

UNIVERSIDADE ESTADUAL DE CAMPINAS
SISTEMA DE BIBLIOTECAS DA UNICAMP
REPOSITÓRIO DA PRODUÇÃO CIENTÍFICA E INTELECTUAL DA UNICAMP

Versão do arquivo anexado / Version of attached file:

Versão do Editor / Published Version

Mais informações no site da editora / Further information on publisher's website:

<https://www.scielo.br/j/cadbto/a/JPdGhtjz4ZWLJNY65XMBccC/>

DOI: 10.1590/2526-8910.ctoRE258433761

Direitos autorais / Publisher's copyright statement:

©2023 by Universidade Federal de São Carlos. All rights reserved.

DIRETORIA DE TRATAMENTO DA INFORMAÇÃO

Cidade Universitária Zeferino Vaz Barão Geraldo

CEP 13083-970 – Campinas SP

Fone: (19) 3521-6493

<http://www.repositorio.unicamp.br>

Experience Report

Interprofessionality and occupational therapy: perception of the Professional Improvement Program's interns in a rehabilitation service¹

Interprofissionalidade e terapia ocupacional: percepção dos participantes do Programa de Aprimoramento Profissional em um serviço de reabilitação

Natália Milânio Soares de Faria^a , Lúcia da Rocha Uchôa-Figueiredo^a ,
Rita de Cássia Ietto Montilha^b 

^aUniversidade Federal de São Paulo – UNIFESP, Baixada Santista, SP, Brasil.

^bUniversidade Estadual de Campinas – UNICAMP, Campinas, SP, Brasil.

How to cite: Faria, N. M. S., Uchôa-Figueiredo, L. R., & Montilha, R. C. I. (2023). Interprofessionality and occupational therapy: perception of the Professional Improvement Program's interns in a rehabilitation service. *Cadernos Brasileiros de Terapia Ocupacional*, 31, e3376. <https://doi.org/10.1590/2526-8910.ctoRE258433762>

Abstract

The “Prof. Gabriel O. S. Porto” Center for Studies and Research in Rehabilitation (CEPRE) participated in the Professional Improvement Program (PAP) for non-medical health professionals from 1994 to 2019. This study aimed to understand and assess the occurrence of interprofessionality and the role of occupational therapy among the PAP participants working at CEPRE. This descriptive, qualitative research involved 18 interns from the areas of speech therapy, education, psychology, social service, and occupational therapy who joined PAP at CEPRE in 2018. Data were collected through semi-structured interviews that included both closed and open questions addressing experiences and insights during PAP. These interviews were audio recorded and later transcribed. The data were assessed by content analysis. The results showed that professional improvement positively influenced knowledge about other areas, especially occupational therapy, which was facilitated through interdisciplinary classes. The content analysis revealed that shared moments were important for the occurrence of patient-centered

¹ This material is part of the Final Paper. The contribution is original and unpublished. The text is not being evaluated for publication by another journal.

Received on July 25, 2022; 1st Revision on Dec. 29, 2022; 2nd Revision on Feb. 10, 2023; 3rd Revision on Mar. 10, 2023; 4th Revision on May 4, 2023; Accepted on June 16, 2023.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

interprofessional practice with a focus on comprehensiveness, and that this space further strengthened the overall work.

Keywords: Occupational Therapy, Improvement, Health Training, Teamwork, Collaborative Interprofessional Practice, Shared Learning.

Resumo

O Centro de Estudos e Pesquisas em Reabilitação “Prof. Dr. Gabriel O. S. Porto” (CEPRE) participou do Programa de Aprimoramento (PAP) para profissionais não médicos da área da saúde entre 1994 e 2019. O objetivo deste estudo foi conhecer e verificar a ocorrência da interprofissionalidade e o papel da terapia ocupacional entre os participantes do PAP atuantes no CEPRE. Esta é uma pesquisa descritiva, qualitativa com a participação de 18 aprimorandos das áreas de fonoaudiologia, pedagogia, psicologia, serviço social e terapia ocupacional que ingressaram nos PAPs realizados no CEPRE em 2018. Os dados foram coletados por meio de entrevistas semiestruturadas, contendo perguntas fechadas e abertas, que abordaram questões referentes às experiências e vivências no PAP. Essas entrevistas foram registradas em áudio e posteriormente transcritas. Optou-se pela análise de conteúdo para examinar os dados. Os resultados apontaram que o aprimoramento profissional contribuiu positivamente para a ocorrência do conhecimento sobre outras áreas, especialmente a terapia ocupacional, oportunizado através de aulas interdisciplinares. A análise de conteúdo revelou que os momentos compartilhados foram importantes para a ocorrência da prática interprofissional centrada no paciente com enfoque na integralidade, e que esse espaço fortaleceu ainda mais o trabalho.

Palavras-chave: Terapia Ocupacional, Aprimoramento, Formação em Saúde, Trabalho em Equipe, Prática Interprofissional Colaborativa, Aprendizagem Compartilhada.

Introduction

In 2018, the Professional Improvement Program (PAP) in the state of São Paulo comprised approximately 380 programs based in 41 public or private institutions affiliated with the Unified Health System (SUS) (São Paulo, 2017).

Established in 1979, PAP is a scholarship program mainly designated for recent graduates from various higher education courses, with a particular emphasis on the health sector, except for medicine. It is a type of professional capacitation that uses in-service training as its learning methodology, under the supervision of highly qualified professionals, in health institutions with high technical and scientific standards (São Paulo, 2017). PAP is a public health qualification policy – an initiative exclusive to the state of São Paulo (Camilo & Terra, 2015).

In 2018, PAP developed by the State University of Campinas (Unicamp) consisted of 52 programs in the following areas: Nursing, Dentistry, Nutrition, Psychology, Physical Therapy, Occupational Therapy, Speech Therapy, Social Assistance, Biology, Biomedicine, Pharmacy, Physical Education, and Veterinary Medicine, as well as related areas such as Physics, Administration, Social Sciences, Librarianship, Engineering, and Law.

At Unicamp, some theoretical classes of PAP were conducted by merging groups, especially the basic courses that addressed subjects about teamwork in a multi-professional, interdisciplinary, and interprofessional context. Activities of PAP based in the “Prof. Dr. Gabriel Porto” Center for Studies and Research in Rehabilitation (CEPRE) often occurred in teams, especially in the Occupational Therapy (OT) in rehabilitation program.

