REUOL
Revista de Enfermagem UFPE On line

ARTIGO ORIGINAL

Interprofessional education from the perspective of coordinating professors of health courses at a private institution

Educação interprofissional na perspectiva de docentes coordenadores de cursos da saúde em uma instituição privada

Educación interprofesional desde la perspectiva de docentes coordinadores de cursos de salud en una institución privada

Nathaly Maria Ferreira-Novaes[1]

Larissa de Lima Ferreira[1]

Karla Vaninna Araújo Ribeiro[1]

Aline Dayse da Silva[1]

Alexandre Parente Pinheiro Bandeira de Godoy[1]

Fábio da Silva Santana[1]

Reneide Muniz da Silva[1]

Marcelo Viana da Costa[2]

[1]Faculdade Pernambucana de Saúde. Recife (PE), Brazil.
[2]Universidade Federal do Rio Grande do Norte. Caicó (RN), Brazil.

Section editor
Diene Monique Carlos

Submitted: 08/31/2025
Acepted: 04/25/26

Corresponding author
Name: Nathaly Maria Ferreira-Novaes
E-mail: nathaly.novaes@fps.edu.br

ABSTRACT

Objective: to analyze the understanding of professors involved in the management of undergraduate health courses regarding Interprofessional Education (IPE). **Method:** the study employed a qualitative approach, conducted through audio-recorded and transcribed focus groups with course coordinators from the Physical Education, Nursing, Pharmacy, Physical Therapy, Medicine, Nutrition, Dentistry, and Psychology courses at a private college in Recife. **Results:** the majority of respondents were women (n = 42), with only 3 men. The participants' accounts converged into four analytical categories through which IPE was viewed: (1) as a user-centered practice; (2) as a stimulus for shared learning; (3) as the deconstruction of stereotypes and the reframing of professional identity; and (4) as knowledge and practice under construction. **Conclusion:** the study revealed a dissonance; that is, although the coordinators recognize the importance of IPE, they feel unprepared to teach it. This indicates that the transition to interprofessionality requires not only curricular changes, but also the reframing of professional identity and qualified, effective support for educators.

Keywords: *Interprofessional Education; Patient-centered Care; Problems-based Learning; Curriculum Reform.*

RESUMO

Objetivo: analisar a compreensão do corpo de docentes envolvidos em atividades de gestão dos cursos de graduação ma área da saúde sobre Educação Interprofissional (EIP). **Método:** a pesquisa foi de abordagem qualitativa, realizada por meio de grupos focais audiogravados e transcritos com coordenadores dos cursos de Educação Física, Enfermagem, Farmácia, Fisioterapia, Medicina, Nutrição, Odontologia e Psicologia de uma faculdade privada em Recife. **Resultados:** os entrevistados eram, em sua maioria, mulheres (n = 42), havendo apenas 3 homens. Os relatos dos participantes convergiram para a configuração de quatro categorias analíticas através das quais a EIP foi perspectivada: (1) para uma prática centrada no usuário; (2) como estímulo à aprendizagem compartilhada; (3) como desconstrução de estereótipos e ressignificação identitária profissional; e (4) como um conhecimento e prática em construção. **Conclusão:** o estudo evidenciou uma dissonância, ou seja, embora os coordenadores reconheçam a importância da EIP, sentem-se despreparados para ensiná-la. Isso indica que a transição para a interprofissionalidade exige não apenas mudanças curriculares, mas também a ressignificação da identidade profissional e o apoio qualificado e efetivo aos educadores.

Descritores: *Educação Interprofissional; Assistência Centrada no Paciente; Aprendizado Base Problemas; Reforma Curricular.*

RESUMEN

Objetivo: analizar la comprensión del cuerpo docente involucrado en actividades de gestión de los cursos de grado del área de la salud sobre la Educación Interprofesional (EIP). **Método:** la investigación fue de enfoque cualitativo, realizada mediante grupos focales grabados en audio y transcritos con coordinadores de los cursos de Educación Física, Enfermería, Farmacia, Fisioterapia, Medicina, Nutrición, Odontología y Psicología de una facultad privada en Recife. **Resultados:** la mayoría de los entrevistados fueron mujeres (n = 42), con solo 3 hombres. Los relatos de los participantes convergieron en la configuración de cuatro categorías analíticas através de las cuales la EIP fue concebida: (1) como una práctica centrada en el usuario; (2) como estímulo para el aprendizaje compartido; (3) como deconstrucción de estereotipos y resignificación de la identidad profesional; y (4) como un conocimiento y práctica en construcción. **Conclusión:** el estudio reveló una disonancia: si bien los coordinadores reconocen la importancia de la EIP, se sienten poco preparados para enseñarla. Esto indica que la transición hacia la interprofesionalidad requiere no solo cambios curriculares, sino también la redefinición de la identidad profesional y un apoyo cualificado y eficaz para los docentes.

