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ORIGINAL ARTICLE

INTERPROFESSIONAL COLLABORATION IN THE PROGRAM FOR EDUCATION AT WORK FOR HEALTH[1]

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ABSTRACT

Objective: To identify elements from the interprofessional collaborative dimensions in the institutional projects to be developed in the program for education at work for health. **Method:** Document study with a quantitative approach. The document source includes five intervention projects elaborated by five federal universities from the Brazilian northeast, to be developed in the interprofessional program for education at work for health. Data was collected and analyzed from July 2020 to March 2021, through the application of a collection tool elaborated by the authors. The study, conducted with the aid of software, is based on D'Amour references to establish categories according to the stages elaborated by Bardin. The ethical aspects of the research were guaranteed. **Results:** We identified elements of the collaborative dimensions of the model by D'Amour in the five projects, such as: goals and user-focused guidance; mutual socialization; trust; formalization tools; information exchange; centrality and leadership; support to innovation and connectivity. **Final considerations:** intervention projects elaborated by the universities have elements conducive to Interprofessional Collaboration. However, interventions targeted at structuring collaborative care and exercising leadership must be better elaborated.

Keywords: Interprofessional Relations. Interprofessional Education. Universities. Work. Health.

INTRODUCTION

Interprofessional Collaboration (IPC) is a type of work that involves professionals from different fields of health in a relationship of partnership and interdependence, to develop collective actions and attend the health needs of users, families, and communities[1]. It has four dimensions: Goals and shared vision, Internalization, Formalization, and Governance[2]. The two first dimensions are related to the interaction among professionals, and between professionals and their clients. The two other dimensions are related with (technical and operational) structure, organizational culture, and institutional leadership.

In this regard, barriers must be overcome for health workers to develop a strong partnership and interdependence. Therefore, the communication of relationships built in the team[3] and awareness of the responsibilities of the other health workers should be improved[4], so we can build a collaborative practice capable of improving the quality of user-focused care.

In this direction, public education and health policies in several different countries have invested in health education that values different aspects associated with the quality of health care[5,6]. Furthermore, the adoption of devices that can guide formation in the field through the sharing of knowledge, including team decision-making, is an aspect that must be continuously considered in intersectoral networks.

In Brazil, the Ministries of Health and Education invest in measures to implement policies and programs that lead to the improvement of integral care, such as the Program for Education at Work for

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Health (PET-Health), which has the potential to overcome current disciplinary and mono-professional logic[7]

As a result, we believe that the intervention projects elaborated to be carried out at PET-Health, Interprofessional, are documents that show the goal to develop practices that lead to IPC.

PET-Health has existed for more than 14 years. Through its thematic selection processes, it allowed teaching institutions and health secretariats to develop institutional projects and actions to prepare people to work in the Single Health System (SUS), by integrating teaching-service and community[8]. This program has been a powerful tool for the improvement of primary care, causing changes in the National Syllabus Directives and reorienting the formation of health workers, making them more interested in teamwork (8,9).

In the Interprofessional edition, this program has been a significant space to produce change in health education and enhance Interprofessional Education (IPC) in syllabi[10] and collaborative learning[11]. Even with the challenges resulting from the coronavirus pandemic, there has been an effort to construct post-pandemic socialization, strengthening collaborative work, and safeguarding the affective bonds so necessary for attention and health care. Therefore, collective engagement and the connections of the program with curricular activities are evident in the interprofessional edition[12].

This study is a result of the recognition PET-Health has achieved. Therefore, it has become consolidated in the field of health formation, in an attempt to develop interrelations between health workers and users in the context of teaching-work integration of the health care network. Therefore, PET-Health is one of the tools in the Brazilian plan of action to implement IPC, as recommended by the regional offices of the World Health Organization for the Americas, and the Pan American Health Organization (PAHO). As a result, we believe that the institutional projects elaborated by PET-Health, Interprofessional, are guiding documents to structure education and practices that lead to Interprofessional Collaboration.

