

# Essay on visibilities and blindness in the formative world of dentistry: part 1 - internships in the Brazilian Unified Health System throughout the pandemic

Cristine Maria Warmling\*; Samuel Jorge Moysés\*\*

\* Doctor in Education, Coordinator of Programa de Pós-graduação Ensino na Saúde, Faculdade de Medicina, UFRGS

\*\* Ph.D. in Epidemiology and Public Health, Full Professor at PUC-PPR, Adjuncto Professor at UFPR

Received: 03/26/2021. Approved: 06/30/2021.

## ABSTRACT

The essay, part 1, examines how the coronavirus disease (Covid-19) pandemic is influencing the organization and implementation of curricular internships in the Brazilian Unified Health System (SUS) for dentistry undergraduate courses. It goes into the problematization of pre- and trans-pandemic contexts, resuming the social, professional, and personal formative meaning that internships in SUS represent for teaching/learning inserted in the labor world. It reflects on the reorganizations carried out in professional and educational policies related to internships, in order to understand the visibilities and/or blindness that turn up in the face of the complex challenges imposed by the state of affairs.

**Descriptors:** Education, Dental. Pandemics. Education, Distance. Coronavirus Infections. Syllabus.

## 1 INTRODUCTION

In recent years, internships in the Brazilian Unified National Health System (SUS) have played a central role for dental training in Brazil, especially in face of curricular transformation requirements aiming at new

professional profiles that respond to the population's oral health needs<sup>1-5</sup>. This paper is in line with the increase (or stabilization) of investments in the qualification and expansion of oral health public services, which has been observed at least until 2017-18<sup>6,7</sup>. Thus, it is

relevant to examine how the coronavirus disease (Covid-19) pandemic has been influencing the organization and development of dental undergraduate curricular internships in SUS.

On the one hand, the pandemic had an immediate impact by restrictions for the dental practice, requiring the adoption of emergency protocols like discontinuation or postponement of non-urgent dental treatments (avoiding procedures that generate aerosols) and the use of rigid and specific biosafety protocols, with the detailed screening of patients<sup>8</sup>. On the other, the intervention of Oral Health Teams (OHT) in Primary Health Care (PHC) to tackle Covid-19 has been quite large. It can be registered the aid in planning, management, surveillance, and control of the pandemic in the operative territory of the Basic Care Services (BCS), as well the immunization itself in some cities or the use of new forms of remote daily care through the Internet – WhatsApp, telephone, and tele-monitoring/tele-education<sup>9,10</sup>.

While, in the pandemic period, the physical isolation protocols have imposed large challenges for education in general, and specially for the dynamics of dental clinical education – and the sanitary considerations on the interpersonal closeness when caring for high risk people for the Coronavirus or those who may carry it<sup>11</sup> –, the same problem concerns the internships programmed activities in SUS.

If we think the internships in SUS as biopolitical devices<sup>12,13</sup> and how intensely they have operated for the transformations in the training of Brazilian dentists in recent years, the current challenges have imposed problematizations. In face of this worrying question presented to us by the context, we have produced this two-part critical essay, methodologically guided by our personal experiences in the present, by accounts of experiences of our virtual network of professors

implicated with the topic, and by the pertinent reading of authors who address the issue.

Being an essay organized in two parts and submitted to the same journal, this first part will emphasize points linked with the following questions: What does Covid-19 teach us in terms of our own organization of internship experiences in SUS? Which are the positive, visible aspects in the institutionalization of these experiences? Which is the situational blindness<sup>14</sup> that affects us, under partial looks?

Regarding the second part of the essay, the focus will be directed to the following questions: In this pandemic scenario and in the post-pandemic perspective, which is the potency of using new emergency non-on-site remote teaching educational practices concerning internships in SUS? How could the informational technologies expand partnerships and collaborative networks in the management of teaching-service integration? How has the governance of teaching-service integration been acting in the internships process during the pandemic?

It should be noticed that we try to keep the critical distancing necessary not to produce a mere propagandist piece, since we are aware of the provisional moment we live. Also, certainly, we are aware of the mutant, controversial circumstances in the global dynamics brought by the pandemic to our lives (and deaths), influencing the writing itself that can be conceived amidst such a meandering journey<sup>12</sup>.

## **2 INTERNSHIPS IN SUS: BEFORE, NOW, AFTER**

With the purpose of historically contextualize internships in SUS, we briefly remember that they were included in the Brazilian Sanitary Reform Movement in the 1980s. This is when the purposeful delineations for the organization of SUS emerged and when,

at the same time, the diagnostic perceptions regarding the need of innovation in dental education were strengthened, searching for a comprehensive dentistry, which would expand the formative horizons through the immersion in the labor world and in professional practices closer to the people's daily lives<sup>15</sup>.

