

Internship in dentistry at the Family Health Strategy in Petrópolis/RJ: challenges and opportunities in the pandemic

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ABSTRACT

Pursuant to the National Curriculum Guidelines of undergraduate healthcare courses, several work-integrated learning experiences have been developed in the country, aiming to achieve professional training with an emphasis on the humanization of practices, focused on the principles and guidelines of the Unified Health System (SUS). This way, integrating general and specific knowledge, intending to develop theoretical and practical skills, as well as ethical and reflexive values, the Arthur Sá Earp Neto University's Odontology course curriculum framework contemplates four semesters of the "Vocational Training in Communitarian Health Practice" subject, lectured in Family Health Units at the city of Petrópolis/RJ. This case report describes the way the internship activities adjusted to the challenges presented by the outbreak of the Coronavirus pandemic. Initially, the field practices were suspended and the course had its remote teaching load expanded. However, in August/2020, following biosafety protocols and necessary adjustments, practical activities were resumed and the students returned to the field, having to adapt to the care practices demanded by the new circumstances. Despite the challenges, that did not halt the execution of excellent jobs, such as building reflexive portfolios, developing intervention projects, health educational activities using digital tools, and the development of community therapy projects. Under the supervision of their teachers, the students, preceptors, and other healthcare professionals shared a meaningful experience, which increased creativity, enthusiasm, and effectiveness on their developed work according to the reality of their respective territory.

Descriptors: Public Health. Unified Health System. Oral Health. In-Service Training.

1 INTRODUCTION

With the promulgation of the Federal Constitution of 1988 and the institutionalization of the Unified Health System (SUS), a democratic process of management of health services began. The SUS appears in the Brazilian health scenario with the mission of altering the excluding nature of the former care

model, so as to assist millions of excluded people to improve their living and health conditions¹.

Currently, the primary healthcare policy in the country prioritizes its organization based on the Family Health Strategy (ESF), in accordance with the precepts of the SUS. For the Ministry of Health, the ESF aims to replace or reorient the

traditional model of healthcare, historically characterized as meeting spontaneous demand, eminently curative, hospital-centered, costly, with low resoluteness, and in which the health team does not establish bonds of cooperation and co-responsibility with the community¹.

The transformations that occurred then, especially concerning the municipalization of health services, brought more managerial responsibilities to structure and strengthen the systems' municipalities, aiming to intervene in the care model, expanding the debates on the implementation of a health system based on the principles of universality, equity, and integrality².

In reference to oral health, the inclusion of Oral Health Teams (ESB) in the ESF was achieved through Ordinance 1444/GM of 2000³, in which the Ministry of Health determined the financial incentive to the ESB in the ESF. The objectives were to reduce epidemiological indices, expanding the population's access to oral health aid. In March 2004, the Ministry of Health launched "Brasil Sorridente" ^[00B]⁴, a Federal Government's oral health policy, intending to expand care and improve the oral health conditions of the Brazilian population.

The National Oral Health Policy (PNSB), in its guiding principles, indicates the expansion and qualification of dental aid. This means organizing the work process, to guarantee more complex and conclusive procedures to solve the need that motivated the demand for assistance, avoiding the worsening of the condition and future dental losses, as well as other sequelae. The team must be able to jointly offer actions to promote, protect, prevent, treat, cure and rehabilitate, both individually and collectively⁴.

Thus, the PNSB has been built for many years by different sectors of society: social health movements; progressive unions; students; teachers; researchers; public health teams, and dental entities, in addition to the participation of the National Council of Health Secretaries,

National Council of Municipal Health Secretaries and National Health Council⁵.

Within the context of Primary Care, teamwork is essential, and all professionals have responsibilities: administrative assistants, Nursing technicians, Oral Health Technicians (TSB) and Oral Health Assistants (ASB), nurses, doctors, dental surgeons, and Community Health Agents (ACS). This way, all the subjects involved in the healthcare process can identify delicate situations that generate intense suffering in general and oral health. For teamwork to be effective, workers need to create a collective identity through the relationship between people and groups in a given space, organizing and developing similar activities in everyday life that complement each other based on a set of shared values.