Descriptores: *Educación Interprofesional; Atención Centrada en el Paciente; Aprendizaje Basado en Problemas; Reforma Curricular.*

Como citar este artigo:
Ferreira-Novaes NM, Ferreira LL, Ribeiro KVA, Silva AD, Godoy APPB, Santana FS, Silva RM, Costa MV. Interprofessional Education from the perspective of coordinating professors of health courses at a private institution. Rev. enferm. UFPE on line. 2026;20(1):e267775. DOI: https://doi.org/10.5205/1981-8963.2025.267775

Introduction

Health care has become increasingly complex, requiring collaboration among different professionals. In this context, Interprofessional Education (IPE) has been widely discussed and recognized as a strategy for preparing future professionals to work in an integrated, critical, and collaborative manner, with a focus on people's health needs.[1]

Defined as an opportunity in which "students from two or more professions learn with, about, and from one another to enable effective collaboration and improve health outcomes",[2] IPE seeks to overcome the fragmentation of care and break away from traditional models of single-profession and hierarchical education, promoting practices that foster comprehensive care and teamwork. Among its fundamental principles are shared learning, valuing interprofessional collaboration, effective communication, and mutual respect.[3-4] Furthermore, the link between IPE and collaborative practice depends on interdependent processes, supported by values, clear roles, effective communication, and organizational conditions that foster shared responsibility in health care.[5]

During training, IPE is essential for preparing professionals capable of working in patient-centered health-care systems, with critical thinking skills and ethical conduct, while respecting the specificities of each profession. Its impact includes more resolutive services, fewer errors in care, greater user satisfaction, and fewer conflicts among professionals. However, its success requires conditions such as mutual support in practice settings, the incorporation of interprofessionalism as a training principle in educational institutions, and addressing professional hierarchies.[6-7]

Despite the growing interest in and recognition of IPE in the process of reorienting health education and practice, the dominant model of health education, which is single-professional, discipline-based, and focused on specific areas of knowledge reinforces the fragmentation of work and disjointed care practices, thereby undermining the quality of care.[6-7] Despite international recognition and growing interest in incorporating IPE into health-care curricula, its implementation in the Brazilian context still faces challenges. The literature highlights the difficulty in establishing links between educational institutions and health services, professors' resistance to interdisciplinarity, and the persistence of fragmented curricula.[8] In addition, there is also resistance from professors and certain professional groups, such as physicians, to the adoption of interprofessional practices, which hinders the implementation of integrated approaches in health education.[9]

Given the challenges of single-profession training and the need to advance in the integration between professions, it is believed that understanding how professors involved in management activities and undergraduate courses interpret and articulate IPE can reveal

obstacles and opportunities for its effective incorporation into curricula. Thus, this understanding can contribute to identifying training gaps among educators, potentially subsidizing institutional policies and strengthening initiatives that depend on conceptual foundations to promote sustainable collaborative practices with health-care undergraduates.[2,10-11]

In this context, the Structuring Teaching Core (NDE, *Núcleo Docente Estruturante*) plays a key role in the organization of educational curricula in Brazil, as it is responsible for proposing and evaluating the development of the Curriculum Project (PPC, *Projeto Pedagógico de Curso*), ensuring that it is aligned with the objectives proposed by the National Curriculum Guidelines (DCN, *Diretrizes Curriculares Nacionais*). Undergraduate course coordinators, as members of the NDE, play a strategic role in institutional and curricular efforts to integrate IPE into pedagogical guidelines. Given the importance of this topic and the central role these professionals play in mediating institutional guidelines, teaching staff, and the demands of the health-care system, it is essential to investigate how these individuals understand IPE and how such conceptions influence — or fail to influence — its incorporation into the pedagogical programs of these courses.[12]

In view of the above, the objective of this study was to analyze the understanding of IPE by the teaching staff involved in the management of undergraduate courses in the health-care field.

Method

This study is exploratory and descriptive in nature, employing a qualitative approach in the field of health. The choice of a qualitative approach was justified by the interest in exploring the meanings attributed to a complex social phenomenon — IPE — in health education contexts. This is an excerpt from the research project developed during one of the authors' master's degree program, titled "Curriculum Reform for the Adoption of Interprofessional Education."

The data presented here were collected from forty-five (45) participants through nine (9) audio-recorded focus groups conducted between September and October 2023. The discussions analyzed were guided by a prompt question ("What does Interprofessional Education mean to you?") and transcribed in full.

The sample was a convenience one, composed of professors who are members of the NDEs and involved in management activities during the various terms of the Physical Education, Nursing, Pharmacy, Physical Therapy, Medicine, Nutrition, Dentistry, and Psychology courses at Faculdade Pernambucana de Saúde (FPS), given the strategic role

of such professors in conducting curricular processes and in implementing IPE at the institution under study. The inclusion criterion was being an active member of the NDE for at least one year; members with less than one year of service in the NDE were not included, nor were those who were on leave from their duties during the data collection period.

At the occasion of the focus groups, FPS, a college that is part of the private higher education network in Recife, Pernambuco, was undergoing a curriculum reform. At the time the data were collected (2023), these undergraduate programs were in the early stages of implementing IPE in their curricula.

This study focused on the responses provided in answer to the initial prompting question: “What does Interprofessional Education mean to you?” The analysis followed Bardin’s content analysis technique,[13] encompassing the stages of pre-analysis, exploration of the material, and processing of the results. During the pre-analysis, a cursory reading of the transcripts was conducted in order to gain familiarity with the content. In the exploration phase of the material, the data were coded and thematically categorized in an effort to answer the research question: “What are the conceptions of Interprofessional Education held by coordinators of undergraduate health courses?"