Advancing by chronological leaps, a point of prominence in this course was the temporal correspondence of the implementation of the new National Curricular Guidelines (*Diretrizes Curriculares Nacionais – DCN*)<sup>16</sup> and the National Policy of Oral Health (*Política Nacional de Saúde Bucal – PNSB*)<sup>17</sup>. The potential convergence of these policies guided the dental workers training processes in the recent years<sup>18,19</sup>, for the configuration of integrated curricular matrices and experiences of teaching-service integration<sup>20</sup>. Although, initially, the publications pertinent to the subject reflected a certain ambiguity concerning the paths run post-DCN<sup>21</sup>, it is clear that the principles that delineate the two policies are close and assume humanization in health practices<sup>22-24</sup>. Both aim to overcome biomedical models in which the tacit and acritical reproduction of dental techniques hinders the person-centered care.

A historically present (and mostly ignored) practice of a monopolist, inefficient dental assistance with low coverage and resolubility, as well as poor geographic and social distribution, became more exposed to criticisms. The SUS searches to replace such model of labor technological organization for models aimed at health promotion<sup>25</sup>.

As a strategy that grounds the organization of internships in SUS, the teaching-service integration is also widely used in the dental education experiences in distinct countries<sup>26-30</sup>. This integration situates the educational act in the labor world as a learning

provision of professional and cultural competences, including social responsibility, sense of belonging, respect for the cultural diversity, and involvement with the challenges faced by the most vulnerable ones<sup>31,32</sup>.

When re-signifying oral health, not only in individual terms, but also through the look to the social context and determinants that often remain concealed<sup>33</sup>, the individual and collective literacy in health deepens, enlivening self-esteem, dignity, leadership, empowerment, and control in the community. This arch of alliances for the learning makes students and workers more capable for the care of people who look for health services.

There have been a lot of challenges for the institutionalization of internships in SUS as curricular devices. Among them, we highlight two that stand out in the current pre- and trans-Covid-19 times: the intense labor and bonds precariousness experienced by (oral) health teams in SUS, affecting the expansion of PHC and specialized care within the oral health policies; and the persistent resistance against the internships in SUS, both in some dental schools and in some health services<sup>13</sup>.

One of the major goals searched in internships in SUS is the overcoming of the traditional education, i.e., learning centered on conventional content practices only, to the learning of search for solutions in uncommon or unusual, complex situations in their expression. Experiences in actual work environments become a premise for dental education institutions developing, in a unique way, competences of autonomy for clinical (or in public health) decision-making in challenging situations and that demand certifying and authentic competences of metacognition, of knowing to be, to do, to know and to coexist<sup>34</sup>. In this sense, the revision of the dental DCN, with the recently published guideline<sup>5</sup>, may

bring ambiguities in the relation with SUS, when establishing that “The internships can be developed inside or outside the HEI [Higher Education Institution], in this case in Integrated Clinics with services to the public.”

### **3 POSITION OF THE BRAZILIAN DENTAL EDUCATION ASSOCIATION (ABENO) AND NARRATIVE SYNTHESIS OF THE LITERATURE ON CURRICULAR INTERNSHIPS IN DENTISTRY**

Abeno announced the first guidelines on curricular supervised internship in 2002, having approached the issue again in 2015<sup>4</sup>. Mentioning Law N. 11788 of September 25, 2008, that addresses the matter, in 2015 it introduced a revision with twelve guidelines to respond to the graduate profile proposed by the National Curricular Guidelines for undergraduate dental courses.

For the purposes of this essay, it is useful to fully quote paragraph 2 of article 1 of the aforementioned 2008 Law – reminding that, according to this legal provision, the internship may be mandatory or not, in agreement with the curricular guidelines and the pedagogical project of each course<sup>35</sup>:

*“§ 2º The internship aims to the learning of specific abilities for the professional activity and for the curricular contextualization, aiming at the development of the learner for the citizenly life and labor.”*

Also, with a view on the discussion on internships in the health courses, particularly in dentistry, and fulfilled at SUS equipment/services network, it will also be fruitful to quote clause III of article 200 of the 1988 Federal Constitution of Brazil<sup>36</sup>:

*“Art. 200. It falls to the Brazilian Unified Health System, among other duties, in the terms of the law: III – to order the*

*training of human resources in the health field;”*

Both legal provisions above quoted emphasize a formative path based on certifying competences for labor and citizenly life, with an emphasis on the training in health that is implicated with the Brazilian health system<sup>1,37,38</sup>.

