

## Interprofessional skills in health: perception of dentistry graduates from a multidisciplinary residency

### Competências interprofissionais em saúde: percepção de egressos da área de odontologia de uma residência multiprofissional

### Competencias interprofesionales en salud: percepciones de los graduados en odontología de un programa de residencia multiprofesional

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**Objective:** to analyze the perception of the development of interprofessional skills among graduates in Dentistry in a multidisciplinary residency program. **Methods:** qualitative research with a cross-sectional, descriptive and exploratory study in which semi-structured online interviews were carried out with residents who graduated from the course of Dentistry between June and August 2022. The interviews were recorded and transcribed and the data were analyzed using the Technique of thematic content analysis using the theoretical framework of Interprofessional Education. **Results:** the perception of graduates pointed to the development of collaborative skills during the residency, divided into five categories: *Interprofessional Communication; User/Family/Community Centered Care; Clarity of Roles; Team Functioning and Conflict Resolution; Collaborative Leadership*, and for the application of this learning by graduates in their professional practice. **Conclusion:** graduates perceived the development of interprofessional skills for teamwork during residency, with emphasis on interprofessional communication and care centered on the user, their family and community and the recognition of the importance of other health professionals for effective work in a team. **Descriptors:** Dentistry; Internship, Nonmedical; Interprofessional Education.

**Objetivo:** analisar a percepção sobre o desenvolvimento das competências interprofissionais de egressos em odontologia num programa de residência multiprofissional. **Método:** pesquisa qualitativa com estudo transversal, descritivo e exploratório em que foram realizadas entrevistas semiestruturadas online com residentes egressos da área de odontologia no período de junho a agosto de 2022. As entrevistas foram gravadas e transcritas e os dados foram analisados por meio da Técnica de análise de conteúdo temática utilizando o referencial teórico da Educação Interprofissional. **Resultados:** a percepção dos egressos apontou para o desenvolvimento de competências colaborativas durante a residência, divididas em cinco categorias: *Comunicação Interprofissional; Cuidado Centrado no Usuário/Família/Comunidade; Clareza de Papéis; Funcionamento de Equipe e Resolução de Conflitos; Liderança Colaborativa*, e para sua aplicação desse aprendizado por parte dos egressos em sua prática profissional. **Conclusão:** Os egressos perceberam o desenvolvimento de competências interprofissionais para o trabalho em equipe durante a residência, com destaque para a comunicação interprofissional e o cuidado centrado no usuário, sua família e comunidade e o reconhecimento da importância dos demais profissionais da saúde para o efetivo trabalho em equipe. **Descritores:** Odontologia; Internato não médico; Educação interprofissional.

**Objetivo:** analizar la percepción del desarrollo de competencias interprofesionales entre graduados en odontología de un programa de residencia multiprofesional. **Método:** estudio cualitativo transversal, descriptivo y exploratorio en el que se realizaron entrevistas semiestructuradas online a residentes de Odontología graduados entre junio y agosto de 2022. Las entrevistas fueron grabadas y transcritas, y los datos se analizaron mediante la técnica de análisis de contenido temático utilizando el marco teórico de la Educación Interprofesional. **Resultados:** Las percepciones de los graduados apuntaban al desarrollo de competencias colaborativas durante su residencia, divididas en cinco categorías: *Comunicación interprofesional; Atención centrada en el usuario/familia/comunidad; Claridad de funciones; Operación de equipo y resolución de conflictos; Liderazgo colaborativo*, y han aplicado este aprendizaje en su práctica profesional. **Conclusión:** Los graduados percibieron el desarrollo de competencias interprofesionales para el trabajo en equipo durante su residencia, con énfasis en la comunicación interprofesional y la atención centrada en el usuario, su familia y la comunidad, y el reconocimiento de la importancia de otros profesionales de la salud para un trabajo en equipo eficaz. **Descriptor:** Odontología; Internado no Médico; Educación Interprofesional.

