work collaboratively in teams, with a focus on providing comprehensive care within a broader health framework. Baar et al. (2005) support the notion that IPE helps to prepare professionals for teamwork, reducing competition and fragmentation of work. The training programme fails to promote interaction between students from different professions, leading to a lack of understanding about the roles and responsibilities of other healthcare professionals who will be part of the healthcare team (Reeves et al., 2008). IPE involves professionals and/or students from two or more fields learning together about, with, and from each other. This results in a better understanding of the specific roles of each professional/student and strengthens interprofessional collaboration in teamwork (Chriguer et al., 2021).

In recent years, there has been a significant increase in the analysis and reflection on the training of health professionals in Brazil. The reason for this is mainly attributed to the development of the Unified Health System (SUS) and its aim to meet the social health needs of the population in accordance with the system's principles and guidelines. These principles and guidelines aim to reorient the healthcare model (Souza et al., 2019).

In terms of health education, the tutor plays a crucial role as they are responsible for monitoring and establishing connections between teaching and service. Their duties involve monitoring, directing, and supporting students' professional training. The work of each professional is intrinsically linked to the training and practice of the other, resulting in a continuous and dynamic process in the chain of professional training and health education (Neves et al., 2020). Some progress has been made in promoting integration between teaching and service through the implementation of the PET program. New pedagogical practices have been developed in conjunction with the SUS, resulting in early immersion of students

in the services (Farias-Santos & Noro, 2017; Mira et al., 2016). However, non-integrated curricula in health education are still prevalent (França et al., 2018). These precepts aim to immerse IPE in health in fostering collaborative and interprofessional work in health, both in health education and in health work.

Research Question

What are the perceptions of health teachers and tutors at a public university in southern Brazil on IHE and the challenges for change in the professional education model, based on their experiences in the PET program – Interprofessional Healthcare?

Methodology

This is a qualitative, descriptive-exploratory study. The aim of qualitative research is to answer specific questions and to focus on understanding and interpreting the meaning and context of the phenomena studied. The research is concerned with understanding the meanings, motivations, aspirations, beliefs, values, and attitudes of the participants, as well as exploring the context and processes involved (França et al., 2018).

To collect information, we conducted 21 semi-structured interviews with teachers (course professors) and tutors (health professionals working in local services) who participated in the PET program -Interprofessional Healthcare (2019-2021) in a municipality in the northern region of Rio Grande do Sul. We included only the teachers and tutors who were part of that edition of the PET program, and excluded those who were not. The data collection was conducted between September and October 2021, both remotely and in person, with the participants' consent obtained through the Informed Consent Form (ICF) and their availability in light of the COVID-19 pandemic. The interviews, which were conducted by the researcher in charge, who was also a member of the program, lasted no more than 60 minutes each. The interviews were recorded with the interviewees' consent and transcribed for analysis.

Remote interviews were conducted via Google Meet with eight participants who agreed to take part in the study. Thirteen face-to-face interviews were conducted at the participants' workplaces, including teachers and tutors. The study included eight teachers from the Biological Sciences, Nursing, and Nutrition courses. The tutors consisted of a social worker, biologist, physiotherapist, occupational therapist, psychologist, nurse, and nutritionist. The interview questions were based on the investigation's object and question: "How can the theoretical and practical foundations of interprofessionalism and collaborative work in health strengthen the purposes of health education in the SUS?" and "After your participation in the PET program – Interprofessional Healthcare, what do you understand by interprofessionalism and collaborative work in health?" "From the time of graduation to the present

day, is there a greater emphasis on interprofessional and collaborative work among new professionals in the health service? Why?” and “How do you perceive interprofessionalism in the undergraduate health courses offered on campus as part of the PET program?” It is important to note that all ethical and legal principles were adhered to, and the Ethics Committee provided a favorable opinion under number 4.975.606. The statements in the interviews were coded using the letter P for participant and numbered sequentially according to the order in which they were conducted.

