



INTERPROFESSIONALITY AND ACTIVE METHODS IN COLLECTIVE HEALTH TRAINING: STRATEGIES FOR THE CONSTRUCTION OF COMPETENCES

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ABSTRACT

Objective: describing the experience of the implementation of the curricular component, which is based on collaborative interprofessional practices through active learning methods for building competencies focused on the area of collective health. **Method:** research of the type report of experience with a qualitative and a descriptive approach on the experiences lived by teachers in an interprofessional discipline in a Higher Education Institution (HEI) from the Brazilian Northeast in the period from June 2022 to December 2022. Data collection was carried out from the teaching plans and the diaries of the teachers responsible for the discipline. **Results:** the organization of the discipline stages, collaborative practices, interprofessionality, active methods and evaluation criteria used facilitate the development of skills for training in the area of collective health that interweave a necessary context to establish the consolidation of health with focus on the integrality and strengthening of the Unified Health System. **Final Considerations:** active learning methods are considered powerful for the challenges of building collaborative skills in health education and a curriculum design is essential in this perspective. Based on the above-mentioned report of experience, it is evident the importance of defining skills in health courses curricula that contemplate interprofessionality, mediated by active learning methods, in order to solve the disparities and challenges that generate heterogeneity in Collective Health training.

Keywords: Interprofessional education. Problem-based learning. Professional Education in Public Health. Universities. Teachers.

INTRODUCTION

Historically, the development of health care in the world has focused on fragmented models of health care, which resulted in the sectionality of the reflection on the health-disease process and the framework of health care itself, that accompanies the technical-scientific and political development, throughout the generations⁽¹⁾.

In this context, the hegemony of the biomedical model, technicist and fragmented has been confronted by the evolution of the concept of health, from its historical transitions, reverberating in a multidimensional conception and that still discusses the utopias and paradigms that involves the concept of health in contemporaneity⁽²⁾.

In collective health, theoretical reflection is essential for carrying out situational diagnosis. In view of this, the discussion on content such as Social Determinants of Health allows analysis

from the perspective of health care planning. Based on the health needs of the population and considering the territorial singularity, as well as the intersectoral equipment, this objective approach reflects on the importance of structuring curricula that prioritize transversality, since Collective Health is a multidisciplinary scientific-ideological field focusing on the determination of social production of diseases and conditions⁽³⁾.

Thus, collective health, a scientific field also constituted by the intersection of health and social sciences⁽⁴⁾, does not support the hegemonic biomedical model in the scope of its practices, although this model is still present in a considerable way in the training of health professionals⁽¹⁾, whose challenges to be overcome consist in the expansion of research, in the transition from traditional teaching methods and biomedical approach to an intersectoral approach to health, considering the human and social

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sciences⁽⁵⁾, consisting of strategies for a necessary change in care and for strengthening the Unified Health System (SUS)⁽¹⁾.

The teaching of collective health aims to support the conception of the process of work in health, with a theoretical-methodological and technological approach that problematize real contexts of the health-process disease and stimulate the relationship between knowledge and practices present through situational diagnosis and evaluation of strategies, with an intersectoral reorientation⁽⁶⁾. The approval of the National Curriculum Guidelines (NCD) for undergraduate health courses, with a focus on consolidating the Unified Health System (SUS), has the potential to reorient the training of health professionals to the multifactoriality of the health-process disease, as well as the multidimensionality of health care⁽⁷⁾.

It adds to the efforts for the change of the model of care, the interprofessionality in the formation in health that aims collaborative connections, theoretical-practical and integrated actions between students of courses of health, which count as strategies of promotion, the programs aimed at training focused on the Unified Health System, the study centers, practices and projects in Collective Health. However, the following challenges of interprofessional and collaborative practice are evidenced: 1) the structuring of courses linked to their nuclei; 2) the structure of health services; 3) difficulty/restriction of interprofessional relationship between the health team; 4) schedules of the academic practices of the various courses at different times⁽⁵⁾.

Within this perspective, an educational group in the Brazilian Northeast reformulated the curricula of health courses from 2020 onwards in a model of education by skills and anchored in interprofessionalism in health. Ten initial stages were developed adapted from the methodology described by Suñé, Araujo and Urquiza⁽⁸⁾, which culminated in the curriculum implementation completed in 2022. All curricular reformulation was developed in a collaborative way, with the stages and records built by the Interprofessional Health Center, group made up of members of the Structuring Teaching Center of each course, under the leadership of a management of health courses and specialized educational consulting.