From this perspective, we believe that the activities planned in these projects have a bigger scope for the interaction of the subjects. As a result, it becomes essential to get to know and make explicit the plan to foster collaborative practices through the elements proposed by a new model, consolidated model by research. It contributes to the implementation of new projects and professional training to improve the quality of the production of health care.

Considering this recognition, the following question emerges: How are elements of the collaborative dimensions present in the institutional projects of the Program for Education at Work for Health (PET-Health), Interprofessional? To answer this question, we aimed to identify elements from the interprofessional collaborative dimensions in the institutional projects to be developed in the Program for Education at Work for Health, Interprofessional.

METHOD

This is a qualitative document research. The document sources were five projects from PET-Health, Interprofessional, from federal universities in the northeast of Brazil whose projects were approved via interministerial selection processes[13]. This study is an excerpt from the thesis "Interprofessional collaboration in the Program for Education at Work for Health, Interprofessional". In said thesis, we selected excerpts that analyzed the elements of the dimensions of Interprofessional Collaboration present in the projects of PET-Health, Interprofessional (IP).

Inclusion criteria considered federal universities with projects approved in public selection 10/2018 from PET-Health, IP, that had also participated in the selections N.14/2013 (PET- Health Care Networks) and N.13/2015 (PET-Health SUS Graduation) in the same campus. We selected six projects from PET-Health, IP. However, one of the universities did not answer our request, despite five attempts to contact them. As a result, the study included five documents.

Researchers presented themselves to PET-Health, IP coordinators after identifying them and getting in touch via email. The projects were made available in PDF files during the months of July and August 2020. We used the document matrix as an instrument to collect data. The information extracted from the institutional projects included information regarding proponents, fostering initiatives adopted in the health units to transform work in health, the definition of the processes of change to be developed in the last 24 months of the program, strategies of articulation in the courses involved, and other items, as presented in Table 1. With the aid of

the software webQDA®, the researchers, who have experience in qualitative research, constructed the *corpus* of the research.

Table 1 presents interactions between the interprofessional public selection (Selection Process 10/2018), the dimension of the interprofessional collaboration, and the proposals of institutional projects from PET-Health, IP.

Table 1 - Plan of analysis of data considering the interactions between Interprofessional Selection Process, IPC dimension, and institutional project proposals of PET-Health, IP.

Selection process No. 10/2018, the projects must:	**Dimensions of Interprofessional Collaboration (D'Amour)**	**Institutional PET-Health Projects extracted from the item:**
Develop collaborative practices involving the users; Encourage the development of collaborative competences in the tutorial learning groups; Prescribe interprofessional activities to overcome the fragmentation of work in health.	Shared Goals and Vision - relates with the democratization of knowledge, interaction between workers, distribution of responsibilities, and decision making. Element - shared goals	1. Initiatives to foster transformation in health work adopted in health units to develop collaborative practices; 2. Definition of the processes of change to be developed in 24 months, establishing goals, strategies to reach them, and expected results. 3. Strategy of articulation between the courses involved.
Involving actors from SUS and the academic community, focusing on the context of collaborative networks in the formation for SUS.	Internalization - associates raising the awareness about interdependence in regard to other workers. Elements: Mutual socialization and trust.	items 1,2,3: idem.
Develop syllabus changes for all graduation courses in the dynamic of producing health care;	Formalization - associated with organizational structure and culture. Elements: Formalization tools and information exchange.	Items 1,2,3: idem and COAPES Subscription Plan
Develop activities to articulate teaching, research, and health care extensions, following the directives of the Organizational Contracts for Public Actions in Teaching-Health (COAPES); Specify which actions are under the scope of secretariats and which are under that of universities; By implication universities are responsible by the health of users, considering the logic of collaborative work.	Governance - related with the institutional leadership that supports its health professionals in the implementation of innovations associated with collaborative practices. Elements: Centrality, leadership, support to innovation, and connectivity.	items 1,2,3: idem, plus monitoring and evaluation strategies and evaluation of monitoring and evaluation indicators.

