

# Teaching-service integration: perception of workers and users of Basic Health Units in the city of São Paulo

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## ABSTRACT

The aim of the present study was to know the perception of workers in Basic Health Units (managers, preceptors and non-preceptors) and service users, regarding the development of teaching activities integrated to the service network of the Municipal Health Secretariat of São Paulo. This is an analytical study with a qualitative approach. Forty-five interviews were carried out and the data, worked in a qualitative typology, theoretical-methodological approach of Bardin's Content Analysis, Thematic Analysis modality. From the analysis of each guiding core, the results presented emerging categories for each group: managers – they recognized the participation of workers in the planning and execution of activities and their positive aspects, planning for student insertion into the unit's routine and diversity of impact assessment of teaching activities on productivity; preceptors – they recognized multiple activities and their contributions, good relationship between educational institution and health unit, and the importance of early insertion of the student in the practice setting; non preceptors – they recognized contributions of activities to the work process and their importance in professional training; users – divergence of knowledge about teaching activities, perception of improvement in the quality of care and importance for student training. It was possible to conclude that the recognition of the transformations that teaching activities have brought to the units is unanimous. The activities, jointly planned, contributed to the improvement of health care and to the strengthening of the Unified Health System and the relationship between Higher Education Institutions and health services.

**Descriptors:** Unified Health System. Health Services. Primary Health Care. Health Personnel. Teaching Care Integration Services.

## 1 INTRODUCTION

From the promulgation of the Federal Constitution (1988), the health – social right<sup>1</sup>, "fundamental of the human being"<sup>2</sup> – becomes "everyone's right and the State's duty"<sup>1</sup>: a conquest for a large part of the Brazilian population that did not have access to health services. It constitutes an unified system, with public health actions and services, integrating a regionalized and hierarchical network<sup>1</sup>.

Universal health systems, such as the Unified Health System (SUS), "face challenges related to quantitative aspects and the distribution and retention of professionals, as well as qualitative ones, both related to professional training"<sup>3</sup>. According to the Statistical Synopsis of Higher Education 2018<sup>4</sup>, 1.199 Higher Education Institutions (HEIs) in the country offer 5.647 undergraduate courses in health and wellness. Central and decisive in the implementation and consolidation<sup>5</sup> of the SUS, is the Health Workforce in Brazil, composed, in the year 2011, of about 2 million workers<sup>6</sup>, being the SUS network the main employer in the country<sup>7</sup> (52% of nurses, 44% of doctors, 27% of dental surgeons<sup>7,8</sup>, 11% of pharmacists and 10% of psychologists)<sup>7</sup>.

With the mission to order the training of human resources for health care<sup>1</sup>, there was a political demand caused by SUS to replace the disease-oriented teaching model in place until then by a more humanistic, health-oriented one, with a comprehensive care model ordered from Primary Health Care (PHC)<sup>7</sup>. Considering the public and universal nature of the SUS, there is a need for the implementation of policies that guarantee access to quality health actions, making it essential to address the issue of human resources. One of the challenges to be overcome is to adopt actions, policies and programs capable of promoting interaction between HEIs – public and private – and public health services, so that

workers in training incorporate the values and competencies of the healthcare model<sup>9</sup>.

In order to promote the reorientation of professional training, the Ministry of Health (MS) – through the Secretariat of Work and Health Education Management (SGTES), created in 2003<sup>10</sup>, and its Department of Health Education Management (DEGES), which seeks to integrate the health and education sectors to strengthen educational institutions in the interest of SUS and adapt professional training to health needs<sup>11</sup> – in partnership with the Secretariat of Higher Education (SESu) and the National Institute of Educational Studies and Research Anísio Teixeira (INEP), of the Ministry of Education (MEC) – and with the support of the Pan-American Health Organization (PAHO), established the National Program for the Reorientation of Professional Training in Health (Pró-Saúde)<sup>12</sup>. Launched in 2005<sup>13</sup>, the undergraduate courses of the professions that integrate the Family Health Strategy (ESF) were initially contemplated: Nursing, Medicine and Dentistry – 89 courses<sup>14</sup>. In 2007<sup>15</sup>, the program was expanded to other undergraduate courses in the health area – 359 courses<sup>14</sup>, with an impact on approximately 97 thousand students from the 14 areas involved<sup>11</sup>.

