



## MULTIPROFESSIONAL AND INTERDISCIPLINARY IN HEALTH EDUCATION: EXPERIENCES OF UNDERGRADUATES ON REGIONAL INTERDISCIPLINARY INTERNSHIP

### MULTIPROFISSIONALIDADE E INTERDISCIPLINARIDADE NA FORMAÇÃO EM SAÚDE: VIVÊNCIAS DE GRADUANDOS NO ESTÁGIO REGIONAL INTERPROFISSIONAL INTERDISCIPLINARIDAD Y MULTIPROFESSIONALIDAD EN EDUCACIÓN PARA LA SALUD: EXPERIENCIAS DE LOS ESTUDIANTES EN PASANTÍA REGIONAL INTERPROFESIONAL

José da Paz Oliveira Alvarenga<sup>1</sup>, Andrea Bruno Meira<sup>2</sup>, Wilma Dias de Fontes<sup>3</sup>, Maria Madalena Figueiredo Burity Xavier<sup>4</sup>, Flávia Maiele Pedroza Trajano<sup>5</sup>, Gabriel Chaves Neto<sup>6</sup>, Flávio William Brito da Silva<sup>7</sup>, Felipe Vieira Holanda de Almeida<sup>8</sup>

#### ABSTRACT

**Objective:** to analyze the actions, feelings and experiences of undergraduate health students at the Federal University of Paraíba/UFPB on the multidisciplinary and interdisciplinary process experienced during Regional Inter-professional Internship at the SUS/ERIP-SUS. **Method:** a qualitative study, conducted at the Centre for Health Sciences/UFPB involving undergraduates who participated in the ERIP-SUS. A semi-structured interview script was used to collect the material, which was analysed from the Collective Subject Discourse. The research project was approved by the Research Ethics Committee under protocol 802/06. **Results:** the subjects view the ERIP-SUS as an enriching strategy for vocational training, giving the opportunity for multidisciplinary and interdisciplinary work in the context of Primary Care, contributing to the care of the population from the perspective of health prevention, promotion and rehabilitation. **Conclusion:** the contribution of ERIP-SUS is highlighted as a teaching-learning tool in multidisciplinary and interdisciplinary training in healthcare. **Descriptors:** Health Education; Internships; Unified Health System.

#### RESUMO

**Objetivo:** analisar as ações, experiências e sentimentos de estudantes dos cursos de graduação em saúde da Universidade Federal da Paraíba, sobre o processo multiprofissional e interdisciplinar vivenciado durante o Estágio Regional Interprofissional no SUS/ERIP-SUS. **Método:** estudo qualitativo, realizado no Centro de Ciências da Saúde/UFPB, envolvendo graduandos que participaram do ERIP-SUS. Um roteiro de entrevista semiestruturado foi utilizado para coleta do material, que foi analisado a partir do Discurso do Sujeito Coletivo. O projeto de pesquisa foi aprovado no Comitê de Ética em Pesquisa sob Protocolo 802/06. **Resultados:** os sujeitos percebem o ERIP-SUS como estratégia enriquecedora para a formação profissional, oferecendo a oportunidade do trabalho multiprofissional e interdisciplinar no âmbito da Atenção Básica, contribuindo com o atendimento à população na perspectiva da prevenção, promoção e reabilitação da saúde. **Conclusão:** ressalta-se a contribuição do ERIP-SUS enquanto cenário de ensino-aprendizagem na formação multiprofissional e interdisciplinar na área da saúde. **Descritores:** Educação em Saúde; Estágios; Sistema Único de Saúde.

