

# Interprofessional Education in Palliative Care: Scenarios and Issues

Educação Interprofissional em Cuidados Paliativos: Cenários e Problemáticas  
Educación Interprofesional en Cuidados Paliativos: Escenarios y Problemas

## RESUMO

A educação interprofissional tem sido reconhecida como uma estratégia essencial para qualificar as equipes de saúde na prestação de cuidados paliativos. Diante da complexidade das necessidades dos pacientes e da importância da atuação integrada, é fundamental que os profissionais da saúde desenvolvam habilidades colaborativas desde sua formação. No entanto, desafios como a fragmentação dos currículos acadêmicos, a falta de capacitação docente e a resistência cultural à interdisciplinaridade ainda limitam a implementação dessa abordagem. Este ensaio teórico analisa os cenários e problemáticas da educação interprofissional nos cuidados paliativos, destacando barreiras e oportunidades para sua efetiva incorporação na formação em saúde. Conclui-se que o fortalecimento da interprofissionalidade no ensino e na prática dos cuidados paliativos é essencial para promover uma assistência mais humanizada, qualificada e centrada no paciente.

**DESCRIPTORES:** Educação interprofissional; Cuidados paliativos; Formação em saúde; Trabalho em equipe; Humanização.

## ABSTRACT

Interprofessional education has been recognized as an essential strategy for qualifying healthcare teams in providing palliative care. Given the complexity of patients' needs and the importance of integrated action, it is crucial that healthcare professionals develop collaborative skills from their training. However, challenges such as fragmented academic curricula, lack of faculty training, and cultural resistance to interdisciplinarity still limit the implementation of this approach. This theoretical essay analyzes the scenarios and challenges of interprofessional education in palliative care, highlighting barriers and opportunities for its effective incorporation into health education. It concludes that strengthening interprofessionalism in both education and palliative care practice is essential to promote more humanized, qualified, and patient-centered care.

**DESCRIPTORS:** Interprofessional education; Palliative care; Health training; Teamwork; Humanization.

## RESUMEN

La educación interprofesional se ha reconocido como una estrategia esencial para la capacitación de los equipos de atención médica en la prestación de cuidados paliativos. Dada la complejidad de las necesidades de los pacientes y la importancia de la práctica integrada, es crucial que los profesionales de la salud desarrollen habilidades colaborativas desde el principio. Sin embargo, desafíos como la fragmentación de los currículos académicos, la falta de formación del profesorado y la resistencia cultural a la interdisciplinariedad aún limitan la implementación de este enfoque. Este ensayo teórico analiza los escenarios y las problemáticas de la educación interprofesional en cuidados paliativos, destacando las barreras y oportunidades para su incorporación efectiva en la formación sanitaria. Concluye que fortalecer la interprofesionalidad en la enseñanza y la práctica de los cuidados paliativos es esencial para promover una atención más humana, cualificada y centrada en el paciente.

**DESCRIPTORES:** Educación interprofesional; Cuidados paliativos; Formación sanitaria; Trabajo en equipo; Humanización.

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## INTRODUCTION

Palliative care has become established as an essential approach to healthcare for patients with chronic, progressive, and incurable diseases. This type of care aims to improve the quality of life of patients and their families through comprehensive, multidisciplinary assistance. In this context, interprofessional education has emerged as a fundamental pillar for training teams capable of dealing with the emotional, physical,

and social complexities involved in palliative care. The integration of different areas of health care allows for a more holistic and coordinated approach, ensuring that patients receive qualified and humane care throughout their journey<sup>1</sup>.

Despite the growing appreciation of interprofessional education in palliative care, its implementation faces several challenges, from curricular barriers to difficulties in collaborative practice among health professionals. Many undergraduate courses still

adopt fragmented teaching models, in which doctors, nurses, psychologists, and other health professionals are trained in isolation, without an interdisciplinary approach focused on the reality of palliative care. This gap in teaching can compromise the quality of care and hinder integration between different members of the health team<sup>2</sup>.