Source: The authors.

Data was analyzed from October 2020 to May 2021. They were treated using document analysis, whose goal was molding and presenting information from documents using procedures[14] such as pre-analyses, which involves organizing the matrix, selecting the document extracts, and then establishing the corpus of the research This was followed by an exploration of the material, an exhaustive reading of documents, and a selection of scoring unit. Data was categorized *a priori*, in the light of the Interprofessional Collaboration model described by D'Amour et al.[2], summarized in table 2.

Table 2. Conceptual aspects of the collaborative dimensions and their respective elements.

DIMENSION: GOALS AND VISIONS HARED - Related with democratization of knowledge, interaction between workers, distribution of responsibilities, and decision making.
Elements: **-Shared goals** - related with the identification and sharing of goals that are common to all health workers. **-Patient-focused guidance** - adjustments required to negotiate the different interests of organizations, professionals, and private sector, focused on client-focused collaboration.
DIMENSION: INTERNALIZATION Related with raising the awareness about interdependence in regard to other workers and clients.
Elements: **-Mutual socialization** - when a worker knows the nature of the work and the vocabulary of another professional, and so can collaborate for the client. **-Trust** - reduction of uncertainty as the trust between those involved is established.
DIMENSION: FORMALIZATION - Related with the health institution rules of conduct and intervention in a multiprofessional team. Related with (technical and operational) structure and organizational culture, favoring practical interactions.
Elements: **-Formalization tools** - clarifies the responsibilities of those involved and negotiates how these responsibilities will be developed. **Information exchange** - health workers meet and share information feedback, mediated by information systems.
DIMENSION: GOVERNANCE **- Related with the institutional leadership that supports its health professionals in the implementation of innovations associated with collaborative practices.**
Elements: **- Centrality** - offers a clear direction, exercised by central authorities according to processes leading to collaborative structures. - **Leadership-** the exercise of leading a health team, in a voluntary, shared, and multivariate team. -**Innovation support-** the guarantee of changes in clinical practice and sharing of responsibilities between health workers and health services. -**Connectivity -** related with the connection between information and feedback from the system and communication.

Source: Adapted by the authors [2]

These concepts are a block of descriptions that serve as a base for IPC. They guide the development of the ICP process, as they involve, understand that workers wish to work together in such a way that they do have a certain degree of autonomy, considering interactions between individuals and organization. This understanding is related to education via work in health.

This model has 10 elements, distributed in four dimensions (Table 2) that analyze collective action, resulting from an organizational process and from the relationship between health workers and users. Therefore, elements from collaborative dimensions in the aforementioned model were adopted as *a priori* categories, defined as follows: shared goals; mutual socialization and trust; formalization and information exchange tools; centrality and leadership; support to innovation and connectivity. The four categories in this study are results of an understanding according to which the PET-Health, IP, has applied a theoretical framework from interprofessional education and collaborative practices.

Ethical aspects related to the document study in all its stages were respected, according with recommendations from Resolution 466/12 and Resolution 580, from March 22, 2018, from the National Council of Health. After we analyzed the indicators of the fostering of interprofessional collaboration in the institutional projects of PET-Health, on June 3, 2020, we received positive opinion 4.127.223 from the Research Ethics Committee for Research with Human Beings. The codename "Doc." (document), followed by a number, was used to indicate the participating universities.

RESULTS

The projects from PET-Health, IP that were

analyzed show an interinstitutional partnership between Universities, Municipal Health Secretariats, State Health Secretariat, and regional polyclinics. It involves a mean of 36 students, from 14 to 24 preceptors, 6 to 12 tutors, and the articulation of strategies between the graduation courses in nursing, pharmacy, medicine, nutrition, dentistry, psychology, and collective health.

