

Students' perception of dental care for patients with special needs

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ABSTRACT

People with disabilities are those who have a condition that requires a differentiated approach by social entities. At present this public makes up a significant part of society, therefore, it is essential to create programs that facilitate care and train professionals capable of treating conditions diagnosed in patients without interference. Based on this premise, the aim of the present study was to evaluate the perception of Dentistry students with regard to providing care for patients with special needs within the extension project "A Smile". This study had a qualitative design and was conducted by means of semi-structured interviews held with 18 students who participated in the project at the dentistry clinic of an education institution in the North of Brazil. All data were collected during the periods of 2017/2 and 2018/1. Statements were transcribed and analyzed to enable presentation of the results. The questions covered knowledge about people with disabilities, the students' motivation to participate in the project and the feelings that guided the attendance provided. The qualitative results showed mostly positive changes in the students' perceptions because they altered their views on the concept of a disabled person, their feelings prior to attendance, adding feelings of gratitude and Realization beyond the change in the importance of the project in the academic formation. Therefore, it was concluded that the experience of attending to people with special needs within the undergraduate period contributed to the formation of more complete professionals from both technical and humane points of view.

Descriptors: People with Disabilities. Dental Care. Human Resources in Dentistry.

1 INTRODUCTION

People with special needs (PSN) are individuals who present a condition, whether simple or complex, momentary or permanent, of a physical, mental, social and/or behavioral, visual, auditory or multiple nature that requires a differentiated approach¹.

According to the American Dental

Association, PSN demand care with singular considerations in dental treatment due to cognitive or developmental conditions, which include individuals with the autism spectrum, Down syndrome, Alzheimer's and other characteristics that could make it complicated to provide them with routine dental care².

In Brazil, according to the demographic

census of the Brazilian Institute of Geography and Statistics (IBGE), there are about 45 million people with some type of limitation, corresponding to 23.9% of the Brazilian population. The Northeast region had the highest rate, with 23.63%, while the lowest rates of incidence occurred in the South and Midwest regions, with 22.50% and 22.51%, respectively³.

Since PSN have limitations in motor coordination to perform their own oral hygiene, or they have a negative/aggressive manner of accepting that they need caregivers to perform this task for them, among other issues related to limitations, they have a high risk profile for developing oral pathologies^{4,5}. Some people with special needs are able to carry out their daily activities, but others experience situations of difficulty and vulnerability, in which they sometimes need the help of the caregiver to enable them to perform their activities⁶.

Due to the difficulties inherent to the condition faced by people with special needs, studies have shown that they tend to present greater risks of developing caries and periodontal disease associated with poor oral hygiene⁷. Correlated to this, difficulty of the technique required in care, insecurity and even the professionals' emotional involvement in the case, lead to various factors that favor the appearance of these pathologies. These facts may result from insufficient qualification, both at undergraduate and graduate levels, resulting in professionals who are unprepared and not interested in treating these patients, which makes it difficult for the PSN to have access to care⁸.

The data presented by the Federal Council of Dentistry indicate that there are 667 professionals registered as specialists in PSN care throughout Brazil. These numbers demonstrate the lack of qualified professionals

to attend these patients, and the need to change the approach to this topic during graduation, with the aim of preparing future professionals to care for the significant number of patients with this condition⁹.

According to Resolution No. 3, of June 21, 2021, which specifically deals with the National Curriculum Guidelines (DCN)¹⁰ for undergraduate courses in Dentistry, higher education institutions (HEIs) are free to develop their own pedagogical projects, based on the profile of students, teachers, physical and functional structure, ethnic-racial, logo-regional and historical-political context, as well as the expected training objectives.

In this regard, the curriculum matrices of Dentistry courses must contemplate the formation of a professional who is human, critical, and has ethical and legal principles based on the socioeconomic and cultural reality of the environment. Students must have the ability to analyze the individual in an integral manner, evaluating their entire medical and dental history, and thus make a list of all their needs, complaints, limitations. These issues favor the establishment of a favorable and resolute diagnosis, planning, and clinical-therapeutic practice.

On conclusion of the course, it would be interesting for the student to know how to deal with different types of special needs, whether they perform the recommended treatment or refer the patient [to another professional] so that he/she will receive care and the patient's treatment is not neglected. However, there is still some resistance in the students' relationship with these patients¹¹.