Given this scenario, this theoretical essay aims to analyze the challenges and potential of interprofessional education in palliative care, discussing the importance of educational strategies that promote collaboration and shared care management. The central question guiding this study is: how can interprofessional education contribute to the qualification of healthcare teams in palliative care? Based on this reflection, we seek to understand the barriers and opportunities of this educational model, proposing ways to strengthen the training of professionals working in this area.

## DEVELOPMENT

Interprofessional education is defined as a process in which professionals from different areas learn together and collaborate to provide more integrated and effective care. In the context of palliative care, this approach is essential, as the complexity of patient demands requires a multidisciplinary team capable of acting in a coordinated manner. Studies indicate that educational programs based on interprofessionalism not only promote improvements in communication between professionals but also result in more patient-centered care, favoring shared decision-making and reducing conflicts among healthcare team members<sup>1</sup>.

However, the implementation of interprofessional education still faces significant barriers. One of the main challenges is the curricular structure

of health courses, which historically favors disciplinary training, hindering the creation of shared learning spaces. Many academic programs do not have specific courses that address palliative care from an interprofessional perspective, which limits students' preparation to deal with this reality in clinical practice. In addition, the lack of teacher training for interprofessional education is a factor that compromises the adoption of this educational model. Teachers and preceptors often lack specific training to facilitate collaborative learning, which reinforces the fragmentation of teaching and perpetuates poorly integrated care models.

Another significant obstacle is the cultural resistance of some professionals to interprofessional collaboration. In many hospital settings, professional hierarchy still prevails, hindering the development of horizontal relationships between physicians, nurses, psychologists, social workers, and other team members. This resistance can compromise the effectiveness of palliative care, since the success of this approach depends on efficient communication and shared decision-making. Studies show that environments in which interprofessional education is encouraged from graduation onwards have a more collaborative organizational culture, facilitating integration between different professionals when caring for patients<sup>1,2</sup>.

In addition to structural and cultural barriers, the implementation of interprofessional education in palliative care also requires the adoption of active teaching methodologies that favor experience-based learning and teamwork. Realistic simulations, clinical case studies, and practical training in real-life scenarios are effective strategies for developing collaborative skills and preparing future professionals to work in an integrated manner. Multidisciplinary residency programs

in palliative care, for example, have shown positive results in training interprofessional teams, providing practical experiences that strengthen cooperation and knowledge exchange between different areas of health care<sup>1,2,3</sup>.

Continuously, interprofessional training in palliative care presents a series of challenges and opportunities that directly influence the quality of care provided to patients. Recent studies indicate that, although there is growing recognition of the importance of interprofessionalism in palliative care, its implementation is still limited by structural, curricular, and cultural factors<sup>3</sup>. Thus, we deepen the discussion by addressing two fundamental perspectives: the challenges faced in interprofessional training and the opportunities offered by innovative teaching approaches.

The implementation of interprofessional education in undergraduate and graduate health courses faces several barriers. One of the main obstacles concerns the fragmentation of academic curricula, which still favor disciplinary training, hindering integration between different areas of knowledge. The predominance of compartmentalized education prevents students from developing communication and teamwork skills, which are fundamental aspects of effective palliative care<sup>4</sup>. In addition, many curricula lack specific courses on palliative care, which compromises the preparation of professionals to deal with patients in advanced stages of chronic diseases and their families.

Another relevant challenge is related to the lack of teacher training for the implementation of interprofessional methodologies. Teachers and preceptors often lack specific training to conduct activities that promote collaborative learning among different professional categories. This reinforces traditional teaching models, in

which each profession learns in isolation, without interaction with other areas of health care<sup>5</sup>. This gap compromises the consolidation of an interprofessional culture within educational institutions and health services, hindering the adoption of integrated practices in palliative care.

Cultural resistance among health professionals also represents an obstacle to interprofessional training. Professional hierarchy is still a striking feature in health services, which can hinder collaborative work. Professionals with more experience may show resistance to exchanging knowledge with other categories, perpetuating a vertical care model and limiting shared decision-making. In the context of palliative care, this barrier can compromise the quality of care, since the palliative approach requires integrated action between physicians, nurses, psychologists, social workers, and other professionals<sup>6</sup>.