One of the challenges is for teamwork to actually happen in practice, as it is still possible to see hierarchical traits in the health services, such as differentiation between professionals with a higher degree or technical level and the superiority of doctors over nurses and other professionals. In this sense, interprofessional collaborative practice can reduce competition between professionals and balance power relations in healthcare through partnerships and collective responsibility, recognizing user-centered care as a guiding element of health practices⁶.

In the health area, some researchers point out requirements for teamwork in healthcare environments to result in humanized and comprehensive care for the user. Amongst them, Peduzzi and Agreli (2018)⁶ stand out, as they define interprofessional teamwork as involving different professionals from different areas, not just health professionals, who share a sense of belonging to the team and work in an integrated and interdependent way to meet healthcare needs⁷.

The current model of university health education in force in the country historically

defined a professional profile focused on an individualistic practice, with a fragmented vision centered on procedures, not suited to the work philosophy of the ESF⁸. In addition, the undergraduate dentistry courses did not include, in their curriculum, training for working in a multi-professional team. In 2004, faced with the need to expand oral health care for the Brazilian population and the inclusion of the ESB in the ESF, the Ministry of Education deliberated on the National Curricular Guidelines (DCN) of undergraduate courses in the health area, demonstrating concern with the establishment of a link between higher education and health, aiming at the training of professionals with an emphasis on promotion, prevention, recovery, and health rehabilitation, according to the principles and guidelines of SUS⁹. Based on these DCN, there is an induction to the process of curricular restructuring in undergraduate dentistry courses¹⁰⁻¹¹.

In this sense, although the idea that the university has the permanent role of generating knowledge for society is reinforced, the lack of articulation between Higher Education Institutions (HEIs) with public health policies can lead to decontextualized training of the SUS principles. The legislation that regulates the functioning of the SUS lists among its responsibilities the establishment of healthcare professional training, collaborating in teaching and research activities through partnerships established with educational institutions¹². Among the skills to be developed in professional training, the ability to develop theoretical thinking stands out, which is often confused with practical knowledge. The human mind does not work directly with reality but instead builds it in a self-referential way, hence the importance of practice within academic curricula. Furthermore, when the student is in first-hand contact with the field and other healthcare professionals, they may develop skills through non-formal learning¹³.

The importance of practical activities in professional training is corroborated by the humanization of practices, integrating general and specific knowledge, theoretical and practical skills, and ethical values and attitudes. Because of this, the HEIs must develop healthcare training focused on the principles and guidelines of the SUS, rethinking the insertion of the professional in society and building their participation from daily life, reflection, and the formulation of proposals based on the problems faced in the healthcare network.

Thus, the supervised internship provided by the DCN is an activity that has contributed to technical improvement and the understanding of social, cultural, economic, and epidemiological realities, promoting academic training based on real contexts. The internship activities must seek to train a professional who is sensitive to the population's needs, integrating preventive and curative actions, theory and practice, as well as teaching, extension, and research¹⁵.

In this sense, the present article proposes to report the experiences lived by undergraduate students in Dentistry at the Family Health Units of the municipality of Petrópolis in the context of the pandemic, its challenges, and the various possibilities experienced.

1 EXPERIENCE REPORT

The undergraduate course in Dentistry at the Arthur Sá Earp Neto University Center (UNIFASE) has a four-semester-long internship in community health practices in its curriculum. This way, students from the fourth to the seventh- semester experience the reality of the work done in Family Health Units (USF) through a partnership signed with the Municipal Health Department of Petrópolis. According to the new DCN of the undergraduate course in Dentistry, approved by the National Council of Education on 06/16/2021, as highlighted in its second article, the SUS should be included as an integral stage of graduation comprising it as a

scenario of professional performance and as a learning field that articulates actions and services for professional training. The DCN also emphasizes that the education for dental surgeons should include integral health assistance, taking into account the regionalized and hierarchical system of reference and counter-reference, and interprofessional teamwork¹¹.