There is extensive literature on the formative issue and the significance of internships in several professions, and its re-significance for the training of health providers in Brazil, in reciprocity with SUS and the respective populations covered by it<sup>39-52</sup>. It is not a surprise, therefore, that the specific literature also highlights the significance of the internship in undergraduate dentistry courses – a good deal of it published in Abeno's journal<sup>2,3,53-63</sup>. The internships contribute for a training inserted in the labor world, provides the teamwork experience, and raises the students' interest for the future performance in the profession, including public practice in collective health. They situate SUS as a rich space of significant learning for training in health. The significance of internships in SUS goes beyond the possibility of developing clinical activities and favors the reflection on the production of health care, considering the construction of bonds between those involved.

Literature on the success of the experience is controversial. Some authors identify still incipient actions, with conceptual inaccuracies and gaps in the bonds, not allowing the characterization of an effective integration, particularly in the teaching-care-management-social control intersection<sup>64</sup>. Others see potentialities being developed in practices like collective community activities, welcoming, expanded clinic, social participation in local-regional Conferences and Health Councils, and teamwork<sup>58,65,66</sup>. The presence of interns in the

services makes it possible a continuous education of those health workers who work with them. Also, there is a curricular hegemony focused on the intramural clinical training, but the internship practices were appreciated, even with repercussions among graduates who claim to use competences of management, health promotion and prevention of diseases learned in internship practices.

The in-company preceptor, a SUS worker who receives the students, has an essential role in the guidance, explanation, listening, and approximation/insertion of the student in the interdisciplinary labor process in a multiprofessional team<sup>54,63</sup> – although not always being a member of a multiprofessional team. Many preceptors account that the actions with the students are important for the strengthening of the bond with the community, reaching, also, a population that does not attend the service, besides the diversification and potential of the actions developed. The health team workers who welcome the internships (with a few exceptions though) understand the teaching-service integration as a powerful tool for the actions developed in the territories, indicating the importance of the construction of a learning scenario that offers space to reflection and planning of actions.

In general, it is possible to observe that it is necessary to be clearer, during the undergraduate course, concerning what collective practices with more curricular integration in dental undergraduate courses are<sup>20</sup>, so that the internships are not considered as related to collective health only. Rather, they are curricular practices that interest to all, aiming to the certifying training of professional and social competences, abilities, and values.

Particularly in dental training, the internship in the actual meaning of the word happens in SUS, as other so-called internships

seem to be like adaptations of the previously existing clinical practices, as in the discipline of expanded clinic, an aspect that was once again discussed with the DCN revision<sup>5</sup>. On the one hand, the scenarios of public health services and the labor world can be considered as central aspects of a new pedagogical practice, with potential to reach a professional profile with critical conscience and capacity to understand the reality and intervene on it. On the other, there are risks, in some institutions, of understanding and mixing up internships as an intramural practice when reproducing, under this designation, some traditional practices from the recent past with an emphasis on technician and biologicistic aspects, without potency to reach the necessary changes<sup>67</sup>.

Actual experiences of those involved in internships in realities that define the condition of millions of living beings can result in significant and engaging learning. Students are not guided as visitors/curious in an exotic reality without bonds or sense of belonging, as mere spectators of an extravagant human park, but as citizens understanding in solidarity their own social existence mirrored in the other, an otherness presenting itself as a possibility of understanding life of their own country in its wealth and troubles. The internship provides, if not in all, but certainly in several and virtuous experiences, the understanding of the forms of organization and management, surveillance, and evaluation of labor in health. The presence of students in the services has been basic for the advance of political-pedagogical project and curricular matrices, bringing the university closer to the services and the community<sup>68</sup>.

Reiterating the issue, the DCN revision and the discussions in Abeno<sup>5</sup>, specifically in its third guideline, point that SUS must be recognized as an organizer of the training of workers in the health field, as established in the



1988 Constitution. Will this acquiescence of the mentioned revision have an inducer power, so that the institutions consider SUS as the core, in terms of internship locus?

It correctly points to a present and a future in which interinstitutional partnership and teaching-service integration would happen regularly. Health promotion, prevention and rehabilitation activities are highlighted, emphasizing the work process in interprofessional teams, responding to the principle of comprehensiveness of care. Considering this, it is understood that, in the recent past and the present until the beginning of 2020, the curricular internship in dentistry was assumed as quite a discussed practice – and accomplished in many institutions, despite the huge integrative and operational difficulties.

