

Teaching-service-community interaction - home visit experience in a dentistry course

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ABSTRACT

The present article describes the home-visit extension activities of students in the dentistry course at Universidade Franciscana in the city of Santa Maria, Brazil. The National Curricular Guidelines for dentistry courses stipulate that students must experience different social contexts for the formation of a broader view of the health-disease process. Home visits are a valuable method for the obtaining this experience. Thus, home-visit extension activities constitute an important teaching method founded on the sharing of information among the university, multidisciplinary team and community. This paper shows the importance of university extension to an educational process and its contribution to for formation of future healthcare providers with a humanistic view in the field of dentistry.

Descriptors: Community-Institution Relations. Home Visit. Dentistry. Community Health Workers.

1 INTRODUCTION

Home visits enable knowledge building based on existing problems, offering students a humanistic education directed at work in the public healthcare system¹. In Family Health Teams (primary care modality), community health workers promote interactions between public healthcare services and the community². The bilateral relationship between students and community health workers enabled by home visits favors a dialog between scientific-theoretical bases and knowledge obtained through experience

with the day-to-day situations encountered in the community, promoting reflections on the social determinants of health. Such encounters are fundamental to the interpretation of dentistry as an profession based on science and, above all, humanization.

In an attempt to understand the complex society in which we live, university extension is one of the most important ways of comprehending and changing the community, as it considers the social, political and economic context of the population³. With regards to the inclusion of

extension activities in the curricula of undergraduate courses, Universidade Franciscana in the city of Santa Maria, Brazil, has nine courses in the health field, one of which is dentistry, which has six extension classes. Integrated Actions in Dentistry I are part of the curriculum of the undergraduate dental course and are offered in the third semester. The methodological basis of such actions is the constructivist spiral⁴.

The National Curricular Guidelines require changes in the education of dental students, proposing novel study scenarios that go beyond the classroom. Thus, teaching projects should involve the quest for the adequate, holistic education of students through the interaction of teaching, research and extension/care,⁵ thereby enabling students to be more prepared to work in the public healthcare setting. Home visits constitute a strategy for placing students in this scenario. Extension goes beyond social practice; it plays a dual role in Brazilian society, as it promotes the enhancement of teaching in the educational process and also offers services to the community⁶. The dialog promoted in the relationship between the university and society contributes to the energization of the university itself⁷.

In the curriculum of the dentistry course of Universidade Franciscana, home visits are performed as part of the Integrated Actions in Dentistry I, the aim of which is to show the students the workings of Family Health Teams and enable them to develop communication with the multidisciplinary teams, especially community health workers and residents of the communities. The aim of the experience is to reinforce theoretical-practical knowledge and the understanding of social determinants of health, while also bringing information on oral health to the population.

Home visits are developed by health teams and are characterized by humanized health care

that builds trust between the families and healthcare providers through home health actions⁸. The dynamics of home visits enable the creation of a dialog between students and residents.

The present experience report shows how home visits occur and their contribution to the understanding of students as future healthcare providers that participate in multidisciplinary teams. During the Integrated Actions in Dentistry I in the city of Santa Maria from February to June 2019, the students put into practice the knowledge acquired in the university course during their first contact with the population outside the clinic, becoming familiar with the homes, neighborhoods and situations of the population to which community health workers provide care and learning that practice does not always align with theory.

2 EXPERIENCE REPORT

The city of Santa Maria has 23 Family Health Teams, eight of which have an Oral Health team, for a total population of 283,677 people in 2020, according to data from the Brazilian Institute of Geography and Statistics. Sixteen healthcare services have a dentist on the health team, with care provided at the clinics as well as through the mobile unit, which travels to surrounding communities. At most locations, it is necessary to schedule an appointment, which occurs on specific days.

Extension activities play an important role, giving students an understanding of social context through knowledge of the communities and families, which meets the requirement of the National Curricular Guidelines for courses in the health field and contributes to the development of healthcare providers with a humanistic background.

The 52 students of the third semester of the dentistry course at Universidade

Franciscana (year of 2019) were organized into groups of six students, one professor and a local health worker. The healthcare unit was chosen for convenience by city hall, the Center for Permanent Education in Health and professors of the course. Thirty-five homes were visited in a four-week period. Each team was expected to visit six homes.

Oral health education involved supervised tooth brushing (in homes with children), dietary counseling in accordance with the period of life (childhood, adolescence, adulthood and old age) and important information on common risk factors between oral and systemic diseases, such as diabetes, hypertension and heart disease. At the end of the visits, the residents received a folder created by the students with the information that had been offered and an oral hygiene kit (toothbrush, toothpaste and dental floss) was left for each resident of the home.

Contact with part of the population of the city stimulated critical-reflexive reasoning on the part of the students. The most vulnerable communities involve a social, economic and cultural complexity requiring a multidisciplinary approach to health problems, in which dental care gains particular prominence. With the Smiling Brazil project instituted in 2004, the country began to expand the offer of dental services to the population in the primary care setting. However, issues such as access to services, effective changes in the healthcare models and the active search on the part of the population still need to be adequately addressed, along with the expansion of the number of Oral Health Teams. The distribution of dentists is poor in Brazil, with little work performed in the public healthcare setting compared to the private sector, according to a recent publication, which points of the need for improvement in the working

conditions in the public network⁹. During the home visits, the discourse of the families demonstrated the magnitude of the problem, with reports of rare or nonexistent visits to the public dental clinic. Here again, the extension program demonstrates its importance as special contact with oral health for the community.

