Rev Rene. 2025;26:e94853.
DOI: 10.36517/2175-6783.20252694853
www.periodicos.ufc.br/rene

Review Article

Strategies and tools for interprofessional collaboration between nurses and primary care teams: a scoping review

Estratégias e ferramentas para colaboração interprofissional entre enfermeiras(os) e equipes da atenção primária: revisão de escopo

How to cite this article:
Alves KK, Valle CCD, Martins GA, Pasklan ANP, Mininel VA, Silva JAM. Strategies and tools for interprofessional collaboration between nurses and primary care teams: a scoping review. Rev Rene. 2025;26:e94853. DOI: https://doi.org/10.36517/2175-6783.20252694853

Keislyane Ketlyn Alves[1]
Carla Cristina Del Valle[1]
Graziele Alves Martins[1]
Amanda Namíbia Pereira Pasklan[2]
Vivian Aline Mininel[1]
Jaqueline Alcântara Marcelino da Silva[1]

[1]Universidade Federal de São Carlos. São Carlos, SP, Brazil.
[2]Universidade Federal do Maranhão. São Luís, MA, Brazil.

Corresponding author:
Jaqueline Alcântara Marcelino da Silva
Universidade Federal de São Carlos,
Jardim Guanabara,
CEP: 13565-905, São Carlos, SP, Brazil.
E-mail: jaqueline.alc@ufscar.br

Conflict of interest: the authors have declared that there is no conflict of interest.

EDITOR IN CHIEF: Ana Fatima Carvalho Fernandes
ASSOCIATE EDITOR: Adriana Cristina Nicolussi

ABSTRACT
Objective: to map evidence on tools and strategies for advancing interprofessional collaboration adopted by nurses and teams in Primary Health Care. **Methods:** a scoping review was done using MEDLINE, LILACS, Web of Science, and SCOPUS databases. The data were analyzed in a double-blind process, considering the inclusion criteria as qualitative, quantitative, mixed methods studies, and reviews published in English, Spanish, and Portuguese and available in full. **Results:** 17 publications were included, highlighting predominantly qualitative research from Brazil. Strategies and tools to strengthen interprofessional collaboration included interprofessional communication, team meetings, mutual respect, trust, common goals, shared vision among team members, electronic medical records, interprofessional case discussions, intersectoral communication, and shared consultation. **Conclusion:** the evidence points to tools and strategies involving contributions and valuing collective, integrated, and shared work to advance interprofessional collaboration between nurses and teams in Primary Health Care. **Contributions to practice:** collaborative practices ensure that users receive quality care.
Descriptors: Nurses, Male; Primary Health Care; Interprofessional Relations; Patient Care Team.

RESUMO
Objetivo: mapear evidências sobre ferramentas e estratégias para o avanço da colaboração interprofissional adotadas por enfermeiras(os) e equipes na Atenção Primária em Saúde. **Métodos:** revisão de escopo, realizada nas bases de dados MEDLINE, LILACS, *Web of Science* e SCOPUS. Os dados foram analisados em processo duplo cego, considerando como critérios de inclusão: estudos qualitativos, quantitativos, métodos mistos, revisões, publicados em inglês, espanhol e português, disponíveis na íntegra. **Resultados:** foram incluídas 17 publicações, com destaque para investigações predominantemente qualitativas, de origem brasileira. Para o fortalecimento da colaboração interprofissional, foram apontadas estratégias e ferramentas como comunicação interprofissional, reuniões de equipe, respeito mútuo, confiança, objetivos comuns, visão compartilhada entre membros da equipe, prontuários eletrônicos, discussão de casos interprofissionais, comunicação intersetorial e consulta compartilhada. **Conclusão:** as evidências apontam ferramentas e estratégias envolvendo contribuições e valorização do trabalho coletivo, integrado e compartilhado para avanço da colaboração interprofissional entre enfermeiras(os) e equipes na Atenção Primária em Saúde. **Contribuições para a prática:** práticas colaborativas asseguram que usuários recebam cuidados de qualidade.
Descritores: Enfermeiro; Atenção Primária à Saúde; Relações Interprofissionais; Equipe de Assistência ao Paciente.

Received: Jan. 23rd 2025; Accepted: Apr. 14th 2025.

Introduction

Concern about the quality of care is growing, and interprofessional work is considered a strategic component for dealing with the complexity of health demands and structuring health care services and systems into networks. A service based on teamwork in Primary Health Care (PHC) and collaborative practice contributes to improving access and quality of care[1], considering safety, improving the user experience, and reducing costs.