The monitoring and evaluation of Pró-Saúde, identifying advances and challenges, led to the creation of the Education Program for Work in Health (PET-Saúde)<sup>14,16,17</sup>, which offers scholarships for the HEIs professor, for the undergraduate student and for the service worker<sup>18</sup>. The program made use of complementary strategies, "focused on practice settings and on the teaching-learning process that takes place in the service network, in a relationship that involves the teacher, the student, the service's health team, and the SUS users"<sup>14</sup>.

Haddad et al. (2006)<sup>19</sup> consider teaching settings essential for the development of the

graduate profile with competence to work in the SUS. "It is in the world of work, in contact with reality, that students' greatest educational experiences are expected to take place"<sup>19</sup>. The teaching-service articulation between HEI and public health services, with human resources training, knowledge production, and service provision, enhances responses to the health needs of the population, contributing to the strengthening of SUS<sup>12</sup>.

The city of São Paulo concentrates the largest number of undergraduate courses and health workers in the country, with a complex network of services; and participates in important induction policies for the reorientation of training and professional qualification created in the last decade. Primary Health Care was constituted as one of the priorities of the Municipal Health Secretariat of São Paulo (SMS-SP) in the 2013-2016 administration and, for its strengthening, it underwent a restructuring process articulated to the Health Care Network in the perspective of comprehensive care. Knowing the perception of workers and users of health services is fundamental to identify potentialities and also possible weaknesses of programs such as Pró-Saúde, PET-Saúde, as well as mandatory internship, being able to contribute both to training since graduation, as well as to the municipal health management and with the strengthening of the SUS health education management policy.

Considering the relevance of teaching-service integration, the present study aimed to know the perception of Basic Health Units managers, health workers who acted as preceptors, health workers who did not act as preceptors and users of health services, regarding the development of undergraduate teaching activities integrated to the SUS service network of the Municipal Health Secretariat of São Paulo.

## 2 METHODS

This is an analytical study with a qualitative approach, which integrates the project entitled: "Analysis of the profile of the workforce and the national health education management policy regarding its stage of implementation in the health services network under management of the Municipal Health Secretariat", approved in the "Call MCTI/CNPq/MS – SCTIE – Decit n° 08/2013 – Research on permanent education for SUS and sizing of the health workforce" (CNPq Process n. 401449/2013-0)<sup>5</sup>. The Research Protocol was approved by the Research Ethics Committees (CEP) of the Faculty of Dentistry of the University of São Paulo (FOUSP) – (CAAE 32909014.8.0000.0075), of the Federal University of São Paulo (UNIFESP/São Paulo Hospital) – (CAAE 32909014.8.3001.5505) and the Municipal Health Secretariat of São Paulo (SMS/SP) – (CAAE 32909014.8.3002.0086).

The territorial distribution and modality of care were used as selection criteria for health services, considering the 6 Regional Health Coordinations (CRS) of the SMS-SP – Center, West, East, North, Southeast and South, including, for each CRS, 2 Basic Health Units (UBS): 1 UBS that had teaching activities and 1 UBS that did not have them; only 1 CRS (North) was represented by 3 UBS, totaling: 7 UBS with teaching activities and 6 UBS without teaching activities. The sample population was composed of the research participants to be interviewed.

The semi-structured interview was used as a data production instrument. A minimum of 10 interviews with each group of research participants was preliminarily defined: UBS managers, health workers who acted as preceptors, health workers who did not act as preceptors and users of health services. The research proposal was initially presented and discussed together or individually with the participants, who were informed about the study and could agree to participate, by means of

an Informed Consent Form. Then, 45 interviews were carried out in person to know the perception of the research participants about the development of teaching activities integrated to health care: 13 managers (M), 8 preceptor health workers (PHW), 12 non-preceptor health workers (NPHW), and 12 users (U). All interviews were recorded and later transcribed.

The data produced were analyzed in a qualitative typology, with the theoretical-methodological approach of Bardin's Content Analysis, in its Thematic Analysis modality. Following the steps recommended by Minayo (2006)<sup>20</sup>, the material was worked in 3 stages: pre-analysis, with the floating reading of the material and determination of the record units (UR) and context units (UC); exploration of the material, in which the categories (significant

expressions or words) were sought according to which the contents of the speeches were organized; and treatment of the results obtained according to the belief in the significance of regularity, with the purpose of situating in context the information obtained and, then, the interpretation of the results proposed inferences and interrelationship with the theoretical framework designed.