The Guidance Manual for the PAP's interns in the Health Department of the state of São Paulo describes the following objectives of the program:

- a. Equip the participant for qualified and distinct actions in the field of the improvement program, fostering the enhancement of professional practice through opportunities to access new theoretical knowledge with emphasis on specific practices;
- b. Encourage interns to develop a comprehensive and critical vision of the Unified Health System (SUS), guiding their actions towards improving the health conditions of SUS users;
- c. Enhance the participant's capacitation process, considering the directives and principles of SUS, to develop a broad and integrated understanding of the different actions and work processes of the institution participating in the program (São Paulo, 2017, p. 5).

SUS is characterized by changes in the way health is conceived and produced, ensuring the comprehensiveness of promotion, prevention, and recovery actions based on identifying the social determinants and conditions of the population, increasingly pointing towards modifying the way healthcare is conducted (Brasil, 1988; Moreira & Dias, 2015).

Resolution No. 569, of December 8, 2017, of the National Health Council (CNS) highlights the importance of SUS as a training entity in its Art. 1: “Reaffirm the constitutional prerogative of SUS in ordering the capacitation of health workers” (Brasil, 2018, p. 3).

The same Resolution also states that “[...] training in/for SUS should be guided by the health needs of people and comprehensiveness of care. As such, it requires interprofessional, humanistic, technical, and practical training” (Brasil, 2018, p. 9).

According to Costa (2022, p. 9-10):

SUS is fundamentally guided by the redirection of practices and health education, which are dimensions that need to be seen as inseparable. In the diverse realities that comprise our country, health education and work, as fundamental dimensions of health systems, are also influenced by dominant forces and interests. Despite this, history has shown that they are primarily vital spaces of resistance in the fight for SUS and its principles.

Health needs to be understood from a broad perspective, considering the social, historical, and cultural contexts, with emphasis on comprehensive care, as well as the interdisciplinary and interprofessional actions of the team (Oliveira, 2014). Furthermore, the biopsychosocial question evolves considering the health-disease process and, thereby, recognizing the importance of interprofessionality in healthcare,

completely breaking with the biomedical understanding of care centered on disease, portraying the physician as the central figure (Batista, 2012).

The Organização Mundial da Saúde (2010) document on the framework for Interprofessional Health Education (IHE) and Interprofessional Collaborative Practice (ICP) highlights both the fragmentation and challenges in addressing global health demands and the need for education to work together with the purpose of directing strategies to strengthen health.

In Brazil, IHE has been propelled in recent years mainly by policies inducing the redirection of health education, such as multiprofessional residencies and the Health Work Education Programs (*PET Saúde*), which adopted interprofessionalism as one of their educational goals (Poletto et al., 2022a).

Collaborative practice is seen as an element of service organization, and occurs when health professionals from different areas work towards comprehensive care, involving patients, their families, caregivers, and communities (Uchôa-Figueiredo et al., 2022b).

Interprofessional Collaborative Practice requires that professionals be open to moving between specific training areas and combine their knowledge with that of others, so that actions can be shared and activities can be conceived, thus increasing the resoluteness of services and the quality of health care (Organização Mundial da Saúde, 2010; Peduzzi et al., 2013).

The theme of professional identity has been discussed in the contexts of collaborative practice, health policies and reforms, National Curricular Guidelines, and health education frameworks. Professional identity develops according to the relevance related to teamwork, collaborative practice itself, and the definition of roles and responsibilities, without any professional category dominating (Rossit et al., 2018). Thus, there is a need to reorganize health practices, pointing to changes to overcome the prevailing biomedical model in Brazil, highlighting the contributions of other professionals to improve the provision of care to individuals who use the Health System (Matuda et al., 2013). According to Furtado (2007), regarding SUS, ICP is crucial for the rigorous monitoring and systematic evaluation of the various ongoing experiences.

In the configuration of SUS, various professionals contribute to care, including occupational therapists, who are part of the teams, from health promotion to rehabilitation (Beirão & Alves, 2010).

The role of occupational therapy in SUS, along with its interventions in the fields of education and social work, progressively consolidates the profession. This profession embodies in its identity principles consistent with SUS. It displays a professional practice that encompasses technoscientific and humanitarian issues, benefiting the team, the individual, the collective, and the system as a whole (Malfitano & Ferreira, 2011).

By providing healthcare tailored to the needs of people, occupational therapy works towards the social inclusion of the assisted individuals. It considers both individual and collective real possibilities, aiming to promote their autonomy and independence for active participation and inclusion in society (Malfitano & Ferreira, 2011). Occupational therapy involves the therapeutic use of everyday activities in individuals or groups, aiming to enhance or enable participation in several roles, habits, routines, and rituals at home, school, workplace, community, and other settings (Gomes et al., 2021).

Gomes et al. (2021, p. 19) state that various service delivery approaches are used to provide quality occupational therapy services. Among these, “[...] intra- and inter-

professional collaborations are key components". Seamless communication with all providers and stakeholders is indisputable, being fundamental to affirm a collaborative approach throughout the work process.

The "Prof. Dr. Gabriel O. S. Porto" Center for Studies and Research in Rehabilitation (CEPRE)

The "Prof. Dr. Gabriel O. S. Porto" Center for Studies and Research in Rehabilitation (CEPRE) participated in PAP for non-medical health professionals between 1994 and 2019. Interns undertook a workload of 1,920 h, with 80% being practical activities and 20% theoretical classes. The scholarships were funded by the Health Department of the state of São Paulo (São Paulo, 2017).

In 2018, CEPRE hosted 13 PAP: 1) Child development: language and deafness; 2) Developmental psychology and disability; 3) Social services, family, and rehabilitation in the health sector; 4) Practices and social policies in the health and rehabilitation field; 5) Speech therapy in the field of deafness; 6) Speech therapy applied to neurology; 7) Deafness: development and inclusion; 8) Pediatric speech therapy; 9) Occupational therapy in rehabilitation; 10) Rehabilitation in ocular health; 11) Speech therapy and auditory health; 12) Rehabilitation for activities of daily living; 13) developmental psychology: assistance for children and adolescents.

The field of occupational therapy participated in two of the mentioned programs: Occupational therapy in rehabilitation and Rehabilitation for activities of daily living.

In 2018, 19 interns participated in PAP, distributed across professional fields of speech therapy, pedagogy, psychology, social work, and occupational therapy among the programs, except in Practices and social policies in the health and rehabilitation field and Rehabilitation in ocular health.

Batista & Uchôa-Figueiredo (2022) show that interprofessional collaboration is crucial for comprehensive care, and this theoretical finding may be linked to the analysis of practice. Thus, from understanding the interns' experiences and their journey throughout their advanced training, there arose an interest in exploring the potential and challenges of interprofessional collaboration and the professional identity of the occupational therapists involved in PAP. In this context, this research was developed as the Final Paper for PAP.