The questions generated data for analysis, which was analyzed using Minayo's (2016) thematic analysis method. The analysis consisted of three phases: pre-analysis, exploration of the material, and treatment of the results obtained and interpretation. During the pre-analysis phase, the material was read through to identify the materials to be analyzed and to create a corpus based on representativeness and completeness. During the material exploration phase, the material underwent coding and categorization. The results were then interpreted, with inferences being made through the controlled construction of the interpretation based on the recorded messages, which were then articulated with the theoretical framework.

This process resulted in the establishment of three thematic categories.

Results

Theoretical foundations of interprofessional education and collaborative work from the teachers' perspective

Theoretical assumptions of interprofessional education suggest that teamwork among different professions promotes knowledge sharing and enhances decision-making in professional conduct and collaborative work.

The use of these practices in training, fostered by the PET program - Interprofessional Healthcare's prerogatives, provides teachers with the tools to introduce students to services that have great potential for interpreting reality at an early stage. Some excerpts identify these issues:

Working together for the SUS user is a valuable practice. No profession holds all knowledge, but by sharing knowledge, we can strengthen our understanding with additional information. This, in turn, magnifies our knowledge (P6).

Strengthening health education in the SUS involves providing students with interprofessional action experience. To work in the SUS, which prioritizes comprehensive care, it is essential to have a theoretical and practical understanding of interprofessional collaboration. (P7)

As PET participants, we have a more in-depth understanding of interprofessionalism. It provides us with tools to change students' practices. Working with other professionals helps us create a different reality in students' education. It is a practical experience, not just a theoretical one. They manage to perceive reality. (P2)

The PET program - Interprofessional Healthcare has

provided numerous opportunities for teachers and undergraduate students to interact and make progress on campus. Participants have been able to think critically and improve their actions, developing new professional identities and practicing skills that will be valuable in their future careers. These skills include integrated consultations and case analyses. These exercises have continued in the Complementary Undergraduate Discipline (DCG) Interprofessional Work and Collaborative Practices in Health, which is a part of the PET program - Interprofessional Healthcare. The following statements confirm this.

There has been significant progress because we have started to think outside the specific boxes of our professions and identify what we can do together. The existence of the PET program has been a great agent of change in our university, opening professional eyes to other professions. Integrated consultations have taken place with nutritionists, nurses, and biologists. (P7)

We studied together and learned from each other. We also participated in various activities. The curriculum included the application of the GCD. Some individuals who are not receptive to the subject may view it as burdensome and only focus on the challenges. (P1)

Although progress has been made, challenges have emerged regarding the theoretical and practical assumptions of IPE and collaborative work. One such challenge is the fragmented and uniprofessional focus of teacher training. Additionally, institutional issues, course work processes, and personal issues of teachers have been identified as challenges during the project.

Our background is in teaching, but we have a tendency to teach in a fragmented way. (P4)

The PET program introduced interprofessionalism, but its potential to continue is uncertain due to some teachers not following it. (P3)

IPE in health and collaborative work are considered alternatives to teaching and health production models. They can be effective instruments for change among teachers and health professionals. The success of these changes depends on various factors, including individual, institutional, and policy-related aspects. These changes are challenging because they require sensitivity to resist the fragmented practices of hegemonic models.

Perceptions of tutors of the PET program – Interprofessional Healthcare on IPE and collaborative work

The tutors understand that interprofessional education is an alternative approach to analyzing health needs. It facilitates interaction, exchange, and collaboration, expanding the possibilities for intervention. Collaborative work goes beyond the mere application of professional knowledge; it generates new knowledge through exchanges, as each participant learns from the other and works towards a common goal. To achieve this goal, it is essential to harmonize different theoretical viewpoints and approaches to professionalism through dialogue, discussion, and collaborative decision-making.

Professionals from different areas come together to exchange experiences and work towards a common goal.

