

Performance in the residency in Family Health in the context of COVID-19: an instituting action in oral health

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ABSTRACT

The covid-19 pandemic required changes in the work process of the SUS and Health Residency care network. An experience report on actions that were developed by a Dentistry resident in the Multiprofessional Residency Program in Family Health at the Federal University of Pernambuco, in territories of the Primary Care network of District V of Recife and in sectors of the district and municipal management, carried out in the interprofessional perspective and supported by an extension project of this Residency Program as a formative and interventionist contribution to the coping with Covid-19. Priority was given to remote health and face-to-face communication and education actions, with the distribution of masks, community articulation, clinical assistance adequacy and implementation of telemonitoring and georeferencing of cases related to the new coronavirus. In the management area, there were monitoring actions, production of protocols, technical notes, information manuals, in addition to the planning of permanent education processes aimed at teams of frontline professionals. The experience was innovative, promoted training and interventionist gains in the adoption of new instituting strategies to guarantee the health rights of assisted populations in times of pandemic.

Descriptors: COVID-19. Primary Health Care. Health Human Resource Training. Integrality in Health. Oral Health.

1 INTRODUCTION

The SARS-CoV-2 coronavirus pandemic has been a challenge, especially for countries

with profound social and income inequalities, which impact on different rates of disease and mortality from COVID-19 in populations,

according to the different ethnic-racial classes¹.

In Brazil, these rates are higher among the lowest socioeconomic classes, whose precarious living and health conditions enhance the spread of the virus and its impacts^{2,3}. The pandemic takes place in an unfavorable sociopolitical environment for the containment of the disease, where political forces aligned with the current Federal Government act to establish restricting policies, in the withdraw of social rights and deconstruct of the Unified Health System (SUS)⁴.

So far, no systemic national plan has been presented to the nation to face the pandemic. On the contrary, the country's presidency submitted the Ministry of Health to military command with the aim of dismantling the technical sectors responsible for the national conduction of epidemiological surveillance actions, essential for containing the spread of the virus⁵.

Although studies have reported that around 80% of COVID-19 cases are mild and that a significant percentage of moderate cases have sought the basic network as their first access, low national investment aimed at the Primary Health Care (PHC)⁶ has been observed, whose populations covered by the Family Health Strategy (FHS) need comprehensive and specific care for COVID-19. In many Brazilian locations, PHC services and their professionals needed to adapt to the demands of the sanitary moment to meet the demands arising from COVID-19, as they are responsible for health, coordination of comprehensive care and health surveillance⁷.

With regard to oral health, as most dental procedures generate aerosols and are potential sources of infection by SARS-CoV-2, in order to reduce the likelihood of cross-contamination, it was decided to suspend elective dental care activities, remaining at first only urgent and emergency care⁸ and non-invasive or minimally

invasive dental procedures⁹.

In this context, Oral Health teams (eSB) were challenged to strategically adapt comprehensive oral health actions to the population with community reinforcement, interprofessional action, which means planning and executing actions to combat COVID-19 with the other health team members belonging to other professional areas in a collaborative way, seeking to focus on educational and preventive guidelines for families to follow social isolation, leaving home only for essential services¹⁰.

In this context, uniprofessional and multiprofessional Residency Programs received financial incentives from the “O Brasil Conta Comigo – Residentes na área de Saúde por meio da Portaria GM nº 580, de 27 de março de 2020” strategy to obtain the incorporation of the activities of residents in areas and strategic actions to combat COVID-19¹¹.

In the Primary Care (PC) network of Recife, within the scope of Health Districts (HD) IV and V, Residents of the Multiprofessional Residency Program in Family Health at the Federal University of Pernambuco (PRMSF-UFPE) are directly included in the FHU to experience the work process of PHC professionals.

In this moment of health emergency, understanding the role of PHC in coping with the pandemic to activate its essential attributes of first contact (access), longitudinality, comprehensiveness and coordination of care, as well as health surveillance actions, having as horizon the control of community transmission of the virus, the action of residents of this Program assumes relevance to act integrated with the health teams of FHS territories where they are inserted.

