Perceptions of graduates of the dentistry course about supervised internship in Primary Health Care

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ABSTRACT

Since the 1990s, one has started an effort to implement programs to qualify human resources for work in the SUS (Sistema Único de Saúde - Brazilian Unified Health System), such as the Education Program for Work in Health (PET-Saúde). Despite advances, there are still important gaps in the teaching-service-community integration. The objective of this research was to analyze the perception of graduates of the Dentistry course at the Bahian School of Public Health and Medicine about the experience of Supervised Internship in Primary Health Care (PHC). This is an exploratory study, with a qualitative approach, using 12 semi-structured interviews, performed in person and remotely, submitted to Bardin's (2011) content analysis. The categories of analysis were: 1. Conceptions about the SUS and PHC; 2. Learning in the internship and the quality of tutoring. The main contribution felt by the graduates was the humanistic development. The qualification of the preceptors was perceived as necessary for the internship's success. The results of this study reinforce the importance of teaching-service-community integration.

Descriptors: Unified Health System. Primary Health Care. Public Health. Internship.

1 INTRODUCTION

Undergraduate health courses in Brazil have been facing the challenge of overcoming the Flexerian consequences of the still hegemonic education model: technicist and biologicist, aimed at curing diseases and focusing on the individual. Such characteristics make it difficult (or even impede) professionals from knowing how to work, in practice, with health promotion[1].

It is noteworthy that the consolidation of the Sistema Único de Saúde (SUS -Unified Health System) depends on the construction and strengthening of work processes through multidisciplinary teams, capable of producing care in an interdisciplinary and interinstitutional manner. The lack of experience in practice scenarios during undergraduate health courses is still striking[2].

Therefore, health services and academic corporations need an intersection to reorganize education (if not, the service itself) that contributes to general education, with a humanistic, critical and reflective view and with the ability to articulate theoretical and practical knowledge in the biopsychosocial understanding of individuals and communities, as defined by the Diretrizes Curriculares Nacionais (DCNs - National Curriculum Guidelines) for Dentistry courses[3].

Proposed in 2002, the DCNs represented a starting point for overcoming old (and persistent) teaching paradigms – such as the minimum curriculum, centered on content and traditional verticalized pedagogy of knowledge transmission – for the development of general and specific abilities, to work in teams capable of responding to the needs of the current health system in the country[3].

However, the DCNs alone are not enough to induce the necessary changes in academia and health services. Thus, some interministerial programs were implemented – Ministries of Health (MS) and Education (MEC) – such as the Programa de Educação pelo Trabalho na Saúde (PET SAÚDE - Education Program for Work in Health), in 2007, to finance intervention projects involving partnerships between institutions of higher education institutions (HEI) and SUS, throughout the national territory[4].

In 2016, the Bahia School of Medicine and Public Health (BSMPH), located in Salvador – Bahia, Brazil, was the only private HEI in the state of Bahia to be covered by the PET-SAÚDE GraduaSUS, through a project in partnership with the Municipal Secretariat of Health (SMS) of Salvador – BA, between May 2016 and May 2018, with three groups: Medicine, Dentistry and Nursing.

One of the main actions of the Dentistry group was the implementation of a Preceptorship Course for dentists in Primary Health Care (PHC), institutionally formalized in the form of an extension activity. It had dentists from Basic Health Units (BHU) and Family Health Units (FHU) from three districts in Salvador, who now receive dentistry students from BSMPH in conjunction with some curricular components, including the Supervised Internship (Health Collective V in this HEI)[5].

The introductory preceptorship course was designed and conducted within the principles of Permanent Health Education (PHE), with the active participation of dentists throughout the planning and execution, which allowed for the adjustments required by the preceptorship practice during the training process[6]. Upon completion of the aforementioned course, the Supervised Internship professors committed to continue the PHE, offering, in every academic semester, refresher workshops (with themes chosen by

the preceptors and strategic participation of professors from other components of the course) and conversation circles for welcoming, monitoring and evaluating the experiences of students and tutors in PHC.