However, all the operative base was suddenly discontinued. The Covid-19 pandemic imposed itself. The immediate future is unpredictable, nonetheless the effort from some institutions, managers, professors, preceptors, and students trying to create alternatives.

#### **4 THE PANDEMIC AND THE PANDEMONIUM: EFFECTS IN US, IN DENTAL EDUCATION, AND IN INTERNSHIPS IN SUS**

How would internships in SUS be conceived in a full pandemic, or in the pandemonium<sup>69</sup> that the experience with Covid-19 became? Even more, in these places of dental teaching-learning that are reserved for experiences with the unexpected labor world (health conditions, people's demands, limits of the services), that are responsible for challenging the look of the certainties of classroom professors and students? How to conceive and keep, in a full pandemic, education experiences that promote learnings on the meeting of the right of the providers with the

right of the users<sup>70</sup>?

The Covid-19 pandemic has sharpened our capacity of visibility and perception of problems that already faced by us in the fields of training and work in oral health. Important challenges push us to rethink our own practices from the individual to the institutional, passing through management, teaching, research, and service<sup>70</sup>. In the pandemic context, the concept of syndemic<sup>71-77</sup> is highlighted; authors have been using it to alert on social determinations that make Covid-19 possibly affecting more seriously a-symmetrical groups of the population<sup>78</sup>. Therefore, it would not be the Covid-19 only with all the evil already caused by it, but a wide set of problems associated with it – impact on school, income, violence, hunger, aggravation of diseases – that demands our concern in dentistry.

The epidemic reveals the violence of social iniquities and exclusion, as well as the disinvestment in public health and education for so many years – specially in countries like Brazil. Aggravating the preexisting situation, we observe a lethal combination of elitism, superficiality, and egocentrism that has been generating wide contingents of people refractory to the scientific guidance of prevention of the pandemic and its control. This includes sectors of the hegemonic political classes, whose leaders are loyal supporters of denial and conspiracy theories, trying to erode the knowledge and practices based on scientific evidence, within the universities<sup>78</sup>.

The global tragedy of the pandemic seems not able to catalyze positive changes – except for tricky claims of return to the new abnormal – and functions more like a magnifying glass that evidences the differences in power and wealth concentrated in a world dominated by the ultra-neoliberal ideology<sup>79</sup>. In face of a world that, predictably, will still deepen social

iniquity in the post-Covid-19 period, which will be the role of higher education? And of the internships? Will we live the deepening of the platform technology, with not only increasingly digitized teaching/learning systems, but also social hyper surveillance?

These are questions that we will address in part 2 of this essay.

## RESUMO

### **Ensaio sobre visibilidades e cegueiras no mundo formativo da odontologia: parte 1 - estágios no Sistema Único de Saúde em tempo de pandemia**

O ensaio, parte 1, examina como a pandemia da *coronavirus disease* (Covid-19) está impactando na organização e realização dos estágios curriculares dos cursos de Odontologia no Sistema Único de Saúde (SUS). Aprofunda-se na problematização de contextos pré-pandêmicos e transpandêmicos, retomando o significado formativo social, profissional e pessoal que os estágios no SUS representam para o ensino/aprendizagem inserido no mundo do trabalho. Reflete sobre as reorganizações protagonizadas nas políticas profissionais e de educação em relação aos estágios, para compreender visibilidades e/ou cegueiras que nos sobrevivem diante dos complexos desafios que a situação impõe.

