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ORIGINAL ARTICLE

INTERPROFESSIONALISM AND INTERDISCIPLINARITY IN ACADEMIC FORMATION: THE PERCEPTION OF GRADUATES IN PHYSIOTHERAPY INTERPROFISSIONALISMO E INTERDISCIPLINARIDADE NA FORMAÇÃO ACADÊMICA: A PERCEPÇÃO DOS FORMANDOS EM FISIOTERAPIA INTERPROFESIONALISMO Y LA INTERDISCIPLINARIEDAD EN LA FORMACIÓN ACADÉMICA: LA PERCEPCIÓN DE LOS FORMANDOS EN FISIOTERAPIA

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ABSTRACT

Objective: to analyze the perception of the graduate in physiotherapy in relation to interprofessional and interdisciplinary practices in academic formation. **Method:** qualitative, descriptive study. The study used an audiorecorded open interview as the instrument for data production. Content analysis technique was used for analyzing the results. **Results:** we interviewed 24 participants in the research from a universe of 50, using the saturation criterion for sample closing. The analyzed data point to a training, with little or, sometimes, unnoticed interactions between service professionals and faculty, and the student feels excluded from those relations. There was difficulty perceiving the model of participation in interdisciplinary activities by the graduates. **Conclusion:** the study reveals the graduation in Physiotherapy with limited interdisciplinary and interprofessional practices, demonstrating a scarce knowledge of the students regarding form, intensity and effects of interactions between disciplines and professionals in the health area. **Descriptors:** Interdisciplinary Communication; Staff Development; Higher Education; Perception; Physiotherapy; Health Occupations.

RESUMO

Objetivo: analisar a percepção do formando em fisioterapia no que se refere às práticas interprofissional e interdisciplinar, na formação acadêmica. **Método:** estudo qualitativo, descritivo. Utilizou-se como instrumento para produção de dados a entrevista aberta gravada em áudio. Para análise dos resultados foi escolhida a técnica de Análise de conteúdo. **Resultados:** foram entrevistados 24 participantes da pesquisa de um universo de 50, utilizando-se o critério de saturação para o fechamento amostral. Os dados analisados apontam para uma formação, com poucas ou por vezes, despercebidas interações entre profissionais do serviço e docentes, com o discente se percebendo excluído dessas relações. Foi observada dificuldade sobre a percepção do modelo de participação em atividades interdisciplinares pelos formandos. **Conclusão:** o estudo revela a formação em Fisioterapia com limitadas práticas interdisciplinares e interprofissionais, demonstrando um conhecimento escasso dos discentes quanto à forma, intensidade e repercussões das interações entre disciplinas e profissionais da área da saúde. **Descritores:** Comunicação Interdisciplinar; Desenvolvimento de Pessoal; Educação Superior; Percepção; Fisioterapia; Ocupações em Saúde.

RESUMEN

Objetivo: Analizar la percepción del formando en fisioterapia en relación a prácticas interprofesionales y interdisciplinarias en la formación académica. **Método:** estudio cualitativo, descriptivo. Se utilizó la entrevista abierta, grabada en audio como instrumento para la producción de datos. Para el análisis de los resultados se eligió la técnica de análisis de contenido. **Resultados:** fueron entrevistados 24 participantes en la investigación de un universo de 50, utilizando el criterio de saturación de la clausura de la muestra. Los datos analizados apuntan a una formación, con poco o, a veces, desapercibidas interacciones entre los profesionales de los servicios y la facultad, y el estudiante si siente suprimido de esas relaciones. Se observó la dificultad en la percepción del modelo de participación en actividades interdisciplinarias por parte de los formandos. **Conclusión:** El estudio revela la formación en fisioterapia con limitaciones prácticas interdisciplinarias y interprofesionales, lo que demuestra un escaso conocimiento de los alumnos en cuanto a la forma, la intensidad y los efectos de las interacciones entre las distintas disciplinas y profesionales en el ámbito de la salud. **Descritores:** Comunicación Interdisciplinaria; Desarrollo de Personal; Educación Superior; Percepción; Fisioterapia; Empleos en Salud.