### 3 RESULTS AND DISCUSSION

The results of the analysis will be presented below, accompanied by the discussion, for each group of interviewed participants. Charts 1 to 4 present the emerging categories from the analysis of each guiding core for managers, preceptor workers, non-preceptor workers and users, respectively.

Chart 1. Categories identified by guiding core for managers

GUIDING CORES	CATEGORIES
1. Perception of managers about the planning and characterization of teaching activities;	Recognition of the participation of the unit's workers in the execution of teaching activities Recognition of carrying out joint planning of activities Internal planning of the unit for the reception of students Insertion of the student into the UBS routine Recognition of a diversity of teaching activities
2. Perception of managers about the relationship between teaching activities and the work process/daily in the unit.	Strong recognition of positive aspects of the teaching activity within the unit Identification of difficulties in carrying out teaching activities in the unit Diversity of assessment of the impact of teaching activities on the unit's productivity goals Identification of needs for the development of teaching activities in the units

The managers participating in the study recognized the participation of workers in the joint planning and execution of teaching activities; and the involvement of the community in planning:

*(...) because the unit's way of planning begins first with meetings in the community (...) the way the University is inserted in the unit is not through a University project, but it is a common*

*project with the unit. (M5)*

There was perception of internal planning of the unit by the managers, with the adequacy of health workers, previous preparation of the teams, adequacy of schedules, of space and definition of routine. As part of the planning of the activities, the insertion of the student in the UBS routine, related to the idea of maintenance of care and not cancellation due to his presence:

*(...) we insert the trainee in our activities, so I'm not going to cancel a schedule (...)*  
(M8)

Health education activities were developed in the units: groups, health promotion activities, vaccine, tuberculosis and leukemia campaigns, educational meetings in partnership with schools, corroborating a study<sup>21</sup> that reported that health promotion and diseases prevention actions, generally infrequent during undergraduate training, could be developed by students. Activities that make up the scope of responsibilities of Primary Health Care were also developed: active search, conducting consultations and home visits, visit to the territory, as well as case discussions in the team, according to a study<sup>21</sup> in which it was mentioned, in addition to educational activities, the possibility of inserting students also in assistance activities, suggesting actions in clinical procedures. And health management/administration activities were also carried out: participation in meetings, projects, territory mapping, situational diagnosis, monitoring of activities in partnership with other health equipments, as well as joint intervention planning:

*Many activities (...) they participate in consultations, groups (...), the vaccine campaign, tuberculosis campaign, leukemia campaign, they participate in everything we do in the unit (M1)*  
*(...) they did a whole mapping of the*

*coverage area (...) they were identifying difficulties and problems with proposals to create intervention projects, the students, together with the professionals (...)* (M9)

Regarding the strengthening of the SUS, managers recognized positive aspects related to the renewal of the work process, the improvement in the quality of care and the stimulus to new care practices, in line with study<sup>22</sup> in which participants reported that the teaching-service integration was condition that enabled the exchange and complementation of the activities developed, being considered an advance in professional training, according to the needs of the service and incorporating new health care practices:

*(...) it is positive because the teams, the nurses, the doctors involved began to have a different view of the intervention process and not just of that immediate care or just routine complaint. To see the area, the territory as a whole. (M9)*

Regarding the strengthening of the articulation between the academy and the practice setting, the potential of teaching activities for the promotion of permanent/continued education was recognized by the managers:

*(...) the biggest positive point is the exchange of knowledge (...) it's what I think most makes us maintain the whole program and manage to reconcile this whole staff of trainees with the professionals. (M6)*

As for the difficulties, the ones related to the structure of the unit were mentioned by the managers: limitation of the physical space which, according to a study by Sanseverino et al. (2017)<sup>21</sup>, when too small, is not able to receive students. And as for the difficulties related to workers and users: resistance of users to being

cared for by students, according to a study by Vendruscolo et al. (2016)<sup>23</sup> and resistance of workers, regarding the insertion of students, according to Marin et al. (2013)<sup>22</sup>. Countering the resistance of the student's presence, the study by Vendruscolo et al. (2016)<sup>23</sup> pointed out benefits if the work developed by the student represented "'a bonus' in user care, or a device for the permanent education of professionals":

