Experiences and internships in the reality of the Unified Health System in Dentistry education: an experience report

Francenilde Silva de Sousa*; Jessyara Brian dos Santos Rêgo**

* Graduate, Dentistry Course, Federal University of Maranhão
** Graduate, Dentistry Course, Federal University of Piauí

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ABSTRACT

Knowledge of how the Brazilian public health system works in theory and practice should be disseminated to students during their graduation. In Dentistry, the Flexnerian model influenced the training of undergraduates for decades. However, the need for training focused on the Unified Health System and the dentist's generalist profile was reiterated after revisions to the National Curriculum Guidelines for the course. Thus, this study aims to report experiences and internships in the reality of the Unified Health System and their contributions to Dentistry education, aligned with the National Curriculum Guidelines of the course. The report reveals the uncomfortable awakening in Dentistry education focused only on clinic or office work, and the interdisciplinary experiences provide the adoption of skills that will contribute to future dentists. Thus, there is significant cooperation for forming strategic subjects in the care and management of the Brazilian public health system, as per the expected profile for Dentistry graduates.

Descriptors: Health Education. Education, Dental. Public Health

1 INTRODUCTION

The 1988 Brazilian Federal Constitution established health as everyone's right and duty of the State[1]. This right was further clarified with the Organic Health Laws N° 8.080 and 8.142 of 1990. Then, the Unified Health System (SUS) started to be regulated[2,3].

The SUS aims to identify and disseminate social determinants of health, create health policies, and assist people through prevention, promotion, and health recovery actions. It guarantees universal access, with comprehensiveness and equity from primary to tertiary care, and is managed considering the involvement and feedback of managers, professionals, and users[2,3].

Thus, health students should learn how the Brazilian public health system works in theory and practice[4] during their training. Idealizing that the scholars could know the possible scenarios that underpin the SUS, the Ministry of Health, together with the Rede Unida, the Collaborative

Health Government Network, the National Union of Students (UNE), the National Council of Health Secretaries (CONASS), and the National Council of Municipal Health Secretariats (CONASEMS) formulated a project that aimed to introduce scholars into the reality of the SUS[5].

The pilot of this project was called Summer School and offered by the Public Health School of Rio Grande do Sul. It was later expanded to other higher education institutions (IES) throughout Brazil to promote debate in discussions on social issues, management, and health care, called experiences and internships in the reality of the SUS, the VER-SUS[5].

The need to implement the project arose from the analysis of excessive courses specialization, substandard humanized care, lack of knowledge about health management and administration, and many failures in the exercise of interdisciplinary teams[6-8]. The revisions to the National Curriculum Guidelines (DCN) have already been a significant advance, allowing flexibility in formulating pedagogical projects for adjustments in the list of specialist and generalist professionals, without reducing training quality[6,9].

In Dentistry, the Flexnerian model influenced the education of undergraduates for decades[10], with the enhancement of clinical practices[11], individual dental care[12], specialized care, and the private market[13]. The Dentistry course's DCN were reviewed in 2021. They reiterated the need for a dental surgeon's generalist profile, with training based on the social, cultural, economic, and environmental context of the community where the institution operates, health care, decision-making, communication, leadership, management, and continuing education as competencies of future dentists[14,15]. Given this setting, this study aims to report the experiences and internships in the reality of the SUS and their contributions to Dentistry training, aligned with the course's DCN.

2 EXPERIENCE REPORT

The experience report results from two theoretical and practical immersions of experiences carried out in Bacabal, a municipality in the state of Maranhão. The selection was divided into two stages: a questionnaire on social, economic, and demographic issues and a letter of intent, in which candidates should explain the reasons why they would like to participate in the project.

The interested party should register and answer the questionnaire through a VER-SUS website (http://www.otics.org/estacoes-de-observacao/versus) and, subsequently, follow the instructions of the notice also available on the website. The only prerequisite to submit to the selection was to be enrolled in at least the third period of their course, supported by academic records. Immersion would last from 7 to 15 days, depending on the choice of each organizing committee. The Ministry of Health paid for accommodation, food, and transport for on-site visits.

The first edition of VER-SUS Bacabal was held over ten days, from January 4 to 13, 2016. Thirty-five participants were selected: 30 "experiencers", who were getting acquainted with the project for the first time and directly involved in all the activities, and five facilitators conducted the activities. The organizing committee consisted of seven students and a professor from the city's state higher education public institution (State University of Maranhão – UEMA, Bacabal campus). Nursing, Physical Education, Physiotherapy, Nutrition, Psychology, Social Work, Medicine, Public Health, and Dentistry were the courses covered and represented with at least one student.

The second edition occurred over eight days, from January 16 to 23, 2018. It consisted of 40 participants: 35 experiencers and five facilitators, besides six students and a professor from the organizing committee, all from the UEMA. There were also representatives from the most varied health courses to highlight the interdisciplinary character of immersion. Three students represented the Dentistry course in this edition: two experiencers and one facilitator.