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INTRODUCTION

Officially, the Physiotherapy practice in Brazil starts at the beginning of the 20th century, in 1919, with the Department of Medical Electricity of the Medicine College of the University of São Paulo.¹ The Law Decree 938/1969 regulates Physiotherapy as a higher level profession, characterizing it as a profession that aims at curing and rehabilitating the patient.²

In the years 1970 and 1980, the Sanitary Reform movement occurs, aiming at strengthening health promotion and disease prevention, which provides a new conception of the health-disease process. This reform expands with the creation of the Unified Health System-UHS and its doctrinal principles, among them, care integrality. The changes originated with the UHS, in relation to health care, generate changes in the professional practice of Physiotherapy when bringing it closer to the practice of health promotion and preventive measures.³

The integrality, which calls for the prioritization of health promotion and disease prevention, associated with the fragmentation of disciplines and with graduation for humanization, presents itself as a challenge for the training of health professionals.⁵ The fragmentation of disciplines during graduation results from the Flexner's model, based on the biological paradigm and exaltation of technology in the health care promotion⁵, strengthening the assistance and minimizing the actions of health promotion and disease prevention. Bispo Júnior⁶ states that the formation of the physiotherapist has predominant characteristics in the curative/rehabilitating and biologicist work, guided by Flexner's principles. Such characteristics contributed to the knowledge fragmentation, in the physiotherapist's practice.

As a way of minimizing such knowledge fragmentation, Interdisciplinarity and Interprofessionalism emerge. Interdisciplinarity means intercommunication between disciplines that result in changes in the mutual relations between disciplines and specialties, with the construction of a new knowledge, and not just in a simple dialog between disciplines and/or specialties.⁷

Interprofessionalism or Interprofessional Education comes from teamwork and allows discussing professional roles, emphasizing the commitment in problem solving by means of negotiation in decision making.^{8,9}

Interprofessionalism and interdisciplinary practice can generate gains in physiotherapy

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graduation when breaking with the knowledge fragmentation and strengthening the integral assistance. The need for interdisciplinary practice, in academic formation of courses in the health area, is pointed out in the National Curricular Guidelines for Graduations - DCNs - in the health area in 2001-2002.¹⁰ The DCNs in the health area requires graduations to form a critical, reflective, humanistic graduate, able to act in the UHF.¹¹

There is need to change the physiotherapist's formation and performance in his/her knowledge and practice fields, in order to prioritize the attendance to the society and not to market demands.¹² The academic training, for its own purpose, prevents the dissociation between educational project and demands of the individual and society.¹³ These demands are perceived in the formation through the insertion of educational practices promoted in the health service, in order to allow students to approach the real context, the interdisciplinary and interprofessional practices.

OBJECTIVE

- To analyze the perception of the graduate in physiotherapy in relation to interprofessional and interdisciplinary practices in academic formation.

METHOD

The present study, developed in the Health Education Area, corresponds to a qualitative, descriptive research,¹⁴ developed at a private Higher Education Institution - HEI that has 16 higher education courses, being five from the health area: Physiotherapy, Nursing, Nutrition, Psychology and Physical Education. The Physiotherapy course, begun in 2001, presents a unique curriculum framework for all units located in the Brazilian territory, as recommended by the HEI maintainer.

The choice of the data production instrument occurred from the theoretical deepening of the study object. This research chose the "open or in-depth interview"¹⁴ data production instrument, since it allows diverse reflections on the issues related to the study object.

After the phase of theoretical study and preparation of the data collection instrument, the research subjects were recruited. The inclusion criteria used were graduates of the Physiotherapy Course of the HEI selected for this research and signing Informed Consent Form - ICF.

The research subjects were invited to sign the ICF and to participate in the study in the

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aforementioned HEI. After signing the ICF, the graduates were submitted to an open interview with guiding questions that addressed aspects related to the graduation in Physiotherapy, the interdisciplinary practice and knowledge about Interdisciplinarity/Interprofessionalism.

Twenty-four interviews were performed, in a universe of fifty students. The sample size was defined using the data saturation criterion. The dimensioning of the amount of interviews must follow the saturation criterion.¹⁵ To carry out the identification of the sample saturation, the researcher initiates the evaluation of the data collected concurrently with data collection; the closure of collection occurs when the researcher evaluates the data comprehensively and identifies the theoretical saturation.¹⁶

After the production of interview data by audio recording, these were transcribed and read exhaustively.