*(...) I think that our greatest limitation, in this unit, even with all everyone's effort, is the physical space. (M1)*

*(...) some users, they don't like it very much, who think they are being assisted by a professional who doesn't have so much knowledge. (M8)*

It was reported by the managers that the teaching activities caused decreased productivity in the unit. It was also mentioned about no decrease in productivity and, corroborating the study by Sanseverino et al. (2017)<sup>21</sup>, in which "the interviewees reported that the students' work could increment the supply of the service, with an increase in the number of services offered to the population", an increased productivity with teaching activities was affirmed.

The managers participating in the study highlighted needs related to the unit's structure, such as reorganization of the scheduling of appointments and procedures, as well as physical space and adequate infrastructure for teaching. As needs related to workers and users: importance of the profile of the multiprofessional team for preceptorship, need for clarification to users about teaching activities, as well as clarification and involvement of team workers in the activities. And as for the needs related to the articulation of the academy with the practice setting: presence of counterparts for the unit and guarantee of continuity of teaching and research activities:

*(...) the population does not stop being*

*assisted because of this... not this, because these patients, they were rescheduled in other spaces and we had the vision of not harming the user because of the project. (M12)*

*(...) I feel calm about inserting trainees in that team, because I know that all the professionals who are there have the profile for this (...) (M6)*

All the preceptors participating in the study reported on the teaching activities developed in the unit: regarding health education activities, those related to research, preparation of scientific papers and research projects were mentioned; and regarding health care activities, those related to education and organization of events for the community, monitoring home visits and groups, consultations, health promotion practices and user embracement were mentioned. These results agree with a study<sup>24</sup> in which the preceptors believed that the presence of the student would potentialize the unit's actions by diversifying practices and the need for the production of health care based on the territory was also highlighted:

*Some students end up getting to know the unit and choose to make their TCC of the unit's themes (...) (PHW1)*

*The students participate in all the activities that take place in the unit, from individual care to participation in groups, or in specific sectors of the unit (PHW2)*

The preceptors recognized the participation of teachers/tutors in the activities, as well as in the planning of teaching activities, which reinforces their recognition of the proximity of the HEI to the unit, corroborating the study<sup>24</sup> in which preceptors highlighted the importance of the approximation of the academy with the service and of joint planning and evaluation, respecting the demands of the

service.

The preceptors assume the protagonism in the training process of the future professional<sup>24</sup> and the learning process can be influenced by the "preceptor – learner" relationship in behavior, posture and knowledge construction<sup>25</sup>. The study participants identified multiple activities performed by the preceptorship, among them activities of scientific guidance, learning assessment and practical teaching in health.

The preceptors participating in the study recognized the contributions of teaching activities in the unit's daily work as associated with the strengthening of the SUS and the articulation between the academy and the practice setting. They understood the teaching-service-community partnership as advantageous, pointing out the possibility of reflection and change in practices<sup>26</sup>. As a contribution to the strengthening of the SUS, the preceptors pointed to improvement in the quality of care, reinforcement of the evaluation and renewal of the work processes in the unit, adequate use of the PHC network, encouragement of new care practices and government funding. Regarding the strengthening of the articulation between the academy and the practice setting: stimulus to permanent<sup>24</sup>/continued education; involvement of other professionals in the unit; development of the preceptorship activity and the possibility of its valorization with the program's scholarship; increase in the exchange of knowledge; growth for the institutions involved and incorporation of the projects by the unit.

The insertion of students in practice settings calls them to a differentiated posture, due to the complexity of health care, which requires, besides technical-scientific knowledge, an "affective mobilization" in the face of the most diverse realities, often marked

by poverty, violence and vulnerability<sup>26</sup>. Such an approach to the PHC services since the first grades of the undergraduate course enables a differentiated trajectory in their training<sup>22</sup>, adding a reflective practical sense to the theoretical knowledge, expanding the student's preparation for practice in the different settings of the SUS<sup>27,28</sup>. The preceptors in our study recognized the importance of the early insertion of the student into the practice setting – "the need to welcome the student into the field"<sup>24</sup>, mentioning that this early insertion improves professional training, since it contributes to learning and understanding about the SUS, besides stimulating multiprofessional work and influencing the choice of specialty within Primary Health Care.