PHC, as the gateway to the Brazilian Unified Health System, involves actions aimed at individuals and groups, focusing on integrated care, health promotion, prevention, and recovery. In this sense, PHC is recognized as a strategic space for tackling health problems, with different professionals working together, given the marked fragmentation of care in the Unified Health System[2]. Implementing services with collaborative models and strengthening interprofessional work are also highlighted as elements for improvement[3].

Interprofessional work comes in different forms, depending on the articulation between the relationships of those who work together. The team's shared identity, clear roles and objectives, interdependence, integration, joint responsibility, and team tasks will be considered in this process. Thus, depending on the specific needs of users, interpreted and negotiated between professionals and users in a broad and contextualized way, practices can be carried out using four formats: teamwork, collaboration, coordination, or networking. These are not mutually exclusive and can overlap[4].

Teamwork involves collective action, replacing the isolated work of each professional. It considers the reciprocity between technical interventions and the agents' interactions. There is recognition of the interdependence and complementarity of actions, with the potential to improve health care quality and greater worker satisfaction[4].

Interprofessional collaboration will occur whenever users' care needs require such articulation, both within teams and between different health teams, through the mobilization of professionals. By bringing together the knowledge of professionals from teams at various levels of the care network, there is a greater chance of tackling the complexity of health needs. By working collaboratively, it is possible to bridge gaps between different professional categories through elements and attitudes not centered exclusively on their professional role[5].

To strengthen interprofessional collaboration, strategies can be used, such as more effective communication processes between professionals, defining common objectives, shared decision-making, recognizing each other's roles, horizontal working relationships, developing skills and competencies, and drawing up care plans with collective actions aimed at everyday tasks[6]. In this process, tools such as objects, instruments, or materials can also be adopted to facilitate coordination between different professionals.

Nurses are considered agents of change in PHC. They seek a care model centered on comprehensive care and the implementation of health practices that reflect their practice, the population of the area, and their demands, always based on the principles of the Brazilian Unified Health System[7].

To define the scope of this study, a gap was identified in the adoption of tools and strategies by nurses and the team. The mapped studies only focused on the involvement of the entire team without highlighting the participation of nurses to strengthen interprofessional collaboration[8].

Considering nurses' role in interprofessional collaboration in PHC, what tools and strategies do nurses and health teams adopt to strengthen this collaboration? The results of this scoping review are hoped to strengthen collaborative interprofessional actions in PHC and other care settings.

Thus, this research aimed to map evidence on tools and strategies for advancing interprofessional collaboration adopted by nurses and teams in Primary Health Care.

Methods

This scoping review uses a rigorous method to map out the current panorama of a subject. This procedure is structured in six phases: elaboration of the research question, identification of relevant studies, selection of studies, analysis, synthesis, and presentation of results[9].

The scoping review methodology was used following the JBI framework[9]. The PCC (Population, Concept, and Context) strategy was used to construct the guiding question. The population was made up of nurses and health team workers. The concept was interprofessional collaboration, and the context was PHC. The research question was: What tools and strategies do nurses and health teams use to strengthen interprofessional collaboration in PHC?

Based on this question, descriptors and keywords were established and used to find published studies on this research, carried out on the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES). The following databases were used: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS), Web of Science, and SCOPUS. The search strategy are detailed in Figure 1.

Database	Descriptors/keywords used
MEDLINE	((("patient care team"[MeSH Terms] OR patient care team [Text Word]) AND ("nurses"[MeSH Terms] OR nurse [Text Word])) AND ("primary health care"[MeSH Terms] OR primary health care [Text Word] OR Family health care [Text Word] OR primary care[Text Word])) AND ("interprofessional relations"[MeSH Terms] OR interprofessional relations [Text Word])
LILACS	(Equipe de saúde OR equipe de assistência ao paciente) AND (enfermagem OR enfermeiras OR enfermeiros OR equipe de enfermagem) AND (atenção primária OR atenção básica OR saúde da família) AND (interprofissional OR relação interprofissional OR colaboração interprofissional)
Web of Science	"patient care team" (All fields) AND nurse (All fields) AND "primary health care" (All fields) OR "Family health care" (All fields) AND "interprofessional relations" (All fields) OR "interprofessional collaboration" (All fields)
SCOPUS	"patient care team" (All fields) AND nurse (All fields) AND "primary health care" (All fields) OR "Family health care" (All fields) AND "interprofessional relations" (All fields) OR "interprofessional collaboration" (All fields)

Figure 1 – Database search strategies. São Carlos, SP, Brazil, 2023

The searches were carried out in February 2023. The studies included were qualitative, quantitative, mixed methods, and reviews, available in full, free of charge, in electronic format via the CAPES journals platform, and which answered the research question, in English, Spanish, and Portuguese, with no time frame. Studies were excluded if they did not answer the study questions and did not meet the elements of the PCC, especially the absence of nurses in the population.