Understanding family dynamics helps define the behavior of ill individuals and diseases, as disease is defined and addressed within the nucleus of the family. Thus, the family structure needs to be observed in terms of how its members interact as well as their functions and attitudes. Such considerations have a positive influence on the planning of care¹⁰. During the home visits accompanied by professors and community health workers, the students encounter diverse situations, such as domestic violence, abuse, food insecurity and unemployment. These extreme situations certainly change the views of students in the healthcare field, giving them a more humanized outlook.

The welcoming attitude of the health teams creates a relationship of trust, commitment and alliance among users of the public healthcare system, health team and services. Therefore, these places are important to a holistic education, as the students gain experience in teamwork and the situation of the surrounding community, contributing to the development of social commitment among future healthcare providers¹¹. The students build knowledge, perceiving that young women of their own age are heads of households and that violent relationships exert an impact on several generations. The students perceive that older people have numerous difficulties sustaining of themselves at an age when they should be reaping the awards of the efforts of a lifetime. The students see children who need to become autonomous at an early

age, often having to forego an education, which limits the possibilities of achieving socioeconomic change. The students perceive that unemployment further frustrates the routine of families. Therefore, this contact offers students another perspective of society.

Upon gaining an overview of the circumstances that involve the community, the students also develop discernment to interpret what groups are subject to adversities and how such adversities can annul part of their autonomy. Knowing how to locate and analyze these aspects is essential to designing a possible intervention in the scenarios of individuals.

The students' trip to communities in a situation of social vulnerability in the city of Santa Maria enabled the practical implementation of the concepts studied at the university, such as health promotion/education and disease prevention. The needs of society were observed and compared to the distant, ostensive reality. The activity enabled establishing new parameters for their profession. In contrast, community health workers, who are already completely familiarized with the community, do not have full knowledge of the necessary theoretical basis. Unawareness regarding oral health is more significant among the residents of the community, as individuals in vulnerable situations tend to have difficulty with regards to the management of their health¹².

The strength of this dialog was immeasurable and contributed to the education of the students, as these encounters are among the first experiences with the population during their undergraduate studies. The expectations generated are united with the joy of initiating a bond with someone – a close, personal, lasting relationship between the healthcare provider and patient¹³. At the end of the semester, the

students involved in the project met for a roundtable discussion, at which they could share their experiences. This event served as an evaluation of the impact caused by the experiences. The students spoke of each home visited, with its particularities (age range of the family, number of residents, housing situation, pre-existing chronic diseases, access to healthcare services) and the emotions felt. From this dynamic, one can perceive how rich the encounters were for the purpose of forming more humanistic dentists. This experience does not constitute the creation of a bond but does comprise an enchanting experience for the students that will certainly reverberate in their future professional careers.

The topics were developed in the theory classes prior to the home visits, during which the students created folders to give to the residents with the topic directed at each age group. The folders constitute an instrument for the dissemination of information and, consequently, health education. This is an educational technology that enables the collectivization of relevant, well-founded, updated information directed at the target public through the use of objective, clear, accessible language.

3 FINAL CONSIDERATIONS

Home visits enable students to recognize and understand the uniqueness of each person and take into account the numerous aspects that can hinder the prevention or treatment of diseases of the oral cavity. For such, the participation of community health workers is fundamental. Moreover, home visits fulfill the purpose of enabling students to adopt humanistic principles, expanding their view of the health-disease process.

The roundtable discussions revealed that having contact with the situations of users of the

public healthcare system enabled the students to understand the importance of multidisciplinary actions (common health risk factors) and practice health promotion approaches to which they had been exposed in the classroom, completing the perception of a health professional not limited to dentistry.

During the visits, the counseling offered by the students was well received on the part of the residents, who proved to be engaged and astonished when learning of the new recommendations, as they were concerned with their self-care routine.

The students' understanding of the needs of each patient gradually matured and the dialog with the residents occurred in a more relaxed manner with each visit. The information flowed in a more pleasant manner, with the particularities and social context of each resident highlighted. Thus, home visits enable this fruitful partnership between the students and community health workers, in which the distinct situation of each family was respected.

RESUMO

Interação ensino-serviço-comunidade - experiência em visita domiciliar de um curso de Odontologia

Este artigo tem como objetivo descrever atividades extensionistas de visita domiciliar (VD) de estudantes do curso de Odontologia da Universidade Franciscana (UFN), em Santa Maria/RS. De acordo com as Diretrizes Curriculares Nacionais dos cursos de Odontologia, é necessário que os estudantes vivenciem diferentes contextos sociais, contribuindo para o processo de formação de um egresso com visão ampliada do processo saúde-doença, sendo a VD um valioso instrumento para apropriação desta realidade. Nesse sentido, as atividades extensionistas de VD representam para a graduação uma importante metodologia de ensino, fundamentada no compartilhamento de informações entre universidade, equipe

multidisciplinar e comunidade. Para tanto será mostrada a importância da extensão universitária, assim como a competência desta disciplina para a formação humanizada dos futuros profissionais da área.

Descritores: Relações Comunidade-Instituição. Visita Domiciliar. Odontologia. Agentes Comunitários de Saúde.

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