

# Mandatory curricular internship at Brazilian Unified Health System: knowing where to go to not be taken anywhere

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## ABSTRACT

The mandatory curricular internship is set up simultaneously as pedagogical device and permanent challenge for dental programs, considering its strategic role in the articulation of the training process with the Brazilian Unified Health System (SUS). This article is an integrative review on the subject, made from 29 articles whose objective was to create an enlarged interpretation of these studies. The most mentioned positive aspects were related to the characteristics of the work process experienced in the health units, emphasizing the use of soft technologies, traditionally absent in the clinical-surgical environment in the traditional disciplines. As for the negative aspects, beyond institutional limitations, there emerged the difficulty of teachers/preceptors in following the interns and the distancing of the dentists from interactions in multi-professional teams. It can be inferred from the analysis that there is not yet a consensus on the structuring role of the internships in the Pedagogical Projects. They are understood, essentially, as activities developed to enhance training quality, with focus exclusively on the students. Dental programs that seek to be innovative and protagonists of changes must give to the internship a differentiated role, valuing its potential of aggregating elements which together stand for the core of dental training articulated with SUS. It is fundamental the permanent involvement and participation of teachers, students and, especially, health care professionals and community associated to the Health Units (*USF*), the internship's privileged setting, in which this pedagogical device could be developed in a compatible way with the struggle for universal oral health, one of quality, equal and public.

**Descriptors:** Training Support. Unified Health System. Dentistry. Oral Health. Curriculum.

*“If one does not know to which port one is sailing, there is no favorable wind.” — Seneca*

*“A man is never only where his feet are; but also where are his dreams.”  
— Anonymous*

## 1 INTRODUCTION

Public policies, among which are those of health and education, were marked, in the first two decades of the 21<sup>st</sup> century in Brazil, by counter-hegemonic characteristics that differentiated them historically in the way they were elaborated and implemented. Their common paradigm, contrary to the neoliberal hegemony, was public interest and not the market, even under strong influence of mercantile values which have been characterizing the public intervention in these sectors.

Possibilities were opened in the dental field, in the scope of the National Oral Health Policy (PNSB), which made viable original initiatives especially in the effective inclusion of Oral Health Teams (*ESB*) in the Family Health Strategy (*ESF*), in implementing the Dental Specialties Center (*CEO*) and in the fluoridation of public supply waters<sup>1</sup>. Although this counter-hegemony period in the sphere of the federal government has suffered a significant setback after Dilma Rousseff destitution in 2016, with profound repercussion to the PNSB<sup>2</sup>, it keeps maintaining, still, some influence on the dental programs training.

One of the strategic elements in the matter of training is the mandatory curricular internship as dictated by the DCN<sup>3</sup>, which should represent 20% of the total workload of the undergraduate dental program.

The curricular internship device as a pedagogical resource in dental training experience is not recent in Brazil and others countries<sup>4-6</sup>. In the 1960's, the Pan American Health Organization (PAHO), in collaboration with Kellogg Foundation and the Latin-American Dental Colleges Association (ALAFD), organized three Latin-American seminars on "La Enseñanza de la Odontología", which took place in Bogotá (1962), Mexico City

(1964) and Petrópolis (1966). These events were consequences, to dentistry, of the Seminars of Viña del Mar (1955) and Tehuacán (1956), on the teaching of preventive medicine in medical, nurse and dental schools in the Americas<sup>7</sup>.

From these seminars came the proposals of creation of disciplines and departments of preventive and social dentistry. The definition of a minimal curriculum for dental training, in which it was sought to ensure the presence of the aforementioned disciplines; and the creation of mandatory curricular internships that would take place in the public health services, based on the notion — which would soon spread to all the continent - of extramural teaching<sup>8</sup>. The seminars happened in consonance with what Philip Blackerby Jr., Kellogg Foundation's adjunct general director, presented to the 37<sup>th</sup> Annual Meeting of the North American Dental Schools Association in 1960<sup>9</sup>. In the work titled "Why not create a Department of Social Dentistry?" he advocates for the disciplines and departments to be created, to have internal roles in the programs, contributing to planning, organizing, and evaluating clinics and first aid posts, and moreover coordinating the program plan (nowadays expressed as Pedagogical Project) and the research and extension activities<sup>10</sup>.

In health's scope, the internships in a broad sense have been targets of national health conferences' manifestations, both general and thematic.

