

# Health care management in Curricular Internships in Dentistry at SUS

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## ABSTRACT

After the National Curriculum Guidelines (DCN), in 2002, the curriculum of undergraduate courses in Dentistry became more sensitive to the needs of the Unified Health System (SUS). This study aimed to analyze the perceptions of graduates of a Dentistry course at a public university about their experiences in health care management during their curricular internships at SUS. This was a descriptive study with qualitative and quantitative data, conducted by a questionnaire containing 32 questions, student reports in the internship in Primary Health Care and interviews. The questionnaire was sent to 491 graduates from 2012/1 to 2017/2, of which 172 graduates agreed to participate and responded to the questionnaire. An intentional sample of 14 graduates was invited to perform the interviews. The quantitative material was analyzed by descriptive statistics, and qualitative data were systematized and submitted to thematic content analysis. The thematic category dimensions of health care management were analyzed considering the theoretical framework of Cecílio (2011). The graduates had mean age 26 years, most (70.1%) were females and 30.4% were employed in the public health network. Insertion in the community, understanding of SUS, work in an interprofessional team and understanding of the culture and different realities of users were part of the training itinerary of graduates, to prepare them for the comprehensive attention to the user. It is concluded that the practice scenarios of curricular internships allowed students to interact with the various dimensions of health care management.

**Descriptors:** Health Management. Dental Care. Dentistry Education. Internships.

## 1 INTRODUCTION

Since the publication of the Constitution of the Federative Republic of Brazil, in 1988, health was declared a duty of the State and one of the fundamental rights of citizenship. Health actions started to be organized within SUS, which had , among other assignments, to organize the

training of human resources for the area, based on its principles and guidelines<sup>1</sup>.

Changes in health policies occurring since then have also demanded adjustments in the training of health professionals. The curriculum of undergraduate Dentistry courses also needed revisions, mainly in 1996, after approval of the

Law on National Education Guidelines and Bases (LDB) and, in 2002, with the approval of the National Curriculum Guidelines (DCN), which presented new guidelines for the curricula of undergraduate health courses<sup>2</sup>.

The idea of curricula more sensitive to the needs of work in SUS allowed the students to experience, during graduation, the management of health care, which is the “provision or availability of health technologies, according to the unique needs of each person, in different moments of their life, aiming at their well-being, security and autonomy to continue a productive and happy life”<sup>3</sup>.

Undergraduate health courses must train professionals able to take initiatives and manage the workforce, physical, material and information resources, so as these professionals must also be able to be entrepreneurs, managers, employers or leaders in the health team<sup>4,5</sup>. Although health care management is an essential topic for the training of dental professionals (DDS), in Brazil, in 2018, there were 327 undergraduate courses in Dentistry, of which only 91 (27.83%) offered management education<sup>6</sup>.

The organization of training in different scenarios of practices allows experiences for students that would not be possible only in the space-time of the academic unit, considering that health care management can be approached in six dimensions: individual, family, professional, organizational, systemic and corporate, according to Cecílio (2011)<sup>3</sup>. The individual dimension of health care management means encouraging the users to take care of themselves, because despite being influenced by various factors in society, all individuals have the autonomy to take care of their well-being. Regarding the family dimension, there are relationships with family members, friends and neighbors in the role of caregivers, especially in

home health care, in which health professionals play an important role in guiding and monitoring. The professional dimension of health care is the relationship between users and health professionals, and three elements qualify the provision of care: competence, ethical posture and the professional's ability to establish a bond with those who need care. The organizational dimension of care is performed in health services, with technical and social division of work, coordination and communication activities, teamwork and the management role<sup>3</sup>.

To achieve resolution and reach the society in the management of health care, two other dimensions must be possible, namely the systemic and societal dimensions. The systemic dimension is responsible for composing formal, regular and regulated links between health services, building 'networks' or 'lines' of care, from the perspective of comprehensive care. Finally, the societal dimension, which is the broadest health care management, contemplates how each society produces citizenship by the production of public health policies and the State role as responsible for implementing strategies to ensure social policies that contribute to a better life. There are multiple links between the dimensions of care management, thus composing a network of points of contact and perceptible possibilities shared by users, workers and managers<sup>3</sup>.