This study organized the 10 elements from the collaborative dimensions of D'Amour's sharing model (Table 2), defining 4 aprioristic categories: shared goals; mutual socialization and trust; formalization and information exchange tools; centrality and leadership; support to innovation and connectivity. Our goal was to identify whether these categories are present in the projects from PET-Health.

Shared goals

The category shared goals" can be identified by its description, indicated during data collection:

> To carry out biannual meetings in health services, inserting tutorial groups associated with PET-Health, in order to discuss processes of humanization in health, involving the health team of the service. **(Doc.1)**
>
> To carry out integrated interdisciplinary events for professors, health workers, and students. **(Doc.2)**
>
> To carry out teaching-service integration seminars to discuss professional formation and health work, with the participation of students and health workers, professors, and managers. **(Doc.3)**
>
> To carry out quarterly Permanent Health Education workshops. **(Doc.4)**
>
> To elaborate teaching and informative materials directed at workers from the services and users, addressing referrals and counter-referrals and the flows in the RAS. **(Doc.5)**

Mutual socialization and trust

In this category, mutual socialization appears as a proposal for inclusion in public spaces, and for the development of work groups and applications:

> To include common areas in the academic offer of graduation courses in the field of health. **(Doc.1)**
>
> To develop a work team to integrate different actors from the four sides of Permanent Education in Health and foment strategies focused on the management of care [...]. **(Doc.2)**
>
> Development of projects for application in health services by a group of tutorial learning, in order to value and perfect competences, teamwork, efficient communication, and critical reflection. **(Doc.4)**

Confidence manifests by a joint production of diagnosis, case management, and understanding of the roles and responsibilities among group members:

> To diagnose health problems of the population using indexes, identify risk groups and propose, after an appropriate discussion of cases, alternatives to solve the health problems identified. **(Doc.1)**
>
> Carry out weekly meetings to plan, systematize, and discuss actions and cases with the tutorial learning group, the tutors, and the preceptors. **(Doc.3)**
>
> To develop projects for application in health services by a group of tutorial learning, in order to value and perfect the roles and responsibilities of different health-field professions. **(Doc.4)**

Formalization tools and information exchange

In this category, elements are related to the way in which university and health services regulate the implementation of IPC, through the institutionalization of curricular integration and the elaboration of technical production.

> To promote, together with the PROGRAD [the Graduation Dean Offices], strategies to facilitate the institutionalization of curriculum integration by making offers that can allow an interprofessional perspective of collaboration, interdisciplinarity, and teamwork. **(Doc.1)**
>
> To elaborate reports and statements with positive and negative elements, require demand, planning, and actions executed. **(Doc.2)**
>
> To elaborate a reflexive diary, made by members of the group of tutorial learning; to produce periodical experience reports [...] to produce technical diagnostic reports from the IP work process and of collaborative practices established in the settings of practice [...]. **(Doc.4)**

Information exchange takes place when there is a meeting and feedback between professionals, and appears in the continued evaluation and in the establishment of a partnership:

> To evaluate active applied methodologies with users;

the evaluated will be continuous [...] with statements including positive and negative elements, necessary demand, planning, and actions carried out in an objective and descriptive way. **(Doc.2)**

To carry out a seminar for the exchange of experiences between groups of tutorial learning, articulated to the Seminar of Integration between teaching and service. **(Doc.3)**

To carry out periodical meetings for planning, monitoring, and assessing the tutorial learning groups and the PET project. **(Doc.4)**

To insert students in operative groups that exist in the services, helping to make more dynamic the pedagogical strategies used in the different life cycles. **(Doc.5)**

Centrality and leadership; support to innovation and connectivity.