This study aims to present the CEPRE interns' perception regarding interprofessional collaboration in the educational context and to measure the recognition of the role of occupational therapy in the team.

Method

Descriptive, qualitative research (Minayo, 2010) with the participation of 18 interns from the areas of speech therapy, education, psychology, social work, and occupational therapy who joined PAPs held at CEPRE in 2018. Since PAP does not include the medical field, it was not possible to investigate this profession's viewpoint. Using semi-structured interviews based on guiding topics that favor spontaneity and freedom for the respondents, narratives were assembled – the instrument chosen for this study. Wittizorecki et al. (2007) consider that narratives are one of the tools that best enable

information collection, aiming to present the investigator with situations and explanations.

Memories of certain professional experiences are significant to understand that they do not arise from a void (Wittizorecki et al., 2007). In this context, Bauer & Jovchelovitch (2002, p. 91) state: “[...] there is no human experience that cannot be expressed in the form of a narrative”.

Narratives go beyond everyday memories since they are influenced by both collective and individual dimensions. They can lead us to understand the plurality of social reality and our relationship with this context. Thus, experiences are expressions of situations, knowledge, and stories experienced and apprehended by the subject. In this construction process, the narrative provides self-understanding and self-awareness related to one's trajectory (Abrahão, 2004).

This study was approved by the Ethics Committee of the State University of Campinas (Unicamp) under opinion no. 2.879.387. All ethical aspects involved in research with human subjects were observed, in line with resolutions 466/2012 and 510/2016 of the National Commission for Ethics in Research (CONEP). Professionals were invited to participate in this research. Prior to study commencement, its objectives were explained and an Informed Consent Form was signed by the participants.

Data were collected between September and December 2018 at CEPRE premises. Interview duration ranged from 30 min to 1 h. Participants' identities were kept confidential and participation was voluntary. The semi-structured interviews covered topics related to the professionals' experiences and encounters in PAP. The conversations were audio-recorded and then fully transcribed.

The following narrative prompts were used: What does interprofessionality mean to you? How do you understand interdisciplinarity? During the improvement process here at CEPRE, have you had the opportunity to experience interprofessionality? Talk about it and provide examples. During the improvement process here at CEPRE, have you had the opportunity to experience interdisciplinarity? Talk about this, give examples. Have you worked with occupational therapists before the improvement at CEPRE? If so, describe that experience. In your opinion, what is the role of the occupational therapist on the healthcare team?

Content analysis was chosen to assess the data. This is the most commonly used technique in the treatment of qualitative research data. According to Moraes (1999), content analysis establishes a research methodology used to describe and interpret the content of all kinds of documents and texts. Through systematic and qualitative descriptions, content analysis aids in the reinterpretation of messages and understanding their meanings, beyond a common reading.

According to Minayo (2010), followers of qualitative techniques deepen their argumentation. Following this line, they try to go beyond the simply descriptive scope of the manifest content of the message, aiming to achieve a more comprehensive interpretation through inference.

With the narratives ready and after intensive reading, all the material was organized to identify thematic categories, and then worked on separately aiming to delve into each of these categories to spot significant thematic units. For example, themes signifying anxiety were grouped under the “anxiety” category, and those signifying relaxation were grouped under the conceptualized title of “relaxation” (Bardin, 2016). According to

Bardin (2016), thematic analysis is the fastest and most effective among different categorization possibilities, applicable in direct and straightforward discourses.

Results and Discussion

In the results, participants were identified by the initials of their professional fields and enumerated: Speech therapy (ST1, ST2, ST3, ST4, ST5, ST6, and ST7); Education (E1); Psychology (P1, P2, P3, P4, P5, and P6), Social work (SW1 and SW2), and Occupational therapy (OT1 and OT2).

Professionals from speech therapy, social work, and occupational therapy completed their undergraduate degrees in 2017. Those in education and psychology finished their courses in 2016, except for one psychology professional (P3), who graduated in 2017.

The results were organized into categories and subcategories to facilitate visualization, as shown in Table 1.

Table 1. Category and subcategories identified in the participants' narratives.

Category	Subcategories
Professional improvement: space for interdisciplinary and interprofessional experience and understanding the identity of occupational therapy	1- Interdisciplinary experience and its implications for understanding occupational therapy
	2- Interprofessional experience

Professional improvement: space for interdisciplinary and interprofessional experience and understanding the identity of occupational therapy

In this category, an attempt was made to identify the perceptions of CEPRE interns regarding the occurrence of interdisciplinary and interprofessional work in the context of team care and to measure knowledge of occupational therapy and the recognition of the work of occupational therapists in the healthcare team.

Interdisciplinary experience and its implications for understanding occupational therapy

In this subcategory, participants expressed their perception of interdisciplinarity, referring to the “interdisciplinary experience” and its implications for understanding occupational therapy and other professions. This was identified in the narratives and did not directly correspond to concepts from scientific literature.

Interdisciplinarity is characterized by the intensity of exchanges between specialists and the integration of disciplines in a common project, establishing a relationship of reciprocity that will allow dialogue between participants (Velloso et al., 2016). For Furtado (2011), the term interdisciplinarity refers to the integration of knowledge.

The PAP schedule offered weekly theoretical classes for all professionals linked to CEPRE programs, and many of these were opportunities for interns to meet and exchange knowledge and information about their professions. This was a space positively recognized by them, as indicated in the following statements:

Our have classes on Fridays too... I think they're really cool opportunity we have to exchange knowledge every week (ST4).

I think so [...] in the subjects, in the classes, I think everything's covered. I've been learning a lot about the other professions (OT1).

According to Minayo (2010), interdisciplinarity is based on the combination of various disciplines, focusing on the problem or object, where a single area's answer is not enough. It is a tactic for understanding, interpreting, and explaining complex topics.

Japiassu (1976) states that interdisciplinarity is centered on the search for relationships of interdependence and mutual connections between disciplines, breaking disciplinary boundaries because it is characterized by intense exchange between specialists and a real degree of integration with them. The specific role of interdisciplinary activity, as a result of the interactive process, consists in reconnecting the borders of the disciplines, which are enriched by the participation of the human phenomenon.

Gelbcke et al. (2012) state that organizing interdisciplinarity is not a simple task, but rather a vast, complex theme that can be interpreted in various ways. In the realm of knowledge construction and care practice, there is a gap between spoken interdisciplinarity and experienced interdisciplinarity, especially in healthcare services.

The contents discussed in the theoretical classes emphasized the need for interdisciplinarity; however, there are reports that interdisciplinarity might occur more easily if it were stimulated in practice as well, as revealed in the following narratives:

[...] Friday's lessons might be an attempt to converse and dialogue. I don't believe is ideal yet, [...] but there's an effort, you know, to try and promote interdisciplinarity [...] (E1).