**Descritores:** Educação em Odontologia. Pandemias. Educação a Distância. Infecções por Coronavírus. Currículo.

## REFERENCES

1. Albuquerque VS, Gomes AP, Rezende CHA, Sampaio MX, Dias OV, Lugarinho RM. A integração ensino-serviço no contexto dos processos de mudança na formação superior dos profissionais da saúde. *Rev Bras Educ Méd.* 2008;32(3):356-62.
2. dos Santos EF, de Souza FB, de Melo Dantas MMC, Jamelli SR, de Amorim Carvalho EJ. Estágios curriculares de Odontologia nos serviços públicos de saúde após as Diretrizes Curriculares Nacionais de 2002. *Rev ABENO.* 2018;18(4):31-9.
3. Fonsêca GS, Junqueira SR, de Araújo ME, Botazzo C. Modelo lógico-ideal para o estágio curricular supervisionado: a educação pelo trabalho na formação Odontológica. *Rev ABENO.* 2015;15(2):2-11.
4. Scavuzzi AIF, de Gouveia CVD, Carcereri DL, Veeck EB, Ranali J, da Costa LJ, et al. Revisão das Diretrizes da ABENO para a definição do Estágio Supervisionado Curricular nos cursos de Odontologia. *Rev ABENO.* 2015;15(3):109-13.
5. Brasil, Ministério da Educação, Conselho Nacional de Educação, Câmara de Educação Superior. Parecer CNE/CES nº 803/2018, aprovado em 5/12/2018 - Diretrizes Curriculares Nacionais do curso de graduação em Odontologia. Brasília: Diário Oficial da União, 17/6/2021, Edição 112, Seção 1, Página 59; 2021. p. 19.
6. Chaves SCL, Almeida AMFdL, Reis CSd, Rossi TRA, Barros SGd. Política de Saúde Bucal no Brasil: as transformações no período 2015-2017. *Saúde Debate.* 2018;42(n.spe2):76-91.
7. Rossi TRA, Lorena Sobrinho JEd, Chaves SCL, Martelli PJdL. Crise econômica, austeridade e seus efeitos sobre o financiamento e acesso a serviços públicos e privados de saúde bucal. *Ciênc Saúde Colet.* 2019;24(12):4427-36.
8. Carrer FCdA, Galante ML, Gabriel M, Pischel N, Giraldes AI, Neumann A, et al. A COVID-19 na América Latina e suas repercussões para a odontologia. *Rev Panam Salud Publica* [Internet]. 2020; 44:[e66 p.]. [Cited March 30, 2021]. Available from: <http://europepmc.org/abstract/MED/32454809>.
9. CONASEMS, Conselho Nacional de

- Secretarias Municipais de Saúde, CONASS, Conselho Nacional de Secretários de Saúde. As redes de atenção no enfrentamento da pandemia. In: Guia Orientador para o enfrentamento da pandemia Covid-19 na Rede de Atenção à Saúde. Brasília: CONASS-CONASEMS; 2020. p. 29-38, cap. 3.
10. Carcereri DL, Casotti E. O trabalho das equipes de Saúde Bucal na APS em tempos de pandemia. [Cited March 30, 2021]. Available from: <https://redeaps.org.br/2020/05/11/o-trabalho-das-equipes-de-saude-bucal-na-aps-em-tempos-de-pandemia/>.
  11. Pan Y, Zhang D, Yang P, Poon LLM, Wang Q. Viral load of SARS-CoV-2 in clinical samples. *Lancet Infect Dis.* 2020;20(4):411-2.
  12. Larrosa Bondía J. A operação ensaio: sobre o ensaiar e o ensaiar-se no pensamento, na escrita e na vida. *Educ Real.* 2004;29(1):27-43.
  13. Warmling CM. A saúde bucal coletiva na graduação de odontologia: um ensaio do pensamento. In: Goes PSAd, Figueiredo N, Martelli PJ, Lucena EHGd, Gaspar GS, Santos R, et al. Formação de pessoas e produção do conhecimento em Saúde Bucal Coletiva frente aos caminhos e descaminhos do SUS - Relatos da 6ª Reunião de Pesquisa em Saúde Bucal Coletiva. Recife: Editora UFPE; 2019. p. 81-90.
  14. Rivera FJU, Artmann E. Planejamento e gestão em saúde: histórico e tendências com base numa visão comunicativa. *Ciênc Saúde Colet.* 2010;15(5):2265-74.
  15. Mendes EV. A reforma sanitária e a educação odontológica. *Cad Saúde Pública.* 1986;2(4):533-52.
  16. Brasil, Conselho Nacional de Educação, Câmara de Educação Superior. Resolução CNE/CES 3, DE 19 de fevereiro de 2002 - Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Brasília: Diário Oficial da União; 2002. p. 5.
  17. Brasil, Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica, Coordenação Nacional de Saúde Bucal. Diretrizes da Política Nacional de Saúde Bucal. Brasília: Ministério da Saúde; 2004. p. 16.
  18. Silveira JLGC. Diretrizes curriculares nacionais para os cursos de graduação em odontologia: historicidade, legalidade e legitimidade. *Pesqui Bras Odontopediatria Clín Integr.* 2004;4(2):151-6.
  19. Morita MC, Kriger L, Carvalho ACPd, Haddad AE. Implantação das diretrizes curriculares nacionais em odontologia. Maringá: Dental Press, Abeno, OPAS; 2007. 160 p.
  20. Toassi RFC, Stobäus CD, Mosquera JJM, Moysés SJ. Currículo integrado no ensino de Odontologia: novos sentidos para a formação na área da saúde. *Interface Comun Saúde Educ.* 2012;16(41):529-44.
  21. Senna MIB, Lima MdLRd. Diretrizes curriculares nacionais para o ensino de graduação em odontologia: uma análise dos artigos publicados na revista da ABENO, 2002-2006. *Arq Odontol.* 2009;45(1):30-6.
  22. Moysés SJ. A humanização da educação em Odontologia. *Pro-posições.* 2003;14(1):87-106.
  23. Moysés SJ. Políticas de saúde e formação de recursos humanos em Odontologia. *Rev ABENO.* 2004;4(1):30-7.
  24. Moysés ST, Moysés SJ, Kriger L, Schmitt EJ. Humanizando a educação em Odontologia. *Rev ABENO.* 2003;3(2):58-64.
  25. Pires FS, Botazzo C. Organização tecnológica do trabalho em saúde bucal no SUS: uma arqueologia da política nacional de saúde bucal. *Saúde e Sociedade.* 2015;24(1):273-84.
  26. Yoder KM. A framework for service-learning in dental education. *J Dent Educ.* 2006;70(2):115-23.
  27. Chadwick DG, Wilson MB, Anderson CF. Shaping oral health care in North Carolina with East Carolina University's community service



