

Methodological and operational aspects of the Extramural Internship at a private university in Northeastern Brazil

Lucianna Leite Pequeno*; Paulo Leonardo Ponte Marques*; Ingrid Cordeiro Monte**

* PhD in Public Health, Professor at the School of Dentistry, Unifor

** PhD in Public Health, Professor at the School of Dentistry, Unifor

*** MSc in Dentistry, Unifor

Received: 06/08/2021. Approved: 08/23/2021.

ABSTRACT

This report aims to describe the methodological and operational aspects of a Supervised Curricular Internship. The setting was a private university in the municipality of Fortaleza-Ceará, and the external internship fields agreed with government agencies and non-governmental institutions. The reference was the period of the last five years (2016 to 2021). The internship takes place with a workload of 144 hours and is operationalized in three moments: Prologue (10% of the time), Real World (80%) and Epilogue (10%). In the Prologue there are activities developed for the retrieval and leveling of knowledge and actions carried out during the program. The operationalization of the internship based on the articulation of theory and practice takes place in the Real World moment. Students are allocated into groups of 5 to 6 people to work 8 hours a week in internship fields of the Unified Health System. Collective actions are developed in social spaces and clinical care procedures in the dental offices of the Health Centers. Group feedback is mediated by the teacher and preceptor to exchange experiences weekly. In the Epilogue, the internship is completed through feedback in the form of presentation of seminars and reports on the activities carried out. The diversity of methodological and operational strategies of the internship enables a differentiated immersion of students in the scenario of public health services, allowing for the theory to meet the practice for the acquisition of skills that will be applied in the real world.

Descriptors: Professional Training. Students, Dental. Unified Health System. Public Health.

1 INTRODUCTION

Teaching in undergraduate dental degrees is generally still focused on model clinics and technological devices capable of enhancing learning under ideal conditions^{1,2}. However, when faced with reality, undergraduate students in final years realize that real conditions add a series of difficulties. Some of the challenges faced are the recognition of different territories and their social dynamics, the need for improvements in health centers, and interprofessional articulation.

Despite achievements in recent decades³, the inversion of the care model focused on curative practices remains a horizon to be pursued in oral health. Despite several initiatives to incorporate the bases of Public Health in academic curricula in the health field, the preference for individualized dental clinics prevails within a work logic with liberal-privatist ideas^{4,5}.

By allowing the student to break the intramural barrier, the attitudinal domains, skills and links between theory and practice are gaining new meanings at different levels of complexity⁶. The deepening of experiences outside the university is capable of raising the level of autonomy and citizen and academic maturity of students⁷.

The Unified Health System (SUS), with its points of care, actions and services, constitutes a learning field and a mandatory stage in the completion of a bachelor's degree in Dentistry⁸. Its weaknesses, strengths and indisputable achievements since its implementation⁹ produce a challenging scenario for both a first contact during a student's education and a professional who has been working in the service for decades.

Thus, the methodological and operational aspects of modules that are developed in extramural spaces must be carefully thought through with the use of comprehensive active

methodologies that allow learning based on an understanding of the local reality¹⁰. These guidelines are based on an approach to health promotion, which is ensured in integrated and continuous practices that can contribute to the improvement of the population's health status in a socially and sensitive way⁸.

Faced with a scenario in which the diversity of strategies can contribute to better training in Dentistry, this study aims to report the methodological and operational aspects of a Supervised Internship program of a private university in the Unified Health System.

2 EXPERIENCE REPORT

This is an experience report of the activities experienced by students and teaching staff of the Curricular Supervised Internship (ECS) called Extramural Internship of the Dentistry Program of a university in Northeastern Brazil. Delivered in the Public Health axis, the ECS is a mandatory module governed by a specific resolution of the University's Teaching, Research and Extension Council. It is characterized by the development of skills for professional practice in external activities and whose procedural monitoring is carried out by the supervision and guidance of teachers.

The ECS aims to develop general and oral health care actions within public, private and/or philanthropic institutions based on situational strategic planning applied to the context of health promotion and prevention in partnership with managers, healthcare teams and the community.

As for the methodological aspects, the module is organized into 08 practical credits, with 144 study hours (8 hours per week). The teaching team is composed of 07 teachers, 2 with a master's degree and 5 with a doctorate in Public Health related areas. Faculty members are allocated to classes, an average of 10 per term with groups of 5 or 6 students.