Despite these difficulties, interprofessional education offers several opportunities to improve the training of healthcare professionals in palliative care. One of the main advantages of this educational model is the promotion of a learning environment that is closer to the reality of health services, preparing students to face the challenges of clinical practice. The adoption of active methodologies, such as realistic simulations and case studies, has proven effective in developing collaborative skills and improving communication between different team members<sup>7</sup>.

In addition, the creation of multiprofessional residency programs in palliative care has contributed to the training of professionals who are better equipped to work as a team. These residencies provide practical experience in a hospital setting, allowing doctors, nurses, physical therapists, social workers, and psychologists to work together in caring for patients in

palliative care. Studies indicate that graduates of interprofessional programs are better able to work in an integrated manner, adopting an approach centered on the patient and their needs<sup>8</sup>.

The implementation of interprofessional disciplines in undergraduate programs has also proven to be a promising strategy for strengthening palliative care training. Some universities have developed interdisciplinary courses that bring together students from different areas of health to discuss clinical cases, promote roundtable discussions with patients' families, and develop shared care plans. This approach favors the development of a collaborative mindset from the initial training stage, reducing barriers to interprofessional practice in future professional practice<sup>1</sup>.

Another positive aspect of interprofessional education in palliative care is the improvement of communication among healthcare team members. Effective communication is one of the fundamental pillars of palliative care, as it allows for the exchange of essential information about the patient's progress, the definition of therapeutic goals, and emotional support for families. Educational programs that emphasize the development of communication skills have shown positive impacts on the coordination of care and the quality of care provided to palliative patients<sup>10</sup>.

Given these scenarios, it is clear that interprofessional education is a powerful tool for improving the training of professionals working in palliative care. However, for this educational model to be widely adopted, the involvement of academic managers, teachers, and public policy makers is necessary. The creation of curriculum guidelines that encourage interprofessionalism, investment in teacher training, and the promotion of innovative educational practices are essential

measures to consolidate this approach and ensure quality palliative care.

Interprofessionalism should not be seen only as a theoretical concept, but rather as an essential strategy for transforming clinical practice and improving outcomes in palliative care. By overcoming existing barriers and expanding opportunities for joint learning, it will be possible to consolidate a collaborative culture in the training of health professionals, ensuring more humane and qualified care for those who need palliative care.

Given these challenges and opportunities, it is clear that interprofessional education should be prioritized in the training of healthcare professionals who will work in palliative care. For this approach to be effectively incorporated into teaching, a joint effort is needed between educational institutions, hospital managers, and public policy makers. The creation of curriculum guidelines that encourage interprofessionalism, investment in teacher training, and the implementation of continuing education programs are essential measures to consolidate this educational model and ensure quality palliative care.

## FINAL CONSIDERATIONS

Interprofessional education plays a fundamental role in training healthcare teams working in palliative care, promoting a more integrated, collaborative, and patient-centered approach. However, its implementation still faces significant challenges, such as the fragmentation of academic curricula, the lack of teacher training, and cultural resistance to collaborative practice.

The benefits of interprofessionalism in palliative care are evident, as this approach improves communication between professionals, promotes shared decision-making, and ensures more humanized care. In addition,

active teaching methodologies, such as simulations and real-life scenarios, have proven effective in preparing students for teamwork, contributing to the training of more skilled professionals who are sensitive to the needs of palliative care patients.

Given this context, it is essential that educational institutions and health services invest in the structuring of interprofessional programs fo-

cused on palliative care, ensuring that this approach is effectively incorporated into the training of professionals. In addition, public policies should encourage the adoption of this educational model, providing financial and technical support for its implementation.

It can therefore be concluded that interprofessional education in palliative care is a promising path toward

improving the care offered to patients and their families. For this model to become a consolidated reality, it is necessary to overcome existing barriers and strengthen integration among different health professionals, ensuring a more humanized, efficient, and qualified approach to end-of-life care.

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