However, the interprofessional articulation was also the basis of the pedagogical model of the

curricular component entitled "Collective Health", in which students of the courses of Biomedicine, Physical Education, Nursing, Pharmacy, Physiotherapy, Nutrition, Psychology and Veterinary Medicine share the same learning environment in this curricular component, with the purpose of intentional incorporation of joint learning of knowledge, articulation of teaching, research and extension, as well as the construction of competences through active and collaborative methods, developed by the teachers of the discipline.

Considering the relevance of interprofessionality in health training, with a view to overcoming the multi or uniprofessional paradigm, this study aims to describe the experience of implementing the "Collective Health" curriculum component, which is based on interprofessional collaborative practices, through active learning methods for the construction of skills focused on this area of knowledge.

METHOD

Research of the type experience report, with a qualitative and descriptive approach to the experiences experienced by teachers of the interprofessional discipline entitled "Collective Health", common to the courses of the area of health of one of the seven Institutions of Higher Education that make up an educational group of the Brazilian Northeast, in the period from June 2022 to December 2022, whose sources of information were the records of the teaching plans and journals developed by the teachers of the discipline, in their numerous offerings at the institution.

The data collection was performed from the analysis of the teaching plan of the discipline and the registration of the diaries of three teachers responsible for the execution of the curricular component "Collective Health", composed by the planning, development of activities that contains the date, time, active method, learning evaluations, which occurred in a procedural way during classes and evaluation scales of projects developed by students.

The data analysis arises from the detailed analysis of the teaching plans of the discipline and the records of a meeting between the teachers responsible for the discipline to evaluate the results

throughout the semester, when the evaluation criteria of the projects were analyzed, the faculty journals, student interactions in Blackboard and Dreamshaper tools, as well as peer review by students. Due to the nature of the research, it was not necessary to have the approval of a Committee for Ethics and Research (CER); however, the institution's consent was obtained for publication of the experiment.

RESULTS OF EXPERIENCE

The curricular component "Collective Health" is offered to students of the first semester of several courses. The dynamics of the curricular component consists of two distinct moments: a first block that proposes to build skills and apply the contents through dialogic lectures and active learning methods, and a second moment, with the development of projects, aligned with the Institutional Pedagogical Project (IPP), which proposes interprofessional solutions in the health area to offer effective answers to the demands of the regional loco society.

Based on the development of six learning objectives proposed in the teaching and learning plan of the curricular component: 1- Identify problems related to the determinants of health-disease processes in an interdisciplinary and interprofessional way; 2- Relate the models of health care with the forms of organization of the health system and services in Brazil; 3- Associate the levels to the Health Care Networks; 4- Act based on the principles of the Unified Health System (SUS); 5- Identify biological risks in loco, social and psychological of the health-disease process, in individuals and/or groups interprofessionally at the level of primary care; 6- To correlate in an interprofessional way the sociocultural, biological, psychic and spirituality dimensions in the health processhealth policies, it is reflected on how significant learning in collective health and interprofessionality contributes to health education and can corroborate with the consolidation of the Unified Health System.

In the first meeting of students with the discipline, it was carried out the reception, through group dynamics, focusing on encouraging presentation and interaction between peers, encouraging passing through the process of

interpersonal interprofessional relationship, indispensable to start the teaching-learning process.

The discipline represents the first contact with interprofessionality and also the deconstruction of several concepts about collective health and the Unified Health System (SUS) acquired through common sense, media or personal experiences or third parties.

At first, the students' knowledge about collective health was evaluated in the first theoretical class entitled "Conception of Health", when a reflection activity was proposed, with notes and socialization on the "positive and negative points of SUS", with a historical-reflective focus on the SUS and the evolution of the health concept.

The material acquired at this meeting contributed to teachers analyzing how students had a stereotyped view of public health, as a precarious service and of very poor quality. In the evaluation of knowledge after the discussion, it was possible to see that students reaffirm the SUS as a precarized system, due to factors related to the political management of the system, but deconstruct the idea of an essentially ineffective system, for a system that faces challenges to its consolidation.

