

**EXPERIENCE OF INTERPROFESSIONAL COLLEGIATE MANAGEMENT IN
EDUCATION THROUGH WORK FOR HEALTH: CONTRIBUTIONS FOR
REORIENTATION OF PROFESSIONAL TRAINING**

**GESTÃO COLEGIADA INTERPROFISSIONAL NA EDUCAÇÃO PELO TRABALHO
PARA A SAÚDE: CONTRIBUIÇÕES PARA REORIENTAÇÃO DA FORMAÇÃO
PROFISSIONAL**

**GESTIÓN COLEGIADA INTERPROFESIONAL EN LA EDUCACIÓN POR EL
TRABAJO POR LA SALUD: CONTRIBUCIONES PARA REORIENTACIÓN DE LA
FORMACIÓN PROFESIONAL**



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ABSTRACT: The objective of the manuscript was to narrate in a critical-reflexive way the experience of interprofessional collegiate management in the context of the Education Program for Work for Health/GraduaSUS in the municipality of Governador Valadares-MG, focusing on the impacts of the integration of teaching-service-community. To this end, an in-depth description of what was experienced was carried out, followed by a reflection dialogue with the literature, to understand the potentialities, limitations, and needs for improvement of the adopted management model. The attributions of the managing collegiate were: to manage the program's organization, to dialogue with the Municipal Health Department in the operationalization of actions, to plan and guide the activities proposed in the tutorial groups and to plan, organize and promote debates. Interprofessional collegiate management allowed the development of teamwork skills, interdepartmental approximation, and the integration of knowledge from the professions in achieving the project's results. In addition, it leveraged education through work in health training in the community, in line with the National Curriculum Guidelines for the health area.

KEYWORDS: Higher Education. Unified Health System. Health Management. Public Health.

RESUMO: O objetivo do trabalho foi narrar de forma crítico-reflexiva a experiência de gestão colegiada interprofissional no contexto do Programa de Educação pelo Trabalho para a Saúde/GraduaSUS no município de Governador Valadares-MG, com foco nos impactos na integração ensino-serviço-comunidade. Para tanto, foi realizada uma descrição aprofundada da vivência, seguida do diálogo da reflexão com a literatura, no sentido de compreender as potencialidades, as limitações e necessidades de aperfeiçoamento do modelo de gestão adotado. As atribuições do colegiado gestor foram: gerenciar a organização do programa, dialogar com a Secretaria Municipal de Saúde na operacionalização das ações, planejar e orientar as atividades propostas nos grupos tutoriais e planejar, organizar e promover debates. A gestão colegiada interprofissional permitiu o desenvolvimento de competências de trabalho em equipe, a aproximação interdepartamental e a integração dos saberes das profissões no alcance dos resultados do projeto. Além disso, potencializou a educação pelo trabalho na formação em saúde na comunidade, em consonância com as Diretrizes Curriculares Nacionais para a área da saúde.

PALAVRAS-CHAVE: Educação Superior. Sistema Único de Saúde. Gestão em Saúde. Saúde Pública.

RESUMEN: El objetivo del trabajo fue narrar de forma crítico-reflexiva la experiencia de gestión interprofesional colegiada en el contexto del Programa de Educación para el Trabajo por la Salud/GraduaSUS en el municipio de Governador Valadares-MG, con foco en los impactos en la integración de enseñanza-servicio-comunidad. Para ello, se realizó una descripción profunda de la vivencia, seguida de un diálogo de reflexión con la literatura, con el fin de comprender las potencialidades, limitaciones y necesidades de mejora del modelo de gestión adoptado. Las atribuciones del colegiado gestor eran: gestionar la organización del programa, dialogar con la Secretaría Municipal de Salud en la operacionalización de las acciones, planificar y orientar las actividades propuestas en los grupos tutoriales y planificar, organizar y promover debates. La gestión colegiada interprofesional permitió el desarrollo de habilidades de trabajo en equipo, la aproximación interdepartamental y la integración de los saberes de las profesiones en el logro de los resultados del proyecto. Además, apalancó la educación a través del trabajo de formación en salud en la comunidad, en línea con los Lineamientos Curriculares Nacionales para el área de la salud.