In the conferences' reports, a foundational mark was the 8<sup>th</sup> National Health Conference (CNS) which affirmed that the "training of health professionals [must be] integrated to the health system"<sup>11</sup>. Connected to the 8<sup>th</sup> CNS, and as part of it, in 1986 happened the National Conference of Human Resources for Health (CNRHS)<sup>12</sup>. A vast diagnosis of this field was made in this event, and in the historical context

in which SUS creation was settling as a majorly recognizable necessity, propositions were approved relative to the field's multiple dimensions, substantiating what would later be incorporated to the process of institutionalization of SUS. That competence was given to it by the 1988's Constitution of the Republic, for "ordering the training of human resources in health care"<sup>13</sup>.

In the three oral health conferences, the curricular internship and the matters of "in service" training were contemplated in several proposals, being prominent. In the 1<sup>st</sup> CNSB<sup>14</sup>, the need for: a) reshaping the educational system and executing vast "revision of minimal curriculum, seeking a better organization, directing and commitment of the field's human resources" with the aim to its "adequacy to the major needs of the population, redefining the university-society relationship"; b) "stimulating the celebration of agreements between universities and SUS, ensuring that teacher-assisting integration be processed in consonance with the goals of the municipal health plans approved by the respective Councils, and providing direct contact between health care students and the social reality"; c) "[the public health service to be] integrated with teaching and researching."

In the 2<sup>nd</sup> CNSB<sup>15</sup>, it was said that: a) "health professionals must have incorporated into their training, conditions which allow them to work in community level seeking to rescue the citizenship of individuals, with aims to the construction of a model of care that fully contemplates attention, dignity and ethics"; b) health councils must participate and follow "the work developed by Universities, in order to induce training of human resources coherent to the needs of the health care model proposed by SUS"; c) "the teaching-service-research integration is capable of strategically and

tactically executing the transformation of alienated practice into consequent practice, seeking improvement and training of services, the adequacy of the human resources training in oral health and the production of knowledge in consonance with the realities and needs of the population".

The 3<sup>rd</sup> CNSB<sup>16</sup> reaffirmed the need for: a) "celebration of agreements between IHE and the municipalities for developing internships of students from health care, in oral health collective actions," thus being necessary that "the organs of SUS must ensure and enlarge the internships offer in SUS network, with regards to the technical, administrative and social control fields"; b) "regulating and incentivizing extension programs that include internships [...] in cities in which there are not such higher education courses" and "establishing rural residency internships, with theoretical-practical activities, defined workload and respecting local realities and IHE vocations"; c) "promoting change of the practices' settings, allowing dentistry students direct contact with social reality, including the provision of dental services, during the period of one year in the community in need"; d) "ensuring the teaching-service integration be processed in consonance with the goals of the municipal health plans approved by the respective councils and providing direct contact between health care students and the social reality". However, the 3<sup>rd</sup> CNSB acknowledged that "even though some punctual efforts are observed to change this picture, the higher education system is, generally speaking, almost entirely alienated from socio-epidemiological reality of the Brazilian population, moreover with connivance from the field's managers and teachers"<sup>16</sup>.

In this study, there is systematization and analysis of articles that studied the mandatory curricular internship in Brazilian dentistry

undergraduate programs. Health conferences' propositions and critical literature on this training were used as reference, in light of the rights to health and education, contemplating the learning dimensions by the students, the involvement and participation of the programs' faculty, and the internship significance to SUS institutions.

## 2 METHOD

An integrative review<sup>17</sup> was made, which included 29 articles published from 2002 to 2019. To identify and to select articles, a search was carried out (02/12/2021) in data base integrated to the Health Virtual Library (BVS), using words included in the Descriptors in Health Sciences (DeCS) and employing the option "exact word" to the words: "SUS", "Estágio" (internship; alternative word to descriptor "Support to Human Resources Development"), "Odontologia e Saúde Bucal" (Dentistry and Oral Health), which should be present in the title, abstract or subject. Only texts classified as "articles" in BVS were selected.

The first search strategy used the following sequence of filters: SUS; SUS + Estágio; SUS + Estágio + Odontologia. This strategy resulted in 494 articles. The second strategy employed the filters: SUS; SUS + Estágio; SUS + Estágio + Saúde Bucal. The second strategy resulted in 27 articles.