The publications were screened based on the defined and explained eligibility criteria, considering both the elements of the PCC, the inclusion criteria, and the answer to the study question.

After identification in the databases, the studies were exported and managed using Rayyan software. Reviewers analyzed the titles and abstracts of the selected articles in a double-blind process. Conflicts were resolved through discussion with a third reviewer. The same procedure, with the participation of two independent reviewers, was used to read the full texts selected and extract the data, validated by a third researcher. The process was described using the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR)[10].

Key information was extracted from the publications using an Excel spreadsheet to demonstrate

and synthesize the evidence, considering the following variables: author(s), year, country of origin, methodology, strategies, and tools for strengthening interprofessional collaboration. The results obtained were grouped, highlighting the characteristics of the studies included in the research and synthesizing the findings. They were analyzed based on similarities in content and the theoretical conceptualization of interprofessional work, emphasizing interprofessional collaboration in health.

Results

The search of the databases found a total of 882 articles, from which 200 results were excluded because they were duplicates. The titles and abstracts of the remaining 682 articles were analyzed, and as they did not meet the eligibility criteria, 633 studies were excluded, and 49 publications were selected for reading the full texts. At the end of this phase, 17 publications were included for data extraction. These stages are illustrated in the PRISMA-ScR[10] flowchart in Figure 2.

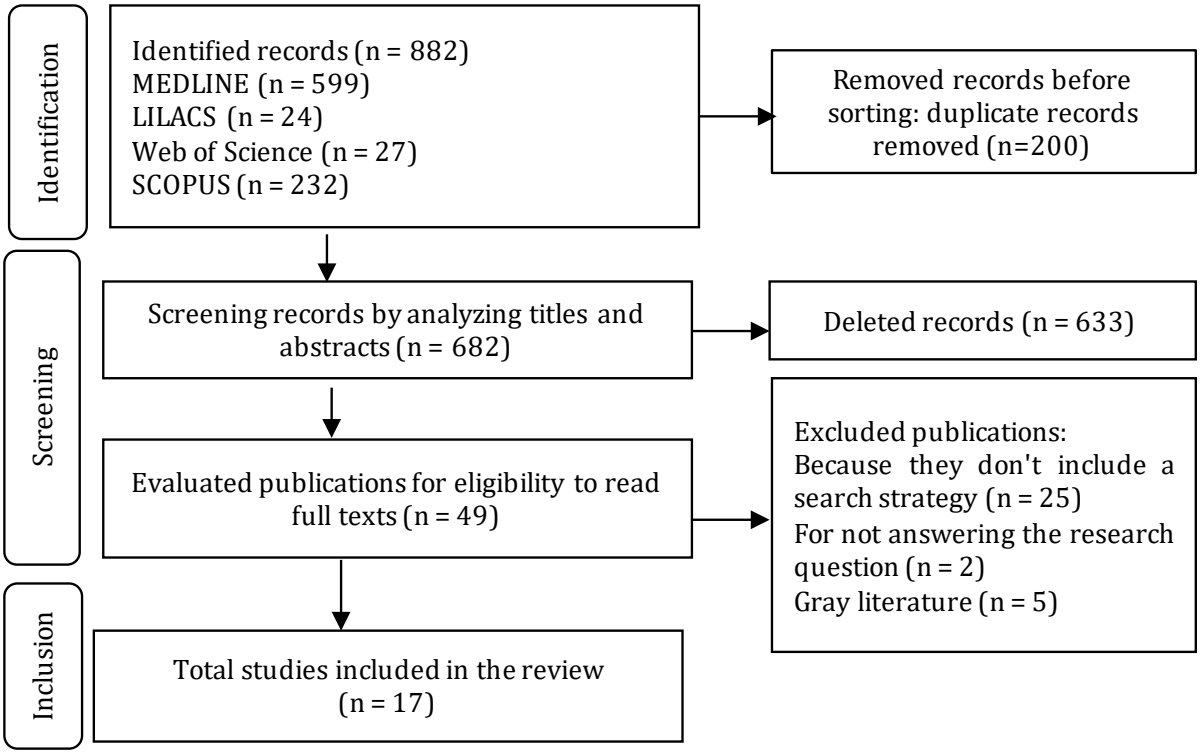

Figure 2 – Flowchart according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews. São Carlos, SP, Brazil, 2023

The sample comprised 17 documents published between 2010 and 2022, with the highest percentage between 2017 and 2022 (n=9; 52.95%). The qualitative approach is predominant, and, regarding the country of origin, most studies are from Brazil and the United States, followed by studies from Canada, New Zealand, the Netherlands, and the United Kingdom.