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## INTRODUCTION

**S**trengthening the Unified Health System (SUS) is a social process, and an important part of its construction takes place through the training and qualification of health professionals. In this context, the Multiprofessional Health Residency Programs (*Programas de Residência Multiprofissional em Saúde - PRMS*) contribute to the training of human resources for the consolidation of the SUS as a *lato sensu* postgraduate course aimed at health professionals, characterized by in-service teaching, with a weekly workload of 60 hours, and lasts two years<sup>1</sup>.

Health demands have become more complex, requiring correct coordination of services to address them. However, as a result of the intense specialization process, health training in Brazil has seen an increase in the verticalization of knowledge, and teamwork is increasingly necessary to achieve comprehensive care<sup>2</sup>. Interprofessional Education (IPE), in this sense, is a tool for solving problems in providing care to users<sup>3</sup>.

IPE is a pedagogical strategy that aims to train professionals with knowledge, skills and actions that enable them to work collaboratively. In the health context, it occurs when different professionals learn together about each other's work so that there is greater collaboration and improved health results, working with users, their families and the community, resulting in qualified assistance<sup>4</sup>. Collaborative practices, in turn, can result in better use of SUS resources, in addition to greater professional satisfaction with the work environment<sup>5</sup>.

In health, interprofessional work can be implemented by encouraging collaborative practices and developing skills for multidisciplinary teamwork<sup>5</sup>. The Canadian Interprofessional Health Collaborative (CIHC), a Canadian group that promotes the implementation of interprofessional practices, proposes guidelines for the competencies necessary for collaborative practice and aims to encourage discussions to incorporate IPE in the training of professionals<sup>6</sup>.

There is a need for greater production of studies that evaluate interprofessional practices in the context of health services, as well as the impact of IPE on the training and performance of professionals<sup>7</sup>. This study aims to analyze the perception of the development of interprofessional skills among Dentistry graduates in a multidisciplinary residency program.

## METHODS

This is a qualitative research with a cross-sectional, descriptive study of an exploratory nature. The qualitative method investigates phenomena and concepts and allows the

researcher to explore a reality through different strategies, in addition to reflecting and interpreting the findings<sup>8</sup>.

The research took place within the Multidisciplinary Residency Program in Comprehensive Health Care (*Programa de Residência Multiprofissional em Atenção Integral à Saúde - PRMAIS*), at the Faculdade de Medicina de Ribeirão Preto of the Universidade de São Paulo, developed in the city of Ribeirão Preto, in the state of São Paulo, Brazil, which has a workload of 60 hours per week, divided into theoretical and theoretical-practical activities at the three levels of care, thus enabling the resident to explore different contexts. PRMAIS was created in 2010, and the inclusion of the Dentistry area took place in March 2013 to make up the program along with the following areas: Pharmacy, Physical Therapy, Speech Therapy, Nutrition, Psychology, and Occupational Therapy, with 36 vacancies for multidisciplinary residents, among these, six dental surgeons<sup>9</sup>.

All residents who graduated from the Dentistry area were invited to participate in this study, from 2015 (the first class to graduate) to 2021. Invitations were sent by email with an online Google Forms questionnaire attached. This instrument considered: gender, age, marital status, whether the participant had children, city/state of origin and residence, year and educational institution in which the participant completed their degree, year of entry into residency, postgraduate courses in addition to residency, professional performance, participation in a multidisciplinary team or multidisciplinary approach and approval in civil service exams after residency. Subsequently, the graduates who responded the questionnaire were invited to participate in an online interview via Google Meet, the invitation was made first by email and then via an instant messaging application.

The interviews took approximately one hour, and were carried out between June and August 2022, with the help of a semi-structured script that addressed the graduates' perception of each of the skills, the learning shared with other professionals, strategies used and repercussions on professional life.