The data analysis occurred through the Thematic Analysis that, in turn, uses the “theme” as a central concept and aims to identify the “meaning units” that compose the message of the content or frequency of appearance of the data in the speech of each subject.¹⁷ The analysis of the content of these messages occurred through Record Units-RU.¹⁴

The RU is a unit of meaning and encoding of the content segment collected for completion of data analysis.¹⁷ With the RU, we are able to categorize, differentiate and regroup, by similarity, the data obtained in the survey, in order to make them more intelligible to the researcher. The content analysis is an appropriate instrument for qualitative research to facilitate the in-depth analysis of the study object.¹⁷

For data interpretation, the results of the research were confronted with theoretical framework on academic training, Interdisciplinarity, Interprofessionalism, Physiotherapy and Health Education Practice, in the search for consistent, unique or contradictory content. We chose to name the subjects/graduates by the letter G, followed by interview number.

After content analysis performed with the responses given by the participants, common reports in approximation with the object of this study were grouped into RUs, named as follows:

RU 1. Perception of the interaction of service professionals with professors and/or professors with professors from different areas.

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RU 2. Participation of the subject in discussions or activities with professionals from different areas and/or professors from different courses and/or students from other courses.

The Research Ethics Committee of the Federal University of Alagoas approved the study under CAE 13312513.6.0000.5013 and opinion 228,809.

RESULTS AND DISCUSSION

The research sample consisted of 20 women and four men; only one research subject had a graduation prior to the researched course; 20 subjects participated in non-mandatory internship in hospital and/or outpatient setting; and 15 subjects participated in a extension project.

RU 1 discusses the perception of the interaction of service professionals with professors and/or professors with professors from different areas. The categories adopted in RU 1 are: the teaching-service interaction and the interaction between professors of different courses.

The present study points to the perception of different levels of interaction between the research subject and service professionals, professors and students.

♦ Teaching-service interaction

The teaching-service interaction comprises the collective work organized and between professors and students of courses in the health area relating with workers and managers.¹⁸ The space of interaction between professional education and healthcare service represents a privileged site for the teaching-learning process, once students, workers and the community play their social roles in a real context and with a knowledge convergence, in order to achieve the care recommended by the UHS.¹⁹ The research in question points to weaknesses in the interaction between the healthcare service and the academy, regarding the interaction in the area of practical activity of academic training. The graduates report identifying specific interaction, sporadically, between service professionals and professors in internship scenarios such as hospitals and Basic Health Units - BHU, showed by the discourse of the research subjects:

F7 Service Professionals with professors, yes, but not with the students. It happened more in the hospital area. There is discussion of doctors and nurses with preceptors, mainly in infirmaries, and preceptors that provide information for us.

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F16 Very difficult! It is hard to see an interaction between professionals, each one is in its place, and nobody talks about a particular patient.

F19 I observed it more at the hospital, of our professor with other professionals in a multidisciplinary way, each one seeking the patient's improvement; I could see interaction between the physio, nursing and physician at the internship.

The difficulty of interaction exists especially when it comes to the relationship between service professionals and students. This difficulty is lower regarding professors with service professionals. This fact is probably because internship professors many times are permanent employees of the service and the HEI. The data obtained in the research also point to obstacles in the interaction between the service professionals and graduates, with reports of exclusion of students in the practice of teaching-service interaction. In the perception of F7, the interaction between the healthcare service and the student is committed. To encourage the dialog with other forms of knowledge, Fazenda²⁰ proposes the construction of partnerships and the facilitation of a group thought as interdisciplinary practice in an attempt of "interpenetration of thoughts".

The analysis of the discourse of the subjects of the research point to various levels of interaction between service professionals in favor of the patient, possibly due to their a common goal: the patient's health. This common goal also develops the interprofessional education that arises when "two or more professions learn about others, with others and among themselves for effective collaboration and improved outcomes in health".²¹ The academic training of health professionals, therefore, needs reorganization to contemplate the interprofessional education and interdisciplinary practice necessary for the professional activity in the health area.

The interaction between professionals from different academic backgrounds does not guarantee, by itself, the Interdisciplinary Practice, because there is no "interdisciplinarity without relationship, relationship without communication and communication without attitudes".²²

The research points to precariousness in the interaction between the healthcare service and the academy, regarding the interaction in the area of practical activity of academic training. The respondents report identifying interaction, sporadically, between service professionals and professors in some

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scenarios of internship, mentioning hospitals and health units.