The nurse was the professional present in all the studies. It was pointed out as the most willing professional to develop interaction and communication, recognize the work of others, and coordinate care to articulate interprofessional actions[11-12]. Other professionals, such as doctors, nutritionists, social workers, community health workers, and pharmacists, were also included, as shown in Table 1.

Table 1 – Characterization of the articles included in the scoping review, considering country of origin, year of publication, study method and the professional categories present in the study (n=17). São Carlos, SP, Brazil, 2023

Variables	n (%)
Year of publication	
2010 a 2014[11,13-17]	6 (35,3)
2015 a 2019[12,18-23]	7 (41,2)
2020 a 2024[24-27]	4 (23,5)
Method	
Qualitative[11-22,24-25]	14 (82.3)
Mixed Methods[23,26-27]	3 (17.7)
Country of origin	
Brazil[12-13,18,24,26]	5 (29.4)
United States[16-17,23,25,27]	5 (29.4)
Canada[11,15,20]	3 (17.6)
New Zealand[14,21]	2 (11.8)
Netherlands[19]	1 (5.9)
United Kingdom[22]	1 (5.9)
Professional categories	
Nurse[12-27]	17 (100.0)
Doctor[12-16,18-27]	15 (88.2)
Nutritionists[13,16,19-20,23,26]	6 (35.2)
Social workers[13,19-20,23,26]	5 (29.4)
Community health workers[13,18-19,23]	4 (23.5)
Pharmacists[19,20,27]	3 (17.6)

Strategies and tools are outlined in Figure 3 to strengthen interprofessional collaboration. These include communication (n=12; 70.6%)[11-12,14-16,18-21,23-24,26], team meetings (n=8; 47%)[11,14,16,18,20-22,26], trust (n=7; 41.2%)[11,14,18-21,23], respect (n=6; 35.3%)[11,14,18,23-24,26], common goals (n=4; 23.5%)[11,16,20,26] and shared vision (n=3; 17.6%)[11,17,21], the use of electronic medical records (n=4; 23.5%)[11,15-16,20], referrals to other professionals (n=2; 11.8%)[12,15], interprofessional case conferences (n=1; 5.9%)[15], recording the content of meetings in a logbook (n=1; 5.9%)[22], shared consultations (n=1; 5.9%)[12], intersectoral communication (n=1; 5.9%)[24], whiteboard in the hallway to indicate pending tasks (n=1; 5.9%)[16], Goal-Oriented Project Planning tool for developing communication and cooperation skills (n=1; 5.9%) and use of technology to connect those who cannot physically attend a meeting (n=1, 5.9%)[22] and *coaching* calls to train and guide the team (n=1; 5.9%)[25].

Communication has been identified as the primary strategy for improving interprofessional collaboration[11-12,14-16,18-21,23-24,26]. It occurs formally or informally through emails or conversations in the corridors and is recognized as an essential strategy for strengthening interprofessional collaboration [20,24,26]. Thus, it enables professionals to exchange information and knowledge, filling possible gaps and providing collaborative solutions to problems[27].

Strategies
Trust, respect and improvement in relationships and communication; organizational leadership; common goals and shared vision; clear division of labor; receptiveness of the nurse by team members; accessibility and harmonious collaboration; regular meetings and open discussion of issues; coordination of care; continuing professional education; accessibility to other team members[11].
Shared consultation; referrals between professionals; spaces to exchange/discuss doubts; shared care; coordination of care; use of formal and informal spaces to discuss priority cases; ability to receive and distribute information[12].
Create a common field with the possibility of exchanges and mutual help; integrate knowledge and collaboration between health workers through shared practices[13].
Communication and information sharing; a good working relationship, understanding of roles and workload division between team members; regular meetings and a willingness to listen and discuss issues; mutual respect and interprofessional trust[14].
Interprofessional case conferences or case management rounds; rethinking roles and scopes of practice; management and leadership; structuring team spaces for meetings and communication; creating interprofessional committees or working groups for interprofessional dialog; care approaches, communication processes and team decision-making styles; interprofessional book clubs and education rounds; sharing responsibilities for collaborative care[15].
Daily meetings, common goals, and an organized workspace[16].
Respect among professionals and valuing each other's expertise; professionals who are open and receptive to collaboration; integrated actions considering the complexity of users' clinical conditions require integrated actions; physical and structural issues: being located and easily accessible to other providers; shared vision[17].

(the Figure 3 continue in the next page...)