The categories developed were analyzed based on the similarities and differences between the IPE concepts presented by the interviewed coordinators and the existing literature in the field of IPE. The names of the courses corresponding to the transcription excerpts cited in the results were replaced with the identifiers C1, C2, C3…, and so on, assigned randomly as a strategy to ensure confidentiality and avoid any embarrassment.

The decision to adopt a qualitative approach was motivated by an interest in exploring the meanings attributed to a complex social phenomenon — IPE — in health education settings. The study followed the guidelines of Resolution 510/2016 of the National Health Council (CNS, *Conselho Nacional de Saúde*), and was approved by the FPS Ethics Committee, CAAE: 69846423.2.0000.5569.

Results

The majority of the interviewees were women (n = 42), with only 3 men. All had professional experience in their respective fields, with more than five years of practice in health care, primarily in hospital settings and/or private practices. At the time of data collection, the participants had recently taken a training course on IPE as an institutional initiative, with the objective of including IPE in the college’s Educational Policy Plan for the following year.

Referring back to the research question — what the conceptions of Interprofessional Education held by coordinators of undergraduate health courses are —, this section will present the data organized into categories based on Content Analysis.[13] Four categories were developed based on the statements gathered through the focus groups, namely: IPE for user-centered practice; IPE as a catalyst for shared learning; IPE as a means of deconstructing stereotypes and redefining professional identity; and IPE as knowledge and practice in the making. Each one will be presented and illustrated by excerpts that represent the meanings participants attributed to IPE, as shown below:

1. IPE for user-centered practice

This category highlights the importance of user-centeredness and of the patient's health needs in developing the ability of health professionals to understand comprehensive care, with the IPE as the path forward. The coordinators address this aspect by presenting the understanding that IPE favors overcoming the fragmentation of care, the focus on symptoms, and repositions the patient at the center of health-care actions as an active participant in their own health process, as illustrated by the following excerpts:

> In professional practice, it is a possibility to discuss a given context, right, and here we have that discussion beyond the patient's complaints, right, always sitting down with the patient and then thinking about Interprofessional Education and thinking about this possibility of dialogue, right, thinking of a way based on their needs, right, and obviously in coordination with the other professionals, (C1)

> Culturally, you move away from that training that is centered on the specialty within the discipline of each area and place the patient at the center (…) And interprofessionality, the biggest beneficiary of all this is actually the patient, the user, because above all, there is communication among the team, when it happens. The user is the biggest beneficiary. Culturally, you move away from that training that is centered on the specialty within each discipline and place the patient at the center. (C6)

> Interprofessional practice, how we can work together in contact with that patient, for that patient, and alongside that patient, so that they can also speak for themselves and express their thoughts about their own health. (C4)

> You look at your patient holistically. It is not just a matter of addressing the nutritional aspects of a diabetic patient; there is also an emotional aspect that needs to be taken into account. Sometimes the patient already has a physical limitation, and you need to look at the whole picture. (C5)

2. IPE as a catalyst for shared learning

The second category reflects an understanding of IPE as a horizontal educational process in which students learn with, about, and from one another through exchanges grounded in the commonalities shared by all health professions, referring to the

complementarity and expansion of collaborative practices made possible by the specificities of different fields of knowledge.

The participants described IPE as a pedagogical model that fosters mutual recognition among different professional fields of knowledge regarding each one's practice since graduation, and which involves an epistemological reorientation of health-care practice, as illustrated by the following statements:

> It is an opportunity for the student to learn, to learn with everyone else, but also to learn together, right, with the other person, and to also learn about themselves and about the other; the other, when I say “the other,” I mean the other professional, as part of a partnership, let’s call it that, a team (…). (C6)

> Not just dealing with the medication, but with the situation where all the professionals will be involved with that issue. So this is what I see as Interprofessional Education in practice. (…) This involvement, so that these students know what each other’s courses are, that is, what they are capable of doing and contributing with. So when they graduate with this understanding, they are already different professionals (…). (C3)

> (…) Working in a silo, you know, I cannot understand the patient as a whole, and this need for ongoing dialogue with other areas, be it Physiotherapy, Medicine, Nutrition, Pharmacy, anyway, this is extremely important for us to be able to understand the patient, right? And even for our interventions to be effective, so I think it starts there. (…) It aims, right from the start, to truly teach, build, and develop a way of being as a health professional, one that stems from logic, others, in the case of more specific ways of thinking, are not those lateral Cartesian ones, but more complex ones, what I can communicate if I know how to communicate there with that group, which are not identical groups, that are only psychologists or physicians, nurses, but they are groups that share a field, which is the health field. (C4)

> Always in a complementary way, always in a fundamental way, understanding each person’s role and each person’s importance within this broader context of patient care, right? Everyone, from every profession, aims to promote health and provide the patient with care within their respective areas. (…) And when we manage to work together, at the same time, right? Medicine, Nutrition, Pharmacy, Physical Therapy, everyone in the same room discussing the same learning objectives, they can understand the role and the importance that each one has within that role, right? I can see it from a broader perspective when I define it this way. (…) It would be about sharing skills and knowledge, discussing with different professionals so that, in a more collaborative way, you can direct care, health care, in this case. (…) When we think about Interprofessional Education, we think about this interaction; at the very least, I believe that, by definition, I think it has to start at the course level to achieve this interprofessionality. So, this interaction has to exist (…). (C5)