The interviews were fully recorded and transcribed without subsequent return to the participants for comments and/or correction. Field notes were made after the transcriptions, in which the names of the interviewees were coded with the letter I followed by a sequence from 1 to 16 (I1 to I16).

The questionnaire data was organized in an Excel spreadsheet (Microsoft Office) with a description of the total number of responses (No.) and the percentage of each response obtained. The interview data were analyzed according to the content analysis technique<sup>10</sup> with

support from the theoretical framework of Interprofessional Education<sup>4</sup>, after transcribing and organizing the material in a Word file (Microsoft Office).

After reading the material, appropriating the content and formulating hypotheses, in the pre-analysis phase, we moved on to the next phase, exploring the material. At this stage, texts were cut and the coding chosen was categories, at first defined in accordance to the interprofessional competencies highlighted in the theoretical framework<sup>6</sup>.

The fragments of the interviews were selected based on their compatibility with the descriptors, which are more detailed characteristics about the aspects that must be present in each of the interprofessional competencies and, both in these and in the descriptors, adaptations were made in the translation in order to approximate of concepts used in public policies in Brazil.

In the data processing phase, the results were interpreted based on the theoretical framework of Interprofessional Education<sup>4,6</sup>, in order to make them meaningful and valid, based on inferences, observations and the interpretation of concepts and propositions in accordance with the Technique content analysis<sup>10</sup>.

The study was approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa - CEP*) of the Faculdade de Odontologia de Ribeirão Preto of the Universidade de São Paulo - FORP-USP under Opinion No. 5,233,330, in accordance with resolution no. 466/12 December 2012 of the Brazilian National Health Council.

## RESULTS

Of the 19 participants, 18 filled out the questionnaire and 16 were interviewed. All participants were Brazilian, 14 (83.33%) were born in the state of São Paulo and 4 (16.67%) were born in the state of Minas Gerais. With regard to sex, 13 (72.22%) were female, the average age was 31 years old, 11 (61.11%) were single, and only 3 (16.66%) had children.

Regarding training, 10 (55.56%) graduated from the Faculdade de Odontologia de Ribeirão Preto, while the others completed their degree at other colleges in the state of São Paulo and one obtained their degree in Minas Gerais. Of the 12 (66.67%) who completed other postgraduate courses besides residency, 3 (16.67%) completed a Master's degree, 2 (11.11%) a PhD, 4 (22.22%) Specialization, 2 (11.11%) other Residency and 1 (5.56%) other courses. Regarding their work after residency, 8 (44.44%) worked as general practitioners, 3 (16.66%) in hospital dentistry, 4 (22.22%) in the public health network, 2 (11.11%) as specialists and 1 (5.55%) does not work as a dentist. More than half, 10 (55.56%), passed a civil service exam and 13 (72.20%) currently work in a multidisciplinary team.

From the analysis of the interviews, five summary tables were presented, organized according to the following categorization: 1. *Interprofessional Communication*; 2. *User/Family/Community Centered Care*; 3. *Clarity of Roles*; 4. *Team Functioning and Conflict Resolution*; 5. *Collaborative Leadership*. The definition of the themes for each category followed the descriptors of each interprofessional competence<sup>6</sup> based on the actions that can guide health professionals towards collaborative practice and, in this way, the fragments were divided according to their association with the themes.

In Category 1 - *Interprofessional Communication* (Chart 1), the interviewees pointed out experiences and perceptions that addressed the importance of evolving medical records for communication, active listening, the relationship of trust between professionals and the sharing of responsibilities for comprehensive care in health.