The management of health care is explained in article 9 of the current DCN of undergraduate Dentistry courses, as guidelines for DDS training, so that they may be able to: know and participate in actions aimed at improving indicators of quality of life and health; apply the fundamentals of epidemiology and community knowledge in the management of professional actions; build networks that encourage and expand the approximation between institutions, services and other sectors

involved in comprehensive care and health promotion; understand the management and administration of the work team; perform structural, financial, organizational, tax and work processes management of health services. Besides these guidelines, items IV, VII, IX of article 9 highlight the organizational, systemic and societal dimensions of health care management<sup>3</sup>.

*IV – to manage the work process of the health team in line with the expanded concept of health, with public policies and with the principles and guidelines of SUS;*

*VII – to manage health care effectively and efficiently, using knowledge and devices of different technological levels, to promote the organization of integrated health systems for the formulation and development of individual and collective therapeutic projects;*

*IX – to contribute to the promotion and debate of public health policies in collegiates, such as District Councils and Health Conferences, aiming at the collaboration and construction of fair and solidary programs and policies in defense of life<sup>3</sup>.*

The training of DDS must include all dimensions of health care management for learning the integrality of user care and interprofessional teamwork. It is believed that Dentistry course in a public university, by the teaching-service-community integration with the insertion of students in SUS services, offers practice scenarios that enable experiences of the 'dimensions of health care management'. Based on this hypothesis, this study analyzes the perceptions of graduates of a daytime Dentistry course about their experiences in health care management during their curricular internships at SUS.

## 2 METHODS

This study is part of the research project “Curricular Internships in Dentistry in SUS: Implications in Professional Choices and Learning of Competencies for Health Work”, submitted to the Research Commission of the School of Dentistry and to the Institutional Review Board (IRB) of the University and approved by the IRB report n. 1.009.514.

This was a descriptive study with systematization of qualitative and quantitative data performed on 491 graduates in Dentistry, who experienced the Supervised Curricular Internships (SCI) from 2012/1 to 2017/2. Among these, 172 graduates accepted to participate in the research after knowing its objective and agreed to the Informed Consent Form regarding the interview and questionnaire. The survey response rate was 39%. The inclusion of graduates considered at least one year and at most three years after graduation. The study followed the Resolution N. 466/2012 and Resolution N. 510/2016 and presents minimal risks to participants, since it kept the anonymity of people involved<sup>7,8</sup>.

The Dentistry course, object of this study, had its current curriculum established in 2005. From then on, since the first semester of graduation, the social approach is prioritized in the disciplines of Introduction to Social Sciences for Dentistry, Ethics and Bioethics, and Health and Society. Complementing the training started this semester, the student also takes the course Introduction to Dentistry, which brings the student closer to the professional scenario with educational activities in day care centers and public schools<sup>9</sup>.

The discipline of Planning and Public Management is taught in the sixth semester, involving contents that allow the student to plan strategies for dental care in public health. Among other activities, students must develop a

Strategic-Participatory Planning for a city, as if each student were a municipal manager<sup>10</sup>.

During the seventh semester, the student attends the first extramural internship in Geriatric Dentistry, involving contents and practices of care for the elderly at the individual or collective level. In the 9<sup>th</sup> and 10<sup>th</sup> semester, there is a strong insertion of students in SUS services, with SCI I and II conducted under the supervision of professors, accompanied by a DDS of the service. The workload of the SCI corresponds to 20% of the total workload of the proposed Undergraduate Course in Dentistry. The vast majority of internships are in public health services, especially contemplating Primary Health Care (PHC), specialized hospital services and health management<sup>11</sup>.