3. IPE as a means of deconstructing stereotypes and redefining professional identity

In this category, reflections emerged regarding the impact of IPE on professional identity and on efforts to rethink the hierarchical cultural structure prevalent among health professions. Participants believe that interprofessional collaboration contributes to questioning stereotypes and power relationships historically constructed among health professions, as illustrated in the excerpt below:

> Everyone is on an equal footing, right? Hierarchically speaking, no single profession stands out, and this is good because it gives students an overall perspective that everyone is important within their field of study. (…) The student arrives here knowing that socially there is already a structure around each health profession, right, there is this illusion of a hierarchy, there is confusion about each professional's role, so I think that the moment they start learning about interprofessionality, they grow stronger as a team, because they learn about themselves, they learn about others, right, and it is also about being there for the patient in a competent way, but at the same time it deconstructs a bit of that social image that exists around the profession they have chosen, the one they are going to study, so they also go on to (...), it is a deconstruction to reconstruct, undoing an image to be able to rebuild it in a different way, I think this is why it is also important that, from the very beginning of the course, they already start to adopt this perspective. (C6)

IPE is seen as an opportunity to build a new ethics of care, based on valuing all forms of knowledge and on building respectful and symmetrical links between professionals; that is, it has the potential to transform professional culture regarding recognition, communication, and the empowerment of each profession regarding its specific role, as well as the deconstruction of stereotypes and hierarchies historically entrenched in the health field, while investing in the appreciation and expansion of different forms of knowledge and practices through mutual exchange. As outlined in the excerpts below, this scenario may lead to resistance from some more conservative professionals in adopting IPE.

> It may be difficult for those who graduated 15 or 20 years ago and had to learn on the job how to work alongside other professionals, right, here in this structure they learn from an early stage, this dialogue, having to listen, and you end up learning jargon, concepts, insights from other areas, and you grow professionally as well, the speech of a physician, I mean, regarding a certain perspective on Physical Therapy, a nutritionist, I think everyone grows and benefits from this, from this training. (C1)

It has become evident that the scenario of demand for the inclusion of IPE in undergraduate programs has compelled professors to the need to reposition themselves regarding what they have internalized about how to act and how to view themselves within their profession in relation to others who are also part of the health-care team. It is necessary to step outside the "box" of one's profession. Thus, a context is emerging in which it is not merely a matter of a competency that can be acquired through cognitive knowledge, such as through courses and reading, but rather the need to construct experiential knowledge and a worldview that moves away from the Cartesian bias.

> I think there are attitudes that enable us to think about building spaces like this, which have been demanded of us, through this deconstruction and construction of logic, skills, and knowledge, and we need time, right, to stop and read, study, reflect, to have a moment like this, which is a moment of exchange. (…) It is a challenge; it is a challenge, (…) especially because we are not trained interprofessionally. And there is a nature that is somewhat separate, right? (…) professionals, in general, who cannot be moved by the proposal, who cannot strip themselves of their possessiveness, no matter how much it is presented as a good thing (…). When we talk about practice,

> we are talking about professionals who have already been qualified, when we talk about Interprofessional Education, we are talking about how, well, not whether the word would be “teach,” but how to facilitate student learning in health-care practice, to have already embedded there a mindset, a perspective of this interprofessional relationship; I think that was quite difficult, as part of the learning process. (…) There is a culture of this way of separating things, you know, and on top of that, within the health-care system there are these compartments, a very rigid culture, perhaps hierarchical, the issue of protocols that must be followed, and then in the health-care environment, I was going to say in my medical environment, that is what prevails, you know, this rigidity, like in the clinics. (…) It is a logic that brings an interprofessional reasoning logic to this, so we end up in these little boxes, (…) there is a logic, right, there is a Cartesian paradigm there, right, (…) a way of thinking and a way of acting, specifically the application of health care (…) it is the construction of a logic, I think, I, the way of being, the way of thinking, are practices, are practices formed by competence, by skills, that if you expect the already-trained professional to arrive at the hospital, to arrive at any level in education and health already with this ready, having been trained to think in a single way, only thinking about their own space, they will not develop this, they will have more difficulty. So, in my view, Interprofessional Education aims, right from the start, to make, in the very sense of teaching, building, developing a way of being as a health professional, one that stems from logic, others, in the case of more specific ways of thinking, are not these Cartesian lateral ones, (…) it is also a paradigm shift for us, allowing me to take a stand and say what my true place is within that team; otherwise, if I cannot say that, how will the rest of the people working with me understand? (C4)

> (…) Even today, we still often see people working strictly within their own silos. And then, through Interprofessional Education, we gain a broader viewpoint, we know how others will approach their work, and we know the importance of other professionals in the health-care field. And then we work collaboratively for the sake of health. (…) We were really lacking in that; back in our day, we did not study this interprofessional aspect. So you discuss some course of action with the physician, with the nurse, with the pharmacist, and we are informed, and you think, my God, how am I going to say this, how should I behave? (C5)