Centrality and leadership take place by putting in place contracts based on the projects by PET-Health, IP, in addition to the management of teaching and health services, aiming:

To improve dialog with the municipal health management, the higher education institution, the graduation dean offices, the intermanagerial commission of health teaching, the settings of practices, and the community, focusing on the operationalization of COAPES. **(Doc.1)**

To articulate with municipal management to insert the topic of formalization and interprofessional practices in the Organizational Contracts for Public Actions in Teaching-Health (COAPES), involving other higher education institutions that will be part of this contract. **(Doc.3)**

For the teaching institution to create an institution mediator and use SMS to mediate the receptivity and teaching-service integration by professionals in the network, constructing a collegiate formed by this mediator, representatives of Health Secretariats, extension and graduation deans offices, and representatives of the categories. **(Doc.5)**

Support to innovation and connectivity, in turn, is a result of the reformulation of the syllabi, and the planning of the work processes:

To enhance dialogue between the basic and the professional axes of courses, to involve the body of professors in the process of syllabus reformulation.**(Doc.1).**

To add, to the Pedagogical Projects of the Courses, the discipline "Interdisciplinary Formation in Health", as a discipline from the common nuclei of the three courses. **(Doc.2)**

To plan the work process of the teams in the territory of primary care, at schools, and at the municipal management of primary care (PC) coordination, during the interprofessional module from the Mandatory Curricular Internship. **(Doc.3)**

To apply evaluation protocols to the pilot optional subjects in the syllabi of all those who form the work group of PET-Health. **(Doc.4)**

To encourage multiprofessional integration of mandatory curriculum stages, supported by the collegiates and by the Structural Professor Center, aiming to integrate the action developed. **(Doc.5)**

DISCUSSION

Interinstitutional partnerships between universities and health secretariats are rife with potential to develop interprofessional collaboration. Furthermore, it shows the construction of environments favorable to the formation and development of health care, in a way that is closer to real health needs. In this regard, a compared case study, in an attempt to understand Interprofessional Collaboration (IPC) in Brazil and Portugal, indicates that there are contributions to improve the quality of the service[15].

Different graduation courses, as they articulate joint strategies, strengthen inter-relations between the participants of the program. As different compositions and professions are mixed together, attempts at (re)arranging different professions and allowing them to work together (students, preceptors, tutors) become clear. Thus, it becomes feasible to form partnerships, leading to interdependence, and knowledge.

On the other hand, developing interprofessional projects requires more than mixing different professions or using the same space for teaching and learning. This characteristic is not *sine qua non* in interprofessional learning or collaborative work[16]. A study with medicine and pharmacy students in Poland shows that, although students want to advance interprofessional collaboration, few of them are prepared to carry it out[17]. Therefore, it is fruitful to plan and develop continuous strategies that exercise integration between students and the development of collaborative competences.

As they **share objectives**, students, professors,

and health workers structure their activities, so they are common to all. These actions allow interaction, debates and positioning, a reality in accordance with the experience described by representatives of teaching and health institutions from Latin America and the Caribbean[18].

It is noteworthy that, when health workers get together and interact to provide humane care, actions to guarantee the involvement and rights of the patient are guaranteed[19,20]. Nonetheless, this is no guarantee that the process will be focused on the user, an important element in the development of IPC that was not present in the findings of the research.

The elements of **mutual socialization and trust** belong to a dimension of internalization**.** In mutual socialization, we found an openness to the other that is a part of teamwork, and the exchange of knowledge through a sharing of aspirations and responsibilities. Therefore, individual and organizational factors are germane for teamwork to be successful, as suggested by a study based on Ontario [21].

Regarding trust, it takes place during the processes of communication and sharing of something with the other. As students, professors, and preceptors develop dialogues, discuss problem-situations, manage cases, and understand the duties and responsibilities of each profession, it becomes possible to establish a relationship of trust and other attitudes of collaborative competences. To acquire these competences, one must integrate them into the educational curriculum, making available training in service and continued education, in order to produce efficient interprofessional collaboration[22].