#### RESUMEN

**Objetivo:** analizar las acciones, sentimientos y experiencias de los estudiantes de pregrado en la salud de la Universidad Federal de Paraíba/UFPB, en el proceso multidisciplinario e interdisciplinario experimentado durante la Pasantía Regional Interprofesional SUS/ERIP-SUS. **Método:** estudio cualitativo, realizado en el Centro de Ciencias de la Salud/UFPB involucrando estudiantes que participaron en el ERIP-SUS. Se utilizó una guía de entrevista semiestructurada para recopilar la información, que se analizó desde el Discurso del Sujeto Colectivo. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación de Protocolo 802/06. **Resultados:** los sujetos perciben el ERIP-SUS como una estrategia para enriquecer la formación profesional, que ofrece la oportunidad de trabajar en un contexto multidisciplinario e interdisciplinario de la atención primaria, lo que contribuye al cuidado de la población desde la perspectiva de la prevención, promoción y rehabilitación. **Conclusión:** se destaca la contribución del ERIP-SUS como escenario de enseñanza-aprendizaje en la formación multidisciplinar e interdisciplinar en la salud. **Descriptores:** Educación para la Salud; Pasantías; Sistema Único de Salud.

<sup>1</sup>Nurse, Master Professor, Coordinator of the SUS Regional Inter-professional Internship (ERIP-SUS), Nursing Department, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: [alvarengajose@yahoo.com.br](mailto:alvarengajose@yahoo.com.br); <sup>2</sup>Nurse, Frei Damião and Cândida Vargas Maternity Wards. João Pessoa (PB), Brazil. E-mail: [andreabmeira@hotmail.com](mailto:andreabmeira@hotmail.com); <sup>3</sup>Nurse, PhD Professor, Coordinator of the Nursing Graduation Course, Clinical Nursing Department/ Nursing Post-graduate Programme, Federal University of Paraíba/PPGENF/CCS/UFPB. João Pessoa (PB), Brazil. [wilmadias@ccs.ufpb.br](mailto:wilmadias@ccs.ufpb.br); <sup>4</sup>Master Nurse, Lauro Wanderley University Hospital, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: [mmfburity@yahoo.com.br](mailto:mmfburity@yahoo.com.br); <sup>5,6</sup>Undergraduate, Nursing Graduation Course, Institutional Volunteers Programme for Scientific Initiation/PIVIC/CNPQ/UFPB. Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mails: [flaviamaiele@hotmail.com](mailto:flaviamaiele@hotmail.com); [gabrielchavesufpb@hotmail.com](mailto:gabrielchavesufpb@hotmail.com); <sup>7</sup>Nurse, Student of the Nursing Educational Studies Course, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: [mokin23@hotmail.com](mailto:mokin23@hotmail.com); <sup>8</sup>Undergraduate, Nursing Graduation Course, Federal University of Paraíba/UFPB. Monitor for the subject Administration and Management Services for Health Care I. João Pessoa (PB), Brazil. E-mail: [f3tip3\\_vi3ira@hotmail.com](mailto:f3tip3_vi3ira@hotmail.com)

## INTRODUCTION

Multiprofessionality is considered to be a strategy that guides and enables the realization of comprehensive care, and is erroneously confused with interdisciplinarity. The former portrays a juxtaposition of various disciplines and each professional acts according to their expertise; the therapeutic process is fragmented. The latter involves the interaction between two or more disciplines, and this interaction is reflected in the integration of key concepts, in the epistemology and in the organization of research and teaching.<sup>1</sup>

The educational process in the training of health professionals should aim to develop both general capabilities (identified in the wide field of health) as well as those which constitute the specifics of each profession. However, any educational process should be able to develop the conditions of joint work for health professionals, valuing the necessary interdisciplinarity for the composition of a care that moves away from a corporate-centred focus - cut and reduced - to one that is user-centred - plural and complex.<sup>2</sup>

Proposals for the training and performance of multi-professional teams are already a reality in our society in health, with no legitimate argument otherwise. Proof of this is the constancy in designating teamwork in any circumstance destined to improve the quality of work and training in health. The orientation of teamwork consists of both the guidelines for the training of health professionals, as well as guidelines for professional practice in SUS.<sup>3</sup>

We know that one of society's main criticisms about Higher Education Institutions and their undergraduate courses in health is the fact of acting without the necessary involvement with the reality of the country, its locations and existing health problems. There should be, from the perspective of health education, a professional and technical dimension, so this training has civic, political and personal dimensions.<sup>4</sup>

It is understood that these dimensions are critical to multidisciplinary and interdisciplinary training, with effective integration of students from different areas of health with society. Thus, the creation, enhancement, development and strengthening of programs and/or curriculum components that contribute to the implementation of strategies and actions that meet the health demands of the population becomes increasingly necessary in the context of the current Health System.