4. IPE as knowledge and practice in the making

It is also possible to observe nuances in terms of the accuracy of understanding across the different courses. At various moments, the statements cited above refer to the course on IPE that the participants took at the institution’s request, indicating that their knowledge of the subject has not yet been fully consolidated, as can be seen in the excerpts below:

> (…) If I were to tell you that I know exactly, that I feel prepared and well-trained, I would tell you that no, what I know is just as the other girls said, but I do not feel qualified, you know? With the knowledge that I think would be appropriate for this, for teaching in Interprofessional Education. (C2)

> I think it is a way, an empirical way, so to speak, of answering that question, which is not so clear in terms of content. (C7)

Some teams mentioned differences between, for example, interprofessional and multiprofessional practice. However, the specificities of each form of collaboration were not described.

> (…) Unfortunately, we have a cultural issue that leans much more toward a multiprofessional approach than an interprofessional one, but I think that is for the patient and even for the discussion among the teams, right? (…) In my day-to-day work today, I can understand and experience the multiprofessional aspect much more than, unfortunately, the interprofessional one. (C3)

It was observed that one of the participants in the Psychology course mentioned having experienced interprofessional practice during her master's degree program abroad, and this proved to be a distinguishing factor both in terms of understanding and in terms of confidence in discussing the concept with colleagues who are unable to view interprofessionalism as an integrated practice within their professional trajectories. The practice remains somewhat unclear to several participants, who acknowledge gaps in their training and professional practice, presenting a challenge for teaching, as illustrated by the reflections of group C4:

> (…) Even though this discussion about teamwork is new, we have been discussing its importance in a comprehensive way, teamwork, everything that has already been said, it is clear that the work is now being carried out by established teams, but who did not have this level of interaction and complexity when considering the phenomena, the cases, and the people, since there is effectiveness, it is something that is a construction, an effective shared responsibility, and much of what you are highlighting through your own training, we, the training is still very compartmentalized, starting in college, so we did not experience this in our practice as students, Interprofessional Education, nor the PBL method, so it is, as if… The opportunity changes, according to… Being thrown into an innovative approach that we did not experience in college, in practice as students. (…) This challenge, I think, is that most of these professors, despite understanding it, knowing how to use it, and effectively grasping how it works in practice in our day-to-day work, it is the teams we work with, not yet interprofessional, so we are living, so to speak, the professor is living in two realities: the teaching of interprofessionalism and the experience of interprofessionalism within certain spaces, but within their actual work environments, so to speak, they are not yet familiar with interprofessionalism. So I think that sometimes it is even difficult to enter a logic of functioning here, and to have another perspective there, and I do not know how long this can be positive in this regard. (C4)

Discussion

In the data examined across the four categories, although there is consensus regarding the relevance of IPE, the responses indicate variations among courses in terms of conceptual depth, curricular practices, and perceptions of challenges, as well as among professionals within the same course; however, this aspect was not analyzed in this study. Overall, the results point to the need for robust institutional policies, a teacher development program for IPE, and spaces for effective integration that promote IPE as a cross-cutting axis in health-related courses, contributing to the training of the professors themselves.

The conception of IPE as a user-centered practice (Category 1) is widely cited by participants as a response to the fragmentation of health care, an issue that has been criticized for decades in Brazilian public policies[14] and reaffirmed as a challenge by several

authors.[8,14] This user-centered approach is described as a rupture with hierarchical and disjointed practices, promoting more comprehensive care. The integration of different professions can provide students with the development of a broader perspective on care, thereby enhancing their problem-solving skills. In this context, IPE is understood as a tool for reorganizing professional practices based on the actual needs of the population that uses these services, in accordance with the principles of the Unified Health System (SUS, *Sistema Único de Saúde*).[8]

IPE, understood by participants as a collaborative and horizontal learning approach in which students learn with, about, and from one another from the start of their undergraduate studies, emphasizes the interdependent interaction between different fields of knowledge as opposed to the single-professional disciplinary model, and is seen as essential for training professionals who are prepared to deal with complex contexts. Evidence suggests that effective interprofessional practices are not built solely through the coexistence of different professionals, but require pedagogical intentionality, relational clarity, and the definition of common user-centered goals in order to transform interaction into effective collaboration.[4,10-11,15] The statements analyzed corroborate this idea by associating IPE with the logic of expanded listening and with the joint development of therapeutic plans, which requires a commitment to collaborative care and clarity of roles. However, one study noted that perceptions regarding integrated care policies were not incorporated into the reality experienced during professional training, which makes it difficult to reproduce them in day-to-day work plans. As a result, professionals tend to maintain the single-professional practices to which they are traditionally accustomed.[5]

Integrated care raises alerts from various reviews of curriculum guidelines, particularly with regard to “professional integration”, i.e., how professionals will work collectively to develop shared goals and take responsibility for care outcomes, and to “normative integration”, i.e., how professionals will work collectively within a framework with a common goal, combining their different skills, professional competencies, and core values that converge into collective values for the integration of care.[16]

This conception opposes hegemonic biomedical models and aligns with humanistic perspectives on health by emphasizing the patient’s active role and the importance of interprofessional communication. From an educational standpoint, IPE is suggested to favor overcoming disciplinary logic by repositioning the user as the central focus of health education.