- learning centers. *N C Med J*. 2014;75(1):36-8.
28. Phlypo I, De Tobel J, Marks L, De Visschere L, Koole S. Integrating community service learning in undergraduate dental education: A controlled trial in a residential facility for people with intellectual disabilities. *Spec Care Dent*. 2018;38(4):201-7.
29. Volvovsky M, Vodopyanov D, Inglehart MR. Dental students and faculty members' attitudes towards care for underserved patients and community service: do community-based dental education and voluntary service-learning matter? *J Dent Educ* 2014;78(8):1127-38.
30. Wallace JP, Blinkhorn AS, Blinkhorn FA. An assessment of the educational value of service-learning community placements in residential aged care facilities. *Int J Dent Hyg*. 2014;12(4):298-304.
31. Brondani MA. Teaching social responsibility through community service-learning in predoctoral dental education. *J Dent Educ*. 2012;76(5):609-19.
32. Brondani MA. Students' reflective learning within a community service-learning dental module. *J Dent Educ*. 2010;74(6):628-36.
33. Gugushe T. Beyond the ivory tower: service learning for community engagement. *SADJ*. 2010;65(3):138, 40.
34. do Nascimento CF, Warmling CM. Service-Learning in undergraduate dental education: Professional competence for clinical decision-making. *Eur J Dent Educ*. 2021;25(1):191-8.
35. Brasil, Lei do Estágio. Lei nº 11.788, de 25 de setembro de 2008. *Diário Oficial da União - Seção 1 - 26/9/2008, Página 3 2008*.
36. Brasil. Constituição (1988). *Constituição da República Federativa do Brasil*. Brasília, DF: Centro Gráfico. [Cited March 30, 2021]. Available from: [http://www.planalto.gov.br/ccivil\\_03/Constituicao/](http://www.planalto.gov.br/ccivil_03/Constituicao/).
37. Silva VOD, Santana PMMA. Conteúdos curriculares e o Sistema Único de Saúde (SUS): categorias analíticas, lacunas e desafios. *Interface Comun Saúde Educ*. 2014;19(52):121-32.
38. Toassi RFC, Baumgarten A, Warmling CM, Rossoni E, Rosa ARd, Slavutzky SMB. O ensino nos serviços de atenção primária do sistema único de saúde (SUS) na formação de profissionais de saúde no Brasil. *Interface Comun Saúde Educ*. 2013;17(45):385-92.
39. Costa LM, Germano RM. Estágio curricular supervisionado na Graduação em Enfermagem: revisitando a história. *Rev Bras Enferm*. 2007;60(6):706-10.
40. dos Santos Bezerra AP, Moutinho AFM, de Alkmim DFB, Morais IAM. A percepção do graduando em Saúde Coletiva sobre o estágio supervisionado. *Tempus Actas de Saúde Colet*. 2013;7(3):115-27.
41. Rudnicki T, Carlotto MS. Formação de estudante da área da saúde: reflexões sobre a prática de estágio. *Rev Soc Bras Psicol Hosp*. 2007;10(1):97-110.
42. Teixeira LJ. Estágios curriculares em fisioterapia. *Fisioter Bras*. 2018;8(1):57-63.
43. Rossoni E, Lampert J. Formação de profissionais para o Sistema Único de Saúde e as diretrizes curriculares. *Bol Saúde*. 2004;18(1):87-98.
44. Esteves LSF, Cunha ICKO, Bohomol E, Negri EC. O estágio curricular supervisionado na graduação em enfermagem: revisão integrativa. *Rev Bras Enferm*. 2018;71(4):1740-50.
45. Medeiros MAT, Braga-Campos FC, Moreira MIB. A integralidade como eixo da formação em proposta interdisciplinar: estágios de Nutrição e Psicologia no campo da Saúde Coletiva. *Rev Nutr*. 2014;27(6):785-98.
46. Almeida MJd, Campos JJBd, Turini B, Nicoletto S, Pereira LA, Rezende LR, et al. Implantação das diretrizes curriculares nacionais na graduação em medicina no Paraná. *Rev Bras Educ Méd*. 2007;31(2):156-