An experience report is presented, whose objective is to describe the experiences of a

Resident of the PRMSF-UFPE Dentistry Center, which were developed in PHC practice fields in Recife in the context of COVID-19.

2 METHODOLOGICAL ASPECTS

It is, therefore, the report of a multiprofessional resident in Family Health from the PRMSF-UFPE Dentistry Center on actions developed in PHC practice fields of the Recife Health Department, in his last and second training year, from the outbreak of measures to combat the COVID-19 pandemic.

Currently, PRMSF-UFPE has 22 residents from the following areas: Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Nutrition, Dentistry, Psychology, Collective Health, Social Work and Occupational Therapy. Distributed in the territories covered by Family Health Units (FHU) of HD IV and V/SESAU-Recife, they work on a full-time basis and are paid with grants financed with SUS resources¹². The teaching-assistance staff is composed of UFPE teachers, who play the role of tutor, and of professionals from the Recife Health Department, who play the role of preceptor. Each tutor of the referred higher education institution (HEI) and each preceptor of the referred service must belong to the professional category of the resident to be supervised.

The aforementioned Residency Program was created in 2010 with the aim of implementing differentiated training of the staff for SUS. Since then, in partnership with the Recife Health Department, it has developed a training process at FHU of these two HD, which were indicated for this purpose. Residents are included in the fields of practice since the first year, and the teaching-learning process is experienced in the daily practice of the multiprofessional work of health teams with follow-up and under the methodological idea of

participation and protagonism of all actors involved (residents, professors, health workers, users and managers), aiming at integral and integrated health care. Therefore, its theoretical-methodological conception is directed to the development of competences that are attributed to professionals in the scope of Primary Care, which means working in family health teams in an interprofessional way, in response to fragmented practices, in addition to assuming values that translate SUS guidelines and needs (UFPE, 2010)¹³.

The experience scenario corresponded to the area of FHU 'Upinha Jardim São Paulo/HD V, where there are three Family Health teams (eSF) and three eSB, supported by an Expanded Family Health and Primary Care Nucleus (NASF-AB), as well as other points of the health/oral care network of this HD and sectors of District and Municipal health management.

Comprehensive, territorial, family and community-based care actions provided at this FHU are directed to territories where extreme social vulnerability, precarious housing conditions, areas with high population density, lack of basic sanitation and limited access to income and social services are observed^{12,14}. Such factors may have favored the spread of the SARS-CoV-2 virus in the municipality, contributing to the increase in cases, clinical worsening and deaths.

This reality pointed to a political-sanitary situation, in part, of retraction of PHC in Recife, with the suspension of collective actions and reduction of care and preventive activities that impacted the work process of eSF/eSB and residents¹⁵. In oral health, elective clinical and dental radiology procedures were suspended, maintaining only urgent and emergency services¹⁶.

The interpretation of this reality by the

PRMSF-UFPE team (tutors, residents and preceptors) induced reflections on new ways of acting for residents and, together with eSF/eSB, responded to the challenge brought by the pandemic, as part of their ethical commitment in defense of life¹². The intervention proposals and their reinterpretation (description/analysis of the lived experience) will be presented in two topics (categories): 1- PRMSF-UFPE's response to COVID-19; 2- the resident's performance in the context of COVID-19: an instituting action.

For this purpose, documents and materials from PRMSF-UFPE, publications from SESAU-Recife on COVID-19, field scripts and reports of resident activities were used. In addition, a survey of scientific articles indexed in health databases on the problem was carried out.

The actions presented in this work were developed between April and December 2020. As it is an experience report, which emerges from the resident's professional practice, ethical assessment by the CEP/CONEP system is not required, in accordance with the precepts of Resolution No. 510, of 04/7/2016.