I think the classes here at CEPRE try to bring that to us, showing it's important, rich, and necessary [...] (ST2).

In this vein, participants of this study emphasize that the theoretical classes, covering interdisciplinarity content, were seen as tools for understanding other health professions and the importance of referrals. In this context, they express case discussions as a means for interdisciplinarity and interprofessionality, as interdisciplinarity is consistent with knowledge integration (Furtado, 2011).

Interprofessionality occurs when there is recognition of the professional profile, roles, and responsibilities of each team member, in a continuous collaborative process of sharing information and discussing cases, procedures, and conducts (Moraes et al., 2019). When professionals are aware of the possibility of joint action, developing collaborative work focused on the individual and their family, it can be considered that they have achieved interprofessionality.

According to Souto-Gómez et al. (2023), Interprofessional Health Education is seen as a powerful strategy to compose interprofessional teams. This approach has enhanced the perception of occupational therapy students compared with traditional clinical education, especially when classroom experiences and/or field practices were the strategies used.

The participants mentioned that the theoretical classes helped combine knowledge with other health areas, highlighting the importance of case discussions and making referrals:

So, if you ask me if the training has enriched me regarding interdisciplinarity. I'd have to say that it's enriched me quite a lot because now I know the roles of other professionals. Maybe I don't directly work with them, like discussing a case or something, but in terms of knowing what others are doing and whom I can refer to, it has enriched me a lot (ST1).

[...] the professionals I managed to talk to were the girls from the psychology course that, in some cases, match, and then you ask: 'oh, in this case, what could I do?' Look, it's like this and that, 'it's their knowledge helping me (ST3).

In addition to acquiring knowledge in the health area, the participants reported expanding their knowledge of other professional areas, such as occupational therapy. This occurred throughout improvement programs in which occupational therapists were involved, as per the following statements:

[...] I got to learn and truly understand something about OT this year, it was in a class I attended [...] in one of the classes there was an OT explaining about blindness, and then I said, wow, but why, how come? And then one of the OTs from PAO explained it to me [...] explained how it worked, precisely [...] (ST3).

So I think I gained more knowledge here, got closer to OT, through conversations, through the lessons we had in PAP, which provided a good overview, and from your experience, I saw the OTs working during consultations (ST4).

[...] I think that if you asked me what an OT does at the beginning of the year, I wouldn't have been able to answer [...] But today I understand that it goes way beyond [...] (P3).

Emmel & Katto (2010) highlight the lack of knowledge among medical students about the roles of occupational therapists, suggesting this situation probably extends to other health professions. These authors speculate that this situation might be due to the limited number of occupational therapists. However, one cannot justify this lack of understanding about occupational therapy practices by the scarcity of these professionals.

Almeida et al. (2010) and Lima & Falcão (2014) also report unfamiliarity among other professionals regarding the roles of occupational therapists. They emphasize that this lack of knowledge limits the intervention possibilities of occupational therapists, their actions, and the establishment of connections with the community, which are vital to building trust and expanding their practice scope.

According to Hennington (2005), interdisciplinary experience broadens the field of skills through the exchange of knowledge, enhancing the quality of healthcare without losing the specificity and knowledge of each profession.

Considering interdisciplinarity and occupational therapy, Ferigollo & Kessler (2017) examined the health professionals' understanding of interdisciplinarity in care and their perception of each other's roles. Their study found a significant association between joint action, recognition of other professionals, and referral. They suggest that learning about occupational therapy in the context of interdisciplinarity facilitates collaborative care.

Campos (1997) introduced the concepts of the *nucleus and field of competence and responsibility*: the *nucleus* relates to the specific attribution of a particular professional category, while actions beyond these designated attributions correspond to the *field*. These concepts are instrumental in verifying and understanding that activities related to the *nucleus* cater to the unique and exclusive function of a specific professional category, whereas working on *field* activities requires a high degree of interprofessional collaboration.

With a grasp of these two concepts, it is possible to clearly understand what can be shared, and to have confidence that collaborating with other professionals does not undermine one's professional identity or core (Furtado, 2007).

Marques et al. (2014) assert that, in healthcare, interdisciplinarity allows professionals to expand their knowledge, consequently enhancing team development.

Thus, it can be argued that the isolated expertise of each professional is not sufficient to address the complex healthcare needs. As such, it is crucial to be flexible in the scope of roles to provide comprehensive care (Aguilar-da-Silva et al., 2011). When students recognize the limitations of their profession and understand that they cannot operate without collaborating with others, they are more inclined to work as a team to achieve comprehensive care in the future (Oliveira et al., 2016). Recognizing and respecting other professional's role can strengthen a student's own sense of belonging within a team (Peduzzi, 2001). From this perspective, each professional makes decisions using their unique skills towards a shared goal (Peduzzi, 2008).

The formative process, grounded in interprofessionality, encourages student collaboration, fostering their individual characteristics within the collective process of thinking and acting. It emphasizes the integration of knowledge, stimulating creativity in problem-solving and endorsing autonomy, respect, and the bond between professionals and the people assisted (Uchôa-Figueiredo et al., 2022a).

Interprofessional experience

In this subcategory, participants expressed their understanding of interprofessionality and their experiences with it in PAP at CEPRE, as well as its implications for the treatment of the individuals they assisted.

Ceccim (2017) reports that interprofessionality allows the fragmentation of education into a common area, leading to an expanded understanding of the studied theme, thus enhancing the assistance to patients. According to Moraes et al. (2019), the concept of interprofessionality is understood as the development of teamwork, considering the uniqueness and specifics of each knowledge area, with the goal of building shared knowledge for decision-making and problem-solving. Therefore, interprofessionality, as a tool for connecting various areas, enables knowledge sharing

and broadens the approach to issues, resulting in improved quality of life for patients (Silva et al., 2017).

Participants P6, OT1, and ST3 recognized interprofessionality in different ways, as shown in the following statements:

It's an assistance you provide relying on other professionals [...] (P6).

For me, it's working in liaison with various professionals from different specialties (OT1).

[...] Several professionals acting together [...] (ST3).

From their comments, participants exhibit general notions about the theme, which are quite distinct from that of interprofessionality. They refer to interprofessionality as assistance by various professionals, dependent on other professionals, and multiple professionals working as a group.

A participant from the field of psychology came closest to providing a correct definition. She did not complete her statement, suggesting professionals work collaboratively, as a team, given that the concept of interprofessionality was only lightly touched upon in theoretical classes. Therefore, exploring what professionals think of its definition reveals that the term is still novel in Brazil's healthcare education field, as the majority of higher education in the country has a single-profession focus.