**Chart 1.** Category 1 - *Interprofessional Communication*. Ribeirão Preto, Brazil, 2022.

Themes	Fragments
Effectively use information and communication technology to improve user-centered interprofessional care	I1: <i>I think that one of the things that helps communication... is this thing of evolution of medical records... because we often forget what has already been said... discussed... so it is extremely important to write it down in the medical record everything that was done... said... especially in meetings... case discussions.</i>
Actively listen to other team members, including users/families	I16: <i>Over time I have observed that listening is one of the main characteristics... we have to always know how to listen to each other very well [...] so it is always about listening to the other professional and understanding their line of thought in order to be able to handle the needs there in the best possible way.</i>
Develop trusting relationships with users/families and other team members	I5: <i>Because he [another health professional] trusts you... asking to answer a question. It means he believes in what you do.</i>
Share care responsibilities among team members	I9: <i>We at the residency saw the importance of each profession... what each professional does [...] we have a broader view of the patient's health [...] we have to see the systemic... there is to see the patient's emotions, which also affect the patient... which also interferes with the treatment... and how other professions can help.</i>

In Category 2 - *User/Family/Community Centered Care* (Chart 2), interviewees highlighted health education practices in a dialogical way, encouraging users' autonomy, involving them in their own care and also encouraging participation and social control in health processes.

**Chart 2.** Category 2 - *User/Family/Community Centered Care*. Ribeirão Preto, Brazil, 2022.

Themes	Fragments
Share information with the user (or family and community) in a respectful and understandable way, encouraging discussion and increasing participation in decision-making	I12: <i>If the strategy is for the patient, it's no use just for the team to do the planning... thinking they are deciding what's best for the patient... but in reality it doesn't make sense for them... so I think bringing the patient for this discussion... put the patient at the center of this process and build the care plan together.</i>
Respectfully listen to the expressed needs of all parties in training and care delivery	I1: <i>Listening to people... listening to other professionals... listening to the patient [...] not just having that active voice... but having active listening... is extremely important.</i>
Ensure that appropriate education and support is provided by students/professionals to users, families and others involved in their care	I1: <i>And we have to start having this habit of teaching the patient [about oral health care]... and also giving them this autonomy [...] it is extremely fundamental to share this responsibility with him.</i>
Support the participation of the user and their families, or community representatives as full partners with the health professionals who provide their care or planning, implementation and evaluation of services	I9: <i>So I think that team meetings are also very important... for everyone to speak their mind... to say what is missing... complaints and such so that the service can improve and everyone can work together... [...] and suddenly also listening to the population... listening to complaints... what really needs to be improved...on the part of professionals and the population itself.</i>

In Category 3 - Clarity of Roles (Chart 3), the devices used for interprofessional interaction were highlighted, emphasizing the experience of these experiences during the residency period to recognize different professional roles and understand their own role.

**Chart 3.** Category 3 - *Clarity of Roles*. Ribeirão Preto, Brazil, 2022.

Themes	Fragments
Describe one's own role and that of other professionals	I12: <i>Understand where other professionals can help... we have a lot to share... so it's not uncommon for us to ask for a speech assessment... patient with a lot of trismus, for example... with difficulty swallowing... patient with TMD as well.</i>
	I9: <i>Working as a team... shared consultations... case discussion... permanent education... in the center we learned a lot with permanent education [...] so I think that helps a lot... understanding what the other person's role is.</i>
Recognize and respect the diversity of other roles, responsibilities and competencies in healthcare	I16: <i>I think the residency refined this... working with several other professionals that I had no contact with as an undergraduate and that ended up opening my perspective a little to this area... health beyond the mouth... so this ended up contributing a lot to I can respect and understand other professions... [...] today I can't look at the patient's mouth... I look at the patient as a whole.</i>
Access the skills and knowledge of other professionals appropriately	I13: <i>I believe so... I believe it [the residency] gave me good experience to know how to talk... how to ask for matrix support... how to really learn... in residency we learn a lot to deal with other professions.</i>
	I15: <i>Having case discussions, I think it's very important as you can learn from everyone... thinking more about residency... a general point of view in different areas [...] because I remember there was a lot of case discussion...</i>

In Category 4 - Team Functioning and Conflict Resolution (Chart 4), graduates demonstrated an understanding of these two skills that are essential for good teamwork, exemplifying practices during residency and in their current work practice such as the importance of exchange of knowledge and relationships with other professionals, the existence of formal spaces for discussion about work dynamics and respect for the team in which the professional will be included.