- 65.
47. Belém JM, Alves MJH, Quirino GdS, Maia ER, Lopes MdSV, Machado MdFAS. Avaliação da aprendizagem no estágio supervisionado de enfermagem em saúde coletiva. *Trab Educ Saúde*. 2018;16(3):849-67.
48. Barreto SS, Castro L. Formação e práticas em saúde de fonoaudiólogos inseridos em serviços públicos de saúde. *Ciênc Saúde Colet*. 2011;16(1):201-10.
49. Benites LC, do Nascimento JV, Milistetd M, Farias GO. Análise de conteúdo na investigação pedagógica em educação física: estudo sobre estágio curricular supervisionado. *Movimento*. 2016;22(1):35-50.
50. Neto LGS, de Lima AWS, de Oliveira MG, das Neves RF. Estágio curricular interprofissional: uma proposta de sequência didática na educação em saúde. *Interfaces*. 2019;7(1).
51. Cury BdM. Reflexões sobre a formação do psicólogo no Brasil: a importância dos estágios curriculares. *Psicol Rev*. 2013;19(1):149-51.
52. Alves CGL, Martinez MR. Lacunas entre a formação do nutricionista e o perfil de competências para atuação no Sistema Único de Saúde (SUS). *Interface Comun Saúde Educ*. 2016;20(56):159-69.
53. Bulgarelli AF, Souza KR, Baumgarten A, Souza JMd, Rosing CK, Toassi RFC. Formação em saúde com vivência no Sistema Único de Saúde (SUS): percepções de estudantes do curso de Odontologia da Universidade Federal do Rio Grande do Sul (UFRGS), Brasil. *Interface Comun Saúde Educ*. 2014;18(49):351-62.
54. da Luz GW, Toassi RFC. Percepções sobre o preceptor cirurgião-dentista da Atenção Primária à Saúde no ensino da Odontologia. *Rev ABENO*. 2016;16(1):2-12.
55. Forte FDS, Pessoa TRRF, Freitas CHSM, Pereira CAL, Carvalho Junior PM. Reorientação na formação de cirurgiões-dentistas: o olhar dos preceptores sobre estágios supervisionados no Sistema Único de Saúde (SUS). *Interface Comun Saúde Educ*. 2015;19(1):831-43.
56. Rocha PF, Warmling CM, Toassi RFC. Preceptoría como modalidade de ensino na saúde: atuação e características do preceptor cirurgião-dentista da atenção primária. *Saberes Plurais Educ Saúde*. 2016;1(1):96-112.
57. Baumgarten A, Toassi RFC. A formação do cirurgião-dentista no Sistema Único de Saúde: a produção do cuidado em saúde. *Rev Bras Pesqui Saúde*. 2013;15(4):117-22.
58. Emmi DT, Silva DMCd, Barroso RFF. Experiência do ensino integrado ao serviço para formação em Saúde: percepção de alunos e egressos de Odontologia. *Interface Comun Saúde Educ*. 2017;22(64):223-36.
59. Junior MFS, dos Santos Pacheco KT, de Carvalho RB. Multiplicidade de atuações do acadêmico de Odontologia no estágio curricular: relato de experiência. *Arq Odontol*. 2015;51(4).
60. Justo PM, Rocha PF, Toassi RFC. Processo de trabalho da equipe multiprofissional nos serviços de atenção primária a saúde com a inserção do estagiário da graduação em odontologia. *Rev GepesVida*. 2016;2(4).
61. Leme PAT, Pereira AC, Meneghim MdC, Mialhe FL. Perspectivas de graduandos em odontologia acerca das experiências na atenção básica para sua formação em saúde. *Ciênc Saúde Colet*. 2015;20(4):1255-65.
62. Badan DEdC, Marcelo VC, Rocha DG. Percepção e utilização dos conteúdos de saúde coletiva por cirurgiões-dentistas egressos da Universidade Federal de Goiás. *Ciênc Saúde Colet*. 2010;15(1):1811-8.
63. Warmling CM, Rossoni E, Hugo FN, Toassi RFC, de Lemos VA, de Slavutzki SMB, et al. Estágios curriculares no SUS: experiências da