Well, I think interprofessionality is when two or more professionals work together [...] (P4).

One of the possibilities for transforming professional training lies in Interprofessional Education, which has increasingly been promoted as a powerful experience in health courses, teaching students to work collaboratively, as a team, considering the patients and their families as an active part of the care process.

In Brazil, the Federal University of São Paulo (Unifesp), Baixada Santista campus, was a pioneer in this educational experience, with an educational project for the campus based on interprofessional education, organized around three common and specific axes for the six courses. From the first semester, interprofessionality occurs in the common axes for all students (Poletto et al., 2022b). Currently, there are many experiences related to interprofessionality across the country in various Higher Education Institutions.

In the context of practice, during the improvement experience, interprofessional actions were taken in patient treatments, which helped establish the practice of occupational therapy among CEPRE's interns.

Only one participant in the study, a speech therapy professional, reported never having heard of this term:

Gosh... I think I've never heard of this term before (ST2).

Regarding the perception of interprofessional experience, some participants believed that, in case discussions, there was a sharing of knowledge and collective dialogue,

considering the uniqueness of each area, but also a shared understanding was built across all professions for decision-making and problem-solving related to healthcare.

During the training process in PAP, communication, interaction, and team meetings were encouraged for all interns. However, some participants missed this opportunity because of the structure of the program they were in.

In this context, participants state that this initiative began with the occupational therapy professionals, who sought out other professionals to collaboratively discuss cases, positively impacting the health of the assisted individuals and improving team dynamics. The following comments illustrate how this process unfolded:

[...] it was the OT professionals here at CEPRE who most promoted, you know, this activity, this exchange between professionals. I don't know if it's part of their academic education, right [...] they helped all interns to really communicate, you know, I felt that, they played a very important role, at least in our case, the OTs were the ones who were there the most (P3).

[...] recognizing what other professionals do, and they recognizing what I do, you know. This impacts the patient a lot [...] we will build together, it's the patient, me, and you. So I think this is valuable for us, so we can end up having a result to deliver (SW2).

[...] it was at CEPRE that I got in touch with other health professionals so closely [...] the interprofessionality that I'm getting to know this year is this, this exchange, right, it's being able to see the person you assist from your profession, from what you were trained for, but seeing that there's always much more to be added (P1).

One of the occupational therapy interns had experienced IHE training throughout her undergraduate degree at a federal university in the state of São Paulo. She was a promoter of interprofessional practice, teaching and motivating other PAP participants to meet and discuss cases openly, so everyone could jointly consider a specific situation and collaboratively work as a team to address it.

According to the Organização Mundial da Saúde (2010), health teams composed of different professional nuclei that work interprofessionally enhance the quality of services to people who require care, as they understand the skills of the team members, in addition to fostering collaboration, knowledge-sharing, and case management.

Interprofessionality fosters the identification of potentialities in professional practice, such as refining practices, increasing workplace productivity, improving outcomes through recovery and safety of the assisted individuals, expanding trust among health workers, and optimizing access to healthcare (Organização Mundial da Saúde, 2010).

Reeves (2016) points out that multi-professional teamwork contributes to the fragmentation of care. Alvarenga et al. (2013) adds that multidisciplinary is the juxtaposition of disciplines in which specialized knowledge defines and separates the role of each professional.

However, work from an interprofessional perspective contributes to cost reduction and the enhancement of care for individuals (Reeves, 2016). In this context, ICP in health is one of the methods to improve outcomes of practices worldwide, positively impacting perceptions, the efficiency of team dynamics, and healthcare. It emerges as a

highly important strategy because it reverses the dominant healthcare model, increasing the problem-solving capacity of teams and respecting the individual's entirety (Dow et al., 2017).

Zwarenstein et al. (2009) report that ICP offers improved outcomes in care, given that failures in communication and interaction between professionals lead to issues in patient care and health services.

To achieve ICP in health, it is essential to master "interprofessional communication", which is recognized as fundamental among other competency domains, listed as follows: "[...] role clarification; team functioning; patient/client/family/community-centered care; interprofessional conflict resolution; collaborative leadership" (Canadian Interprofessional Health Collaborative, 2010, p. 10).

For communication to be the hallmark of interprofessionality, there is a need to focus on a communication process grounded in knowledge exchange and shared actions (Canadian Interprofessional Health Collaborative, 2010; Gocan et al., 2014), transcending anti-dialogic practices (Freire, 2011).

Study participants (based on their perceptions) recognized the need to have space for exchanges and discussions, even offering suggestions on how interprofessionality could occur more frequently in PAP.

[...] in many cases, we feel they would need be discussed with other areas, but there aren't many opportunities for that (ST5).

One psychologist's account suggests that there was an opportunity for interprofessionality during PAP, whereas a speech therapy intern said there were not many chances, noting that there is no provision for interprofessional practice in PAP at Unicamp:

[...] Some things even changed because I had the opportunity (P2).

[...] at CEPRE, yes, not as it should be, I think, but a little bit, yes, with other professionals (ST2).

There was recognition from some interns about the importance of theoretical classes that addressed new content, including the theme of interprofessionality. Thus, actions were possible with the collaboration of the occupational therapist, who had interprofessional experience in her university training. Some challenges were related to spaces and time for exchanges and discussions, as reported by two trainees in speech therapy and psychology:

[...] if there were, I don't know, 20 minutes a week for me to be able to go there, contact some professionals, and discuss the case and develop it, I think that would be more valuable to me (ST3).

[...] it would be interesting if we had more discussion space, because even if we can't assist together, we can think together, right? I miss that, you know, something more planned, like from the program itself, a time meant for that (P1).

Formal meetings between team professionals promote interprofessional communication, which facilitates case discussions and preparation of care projects (Leclerc et al., 2013). Arruda & Moreira (2018) assert that meetings are tools to execute praxis in health, as they provide an action-reflection-action process, support by genuine dialogue.

Previato & Baldissera (2018) suggest that healthcare teams should manage spaces and opportunities for dialogue and specifically encourage possibilities for interprofessional communication, such as conducting regular meetings, case discussions, shared decision-making, and seeking continuous education, including moments of interprofessional clarification. Actions like these provide opportunities for work grounded in collaborative healthcare practices. The existing difficulty in maintaining regular meetings between professionals diminishes communication and reduces team efficiency regarding learning and integration time (Nisbet et al., 2015).

On the other hand, the following accounts reveal the interns' initiatives to foster communication, exchange, and interaction:

[...] I think it was much more an initiative of this year's interns; I don't know about the others [...] as professionals, right, a bit more independently, we managed to exchange (P3).