In the Dentistry course at UNIFASE, the subject "Curricular Internship in Health Practices in the Community (PSC)" has a workload of 72 hours, comprising of 60 practical hours, carried out in the USF and 12 theoretical hours, carried out by remote teaching, using the platform Moodle¹⁶. Thus, this schedule aims to create a space for meaningful learning and reflection on the work experience in the Family Health Units. For this purpose, several tools are available on the Moodle platform: forums, wikis, mind-map-creating software, as well as the posting of scientific papers and reflective portfolios. The students, inserted in their respective units and guided by the preceptors, experience the work routine, carrying out reflective portfolios based on the activities developed, which focus primarily on health education campaigns in daycare centers, schools, collective spaces of the community and/or groups in the own unit, as well as home visits, teamwork, among others. They also develop intervention projects, unique therapy projects, and all sorts of works, in collaboration with the professional teams, with the main focus aside from individual clinical care. While performing the activities carried out in remote modality, the students are provoked to reflect on the relationship between the theoretical contents from three modules of the Collective Oral Health discipline, such as the SUS principles, the user embracement, multidisciplinary work, social determinants of health, public health policies, correlating such contents with their practical experiences. This is accomplished by

the use of forums, tasks, conversation circles, and other tools made available by the Moodle platform, according to each semester.

At the end of January/2020, the World Health Organization (WHO) declared the outbreak of COVID-19 constituted a Public Health Emergency of International Concern (PHEIC) due to the rapid spread of the disease. Later, on March 11, the WHO announced the COVID-19 pandemic, assessing countries to contain it¹⁷. Internship activities were suspended, and an attempt was made to develop synchronous remote meetings on the Zoom¹⁸ application, in addition to the remote activities already included in the regular course schedule. We sought to create a space where it was possible to build a learning process that would allow reflection and exchange of experiences on practices in Collective Oral Health and the construction of collaborative skills for healthcare workers. This way, the goal was to achieve the objectives of the discipline, with the relevant dedication and commitment, encouraging students to be proactive and creative at this stage when social distancing has become everyone's responsibility.

Practical activities resumed in August/2020 to fulfill the necessary workload of practical activities and compensate for the lack thereof in the first semester. Critical adjustments were made so that it was possible to include such replacements in the semester's schedule. Also, because of the direct contact between the dental surgeon and the patient's body fluids during their activity, due to the COVID-19 pandemic, dental students are facing several challenges with the current situation¹⁹. According to the Ministry of Health, the Primary Health Care (APS) services had to undertake a more assertive role in the face of the mild disease cases and early identification of COVID-19, as well as the rapid and correct referral of the more complicated cases, coordinating all aspects of healthcare. In addition, the stratification of the Influenza

Syndrome assumed a primordial role to establish the correct conduct for each case, either to maintain the individual in the APS/ESF or to refer him/her appropriately. It is paramount to note the appointment of oral health professionals as co-responsible for the care of the population, taking part in multi-professional teams, following personal protective measures, and even starting to compose the teams that should assist in the symptom assessment and notification protocols, collaborating with graduate nursing professionals²⁰.

For this resumption to be viable, strict safety measures were established between professors, teams, preceptors, and students. These practices are constantly being updated, revised, and improved to avoid contamination and infection while adding new procedures to the routine for continuous improvement, making for a more accurate and effective service, offering safety and resolution to the patients within the possibilities of the pandemic moment²¹.

In addition to all precautions in the use of Personal Protective Equipment (PPE), it was established that students would not participate in clinical care. Home visits, in turn, would be replaced by peridomiciliary visits without entering the residences and respecting the social distancing. No form of health education group that could lead to agglomeration could be conceived. This way, following each subject's schedule, the students carried out their activities with the preceptors, adapting their experiences to the reality of the pandemic.

Students enrolled in the PSC I discipline traditionally have a practice focused on health education in different spaces, especially in daycare centers and schools in their unit's territory. Each group developed their activities according to the demands of their respective USF, respecting all the sanitary protocols required at the time. One of the groups performed a theatrical play, filmed and made

available to children through joint action with the local school's management. The principal released the video to the children and used its content to perform remote educational activities. Two groups from other units crafted informative folders to be disseminated virtually via WhatsApp group, with guidelines for children's oral healthcare and other precautions in the pandemic. In another USF, after the addition of the teleconsultation code in the list of authorized procedures in the SUS table for dental surgeons in Primary Care, PSC I students and their preceptors carried out telemonitoring and guidance practices for pregnant women, hypertensive individuals, and those responsible for children younger than five years old²².