The discussion on the Sanitary Reform, health design, models of health care, territorialization and cartography, among others, through rotation by stations, provide the development of political skills in the face of interprofessional discussions, making students protagonists of the active learning process since these conceptions form the framework of the Health System.

The interprofessional articulation is the basis of the pedagogical model of health courses of this educational institution, which allows the integration of knowledge through collaborative practices.

For the interprofessional project, students of the discipline were divided into groups and encouraged identifying health problems of the individual, family and community based on ethical principles, semiology, biosafety and interpersonal relationships, as well as to evaluate and correlate the determinants and sociocultural, biological, psychological and spirituality in the health-disease process with health policies, proposing improvements focusing on quality of life.

Thus, for the problematization of the project to be developed by students three themes were

presented with their respective challenges in the area of Collective Health: 1-Strengthening the SUS that we deserve: its principles and guidelines; 2- Recognizing and controlling the determinants and conditions of health and the health-disease process; 3-Strengthening the implementation of the care lines in SUS.

In the meantime, the projects were developed taking as reference the methodology of Jigsaw, in which it was possible to solve problems interprofessional students from different health courses, developing authentic projects applied to the community and with the articulation between Teaching, Research and Extension.

For the realization of the project, students were organized in interprofessional teams, and in the selection of the theme by team, each student performed the theoretical-reflective immersion, becoming "expert" on the theme, as proposed in Jigsaw. From the socialization and discussion in team, there was the possibility to reflect on viable solutions for development of projects applied to the community.

The groups of "specialists", formed by students from nine health courses, discussed the themes proposed in the challenge, raising the main problems/gaps in health services in general, developing a critical-reflexive thought that instrumentalizes them for the interprofessional stage.

Some challenges were evidenced, as a reflection of the previous experiences of students with the educational environment, the initial resistance to form interprofessional teams those are being replaced by the intellectual construction of peers who share the need to reflect collective health based on the approach of integrality, one of the structuring principles of SUS.

The stages that make up the mentioned projects happen within the curricular component, during the second bimonthly, initially with the "Ideas Marathon", which aims to the storm of ideas for the survey of solutions to health problems and subsequently, the development of ideas until culmination with the final submission for evaluation as to market viability and innovation by members of the local community (representatives of the Brazilian Secretariat for Health and Education, Service Support to Micro and Small Enterprises (SEBRAE) and members of civil society).

To put students in contact with experiences that enable digital and communicational accessibility, the curriculum component also has the Virtual Learning Environment (VLE), called Blackboard, where it is possible the interaction between teachers and students for deepening and discussion of the topics, as well as the Dreamshaper platform, which consists of a space to which the student travels a trail and the teacher manages to carry out the management of the elaborated projects.

Other active teaching and learning methods used in the course of the discipline were: gamification, rotation by stations, problem-based learning and case studies, which were applied during the development of the in order to achieve the learning objectives and enable them to critical-reflective discussion of the topics present in the discipline.

The evaluation criteria of the students consisted of indicators that pass through several analyses, from the originality of the proposal to its feasibility for solving emerging problems in collective health. The learning evaluation of the curricular component was performed through the analysis of the specific planned and expected competencies, by means of evaluation descriptors classified in five levels: 1- Incipient; 2- Developing; 3- Proficient; 4- Advanced; 5- Excellent. For the evaluation of the general skills developed, were considered the students' protagonism, the interaction between peers, creativity, the feasibility of the project proposal, among others.

At the end of the semester, an institutional event took place for the selection and celebration of the most innovative ideas and the 26 abstracts of the projects were published on a page of the institutional site, aiming at socialization with the academic community and the dissemination of proposals for interventions for local collective health, giving visibility to possible solutions to emerging problems. Finally, the abstracts were evaluated for publication in the scientific journal of the institution.

However, it is evident that the active methods in training in Collective Health enable students to experience challenges and conflicts that simulate the daily life of services and require the organization of efforts and ideas among the various protagonists involved.

DISCUSSION

In the context of skills development through collaborative practices, teamwork is a strategy with potential to reduce and promote interpersonal relationships with a focus on strengthening social relations, which allows important exchanges, encourages effective participation and the establishment of connections⁽⁹⁾.

Thus, from the assumption of meaningful learning, active methods reveal potential to mobilize the connections and processes that lead the subject to advanced learning, by allowing a flow of reflective exchanges between peers, what provides to exercise knowledge that starts from the subjectivity and cognitive integration⁽¹⁰⁾.