**Chart 4.** Category 4 - *Team Functioning and Conflict Resolution*. Ribeirão Preto, Brazil, 2022.

Themes	Fragments
Understand the team development process	I11: <i>Especialmente quando pensamos sobre as internships nos centros [...] lá nós vimos como era... nós fomos incluídos na equipe... chamados para participar... então nós vimos como nós poderíamos ser incluídos... e isso me deu alguma base para quando eu fui para a FHS [Family Health Strategy]... eu sabia como interagir... como me encaixar lá.</i>
Establish and maintain effective and healthy working relationships with students/professionals, users and families	I5: <i>Sim, eu acho que é nessa troca de conhecimento, você sabe... você vê a outra pessoa trabalhando... você está lá e você vê eles assistindo... a maneira como eles falam com o paciente... a maneira como eles ouvem o paciente... então você vai criar afinidades e trocar conhecimento com aquele profissional.</i>
Effectively facilitate discussions and interactions between team members	I12: <i>Primeiro, eu acho que ter momentos para eles falar... então, por exemplo, nós queremos melhorar a comunicação da equipe, essa integração entre profissionais... se eles não tiverem espaço para isso... então eu acho que a primeira coisa é ter um espaço para isso acontecer... momentos estipulados para isso também... e não apenas momentos informais.</i>
Recognize the potential for conflict and take constructive steps to resolve it	I1: <i>Sometimes the professional side mixes with the personal side... so this can often be harmful... what we have to do is try to separate the two... because the main thing is the patient... we cannot harm the patient.</i>
Work effectively to address and resolve disagreements, including analyzing the causes of the conflict and working to reach an acceptable solution	I11: <i>[about strategies for dealing with teamwork challenges] I think... a conversation... a talking circle... to understand this... discuss what problems are arising... to make it very clear what is happening and what everyone's role... and resolve what's happening.</i>
Develop a level of consensus among those with differing opinions; allowing all members to feel like their views have been heard, no matter what the outcome	I12: <i>...that I can make myself understood... it also depends on the subject... sometimes people don't have the same opinion... but that's part of it... and trying to reach a consensus in a way that is acceptable to both parties...</i>

In Category 5 - Collaborative Leadership (Chart 5), the graduates demonstrated that they work based on the principle of shared decision-making and the creation of an environment that favors collaborative practice, this competence was developed during the experiences in the residency and also the application of this competence in their current professional practice, emphasizing interprofessional work.

**Chart 5.** Category 5 - *Collaborative Leadership*. Ribeirão Preto, Brazil, 2022.

Themes	Fragments
Work with other professionals to enable effective results for the user	I13: <i>From the moment we start to look at the patient as a whole we know that we need everyone... practically all professionals involved... in some cases... not all... but in many cases almost all professionals have to be involved.</i>
Facilitate effective team processes	I9: <i>So I think that in the ideal scenario... each person really knows the role of the other... and in a team meeting... in permanent education... to be able to develop this teamwork in a more natural and assertive way.</i>
	I10: <i>Look, I think this issue of participation in the other's work... then participating a little in the other's day to day life... and the issue of matrix support... so of "identifying a demand to pass it on to the others on the team"... this team talk.</i>
Apply collaborative decision-making principles	I7: <i>But at the same time, it's about thinking about the patient as a whole... since they need multi-team care... for people to discuss... talk to each other to see the most appropriate approach for this patient.</i>
Participate in creating a climate for shared leadership and collaborative practice	I12: <i>I once again believe that dialogue with other people... the example too... working together... leadership is not just about assigning what each person is going to do... it is always working together... also in a collaborative way... leadership in a collaborative way, right?</i>
Establish a climate for collaborative practice among all participants	I8: <i>Mainly in primary care... we always worked as a team even [at the residence]... each one offering their own vision of that case... each one trying to contribute in some way... especially in primary care.</i>
Advance interdependent working relationships between all participants	I6: <i>We are a multidisciplinary and also multiprofessional team... in the sense that we have a nutritionist there... physical therapist and psychologist as a multi team [...] because we work multi-disciplinary too... it's not simply having a physical therapist for the sake of having a physical therapist... we do this work together.</i>