The term teaching plan is collectively discussed with the teaching team, which makes suggestions and adjustments each term based on student evaluation from the previous term and experiences in the internship fields. The plan is then analyzed and revised by a team from the Teaching Center linked to the program coordination. Chart 1 presents the objectives, thematic units and term study hours for the ECS of the Dentistry program.

At the first meeting with the students, the teaching team presents the teaching plan to the students. The classes are grouped so that the learning objectives, the working dynamics, the types and settings of the internship, the evaluation process and the subject schedule can be discussed. On that day, a coexistence agreement on frequency, time, clothing, possibility of replacement of activities and how to address any doubts is signed.

Each class has permanent contact with the teacher through the university's system, which allows sending and receiving text messages. In addition to this system, students are introduced to the virtual platform implemented since 2020, the Virtual Learning Environment (AVA) on Moodle. All support material is available in AVA, and so is the bibliography used, which comprises mainly books, articles, manuals, technical notes and ordinances in the scope of Public Health and health policies.

ECS activities can be categorized into three distinct moments according to the organization of the academic calendar. The prologue is carried out at the beginning of the term to retrieve themes discussed during the program and for calibration and guidance prior to entering the internship fields. Then, the real world refers to the moment when activities in these fields are carried out. The epilogue, at the end of the term, is the moment for finishing activities, consolidating reports, and presenting the internship seminars. Each of these

moments will be described below.

Moment 1 - prologue

The prologue comprises two intense weeks of sharing the experience of teachers and retrieving theoretical references in Public Health, corresponding to a workload of 10% of the Internship module. Despite the certain theoretical focus, its purpose is to bring students closer to the teaching staff and share the experiences of teachers in activities in previous terms based on themes provided for in the teaching plan: National Policy on Primary Care, National Policy on Oral Health, Epidemiology and Prevention Systems, Standard Operating Procedures Guide and Humanization.

Chart 2 presents the themes, strategies and methodologies used during these activities in Moment 1.

These activities are developed based on the methodological framework of problematization combined with theoretical-practical strategies or techniques that allow the intern to improve their range of strategies for application in the internship fields. Teaching-learning methodologies with active participation make it possible to retrieve the integration of knowledge between the basic sciences and the professionalizing axis¹¹. The operationalization of the initial activities takes place in a hybrid format, with mandatory face-to-face activities and complementary virtual activities developed on the Moodle Virtual Learning Environment platform.

At the end of these weeks and before the students enter the internship fields, a cognitive test is applied using the Moodle questionnaire tool. Most questions involve problems that students may face in health services. Although the internship assessment is predominantly practical and carried out in a procedural way, the result of the cognitive test is one of the references

that ECS teachers use to identify opportunities for improving theory and practice.

Chart 1. ECS objectives, themes and workload.

Theme	Objectives	Workload
UNIT I – Health care networks - Care networks and lines of care. - Monitoring and evaluation of health actions.	To relate them to the levels of care in health care networks. To use health information for planning and evaluation/monitoring of health actions.	12h
UNIT II – Humanization in health care - Integration of students, health professionals and service users. - Attitudes and skills of student-healthcare professional-user relationship.	To be ethical in health care in multidisciplinary teams.	10h
UNIT III – Situational diagnosis in health - Situational diagnosis in primary health care centers and/or institutions. - Composition, organization, structure and capacity. - Coverage, accessibility and acceptability. - Services and activities performed. - Human Resources.	To carry out a situational diagnosis of primary health care centers and/or institutions based on the recognition of the local need under the epidemiological framework and strategic planning. To adopt an ethical and humane attitude in the context of performance in health services.	8h
UNIT IV – Health planning in primary health care centers and/or institutions - Strategic planning in health. - Interdisciplinarity. - Social engagement. - Integrated actions in health.	To carry out a strategic situational planning based on integration with the community and other health professionals in primary health care centers and/or institutions. To respect ethical principles and the articulation of planned actions within the social and citizen context.	8h
UNIT V – Health care - User embracement with risk classification. - Preventive and educational activities. - Oral health care and assistance.	To develop health care actions, particularly oral health ones, in primary health care centers and/or institutions based on the strategic planning carried out. To be ethical in the execution of health and oral health actions.	94h
UNIT VI – Oral health intervention Situational diagnosis. Planning of health strategies and actions. Health monitoring and evaluation indicators.	To propose an oral health intervention plan.	12h