It is noteworthy that the proper implementation of these technologies facilitates people's access to competent guidelines and contributes to reducing PHC overload, helping to organize the flow of people in the system. Besides that, the dental surgeon is trained for different types of remote care, such as pre-screening, clarification of doubts in case of pain or trauma, guidance on oral hygiene, as well as post-treatment monitoring or ongoing monitoring².

All activities performed were monthly reported, posted in the format of reflective portfolios, and received evaluation and feedback from the professors of the discipline, leading to a critical analysis of the purpose of each practice and the possibilities for improvement when necessary. Conversation circles were also held aiming to share challenges and achievements of acting at this time of adaptations for students and teams.

Students enrolled in the PSC II discipline should select a problem situation, together with the preceptor team, aiming at the elaboration of an intervention project to be developed and, if possible, implemented by them during the semester, according to the proposal agreed in the program. The five groups, inserted in different

units before the interruption of field practice due to the pandemic, had defined the problem situation in which they would seek to intervene. When they returned, however, meeting with the USF teams, they identified new problem situations, with a community approach, in which it was possible to intervene respecting the social distance imposed by the moment. The development of the intervention project was monitored by the teachers of the discipline, who posted each step of the process on the platform and organized conversation circles carried out remotely during the semester.

According to the reality of each territory, different actions were implemented. One team asserted the need to evaluate and update the vaccination card of patients aged from 0 to 14 years old, in a joint task with health agents. In two other units, students conducted an active search through telemonitoring of children under five years of age, carrying out health surveillance of children who were not having their appointments assured due to the suspension of elective care that semester. Only emergency consultations were being conducted. On these occasions, they ensured the children's well-being and provided guidance on COVID-19 prevention protocols and oral and general health care. There was also a unit in which the students worked with pregnant women, carrying out "Dental" prenatal care, monitoring the vaccination card, and confirming the completion of syphilis and HIV tests, considered monitoring indicators by the Ministry of Health. In this unit, the strategy used was peridomiciliary visits to schedule face-to-face consultations from the moment they were resumed in the municipality, complying with all biosafety protocols.

Students enrolled in PSC III and PCS IV should identify with the preceptor teams a situation of vulnerability aiming at the elaboration of a Singular Therapy Project (PTS). The idea was that they would prepare the

proposal with PTS monitoring during two semesters. Therefore, as with the PSC II students, all groups had already selected the PTS target family/patient when the internships were interrupted. In this way, it is worth mentioning that the students enrolled in the PSC IV discipline had already worked on the PTS during the previous semester, before the coronavirus pandemic.

After returning, however, the students had to transform these singular therapy projects into Community therapy projects, so they could be carried out following all the safety protocols required by the pandemic. Thus, students who had started their PTS broadened their perspectives and sought situations in which, in this adverse moment, it was possible to develop a project that could add to overcoming the challenges faced by the team, focusing on patients with chemical dependency, families with high social vulnerability, elderly people with difficulties in self-care and history of self-medication, as well as other situations that, according to the evaluation of the teams, indicated the elaboration of a PTS.

In this sense, the students undertaking PSC III restarted their projects, selecting new cases, elaborating an introduction, objectives, and setting goals, aware that they would still have a semester to develop activities for the purpose. Among the situations listed, in one of the FHUs, the need to carry out an epidemiological survey of COVID-19 cases was identified, as well as telemonitoring of respiratory-symptomatic individuals, also asking students to make comparisons between symptomatic versus positive case numbers and tabulate the data collected. In another unit, students were responsible for reassessing PTS already performed by the health team and contacting the participating subjects to monitor the resolution of cases and encourage the continuity of care. In a third unit, children up to five years of age were screened for evaluation, parent counseling, and

identification of treatment that needs to be conducted according to the possibilities given by the limitations imposed by the pandemic. Another team asked students to telemonitor patients with high cardiovascular risk (diabetics, hypertensives, obese, and smokers) to acknowledge their systemic and oral health reality during this isolation period, helping to monitor these risk groups. There was also the fifth group of students, who expanded their view of the territory and, inserted in a predominantly rural area, evaluated the use of medicinal plants by the community. According to the discipline's plan, the students would continue their work in the first semester of 2021 if enrolled in the PSC IV discipline, and just the other PSC classes, they would receive follow-up by the discipline professors and perform synchronous conversation circles.