Category 2 highlights IPE as a collaborative pedagogical process that challenges the single-professional model still dominant in health curricula. Participants emphasize the importance of interprofessional experiences from undergraduate studies onward as a way to build a culture of integration and recognition of the complementarity among different fields of knowledge. This movement corresponds to what is known as “interprofessional experiential learning,” which is necessary for students to develop collaborative skills such as interpersonal communication, role negotiation, and joint problem-solving.[17]

The data also indicate that practical experience with IPE has a significant impact on how students understand their professional identity and the role of colleagues from other areas. This highlights the importance of shared learning environments for building trust, empathy, and shared responsibility among professionals.[18] Hence, the learning methods to be adopted and adapted in Interprofessional Education contexts must take into account the pedagogical traditions of each profession; for example, problem-based learning in medical education, reflective practices common in nursing and social work, and experiential approaches. The literature indicates that assessment in interprofessional processes tends to prioritize formative practices aimed at the continuous development of collaborative competencies, with the possibility of incorporating summative elements when compatible with the requirements and procedures of the professional programs in which IPE is inserted.[19]

On the other hand, the statements reveal significant gaps in teacher training regarding the mediation of interprofessional processes, highlighting the need for systematic investment in training and institutional support so that IPE can be implemented as a pedagogical guideline and not merely as a rhetorical ideal.[20] In this training process, experiential learning using active methodologies has proven to be an effective strategy in various health-care contexts.[21]

Data from the literature also reveal the subjective and cultural dimensions of IPE by pointing to its transformative potential over professional identities and traditional hierarchies in health care (Category 3), since institutional knowledge tends to produce power relations and professional norms.[22] In this sense, IPE can be understood as a counter-hegemonic practice that challenges the professional field by proposing an ethics of horizontality and interdependence.

The literature shows that IPE promotes the overcoming of stereotypes and broadens understanding of professional roles, creating conditions for more collaborative and co-responsible practices. This transformation, however, is not immediate; it is a gradual process

that requires time, pedagogical continuity, and concrete experiences of interaction between different fields, supported by opportunities for dialogue and critical reflection.[23-24]

Participants highlight the potential of IPE to promote a more collective and integrated understanding of health-care practice without undermining the relevance of empowering different professions within their specificities, i.e., the demand for the creation of a collective or interprofessional identity for health professionals does not exclude the relevance of their individual professional identities.[25] It is important to identify common ground among health professions to enhance the complementarity that exists between them in the comprehensive care process.

There is a clear recognition of IPE as a tool for transforming professional culture, promoting greater epistemological dialogue, empathy, and active listening across areas. Contemporary literature reinforces this formative dimension by highlighting that the implementation of IPE is not limited to the acquisition of technical competencies, but involves symbolic struggles and negotiation processes regarding the very meaning of "providing health care."[26] Such experiences take the form of ethical-political practices in which resistance to traditional hierarchies emerges, as well as the need to construct shared meanings. In this context, IPE mobilizes emotions, challenges established positions, and fosters subjective transformations in professors and students, redefining professional identities and ways of being professional.[27]

Although the coordinators interviewed were unanimous in recognizing the importance of IPE, the data indicate disparities between the conceptual and practical appropriation of the proposal. This finding is consistent with studies that identify IPE as a field in development in Brazil, strongly conditioned by institutional policies, working conditions of the teaching staff, and disciplinary cultures that remain deeply rooted.[28]

Finally, although valued as a pedagogical strategy, IPE is perceived by participants as a field of knowledge still under development (Category 4), which poses challenges for its implementation due not only to insufficient prior teacher training and fragmented curricula, but also to cultural resistance and a lack of institutional spaces for integration throughout their professional careers. This category highlights the need for investment in teacher education, ongoing and experiential training, as well as institutional spaces that promote the robust development of IPE. These challenges can only be overcome through ongoing investment in the training of educators, the strengthening of curriculum guidelines, and the creation of interprofessional practice settings from the beginning of undergraduate studies.[29]

The analysis ultimately confirms that IPE is more than an educational technique; it is a political-pedagogical project aimed at transforming care into health. For this to happen, undergraduate courses must make an ethical and institutional commitment to promoting genuine experiences of collaboration, integrating teaching, service, and the community — just as advocated by the Continuing Health Education movement.[30]

Among the study's limitations, we may highlight the use of a convenience sample restricted to a single private institution, which limits the generalizability of the findings to other educational contexts. Furthermore, the conceptions analyzed reflect the professors' perceptions at an early stage of the implementation of IPE, and may change as the proposal undergoes institutional refinement.

Final considerations

The discussions and results presented in this study highlight the complexity and relevance of Interprofessional Education in the training of coordinators of undergraduate health courses. The identified conceptions of IPE — such as user-centered practice, collaborative training across diverse fields of knowledge, the deconstruction of stereotypes and the redefinition of professional identity, as well as knowledge/practice in the making — reveal both the recognition of IPE's transformative potential and the challenges inherent in its full implementation.