The VER-SUS proposal involves debate among academics about new relationships and fields of action within the SUS, respecting each course's individual and collective particularities. They occurred in common in both editions and favored such debates: reception on the first day to create bonds and carry out agreements for good living; diversified activities (films/documentaries, reading of papers/reports, activities, on-site visits) developed during the morning and afternoon shifts; every night, meetings with facilitators and experiencers (plenary); and feedback on the last day for adjustments in future editions.

It is essential to point out that although there were visits to similar establishments in different editions, they were not repetitive because I lived this initiative as both an experiencer and a facilitator, with also different group composition, which made each edition *sui generis*.

Initially, an activity was carried out to discuss themes such as what is Collective Health and its knowledge cores, Primary Health Care (PHC) and its characteristics, Health Care Networks (RAS), referral and counter-referral, and interdisciplinarity, which was the starting point for better use of experiences and internships. According to Alberti (2014)[16], group activities positively impact the development of socio-affective and mental skills and competencies.

Health systems in other countries were also discussed based on a documentary that presented the experience of foreigners seeking health care. The debate occurred as similarities and distinctions between the systems and the SUS were pointed out. The experiences and internships were carried out at the three health care levels to discuss care; in the health planning and management center, allowing knowledge about leadership, decision-making, and the like; and in social spaces for a better understanding of Human and Social Sciences and application of public policies.

Experiences and internships in Primary Health Care

There were visits to Basic Health Units (UBS) to monitor Family Health teams (eSF). Conversation wheels and dialogues with professionals and users of the establishment allowed a good relationship between the teams' professionals and with NASF (Extended Family Health Center) professionals, while not being fixed in the respective UBS, besides humanized treatment.

Professionals explained the unit's operations and the organization of the enrolled families. Some commented about the lack of input materials, which hindered the service and affected the quality of care offered, and the fear of carrying out certain home visits due to their dangerous locations.

There were also discussions about how much learning improved performance through experiences, internships, and unit work itself (real) and was not far from purely theoretical classroom teaching (ideal). As discussed by Domingos et al. (2019)[17], internships contribute significantly to training, especially in Dentistry, due to the interdisciplinary practice's visualization, which enables the creation of health care concepts, humanization, autonomy,

and learning about the professional's future.

The information contrasting with the good functioning of the unit was similar to what has already been presented in other studies[18,19]. As for other information, the knowledge of professionals working in PHC[20–22] was noted through the perceived humanized care, under territorialization, the science of the action of social determinants in health, and preventive and longitudinal actions.

Experiences and internships in Secondary Health Care

Visits were made to several specialized care centers, and I was referred to the Dental Specialties Center (CEO). Complaints were similar to what has already been discussed in the literature[23,24]. The lack of instruments and materials, maintenance, and the counter-referral failure to respond to the PHC were criticized. This situation affects the user's treatment, resulting in underperforming therapeutic follow-up.

A current reference model for treating mental disorders[25], some Psychosocial Care Centers (CAPS) were also visited. At the CAPS AD (Psychosocial Care Center for Alcohol and Other Drugs), a center proposed for people with alcohol and other drug abuse/dependence, the professionals presented their daily life in their respective occupations and that of users, performing domestic activities, combination rules for socializing, leisure time, physical exercise, snacks, and mind-and-body stimulating dynamics.

From the users' stories, we noticed that the follow-up, besides medication, extends to their family members, which makes them feel satisfied with the quality of the services offered. According to Lacerda and Fuentes-Rojas (2017)[26], family involvement and performing activities preserve social ties and social reintegration.

The Specialized Reference Center for People Living on the Streets (POP center) was another place where there was notable satisfaction with the service provided in an integrated and efficient manner. Users of this service in Bacabal (MA) and those from the POP center in Fortaleza, another municipality in the Northeast region[27], were satisfied with the good quality of the professionals' services.

We also visited the Social Assistance Reference Center and the Specialized Social Assistance Reference Center, which, along with CAPS and the POP center, are not expected during the Dentistry course training. However, these environments consist of users, professionals, and managers who must be aware of the need for oral health care and work in these establishments for preventive activities, through lectures, fluoride application or the like, or interventions, either through care provided at HEIs, through partnerships in research or extension projects or by referring users to oral health teams to the PHC or CEO.

Experiences and internships in Tertiary Health Care

Represented by the only local hospital, the experiences and internships carried out in tertiary health care were hampered due to the short period for performing the activities, which resulted from a failure in the internal communication to identify who had received the documents and was aware of the hospital visit. While the physical space is larger than other healthcare facilities, this flaw could reflect the poor organization. Conversations were held with professionals, managers, and users from all sectors, except for the ICU. Daneliu (2019)[28] affirms that the health work process is based on the interrelationship, and per discussions of the perceptions of experiencers and facilitators

during plenary sessions, a shortage was identified in that hospital.

Experiences and internships in Health Management

There was a visit to the Municipal Health Secretariat, in which all professionals from the sectors were introduced along with operations and a demonstration of how planning and health management actions were carried out in the municipality. Moreover, a member of the health surveillance made a lecture with elucidations, such as the application of epidemiological data in selecting the proper use of financial resources and the possibility of a dental surgeon acting as a manager. The need for social control was emphasized, something historically little disseminated in the population[29]. It is noted that, as experienced, the literature points to recurring failures in health management education during graduation and beyond the Dentistry course[30,31].