3 REFLECTIONS ON THE EXPERIENCE

The reality imposed by the COVID-19 pandemic required changes in the work routine of health teams and in the actions of PRMSF-UFPE residents who work in PHC territories of Recife, being the driving force for the elaboration of intervention strategies and that were also inductors of actions developed by the resident actor of this report and whose systematization will be presented below.

The PRMSF-UFPE response to COVID-19

The pandemic, when arrived in Brazil, began to demand from all social actors involved in the training, management, care and social control of the SUS network a rapid redefinition

of the PHC model, to maintain the populations assisted and operationalize the health surveillance measures, considered fundamental for the prevention, control of transmission, disease and premature death by COVID-19¹⁷.

At this critical moment, the training commitment, which presents a clear social direction imbricated in a given notion of health education, which promotes comprehensive care and critical awareness of the community, remained even more alive in the PRMSF-UFPE. In this context, there was a retraction of a series of activities in the PHC of Recife¹⁴, which raised concerns about the maintenance of the practical activities of residents of each professional area, which are carried out under the supervision of FHU professionals appointed to the role of service preceptors.

One of the answers, according to the ethical-political positioning of residents, tutors and service preceptors was the elaboration of the Extension Project "Fighting COVID-19: producing health and supporting life - Public Notice 2020- 3 of UFPE"¹², as a contribution to the fight against COVID-19, within the scope of the Residency's practice fields, with direct involvement of residents to strengthen the work of eSF/eSB/NASF of HD IV and V of SESAU/Recife. To this end, several rounds of conversations were held, mediated by contextual analyses of the socio-epidemiological situation, on needs and priorities for intervention against COVID-19 and in the light of the theoretical-methodological references and contributions that guide the policies for training professionals for SUS¹⁸, according to guidelines of the PRMSF-UFPE Political-Pedagogical Project which, in this moment of the pandemic: "... is in line with the importance of the residents' action as health professionals at this critical moment, in their commitment to act based on needs of

users and residents of PHC territories. It reaffirms the professional duty to maintain family and community guidance, remain present and make efforts, including technological ones, to produce and disseminate specialized information, offer support as necessary, strengthen the work of teams, enhancing actions given the PHC capillarity, the care bond and the possibility of articulating with organizations and groups of the population”¹².

The action-research was the project's theoretical-methodological orientation ¹⁹. The basis of this action was the investigation (research time and theoretical exchanges), thematization (analysis in the light of the evidence to choose themes) and programming (planning and construction of a work agenda). The logic for the development of actions was dialogued, participatory and collective, followed by evaluation processes.

Emphasizing interprofessional work and the need to invest in prevention, guidance, education and popular communication, actions were planned aimed at the community members of FHU territories operating in four intervention axes: 1. Communication and Health Education; 2. Health Care; 3. Support for community organization and access to rights; 4. Reception to users and to teams/Care to Caregiver.

This perspective requires interprofessional work to take an integrated approach among professionals from different areas, in addition to health, who “share a sense of belonging to the team and work together in an integrated and interdependent manner to meet health needs”²⁰, particularly with a focus on user, family and community.

About 94 subjects participated in the study. In addition to residents (25), there was the participation of preceptors, Community Health Agents (CHA), community leaders, tutors, professors and undergraduates. The

development of actions included theoretical exchanges, situational analysis and decision making. A total of 20 meetings were held with all participants for this purpose.

It was collectively evaluated, in chatting circles, as strengths of this formative and interventionist strategy, the fact that it favored the continuity of the dialogic, democratic and collective dynamics already established in the formation process of the Residency program, managing to establish the social and community assistance direction in activities that were carried out, in addition to boosting the production of knowledge, with the approval of articles, experience reports and presentation of works at scientific events.

The effort of the project to disseminate information about health during the pandemic is also noteworthy, which is one of its great challenges, due to the concern with the language used in the materials that would reach the population. To overcome this problem, resources aimed at Popular Health Education (PHE) were prioritized, which sought to understand, organize and spread the logic of knowledge so that misunderstandings and more complex information were overcome, making subjects more reflective, autonomous and protagonists of the change of their reality²¹.