It is essential that higher education institutions invest in robust and ongoing teacher training policies that go beyond cognitive aspects and also address experiential learning and reflection on teaching practices. Overcoming single-professional and hierarchical models requires a long-term institutional commitment that promotes spaces for effective integration among different courses and encourages the development of a collaborative culture as from the undergraduate level onward.

Although there is a consensus on the importance of IPE, the conceptual and practical variations observed among coordinating professors of different courses point to the need for ongoing in-depth study of the topic. This implies the creation of continuing education settings where health professionals involved in educational activities are allowed to experience collaboration, which, in turn, can support the reframing of their professional identities and the deconstruction of historically established stereotypes.

The study contributes to the field of Interprofessional Education by demonstrating that, even among professors in strategic positions within curriculum management, IPE remains a field of knowledge in progress. By revealing discrepancies between conceptual recognition and pedagogical confidence, the findings reinforce the need for institutional policies on teacher training and for strengthening IPE as a political-pedagogical project in health education.

Authors' contributions

Study design: Nathaly Maria Ferreira-Novaes, Karla Vaninna Araújo Ribeiro and Reneide Muniz da Silva. **Data collection:** Karla Vaninna Araújo Ribeiro. **Data analysis and interpretation:** Nathaly Maria Ferreira-Novaes. **Manuscript writing:** Nathaly Maria Ferreira-Novaes, Larissa de Lima Ferreira and Aline Dayse da Silva. **Critical review of the manuscript:** Larissa de Lima Ferreira, Aline Dayse da Silva, Alexandre Parente Pinheiro Bandeira de Godoy, Fábio da Silva Santana, Reneide Muniz da Silva and Marcelo Viana da Costa. **Approval of the final version of the text:** Nathaly Maria Ferreira-Novaes, Larissa de Lima Ferreira, Karla Vaninna Araújo Ribeiro and Reneide Muniz da Silva.

Conflict of interest

The authors have declared that there is no conflict of interest.

References

1. Lima AMP, Dias VA, Batista NA. A educação interprofissional no currículo de graduação das profissões de Saúde: uma revisão integrativa. Interface (Botucatu) [Internet]. 2025;29:e240278. DOI: https://doi.org/10.1590/interface.240278

2. Zaher S, Otaki F, Zary N, Al Marzouqi A, Radhakrishnan R. Effect of introducing interprofessional education concepts on students of various healthcare disciplines: a pre-post study in the United Arab Emirates. BMC Med Educ [Internet]. 2022 Jul 2;22(1):517. DOI: https://doi.org/10.1186/s12909-022-03571-9

3. Viana SBP, Hostins RCL, Beunza JJ. Educação interprofissional na graduação em saúde no Brasil: uma revisão qualitativa da literatura. e-Curriculum [Internet]. 2021;19(2):817-839. DOI: https://doi.org/10.23925/1809-3876.2021v19i2p817-839

4. Reeves S, Lewin S, Espin S, Zwarenstein M. Interprofessional teamwork for health and social care. Oxford: Blackwell Publishing Ltd; 2010. DOI: https://doi.org/10.1002/9781444325027

5. D'Amour D, Oandasan I. Interprofessionality as the field of interprofessional practice and interprofessional education: an emerging concept. J Interprof Care [Internet]. 2005;19 Suppl 1:8-20. DOI: https://doi.org/10.1080/13561820500081604

6. Rossit RAS, Freitas MAO, Batista SHSS, Batista NA. Construção da identidade profissional na Educação Interprofissional em Saúde: percepção de egressos. Interface (Botucatu) [Internet]. 2018;22:1399-1410. DOI: https://doi.org/10.1590/1807-57622017.0184

7. Souza LVRC, Ávila MMM. Opportunities and barriers for interprofessional education in the context of undergraduate health courses. Res SocDev [Internet]. 2021;10(9):e4310917618. DOI: https://doi.org/10.33448/rsd-v10i9.17618

8. Peduzzi M, Norman IJ, Germani ACCG, Silva JAM, Souza GC. Educação interprofissional: formação de profissionais de saúde para o trabalho em equipe com foco nos usuários. Rev Esc Enferm USP [Internet]. 2013;47(4):977-983. DOI: https://doi.org/10.1590/S0080-623420130000400029

9. Dallaghan GL, Hoffman E, Lyden E, Bevil C. Faculty attitudes about interprofessional education. Med Educ Online [Internet]. 2016;21:32065. DOI: https://doi.org/10.3402/meo.v21.32065

10. Oandasan I, Reeves S. Key elements of interprofessional education. Part 2: factors, processes and outcomes. J Interprof Care [Internet]. 2005;19 Suppl 1:39-48. DOI: https://doi.org/10.1080/13561820500081703

11. Oandasan I, Reeves S. Key elements for interprofessional education. Part 1: the learner, the educator and the learning context. J Interprof Care [Internet]. 2005;19 Suppl 1:21-38. DOI: https://doi.org/10.1080/13561820500083550

12. Sakr MR, Vieira AMDP. O Núcleo Docente Estruturante (NDE): a experiência de uma instituição. Rev IberoamEvalEduc [Internet]. 2019;12(2):179-192. DOI: https://doi.org/10.15366/riee2019.12.2.009