From this perspective, the Regional Interdisciplinary Internship in the SUS (ERIP-SUS) can be conceived as an proposed academic practice of strategies and actions that contribute to the training of professionals capable of applying critical thinking to the problems experienced by the population and, therefore, may effectively act in everyday reality.

It is important to note that the ERIP-SUS corresponds to the Rural Integrated Internship (ERI), so named when instituted in the health professional training process at UFPB in 1979, in accordance with *Resolution No. 284/79* of the University Council - CONSUNI, Chapter VIII, art. 25, paragraphs 1, 2, 3 and 4, and Articles 26 to 28; additionally with clause 1 of Article 2 (which deals with classification) and Article 3 (which deals with obligation) of *Resolution 09/79* of the Superior Council of Teaching, Research and Extension - CONSEPE.<sup>5, 6</sup>

This internship is therefore an obligatory curricular component for different degree courses at the Centre for Health Sciences, and represents and is based on the design of a multidisciplinary and interdisciplinary approach, seeking to meet the objective of the National Curriculum Guidelines for Undergraduate Courses in Health, which can be translated, according to the CNE/CES Opinion nº 104/20027, as:

*[...]lead students of undergraduate health courses to learn, which includes learning to be, learning to do, learning to live together and learning to know, ensuring the training of professionals with autonomy and discretion to ensure comprehensive care and quality and humanization of care provided to individuals, families and communities.*

The program was developed in the context of primary care in municipalities in Paraíba and represents a living arm of UFPB, with respect to off-campus health activities, giving it the important position of being a liaison between the University, the Health Services and the communities where it operates. In the current context, this internship program, in conjunction with the SUS, participates in the direct delivery of health services citywide, considering the Local Health Systems in accordance with the Family Health Strategy.<sup>8</sup>

The development of this study is justified by the need for analysis of formative processes in the contemporary health, given the importance and appreciation of multidisciplinary and interdisciplinary approaches to achieving integrity in care and concern for the education of professionals

increasingly committed to reality of the population’s health and its transformation.

Given the above, this study aimed to analyse the actions, experiences and feelings of students in undergraduate courses in health at the Federal University of Paraiba on the multidisciplinary and interdisciplinary process experienced during the course of the Regional Interdisciplinary Internship in the SUS (ERIP-SUS).

METODOLOGY

This qualitative study’s investigation subjects were undergraduate students in Medicine, Nursing, Pharmacy, Physiotherapy, Dentistry and Nutrition. The research was conducted at the Centre for Health Sciences, Federal University of Paraíba. Participants were six (06) graduate students, one (01) linked to each of the above courses. The inclusion criterion adopted for research subjects was students who had already undertaken the Interdisciplinary Regional Internship - SUS (ERIP-SUS).

In qualitative research, what matters is not the criterion of numerical representation. The researcher should worry less about generalization and more about deepening, scope and diversity in the process of understanding, be it a social group, an organization, an institution, a policy or a representation.<sup>9</sup>

For the empirical data collection, we used a semi-structured interview script, offering the informant a chance to respond spontaneously to questions. The interview was developed involving the following areas: 1 - *definition of interdisciplinarity in health*; 2 - *importance of ERIP-SUS, as a teaching learning space, to practice interdisciplinary work*; 3 - *interdisciplinary practices developed in the ERIP-SUS*; 4 - *the challenge of interdisciplinary work in a multidisciplinary team*.