Strategies
Mutual respect and trust; recognition of the professional role of different areas; interdependence; communication, dialogue, and exchange of knowledge and actions; shared (home) visits, case discussions, planning, matrix support, and coordination of actions; shared groups and meetings in the Family Health Strategy[18].
Clarity of the nurse's role and regulation of practice; shared cases and use of skills; communication about professional roles; trust and support in practice[19].
Understanding the scope of practice, roles, and responsibilities; degree of familiarity and informal interactions; trust and team relationships and collective performance; informal interactions; co-management of care; stability of team members; shared decision-making[20].
The physical layout and configuration of shared spaces in the facility, shared mission and vision, regular meetings with open communication and resolution of disagreements, trust, supportive climate, shared decision-making, and team meetings[21].
Multidisciplinary team meetings and discussion of different practices and knowledge; creating a small interdisciplinary working group for informal learning[22].
Relational domain: favorable relationships, with continuous communication, trust, respect, and willingness to practice collaboratively; organizational domain: availability of managerial support and professional representation; procedural domain: teams share more time and space, developing understanding, trust, and mutual respect; contextual domain: practice regulations and capturing the economic impact of nursing care (Ensuring that state regulations and practices are aligned and promote best care delivery is an essential priority of policy and practice)[23].
Inter-sector communication, written or by telephone, with other professionals or other services; active and respectful communication among team members, as well as between team members and users; coordination between the Expanded Family Health Center and Primary Care teams; presence of a Multidisciplinary Residency Program[24].
Team meetings to review the patient's schedule, set team goals, and identify any needs of team members; improve communication among team members; improve team development through improvement projects; provide resources (support the work of teams) and connect the work with theoretical references[25].
In case discussions, formal and informal conversations to exchange information, close working relationships, team participation in decision-making to improve care, and political and administrative decisions[26].
Use of *coaching* (working responsibly between teams and resources, facilitating change, conflict management); supportive relationships, encouragement, adaptation of innovations to the local context[27].
Tools
Electronic medical records[11]; Electronic medical records[15-16,20]; For sites that did not have electronic medical records: e-mail messages, handwritten notes and/or communication through support staff[20]; Whiteboard in the corridor to indicate pending visit tasks[16]; Use of technology to connect staff and provide information for subsequent meetings: Goal-Oriented Project Planning tool[22]; Communication systems: use of e-mail, telephones, meetings and face-to-face contact[17].

Figure 3 – Main strategies and tools that strengthen interprofessional collaboration. São Carlos, SP, Brazil, 2023

Discussion

Based on the results, there was a predominance of publications by Brazilian and US authors. This finding can be attributed to several factors, highlighting the role of PHC in organizing health systems in a complex and dynamic context that requires overcoming the fragmentation of Unified Health System actions[5]. The National PHC was strengthened by the Family Health Strategy (FHS), which was often mentioned in the publications, emphasizing the support of the NASF, described by the studies as elements that favored the development of interprofessional collaboration[12-13,18,24,26]. Similarly, the literature corroborated this, pointing out that in the FHS, interprofessional collaboration has been consolidated over the years[5].

As for the participation of nurses in cooperation, they act as coordinators of the different healthcare professionals and in user-centered care[14].

The findings predominantly highlighted the strategies and tools of interprofessional communication, team meetings, mutual respect, trust, common goals, shared vision among team members, electronic medical records, interprofessional case discussions, intersectoral communication, and shared consultation. Recent publications on the roles of users in PHC teams corroborate these results, but do not mention aspects related to electronic medical records and intersectoral communication[8,28-29].

The studies analyzed highlighted the use of electronic medical records as a valuable tool for strengthening interprofessional collaboration and ha-

ving the potential to improve communication[11,15-16,20]. This result was consistent with the literature, indicating that electronic medical records offer a centralized data platform for storing and sharing patient information, promoting more effective communication among healthcare team members[30].

In line with the literature, communication was considered a central attribute for seeking understanding, exchanging information and knowledge, coordinating between team members and different teams, partnership, sharing, and balancing power relations in actions aimed at users and families. Communication was a strategy adopted to promote interprofessional collaboration[1,4-5] and an indispensable aspect of integrated teamwork, considering the relationship between the actions performed and the necessary interaction between the professionals involved[5], with investments in mutual understanding.

Teams that have cultivated effective communication can build trust, foster respect, and promote more meaningful interaction[31], which contributes to strengthening interprofessional collaboration.

Trust and respect, in turn, were strategies that were part of the dynamics of interaction among the team during work[14]. The development of these strategies was directly linked to the promotion of more solid relationships and improved communication established by the team[11,14,17,21,23-24]. These results are consistent with findings previously documented in the literature, indicating that interaction and communication are elements for the development of a teamwork climate, which in turn is an essential element for collaboration[5].

