



The header features a logo on the left with a stylized 'e' inside a circle, followed by the text 'OBJN Online Brazilian Journal of Nursing'. To the right, the word 'ENGLISH' is written in large white letters on a dark blue background. Below this, a teal bar contains the text 'Federal Fluminense University'. Underneath, a light green bar contains 'AURORA DE AFONSO COSTA NURSING SCHOOL'. On the right side, the 'uff' logo is displayed in black.



## Interprofessionality in health training

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Professional training advances in the direction of incorporating elements that displace the practice centered on the biological and pathological paradigm. Support for the construction of pedagogical processes that wages on knowledge and practices, capable of generating a collaborative action among professionals. Seeking the opportunity to learn from and find solutions offered by and through collaboration there has been a movement in the health field in recent years.

Recently, at the Federal Fluminense University, we experienced a debate on interprofes-

sionality, with an epistemological and political expansion that points to concrete possibilities for new arrangements for health professional training. We put into practice the construction of an interprofessional education, in a group of students and teachers of the Nutrition, Nursing, Pharmacy, Psychology, Medicine, Physical Education, Social Work and Dentistry courses, expanded with the participation of professionals from the service network of the Niterói municipality. This experience, in the last year, has been enhanced by the Pet-Interprofessionality Program, linked to

the Ministry of Health, with concrete results of reflection and action in the daily service and teaching, indicating a conception that combines the different professional centers, contextualizing with the territory and local demand.

Operationalizing training and interprofessional work at the same time is a challenging task. As an educational experience, interprofessionalism is permeated by several factors, such as the political climate, administrative support, the experience of the faculty and the history of the students' education. From the services perspective, the central management decision-making process, the interactions of the professionals who form the teams, even the existing permanent education approaches and the levels of involvement of the actors are involved, since it is in the work domain that the behaviors and forms of professional action, individual and collective are consolidated.

The conceptual assumptions of Interprofessional Education are the structuring axis of the pedagogical practice of the experiences we are observing, forming a space in which it is intended to facilitate the understanding of the complexity of human relationships and institutions, integrating theory and practice, as well as the actors of the teaching scenes, teacher-student-citizen-user-health worker, configuring a work process and learning in a health team.

Our experience has been to build spaces for changing attitudes and perceptions regarding learning and its interprofessional nature. In this sense, activities were initially promoted to enable the acquisition of knowledge for the development of skills linked to interpro-

fessional projects. The idea is that changes in attitudes among participants are produced beyond the perception of the value of using this approach for care in service areas. Thus, expanding the possibilities of behavioral change in the practice environment, and, with this, new organizational arrangements with consequent improvements in the population's health.

We open conversation and debate about interprofessionalism as an axis in training, building spaces for exchanges and reflections, so that together we can create the objective image of exercising the elaboration of actions that can give visibility and existence to what is recommended in the National Curriculum Guidelines (DCNs). Thus, leading students and teachers to perceive and welcome the common field of action between different professions incorporating the health needs presented by the user/patient. A complex network that requires the inclusion and approach of different perspectives, which incorporate the broad discussion of the clinic, among other points. If we want that students are able to achieve, employ interprofessionalism in future professional action, we need to continue to reduce fragmentation and create more compositions.

At the time of writing this editorial, the country and the world are experiencing the Coronavirus pandemic, which requires us to reflect on what we are and want as humanity, where being part of society requires an urgent review. At the same time, the demand for intersectoral actions, as well as the interprofessional ones for coping, gains visibility. Being open and learning from today is up to us. If the complexity of the new requires

different perspectives, to place interprofessionality as a daily and curricular challenge is to look at the moment. The new appears and asks for change and requires updating.

## REFERENCES

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