From the perspective of Problem-Based Learning, Jigsaw was the main active method used in this experiment. This is a technique in which students from a given group are divided, initially with a specific assignment, treated as specialists, and then they join new groups to solve certain challenges⁽¹¹⁾. In the reported experience, interprofessional and collaborative learning is proposed through discussion and reflection by different perspectives and fields of knowledge⁽¹¹⁾. The active method Jigsaw allowed the student, with an expert look, to contribute to discuss effective solutions for the health system with deepening of topics related to their professional area in interprofessional teams, leveraging the quality of reflections of the solutions presented⁽¹²⁻¹³⁾.

The interprofessional training linked to active methods in health education allowed the development of consolidated relationships, trust and respect for peers, understanding their performance as part of the health team and articulation with other professionals. Active learning methods, such as reality dramatization and team-discussed cases, corroborate professional identification of real problems that affect the health of the community⁽¹¹⁾.

Providing a learning environment for training in Collective Health, using the active methods as an instrument of teaching, has the potential to generate a favorable environment of transformation of the student for a critical-reflective and dynamic positioning, making the protagonist of learning, from a meaningful learning, acquired by established connections and reflections⁽¹³⁾.

The unlikely environment generates

restlessness, creativity, empathy and strengthens interprofessional relations between students and teachers, being able to generate learning from lived experiences, valuing the student's protagonism^(10,14). It also reduces the influence of distractors, which are so present in the classroom, such as social networks and the avoidance of discussion or environment, by disinterest to the proposed activities.

Interprofessional discussions and the use of active methodologies promote students' protagonism and the development of ethical and professional skills⁽¹⁵⁾, make the educational environment dynamic and unpredictable, from contexts of diversity and contradictions^(14,15), conditioning the active participation of students and the establishment of connections that corroborate for the development of reflections and improvement of autonomy to students⁽¹⁵⁾.

Interprofessionality as a tool for the consolidation of SUS, comes as a strategy to reduce the effects of the biomedical model⁽¹⁶⁾, reorienting professionals, who will compose the world of health work in the coming years, about the importance of interprofessional team for an increasingly effective health care.

Among the challenges for interprofessional training and the development of the professional identity of health students, there is heterogeneity in the training courses in health and limitation on the performance of each professional that make up the health team⁽¹⁷⁻¹⁹⁾, requiring alignment of interventions, structuring of collaborative care and exercise for leadership with learning objectives^(19,20).

The appreciation of the articulation between pairs focuses on the development of collaborative skills that culminate in the reorientation of training and service. Cooperation, the resolution of real problems diagnosed by the interprofessional team in the local community and the encouragement to the development of scientific knowledge early in educational institutions, strengthens the student's involvement with the reality of the community and with the interprofessional relationship⁽²⁰⁾.

Having as product the development of intervention project through innovative ideas, the learning process of students in this experience report is potentialized, Ascending in the formation of the professional identity of the student who is inserted in the territory and knows the political and

social context to which health is submerged, achieving the objective of forming critical, reflexive and proactive professionals⁽²¹⁾.

In the teaching perspective, active and collaborative methodologies strengthen the teaching process in the context of collective health, from an environment of stimuli and development of skills, important for the process of meaningful learning, incorporating the transversality that covers the theme, as well as intersectoriality, inter-institutional relations, which culminate in addressing emerging problems in collective health⁽²²⁾, which are implemented through development programs and teacher continuing education, in order to allow the subsidy and evaluation of the effectiveness of active methods in health training⁽¹⁵⁾.

In the meantime, proposing mechanisms for health students to identify their interprofessional identity within the real context of health services is essential for achieving results and effective action in the health system⁽¹³⁾.

The analysis of the results of this experiment allowed broadening the discussion on the scope of the learning objectives proposed by the discipline and the importance of applying various teaching and learning methods to qualify training in collective health. The diverse perspectives on meaningful learning, favors the singular processes intended for each student, while collaborative and

interprofessional practices intertwine a necessary context to establish a new conjuncture, able to consolidate the approach of comprehensiveness in services.

FINAL CONSIDERATIONS

The consolidation of the Unified Health System involves not only a change in care practice that suffers the effects of models of health care, but also the strategy of health training whose teaching and learning, based on integrality and interprofessional practice.