It should be noted that smaller teams or those with a more extended history of working together tended to improve these interaction skills more effectively due to greater familiarity and contact between their members [20-21,23]. On the other hand, with teams that deviate from the pattern described, studies have reinforced the importance of promoting effective communication among their members as a fundamental strategy for overcoming challenges and strengthening interprofessional collaboration[11,20]. This suggested that, regardless of team size or time working together, efficient communication was a key factor in promoting relationships of respect and trust and improving joint performance.

Common goals and a shared vision were intrinsically linked[11-12,16-17,20-21] in the studies identified, emphasizing quality patient care[12]. These concepts refer to the team's construction of collective goals. They are recognized as components of the relational dimensions of interprofessional collaboration, promoting, for example, greater team engagement, interactions, and interpersonal relationships[32].

Furthermore, studies have highlighted the importance of teams sharing their actions through decision-making[15,20-21,26] or consultations[12]. Decision-making has been recognized in literature as a strategy capable of overcoming the challenges of fragmented care when carried out in a democratic and participatory manner by the team[32]. This approach allows professionals to meet, express their opinions, listen to others, and implement a decision together. Complementarily, shared consultations are a practical resource for integrating the knowledge of different professionals, promoting a space for joint discussion about patient needs and developing care plans that offer comprehensive assistance to users.

Team meetings have also played a crucial role in strengthening interprofessional collaboration, providing a favorable space for communication, active listening, and interaction among team members. At these meetings, the findings highlighted the opportunity to discuss various topics, including team activity schedules and patient clinical cases, with exchanges of relevant information[16-17,22]. For this strategy to be successful, it was emphasized that it is essential to hold regular meetings to ensure the participation of all professionals in the unit. However, this is not always feasible, compromising the strategy's effectiveness. In addition, studies also suggested the possibility of sha-

ring minutes, summaries, or notes on relevant points discussed during meetings to keep professionals informed when they cannot attend[16].

The nurses' leading role in care coordination in PHC was highlighted. They act as facilitators and motivators of the health team, promoting interprofessional collaboration. By coordinating the care and management dimensions, they seek to meet health needs, focusing on comprehensive care, intervention in risk factors, disease prevention, health promotion, and quality of life[33].

The resources or instruments used by nurses and teams were considered tools to strengthen interprofessional collaboration. One study emphasized using the Goal-Oriented Project Planning tool to develop communication and cooperation skills and using technology to connect those who cannot physically attend a meeting[22]. This tool facilitated the visualization of factors that compromise the quality of care. It enabled the recognition of the user's reality, the professional's knowledge, and the importance of their work[34].

Thus, in the Brazilian scenario, the FHS is a concrete example of how interprofessional collaboration can be facilitated. Through it, health professionals from different areas work together to provide integrated and comprehensive care for the community. Although health systems in other countries may vary, many also seek to develop tools and strategies to strengthen interprofessional collaboration in their respective contexts, recognizing the benefits of this approach for the quality of health care.

Study limitations

A limitation of this study is the exclusion of gray literature, such as theses and dissertations, during the selection process, as this may have resulted in the omission of complementary data that could enrich the findings of this review. Another limitation is including studies available in open access on the CAPES journal portal. These limitations highlight the importance of future research that considers including these studies for a more comprehensive understanding of the topic.

Contributions to practice

This study is relevant to practice, highlighting the main tools and strategies for strengthening interprofessional collaboration in PHC, emphasizing nurses' involvement. By implementing collaborative practices, it is possible to ensure that patients receive more comprehensive, effective, and personalized care, resulting in better healthcare and overall satisfaction.

Conclusion

This study revealed promising results that point to tools and strategies that contribute to strengthening interprofessional collaboration in PHC. The evidence mapped highlights that interprofessional communication and team meetings are essential strategies for promoting effective collaboration and teamwork. However, it is worth noting that, regardless of the tool or strategy used, the fundamental foundations that underpin this collaboration are mutual respect and trust among team members.

It should also be noted that nurses played a prominent role in the studies analyzed. Nurses were more willing to participate actively in collaborative practices than other health professionals. This highlights the importance of nurses in promoting interprofessional collaboration.

Acknowledgements

To the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* for funding this research through a grant from the Institutional Scientific Initiation Scholarship Program to the author, Keislyane Ketlyn Alves. To the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior.* To the study, research, and extension group on Management, Training, Health, and Work for their support during the study.

Authors' contributions

Conception and design or analysis and interpretation of data: Alves KK, Valle CCD, Silva JAM. Manuscript writing, critical review of intellectual content, final approval of the version to be published, and agreement to be responsible for all aspects of the manuscript related to the accuracy or integrity of any part of the manuscript being investigated and resolved appropriately: Alves KK, Valle CCD, Martins GA, Pasklan ANP, Mininel VA, Silva JAM.