[...] I seek out other interns to talk, an OT, an educator, another psychologist, uh... to chat, you know? (P6).

[...] it happens more informally than formally, not something planned, like how we will exercise this, it just happens sometimes, but not always (OT2).

I'm really pursuing this interprofessionality, going out to talk to other professionals and bringing them in. [...] so we hold team meetings, we have the freedom to visit each other's offices to discuss cases; that's how we promote it (E1).

I think the strengthening of ties between us, I know there's this movement, it's cool, but it's mostly on our own initiative [...] (E1).

These narratives align with what determines the success of interprofessional collaboration: interactional, organizational, and systemic issues (San Martín-Rodríguez et al., 2005). Interactional issues include intersubjective relationships, such as communication, mutual trust, and respect. Organizational issues encompass understanding organizational structure and policies, institutional support, resources for teamwork, and strategies for communication, coordination, and decision-making. Finally, systemic issues involve cultural, social, educational, and professional elements that may display power dynamics and stereotypes among professions, a leaning toward individualism, and barriers to professional socialization and knowledge integration (San Martín-Rodríguez et al., 2005). Systemic issues underscore the traits of individualism and the barriers to professional socialization – characteristics contrary to ICP.

Interprofessional, interdisciplinary, and intersectoral connections are necessary for ICP to occur in the healthcare network, in addition to Patient-Centered Care (PCC), which is an expanded perspective on healthcare that prioritizes the needs and

participation of assisted individuals, without narrowing the pathological and physiological dimensions (Agreli et al., 2016). In this context, PCC can be seen as a powerful collaborative experience, recognized as a feature of interprofessional team work in health promotion, prevention, recovery, and rehabilitation actions (Agreli et al., 2016; Uchôa-Figueiredo et al., 2022b). PCC refers to actions addressing the multifaceted needs of assisted individuals, their families, communities, and territories (Orchard et al., 2010).

Thus, service organization and the complexity of health needs indicate a trend towards increased replacement of separate and independent professional action with team work and interprofessional collaboration (Interprofessional Education Collaborative, 2011).

Relating the expanded perspective of healthcare and its elements to the following narratives, there is a consensus on the value of interprofessional relationships for the well-being of professionals, which in turn leads to benefits for the assisted individual and the provision of comprehensive care:

I believe this not only benefits the user but the professional as well. [...] when you work as a team, you can not only offer a greater resolution for that case, but you can see the patient as a whole [...] (ST1).

[...] if we can adopt a more holistic view of an individual's health, it will undoubtedly be of greater benefit to their well-being. In that sense, I believe it would bring more benefits and also expand the knowledge of professionals, adding much value (OT2).

[...] I think it can assist the professional, professionals from other areas, but also the service users, right? Because it's really the users who will benefit [...] but it's the users who will be reaping the rewards, because they'll be cared for in a more holistic manner (P6).

I think both for the training of the professionals here and for the benefit of the patients, because I believe that when you work together [...] so I don't think there's this division of segmenting a person into various parts, right? We're all together, trying to think of that person as an individual and how each of us can contribute (P4).

According to Agreli et al. (2016), as professionals focus their attention on the needs of the assisted individual, they expand their role. They do not confine themselves to a specialty but move towards shared and collaborative practice with various professionals. In doing so, they are effectively implementing PCC in the practice of comprehensive care.

Final Remarks

The research conducted within PAP was very positive; however, it presented limitations regarding the participating professionals because only those who were part of the CEPRE programs were included, excluding physicians, since they did not belong to PAP.

The advanced training developed at the “Prof. Dr. Gabriel Porto” Center for Studies and Research in Rehabilitation at the Unicamp provided significant insights,

contributing positively to professional development. PAP was seen as a program with high potential for collaborative practice, which needs to be fostered. This was the case in 2018 with someone who had such experience and was able to offer moments when interprofessional collaboration was experienced by some of the interns. A noticeable effort to strengthen communication with other professionals was observed in this study. Communication is one of the crucial domains of ICP, and the potency of this action among PAP participants was evident.

The interdisciplinary spaces provided by PAP during the theoretical classes were instrumental in the formative process. The classes served as effective moments for the interns to understand the field of occupational therapy better, where they also interacted with professionals from different specialties and engaged in various case discussions. These interactions enhanced the comprehensive care of the assisted individuals and improved the assistance quality.

References

- Abrahão, M. H. M. B. (2004). Pesquisa (auto)biográfica: tempo, memória e narrativas. In M. H. M. B. Abrahão (Ed.), *A aventura (auto)biográfica: teoria e empiria* (pp. 203). Porto Alegre: Edipucrs.
- Agreli, H. F., Peduzzi, M., & Silva, M. C. (2016). Atenção centrada no paciente na prática interprofissional colaborativa. *Interface: Comunicação, Saúde, Educação*, 20(59), 905-916.
- Aguilar-da-Silva, R. H., Scapin, L. T., & Batista, N. (2011). Avaliação da formação interprofissional no ensino superior em saúde: aspectos da colaboração e do trabalho em equipe. *Avaliação*, 16(1), 165-184.
- Almeida, M. H. M., Batista, M. P. P., & Lucoves, K. C. R. G. (2010). Reflexões sobre a formação do terapeuta ocupacional para atuação com pessoas idosas em distintas modalidades de atenção: contribuições de egressos da USP-SP. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 21(2), 130-138.
- Alvarenga, J., Meira, A., Fontes, W., Burity Xavier, M., Pedroza Trajano, F., Neto, G., Silva, F., & Almeida, F. (2013). Multiprofissionalidade e interdisciplinaridade na formação em saúde: vivências de graduandos no estágio regional interprofissional. *Revista de Enfermagem UFPE*, 7(10), 5944-5951.
- Arruda, L. S., & Moreira, C. O. F. (2018). Colaboração interprofissional: um estudo de caso sobre os profissionais do Núcleo de Atenção ao Idoso da Universidade Estadual do Rio de Janeiro (NAI/UERJ), Brasil. *Interface: Comunicação, Saúde, Educação*, 22(64), 199-210.
- Bardin, L. (2016). Técnicas. In L. Bardin, *Análise de conteúdo: edição revista e ampliada* (p. 200). São Paulo: Edições 70.
- Batista, N. A. (2012). Educação interprofissional em saúde: concepções e práticas. *Caderno FNEPAS*, 2, 25-28.
- Batista, N. A., & Uchôa-Figueiredo, L. R. (2022). *Educação interprofissional no Brasil: formação e pesquisa*. Porto Alegre: Editora Rede Unida.
- Bauer, M., & Jovchelovitch, S. (2002). Entrevista narrativa. In M. Bauer & G. Gaskell (Eds.), *Pesquisa qualitativa com texto, imagem e som* (pp. 91). Petrópolis: Vozes.
- Beirão, R. O. S., & Alves, C. K. D. A. (2010). Terapia ocupacional no SUS: refletindo sobre a normatização vigente. *Cadernos Brasileiros de Terapia Ocupacional*, 18(3), 231-246.
- Brasil. Senado Federal. (1988, 5 de outubro). Constituição da República Federativa do Brasil de 1988. *Diário Oficial [da] República Federativa do Brasil*, Brasília.
- Brasil. Conselho Nacional de Saúde – CNS. (2018, 26 de fevereiro). Resolução nº 569, de 8 de dezembro de 2017. *Diário Oficial [da] República Federativa do Brasil*, Brasília, seção 1. Recuperado em 25 de janeiro de 2023, de <https://conselho.saude.gov.br/resolucoes/2017/Reso569.pdf>