Thus, the present study aimed to evaluate the perception of dental students from the Lutheran University Center of Palmas as regards the care of patients with special needs in the extension project "Um Sorriso Especial".

2 METHOD

In this study with a qualitative design, semi-structured interviews were held with dental students who were part of the extension project “Um Sorriso Especial”, about their perception of PSN care.

For the purpose of analyzing the perception of students in relation to the attendance of PSNs, the sample consisting of 18 students was

selected. After signing the Term of Free and Informed Consent, the students were interviewed twice with use of the same questionnaire. The first interview was held at the beginning of the corresponding project, (second semester of 2017) and the second after its conclusion (first semester of 2018), thereby avoiding memory bias. Both interviews had the same content, with the questions shown in figure 1.

1. What [features] do you consider to [define] a person as one with special needs?
2. Why did you apply to be part of a project that cares people with special needs?
3. Have you ever had experience of [providing] dental care for a person with special needs? If so, where did you gain this experience?
4. What was your first impression in the first consultation (fear, anguish, anxiety, pity...)?
5. How did you feel at the end of the care session?
6. What has changed in your perception of people with special needs?
7. How do you consider [the extent of] your knowledge in this area of Dentistry?
8. Outside the university environment, do you work with people with special needs in your professional life?

Figure 1. Guiding questions for the interviews

Data collection was performed by a trained interviewer and the semi-structured interview was recorded. The interviewees were identified by numbering (e.g., E1, E2...). The questionnaire used for this research was previously validated¹².

After the interviews were carried out, they were fully transcribed and the content analysis process proposed by Laurence Bardin (1977)¹³, was carried out, in which the answers were categorized and analyzed. This form of analysis includes not only the data obtained, but also acts as an instrument for analyzing communications. The confidentiality and privacy of the participating students were guaranteed throughout the study.

This research was approved by the institutional Ethics and Research Committee and received opinion number 2.536.010.

3 RESULTS AND DISCUSSION

The results found in the present study correspond to excerpts from the speeches transcribed by the researcher, obtained by content analysis. This analysis gave rise to the broad categories that will be presented and discussed below. The first question referred to the definition of a person with a disability, and it was observed that some students had a more old-fashioned perception that these patients were unable to live alone and required permanent care.

“A person who depends on another one to live, a person who needs another [person to help them] to eat, move, talk... because there are many people who are healthy and who are different too. *I believe a dependent person is one who totally depends on another person to survive*” (E

03); *“Who needs someone else to help, cannot do things alone”* (E 10).

This definition can be considered outdated due to its similarity to Decree No. 1,744 from 1995¹⁴, which quotes: “People with disabilities are those who are unable to live independently and to work due to anomalies or irreversible injuries of a hereditary, congenital or acquired nature, and therefore unable to perform activities of daily life and work”.

However, after the students had provided attendance and been in contact with this specific public, their definitions were observed to undergo a process of adjustment.

“A person with special needs is a person who has a problem or malformation that causes difficulties in their daily relationships, both as regards communicating and socializing. [This is] also due to the extensive prejudice there is nowadays” (E 11); “A person with special needs is a person who has difficulty with something, who has limitations, but who can do things within the limitations they have” (E 18).

This meaning is in line with the one used by Decree 3298/8915, which regulated Law 7853/89 in its art. 3, which defines disability as ““any loss or abnormality of a psychological, physiological or anatomical structure or function that generates incapacity for the performance of an activity, within the standard considered normal for human beings”. An even more updated [expression] by the Statute for the Person with Disabilities (Law No. 13.14616 of July 6, 2015), which in its Art. 2nd defines [this person as]: “one who has a long-term physical, mental, intellectual or sensory impairment which, in interaction with one or more barriers, may impede his or her full and effective participation in society on an equal basis with others”.

The difficulty in defining what a disability

is, is justified by the lack of contact with these patients during the Undergraduate Course, when compared with training for other clinical care provided in the curriculum. Coyle *et al.* (2004)¹⁷, studied the attitudes of students of Dentistry and Social Sciences as regards the understanding of people with special needs and found that Dentistry students were less likely to learn about [the conditions of] these people.