PALABRAS CLAVE: Educación Superior. Sistema Único de Salud. Gestión en Salud. Salud Pública.

Introduction

The National Curricular Guidelines (DCN) constitute a framework for the reorientation of health training in meeting the needs of the Unified Health System (SUS), arising from the epidemiological and social conditions of the territories and the reality experienced in practice settings (BRASIL, 2001). In consolidating this purpose, the approximation and closer relations between universities, services, and community are recommended since the teaching-service-community integration impacts the quality of professional training and the reorientation of health policy (FARIAS-SANTOS; NORO, 2017; ZARPELON; TERCENIO; BATISTA, 2018). Initiatives that promote the articulation of the health quadrilateral, consisting of teaching, management, care, and social control, contribute to the conformation of a user-centered care model (CECCIM; FEUERWERKER, 2004).

Among the national policies that induce integration between HEIs and the local Health System, with incentives for changes in professional training in health, the Education through Work for Health Program (PET-Health) stands out. Work-based learning translates programs that unite university and service to create workplace learning opportunities (BOUD; SOLOMON, 2001) and reveals reciprocal gains for participants. Learning is influenced by the nature of work and vice versa, demonstrating complementarity (BOUD; SOLOMON, 2001).

PET-Health was established in 2008 by a joint construction between health and education and aimed to strengthen in-service training and the implementation of DCNs (BRASIL, 2008). Since its creation, numerous publications have addressed the experience in the tutorial groups of PET-Health, from the perspective of health professionals, managers, or tutors (ZARPELON; TERCENIO; BATISTA, 2018; SANTOS; MIRANDA, 2016; VASCONCELOS; STEDEFELDT; FRUTUOSO, 2016; FRANÇA *et al.*, 2018).

The Education through Work for Health Program PET-Saúde/GraduaSUS (BRASIL, 2015) was guided by the conformation of three structuring axes: teaching-service-community integration, with a focus on the development of the SUS; curriculum restructuring aligned to the adequacy of courses to the DCN; and the development of teaching and preceptorship in health articulated with the needs of the SUS (BRASIL, 2015). The notice called for establishing a collegiate management space with representatives of the actors involved in the project (BRASIL, 2015).

In the construction of the SUS, collegial management was incorporated into the various levels of a service organization as an axis of innovative management processes or alternatives to the “hegemonic management model” (CECÍLIO, 2010). Co-management strategies allow the

sharing of power and the expansion of learning at work, contributing to a greater commitment to the agreed process and its respective results (BRASIL, 2005).

This study aimed to narrate critically and reflectively the experience of interprofessional collegiate management undertaken in the context of PET-Saúde/GraduaSUS in Governador Valadares-MG to understand its impacts on health training in the context of teaching-service-community integration.

The argumentative, expository text is structured in three sections: 1) a Report of the experience, in which a descriptive explanation of the actions performed and the project organization is made; 2) Reflections on the experience, in which the main results of the systematization of the experience discussed with the literature pertinent to the theme; 3) Concluding remarks, which contains the synthesis of the experience in response to the objective of the work.

Report of the experience

The conformation of interprofessional management in PET-Saúde/GraduaSUS began during the construction of the project proposal, in which professors from the University's health area courses met with representatives of the Municipal Health Secretariat and designed the structuring of the tutorial groups, the conformation of the insertion of students in practice settings, as well as the integration and interface strategies with curriculum changes. This moment coincided with the impact on the municipality of the environmental crime of the Mariana dam collapse, which determined the (re)definition of priorities facing the emerging needs of the territory.

The activities of PET-Health/GraduaSUS began in May 2016 and were completed in May 2018, lasting two years. All campus health courses participated in the project's implementation and development: Physical Education, Pharmacy, Physiotherapy, Medicine, Nutrition, and Dentistry.

After recognizing the effectiveness of the interprofessional collaborative work in the project's construction, the group chose to keep the participative management process of PET during the following stages. Thus, a collegiate management was formed, with representatives from each course (tutors, group coordinators) and the general coordinator of the Program, totaling seven participants. Later on, with the organization of the Program's activities in the practice settings, a representative of the preceptors joined the team.