Next, the articles selected by the two strategies were gathered and, based on title and, when necessary, abstract reading, were excluded from this group the repetitions, those which concerned other fields like medicine, nursing, and the like, those which made no reference to curricular internships in dentistry, and those which made no reference to the Brazilian reality. This resulted in 22 articles. Besides, another seven articles were included<sup>18-</sup>

<sup>24</sup>, which were not detected in the two search strategies in BVS, but were familiar to the authors and with evident adhesion to the subject of this study, adding up to 29 works in the final selection. All these articles were fully read and analyzed. Therefore, articles that referred to internships at SUS, in a broad sense, were included.

To the articles were added the final reports from the 8<sup>th</sup> National Health Conference (CNS), the National Conference of Human Resources for Health (CNRHS), and from the three oral health national conferences which took place in Brazil.

The material was analyzed in conformity to the method of content analysis, in thematic modality<sup>25</sup>, carrying out of the exploration of the material included in review, the selection and organization of data, and the interpretation.

## 3 RESULTS

Qualitative approaches of the kind account of experience largely prevailed in the analyzed articles, approaching curricular innovations or experiences in health units, and students self-evaluation, but different statistical analyses were also employed in four articles<sup>8,26-28</sup>. In only five of the 29 articles there was any mention to some national health conference (CNS). One referred to the 8<sup>th</sup> CNS<sup>28</sup>; another mentioned the thematic conference of human resources<sup>8</sup>; a third one mentioned the thematic conference of oral health<sup>29</sup>; and the fourth one referred the conferences and councils as institutions that enable the constitutional precept of "community participation" at SUS<sup>23</sup>. In only one article, however, a proposition originated in a health conference, specific on internships, was mentioned and used as reference to endeavor the results discussion, by referring to the need of making agreements "between training institutions and the oral

health care services as an opportunity of bringing closer together students from the assistant models and the social reality of the population”<sup>21</sup>.

The positive aspects which received more mentions were the diversification of the teaching-learning settings; the knowledge about the operating conditions of the public health units and their multi-professional teams (the “live territory”), beyond the perceptions based on common sense; the concept of inter-professional work (core-field) and the contact with different professionals, fields and work processes at SUS; the comprehension’s deepening of the notion of social determination relative to the health-sickness process, and of the permanent education actions on health; the acknowledgement of the educative role of the internship’s experience in other participants, like preceptors and service users; the possibility of reflection on the work process on health and its technologies; the care networks and the development of communication and relational abilities; the effects of the counter-position of soft technologies implicated in the work process of health professionals in primary care to the hard technologies that strongly mark the clinical-surgical environment of the IHE as well as the private model of practice; the overcoming of the prejudice related to “working at SUS”; and what, generically, was expressed as “knowing the reality of the population and of services.”

The main negative aspects that emerged in the analysis were the difficulties of the SUS units’ teams, notably preceptors’, to receive and to process the interns’ demands; the acknowledgement of the health work complexity and the difficulties in understanding the ways of such complexity; the isolation of dentistry professionals relative to the others who make up the multi-professional teams;

distancing between supervising teachers and preceptors; devaluation of the preceptors’ roles in this field; persistence from the Institutions of Higher Education in compartmentalizing knowledge in isolated disciplines, with singular and specific spaces of learning, with strong theoretical and biological appeal, which do not yield adequate answers to contemporaneous training; resistance from faculty, students and professionals to take on the formative roles requested by the DCN and by the National Policy of Permanent Education (PNEP); dissatisfaction with institutional support, be it service or university; difficulties with transport and security support for students and teachers in their route to and permanence at the internships’ territories, which creates daily distress; the great importance of the attributions of supervising teachers (“counselors”), but the impoverishment due to the faculty non participation as a whole in such supervisions, often restricted to teachers of non-clinical disciplines, mainly the ones tied to collective oral health.

In the bulk of the analyzed articles, there was acknowledgement that the traditionally offered training corresponds to a teaching based “on the transmission of knowledge and on the development of psychomotor abilities, with focus on oral diseases and private clinics<sup>30</sup>” and that, relative to the internship, there is predominance of “a representation, shared by many managers and trainers” that, for a internship to take place, it is enough “the concomitant presence of a dentistry office, teeth and/or gums, a dentist in training and someone to supervise (namely, a dentist-professor, previously trained under the same model), operating structured knowledge,” “there being differentiation if such activity would take place, for example, inside the colleges, under institutional weight and closed off to the real world, or inside a Family Health Unity (*USF*),



inserted in a community context, with its teams of workers and its particularities”[8]. Such perspective matches “a proposal of professional practice centered, only, on restauration or preservation of bodies, since it does not recognize the political-social-psychological-cultural determinants of getting sick or, simply, it does not intend to fully act on them”<sup>31</sup>.