According to Associação Brasileira de Ensino Odontológico (ABENO – Brazilian Association of Dentristy Education), the Supervised Internship (with intra and/or extramural activities, developed in public or private services) is the instrument of integration and knowledge of students with the social, economic and work reality, in the direction of comprehensive care, including education and promotion of health[7].

Qualified experience in PHC internship fields favors some essential insights, such as: "health service as a resource or intruder; territory as a potency of life" (p.1251)[8], that no theoretical component would be able to produce.

Considering this context of formation and work, the objective of this study was to know the perceptions of BSMPH Dentistry graduates about the experience of Internship in PHC performed during the training of preceptors.

2 METHOD

This is an exploratory study, with a qualitative approach, using semi-structured individual interviews to collect data from an initial script of questions.

All graduates of the BSMPH dentistry course who graduated in 2017.2 and in 2018.1 who completed the practical credits of Internship in Public Health V at PHC were invited to participate in this study – an intentional sample[9] insofar as the subjects were accessed among those who showed interest. The invitation was made by e-mail, with the Writing Informed Consent Form. Only 12 graduates expressed their willingness to participate in the study, not reaching, in these terms, the saturation criterion, which does not compromise the validity of the investigation, as highlighted, more recently, by Minayo[10]. It should be noted that one of the limitations of the research was the time for data collection (as it is part of an Undergraduate Course Conclusion Paper).

Five interviews were carried out in person, in places agreed between the researchers and the research subjects. Seven interviews had to be done remotely, using the Skype or Facetime, with those who did not live in Salvador. All interviews were audio-recorded and later transcribed, with the consent of the participants (by signing the Consent Form).

The data (the transcribed speeches) were analyzed using the Content Analysis method[11]. Due to the page limit, only two categories of analysis were discussed in this article: (1) Conceptions about the SUS and PHC; and (2) Learning in the internship and the quality of tutoring.

In compliance with the definitions of Resolution 466/12 of the Conselho Nacional de Saúde (National Health Council), the project of this study was approved by the Research Ethics Committee of the Bahia Foundation for the Development of Sciences (FBDC), under protocol number 2.915.545, of September 25, 2018. The project that gave rise to this study was larger, also conducted by the same researchers, from which one of the objectives was extracted for the purposes of this article.

3 RESULTS AND DISCUSSION

There were 12 subjects participating in the research: 6 graduates in 2017.2 and 06 graduates in 2018.1, a total of 10 females and 2 males. Regarding professional insertion, 6 were in the Estratégia Saúde da Família (ESF -

Family Health Strategy) (through a contract), 8 in a private office (by percentage and health insurance) and 2 of these reconciled the ESF and the private office. With regard to postgraduate studies, 4 were in a specialization course: 2 were working in private offices and 1 with the ESF and 1 were in the Multiprofessional Residency in SUS.

The results will be presented below, considering the mentioned analysis categories. To preserve their identity, the participating subjects were given fictitious names, with names of flowers.

The conception about SUS and PHC

Among the 12 participants, there were different conceptions about the SUS:

> *"Prejudice with public health is very big here in the university [...] I thought it was something completely different [...] that I would be there and there would be nothing to do, because there would be no material, because I wasn't going to be able to do a restoration, because there wasn't going to be anything and I saw that it's not the reality."* [Gillyflower]

Despite having one of the largest and most complex public health systems in the world, the perpetuation of common sense speeches among graduate students was notorious, apparently still very influenced by the media and insufficiently sensitized by the teaching of Collective Health at undergraduate level.

The main images and information about the SUS published by the media regularly associate it with absences, ailments and precariousness, constantly emphasizing a supposed inefficiency of the State, incompetence of authorities and/or health professionals. This results in the formation of a symbolic order that is not very reflective on the field of health policy that the SUS represents, even discouraging citizen participation (something essential for its consolidation). The image of public health failure in Brazil permeates different levels of education and social classes. The form and content (mostly dramatic) of the news in media reveal a generally "deficient" and "non-resolving" SUS throughout the country[12].