The tutorial groups for each course consisted of one coordinating tutor, three tutors, three preceptors, and eight students, totaling fifteen participants. The Physical Education course group was composed of a coordinating tutor, a tutor, a preceptor, and four academics. The tutors were professors from the University, and the preceptors were health professionals working in the practice settings of the three levels of complexity of the SUS. All of them, together with a general coordinator of the Program, resulted in a total of 83 participants: 50 fellows and 33 volunteers.

The Program activities concentrated on two coexisting transversal movements, the “Teaching-service-community integration axis” and the “Curricular change axis”. The practical experience in SUS occurred through the insertion of the groups in health services in primary care in the first year and in medium and high complexity in the second year. The work logic is based on the diagnosis of the health and social needs of the territory and practice setting; the Strategic-Situational Planning (SEP) to think and work on the emerging problem, defining actions to solve it; and the planning and execution of the intervention that could be governed, followed by evaluation.

The students followed the work process in the service continuously, supported by the preceptor and tutor, doing reconnaissance, tightening bonds, experiencing the tensions of real daily life, and proposing intervention actions according to the needs previously raised together with the actors involved. The whole process was accompanied by a documentary and reflective record using a portfolio built by the students, preceptors, and tutors.

In a complementary way to the insertion in practice scenarios, transversal pedagogical actions were conducted that involved all the Program participants together. These were based on real situations arising from the daily work process experienced, applying methodologies that provided critical-propositional reflection and interprofessional integration. The activities contemplated the “integrating cycles”, which characterized permanent education actions, discussion forums, and debate events. Dialoguing with the practices and conceptions in force in the problematization in the concrete work and building new pacts for the organization of the system produces transformations in management, care, and social control practices (BRASIL, 2005; 2018).

The function of the collegiate manager was to manage the overall organization of PET by monitoring and supporting the tutorial groups' performance and achieving the goals and objectives proposed in the project. To this end, it was necessary to define short-term results, deal with unforeseen events that emerged from the daily work, re-schedule deadlines and

activities, and align the groups, since the scenarios and situations were diverse. Furthermore, it was the collegiate's responsibility to mediate negotiations and tensions, to bring health courses closer to the University, and to permanently dialogue with the Municipal Health Secretariat about aspects related to the program's operationalization to build together in favor of learning in training and meeting the social, health, and healthy work conditions in the municipality.

Simultaneously, the collegiate manager was responsible for planning, supporting, organizing, and carrying out the “integrating cycles” based on active teaching-learning methodologies; the debate events to share the actions carried out and the promotion of collaboration among the tutorial groups; the forum for curricular change, to aim the realization of the diagnosis of the formative health process in the University and to propose transformations; and the two editions of Seminars of the project of Experiences and Internships in the Reality of the SUS¹¹, open to the entire community, to strengthen the debate on education through work for health and interprofessional education in the teaching-service-community integration.