13. Bardin L. Análise de conteúdo. 1. ed. São Paulo: Edições 70; 2021.

14. Ministério da Saúde (BR). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação na Saúde. Política nacional de educação permanente em saúde. 1. ed. rev. Brasília: Ministério da Saúde; 2018. Available from: https://www.gov.br/anvisa/pt-br/centraisdeconteudo/publicacoes/educacao-e-pesquisa/qualificacao-profissional-em-vigilancia-sanitaria/politica-nacional-de-educacao-permanente-em-saude.pdf

15. Bridges DR, Davidson RA, Odegard PS, Maki IV, Tomkowiak J. Interprofessional collaboration: three best practice models of interprofessional education. Med Educ Online [Internet]. 2011 Apr 8;16:6035. DOI: https://doi.org/10.3402/meo.v16i0.6035

16. Calciolari S, González Ortiz L, Goodwin N, Stein V. Validation of a conceptual framework aimed to standardize and compare care integration initiatives: the Project INTEGRATE framework. J Interprof Care [Internet]. 2022;36(1):152-160. DOI: https://doi.org/10.1080/13561820.2020.1864307

17. Freeth D, Hammick M, Reeves S, Koppel I, Barr H. Effective interprofessional education: development, delivery and evaluation. Oxford: Blackwell Publishing Ltd; 2005. DOI: https://doi.org/10.1002/9780470776438

18. Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. Interprofessional education: effects on professional practice and healthcare outcomes (update). Cochrane Database Syst Rev [Internet]. 2013;2013(3):CD002213. DOI: https://doi.org/10.1002/14651858.CD002213.pub3

19. Chu M, Xu L, Liu Y, Ye H, Zhang Y, Xue Y, *et al*. Interprofessional education in problem-based learning: a frontier form of PBL in medical education. J. educ. health promot. [Internet]. 2023;12:376. DOI: https://doi.org/10.4103/jehp.jehp_62_23

20. Batista NA, Rossit RAS, Batista SHSS, Silva CCB, Uchôa-Figueiredo LDR, Poletto PR. Educação interprofissional na formação em saúde: a experiência da Universidade Federal de São Paulo, campus Baixada Santista, Santos, Brasil. Interface (Botucatu) [Internet]. 2018;22:1705-1715. DOI: https://doi.org/10.1590/1807-57622017.0693

21. Shin H, Sok S, Hyun KS, Kim MJ. Competency and an active learning program in undergraduate nursing education. J. Adv. Nurs. [Internet]. 2015;71(3):591-598. DOI: https://doi.org/10.1111/jan.12564

22. Foucault M. Microfísica do poder. Machado R, organizador. Rio de Janeiro: Graal; 1979.

23. Price S, Van Dam L, Sim M, Andrews C, Gilbert JHV, Lackie K, *et al*. Becoming interprofessional: a longitudinal study of professional and interprofessional identity development across five health professions. Qual Health Res [Internet]. 2025;10497323251333960. DOI: https://doi.org/10.1177/10497323251333960

24. Grand-Guillaume-Perrenoud JA, Cignacco E, MacPhee M, Carron T, Peytremann-Bridevaux I. How does interprofessional education affect attitudes towards interprofessional collaboration? A rapid realist synthesis. Adv Health Sci Educ Theory Pract [Internet]. 2025;30(3):879-933. DOI: https://doi.org/10.1007/s10459-024-10368-6

25. Cantaert GR, Pype P, Valcke M, Lauwerier E. Interprofessional identity in health and social care: analysis and synthesis of the assumptions and conceptions in the literature. Int J Environ Res Public Health [Internet]. 2022;19(22):14799. DOI: https://doi.org/10.3390/ijerph192214799

26. Patel H, Perry S, Badu E, Mwangi F, Onifade O, Mazurskyy A, *et al*. A scoping review of interprofessional education in healthcare: evaluating competency development, educational outcomes and challenges. BMC Med Educ [Internet]. 2025;25(1):409. DOI: https://doi.org/10.1186/s12909-025-06969-3

27. Reubens-Leonidio AC, Carvalho TGP, Antunes MBC, Barros MVG. Educação interprofissional e prática colaborativa na formação em educação física: reflexões de uma experiência na perspectiva da tutoria. Saúde Soc [Internet]. 2021;30(3):e200821. DOI: https://doi.org/10.1590/S0104-12902021200821

28. Cruz YLN, Moreira KFA. Os (des)caminhos da interprofissionalidade em uma universidade federal do norte: discursos e práticas docentes e discentes. Revista Científica Da Faculdade De Educação E Meio Ambiente [Internet]. 2023;14(1):444-465. DOI: https://doi.org/10.31072/rcf.v14i1.1286

29. Peduzzi M, Agreli HLF, Silva JAM, Souza HS. Trabalho em equipe: uma revisita ao conceito e a seus desdobramentos no trabalho interprofissional. Trab. educ. saúde [Internet]. 2020;18:e0024678. DOI: https://doi.org/10.1590/1981-7746-sol00246

30. Ceccim RB, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. Physis (Rio J) [Internet]. 2004;14(1):41-65. DOI: https://doi.org/10.1590/S0103-73312004000100004