In the area of communication and health education, 69 educational materials on COVID-19 prevention were produced in different formats (cards, videos, pamphlets), as well as on human and social rights, later disseminated in the FHU and communities, with the support of CHA and community leaders, through digital social networks such as WhatsApp, Instagram and Facebook groups.

In the area of support for community organization, face-to-face actions were carried out with the distribution of informative pamphlets about emergency aid and the

manufacture of fabric masks that brought together volunteers and members of health teams, teachers and PRMSF-UFPE residents and whose material was provided with funds from the University itself. There were also mobilizations for the delivery of cleaning and hygiene materials, such as bleach, bar soap and alcohol, aimed at the most vulnerable families. On the other hand, the axis of reception and care for the caregiver was less intense and developed in partnership with proposals arising from HD IV.

Participants of the oral health center (02 tutors, 03 preceptors, 03 residents and 03 undergraduates) contributed to the production with educational materials and popular communication in health aimed at the population and others on oral health care technologies, aimed at eSB and to CHA. Some of these members also engaged in interprofessional activities from other axes in the elaboration of scientific works.

However, as weaknesses, low adherence of HD V professionals to the project is highlighted, considering the operational difficulties due to social distancing measures, in addition to the removal of some participants from face-to-face activities, as they are at high risk for COVID-19.

Although they initially valued this initiative, in the process of developing the Project, there was resistance and refusal from most FHU professionals, especially from NASF-AB, including those who play the preceptorship role, to integrate and support the actions proposed by PRMSF-UFPE. The various meetings, dialogues and conversations were not enough to engage this professional group in the activities planned by the project. It is assumed that contextual issues of the pandemic process management and others related to the fear of excessive exposure to the

virus and the probability of contamination have been determining factors of this outcome.

It was observed that the worsening of the pandemic situation in Recife generated instability in the work routine of FHU professionals, either due to the wait for guidance and training on plans and protocols to face COVID-19 or due to biopsychosocial problems that affected significant contingents of PHC professionals, generating losses in teams, as evidenced in different contexts.

It is discussed that the rapid growth in the number of health professionals infected by COVID-19 associated with stress, fear and pressure generated by the participation in the direct fight against the pandemic can affect their mental health²², resulting in increased absenteeism, leaves and decrease in the number of professionals in face-to-face and frontline health services^{23,24}, requiring from management to increase the hiring of personnel to fill this gap.

In this context, with the decrease in local PHC services and the leave of professionals from the service, some residents were left without support from preceptors at FHU Upinha Jardim São Paulo and had to be relocated to other sectors of the municipal health network of Recife and the state of Pernambuco, thus reducing the contribution of professionals and residents who could act to enhance actions related to the fight against COVID-19 in territories of this FHU.

Despite this, the Project was fundamental to face these weaknesses in inducing the ways of assisting and caring for the population in the context brought about by the pandemic, enabling us to carry out actions in the field of education and popular communication in health, as part of our ethical and political commitment in defense of lives of the most vulnerable populations.

The resident's action in the context of COVID-19: an instituting action

“... Lourau (1975) examines social relations and institutional processes, emphasizing the articulation between the instituted and the instituting, a field of forces analyzed not only at the conceptual level, in the three moments of the Hegelian dialectic - namely, universality, particularity and singularity - but also associated with the dynamics of everyday life..., the institution finds itself somewhere between the revolutionary of the instituting and the conservative of the instituted; against instituting forces and their rebellion, institutionalization seeks more stable, rigid and lasting forms; and against the instituted and its immutability seeks innovative changes in the forms used until then²⁵”

In the context of decrease in the role of PHC and in which there was also a decision to suspend the activities of eSB²⁶, PRMSF was challenged to review the work process and, together with the preceptorship, to draw up an intervention plan coherent with the socio-epidemiological situation of the population included in the USF Upinha Jardim São Paulo territory, brought by the pandemic.