References

1. Peduzzi M, Agreli HLF, Silva JAM, Souza HS. Teamwork: revisiting the concept and its development in interprofessional work. Trab Educ Saúde. 2020;18(suppl1):e0024678. doi: https://doi.org/10.1590/1981-7746-sol00246
2. Ministério da Saúde (BR). Portaria nº 2.979, de 12 de novembro de 2019 [Internet]. 2019 [cited Jan. 20, 2025]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2019/prt2979_13_11_2019.html
3. Lukey A, Johnston S, Montesanti S, Donnelly C, Wankah P, Breton M, et al. Facilitating integration through team-based primary healthcare: a cross-case policy analysis of four Canadian provinces. Int J Integr Care. 2021;21(4):12. doi: https://doi.org/10.5334/ijic.5680
4. Peduzzi M, Agreli HLF, Silva JAM, Souza HS. Trabalho em equipe: uma revisita ao conceito e a seus desdobramentos no trabalho interprofissional. Trab Educ Saúde. 2020;18:e0024678. doi: https://doi.org/10.1590/1981-7746-sol00246
5. Caneppele AH, Cucolo DF, Mininel VA, Meireles E, Silva JAM. Interprofessional collaboration in urgency and emergency network teams in the Covid-19 pandemic. Esc Anna Nery. 2020;24(spe):e20200312. doi: https://dx.doi.org/10.1590/2177-9465-EAN-2020-0312
6. Fumagalli IHT, Sudré GA, Matumoto S. Interprofessional collaborative practices in primary health care: a scoping review protocol. Rev Enf Ref. 2021;6:e20130. doi: https://doi.org/10.12707/rv20130
7. Chagas MAC, Santos AM, Jesus NN. Nursing care for the transgender population in primary health care: an integrative review. Investig Educ Enferm. 2023;41(1):e07. doi: https://doi.org/10.17533/udea.iee.v41n1e07
8. Sirimsi MM, Loof H, Broeck KVD, Vliegher K, Pype P, Remmen R, et al. Scoping review to identify strategies and interventions improving interprofessional collaboration and integration in primary care. BMJ Open. 2022;12(10):e062111. doi: https://doi.org/10.1136/bmjopen-2022-062111
9. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Chapter 11: Scoping Reviews (2020). In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z (Editors). JBI Manual for Evidence Synthesis. JBI. 2024. doi: https://doi.org/10.46658/JBIMES-24-09
10. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021;372:n71. doi: https://www.bmj.com/content/372/bmj.n71
11. Al Sayah F, Szafran O, Robertson S, Bell NR, Williams B. Nursing perspectives on factors influencing interdisciplinary teamwork in the Canadian primary care setting. J Clin Nurs. 2014;23:2968-79. doi: https://doi.org/10.1111/jocn.12547
12. Peduzzi M, Aguiar C, Lima AMV, Montanari PM, Leonello VM, Oliveira MR. Expansion of the interprofessional clinical practice of Primary Care nurses. Rev Bras Enferm. 2019;72(suppl 1):114-21. doi: https://dx.doi.org/10.1590/0034-7167-2017-0759
13. Ellery AEL, Pontes RJS, Loiola FA. Common field of expertise of professionals in the Family Health Strategy in Brazil: a scenario construction. Physis. 2013;23(2):415-37. doi: http://doi.org/10.1590/S0103-73312013000200006
14. Pullon S, McKinlay E, Stubbe M, Todd L, Badenhorst C. Patients' and health professionals' perceptions of teamwork in primary care. J Prim Health Care. 2011;3(2):128-35. doi: https://doi.org/10.1071/HC11128
15. Goldman J, Meuser J, Rogers J, Lawrie L, Reeves S. Interprofessional collaboration in family health teams: An Ontario-based study. Can Fam Phys [Internet]. 2010 [cited Jan. 20, 2025];56(10):e368-

74. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC2954101/

16. O'Malley AS, Gourevitch R, Draper K, Bond A, Tirodkar MA. Overcoming challenges to teamwork in patient-centered medical homes: a qualitative study. J Gen Intern Med. 2015;30(2):183-92. doi: https://doi.org/10.1007/s11606-014-3065-9

17. Bruner P, Davey MP, Waite R. Culturally sensitive collaborative care models: exploration of a community-based health center. Fam Syst Health. 2011;29(3):155-70. doi: http://doi.org/10.1037/a0025025

18. Previato GF, Baldissera VDA. Portraits of interprofessional collaborative practice in the primary health care teams. Rev Gaúcha Enferm. 2018;39:e2017-0132. doi: https://dx.doi.org/10.1590/1983-1447.2018.2017-0132