In the light of what was presented in this report of experience, it is evident the importance of the definition of learning objectives in the curricula of health courses that contemplate articulation of interprofessionality, mediated by active methods of learning, in order to solve the disparities and challenges that generate heterogeneity in Collective Health training.

This study had as limitation the collection of data coming only from the records under the perspective of the teachers responsible for the execution of the discipline in one of the seven institutions that make up the educational group. From this report, it is suggested to investigate the impact of interprofessionalism on health training for the development of necessary skills related to the work process in SUS.

INTERPROFISSIONALIDADE E MÉTODOS ATIVOS NA FORMAÇÃO EM SAÚDE COLETIVA: ESTRATÉGIAS PARA A CONSTRUÇÃO DE COMPETÊNCIAS

RESUMO

Objetivo: descrever a experiência da execução de componente curricular, que se baseia em práticas colaborativas interprofissionais, por meio de métodos ativos de aprendizagem para a construção de competências voltadas para a área da saúde coletiva. **Método:** pesquisa do tipo relato de experiência, com abordagem qualitativa e descritiva, sobre as experiências vivenciadas pelos professores em uma disciplina interprofissional, em uma Instituição de Ensino Superior (IES) do nordeste brasileiro, no período de junho de 2022 a dezembro de 2022. A coleta de dados foi realizada a partir dos planos de ensino e do registro dos diários dos docentes responsáveis pela disciplina. **Resultados:** a organização das etapas da disciplina, as práticas colaborativas, a interprofissionalidade, os métodos ativos e os critérios de avaliação utilizados, facilitam o desenvolvimento de competências para a formação na área da saúde coletiva, que entrelaçam um contexto necessário para estabelecer a consolidação da saúde com foco na integralidade e fortalecimento do Sistema Único de Saúde. **Considerações Finais:** Os métodos ativos de aprendizagem são considerados potentes para os desafios da construção de competências colaborativas na formação em saúde e um desenho curricular é essencial nessa perspectiva. Baseado no exposto neste relato de experiência, evidencia-se a importância da definição de competências nos currículos dos cursos de saúde que contemplem a interprofissionalidade, mediada por métodos ativos de aprendizagem, a fim de solucionar as disparidades e os desafios que geram a heterogeneidade na formação em Saúde Coletiva.

Palavras-chave: Educação interprofissional. Aprendizagem baseada por problemas. Educação Profissional em Saúde pública. Universidades. Docentes.

INTERPROFESIONALIDADE E MÉTODOS ATIVOS NA FORMAÇÃO EM SAÚDE COLETIVA: ESTRATÉGIAS PARA A CONSTRUÇÃO DE COMPETÊNCIAS

RESUMEN

Objetivo: descrever a experiência de execução do componente curricular, que se baseia em práticas colaborativas interprofissionais, por meio de métodos ativos de aprendizagem para a construção de competências dirigidas à área de saúde coletiva. **Método:** investigação do tipo relato de experiência, com enfoque qualitativo e descritivo, sobre as experiências vividas por professores em uma disciplina interprofissional, em uma Instituição de Ensino Superior (IES) do nordeste brasileiro, no período de junho de 2022 a dezembro de 2022. A coleta de dados foi realizada a partir dos planos de ensino e do registro dos diários dos docentes responsáveis pela disciplina. **Resultados:** a organização das etapas da disciplina, as práticas colaborativas, a interprofissionalidade, os métodos ativos e os critérios de avaliação utilizados, facilitam o desenvolvimento de competências para a formação na área de saúde coletiva, que articulam um contexto necessário para estabelecer a consolidação da saúde com enfoque na integralidade e o fortalecimento do Sistema Único de Saúde. **Considerações finais:** os métodos ativos de aprendizagem são considerados potentes para os desafios da construção de competências colaborativas na formação em saúde e um desenho curricular é essencial desde esta perspectiva. Com base no exposto, este relato de experiência, se evidencia a importância da definição de competências nos currículos dos cursos de saúde que contemplam a interprofissionalidade, mediada por métodos ativos de aprendizagem, para resolver as disparidades e os desafios que geram a heterogeneidade na formação em Saúde Coletiva.

Palavras chave: Educação interprofissional. Aprendizagem baseada em problemas. Educação Profissional em Saúde pública. Universidades. Docentes.

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