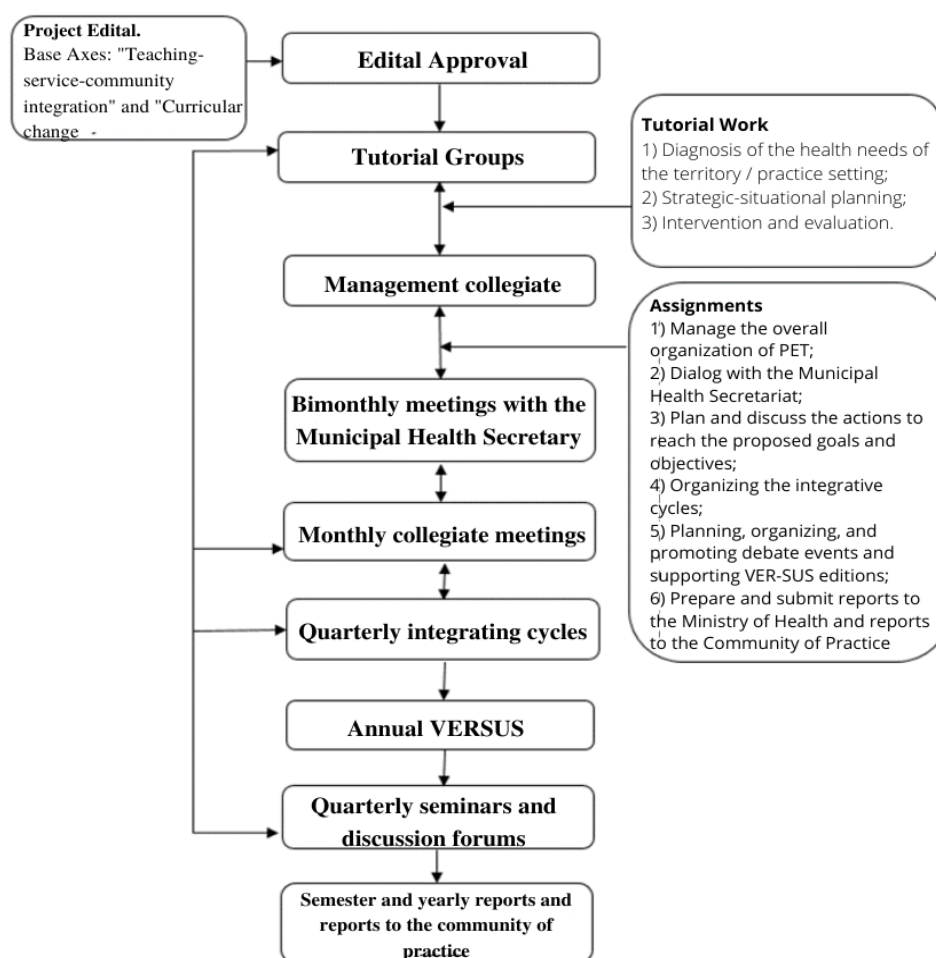
In addition, in response to the axis “Curricular change”, the collegiate manager organized the construction of an innovative discipline with integration among all health courses. This action resulted from a diagnosis made at the University, which showed the predominance of a traditional curriculum, with rare teaching actions that provided approximation and joint learning among students from health courses. In this sense, the team planned and conducted faculty training, built the programmatic structure, and implemented the optional discipline with the collaboration of teachers from the six health courses.

Finally, the management group was responsible for preparing and submitting the annual reports to the Ministry of Health, guiding the writing and submission of reports in the Community of Practice, and guiding the tutorial groups in disseminating experience reports in scientific journals. The flowchart of the collegiate management work is in Figure 1.

The collegiate meetings were held monthly, continuously, and with extraordinary meetings according to the project's demands, and were moments of construction, participative planning, collaborative leadership, reflection, and interprofessional sharing. Memoirs documented the records of the decisions and referrals.

¹¹ The project "Experiences and Internships in the Reality of the Unified Health System" (VER-SUS/Brazil) is an initiative of the United Network Association, which consists of a strategy to qualify and develop future professionals and health workers by bringing students closer to the reality of the Unified Health System (REDE UNIDA, [21--]).

Figure 1 – Sequence of work of the Collegiate Management



Source: Prepared by the authors

Reflections on the experience

The interprofessional joint action in the collegiate resulted in potentialities in faculty development, training through teaching-service-community integration, and PET-Saúde/GraduaSUS results. Competencies and skills in teamwork, communication, shared decision-making, conflict resolution, and attitudes of tolerance, respect, and otherness develop, reverberating in the members' praxis in other spaces at the University. All participating courses acted as protagonists, and the diverse knowledge integrated the collective construction from the appreciation of each one in the whole, generating a feeling of belonging to that place, understood as a space in which cultural and subjective meaning is attributed, and its legitimacy for actions, expectations, hopes and possibilities is recognized (CUNHA, 2008).