In this sense, the authors suggested that the training of dentistry students should be directed towards health promotion and practice that reflected on the problems and possibilities of [providing] care and attention for people with special needs. Moreover, they emphasized the lack of a policy and of educational practices that guide the training of health professionals¹⁷. When emphasizing these suggestions, undergraduate students were observed feel the need for training professionals who would be capable of conducting discussions on public policies, and who would have the capacity, critical sense and sensitivity to relate to [be aware of the need for the dental care required by people with disabilities to be accessible to them.

Relative to the motivation to participate in the project, the majority of students reported concern about their professional future. They [felt] that participation in the extension project would provide greater experience in caring for patients with special needs, because when faced with care outside the university environment, they would know or have an idea of dental management, as shown in the following excerpts: *“...because I think that later on when we graduate, we have to be prepared to attend all types of people, regardless of whether they have a disability or not”* (E 05); *“... to be able to have an experience with these children so that after we have graduated, if necessary, I would already have some knowledge, at least basic”* (E 01); *“... to be able to go through this process at college,*

for me it would be a learning experience, how to handle these patients when they arrive at my office...” (E 14).

University extension is essential for the construction of this knowledge and one of its main social functions is to contribute to the search for solutions to the serious problems of the population, [by means of] formulating participatory activities. Likewise, it provides the participating academic with a different and greater experience with population demands. Silva *et al.* (2017)¹⁸ affirmed that university extension made it possible to get closer to the society that produced knowledge in order to overcome existing social inequalities. [This would occur] as an academic practice that interconnects the university and its teaching and research activities, with the demands of the majority of the population.

The students also mentioned the lack of professionals to attend to. [meet the needs of] this public and the interest in undergoing training themselves, as stated: “... *I think there are many people in need with only a few people helping*” (E 11); “... *Because I think this is a public that needs qualified people capable of meeting these needs and that... there aren't many people who fit in, who are interested, who provide this support for this type of person, and I would really like to learn [how to do this]*” (E 17); “*Because there is a great lack of professionals who are able to care for these patients, and they end up stranded, without any dental treatment... We health professionals must increasingly train ourselves to care for this type of patient, because they really in need of everything*” (E 07).

In the field of dentistry, there is still a significant lack of professionals who are willing to take care of this part of the population. The lack of assistance is believed to be related to the unpreparedness of professionals, their incapacity or insecurity to perform dental care¹⁹. This factor

is associated with inadequate information about oral health conditions and dental treatment needs, negligence of PSN services and treatment, lack of interest and information of caregivers; also due to the financial conditions of the majority of these individuals, who cannot afford the cost of private treatment and depend on the dental care offered by public services²⁰.

Cancino *et al.* (2005)²¹ added that the problem increases due to the fact that many undergraduate courses in Dentistry do not include sufficient theoretical bases and sufficient clinical experience to provide [students] with self-confidence, knowledge and understanding of human complexity, [consequently] generating professionals who are unprepared for and indifferent to PSN care. Therefore, we emphasize the importance of these experiences in building the future professional.

All 18 interviewees unanimously declared that they had never had any contact with the PSN for the purpose of dental care. This implied justification of the importance of [including] care projects [in the curricula], which would provide opportunities for both the student and the community within the undergraduate course. Based on the [foregoing] reports, it was possible to observe that these experiences [would] help in the training of students, as regards both technical knowledge and factors associated with the conditions of patients with disabilities. This would allow more complete insertion [of these students] in the labor market, and would stimulate changes in values and affective situations, thus leading to a more humanized service.

Based on the question of the approach to having contact with patients with special needs in the environment of dentistry, the majority of students would probably not have any such contact if the project did not exist. In this sense, undergraduates would complete the course without extensive knowledge about the specialty

that addresses these patients.

During the interviews, the students were asked about the emotional impression they had of the first time they provided the PSN with care. The majority responded that they felt fear, anxiety and anguish in caring for these patients: "... *I think I'm going to feel a little distressed... because this is a person who is completely different from us, so you think: "my God, Am I hurting him, am I doing good, am I doing bad... and also fear, in the matter of not being able to attend"* (E 14); "*Fear. Because I never had this opportunity to care for patients with special needs...*" (E 16); "*Not pity, but anxiety yes and I think at first it scares you because you don't know what their reaction will be, because everyone has their own way of behaving... some will scream, others will be happy, others more agitated. But I think the professor will guide us, right?, in these cases*" (E 04).