## DISCUSSION

In the results, the participants' perception reflected training focused on interprofessional teamwork<sup>4</sup>, with quotes about the importance of other health professions to achieve resolute care, demonstrating that the graduates also appropriated the necessary devices for this interaction and learning was possible. A recurring theme was the centrality of care for the user, not only during care and definition of treatment, but also in decision-making in relation to health services.

In Category 1, the emphasis given by interviewees to the importance of notes in medical records in effective communication between team members corroborates the findings of a study that evaluated the use of Electronic Citizen Records in Care Management in Family Health Teams, in which it was noticed how the record allows the exchange of information between different professionals supporting the continuity of care, however, it was identified that the



time used for this can affect the user/professional relationship due to the need to divide attention between notes and service<sup>11</sup>.

The development of collaborative, responsive and responsible communication among themselves<sup>6</sup> points to the graduates' perception of the relevance of listening, the relationship of trust and the sharing of responsibility among the professionals of a multidisciplinary team. Teamwork must take into account aspects such as: communication, active listening, and respect for the particularities of each profession that help the team achieve harmony and collaborative practice, thus guaranteeing improvements in work relationships and, consequently, in the assistance offered to community<sup>12</sup>. Communication, in formal or informal moments, between professionals from different areas becomes essential for interprofessional teamwork<sup>13</sup>.

In line with the theoretical framework of Interprofessional Education, interprofessional skills are linked to opportunities to experience with other health professionals<sup>6</sup>. In this context, as it is an in-service teaching postgraduate course with practice at three levels of care, PRMAIS provides residents with important tools, such as: shared consultation, matrix support, case discussions and team meetings. This experience can allow the professional to understand the relevance of other professions and how much dialogue and sharing of responsibilities bring benefits to comprehensive health care, as mentioned in Chart 1 by I9.

Comprehensiveness guides health practices, and to achieve it it is necessary to foster the congruence of interprofessional knowledge and practices, including good communication between health professionals and understanding and meeting the multiple health needs of each user<sup>14</sup>. Therefore, the direct influence of the experiences lived in PRMAIS can be noted in valuing the user's vision in the various aspects of their health, valuing the search for comprehensiveness in care so that in Category 2, the interviewees seek, integrate and value the contribution and involvement of users/family/community in the implementation of care.

Notes indicated by the interviewees are in the direction of the principles and guidelines established by the National Humanization Policy (PNH) and the National Policy on Permanent Health Education (PNEPS), which seek to promote innovations in the way of providing healthcare by stimulating communication between managers, workers and users; such as encouraging user autonomy, through sharing information about their health, allowing co-responsibility for care and the subject's role in their own care<sup>15,16</sup>.

The concept of autonomy present in the theoretical framework of IPE and brought by CIHC<sup>6</sup> clarifies that care centered on the user/family and community must always be sought by health professionals, directing the user as the main figure in planning their care, as they have greater knowledge about their lived experiences and can contribute in a critical and

constructive way. I1's speech in Chart 2 highlights a counterpoint regarding the understanding of the concept of autonomy in health, as it is understood as something to be given to the user, and not constructed jointly. In the intention of establishing a dialogical relationship in care, I12 expresses in their speech about the inclusion of the user in the discussion about their health, which converges to an action that recognizes the subject's reality and, along with them, visualizes possibilities for transformation.