The first group following this curriculum graduated in 2009. The Dentistry Course aims to provide the graduate/CD professional with “[...] generalist, humanistic, critical and reflective training, to work at all levels of health attention, based on technical and scientific rigor”<sup>2</sup>, as established by the DCN.

Data from a questionnaire with 28 closed and 4 open questions were used, sent by email to graduates from 2012/1 to 2017/2 (n=491). The questionnaire addressed the characteristics of graduates, insertion, professional choice and experiences during the SCI. The reports of experiences in the SCI I of students who answered the questionnaire were consulted and analyzed. From the analysis of questionnaires, two graduates were selected per class to perform in-depth interviews, totaling 14 participants. They could be working both in SUS and in the private sector, without restriction of location. The interviews had a mean duration of 25 minutes, were recorded and transcribed in full, read and reread. To interview graduates who lived in other cities,

states or even countries, the Skype platform was used for online communication.

The answered questionnaires comprised a database on the Google Drive 2015 platform, which was later exported to Microsoft Excel Version 15.5.5. Data obtained from the transcribed interviews and analyzed reports were inserted into the same software.

In the Results and Discussion chapter, graduates are identified as DDS and their respective numbering in the order of answer to the questionnaire, to maintain their anonymity. The participants' speech and writing clippings are coded as R, when originated from reports, and as I when originated from interviews.

The study combines qualitative and quantitative data, which are considered as complementary, by the triangulation of data from different collection methods, to increase the study reliability<sup>13</sup>. The quantitative material was subjected to descriptive analysis and the qualitative material from the questionnaire, interviews and reports were coded, grouped by theme and interpreted by thematic content analysis<sup>12</sup>. From the intense reading of the empirical material, some thematic categories emerged, including: professional choices, construction of collaborative competences, professional autonomy and health care management. The first three categories have been addressed in other articles. In this study, the dimensions of health care management are approached based on the theoretical framework of Cecílio (2011)<sup>3</sup>.

### 3 RESULTS AND DISCUSSION

The partial results of this study are presented in the following units of analysis: Characterization and Insertion of Graduates and Practice Scenarios and Dimensions of Health Care Management.

### **Characterization and insertion of graduates**

The graduates who comprised the sample of this study totaled 172 participants, graduated from 2012/1 to 2017/2, with mean age  $26\pm 1.88$  years and range from 23 to 35 years, mostly (70.1%) declaring themselves as females (n=117). Since the 1970s, when women effectively entered the dental work market, until the present day, there has been a gradual increase in female participation in the profession, evidencing numerical predominance in relation to males<sup>14</sup>.

The study participants had between 1 and 3 years of training and most practiced Dentistry clinically (92%). About half of graduates worked in the private office of another DDS (51.6%), followed by employees in the public health network (30.4%). Another study conducted on graduates from the State University of Piau  (UESPI) found different results, with most (68%) working as public employees, 62% in their own office and 26% in another professional's office<sup>15</sup>.

The city of Porto Alegre was indicated by 50% (n=86) of participants as a working municipality, 21.5% (n=37) in the metropolitan region of Porto Alegre, 12.2% (n=21) in the countryside of the State of Rio Grande do Sul, 6.97% (n=12) practiced the profession in another state, 1.16% (n=2) in another country and 8.13% (n=14) of graduates did not respond this question. These findings coincide with those of another study, in which the highest concentration of dentists was observed in urban areas, such as in the country's capitals, even though these are more saturated compared to smaller and more remote cities<sup>16</sup>.

In the present study, most graduates, 76.19% (n=124) were attending postgraduate studies, 10% reported having already completed it, and 12.3% (n=20) intend to study in the future. These data are similar to those of

a study conducted with graduates of a Dentistry Course in Tocantins, which found 62.8% attending or having already attended postgraduate studies<sup>17</sup>. From these data, it is observed that the graduates consider it important to improve themselves after graduation, which may be associated, according to some authors, with the need for differentiation in the job market and improvement of the quality of care, with the possibility of expanding the range of care and patients, and consequently the increase in financial gain<sup>18</sup>.