About the "symbolic order", there are some reflections from the journalistic field on the close relationship between the media and health, anchored in some concepts of the sociologist Pierre Bourdieu. Power in communication relationships depends (in form and content) on the material or symbolic power accumulated by the social agents involved in these relationships, and which, based on that, can allow the accumulation of symbolic power, that is, a power to construct reality. Symbolic systems are tools of knowledge and communication applied to the determination or recognition of domination. However, these systems perform the function of guaranteeing the domination of one class over another, which is configured as symbolic violence, which is exerted in an implicit or unconscious manner (both by the dominant and by the dominated). At that, it is necessary to dismantle a series of mechanisms that empower the media to exert influence on social agents (people and institutions) and negotiate its way of perceiving the world and the society[13].

And would it not be the role of academic formation to foster criticism in relation to some distortions promoted by the media? For Bourdieu (2009)[14], the school is a place of reproduction of society, which inspires us to a deep and vigilant self-criticism. For the optimism necessary for the struggle, Paulo Freire's work (2017)[15] invites us to a

transforming and liberating action.

Another aspect that stood out in the study was the view of the SUS linked to poverty, that is, the construction of the logic of the SUS as a system for the poor. Paim (2009)[16] systematized some conceptions about the system: the SUS for the poor, the real SUS, the formal SUS and the democratic SUS.

> *"In Primary Care, as we assist many people outside of our reality [...] it is good to break that image that many dentists have, including many students, as the patient is poorer, I can do it anyway; not!".* [Gillyflower]

Beyond the perspective of "SUS for the poor", the highlighted excerpt denounces the devaluation of the human being:

> "*The rational logic blunts, taking spontaneity from individuals, encouraging them to participate through coercive ideologies and forms in the capitalist game; it submits them to a society of surpluses that values capital before life, valuing life only as a producer of capital*."[17]

> *"I intend to leave the PSF, to have better working conditions, assist another type of population, practice a dentistry as I learned in college."* [Lily]

The desire to "assist another type of population" may have to do with valuing life "as a producer of capital". As for the "dentistry that I learned in college", a possible explanation may lie in the technicality, discussed further ahead.

Within the SUS, the *locus* of PHC is even more undervalued:

> *"I feel like continuing in the public service, but the fact of being limited, this sometimes puts me a little behind, because I think I can't grow much as a professional, we don't have much to do with the patient [...] because whether you like it or not, you end up becoming a general practitioner."* [Violet]

Working in PHC requires the development of skills and competences that no single specialty will be able to provide such as recognizing and acting on the social determinants of health, making decisions based on scientific evidence both individually and collectively, knowing how to identify local needs to plan , monitor and positively impact the health of communities, know how to communicate and interact with other health professionals and the population in general, be able to act in territories interprofessionally, interinstitutionally and transdisciplinary, among others[17]. In other words, it is necessary to "grow very much like a professional" to perform well in that place. Probably, the professional growth mentioned by Violet is based on other issues, such as the desire to work only within some specialty(s) in the logic of the private services.

The SUS constitutes the largest social inclusion policy in the history of Brazil, and the strategies defined for its PHC have been considered, due to their extension and coverage, a model to be followed by other countries[18]. However, the limits of the service are still real :

> *"There is missing material, old, broken instruments, sometimes they don´t work as well as they should, or bad brands that don't perform the proper function."* [Lily]

> *"Although [the unit] does not lack [materials], it does not mean that these are of the best quality, so the restoration happens to fall off, because the adhesive is not good and the government does not want to buy a better one, because the resin is old, of lacking a medium needle*

and we only have a long one and we have to cope with that." [Gillyflower]

It is not intended here to accept the problems of the service as conditions to which one must get used to. Many gaps reported are, in fact, unacceptable for health work, as they compromise biosafety, the longevity of procedures and the health of users and workers. However, it is necessary to make critical reflections on the use of technologies, the production of care and other desirable characteristics for the work process, in the internship experience in PHC.

Learning in the internship and the quality of tutoring

A similar study with graduates showed that students had an initial fear to work in the public health environment; this fear is overcome by the possibility of learning about new things and methods little discussed in the academic environment[19] .

Only one of the 12 subjects in this study claimed not to have obtained significant benefit from the internship at the ESF.