As part of what encourages the user's protagonism in their care, the welcoming process stands out, which can be understood as an attitude of health professionals, through actions such as qualified listening, building bonds and even guaranteeing user access<sup>17</sup>, becoming an essential tool in everyday life in services<sup>18</sup>. In their speeches, the graduates highlight the relevance of listening to users on a daily basis and building bonds, as in the case of I1.

The team meeting space is mentioned, as this is a time to discuss health needs, both by professionals and users. Regarding this, in the context of Permanent Health Education, the importance of spaces for discussion and reflection on day-to-day work practices is identified, making this context flexible to revisions and possible changes, always giving emphasis to social movements and to user participation, guiding transformations in health team processes<sup>19</sup>.

In Category 3, the perception about the role clarity competency stands out, which is about the professional's understanding of their own role, the role of others, as well as the use of this knowledge to establish and achieve the goals of the user/family and community<sup>6</sup>. It is possible to identify that the graduates had, during their residency, the opportunity to work with professionals from different areas. On this topic, an experience report observing the work of the Expanded Family Health Center (NASF), identified how the experience of teamwork and Permanent Health Education actions are necessary to increase role clarity among professionals, even suggesting that this knowledge must be worked on since graduation so that this skill can be applied in the work of professionals<sup>20</sup>.

The NASF was inserted in the context of Primary Care with the proposal to increase resoluteness, given the transformations in the health needs of the Brazilian population. Currently, this proposal is weakened, requiring investment from managers. Thus, a multidisciplinary team aims to develop interprofessional work with the family health team, using the methodological strategy of matrix support, making use of devices such as: continuing education, shared care, case discussion, and others<sup>21</sup>. It is observed that the same devices were mentioned by interviewees when reporting their experiences of interprofessional work in the residency, reinforcing the ability to integrate with different professions.

There are different types of teams, including grouping teams, which occur when there is fragmented work, without articulation of actions and agents, and integration-type teams that work in an articulated manner<sup>13</sup>. The daily experience with other professionals, which essentially occurs at RMS, allows the formation of grouping teams, but does not guarantee that the interprofessional approach is present, favoring or not an integration-type team<sup>22</sup>. For the concepts of interprofessional education to be applied and for the formation of integration-type teams to be developed, learning how to organize work and pedagogical guidance by tutors and preceptors at RMS are fundamental<sup>23</sup>. PRMAIS stands out in this sense, having participated in an intervention research based on the theoretical framework of the Institutional Analysis of Professional Practices to reorient interprofessional training, allowing residents to reflect on their own practice, professional relationships and their in-service training<sup>24</sup>.

Chart 4 presents the perceptions about the Team Functioning and Conflict Resolution competencies. The Team Functioning competency is evidenced when students or professionals understand the principles of teamwork dynamics and team processes, enabling effective interprofessional collaboration. The Conflict Resolution competency is defined by the active involvement of students/professionals, including other professionals and the user/professional, in positively and constructively addressing disagreements as they arise<sup>6</sup>.

One of the perspectives of interprofessional work is to overcome the fragmentation of care, which can occur in health teams, given the intense specialization process that exists. To do this, it is necessary to understand the dynamics of the team's functioning, seeking to share goals and promoting interprofessional collaboration<sup>25</sup>. It is understood from I11's speech that the graduates developed this skill from the experiences they had in the residency, making it easier to understand the functioning of teams in which they were part of post-residency activities. The sharing sought through the exchange of information and interaction between team members, based on trust, translates into a good team climate, a way of doing things in healthcare that facilitates the construction of interprofessional work<sup>13</sup>, as evidenced in the statements of the egress.

Another essential aspect for understanding team functioning is the existence of spaces for discussions and interactions between members. The team meeting proves to be a time that the team's action strategies are defined, in which the importance of collaborative work is realized and interprofessional relationships are established, however, it is noted that this important strategy for consolidating interprofessional practice is still absent in several health teams<sup>26</sup>. I12's speech highlights the importance of this tool in their professional practice, being

mentioned as a means of facilitating communication between members of a multidisciplinary team.