They learn from each other. (P3)

To promote health and well-being, it is important to identify a common objective. In the case of healthcare, this objective is the patient's health. To achieve this, it is necessary to align different theories and learn to work with different personalities without losing sight of our goals. (P4)

The work is collaborative and involves dialogue, discussion, and shared decision-making. It is essential to integrate different areas of knowledge to provide optimal patient care. (P9)

Collaborative work is essential for interprofessionalism. Professionals collaborate, sometimes simultaneously, through inter-consultations or by creating a therapeutic plan for a specific patient. (P7)

Learning to recognize the other person's knowledge is essential for planning, discussing, and making decisions about a common situation together. (P8)

The tutors acknowledge that collaborative work and IPE are theoretical constructs that enable them to gain new practical experiences and broaden their professional perspectives. They view it as a crucial factor in advancing healthcare and education models, shifting away from the traditional professional-centered approach and towards a patient-centered approach that emphasizes the collaboration of healthcare teams to improve the quality of care.

Challenges in changing the health education model with a focus on IPE and collaborative work

The shift in the care model faces current challenges, such as training that focuses on a uniprofessional identity and disintegrated disciplines that fail to provide students with a broader perspective. Those who participate in projects with a counter-hegemonic approach can become sensitized and broaden their horizons for professional practices. In addition to these issues, another challenge that encompasses the difficulties of breaking paradigms is the educational institutions.

The courses do not provide the opportunity for interprofessional care and teamwork. Instead, they focus on the old academic training of working within one's specialty. To bring about change, there needs to be a shift in academic curricula towards interprofessional work. (P11)

I think that the current university teaching methodology is too focused on concepts, and it often fails to prepare professionals who can work effectively in groups and across different areas. The Brazilian educational system as a whole needs to undergo some changes. For instance, how can we integrate classes from different courses? I believe that universities today train professionals who are often limited to their own field and struggle to collaborate with other professionals. (P10)

Some experiences show that teachers and students are making progress in developing collective work through teaching methodologies that promote awareness and create a critical and reflective environment. The academy and faculty are changing, and teachers are seeking a more

collective and less fragmented approach. (P12)

Academics are coming with a new vision, and the training is different from what it was ten years ago. (P5)

New subjects that integrate or reform the curricula will further enhance their capabilities. The Ministry of Health has introduced changes such as the PET program to train professionals who can work collaboratively. (P7)

The hosting professionals and services deserve attention. They should include collective spaces in their practices that align with the new professional profile.

As this is a new field, it is unclear if they are adequately trained for this work. For example, I did not have this experience at my university. The hosting organization is also not well-prepared, so they must constantly emphasize integrated and interprofessional thinking. However, I believe that they are still better prepared than before. (P4)

Training challenges arise from educational institutions and curricula that are disconnected from services, communities, and the needs of the SUS. However, when creative and problematizing methodologies are included in discussions and training spaces, there are possibilities for progress in changing health education models..

Discussion

The PET program - Interprofessional Healthcare was launched in 2018 as the first macro-policy initiative to promote interprofessional education. It has facilitated the reorientation of undergraduate health education processes, enabling students to gain practical experience in SUS services. This is made possible through interprofessional tutorial groups (França et al., 2018). The program's experiences had significant impacts on the practices of teachers and preceptors, who are essential agents in the training process.

Health education has traditionally been fragmented, with separate disciplines focusing on the specific knowledge of each profession. This creates barriers and hinders integration between different areas, making it difficult to develop teamwork skills (Moreira et al., 2022). Training for health teaching is typically limited to didactic subjects or other postgraduate courses.

As a result, teachers often base their educational practices on experiences from their training trajectory, which may not be suitable for current realities and can be perpetuated in their professional lives (França et al., 2018).

The fragmented approach to tutorship limits students' understanding of the role and contributions of other health professions, hindering the formation of essential skills for interprofessional practice, such as effective communication, mutual understanding, and teamwork (Moreira et al., 2022).

Barriers to the effectiveness of IPE in health stem from the fragmented model of health curricula. This results in a lack of dialogue and interaction between different professional categories, which contributes little to collaboration and interaction between healthcare professionals

(Costa et al., 2019).

To address this issue, the interprofessional curriculum necessitates that teachers adopt a teaching approach that values interactive processes and promotes collaboration among different areas of healthcare. This includes reconciling student expectations, providing an interactive learning environment, stimulating critical reflection, utilizing practice-based technology, and facilitating feedback in the provision of care and problem-solving centered on the SUS user (Silva et al., 2021).