Chart 2. Themes and methodological aspects of Moment 1

Theme	Specific objectives	Methodological aspects
Primary Health Care and Situational Diagnosis Guide	To understand the assumptions for reorienting primary care in Brazil; discuss the principles and guidelines of the National Primary Care Policy; describe the work process in primary care.	Reading of PNAB; construction of a panel in the classroom with a 360° whiteboard; panel presentation; discussion with the class; preparation of a semi-structured questionnaire for application with the preceptor in the internship field
National Oral Health Policy	To discuss the principles and guidelines of the National Oral Health Policy; describe the work process and actions at the levels of care; understand the assumptions for reorienting the health care model.	Reading of PNSB; gamification using the Socrative tool: using the smartphone, each student will answer, individually and then in groups, multiple choice questions; presentation of results and awards to winners; discussion with the class
Epidemiology and Prevention Systems	To interpret graphs and perform epidemiological analysis in general and oral health; discuss the importance of epidemiological interpretations and analyses for the planning and execution of health care.	Access to the Virtual Learning Environment; study of the theoretical references indicated; conducting a directed study with questions on general and oral epidemiology; group discussion in face-to-face format
Oral Health in SUS	To understand the performance in oral health of individuals and population groups in different life cycles and conditions; discuss the importance of planning and programming in oral health; understand the work process of health teams according to life cycles and conditions; recognize the points of oral health care of the Health Care Network	Distribution of problem situations related to specific groups and living conditions in a real context; construction of a proposal to solve the problems; presentation of a solution proposal; discussion with the class
Public Health Procedures Guide	To discuss the Procedures Guide as a way to standardize the operational aspects of collective actions: Collective action for oral examination with epidemiological purpose and Educational Activity; Collective action for supervised brushing, Topical Fluoride Application; Dental prenatal care; Childcare consultation; Atraumatic restorative treatment	Distribution of the University's Public Health Procedures Guide; analysis and discussion of procedures in small groups involving purpose, materials, form of organization, step by step guide; presentation of the summary of the discussion for the development of actions; discussion with the class; incorporation of adjustments/updates in the Procedure Guide
Humanization in Health	Reflect on humanization in health Integrate students, health professionals and service users and develop attitudes and skills in the student-health professional-user relationship.	Access to the Virtual Learning Environment; study of the theoretical references and videos indicated; discussion with the participation of internship tutors; writing of a reflective piece: "How I am professionally" with a focus on humanization in health and personal conduct.

Moment 2 – real world

Real world corresponds to the operationalization of the internship. This name was used to refer to moment 2 because it is an expression routinely used by students to

differentiate from the environment of intramural dental clinics at the university. Moment 2 corresponds to 80% of the workload of the stage module.

Before the start of the academic term, the

teaching team sets up along with the coordinators of the Institutions for Specific Groups (IGE) and the Primary Health Care Centers (UAPS) the agreement of days and times to receive the internship classes. At that time, service professionals are identified and invited to act as preceptors along with the teaching team.

Each internship group is assigned a UAPS of the municipality of Fortaleza, which will be the main internship field for carrying out clinical care and collective activities throughout the term. The selection of these UAPS is based on territorial proximity to the University, availability of a tutor to monitor the internship and agreement with the Municipal Health Secretariat.

To record the experiences lived in the internship, each class and each teacher receives a field journal to record the activities. The intern's journal is similar to a portfolio with a descriptive and reflective nature for the actions taken. The journal is divided into four parts: planned activities, completed activities, record of the appointments schedule and record of the procedures performed on the UAPS records. The journal is used as a tool to record the internship's daily routine and the responsibility for filling it out must be shared by the class. In the teacher's field journal, the observations regarding the performance of the interns are registered according to the criteria and learning objectives set, thus facilitating the evaluation process.

The first activity carried out outside the walls is the recognition of the center and the restricted territory, during which field observation, interviews with key informants and planning of activities are carried out. At that time, many interns recall practices of the Public Health modules that addressed the importance of observing reality and proposing strategies consistent with the identified need. Structured on problematization, this methodology encourages responsible and conscientious action in the care process of different

population profiles and, at the same time, motivates the training of more humane and reflective professionals to work in SUS^{12,13}.

Students carry out interviews with key informants based on a semi-structured questionnaire built by the group itself during a discussion about the PNAB. One of the informants with whom the interns have more contact is the dental preceptor, a name used to refer to the professional from the municipality invited to collaborate in the teaching-learning process of the internship together with the teachers. The invitation of preceptors, who work voluntarily, takes into account the profile of work in PHC, training, motivation and time availability.