In Chart 4, the competence related to learning conflict resolution was highlighted as relevant for good teamwork. Teamwork necessarily involves problems and conflicts in one's daily life, there are different ways of dealing with these situations, and one of them is based on communicative action, observed in the statements of I3 and I11, through which common interest is sought, being in the case of healthcare teams, the well-being of the user<sup>27</sup>.

An integral part of the ability to resolve conflicts is recognizing the positive capacity of these events, which sets the basis for reaching agreements and consensus between those involved<sup>28</sup>. During the interviews, the graduates showed the ability to identify issues with the potential for conflict, such as: personal conflicts interfering in professional relationships, a medical-centered vision on the part of the team, human and power relationships. The IPE theoretical framework points out that identifying the origins of conflicts is an essential part of conflict resolution and must be sought by the health professional<sup>6</sup>.

In Chart 5, the perception of the development of the Collaborative Leadership competency is observed, which conceptually is when the student or professional understands and can apply the principles of leadership that support a model of collaborative practice, with shared decision-making and responsibility for roles assigned<sup>6</sup>. Collaborative leadership includes the participation of professionals and users, so that responsibility for treatment is assumed, contrary to traditional approaches in which individual capabilities are highlighted<sup>29</sup>.

Collaborative leadership favors a good teamwork climate, with sharing of perceptions and meanings of practices experienced by team members, and how this is positively related to work dynamics and care efficiency<sup>30</sup>. Its positive influence on building a team climate can be seen when exercised collaboratively, allowing all team members to feel free to give their opinion<sup>30</sup>. A team climate favorable to sharing ideas is evidenced by I8 during their experience at PRMAIS. The vision of a leader who gets involved with the team to achieve success in treating the user is often brought up by graduates, highlighting the importance of communication between team members.

## CONCLUSION

PRMAIS graduates noticed the development of interprofessional skills for teamwork during residency, with emphasis on interprofessional communication and care centered on the user, their family and community and the recognition of the importance of other health

professionals for effective work as a team, so that these skills have been applied by them in their respective professional environments.

It is important to highlight the understanding and application of the concept of comprehensive care, which involves both the relationship between these professionals and other team members, for adequate communication and the appreciation of other areas of knowledge, and in the relationship with users, practicing reception, addressing their different health needs and valuing their participation in the construction of care.

It is understood that there are difficulties in understanding some concepts, such as autonomy, still based on a paternalistic vision in which the health professional is the center of care. Coping with this aspect is necessary in theoretical learning environments and also in the practical field action of residents.

Regarding the limitations of the study, it is pointed out that the results were based on the perception of graduates during their training as residents and that the development of interprofessional skills is procedural with influence on their professional trajectory. Furthermore, the importance of exploring studies in other areas of health and in other residency programs is highlighted in order to increase the visibility of the implementation of IPE in in-service training in the SUS.

Furthermore, so that PRMAIS residents can continue developing skills for interprofessional teamwork, IPE must be part of the program's Pedagogical Political Project, clarifying the concepts and applications relevant to this practice. Furthermore, it is necessary that the training of tutors and preceptors be improved, so that this type of approach is part of the practice of residents in health services.

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**Kariny Corrêa Sousa** contributed to the design, collection and analysis of data, writing and revision. **Igor Henrique Teixeira Fumagalli** and **Júlia Bezerra Xavier** participated in data analysis, writing and revision. **Ana Elisa Rodrigues Alves Ribeiro** collaborated in writing and revision. **Luana Pinho de Mesquita Lago** and **Soraya Fernandes Mestriner** contributed to the design, data analysis, writing and revision.

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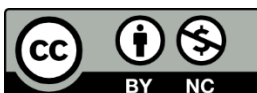
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