The interviews were conducted after approval of the research project by the Ethics Committee in Research of the Centre for Health Sciences (CCS) of the study’s institution location under protocol 802/06. All ethical and legal guidelines for research involving humans were respected, in accordance with Resolution 196/96 of the National Research Ethics - CONEP of the Ministry of Health.<sup>10</sup>

The data was analysed from the Collective Subject Discourse (CSD). In using the CSD technique, four methodological approaches are proposed: **Anchoring** - searching for linguistic traits that identify the theoretical

elements, concepts and hypotheses; **Central Idea** - statements that convey the essential content of the discourse; **Key Expression** - constructed by the verbatim transcripts from the testimonies of the respondents, so that there can be a type of discursive and empirical evidence, which looks for coherency between the central idea and anchoring; **Collective Subject Discourse** - which seeks to rescue the sign of knowledge of their own speeches. Effective speeches do not cancel, but complement each other.<sup>11</sup>

Initially the questions were transcribed in full, and later the Central ideas were identified from the key expressions. After identification was the grouping of central ideas, and to finish was the construction of the “collective subject discourse”, according to a classical outline of: “beginning, middle and end” or “from the more general to the less general and more particular”. According to the authors referred to, the particulars sex, age, private events, specific diseases, etc. must be eliminated, a process that is called “de-particularisation”. Likewise, repetitions are eliminated, but not the same idea when expressed in ways or with distinct yet similar words or expressions.

For the construction of the discourse, all the material of key expressions was used, which appears in *italics*, indicating that it is a reply or a piece of collective testimony. After the identification of the central ideas, the key expressions and the description of discourse, the commentary was descriptively made on the information obtained in each question asked to the study subjects.

The research project was approved by the Ethics Committee in Research of the Centre for Health Sciences, Federal University of Paraíba/CCS/UFPB under protocol 802/06.

RESULTS

The results of this survey are arranged in frames where the questions that guide the CSD are presented as a header. The frames are composed of 02 columns containing the “central ideas” and “key phrases”.

Figure 1 presents main ideas and key expressions of the undergraduates in the courses in the research participating area of health, obtained from the responses to questions that seek to define interdisciplinarity in health.



| Central Ideas - CI                          | Key Expressions                                                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CI-1: Health areas' list of papers.         | The relationship between the papers, and in the case of health, the relationship between the various areas of health [...] in patient care. |
| CI-2: Interaction of health professionals.  | The interaction of health professionals in the provision of humanized care.                                                                 |
| CI-3: Working together.                     | A number of health professionals working together ...                                                                                       |
| CI-4: A way to improve health care.         | A way to improve health care, since there are various professionals from different health courses ...                                       |
| CI-5: Multidisciplinary of the health team. | A multidisciplinary health team working toward a common good [...] the welfare of the population.                                           |
| CI-6: Interaction of health professionals.  | The interaction of the various professionals from different areas of health.                                                                |

Figure 1. Central ideas and key expressions of survey participants - Multiprofessionality and Interdisciplinary in Health Care Training: Experiences of Undergraduates in the Regional Interdisciplinary Internship at the SUS (ERIP-SUS), in response to the question: How do you define interdisciplinarity in health? Source: Direct Research.

Presented in Figure 2 are the central ideas and key terms of the interviewees' responses about the importance of ERIP-SUS, as a teaching and learning area for interdisciplinarity practice.

| Central Ideas - CI             | Key Expressions                                                                                            |
|--------------------------------|------------------------------------------------------------------------------------------------------------|
| CI-1: Interaction              | In the ERIP, we have the opportunity to interact with students from other health courses...                |
| CI-2: Working as a team.       | It is an opportunity to put teamwork into practice.                                                        |
|                                | You start to work with other professionals, encouraging teamwork.                                          |
| CI-3: Working in conjunction.  | It causes the junction of academics from various courses, and even unintentionally, they working together. |
|                                | ... the student has the opportunity to [...] put working together into practice...                         |
| CI-4: Exchange of experiences. | It makes students have more contact with other health areas, with exchange of experiences.                 |

Figure 2. Central ideas and key expressions of survey participants - Multiprofessionality and Interdisciplinary in Health Care Training: Experiences of Undergraduates in the Regional Interdisciplinary Internship at the SUS (ERIP-SUS), in response to the question: How important is the ERIP-SUS, while space for teaching and learning, for interdisciplinarity practice? Source: Direct Research.