The identification of these professionals becomes relevant for training and better integration in the internship fields⁶. A study carried out in health centers in a municipality in Paraná pointed out that some dental preceptors do not feel trained and encouraged to be in the role, and it is necessary to improve the teaching-service integration for a better quality of professional training¹⁴.

After recognition and mediation from the teacher, the students begin planning through brainstorming with the record of possible causes and consequences of the observed scenario and then discuss possibilities for action. To facilitate the process and encourage the proposal of interventions, one of the most used tools is the action plan in the 5W2H model, consisting of 7 basic questions in English (what; where; who; when; why; how; how much) which must be answered and registered in advance by the interns for each activity they intend to carry out. The 5W2H is an easy-to-apply tool and has also been used as a guidance tool in the management processes of healthcare services¹⁵.

The students take into consideration the academic calendar and the workload of the internship to build the weekly schedule of activities with a view to fulfilling the ECS objectives. At that

point, the sharing of tasks and responsibilities among all involved in the process also takes place. Successful experiences of planning together with the service, including the participation of preceptors as facilitators of the teaching-learning process, were positively reported for addressing social demands in Feira de Santana-Bahia¹⁶.

The planning of collective actions is aimed at identifying the needs of the population involved, with a focus on lines of care or living conditions. Despite some restrictions due to the pandemic, a routine activity of the ECS is home visits in the territory. Based on data provided by Community Health Workers (CHWs) on the general epidemiological profile of the micro-areas, the interns map and identify the homebound and bedridden patients who need to be visited by the team. The visits are scheduled with two dental trainees accompanied by either the teacher or the preceptor along with the CHW and other professionals from the Family Health Team (ESF).

Although home care is not a routine strategic action of oral health teams, this type of care allows for differentiated care for groups that are unable to attend the offices¹⁷. In this scenario, the visits lead to user satisfaction by respecting local needs and building the value in oral health for those being cared for¹⁸.

Whenever possible, interns from other undergraduate programs, including from different educational institutions, are integrated into the internship activities, thus enabling multiple achievements. On the one hand, it benefits the local community and strengthens services, and on the other hand it transposes the fragmented training model and raises in students a collective awareness in favor of improving the population's quality of life^{19,2}.

In this context, educational activities with seasonal themes (Yellow September, Pink October, Blue November) added new knowledge and took the interns out of the comfort zone of traditional

training. This look beyond the mouth, also experienced in the form of an expanded clinic, goes beyond the "dentistry-centered approach", in addition to creating an environment for abandoning old concepts and opening spaces for updating work processes²⁰.

Another planning that has been recurrent for the last classes is the carrying out of Permanent Education activities. Aimed at preceptors and other service professionals, courses in a hybrid format (classroom and/or distance learning) with synchronous and asynchronous activities stand out. Mediated by the interns in the UAPS meeting rooms or on the Google Classroom platform, courses on oral health care for CHWs, a course on biosafety and sterilization, a course on monitoring indicators through electronic spreadsheets, a course on emergencies in the school environment, among others, have been offered.

During the planning of clinical activities, the group selects the patients to be benefited and the form of recruitment, which usually takes place through activities in the territory and with the search for a profile of needs in Primary Health Care. Another selection method occurs through the use of the schedule of patients previously selected by the preceptor or appointed directly by the UAPS reception service.

To carry out clinical care in dental offices, students are divided into pairs. The rest of the class carries out collective actions in the center itself, in social spaces or at home. Thus, the four hours a week provided for in the UAPS are distributed so that two interns always work at the clinic and the other interns in the class develop extra clinical activities, in a weekly rotation system.

At the IGE, interns have the possibility to work the other four hours a week in spaces with older adults, children in a condition of social vulnerability, teenagers, pregnant women, postpartum women, people with disabilities, hospitalized patients, psychiatric patients, among

others. Each class develops collective actions and/or clinical procedures depending on the local structure. In collective actions, different themes and methodologies are used in order to exchange knowledge to promote health in life cycles.

A study of undergraduate students in the Public Health internship in Bahia identified the weekly work with different groups. The interaction with the public was carried out more prominently through workshops, conversation circles and educational activities in the waiting room¹⁶.