Teacher training for interprofessional teaching is crucial for curricular change in health education. It stimulates reflection on teaching and learning methods and promotes educational innovation. Developing teacher qualification programs and encouraging dialogue between teachers and health professionals is essential. This can have a significant impact on promoting changes in health teaching (Silva et al., 2021).

The Nuclei of Structuring Teaching (NDEs) in health courses play a crucial role. It is the responsibility of this group of teachers to promote discussions on the legislation provisions regarding health education, as experienced by both teachers and students in practice. The pedagogical projects of the courses should be guided by the dialectical movement between what is legally stipulated and the reality of the service, as well as the epidemiological context of the territory.

In health training, the tutor plays a fundamental role in integrating the concepts and values of the educational institution and the work environment by teaching, advising, and inspiring. Tutors serve as role models and references for students' future professional lives, contributing to their ethical training. Together with their students, they play a fundamental role in problematizing reality and reflecting on possible solutions for the daily challenges faced in teaching, service, and community work within the SUS. Tutorship is a complex process that requires specific expertise and skills. The preceptor plays a crucial role in facilitating practical learning within the service context. They are frequently tasked with creating clinical learning environments, serving as role models, establishing a trusting relationship with the student, and promoting integration between teaching and service. Different teaching techniques are employed in accordance with professional competencies and skills to facilitate socialization and the development of personal, interprofessional, and communication skills, which are essential for training and healthcare (Vuckovic et al., 2019).

To ensure effective communication, it is important to expand opportunities for dialogue throughout the practice and internship fields. This is especially crucial as the teaching and learning process involves multiple stakeholders. Lessons should be tailored to the specific requirements of each course, as well as the strengths and limitations of each individual and setting.

The National Curriculum Guidelines (DCN) for health courses play a fundamental role in guiding curriculum planning within institutions, aimed at facilitating teaching. They aim to promote differentiated training that integrates theory and practice, encourages interprofessional

teamwork, prioritizes comprehensive health care with co-responsibility, establishes bonds, and highlights the partnership between the worlds of work and professional training (Conasems, 2008). However, the implementation of new curricular guidelines still faces problems, particularly regarding the gap between training and the world of work.

The PET program - Interprofessional Healthcare has been innovative and challenging in this field. To mitigate care fragmentation and uniprofessional work, modifying and implementing new curricular guidelines in health courses is essential. These guidelines should focus on training principles in healthcare, collaborative and interprofessional work. By adopting active teaching methodologies, students are encouraged to reflect on the reality in which they will be inserted. This approach enables students to become critical subjects and transformers of reality, capable of integrating theory and practice in a meaningful way (Souza et al., 2019).

It is important to note that changes in health training have resulted from three major initiatives: the Ministry of Health/Education, Schools/Universities, and Health Services. These organizations are responsible for organizing and directing health practices as well as training. Together, they constitute significant actions on how to consume and produce health.

Conclusion

The results indicate that participants in the PET program for Interprofessional Healthcare were able to enhance their teaching methods through collaborative and interprofessional approaches. However, breaking paradigms related to interprofessional education and collaborative work remains a challenge that starts within institutions and continues in healthcare services. Directing resources towards interprofessional education and integrating subjects into the undergraduate curriculum that emphasize collaborative and interprofessional work can help students understand the essential interaction between health professionals for effective and quality practice in the SUS from the training stage.

Teachers and tutors confirm that the program's actions have improved their professional practices. The importance of interprofessionalism is understood, and it is recognized that this begins within the educational institution. This, in turn, affects the profile of students, the training of new professionals, and the day-to-day work of services. Making the link between interprofessionality come alive for teachers is a complex reality, given the fragmented nature of teaching within universities. This highlights the need for programs and actions that promote dialogicity, both at the ministerial level and within health courses and services.

This study contributes to the theory and practice of interprofessional collaboration in healthcare. It highlights the experiences and reflections of teachers and tutors, emphasizing their similarities and differences. The study could also serve as a basis for further research in this area.

The study's limitations include the fact that the interviews were conducted remotely due to the pandemic, which may have affected the interaction between the participants and the researcher.

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