The work in health is marked by the history of the professions, which have obtained a definition of their acts and mastery of competencies that weigh on the boundary between groups (SCHERER; PIRES; SCHWARTZ, 2009). Despite the challenges in this sense, the movements of the collegiate permeabilized the pre-existing limits and softened the power relations between the professions in the group, qualifying the decision-making and, consequently, the work process. The performance of the various actors involved in the health context is essential, as it incorporates the experiences of professionals from different areas of knowledge, improving communication among them, especially during decision-making, and is considered a strategy for the consolidation of comprehensive care (WHO, 2010; FONSÊCA *et al.*, 2014; BATISTA *et al.*, 2018).

Interprofessionality strengthens collaborative practice in teamwork, encouraging reflection on the attributions of professionals, problem-solving, and participation in decision-making processes through the construction of knowledge, dialogue, and respect for the singularities and differences of the various nuclei of knowledge and practices (ARAÚJO *et al.*, 2017). The integration of professionals in their multiple cores of knowledge and specialties in this experience enhanced shared management and allowed this knowledge to guide the actions in the fields of practice and transversal actions.

Silva and Miranda (2022), when analyzing the interprofessional collaboration in the scope of an Extended Family Health and Primary Care Center, emphasize the importance of the collective packing of work rules, with the availability of spaces for dialogue and construction of trusting relationships, to avoid paradoxical effects on work situations. The authors also point out that the latter is influenced by an environment where “negotiation among workers and between workers and managers” prevails, enabling the confluence of interests and the recognition and management of conflicts (SILVA; MIRANDA, 2022).

The permanent dialogue and pact between the coordinators of the tutorial groups and the Municipal Health Secretariat during the operationalization of PET ensured the plurality of the debate and opened the opportunity for a process of co-management, with a meeting between the needs of the academy and the service, strengthening convictions in the conception of expanded health and as a right. The path followed involved moments of conflicts and disputes in the search for consensus, expected in spaces of convergence of diverse interests and intentions. A management collegiate should consider an institutional arrangement that assumes a political character of dialogue and negotiation during the decision-making and problem-

solving processes, configuring itself as spaces where the issues of authority, power, and decision control are always present (CECÍLIO, 2010).

Dealing with diverse contexts of health management, political, economic, and human resources conformation brings uncertainties regarding the work results because the performance in everyday services is always under construction (PIMENTA, 2012). The collegiate manager faced moments of tension, in which it needed to reinvent, revise, and realign the results to achieve due to changes in the municipality's management team and in the logic and conception of the work to be performed. In addition, collegial discussions require negotiation skills, including evaluation, analysis, and agreement on interests and priorities related to the project and with direct and indirect participants (MAGNAGO *et al.*, 2017).

The formation of collegiate management enhanced the collaborative construction of PET by valuing the involvement of all in monitoring activities in the practice settings and cultivating respect among professions and worldviews during the elaboration, monitoring of planning, reorientation of actions, and evaluation of the program. In addition, it allowed conceiving a place for dialogue, with active listening and effective communication, to get to know the tutorial groups' needs and problems and act in the search for solutions. The implementation of collegiate management is a strategy that changes the classic administration paradigm characterized by rigidity, low communication, authoritarianism, alienation of workers, and insensitivity to the needs of those involved (CECÍLIO, 2010).

Thus, this *modus operandi* materialized in the support and guidance of the insertion of the tutorial groups in the practice scenarios in an organized way, with attribution of meaning and significance and contribution in the groups and among them, adding knowledge of the areas involved and potentiating the program results, focused on the needs of the territory.

The movements provoked by PET demanded deepening the discussion and dialogue about intercourse curriculum changes to foster new models of health training based on the recognition and incorporation of knowledge from the service and community, with a focus on SUS. Thus, the collegiate was configured as a place for reflection and debate of the praxis, not only in itself but also in transversal moments, with the involvement of all project participants, with a potential for transformation arising from ideas collectively built and based on the practices of the work developed. The spaces for the insertion of the community and other players in the territory have expanded, awakening the importance of their presence in the educational process. Permanent education is based on real problems and considers people's knowledge and experiences (BRASIL, 2005; 2018).