In institutions that work with children and adolescents, such as the Early Childhood Institute (IPREDE), the Child Psychosocial Care Center (CAPSi), the Child and Adolescent Seeds Social Project (PROSSICA) and the Association of Parents and Friends of the Exceptional (APAE), playful activities are carried out with the aim of strengthening the bond for joint participation between parents and the child. Main activities include flipcharts built by the interns, demonstration tables with macromodels and oral hygiene products, puppet theater to address the prevention of major oral diseases, and recreational activities in open spaces.

Experience developed in Maringá (Paraná) with dental internship students highlighted the importance of promoting learning in educational activities in a more comprehensive way, raising awareness of behavioral changes and improving the quality of life. The use of illustrative panels with information about the main oral diseases was also reported as contributing to the reality of the participants²¹.

During their internship at APAE, students also provide clinical care to people with disabilities, offering basic dental procedures such as instruction on oral hygiene, restoration, tooth extraction, caries control through the use of cariostatic agents and topical application of fluor gel or varnish. At the Integrated Medical Care Center (NAMI), at the institution for older adults

Lar Torres de Melo and at the Gonzaguinha de Messejana Hospital, students carry out educational activities for users in the waiting room and in beds with the aim of providing guidance on the main oral health care.

Despite the need to address the clinical demands of patients and the importance of dental care for the intern's learning, the moments of health education in the waiting room are extremely valuable as they bring the student closer to the patient's family life context, thus allowing knowledge of determinants and conditioning factors for the health of the person with a disability.

The supervised monitoring is carried out by the teachers on a daily basis and interventions for the renewal of the interns' conduct during the performance of activities only happen in case of violation of the internship objectives, local norms or ethical problems. This makes it possible to experience real situations and learn from their own mistakes, which in turn are discussed at the end of each internship shift. The teachers' observations are recorded on another field journal exclusively maintained by the teachers.

Both in the UAPS and in the institutions, after the completion of the activities provided for in each internship shift, the teacher, the preceptor and the students discuss cases, report the situations experienced articulating with the scientific literature and reflect on ethical attitudes and human rights in the context of performance.

Moment 3 – epilogue

The ECS epilogue corresponds to the activities of completion of the internship, comprising the construction of reports and presentation of seminars on activities carried out in the term.

The report workshop is held with the mediation of the teacher, who provides a layout model with minimum prerequisites to be included in the class report. Based on records in the field journal and experience in activities throughout the

term, students build a report containing an introduction, location of the internship field, description of planned activities, activity record, material used, quantity of procedures and actions performed, population served and conclusion. The internship seminar is an activity in which the data recorded in the reports are transported to a presentation in power point or panel format. As foreseen in the schedule, students reserve a place in the internship field, usually auditoriums or meeting rooms, to give feedback to managers, preceptors and other professionals and employees of the service.

This activity surprises invited people who did not follow the internship throughout the term, as it allows for a detailed rendering of accounts of the actions taken and also the suggestion of improvements for future activities. During the seminars, the difficulties overcome regarding attitudinal aspects in teamwork and interprofessional relationships are also reported, and so is the development of skills in carrying out the planning of different activities each week taking a leadership position and using appropriate techniques according to each setting and

participating audience.

The attitudinal and skill development difficulties point to the relevance of the internship, with recognition of the difference in the methodology adopted in relation to the subjects taken so far. From the point of view of training, it denotes the importance of reorienting technical practices decontextualized from reality and centered on the teacher in order to value the student as a citizen capable of facing problems²¹. To overcome that, the deepest essence of teaching needs to continue facing the challenge of grasping the student's interest beyond the content, seeking the construction, deconstruction and reconstruction of active subjects¹⁰.

Evaluation Process

As for the evaluative aspects, several ways of evaluating the student in a procedural way are used. For approval purposes, it is considered that the frequency required for approval is at least 90% of the total workload and seven is the minimum grade. The student is evaluated in the following proportions and domains: cognitive (30%), skills (30%) and attitudes (40%) (chart 3).

Quadro 3. Critérios de avaliação do ECS

Attitude (40%)			Skills (30%)	Cognitive (30%)
Punctuality (10%)	Relational (10%)	Participation (20%)	Know-how	Theoretical framework
Punctuality	Teamwork. Enthusiasm. Relationship with professionals, employees, colleagues and the community. Ethics and collaboration	Motivation Proactivity Creativity. Responsibility Commitment	Use of proper techniques. Use of PPE. Leadership. Adequate communication Preparation of an action plan.	Theoretical-practical association capacity Planning based on data found and proposed routes Confidence in carrying out activities Development of critical and reflective thinking.