Among the purposes assigned to mandatory curricular internships, authors highlighted that “experience in the practice settings [...] provides opportunity for a training with critical capability able to generate reflections on challenges, advances and fragilities of the oral health policy in the SUS context. As the student is inserted in the public health services, it is important that their actions and activities may potentialize, may enlarge the ones that are already executed by the services, seeking integrality and humanization of care in oral health<sup>32</sup>, because students “have the opportunity of directly experiencing [...] the frequently hard and cruel reality in which are inserted the families assisted by the program. The experience of this reality marks the student and their academic education, making them understand that the acquisition of these desirable characteristics must extrapolate the physical environment of their university”<sup>28</sup>. Authors yet mentioned that “when extramural activities take place, with participation of students from other health programs, team spirit and capability of information exchange with different individuals cause a more humanized full care of the patient and reinforce what is said by the National Curricular Guidelines (DCN)”<sup>33</sup>, and that what should be done is “to give opportunity to the practice’s insertion since the beginning of the course”<sup>21</sup>.

However, notwithstanding the record of experiences evaluated as successful, in the vast majority of the articles there was

acknowledgement that “the concrete distancing persists between contents and approaches of the health undergraduate degree and the work processes at SUS”<sup>34</sup>.

#### 4 DISCUSSION

It is possible to analyze the collected studies in this review in light of the DCN-Dentistry and of the propositions approved in health conferences, asking if the curricular internship is providing the student the professional profile established by them. But it may be useful to question, too, if beyond that the internship is inducing the changes considered desirable in the health services which receive interns.

One significant aspect emerging from the analyzed material concerns the obligatoriness of the curricular internship. In most situations, the obligatoriness that the DCN-Dentistry refers to is “imprisoned” in the Pedagogical Project as corresponding to one or more “obligatory disciplines”.

It is not well established, however, a consensus about the structuring role of the internships in the Pedagogical Projects, impacting externally but also internally each program, and about the set of criteria that allows the qualitative evaluation of the curricular internships, since this expression usually encompass qualitatively distinct activities in several programs, leading to the idea, consolidated, that “any internship counts” and that “any customer service activity” could be included in the category of internship<sup>18</sup>. Notwithstanding, the analyzed articles converge in relation to the importance, largely acknowledged, of the DCN-Dentistry with regards to the counseling to be given to the supervised curricular internship.

A logical-ideal model to operate as image-objective of curricular internships, in the DCN-

Dentistry perspective, was developed by Fonsêca et al. from the review of abstracts and articles published by the *Revista da ABENO* (ABENO Journal) between 2003-2012<sup>35</sup>. Such models are effectively useful, be it to evaluate experiences, measuring the distance between the observed situation and the ideal one, be it for fixing a reference to signal where to go to, helping decision makers to articulate resources and to proceed the required mediations in each process.

The internship is comprehended, in short, as an activity developed to improve training quality and the focus is put, in all studies, on the students. Only secondarily occurred, in one article or another, some mention to what the internship must also mean to the bulk of the faculty.

“Graduates must show professional and interpersonal competences for a health practice that is set on the ethical and political stance, like communication capability, creativity, empathy, and above all the ability to articulate, in each singular moment that the health work presents, the technical excellence with the possibilities and singular wants of each user, both individually and collectively”<sup>34</sup>.

The internship contributes to improve the quality of services because it requires permanent education activities, impacting also, indirectly, the quality of health care. But in no study there was any mention to the role that internships can have as SUS structuring action. The implementation of internships requires planning, organization, and proper financing of the health units and of the system as a whole, including the non-assistant sectors, like Surveillance in Health and Health Promotion.

The city where the program is located must not be the only territory in which SUS receives interns, because this option restricts, impoverishes, and is improper to the purpose,

since it concentrates interns in a municipality at the expense of others. The more municipalities welcome interns, the better, because the diversity of experience is, thus, enlarged. The multiplicity of reports derived from these different experiences provides theoretical enrichment from possibilities and impossibilities brought on by the students.

In the evaluations that incorporated teachers as research subjects, it was observed that they perceive the internships as activities of some importance, but secondary, only complementary to what is taught/learned in the clinical-surgical disciplines. Anyway, as something unrelated to them in academic terms, because they would be attribution of the “social” disciplines, the non-clinical ones. They face these pedagogical activities as if thinking that “this is important, someone must do it, but not me.”