Fear and anxiety are, therefore, common feelings among undergraduates. Mainly in the care of patients not commonly seen in the integrated clinics of the Universities. These are natural facts within this context, and most of the time they are expressed by people as being a difficulty.

These feelings are probably situation that are unconsciously created and there is no safe or clear ways of resolving them. Traditionally, this issue has been combated by pushing the person or situation away, as a way of solving the problem. However, in the reservations expressed by the interviewees, fears, insecurities and challenges were situations that have been changed over time, [and now] presented positive responses. Evidence of this was shown by the interest in the quest for greater knowledge and willingness to provide attendance, making it easier for the dentist and patient to improve the quality of care. We can see this in some of the statements: "... *during the course of the treatment you realize that it is very*

calm, you just need to know how to deal with them, know how to talk to them..." (E 11); "*ah, I felt gratitude, love and I was also kind of anxious... yeah, how can I say... I felt challenged, but everything went well*" (E 03).

In the research conducted by Amaral et al. (2011)²², who evaluated the behavior of students when caring for patients with special needs, and noted that the feelings found were fear, sadness, insecurity and difficulty in performing care. As a result, the importance of disciplines and internships was noted, as well as disclosure of the students' emotions, thereby inducing self-confidence in them. On the other hand, the results of positive feelings were to provide care with love, responsibility and affection.

On conclusion of the consultations, several interviewees expressed [feelings of] gratitude, happiness, affection and love, as in the following excerpts: "*Emotion, to feel the true meaning of being in a profession where you can help someone, which can make a difference*" (E 05); "... *I think I would cry, I don't know, cry not out of sadness, but out of happiness, for having done something good for that person...*" (E 14); "*Of gratitude. The affection for the patient with special needs is much greater than with a normal patient*" (E 01); "*I was dumbfounded with so much love, I was even embarrassed, I was ashamed of myself for having felt afraid at one time*" (E 15).

The involvement of patients with students and vice versa could be perceived: "... *Both because of seeing the friendship he has for you, and how much he ends up believing in you and... I think of mutual happiness, both mine and his*" (E 07). In this sense, Rezende et al, (2015)²³, emphasized that the creation of a bond between the patient and the dental team generated humanized relationships between those who care and those who are cared for, generating an indispensable instrument in health care. There was

also a feeling of indignation on the behalf of the interviewees: *“At the end of the treatment, I was outraged by the mother's behavior... You try to help, and you see that the mother is “distracted”, you see that she is not interested, she doesn't care... as if she doesn't care about our work...”* (E 14).

Based on the above, some people with special needs are independent and are capable of performing their daily life activities normally, while others, in general, need the presence of the caregiver so that they can perform their tasks, such as oral hygiene, so that the caregiver is made responsible for her. When performing the anamnesis, according to the patient's needs, the dentist has the opportunity to perceive the psychological aspects that involve the family, their anxieties and expectations regarding the treatment, in addition to any previous frustrated experiences²⁴.

Almost all of the reports expressed by the students showed the idea that in the weekly interaction during the consultations and practice, changes in perception and learning could be perceived, as shown in this excerpt: *“That they are not many headed monsters. Not that I was afraid of them, but I certainly ended up being a little afraid, right?...”* (E 05); *“That they are extremely calm, they are good patients to deal with, even with special needs, they are super collaborative patients, it has nothing to do with [the condition they show, that the patient is difficult. Of course, there are exceptions, there are patients who are difficult, but working with patients with special needs is different from the vision that we have, that marketing conveys to us. I think it is a very calm treatment, they are loving, and so, you become friends with them for your whole life, because they end up becoming part of your life and you give them life”* (E 07).

From the statements, it could also be seen that there was evident evolution in each care

appointment, especially in relation to the appreciation of life, as shown in these reports: *“I think this way, it's more [related to] this human side, you know, of also giving value to the little things. Because we complain about so many things, and then, living with these people, we end up giving more value to our lives, to what we can do”* (E 18); *“Seeing that their limitations, “limitations” (in quotes), because they are not limitations. They make people even better, because sometimes, even with limitations, they choose to be happy, they choose to love, they choose to take it so lightly that you feel you are the limited one in the story”* (E 15).