- Camilo, M. V. R. F., & Terra, S. R. A. M. (2015). Serviço Social do Hospital das Clínicas da Unicamp: uma trajetória histórica de legitimidade. *Serviço Social e Saúde*, 1(1), 13-40.
- Campos, G. W. S. (1997). Subjetividade e administração de pessoal: considerações sobre modos de gerenciar o trabalho em equipes e saúde. In E. E. Merhy & R. Onocko (Eds.), *Agir em saúde: um desafio para o público* (pp. 229-266). São Paulo: Hucitec.
- Canadian Interprofessional Health Collaborative – CIHC. (2010). *A national interprofessional competence framework*. Vancouver: CIHC.
- Ceccim, R. B. (2017). Interprofissionalidade e experiências de aprendizagem: inovações no cenário brasileiro. In R. F. C. Toassi (Ed.), *Interprofissionalidade e formação na saúde: onde estamos?* (pp. 49-67). Porto Alegre: Rede Unida.
- Costa, M. V. (2022). Prefácio. In N. A. Batista & L. R. Uchôa-Figueiredo (Eds.), *Educação interprofissional no Brasil: formação e pesquisa* (pp. 9-14). Porto Alegre: Editora Rede Unida.
- Dow, A. W., Zhu, X., Sewell, D., Banas, C. A., Mishra, V., & Tu, S. P. (2017). Teamwork on the rocks: rethinking interprofessional practice as networking. *Journal of Interprofessional Care*, 31(6), 677-678.
- Emmel, M. L. G., & Katto, L. G. (2010). Conhecimento da terapia ocupacional pelo estudante de medicina. *Cadernos Brasileiros De Terapia Ocupacional*, 12(2), 89-100.
- Ferigollo, J. P., & Kessler, T. M. (2017). Fisioterapia, fonoaudiologia e terapia ocupacional - prática interdisciplinar nos distúrbios da comunicação humana. *Revista CEFAC*, 19(2), 147-158.
- Freire, P. (2011). *Pedagogia do oprimido*. Rio de Janeiro: Paz e Terra.
- Furtado, J. P. (2007). Equipes de referência: arranjo institucional para potencializar a colaboração entre disciplinas e profissões. *Interface: Comunicação, Saúde, Educação*, 11(22), 239-255.
- Furtado, J. P. (2011). arranjos institucionais e gestão da clínica: princípios da interdisciplinaridade e interprofissionalidade. *Cadernos Brasileiros de Saúde Mental*, 1(1), 178-189.
- Gelbcke, F. L. L., Matos, E. M., & Sallum, N. C. (2012). Desafios para a integração multiprofissional e interdisciplinar. *Tempus Actas de Saúde Coletiva*, 6(4), 31-39.
- Gocan, S., Laplante, M. A., & Woodend, K. (2014). Interprofessional collaboration in Ontario's family health teams: a review of the literature. *Journal of Research in Interprofessional Practice and Education*, 3(3), 1-19.
- Gomes, D., Teixeira, L., & Ribeiro, J. (2021). *Enquadramento da prática da terapia ocupacional: domínio & processo 4ª edição versão portuguesa de occupational therapy practice framework: domain and process 4th edition (AOTA - 2020)*. Leiria: Politécnico de Leiria
- Hennington, É. A. (2005). Acolhimento como prática interdisciplinar num programa de extensão universitária. *Cadernos de Saude Publica*, 21(1), 256-265.
- Interprofessional Education Collaborative – IPEC. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington: IPEC.
- Japiassu, H. (1976). *Interdisciplinaridade e patologia do saber*. Rio de Janeiro: Imago.
- Leclerc, B. S., Presse, N., Bolduc, A., Dutilleul, A., Couturier, Y., & Kergoat, M. J. (2013). Interprofessional meetings in geriatric assessment units: a matter of care organization. *Journal of Interprofessional Care*, 27(6), 515-519.
- Lima, A. C. S., & Falcão, I. V. (2014). A formação do terapeuta ocupacional e seu papel no Núcleo de Apoio à Saúde da Família – NASF do Recife, PE. *Cadernos Brasileiros de Terapia Ocupacional*, 22(1), 3-14.
- Malfitano, A. P. S., & Ferreira, A. P. (2011). Public health and occupational therapy: appointments on current and historical relations. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 22(2), 102-109.
- Marques, A. M. F. B., Vargas, M. A. O., Schoeller, S. D., Kinoshita, E. Y., Ramos, F. R., & Trombetta, A. P. (2014). O cuidado à saúde à pessoa com amputação: análise na perspectiva da bioética. *Texto & Contexto Enfermagem*, 23(4), 898-906.