"I had some difficulties, for example, I went there without any guidance [...] there were few clinical kits, so there was a limitation on how many patients to see per shift [...] it was not very beneficial, because I had these problems, and also the day I was in the internship, a shift was a meeting of the tutor, so I stayed there doing nothing." [Orchid]

Acting in PHC goes far beyond patient care in the office and, although it is of great importance, it is pertinent to reflect on the "whys" of the "limitations and problems", the meaning of team meetings and the many other attributions of a team of Oral Health in the ESF, inside and outside the health units[8]. This speech showed how much we need to support preceptorship, in the sense of using all situations as opportunities to learn and teach, not only about the service, but about the challenges and, especially, the ways to defend the SUS.

The other subjects brought relevant reports about the learning process in the PHC environment:

"The relationship with the patient is even better, because in fact you don't see yourself in that demand of being a 'salesperson'"[...]. [Ixora]

At some point in the graduate's trajectory, health is consolidated as something to be "commercialized". On the contrary, this speech reveals a certain comfort in being able to work without this "pressure". Perhaps the experience of care in other dimensions can strengthen different ways of seeing health work: "caring for the wholeness of the human being [...]. Finally, make it easier for the mystery of Life to take care of us, since it is by taking care that we will be taken care of[20]".

"Even amalgam restoration protocol, which we had never done in college, we did a lot, so whether you like it or not, you end up having greater contact with things you don't see in college." [Ixora]

This speech highlights the already known "distance between undergraduate teaching and the daily life of PHC". One of the actions of the dentistry group at PET-SAÚDE GraduaSUS was to promote conversation rounds between the teaching staff and the PET preceptors, including the municipality's Oral Health Coordinator. The students' difficulty in making these restorations (with amalgam) was brought up by the tutors and welcomed by the teaching staff, who, from then on, began to encourage

the performance of these procedures in the clinic-school. The mismatch is due to the aesthetic appeal of the market and society that ends up entering dentistry in general. It is about the aesthetic supremacy decontextualized from the epidemiological reality of local and Brazilian oral health.

There needs to be a dialogical relationship between intramural teaching and internship, as this works as an important signaling factor for the world of work, as described in the Lei do Estágio, 2008 (Internship Law) [21]:

> *Art. 1st Internship is the supervised school educational act, developed in the work environment, which aims to prepare students for productive work. [...] The internship aims at learning skills specific to the professional activity and at the curricular contextualization, aiming at the development of the student for citizen life and work.*
>
> *"I was able to see even my community with different eyes, as a health professional. It was very enriching for me [...] another issue I learned was to "get by", [...] today I'm in a worse reality, because I'm in the countryside [...] so I learned deal with these problems in the internship, and that helped me a little with the experience I have today within the PSF."* [Daisy]

Daisy had the opportunity to do an internship at a USF in the neighborhood where she lived, in Salvador. Hence this report, of being able to see his community "with different eyes". There was satisfaction in saying this during the interview. The "turn around" refers to the (mis)meeting with reality, which imposes difficulties avoided in the clinic-school. The intramural environment, under the argument of scientific excellence, is disconnected from reality to provide the "ideal" conditions: the best materials and equipment, a full shift to attend to a single patient, etc. The internship field in SUS health units bring students closer to the reality of communities[22,23].

> *"Sometimes we would see a person, then the mother, wife and son would arrive for us to care, which is not our reality at undergraduate studies, and sometimes we would visit homes, so we knew the patient beyond the four walls of his office, so I thought that was really cool. [...] it's when you feel most useful as a dentist, as a person, and it's where you come out more humanized, because it's very difficult for you to go through an experience like this and not come out more humanized."* [Daisy]

Home visits often bring together different professionals who work in PHC. An experience report on multidisciplinary work in an extramural internship[23] showed that, despite all the preparation during graduation, this articulation allowed the production of new knowledge and the acquisition of interprofessional behaviors in the production of care, allowing space for all the subjects involved exercise their social roles and carry out a flow and an inflow of knowledge and ways of doing. In this context, the production of care takes place in a more integral way, contributing so that humanistic concepts are experienced and shared in practice.