- Faculdade de Odontologia da UFRGS. Rev ABENO. 2011;11(2):63-70.
64. Finkler M, Caetano JC, Ramos FRS. Integração "ensino-serviço" no processo de mudança na formação profissional em Odontologia. Interface Comun Saúde Educ. 2011;15(39):1053-70.
65. Badan DEdC, Marcelo VC, Rocha DG. Percepção e utilização dos conteúdos de saúde coletiva por cirurgiões-dentistas egressos da Universidade Federal de Goiás. Ciênc Saúde Colet. 2010;15(supl 1):1811-8.
66. Moimaz SAS, Saliba NA, Garbin CAS, Zina LG. Atividades extramuros na ótica de egressos do curso de graduação em odontologia. Rev ABENO. 2008;8(1):23-9.
67. Werneck MAF, Senna MIB, Drumond MM, Lucas SD. Nem tudo é estágio: contribuições para o debate. Ciênc Saúde Colet. 2010;15(1):221-31.
68. Toassi RFC, Davoglio RS, Lemos VMAd. Integração ensino-serviço-comunidade: o estágio na atenção básica da graduação em Odontologia. Educ Rev. 2012;28(4):223-42.
69. Castiel LD. Ensaio sobre a pandemência - Quando personagens e micróbios da ficção-científica saem do filme e invadem o planeta – um acompanhamento crítico de enunciados sobre a Covid-19 em meios de comunicação leigos e técnicos, 2020. [Cited March 30, 2021]. Available from: <http://observatoriodamedicina.ensp.fiocruz.br/wp-content/uploads/2020/05/ENSAIO-SOBRE-A-PANDEM%C3%8ANCIA.pdf>.
70. Lucena EHGd, Werneck MAF, Goes PSAD, Moysés SJ. Ensino odontológico: um olhar para o futuro (Formato e-Pub. João Pessoa: Editora do Autor; 2021. [Cited March 30, 2021]. Available from: <http://plone.ufpb.br/gtesb/contents/documentos/e-book/ebook-com-catalogo.pdf>.
71. Freeman J. Something Old, Something New: The Syndemic of Racism and COVID-19 and Its Implications for Medical Education. Fam Med. 2020;52(9):623-5.
72. Fronteira I, Sidat M, Magalhaes JP, de Barros FPC, Delgado AP, Correia T, et al. The SARS-CoV-2 pandemic: A syndemic perspective. One Health. 2021;12:100228.
73. Gravlee CC. Systemic racism, chronic health inequities, and COVID-19: A syndemic in the making? Am J Hum Biol. 2020;32(5):e23482.
74. Irons R. Pandemic ... or syndemic? Re-framing COVID-19 disease burden and 'underlying health conditions'. Soc Anthropol. 2020.
75. Mendenhall E. The COVID-19 syndemic is not global: context matters. Lancet. 2020;396(10264):1731.
76. Padmanabhan S. The COVID-19 Pan-Syndemic - will we ever learn? Clin Infect Dis. 2020. Nov 29;ciaa1797.
77. Rod MH, Hulvej Rod N. Towards a syndemic public health response to COVID-19. Scand J Public Health. 2021;49(1):14-6.
78. Veiga-Neto A. Mais uma Lição: sindemia covídica e educação. Educ Real. 2020;45(4):e109337.
79. Donahue Y. L'afflux d'argent pour soutenir l'économie profite aux riches, selon Thomas Piketty 2020. [Cited March 30, 2021]. Available from: <https://ici.radio-canada.ca/nouvelle/1750705/thomas-piketty-inegalites-riche-pauvres>.

**Correspondente to:**

Cristine Maria Warmling  
e-mail: [crismwarm@gmail.com](mailto:crismwarm@gmail.com)  
Universidade Federal do Rio Grande do Sul  
Faculdade de Odontologia  
Departamento de Odontologia Preventiva e Social  
Rua Ramiro Barcelos 2492 - 3o andar  
Porto Alegre/RS Brazil