The collegiate manager maintained the logic of continuing education in the planning and implementation of activities, expanding the possibilities of transforming the practices and positively impacting the performances in the scenarios, seeking, as a result, the “[...] democratization of workspaces, the development of learning and teaching capacity of all actors involved, the search for creative solutions to the problems encountered [...], the permanent improvement of the quality of health care and the humanization of care” (ALBUQUERQUE *et al.*, 2008, p. 361).

From the encounter that provides learning with the other and about the other, one can perceive interprofessionality as a dimension of continuing education in health, as exposed in an essay by Figueiredo *et al.* (2022). In a context of relationships and encounters in health work occurring in a way that lacks solidarity, from training that produces minimization of meetings and collective work (FIGUEIREDO *et al.*, 2022), the collegiate management undertaken in the present experience meant a “meeting place”, which relied on the “sensitivity and understanding of the professionals about the importance of the circularity of affections as a principle for Interprofessionality” (FIGUEIREDO *et al.*, 2022).

In this relational sense, the approach of the departments of health courses in the collegiate manager, through their representatives, reflected in the expansion of the articulation between the courses for discussions, proposals, and induction of movements with perspectives of curricular changes, including activities, proposals of disciplines and initiatives for faculty development. For this purpose, teaching forms based on active methodologies were introduced in learning scenarios in the territories and guided by the users' needs, seeking to integrate theoretical guidance with practice and promote action and reflection (SIMON; VASCONCELOS; RIBEIRO, 2014; LACERDA; SANTOS, 2018). Active learning methodologies encourage individual autonomy in education, in coalition with the collective, promoting a holistic vision and ethical, critical, reflective, transformative practices and collective consciousness (VILLARDI; CYRINO; BERBEL, 2015; COLARES; OLIVEIRA, 2018; MACEDO *et al.*, 2018). Thus, this methodology enables and facilitates meaningful learning for transformative training based on the competencies recommended by the DCN for health courses.

During the experience, difficulties and points for improvement were observed, in addition to those already reported, which emerged from the continuous evaluation throughout and at the end of the project. The insertion of the preceptors' representation occurred during the course of the actions and was not effective due to the incompatibility of time available for

meetings in which everyone was present. The preceptors' busy schedules and the distance between the HEI and the service were related as complicating factors in the work process in the scope of the training quadrilateral in a study by Pereira *et al.* (2022). This may have influenced the unsatisfactory result of integrating the preceptorship and representing their interests and ideals in collegiate management.

Another limitation was the limited participation of social control, with presence only in the events. To fill these gaps, it becomes relevant the early and continuous dialogue with these representatives and the opening possibilities to encourage and support their incorporation into the whole work process and extend them to the debates of the formative process in the academy permanently. Incorporating social control enables the affirmation of places and organization of users for the reception and care of health claims by the creative construction of caring solutions, broad and effective therapeutic (CECCIM, 2019).

The lack of a place to hold meetings was also a frequent issue, as well as divergences in conceptions about the work processes and changes in the collegiate representatives over time. These challenges were overcome by the permanence of the unity achieved so that everyone could add to the collaborative construction.

Final considerations

This experience emphasizes the importance of interprofessional collegiate management to think about health work aligned to education through health work, to optimize the execution of actions, favoring the achievement of the proposed goals, and developing consensual decision-making and communication, relational, cultural, and teamwork skills. Moreover, it demonstrates the potential of the experience as a permanent education movement, given the learning in everyday life and practice of doing, permeated by perennial processes of reflection and critical analysis and immersion in a dynamic reality that requires "(re)thinking" all the time, in the search to produce the best results, focusing on the social and health needs of the territory.

Based on the work done, the PET assumptions and inductive movements have expanded their visibility and had their principles internalized in the university's health education context, depending on continuous action to bring about significant permanent changes in health education.

The various challenges that permeated the process were recognized and faced by the group, thinking about the potential of collaborative work based on diverse knowledge and

experiences. The sharing of management produced powerful results in implementing initiatives for curricular change and innovation in health courses in a newly established campus and integrating the teaching-service community in the territory, strengthening actions based on the principles and guidelines of the SUS.

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