- Matuda, C. G., Aguiar, D. M. de L., & Frazão, P. (2013). Cooperação interprofissional e a Reforma Sanitária no Brasil: implicações para o modelo de atenção à saúde. *Saúde e Sociedade*, 22(1), 173-186.
- Minayo, M. C. S. (2010). Disciplinaridade, interdisciplinaridade e complexidade. *Emancipação*, 10(2), 435-442.
- Moraes, M. M. S., Roner, M. N. B., Rocha, E. M. S., & Maia, R. M. C. S. (2019). Interdisciplinaridade e interprofissionalidade: uma estratégia de ensino-aprendizagem na área de Parasitologia. *Revista Docência do Ensino Superior*, 9, 1-17.
- Moraes, R. (1999). Análise de conteúdo. *Review of Education*, 22(37), 7-32.
- Moreira, C. O. F., & Dias, M. S. de A. (2015). Diretrizes curriculares na saúde e as mudanças nos modelos de saúde e de educação. *ABCS Health Sciences*, 40(3), 300-305.
- Nisbet, G., Dunn, S., & Lincoln, M. (2015). Interprofessional team meetings: opportunities for informal interprofessional learning. *Journal of Interprofessional Care*, 29(5), 426-432.
- Oliveira, C. M. (2014). *A formação interprofissional em saúde e o processo de produção de narrativas: construindo caminhos de aprendizagem* (Dissertação de mestrado). Universidade Federal de São Paulo, Santos.
- Oliveira, C. M., Batista, N. A., Batista, S. H. S. S., & Uchôa-Figueiredo, L. R. (2016). A escrita de narrativas e o desenvolvimento de práticas colaborativas para o trabalho em equipe. *Interface: Comunicação, Saúde, Educação*, 20(59), 1005-1014.
- Orchard, C., Bainbridge, L., & Bassendowski, S. (2010). *A national interprofessional competency framework*. Vancouver: Canadian Interprofessional Health Collaborative.
- Organização Mundial da Saúde – OMS. (2010). *Marco para ação em educação interprofissional e práticas colaborativas*. Genebra: OMS.
- Peduzzi, M. (2001). Equipe multiprofissional de saúde: conceito e tipologia. *Revista de Saúde Pública*, 35(1), 103-109.
- Peduzzi, M. (2008). Trabalho em equipe. In I. B. Pereira & J. C. F. Lima (Eds.), *Dicionário da educação profissional em saúde* (p. 418-426). Rio de Janeiro: EPSJV.
- Peduzzi, M., Norman, I. J., Germani, A. C. C. G., Silva, J. A. M., & Souza, G. C. (2013). Educação interprofissional: formação de profissionais de saúde para o trabalho em equipe com foco nos usuários. *Revista da Escola de Enfermagem da U S P.*, 47(4), 977-983.
- Poletto, P. R., Rossit, R., Silva, C. C. B., Peccin, M. S., Giusti, R., & Medeiros, L. O. (2022a). Educação Interprofissional como estratégia formativa para o trabalho em equipe. In N. A. Batista & L. R. Uchôa-Figueiredo (Eds.), *Educação interprofissional no Brasil: formação e pesquisa* (pp. 20-35). Porto Alegre: Editora Rede Unida.
- Poletto, R. P., Batista, S. H. S. S., & Batista, N. A. B. (2022b). A educação interprofissional na graduação de cursos da saúde: a experiência do campus Baixada Santista da Universidade Federal de São Paulo. In N. A. Batista & L. R. Uchôa-Figueiredo (Eds.), *Educação interprofissional no Brasil: formação e pesquisa* (pp. 89-108). Porto Alegre: Editora Rede Unida.
- Previato, G. F., & Baldissera, V. D. A. (2018). Communication in the dialogical perspective of collaborative interprofessional practice in Primary Health Care. *Interface: Comunicação, Saúde, Educação*, 22(Supl. 2), 535-547.
- Reeves, S. (2016). Why we need interprofessional education to improve the delivery of safe and effective care. *Interface: Comunicação, Saúde, Educação*, 20(56), 185-197.
- Rossit, R. A. S., Freitas, M. A. O., Batista, S. H. S. da S., & Batista, N. A. (2018). Construção da identidade profissional na Educação Interprofissional em Saúde: percepção de egressos. *Interface: Comunicação, Saúde, Educação*, 22(Supl. 1), 1399-1410.
- San Martín-Rodríguez, L., Beaulieu, M. D., D'Amour, D., & Ferrada-Videla, M. (2005). The determinants of successful collaboration: a review of theoretical and empirical studies. *Journal of Interprofessional Care*, 19(Supl. 1), 132-147.
- São Paulo. Secretaria de Estado de São Paulo. (2017). *Manual de orientações do aprimorando*. São Paulo.

- Silva, R. R., Silva, V. E. R., Araújo, H. F. P., & Amorim, A. R. N. (2017). A importância da interprofissionalidade na atenção à criança com microcefalia: um relato de experiência da Fisioterapia. *Cadernos de Educação, Saúde e Fisioterapia*, 4(8), 1.
- Souto-Gómez, A.-I., Talavera-Valverde, M.-A., Márquez-Álvarez, L.-J., & García-de-la-Torre, M. P. (2023). A educação interprofissional no desenvolvimento da identidade profissional em terapia ocupacional: uma revisão de escopo. *Cadernos Brasileiros de Terapia Ocupacional*, 31, e3381. <http://dx.doi.org/10.1590/2526-8910.ctoao258833813>.
- Uchôa-Figueiredo, L. R., Aveiro, M. C., & Poletto, R. P. (2022a). Experiência de formação para o cuidado centrado na pessoa e colaboração interprofissional. In N. A. Batista & L. R. Uchôa-Figueiredo (Eds.), *Educação interprofissional no Brasil: formação e pesquisa* (pp. 233-247). Porto Alegre: Editora Rede Unida.
- Uchôa-Figueiredo, L. R., Silva, C. G., Soerensen, A. A., Faria, N. M. S., & Silva, I. P. S. (2022b). Prática interprofissional Colaborativa: reflexão do constructo à prática. In N. A. Batista & L. R. Uchôa-Figueiredo (Eds.), *Educação interprofissional no Brasil: formação e pesquisa* (pp. 36- 62). Porto Alegre: Editora Rede Unida.
- Velloso, M. P., Guimarães, M. B. L., Cruz, C. R. R., & Neves, T. C. C. (2016). Interdisciplinaridade e formação na área de saúde coletiva. *Trabalho, Educação e Saúde*, 14(1), 257-271.
- Wittizorecki, E. S., Bossle, F., Silva, L. O., Günther, M. C. C., Santos, M. V., Sanchotene, M. U., Molina, R. K., Diehl, V. R. O., & Molina Neto, V. (2007). Pesquisar exige interrogar-se: a narrativa como estratégia de pesquisa e de formação do(a) pesquisador(a). *Movimento*, 12(2), 9-33.
- Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3(3), 1-31.

Author's Contributions

Natália Milânio Soares de Faria author of the Final Paper that gave rise to this text. Study design, data collection and analysis, organization of sources, and writing of the manuscript. Lúcia da Rocha Uchôa-Figueiredo study design and writing of the manuscript. Rita de Cássia Letto Montilha adviser of the Professional Improvement Program's Final Paper. Writing of the manuscript. All authors approved the final version of the text.

Funding Source

Professional Improvement Program - scholarship provided by the Department of Health of the state of São Paulo and Graduate Studies Program in Health, Interdisciplinarity, and Rehabilitation of the State University of Campinas (FCM-Unicamp).

Corresponding author

Natália Milânio Soares de Faria
e-mail: faria26@unifesp.br

Section editor

Profa. Dra Iza de Faria-Fortini