In Figure 3, the central ideas and key phrases refer to interdisciplinary practices developed by the participating health undergraduates in the researched institution, while performing the ERIP-SUS.

| Central Ideas - CI                  | Key Expressions                                                                                   |
|-------------------------------------|---------------------------------------------------------------------------------------------------|
| CI-1: Joint activities.             | All activities in conjunction such as lectures, walks ...                                         |
| CI-2: Team participation.           | In all activities with team participation, such as lectures in schools, in health care centres... |
|                                     | In everything we did as a team like [...] educational events for the entire community.            |
| CI-3: More than one intern working. | Where there was more than one intern working, for example, [...] home visits ...                  |
| CI-4: Support to colleagues.        | In educational lectures, [...] during home visits, [...] in support of fellow interns.            |
| CI-5: Interdisciplinary practices.  | In interdisciplinary practices (home visits, [...] walks).                                        |

Figure 3. Central ideas and key expressions of survey participants - Multiprofessionality and Interdisciplinary in Health Care Training: Experiences of Undergraduates in the Regional Interdisciplinary Internship at the SUS (ERIP-SUS), in response to the question: During the ERIP-SUS, in which practices was interdisciplinarity developed? Source: Direct Research.

In Figure 4, the main ideas and key phrases extracted from interviews are highlighted, when we seek to question the subjects about the biggest challenge faced during the implementation of ERIP-SUS for interdisciplinary work in a multiprofessional team.

| Central Ideas - CI                     | Key Expressions                                                                                    |
|----------------------------------------|----------------------------------------------------------------------------------------------------|
| CI-1: Different thoughts and opinions. | Coming across many different thoughts and opinions and the lack of cooperation of some colleagues. |
|                                        | Addressing the diversity of opinions.                                                              |
| CI-2: Different ideas.                 | Facing different ideas, thoughts and opinions.                                                     |
| CI-3: Lack of belonging.               | Lack of mingling of some participants.                                                             |
| CI-4: Living with different people.    | ...living with different people and different courses...                                           |
| CI-5: Individualism.                   | For me it's individualism and the difficulty of dialogue.                                          |

Figure 4. Central ideas and key expressions of survey participants - Multiprofessionality and Interdisciplinary in Health Care Training: Experiences of Undergraduates in the Regional Interdisciplinary Internship at the SUS (ERIP-SUS), in response to the question: What is the biggest challenge of working interdisciplinary in a multiprofessional team? Source: Direct Research.

DISCUSSION

The main ideas and key phrases in the speech of the interviewed students are highlighted below, which are substantiated by CSD, according to the methodology used<sup>11</sup>. After mounting the framework of the analysis the relevant comments to the CSD are made, discussed in the light of relevant literature to the studied topic.

In the first question that seeks to *define the interdisciplinary in the health area*, 6 central ideas were highlighted which are shown in Table 1: **CI-1:** List of subjects of health areas; **CI-2:** Interaction of health professionals; **CI-3:** Working together; **CI-4:** A way to improve health care; **CI-5:** Multidisciplinary of the health team and **CI-6:** Interaction of health professionals.

The Collective Subject Discourse (CSD) of the study participants, expressed from the central ideas described above, reveal the following insights about the definition of interdisciplinarity in health:

- I understand interdisciplinarity in health as a relationship between the disciplines and in the case of health, it would be a list of the various areas of health, various health professionals in patient care. (Student 1)*
- I think interdisciplinary in health is the interaction of health professionals in the provision of humanized care. (Student 2)*
- Interdisciplinarity in health are many health professionals working together to ensure good service to the population. (Student 3)*
- Interdisciplinary in health is a way to improve health care, since they have several professionals from different health courses, thus improving patient care. (Student 4)*
- It would be the interaction of the various professionals from different areas of health. (Student 5)*

These replies show that the ERIP-SUS interns perceive interdisciplinary in health as an interaction between health professionals, working together to ensure a better assistance to the population in need of health care.