At the same time, due to restrictions imposed by the pandemic, which hampered the full functioning of the FHU and seeking an expanded and interprofessional performance, the resident engaged in actions proposed by the Contingency Plan for COVID-19 in Recife¹⁵, at different points in the Health Care Network, both of care and management.

The performance in AB management included the participation and production of protocols and technical notes, preparation of informative manuals, in addition to the planning

of continuing education processes that aimed to develop new professional skills to combat COVID-19, as well as in planning, control and logistics of the distribution of dental supplies, especially in relation to personal protective equipment (PPE), in view of the difficulty of acquiring them in large quantities by health departments²⁷.

At FHU Upinha Jardim São Paulo, initially, it was sought to prioritize health education and communication actions, with family and community approach, focusing on promotional actions and measures to prevent COVID-19 and assistance guidance. Several educational materials were created in video format, digital pamphlets and booklets. With the support from CHA, the preceptorship and community leaders, the information was disseminated on social networks present in the territory of this health unit.

In this way, the most popular means were chosen for the dissemination of the materials produced. In the context of COVID-19, the role of social media, especially Instagram, is highlighted, whether in approaches to guidance and collective mobilization or in sharing reliable information²⁸. This platform was widely used for the dissemination of educational productions and that, together with community organization, the “Praça do Cristo” in the Jardim São Paulo neighborhood (@pracadocristo) had this action expanded, as well as those of socio-assistance nature to the most vulnerable populations.

In the context of COVID-19, telehealth technologies present themselves as a fundamental strategy in health work⁷. In this area, there were also gains due to the incorporation of this resource as part of the set of care technologies used in the PHC of Recife.

The protagonism of our preceptor, a dental surgeon from FHU Upinha Jardim São Paulo stands out who, together with other

professionals, introduced telemonitoring and teleorientation actions for suspected and confirmed COVID-19 cases aimed at community members in the FHU territory. This action was carried out by telephone every 48 hours with this population to monitor symptoms, following up on each case and providing necessary guidance until the episode was resolved. It is also noteworthy that the PHC actions, carried out remotely, showed that even in adverse times, it is possible to take care of the population with strong and intersectoral performance²⁹.

In addition, the engagement of eSB and residents from other residency programs stands out in the implementation of the georeferencing of COVID-19 cases using technological tools available on the internet, such as Google Maps and Google my maps. Georeferencing is a process in which textual information describes a location and is represented in graphic types, relating data from a given social context to a geographic map, where visualizations and the search for information can be performed quickly and simply³⁰.

In this way, the mapping of affected users through the production of georeferencing maps of COVID-19 cases favored the planning - in a situation room - of health surveillance actions in specific places in the territory, aiming to protect the population and mitigate contagions³⁰.

Regarding the reorganization of dental care activities, it was found that the resident's participation with eSB was active and integrated, bringing and discussing new knowledge related to the observance of worker/environment biosafety norms and protocols and user safety required in the dental care practice in relation to COVID-19. The use of aerosols, lengthening of consultations and long stays in the health service were avoided as much as possible in order to reduce the exposure

and spread of the virus¹⁶. The eSB sought to intensify the use of minimally invasive treatment technologies already adopted, especially in community approaches.

This drastic decrease in elective dental services is likely to reflect, in the near future, in more precarious oral health conditions and increased demand for basic dental care regarding the accumulated and unresolved needs during the pandemic period, in a context of dehydration of PHC policies and SUS dismantling⁴.

In a study involving 2,537 patients, significant changes were observed in the number of urgent oral health conditions after the emergence of COVID-19, corresponding to 71.9%, against 51% before the pandemic. At the same time, there was a 70% decrease in non-urgent complaints when compared to the period before the emergence of the virus, consistent with the reduction of dental services in the primary care and other health care points³¹.

Simultaneously with the dental care actions carried out at the FHU, under the supervision of the dental surgeon, the resident participated in units highlighted as a reference to COVID-19, to carry out, together with the teams of professionals from these services, reception activities, risk classification and care for patients suspected of the disease. For this, a professional from one of these units was appointed to act as a preceptor with the resident in the experience outside the FHU.