Students enrolled in the PSC IV subject had already worked for a semester (PSC III) elaborating their PTS. However, they also needed to change the selected problem situation, since they involved some degree of contact or approximation contraindicated in the pandemic context. After meeting with the team and preceptors, the students developed their projects focusing mainly on COVID-19 cases. Thus, in one of the units, the proposal was the geoprocessing of these cases aiming to elaborate a dynamic map of the territory. Another group worked on the survey and telemonitoring of COVID-19 cases in the region. A third group, also dedicated to this topic, worked on planning for the resumption of care, setting priorities, and conducting a survey on treatments suspended due to the pandemic. Other students, allocated to two other USFs, selected different themes: one of them was responsible for the revitalization and expansion of a medicinal plant garden in the backyard of the health unit, developing instructions, and distributing pamphlets to guide the population. The other group sought to identify causes and difficulties in accessing the

health unit and prepared a report to the Local Health Council linked to the respective USF. The development of the projects and their challenges, as in the other semesters, were monitored by the teachers through conversation circles, tasks, forums, and interaction through the platform.

2 FINAL CONSIDERATIONS

The success experienced during this pandemic period reinforces the various activity opportunities for dental students in SUS.

These constant exchanges between the professors, students, preceptors, and the community, with the application of a strict care protocol, were fundamental for the success identified by the students themselves.

The adaptations of the learning experiences ensured greater relevance to the activities, contributing to the personal and professional training of the dental surgeon. They also allowed for a more effective experience in the present epidemiological scenario and provided an understanding of the student's potential, limits, purpose, and commitment to the SUS and the population.

It is widely accepted that overcoming the difficulties imposed by the moment and returning to Internship activities contributed to the training of future dentists with competencies and skills relevant for the practice of Dentistry in the SUS, stimulating creativity, proactivity, critical thinking, humanitarianism, and sensitivity to the reality and social context in which they live.

RESUMO

Estágio em Odontologia na Estratégia Saúde da Família do município de Petrópolis/RJ: desafios e possibilidades na pandemia

Seguindo as Diretrizes Curriculares Nacionais dos Cursos de Graduação da área de saúde, visando à formação profissional voltada para os princípios e diretrizes do Sistema Único de Saúde, a partir da humanização das práticas, várias experiências de

integração ensino-serviço vêm sendo desenvolvidas no país. Integrando conhecimentos gerais e específicos, buscando desenvolver habilidades teóricas e práticas, assim como atitudes e valores éticos e reflexivos, a matriz curricular do curso de Odontologia do Centro Universitário Arthur Sá Earp Neto (UNIFASE), contempla quatro períodos com a disciplina Estágio Curricular em Práticas de Saúde na Comunidade, desenvolvidos em Unidades de Saúde da Família no Município de Petrópolis/RJ. Este relato de caso reporta a forma como diante da declaração da pandemia do coronavírus, estas atividades foram inicialmente suspensas e a disciplina teve sua carga horária de ensino remoto ampliada. Contudo, no mês de agosto de 2020, seguindo todos os protocolos de biossegurança e adaptações necessárias, as atividades foram retomadas e os alunos retornaram aos cenários de prática, onde adequaram sua atuação aos cuidados impostos pela nova conjuntura. Entretanto, isto não impediu a execução de trabalhos de excelente qualidade como: construção de portfólios reflexivos; realização de projetos de intervenção; atividades de educação em saúde utilizando meios digitais e desenvolvimento de projetos terapêuticos comunitários. A partir da construção compartilhada entre alunos, preceptores, demais membros das equipes de saúde e parceiros comunitários, sob a supervisão das docentes da disciplina foi possível constatar criatividade, proatividade e efetividade dos trabalhos desenvolvidos de acordo com a realidade de cada território.

Descritores: Saúde Coletiva. Sistema Único de Saúde. Saúde Bucal. Capacitação em Serviço.

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