*So, for sure, he (the student) will already be a differentiated professional (...)*

*(PHW2)*

*(...) the multidisciplinary you don't teach, you have to live it in practice (...)*

*(PHW4)*

The difficulties highlighted by the preceptors referred mainly to the student's lack of time to dedicate to the activities; the performance of activities at other times of the unit's operation; the preceptor's overload; the absence of time for preceptorship; the breaking of the bond with the replacement of students; the resistance of the unit's workers; the lack of appreciation of the preceptor; the discontinuity of the projects and the inadequate physical area.

Needs were identified for the development of teaching activities, related to the identification of the profile for preceptorship, review of the selection process of the program's members, counterpart of the HEIs related to the offer of postgraduate studies and better planning of the student's insertion schedule in the unit.

Chart 2. Categories identified by guiding core for preceptor workers

<b>GUIDING CORES</b>	<b>CATEGORIES</b>
1. Knowledge of the preceptor worker about the development of teaching activities in the unit;	Strong recognition of the multiplicity of teaching activities developed in the unit Identification of a good relationship between the educational institution and the health unit in the development of the activities Identification of multiple activities performed by the preceptorship
2. Perception of the preceptor worker about the importance of teaching activities in the daily work.	Full recognition of the contributions of the teaching activities in the unit Strong recognition of the importance of early insertion of the student into the practice setting Identification of difficulties of teaching activities in the unit Identification of needs for the development of teaching activities

Chart 3. Categories identified by guiding core for non-preceptor workers

<b>GUIDING CORES</b>	<b>CATEGORIES</b>
1. Perception of non-preceptor workers on the importance of teaching activities in their daily work;	Strong recognition of contributions of teaching activities to the unit's work process Positive perception of the importance of teaching activities in professional training Identification of difficulties in the development of teaching activities in the unit Perception of negative impact of teaching activities on the unit's work process
2. Knowledge of the non-preceptor worker about the development of teaching activities in the units with the Pró-PET-Saúde programs and mandatory internship.	Good knowledge of the teaching activities developed in the unit Clear participation of the non-preceptor worker in the teaching activities of the unit Knowledge of the non-preceptor worker about the planning of teaching activities

Non-preceptor workers (NPHW) to the unit's work process. Regarding the recognized contributions of teaching activities strengthening of the SUS, they highlighted the

strengthening of comprehensive care, the bond with users, expansion and improvement in the quality of care practices and renewal of the work process, in line with study<sup>29</sup> in which the bond with the user proved to be important in the teaching-learning process, enabling listening, identifying needs and seeking solutions. Regarding the strengthening of the articulation between the academy and the practice setting, they pointed out as a contribution the students' assistance in the activities, as well as the potentiality of the teaching activities for the promotion of permanent/continued education and for the development of researches and scientific studies with the unit's workers.

There was a positive perception of the importance of teaching activities in professional training, referred to as training in health care, health education and health management. As for health care, the group highlighted the strengthening of comprehensive care, the preparation for the future professional practice, the greater contact with the patient and the knowledge of territorial practices. As for health education, the group pointed to the strengthening of the identity and professional choice process and the experience with the demands of professional training to work in the SUS. And as for health management, the expansion of the student's knowledge about the work in Public Health, the knowledge of the ESF and the various equipment of the Care Network:

*(...) the student also goes realizing that he is going to compose a whole, that the health is complex, composed by a diversity of views. (NPHW2)*

Difficulties related to the unit's structure were pointed out, such as limited physical space and crowded scheduling, and also related to the

team's workers, due to the rigidity of some of them and the absence of workload for preceptorship. And some NPHW realized negative impact of teaching activities on the work process, pointing to decreased productivity, segregation among workers, overload of workers and increased consultation time.

The NPHW affirmed to have good knowledge about the planning of teaching activities, which were classified into activities: of health care, of health management and of health education. As health care activities, the following were highlighted: follow-up with community health agents; home visits; outpatient care; medication administration; multiprofessional care; actions in the territory; and group care. The initial clarification meetings about the program and insertion in the unit and the knowledge about the operation of the UBS were pointed out by the group as health management activities. As health education activities, the following emerged: continued education activities; development of reports and scientific papers about the program and the activities developed; and participation in multiprofessional team meetings.