♦ Interaction between professors from different courses

The interaction between various professions requires the interprofessional education as "Integration understood in the perspective of new interactions in the interprofessional team work, exchange of experiences and knowledge and position of respect for diversity, allowing, with this, cooperation".⁸ The interdisciplinarity, in turn, "is characterized by the intensity of exchanges between experts and by the degree of real interaction between disciplines".⁷ They are both essential in team work with transforming work.

The absence of an integrated curricular structure in the studied course may have favored the perception of graduates on the non-interaction of Physiotherapy professors with those from other health area courses offered by the HEI: Physical Education, Nutrition, Psychology and Nursing. According to the speech of F12:

F12 In the disciplines, we have never had union, it was always individual.

The HEI presents a non-compulsory curricular structure that offers extension projects and non-compulsory internships, in which the graduates that participate in them report observing interaction, through dialogs and practices among professionals from diverse knowledge areas. The university extension projects promote an interaction between educational institution and community.²³ This link allows the approximation and the exchange of knowledge and experiences among professors, students and community through practices that unite education and research and facilitate the dialog of theory with the Interdisciplinary Practice, as graduate 17 reports:

Regarding the perception of the interaction between professors from diverse courses, the interviewed sample reports observing interaction at different levels:

F3 I do not see nor experience it in my training.

F14 I do not see any interaction between professors from other professions.

F23 I see some interaction between them, but they exclude the students and we do not know what kind of interaction is happening.

The interaction between professors from different areas enables the "shared reflection". Nóvoa, cited by Raposo and colleagues,²⁴ considers that "[...] the update

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and the production of new teaching practices can only arise from a “shared reflection” among colleagues, which takes place in the school and comes from the effort to find answers to educational problems”. These problems are usually caused by different postures and languages of the various knowledge areas and, thus, requires interdisciplinary field.^{24,25} For developing interdisciplinary practice the “[...] educator needs to untangle him/herself from the old to build the new”, once the initial attitude is “[...] accepting the new, then revising his/her attitudes about reality, being open to uncertainties, reorganizing his/her thought and his/her action”.^{25,26} The obtained data indicate, therefore, the need for changing teaching practice and improving the interaction between professors in the health area, in order to enable an Interdisciplinary and Interprofessional training.

The reflection on teaching practice is necessary for implementing Interprofessional Education and Interdisciplinarity. The students, especially from health courses, require interaction between knowledge, because “[...] health is considered an eminently interdisciplinary area and the integration of disciplines in the context of courses is what prepares human resources to act in this field”.²⁶ The training of professionals in the health area needs interprofessional education and interdisciplinary practice as strategies for overcoming the fragmentation and development of the care integrality with the subject.

RU 2 - PARTICIPATION MODEL - questions the graduate about the participation in discussions or activities with professionals from different areas and/or students from other courses. The category chosen for discussion in RU 2 was the participation model.

♦ Participation model

Interdisciplinarity is indeed facilitated in teamwork when it includes the collective planning and execution, respecting the expertise of each professional and the promotion of learning.²⁷ Thus, interdisciplinary practice occurs when the subject acts as a knowledge constructor through participation in activities that involve different knowledge areas. According to F13, it is known that:

F13 Not in practice! A few lectures that we have promoted, some cycles that we had tried to reconcile with other courses sporadically.

In this research, the statements of some subjects show that participation in discussions

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or interdisciplinary and interprofessional activities were restricted to being listeners at events. This conception of participation as listener perhaps arises from the education vision that states knowledge transmission; thus, the student is a spectator and not a knowledge constructor.

The perception of participation as listener may be also due to a posture of traditional teaching, in which the student has a passive attitude in the teaching-learning process, illustrated by the “banking education”, heavily criticized by Paulo Freire.²⁸ The present study found the existence of disagreement as to the criterion of participation presented by the interviewed subjects, once a few graduates consider the participation when listeners, referring to the “banking education”, and others consider the participation when there is interaction between different academic areas and changes in practice. With the approach of interdisciplinarity only in the theoretical field, there is no exchange of knowledge necessary for interdisciplinary practice.⁷ As regards interdisciplinary practices, the subjects 8 and 5 indicate that:

F8 At the beginning of the college, there was an academic week of lectures where we had no class and lectures of nursing, administration were open for the public, and I attended them. The college opened this space for us to know other areas.