19. Van der Biezen M, Wensing M, Poghosyan L, Van der Burgt R, Laurant M. Collaboration in teams with nurse practitioners and general practitioners during out-of-hours and implications for patient care; qualitative study. BMC Health Serv Res. 2017;17(1):589. doi: https://dx.doi.org/10.1186/s12913-017-2548-x

20. Gucciardi E, Espin S, Morganti A, Dorado L. Exploring interprofessional collaboration during the integration of diabetes teams into primary care. BMC Fam Pract. 2016;17:12. doi: http://doi.org/10.1186/s12875-016-0407-1

21. Pullon S, Morgan S, Macdonald L, McKinlay E, Gray B. Observation of interprofessional collaboration in primary care practice: a multiple case study. J Interprof Care. 2016;30(6):787-94. doi: https://doi.org/10.1080/13561820.2016.1220929

22. Joynes V, Kerr M, Treasure-Jones T. Exploring informal workplace learning in primary healthcare for continuous professional development. Educ Prim Care. 2017;28(4):216-22. doi: https://doi.org/10.1080/14739879.2017.1298405

23. Poghosyan L, Norful AA, Martsolf GR. Primary care nurse practitioner practice characteristics: barriers and opportunities for interprofessional teamwork. J Ambul Care Manage. 2017;40(1):77-86. doi: http://doi.org/10.1097/JAC.0000000000000156

24. Schimith MD, Cezar-Vaz MR, Xavier DM, Cardoso LS. Communication in health and Interprofessional collaboration in the care for children with chronic conditions. Rev Latino-Am Enfermagem. 2021;29:e3390. doi: https://doi.org/10.1590/1518-8345.4044.3390

25. Lee EA, Hendricks S, LaMothe J, Draucker CB, Wright L. Coaching strategies used to support interprofessional teams in three primary care centers. Clin Nurse Spec. 2020;34(6):263-9. doi: https://doi.org/10.1097/NUR.0000000000000557

26. Ribeiro AA, Giviziez CR, Coimbra EAR, Santos JDD, Pontes JEM, Luz NF, et al. Interprofessional collaboration in primary health care: the team's intentions versus the reality of work processes. Esc Anna Nery. 2022;26:e20210141. doi: https://doi.org/10.1590/2177-9465-EAN-2021-0141

27. Carney PA, Dickinson WP, Fetter J, Warm EJ, Zierler B, Patton J, et al. An exploratory mixed methods study of experiences of interprofessional teams who received coaching to simultaneously redesign primary care education and clinical practice. J Prim Care Community Health. 2021;12:21501327211023716. doi: https://doi.org/10.1177/21501327211023716

28. Metersky K, Orchard C, Adams T, Hurlock-Chorostecki C. Patients roles in primary care interprofessional teams: a construtivist grounded theory of patient and health care provider perspectives. J Interprof Care. 2022;36(2):1217-30. doi: https://doi.org/10.1080/13561820.2021.1892616

29. Grant A, Kontak J, Jeffers E, Lawson B, Mackenzie A, Burge F, et al. Barriers and enablers to implementing interprofessional primary care teams: a narrative review of the literature using the consolidated framework for implementation research. BMC Prim Care. 2024;25(1):25. doi: https://doi.org/10.1186/s12875-023-02240-0

30. Toledo PPS, Santos EM, Cardoso GCP, Abreu DMF, Oliveira AB. Electronic health record: a systematic review of the implementation under the National Humanization Policy guidelines. Ciênc Saúde Coletiva. 2021;26(6):2131-40. doi: https://doi.org/10.1590/1413-81232021266.39872020

31. Fox S, Gaboury I, Chiocchio F, Vachon B. Communication and interprofessional collaboration in pri-

mary care: from ideal to reality in practice. Health Commun. 2021;36(2):125-35. doi: https://dx.doi.org/10.1080/10410236.2019.1666499

32. Prado CLRS, Peduzzi M, Agreli HLF, Rodrigues LB. Interprofessional communication and user participation in the Family Health Strategy. Saúde Soc. 2023;32(Suppl 2):e220823en. doi: https://doi.org/10.1590/S0104-12902023220823en

33. Bica MC, Cremonese L, Barreto CN, Rodrigues ALM, Alves FQ. Care management in family health strategies in nurses' perception. Rev Enferm USFM. 2020;10:e74. doi: https://dx.doi.org/10.5902/2179769242518

34. Faquim JPS, Buiatti NBP, Frazao P. The ZOPP method and the organization of interprofessional work focused on prenatal care in two primary healthcare units. Saúde Debate. 2018;42(117):392-407. doi: https://doi.org/10.1590/0103-1104201811704