These criteria are used daily in the form of a checklist to evaluate all internship activities more objectively. The assessment of the cognitive domain occurs in the three stages of the internship: based on previous knowledge in the prologue; by the association, contextualization and use of the theoretical framework during practical activities in the real world; and by demonstrating the knowledge acquired in the activities of the epilogue.

The attitudinal domain is evaluated considering the following aspects: motivation, interest, enthusiasm, interpersonal relationships; student interaction and integration; capacity for creativity, initiative and leadership. As for the skills, the use of appropriate techniques, correct use of personal protective equipment, leadership, communicating properly according to the target audience, and preparation of an action plan are considered. All criteria are descriptively registered in the teachers' field journal, which evaluates the interns individually and collectively.

For the purposes of the evaluation process, it is up to the teacher to interpret the instrument and the criteria used to measure learning fairly. This assessment should be dynamic and focused on everyday learning in order to measure progression over time. Based on permanent dialogue and favoring the capacity for individual development, the student starts to take a more active role²², enabling a concern not only with a grade, but with the transformation of the local reality.

3 FINAL REMARKS

The diversity of methodological and operational strategies of the Supervised Internship reported enables a differentiated immersion of students in the scenario of public health services, providing the construction of an atmosphere where theory meets practice for the acquisition of skills that will be applied in the real world.

RESUMO

Aspectos metodológicos e operacionais do Estágio Extramural em universidade privada no Nordeste brasileiro

Este relato tem por objetivo descrever os aspectos metodológicos e operacionais de um Estágio Curricular Supervisionado. O cenário foi de uma universidade privada do município de Fortaleza, Ceará, e os campos de estágio externos pactuados com órgãos governamentais e instituições não governamentais. A referência foi o período dos últimos cinco anos (2016 a 2021). O estágio ocorre com carga horária de 144 horas e operacionalização em três momentos: Prólogo (10% do tempo), Mundo Real (80%) e Epílogo (10%). No Prólogo são desenvolvidas atividades de resgate e nivelamento de conhecimentos e ações realizadas durante o curso. A operacionalização do estágio, a partir da articulação teoria e prática, ocorre no momento do Mundo Real. Os discentes são alocados em turmas de 5 a 6 componentes para atuar 8 horas por semana em campos de estágio do Sistema Único de Saúde. São desenvolvidas ações coletivas em espaços sociais e procedimentos clínico-assistenciais nos consultórios odontológicos das Unidades de Saúde. Mediado pelo docente e preceptor, ocorrem feedbacks em grupo para troca de experiências semanalmente. No Epílogo há o fechamento do estágio, por meio da devolutiva em forma de apresentação da Mostra e de relatórios das atividades realizadas. A diversidade de estratégias metodológicas e operacionais do estágio possibilita uma imersão diferenciada dos discentes nos serviços públicos de saúde, proporcionando que a teoria encontre a prática para aquisição de competências que serão aplicadas no Mundo Real.

Descritores: Formação Profissional. Estudantes de Odontologia. Sistema Único de Saúde. Saúde Pública.

REFERENCES

1. Lage RH, de Almeida SKTT, Vasconcelos GAN, Assaf AV, Robles FRP. Ensino e aprendizagem em odontologia: análise de Sujeitos e Práticas. Rev Bras Educ Med.