When asked about specific knowledge within the area of Dentistry, the students reported that it was insufficient, that they would need to acquire more knowledge, as shown in the following excerpts: *“I think it's weak, because we only work with healthy people. Now that the project is in place, for us to go deeper [into the issues] ... Because if you hadn't [done so], no one would worry about it...”* (E 03); *“It's still a little, very little, right?... we don't have a discipline specifically for this [work], but through the project a great deal will be added”* (E 03).

A survey carried out by Moura et al. (2012)²⁵ with students who participated in a university extension project of a Dentistry course that showed positive results in the evaluation of the project in which they participated. These students routinely reported that they applied the knowledge they had acquired. In the reports of the students of this research, it was possible to perceive how important and impacting this interaction was in the lives of those who participated in the project.

The majority of the students were interested in providing dental care for PSN outside of regular academic activities, as the contact with this part of the population led them to aspire to a more technically qualified professional profile in the

future, in addition to changing realities and improving the quality of life of the populations assisted; Thus they were able to minimize the difficulties [these patients] encountered in gaining access to care, as seen in these descriptions: *“Yes, I would work [in this area], it is one with which I greatly identified myself, because during the project I saw that patients were collaborative and even if they weren't, I wouldn't limit the care...”* (E 02); *“Yes, I think it is an option, since these people have difficulty in gaining access to dental care and they need a great deal of assistance...”* (E 02); *“It's not something I'm planning for my life for now, but yes, I would work, because just by providing an improvement in their quality of life, would already make me very happy”* (E 11).

From the reports, the experience and clinical experiences were observed to be capable of generating resourcefulness and self-confidence, in addition to contributing to the formation of more humane professionals, allowing them to overcome difficulties. In this way, humanizing health care implies giving both the user and health professionals space, so that they can be part of a network that promotes care actions, programs and policies based on the ethical dignity of respect, mutual recognition and solidarity of people with and without special needs²⁶.

4 CONCLUSION

According to the data obtained during the interviews with the students of the extension project, it was possible to perceive a change in concepts, opinions, transformations of initial feelings of fear, insecurity and anxiety into gratitude, helpfulness and especially the awareness of the importance of this preparation for the professional life of students.

It would be important for projects of this nature to be multiplied and made permanent in the curricular matrices, highlighting the clinical and social relevance of the inclusion and

integration of this content into undergraduate courses. With this expectation, it could be seen that this could train and make students aware of the social reality of this class, thus making them professionals involved in the exercise of citizenship and health care of the PSN.

RESUMO

Percepção do acadêmico frente ao atendimento odontológico de pacientes com necessidades especiais

Pessoas com necessidades especiais são definidas como indivíduos que apresentam alguma condição que implica em hábitos e modos de vida diferenciados. Atualmente esse público compõe parte significativa da sociedade, tornando imprescindível a criação de programas que facilitem o atendimento e tornem os profissionais capacitados para a resolução das condições diagnosticadas nesses pacientes. Desta forma, o presente trabalho teve como objetivo avaliar a percepção dos acadêmicos de Odontologia frente ao atendimento dos pacientes com necessidades especiais dentro do Projeto de Extensão “Um Sorriso Especial”. Este estudo apresentou um delineamento qualitativo, e foi realizado por meio de entrevistas semiestruturadas com os 18 discentes de Odontologia da nome da instituição no início e ao final da participação no projeto. Todos os dados foram coletados durante 2017/2 e 2018/1, sendo transcritos e analisados para apresentação dos resultados. As questões abordavam a respeito do conhecimento em relação a pessoas com deficiência, a motivação para participar do projeto e os sentimentos norteadores dos atendimentos. Os resultados mostraram, em sua maioria, mudanças positivas nos discentes, pois modificaram suas opiniões acerca do conceito de uma pessoa com deficiência, seus sentimentos antecedentes aos atendimentos, crescendo sentimentos de gratidão e realização, além da maior percepção sobre a importância do projeto na formação acadêmica. Portanto, conclui-se que a experiência no atendimento às pessoas com necessidades especiais dentro da graduação contribui para a formação de um profissional

mais completo nos aspectos técnicos e humanos.

Descritores: Pessoas com Deficiência. Assistência Odontológica. Recursos Humanos em Odontologia.

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