All reported activities in the articles refer to the students and to the health units’ teams or SUS users; no article mentioned activities directed to within the program, involving the bulk of the IHE teachers.

It is relevant, in this aspect, to consider the opportunity of tying the undergraduate final project (TCC) to the curricular internships as a strategy aiming for the integration of disciplinary subjects and, going beyond this important role, the involvement of the bulk of teachers in these activities. TCC with such characteristics in their elaborative process may constitute, too, in an useful pedagogical resource in facing the distortion represented by the bias toward premature specialization and overvaluation of clinical-surgical disciplines.

The matter of fragmentation and isolation of disciplines emerged as a problem which requires understanding and creation of different possibilities of solutions. There was mention to the already classic example of the importance of

disciplinary subjects' integration, regarding Ethics. Though the themes which pertain to it are approached in specific discipline, separately or along with Deontology, there is acknowledgement that ethics is taught-learned-practiced in all disciplines, since it must permeate all the training program and the program's pedagogical project itself. Likewise, the aspects that are pertinent to the expression "humanistic training of the health professional", which are not reduced to be the object of one or another discipline, taken in isolation.

## 5 FINAL CONSIDERATIONS

Dental programs that aspire to be innovators and protagonists of change must ascribe a differentiated role to the internship, valuing its potential of aggregating elements which, together, stand for the core of dental training articulated with SUS.

In order to reach this appreciation, it is fundamental that the internship be the object of participative pedagogical planning, get resources and be organized, executed, and evaluated as the important strategic device that it is to, effectively, constitute field of articulation of the several knowledges, abilities, and attitudes present in the basic, social, and human sciences, in the clinical abilities, in the citizenly building of the collective oral health, in the inter-professional work, in the respect to the community and its needs.

The participative planning is an essential requirement for the curricular internship to perform the strategic role that is expected from it in the teaching-learning process. This means to acknowledge as fundamental the involvement and permanent participation not only of teachers and students, but, especially, of health professionals and community leaderships tied to the Health Units, above all in primary care.

The entirety of the health system must be taken as the sphere of the curricular internship, but

the Health Units of the primary network are the internship's privileged setting, because in them this strategic pedagogical device can be fully developed, compatible with the struggle for "universal, quality, equal, and public oral health."

## RESUMO

### **Estágio curricular obrigatório no Sistema Único de Saúde: saber aonde ir, para não ser levado a qualquer lugar**

O estágio curricular obrigatório configura-se, simultaneamente, como dispositivo pedagógico e desafio permanente para os cursos de Odontologia, tendo em vista seu papel estratégico na articulação do processo formativo com o Sistema Único de Saúde (SUS). O presente artigo é uma revisão integrativa sobre o tema, constituída a partir de 29 artigos cujo objetivo foi criar uma interpretação ampliada desses estudos. Os aspectos positivos mais mencionados relacionaram-se às características do processo de trabalho vivenciado nas unidades de saúde enfatizando a utilização de tecnologias leves, tradicionalmente ausentes no ambiente clínico-cirúrgico nas disciplinas tradicionais. Quanto aos pontos negativos, além das limitações institucionais, emergiram a dificuldade dos professores/preceptores no acompanhamento dos estagiários e o distanciamento dos dentistas das interações nas equipes multiprofissionais. Infere-se da análise empreendida que ainda não existe um consenso acerca da função estruturante dos estágios nos Projetos Pedagógicos, sendo compreendidos, essencialmente, como atividades desenvolvidas para melhorar a qualidade da formação, com foco exclusivamente nos discentes. Cursos de Odontologia que buscam ser inovadores e protagonistas de mudanças devem imputar ao estágio um papel diferenciado, valorizando seu potencial agregador de elementos que, conjuntamente, significam o núcleo central da formação em Odontologia articulada ao SUS. Para essa valorização, é fundamental que haja permanente envolvimento e participação dos docentes, estudantes e, especialmente, profissionais de saúde e comunidade vinculados



às Unidades de Saúde, cenário privilegiado do estágio, nas quais esse dispositivo pedagógico poderia ser desenvolvido de forma plena e compatível com a luta por saúde bucal universal, de qualidade, equânime e pública.

**Descritores:** Apoio ao Desenvolvimento de Recursos Humanos. Sistema Único de Saúde. Odontologia. Saúde Bucal. Currículo.

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