- 2017;41(1): 22-9.
2. Fonsêca GS, Junqueira SR, Botazzo C, de Araújo ME. (2017). Da fragmentação à formação interprofissional: proposta de um modelo de estágio curricular supervisionado para a graduação em odontologia. *Saúde Redes*. 2017;3(4): 410-24.
 3. Chaves S, Barros SG, Santana SF, Almeida AMFL, Santos CML, Rossi T. Política de Saúde Bucal no Brasil 2003-2014: cenário, propostas, ações e resultados. *Ciênc Saúde Colet*. 2017;22(6): 1791-1803.
 4. Ferreira NP, Ferreira AP, Freire MCM. Mercado de trabalho na odontologia: contextualização e perspectivas. *Rev Odontol UNESP*. 2013;42(4): 304-9.
 5. Frazão P, Narvai PC. Saúde bucal no Sistema Único de Saúde: 20 anos de lutas por uma política pública. *Saúde Debate*. 2009;33(81): 64-71.
 6. Faé JM, Silva Junior MF, de Carvalho RB, Esposti CDD, Pacheco KTS. A integração ensino-serviço em Odontologia no Brasil. *Rev ABENO*. 2016;16(3):7-18.
 7. Domingos PAS, Nonato CN, Felício CM. Estágio supervisionado em odontologia: relato de experiência. *J Dent Res*. 2019;7(2): 18-23.
 8. Ministério da Educação/Conselho Nacional de Educação/Câmara de Educação Superior. Resolução nº. 3, de 21 de junho de 2021. Institui as Diretrizes Curriculares Nacionais do curso de graduação em Odontologia e dá outras providências. [Cited Aug. 23, 2021]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=191741-rces003-21&category_slug=junho-2021-pdf&Itemid=30192.
 9. Paim JS. Sistema Único de Saúde (SUS) aos 30 anos. *Ciênc Saúde Colet*. 2018;23(6): 1723-8.
 10. Noro LRA, Moya JLM. Condições sociais, escolarização e hábitos de estudo no desempenho acadêmico de concluintes da área da saúde. *Trab Educ Saúde*. 2019;17(2):e0021042.
 11. De Freitas SFT, Calvo MCM, de Lacerda JT. Saúde Coletiva e novas diretrizes curriculares em odontologia: uma proposta para graduação. *Trab Educ Saúde*. 2012;10(2):223-34.
 12. Emmi DT, Silva DMC, Barroso RFF. Experiência do ensino integrado ao serviço para formação em Saúde: percepção de alunos e egressos de Odontologia. *Interface (Botucatu)*. 2018; 22(64):223-36.
 13. Silva AN, Senna MAA, Teixeira MCB, Lucietto DA, Andrade IM. O uso de metodologia ativa no campo das Ciências Sociais em Saúde: relato de experiência de produção audiovisual por estudantes. *Interface (Botucatu)*. 2020; 24: e190231.
 14. Rezende RSM, Oliveira AMG, Zanin L, Flório FM. Cirurgião-dentista do serviço público na formação de acadêmicos: importância do estágio em serviço. *Rev Odontol Univ São Paulo*. 2019;31(3):17-26.
 15. Espírito Santo JA, Zocratto KBF. Ferramentas da qualidade nos processos gerenciais de serviços de saúde. *Remecs*. 2020;5(9):62-7.
 16. Moreira MBA, Amorim MM, Santos CB, Almeida, ALPVP. Estágio em Saúde Coletiva como estratégia de reorientação da formação em odontologia: um relato de experiência *Rev Saúde Com*. 2020;16(1): 1766-73.
 17. Neto JMAS, Nascimento TMD, Silva AS, Anjos CL, Mendonça ICG. Cuidados odontológicos no atendimento domiciliar. *REAS*. 2021;13(3):e6627.
 18. Batista NM, Rocha ITF, Bonfante GMS. Visita domiciliar como estratégia de

- construção do valor saúde bucal. *Arq Bras Odontol.* 2019;14(2):12-5.
19. Bruder MV, Lolli LF, Palácios AR, da Rocha NB, Veltrini VC, Gasparetto A, Fujimaki M. Estágio supervisionado na odontologia: vivência da promoção da saúde e integração multiprofissional. *Rev Bras Promo da Saúde.* 2017;30(2):294-300.
20. Fonsêca GS, Pires FS, Junqueira SR, Souza CR, Botazzo C. Redesenhando caminhos na direção da clínica ampliada de saúde bucal. *Saúde Soc.* 2018;27: 1174-85.
21. De-Carli AD, Silva ADM, Zafalon EJ, Mitre SM, Pereira PZ, Bomfim RA, et al. Integração ensino-serviço-comunidade, metodologias ativas e Sistema Único de Saúde: percepções de estudantes de Odontologia. *Cad Saúde Colet.* 2019;27(4): 476-83.
22. Brito MCC, Grajeda FMC, Lacerda LJR, Lage CF, Modesto TC. O processo avaliativo no ensino superior com ênfase na odontologia. *Rev Univ Vale Rio Verde.* 2018;16(2):1-12.

Correspondence to:

Ingrid Cordeiro Monte

e-mail: ingrid_monte@hotmail.com

Rua Antonio Acioli, 1082, Itaperi

60714-215 Fortaleza/CE Brazil