The NPHW reported participating with students in team meetings and acting as support to the preceptor's work, in activities of territory recognition and home visits, according to study<sup>24</sup> in which the preceptors reported the importance of joint actions with other team members, favoring the creation of spaces for dialogue, strengthening actions that were already being developed:

*(...) many times the preceptor cannot be in a certain activity and then I go in coverage, to accompany the students, to do territory with the students. (NPHW3)*

Chart 4. Categories identified by guiding core for users

GUIDING CORES	CATEGORIES
1. Knowledge of the users about the teaching activities in the UBS;	Divergence of knowledge about the teaching activities in the UBS
2. Influence of teaching activities on the quality of care provided;	Strong perception of improved quality of care through teaching activities
3. Importance of teaching activities in the UBS for professional training.	Full recognition of the importance of the activities developed in the UBS for the professional training of the students

The group of users participating in the study revealed a divergence of knowledge about the teaching activities developed:

*Not that I know what happens. I see the girls out there walking around in the neighborhoods. I don't know if they are students (...) they walk around the houses, come to do researches, to find out how we are. Very good service. (U1)*

The users pointed out that the activities contributed to health education, to permanent education, referring to more attention to cases with the presence of students, as well as improvement of some specific services in the unit:

*Yes, [the presence of students can help in the quality of care]. (U4)*

Regarding the professional training of the students, the group highlighted: importance of learning with workers in practice; specialization in a professional area; contact with reality; contribution to a training committed to the human being; contribution to the training of an ethical and humanized professional; and need for preparation and monitoring of learning in the practice setting:

*I think it's very important the student to be among the population, really seeing the need of each patient (U7)*

#### 4 CONCLUSIONS

The analysis of the interviews allows to identify the perceptions of actors from the core of

the health services regarding the relationship of the presence of formative educational activities with the permanent education and with the work process in the Basic Health Units.

The study participants recognize the transformations that teaching activities have brought to the units and their importance in the professional training of the students.

The activities, jointly planned, contribute to the improvement of health care and to the strengthening of the Unified Health System and the relationship between Higher Education Institutions and health services.

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#### RESUMO

##### **Integração ensino-serviço: percepção de trabalhadores e usuários de Unidades Básicas de Saúde do município de São Paulo**

O objetivo do presente estudo foi conhecer a percepção de trabalhadores de Unidades Básicas de Saúde (gerentes, preceptores e não preceptores) e de usuários dos serviços, com

relação ao desenvolvimento de atividades de ensino integradas à rede de serviços da Secretaria Municipal da Saúde de São Paulo. Trata-se de estudo analítico com abordagem qualitativa. Foram realizadas 45 entrevistas e os dados, trabalhados na tipologia qualitativa, abordagem teórico-metodológica da Análise do Conteúdo de Bardin, modalidade de Análise Temática. A partir da análise de cada núcleo direcionador, os resultados apresentaram categorias emergentes para cada grupo: gerentes – reconheceram participação dos trabalhadores no planejamento e execução de atividades e seus aspectos positivos, planejamento para inserção do estudante na rotina da unidade e diversidade de avaliação do impacto das atividades de ensino na produtividade; preceptores – reconheceram múltiplas atividades e suas contribuições, boa relação entre instituição de ensino e unidade de saúde e importância da inserção precoce do estudante no cenário de prática; não preceptores – reconheceram contribuições das atividades para o processo de trabalho e sua importância na formação profissional; usuários – divergência de conhecimento sobre atividades de ensino, percepção de melhoria da qualidade da assistência e importância para a formação dos estudantes. Foi possível concluir que o reconhecimento das transformações que as atividades de ensino têm trazido para as unidades é unânime. As atividades, planejadas em conjunto, contribuíram para a melhoria da atenção à saúde e para o fortalecimento do Sistema Único de Saúde e da relação entre Instituições de Educação Superior e serviços de saúde.

**Descritores:** Sistema Único de Saúde. Serviços de Saúde. Atenção Primária à Saúde. Pessoal de Saúde. Serviços de Integração Docente-Assistencial.

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