F5 Lectures, seminars as a listener. Internship and practical fields, no.

Interdisciplinary practices may indeed facilitate students’ attitudes that build their own knowledge in the teaching-learning process, as recommended by Paulo Freire.²⁸ The interdisciplinary knowledge needs to be built in practice and resized in theoretical knowledge, to include interdisciplinary nature.¹³ The present study shows that the subjects’ training had a few interdisciplinary moments, concentrated in the curricular non-compulsory activities. In addition to graduates’ perception, there is the scant educational activity with professionals from other areas.

F6 Only in the Pregnant Club extension project; in the course’s curriculum, it does not.

About this topic Pacheco, Freire and Tosta²⁹ conducted a study with students of the Postgraduate Program in Knowledge Engineering and Management of the Federal University of Santa Catarina, which investigated the perception of students on Multidisciplinarity and Interdisciplinarity, present in the postgraduate course. The data

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from this survey pointed the need to promote interdisciplinary practice in the postgraduate course and suggested the expansion of spaces for socialization, discussion on Interdisciplinarity in the postgraduate program and stimulus to interaction and integration between professors.²⁹

The aforementioned study corroborates the data found in this research, in which 19 graduates reported having not participated in discussions or activities with professionals from different areas and/or students from other courses; and no subject reported observing interaction between professors from several courses. This fact demonstrates that Interdisciplinary Practice and Interprofessional Education are still poorly developed in graduation and post-graduation, as observed in both studies. According to the speech of F5:

F5 Lectures, seminars as a listener. Internship and practical fields, no

The perception of F5 corroborates the positioning of Couto,³⁰ when considering that “[...] the experience of actions and interdisciplinary practices almost inexists in the current educational system, in both the teaching as research field”. He also ratifies that “In most cases, there are meetings, so-called interdisciplinary events, which are actually multidisciplinary”. Many of these events occur as non-compulsory curricular activities in the HEI where the research occurred, as reports F19:

F19 I have not seen it, because I could not participate in extra activities, such as extension projects.

DCNs predict a training for the professional practice in an interdisciplinary way; a suggestion to achieve it is to foster the interdisciplinary practice in the mandatory curricular structure of graduate courses that can be presented through internships, extension activities, lectures and spaces for discussion among the various areas of health education.¹⁰

CONCLUSION

When analyzing the discourses of the graduates in Physiotherapy regarding academic training, Interprofessionalism and Interdisciplinarity, some points stood out for reflecting the theme in Health Education:

There were sporadic perceptions of interactions between health care professionals and faculty. In these moments of sporadic interactions, the research subjects felt excluded in the established relation. There was no perception of interaction between professors from different courses, nor between students from various courses in

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discussions or practical activities planned by the HEI. This may have occurred because the preceptors are employees of the HEI and the health care service.

Furthermore, in the subjects’ perception, the incipient interprofessional and interdisciplinary practice concentrated in non-compulsory curricular activities - extension projects - and, at certain moments, in the curricular mandatory activities - internships.

The subjects diverged regarding the *participation* model in interdisciplinary and interprofessional activities: some considered listener as participation, while some considered it as a constructor of their own knowledge.

Data analysis, in general, points to a training in Physiotherapy with limited interdisciplinary and interprofessional practices, demonstrating a scarce knowledge of the students as to form, intensity and effects of interactions between disciplines and professionals in the health area.

Therefore, there is need for an intervention that facilitates interprofessional education, interdisciplinary institutional practice and the deepening of theoretical knowledge about Interdisciplinarity and Interprofessionalism. A suggestion for intervention pointed out by the subjects is creating a discipline that has an interdisciplinary methodology. Even though including an interdisciplinary discipline may seem controversial, it is a space, institutionally guaranteed, in the curricular structure required for the socialization of students and professors from several areas of knowledge, enabling the knowledge exchange and reorganization in the health area. Not by chance, theorists of the discussed theme highlight academic extension and continuing education as tools in the effectuation of potentializing interdisciplinary and interprofessional practices.

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