Interdisciplinarity is characterised by the intensity of exchanges between experts and the real degree of integration of disciplines within a single research project.<sup>12</sup>

The health process therefore involves a large number of professionals, which is considered in the formulation of the country's public policies and cannot be ignored by any of the professional classes. The principle of integrity, among SUS guidelines, is directly related to the notion of a multidisciplinary team, since health care can only be understood as integral if performed with the

contribution of professionals from different backgrounds, knowledge and expertise, so the individual human being is considered in their entirety, inserted in their respective social, political, economic and cultural context.<sup>13</sup>

These aspects are emphasized in the speech of one of the participants in the study, by stating:

- For me, it would be the multidisciplinary of a health team working towards a common good, which in this case is the health and welfare of the population. (Student 6)*

Interdisciplinarity provides a measurement between disciplines, a link between specific knowledge and practices and, for this to occur, it is essential to have competence in the specific area of expertise. When mentioning expertise it is important to highlight that multidisciplinary has to come from the professionals' view, because if there is no view from a suspicious, missing or incomplete knowledge standpoint, there can be no trade and consequently a new object of study coming from the consensus would be unfeasible. For this, before thinking about externally-practiced interdisciplinarity, it has to be within the professional, through the presence of something missing and consequently causing them to seek something that can complete it.<sup>14</sup>

The Central Ideas - **CI-1:** Interaction; **CI-2:** Teamwork; **CI-3:** Working as a team and **CI-4:** Exchange of experiences, presented in Table 2, were observed from the testimony of health students from the researched institution, when they were asked about the importance that the ERIP-SUS has, as an area of teaching and learning, for interdisciplinarity practice.

The Collective Subject Discourse (CSD) that emerged from the statements of the respondents to this question is expressed by the following understandings:

- In the ERIP-SUS, we have the opportunity to interact with students from other health courses, putting in place an interdisciplinary care, exchanging experiences. (Student 1)*
- During the internship we have the opportunity to put this teamwork into practice. (Student 2)*
- You start to work with other professionals, encouraging teamwork. (Student 4)*
- I think in the ERIP-SUS the student has the opportunity to experience situations and put working together into practice that they did not have during academic life, that is, university. (Student 3)*
- It causes the junction of academics from various courses, and even unintentionally, they work together. (Student 6)*

Given the statements of the research participants and relying on the literature, it is clear that interdisciplinarity invests in the formation of connections and social bonds. It also proposes that there is an exchange among professionals so learning can arise from coexisting and with it a change of the theoretical-practice referential of each professional category.<sup>13</sup>

It is clear, therefore, that the multiprofessional and interdisciplinary experience worked as an enriching experience for professional health training during the Regional Interdisciplinary Internship in the SUS (ERIP-SUS), as emphasized by the speech of one of the graduates interviewed:

*The internship makes students have more contact with other health areas, with exchange of experiences. (Student 5)*

According to the interviewees, the research on interdisciplinary practices developed by undergraduate students in the health area while performing the SUS-ERIP resulted, as shown in Table 3, in the following central ideas: CI-1: Joint activities; CI-2: Team participation, CI-3: More than one intern working, CI-4: Support to colleagues and CI-5: Interdisciplinary practices. From the key expressions resulting from the investigation on interdisciplinary practices, the Collective Subject Discourse (CSD) described below was obtained:

*All activities that we did together like lectures, home visits, pregnancy groups, walks.*

*In all in which there was team participation like lectures in schools and health clinics, home visits, walks, community radio programmes. (Student 1)*

*Where there was more than one intern working, for example, lectures in schools, pregnancy groups, nutrition assessment in schools, home visits, community radio. (Student 2)*