Experiences and internships in Social Spaces

Visits were made to the landfill, spiritist center, Umbanda religious center, and quilombola areas. We discussed how much social spaces should be respected and can be allies in implementing health care and understanding refusals. In conversations with garbage collectors who lived in the dump, sad comments referred to the lack of perspective for improvements in health. They were not vaccinated and did not even know where to go to get immunized. They got by with makeshift bandages made from rags found in the dump when they got hurt.

Going to a quilombo was characterized by resistant people who had health care, but their traditions were sometimes disrespected due to the lack of knowledge of such traditions. In the Spiritist Center and Umbanda religious center, spirituality seemed an ally that must be considered in the health-disease process of a religious person. Social spaces were responsible for explaining the core of Human and Social Sciences and the influence of social determinants on people's health. The socio-anthropological approach, which seeks subjectivity and considers the whole without exclusions or generalizations, reflects the professionals' humanized perspective (in this case, future professionals)[32,33].

Dentistry education contributions

The project helps graduate students to become committed to the quality and effectiveness of the SUS. Experiences and internships like these tend to positively influence the training of future dentists, as described in other studies[17,34–36]. Thus, it would not be wrong to instigate a new health care model aimed at training, with internships and experiences that enable undergraduates to identify social determinants, visualize problem-solving possibilities, work in collective health, and promote better integration of an interdisciplinary team. The VER-SUS can be considered a starting point for elucidating paradigms in Dentistry education and health as a whole[37].

The varied spaces in which the interdisciplinary experiences and internships took place allowed a contact with the skills and competencies of a dentist, described in the DCN[14]. Similar experiences reflect an education focused on the SUS, with significant teaching-service-community integration[38–40].

Limitations and potentials

In the plenary sessions, at the end of each day's experience, all relevant issues, positive and negative points were discussed, and a reflection was made on how much that experience could contribute to undergraduates. The statements revealed the lack of these experiences in health education. Unfortunately, this situation was found in statements by students from another

Brazilian region[41]. Below is an account of an experiencer from São Paulo, explaining the lack of knowledge of all the cores in the field of knowledge and practice in which collective health operates and, consequently, where the professional can also operate.

> *He knew the care part of the SUS. He saw countless issues, but he could not clearly find the causes for not knowing the system in all its segments. He didn't know the management and social control axes. (F, 23, nursing).*

Furthermore, they also raised proposals for improving health education.

> *However, this is not enough because it would always be something that few students would have access to (...). In order to have an effective change in graduation, the teachers themselves would need to go through similar experiences and be willing to really do things differently. (M, 20, physiotherapy).*

Besides the discussions that allowed everyone to speak, a strong point, the heterogeneous tasks show how much experiences and internships should be introduced in the local reality of the students, which will reflect on the understanding of the user of health services as a complete individual, biopsychosocial-wise and spiritually. Furthermore, it adds content to what each one conceives of health[42].

3 FINAL CONSIDERATIONS

VER-SUS emerges as a dynamic and interactive training stimulant with collective health in direct contact with reality. Internships and experiences in the reality of the SUS are responsible for arousing an uncomfortable effect of Dentistry education focused on care in private sector offices. It is necessary to cover all collective health centers, primarily through experiences and internships that deconstruct visors, contributing to the formation of subjects that can enhance the organization and management of the SUS and allies in the militancy for its defense.

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RESUMO

Vivências e estágios na realidade do Sistema Único de Saúde na formação em Odontologia: relato de experiência

O conhecimento de como funciona, na teoria e na prática, o sistema público de saúde brasileiro deve ser disseminado aos estudantes durante a sua graduação. Na Odontologia, o modelo *flexneriano* influenciou a formação dos graduandos por décadas, contudo, após revisões das Diretrizes Curriculares Nacionais do curso, reiterou-se a necessidade da formação voltada para o Sistema Único de Saúde e do perfil generalista do cirurgião-dentista. Assim, o objetivo deste estudo é relatar experiências das vivências e estágios na realidade do SUS e suas contribuições para formação em Odontologia, em consonância com as Diretrizes Curriculares Nacionais do curso. Com o relato nota-se um despertar incômodo na formação em Odontologia voltada apenas para atuação em clínica ou consultório, e as vivências interdisciplinares propiciam a adoção de competências que contribuirão para os futuros cirurgiões-dentistas. Assim, existe grande cooperação para a formação de sujeitos estratégicos na assistência e gestão do sistema de saúde público brasileiro, conforme perfil esperado para o egresso do curso de Odontologia.
Descritores: Saúde Pública. Educação em Saúde. Educação em Odontologia.

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Correspondence to:
Francenilde Silva de Sousa
e-mail: fraansoousa@gmail.com
Coordenação de Odontologia
Avenida dos Portugueses, 1966
Vila Bacanga
65080-805 São Luís/MA Brazil