On "the management of the human side that we don't see undergraduate studies ", the preceptorship at PHC is committed to the articulation of Dead Work (characterized by hard technologies, such as products and equipment) with Live Work (relational, applied to real situations of everyday social

life), and, in this articulation, enable the teaching environment and the production of knowledge[24].

Interprofessional work promotes the exchange of knowledge between preceptors, students and users. It is a two-way street, as the student's presence in the service can stimulate their growth and encourage the desire to learn. Likewise, it can encourage preceptors in the search for new knowledge and stimulate reflective thinking, by directly participating in the training of new professionals[25].

The preceptorship can also collaborate with regard to the handling of records and documents, which are essential in the service's routine:

> *"My tutor managed to organize everything she wanted to give me and managed, even the bureaucratic issues, to sign papers, to sign the numbers, I also participated in multidisciplinary meetings, which involved several professionals, about nutrition, smokers.[...] I always stop to talk to my patients about prevention [...] that I learned there."* [Violet]

But, it is not always like this way:

> *"My difficulty was more with my tutor, not as a person, as a person she is great, but I thought that she lacked a little preparation as a tutor. [...] that she lacked a little more organization, planning a little for the days I was there."* [Rose]

Although the interview focused on PHC, there was a report on the internship in a hospital environment within the same Supervised Internship component:

> "*It was a good experience, but it didn't add much to my professional life, even because I had tutors who did it quickly, assisted 2, 3 people and that was it, I was leaving."* [Violet]

In this sense, efforts have been made by BSMPH, with the aim of assisting in the ongoing formation of preceptors:

> *"We benefited from a training course for preceptors for our preceptors on Friday afternoons. As far as we could see, they had a way of managing what was there. Those who accepted to be a preceptor had a taste for the service within the SUS career, and they had an articulation... an interesting vision. [...] [The preceptor] was able to show me the theory with great practice. So we went through reception practices, things that we had seen a lot in theory, and in practice we know that it is not everywhere there is."* [Gardenia]

4 CONCLUSIONS

Despite the struggles to change the professional profile, there is still a gap between what is taught in the academic field and what is expected from professionals working in the SUS.

The results of this study reinforce the relevance of the teaching-service-community integration for strengthening the theory and practice of Public Health, since the aforementioned integration allows for the appropriation and intervention on the social and health reality of communities and the experience in a way reflected and critical in real PHC scenarios.

Humanistic development and the (re)signification regarding the Health-disease process were the most reported contributions among students in PHC, with impacts on the personal and professional lives of the interviewees.

There was recognition of the importance of the preceptorship qualification for the success of the internship experience in PHC, in search of teaching-service-community integration.

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RESUMO

Percepções de egressos do curso de Odontologia sobre o estágio supervisionado na Atenção Primária em Saúde

Desde os anos 1990, iniciou-se uma luta pela implementação de programas de qualificação dos recursos humanos para o trabalho no Sistema Único de Saúde (SUS), a exemplo do Programa de Educação pelo Trabalho na Saúde (PET Saúde). Apesar dos avanços, ainda persistem lacunas importantes na integração ensino-serviço-comunidade. Nesse sentido, o objetivo nesta pesquisa é analisar a percepção de egressos do curso de Odontologia da Escola Bahiana de Medicina de Saúde Pública sobre a vivência no Estágio Supervisionado na Atenção Primária em Saúde (APS). Trata-se de um estudo exploratório, de abordagem qualitativa, com a utilização de 12 entrevistas semiestruturadas individuais, realizadas presencialmente e à distância, submetidas à análise de conteúdo de Bardin. As categorias de análise foram: 1. As concepções sobre o SUS e a APS; e 2. O aprendizado no estágio e a qualidade da preceptoria. A principal contribuição sentida pelos egressos foi o desenvolvimento humanístico. A qualificação dos preceptores foi percebida como necessária para o êxito do estágio. Os resultados deste estudo reforçam a relevância da integração ensino-serviço-comunidade.

Descritores: Sistema Único de Saúde. Atenção Primária à Saúde. Saúde Pública. Estágio.

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