*In educational lectures, community activities, home visits, patient care, intern colleague support. (Student 3)*

*In everything we did as a team like talks with the elderly and pregnant women, lectures in schools, home visits, educational events for the entire community. (Student 4)*

*In interdisciplinary practices (home visits, visits to schools, lectures, walks). (Student 5)*

From the interviews with the subjects, it was possible to see that from the lectures, home visits, walks and educational groups, interdisciplinary actions occur in health, even without a comprehensive understanding of this practice. Therefore, when a lecture for

pregnant women is to be given, all trainees will have orientation in each specific area.

Nursing and medicine could emphasize the importance of a good prenatal period; in nutrition, for example, they would be responsible for explaining the need to provide breast milk for the baby; physiotherapy would collaborate in teaching correct posture in pre- and postpartum; dentistry would answer by teaching how the baby should take the breast properly. Thus, there would be participation and collaboration by all, making the service to the user be developed from an integrated perspective.

In Table 4, whose theme deals with the biggest challenge to interdisciplinary work in a multiprofessional team, are the following central ideas: CI-1: Different thoughts and opinions; CI-2: Different ideas; CI-3: Lack of belonging; CI-4: Living with different people and CI-5: Individualism. From the key expressions the Collective Subject Discourse (CSD) was developed, shown below:

*Coming across many different thoughts and opinions and a lack of cooperation from some colleagues. (Student 1)*

*Facing different ideas, thoughts and opinions. (Student 2)*

*Lack of mingling of some participants. (Student 3)*

*Addressing the diversity of opinions. (Student 4)*

*The divergence of thoughts and dealing with different people and different courses, each with their own ways and customs are the biggest challenges. (Student 5)*

*For me it's individualism and the difficulty of dialogue. (Student 6)*

The above discourses reveal that the greatest problems were the diversity of ideas and the difficulty of dealing with others and relationships during the internship among the research participants.

Given the experiences exposed by interviewees, it is perceived that for the ERIP-SUS interns, teamwork has an actual significance with regard to its contribution to the professional education, since, during the internship, there is the opportunity to work and deal with the differences between the professions, which need to be valued and respected in their limitations, as each professional has their peculiarities, beliefs, values, or their own way of thinking, acting and working. Thus the participating ERIP-SUS students appear more suited to teamwork, which is essential for professionals in health care.

*Although it is difficult to operationalize interdisciplinary practices in the health*

*field, this is seen as a possible and desirable challenge, since there is an unlimited field of possibilities to be explored [...]*<sup>15</sup>

Among the difficulties in building an interdisciplinary approach in the area of health, the literature highlights the strong positivist and biocentric tradition in the treatment of health problems, the knowledge-is-power relationship that imprisons knowledge into compartments, the structure of educational institutions as precursors of disciplinary knowledge aimed at training specialists, and heterogeneous and fragmented work processes in specific fields, embodied by the various professions that make up the area of health.<sup>14</sup>

## CONCLUSION

This research showed that students who took the ERIP-SUS have in this internship the opportunity to put multiprofessional and interdisciplinary work into practice, and realize the importance of its development to achieve integrated health actions on primary care. However, they still experience difficulties for effective teamwork.

The responses on the subject under study showed the positivity this internship has as a teaching scenario in the training of health professionals. In it the student has the opportunity to feel like a member of the health team, can develop their skills and abilities with greater autonomy, and thus it is a unique experience, drawn upon throughout their academic training.

Faced with the reality presented, one realizes the need for universities to value, increasingly, professional training guided in a multiprofessional and interdisciplinary perspective, awakening in future professionals an interest in teamwork, which contributes to the achievement of comprehensive care and consolidation of the Unified Health System

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#### Corresponding Address

José da Paz Oliveira Alvarenga  
Rua Joaquim Pereira da Silva, 321 / Ap. 301  
Bairro Jardim Cidade Universitária  
CEP: 58052410 – João Pessoa (PB), Brazil