Regarding tools and the dimension of formalization, these are a means of establishing a deal, producing reports, and making them public. If, on one hand, these tools show an attempt of implementing IPC through educational innovation and the sharing of experiences, on the other, they signal to the distant goal of establishing rules regarding interventions of work in health. As a result, formalization is targeted at university and its formative processes. In this regard, we must advance towards curriculum integration and to an increase of academic accreditation of IPC at graduation[9,23].

Evaluating, listening to users, and partnership are established as ways to exchange information between universities and health secretariats, allowing designers and implementers of the PET-Health, IP, to revisit their goals, methodological strategies, and, if necessary, to redirect actions towards IPC. Therefore, it is essential to have in mind the sustainability of actions developed in the program, strengthening the evaluation processes to incorporate IPC in teaching and health institutions[23,24].

Centrality and leadership are indicators of the governance dimension, where we find interinstitutional mediators, deliberative collegiates, and organizational contracts. Actions and contracts indicated in the projects of PET-Health, IP, together with teaching management and health services, have been discussed in the National Policy of Permanent Health Education (PNEP)[7], and even with all efforts spent in the last few selection processes for the program, our study shows shortcomings in its effective implementation in the institutions. Actions present in the projects are still associated with interinstitutional debates, negotiations, and with the intention of establishing a contract.

In this regard, the endogenous aspects of organizations should be considered[25], and can, somehow, interfere in the development and operationalization of collaborative practices, in the actions discussed, and in the mediation of conflicts, as exemplified by the experience by the PET-Health, IP, in the state of Goiás[26].

Regarding support to innovation and connectivity, the findings of our study involve the objective of innovating syllabi and planning the work processes of the teams. However, collaborative work is an essential tool to build a strategy to increase the effectiveness of primary health care, especially regarding daily experiences filled with challenges from the Family Health Strategy teams for health care, and the lack of support to implement innovations[23,24].

The limitation of this study is in the way it considers intervention projects only in the context of specific regions of the country. Nonetheless, our findings allowed us to state that the projects lead to Interprofessional Collaboration and can be reoriented to correct their flaws at the moment of execution.

FINAL CONSIDERATIONS

The elements from PET-Health, Interprofessional projects studied here, show ICP

dimensions in such a way that it becomes clear their goal is to increase interprofessional collaboration, especially in regard to the presence of the following elements: shared goals, mutual socialization, and support to innovation and connectivity, that are present in all projects. Then, in most projects, the following elements were also found: centrality and leadership, and tools for formalization and information exchange.

To identify these elements, we considered the propositions found in the projects, which revealed the inclusion of common areas and informative materials; the joint production of diagnoses, the debate and understanding of functions; the way in which university and health services regulate the implementation of IPC, that is, through the institutionalization of curricular integration and the elaboration of technical production; continuous evaluation and establishment of partnerships, establishing contracts determined together with the management of teaching and health services; syllabi reformulation; and the planning of work processes.

Other aspects related with the plan of action to structure and coordinate collaborative work, establish partnerships and connectivity, and start the exercise of collaborative leadership should be made clearer in the projects. The need to implement proposals related to the interdependence among professionals is evident, in addition to patient-focused orientation, which was not found; the same can be said in regard to the absence of compelling proposals aimed at decision making, interinstitutional connectivity, and the implementation of innovations related with Interprofessional Collaboration.

Proposals from the PET-Health, IP, are important as they encourage interprofessional collaboration, and should be operationalized to develop inter-relations among health workers and users in the context of integrating teaching and service in the health care network. We found that the actions proposed by the projects are still connected with interinstitutional debates, negotiations, and the intention of establishing a contract.

Therefore, we recommend teaching and health institutions associated with PET-Health to advance in the formalization, centrality, and leadership of interprofessional action, using the strength of institutional culture and organizational contracts of public action for health education. We would also like to reiterate the need for teaching institutions and health services to permanently invest in the fostering of practices of collaboration between professions, with an eye to the governance and operability of the formative process.