This experience in a multidisciplinary team was rich in exchanges and in new knowledge acquired in a collaborative way. New knowledge obtained in the reception of users and in risk classification stand out, based on a screening guided by a brief questionnaire on signs and symptoms of COVID-19, as well as comorbidities presented by the patient, in addition to oximetry measurement, as well as

testing for COVID-19. It should be noted that, despite the high demand, this activity sought to provide a humanized reception as recommended by the National Humanization Policy.

The effort made by oral health teams to reinvent health and care practices for the population was visible, directly affected by a pandemic that has already claimed thousands of lives and whose vulnerability conditions have been amplified by the austere, inefficient and atrocious policies carried out by the federal government. In addition, it was necessary to overcome the fear and anguish brought about by a new virus that impacted all public and private health services.

4 CONCLUDING REMARKS

The experience developed in a national context of SUS dismantling and subtracting the importance of PHC was essential for the exercise of the role as health care coordinator at this time of the COVID-19 pandemic and the absence of a national plan articulated with states and municipalities with a view to controlling community transmission of the coronavirus that remains uncontrolled.

The reflexes of this reality were also observed in the context of the fields of RMSF-UFPE practices, but the role of eSF and eSB is highlighted, together with the efforts of the municipal health management of Recife to provide the primary care network with resources to face the serious epidemiological and social situation.

The experiences presented in this report demonstrated these efforts and the existence of a lively, committed and experienced work from the oral health center of this FHU. From the resident's perspective, the extension project caused the invention and re-invention of professional and training practices, which means resisting in the territory in the face of the

difficulties experienced by the Family Health Strategy to carry out the local management of this pandemic, adopting new health care strategies and education to guarantee the right of families and users of the territory to health in times of COVID-19.

Thus, it was intended to act and respond to the demands of objective reality in an instituting way, supported by the finalistic principles of SUS and the ethical, political and interventionist references required for the work of PHC professionals pursued by training guided by PRMSF.

Finally, despite the difficulties in changing the daily work process of PHC teams, it is considered that strategic actions with a clear social direction, focused on community, can facilitate the management of critical situations such as that brought about by COVID-19 in which the world has dived in the last year. Overcoming a reality where the focus is the individual, to a reality based on the collective and focused on the health needs of the population is the basis for strengthening PHC and social justice.

RESUMO

Atuação na residência em Saúde da Família no contexto da COVID-19: um agir instituinte em saúde bucal

A pandemia da COVID-19 exigiu modificação no processo de trabalho da rede de atenção do Sistema Único de Saúde e das residências em Saúde. Apresenta-se um relato de experiência sobre as ações que foram desenvolvidas por um residente de Odontologia do Programa de Residência Multiprofissional em Saúde da Família da Universidade Federal de Pernambuco, em territórios da rede de Atenção Primária do Distrito V do Recife e em setores da gestão distrital e municipal, realizadas na perspectiva interprofissional e apoiadas por um projeto de extensão desse programa de residência como contribuição formativa e

intervencionista ao enfrentamento da COVID-19. Priorizou-se ações remotas de comunicação e educação em saúde e presenciais, com distribuição de máscaras, articulação comunitária, adequação clínica-assistencial e implantação de telemonitoramento e georreferenciamento dos casos relacionados ao novo coronavírus. Na área da gestão participou em ações de monitoramento, produção de protocolos, notas técnicas, manuais informativos, além do planejamento de processos de educação permanente voltados às equipes de profissionais da linha de frente. A experiência foi inovadora, promoveu ganhos formativos e intervencionistas na adoção de novas estratégias instituintes para garantir os direitos à saúde das populações assistidas em tempos de pandemia.

Descritores: COVID-19. Atenção Primária à Saúde. Capacitação de Recursos Humanos em Saúde. Integralidade em Saúde. Saúde Bucal.

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