Therefore, we suggest investigation in different regions of the country and analysis of projects of the program as redesigned in the implementation stage, determining what has been planned, changed, and developed from the projects and interventions of PET-Health, IP. Therefore, further research in the field is essential due to changes in the context of technological innovation brought forth by the coronavirus-2019 pandemic.

Implications of these findings for the practice of health and nursing are among the strengths of the program as a policy to foster the formation of personnel capable of producing health care to actually attend the needs of the population and, especially, to improve the quality of health care.

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A COLABORAÇÃO INTERPROFISSIONAL NO PROGRAMA DE EDUCAÇÃO PELO TRABALHO PARA A SAÚDE

RESUMO

Objetivo: identificar os elementos das dimensões colaborativas interprofissionais presentes nos projetos institucionais a serem desenvolvidos no Programa de Educação pelo Trabalho para a Saúde. **Método:** estudo documental de abordagem qualitativa. A fonte documental consiste em cinco projetos de intervenção elaborados por cinco Universidades Federais da região Nordeste para serem desenvolvidos no Programa de Educação pelo Trabalho para a Saúde Interprofissionalidade. Os dados foram coletados e analisados entre julho de 2020 a março de 2021, com aplicação de matriz de coleta, de elaboração própria. Com auxílio de um *software*, o estudo está alicerçado no referencial de D'Amour para fins de estabelecimento de categorias conforme preconizadas

nas etapas estabelecidas por Bardin. Foram assegurados os aspectos éticos para a pesquisa. **Resultados:** Foram identificados elementos das dimensões colaborativas do modelo de D'Amour nos 5 projetos, tais como: metas e orientação centrada no usuário; convivência mútua; confiança; ferramentas de formalização; intercâmbio de informações; centralidade e liderança; suporte à inovação e conectividade. **Considerações finais:** os projetos de intervenção elaborados pelas universidades possuem elementos indutores da Colaboração Interprofissional. No entanto, precisam ser melhor explicitadas as intervenções voltadas para a estruturação do atendimento colaborativo e exercício para a liderança.

Palavras-chave: Relações Interprofissionais. Educação Interprofissional. Universidade. Trabalho. Saúde.

LA COLABORACIÓN INTERPROFESIONAL EN EL PROGRAMA DE EDUCACIÓN POR EL TRABAJO PARA LA SALUD

RESUMEN

Objetivo: identificar los elementos de las dimensiones colaborativas interprofesionales presentes en los proyectos institucionales que se desarrollarán en el Programa de Educación por el Trabajo para la Salud. **Método:** estudio documental de enfoque cualitativo. La fuente documental consiste en cinco proyectos de intervención elaborados por cinco Universidades Federales de la región Nordeste de Brasil que se desarrollarán en el Programa de Educación por el Trabajo para la Salud Interprofesionalidad. Los datos fueron recogidos y analizados entre julio de 2020 y marzo de 2021, con aplicación de matriz de recolección y elaboración propia. Con ayuda de un *software*, el estudio está basado en el referencial de D'Amour para fines de establecimiento de categorías conforme preconizadas en las etapas establecidas por Bardin. Se aseguraron los aspectos éticos para la investigación. **Resultados:** se identificaron elementos de las dimensiones colaborativas del modelo de D'Amour en los 5 proyectos, tales como metas y orientación centrada en el usuario; convivencia mutua; confianza; herramientas de formalización; intercambio de información; centralidad y liderazgo; apoyo a la innovación y la conectividad. **Consideraciones finales:** los proyectos de intervención elaborados por las universidades poseen elementos inductores de la Colaboración Interprofesional. Sin embargo, necesitan ser mejor explicitadas las intervenciones dirigidas a la estructuración de la atención colaborativa y el ejercicio para el liderazgo.

Palabras clave: Relaciones interprofesionales. Educación interprofesional. Universidad. Trabajo. Salud.

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