### **Practice scenarios and dimensions of health care management**

The possibilities of acting in different scenarios of practices that provide opportunities for individual and collective extramural experiences during academic training, contemplated in activities and services that are also diverse, can collaborate to achieve the guidelines of DCN to prepare students for the job market, which, in Brazil, also means working in SUS public services. As mentioned in some studies, the SCI must be developed in an articulated manner and with different technological and relational complexities throughout the training process<sup>19,20</sup>.

#### *Health services as a space for learning health care management*

The training itinerary of participants of this study allows experiences in different scenarios of SUS. They point out the importance of the internship experience in the PHC services, which allowed to know the context of users, as in the following report:

*The experience in PHC was enriching, since it allowed us to know the context in which the patient is inserted, which*

*until then we had not had the opportunity to do [...] (DDS163-R)*

The experiences of Dentistry students in SUS, as close as possible to people's reality, express the possibility of training future dentists who are more humanized and sensitive to the oral health needs of the Brazilian population. It is verified that the experiences of internships in SUS, developed in the Dentistry course under study, stimulate these humanistic qualities.

Studies recommend that humanistic qualities should be encouraged in the teaching/learning process, in the search for the training of empathic professionals, since empathy should be the basis of dental care<sup>20,21</sup>.

Reading of the participants' internship reports revealed reflections related to a comprehensive view of users, with emphasis on "seeing the patient as a whole" and knowing the history of people/family.

*I really understood the meaning of the phrase: "seeing the patient as a whole", because by investigating the history of a family we can understand why a patient does not adhere to treatment and then try, in some manner, to contribute to improving the quality of life of these people. (DDS63-R)*

It is observed from the statements of graduates, both in internship reports and in interviews after graduation, that they perceive the importance of understanding the user in an integral manner, considering the entire social and family context. It is often necessary to set aside the importance assigned by dentists to oral health to understand that "*the oral condition was not the most important factor in the patient's life at that time*" (DDS163-R).

*And then you see that there are issues behind that patient, that the patients have a whole life, have a whole context*

*that influences their behavior, the way they face health, which influences the way they have autonomy. (DDS5-E)*

The user's relationship with the DDS does not only promote prevention and self-care, but mainly the autonomy of individuals, which interferes with the individual dimension of health care management<sup>22</sup>. To provide comprehensive care, it is necessary to understand the life context of the individual seeking care and to consider a perspective that identifies the user's needs in the family and community context<sup>23</sup>.

It is considered that one of the challenges of training a health professional involves moving from the professional nucleus to the universe of people's lives. PHC is one of the main locus of experience of the individual and family dimensions of health care management. Nothing is more intense than the insertion of students in the domain of health services in interaction with families to promote this movement, especially by home visits, as observed in the next report:

*[...]the home visits allowed understanding the culture and habits of families, thus allowing to propose approaches consistent with reality, besides strengthening/establishing the family's bond with the Family Health team [...] we also elucidated the doubts and provided guidance to caregivers of bedridden patients [...]. (DDS2-R)*

For the health professional to be able to stimulate individual and family care, it is essential to put in the others' shoes, understand cultural aspects of different social groups and the daily context in which the individual/family is inserted, valuing popular knowledge and sharing scientific knowledge.

The professional dimension of health care management involves the professional-

user relationship<sup>3</sup>. From the reports, it is observed that, for the graduates, humanized care is as important as the technical skills.

*People have a lot to tell us about health and the internship teaches us to listen to them and understand aspects intrinsic to their realities, which allow us to truly understand the determinants of health and their impact on the health-disease process. (DDS128-R)*

*[...] users in the territorial domain of the UBS are called by name and have their stories known by the entire team, which provides comprehensive, humanized and longitudinal care of excellence. (DDS169-R)*

Some authors discuss the important elements of the professional-user relationship, which includes the professional's ethical posture, i.e., respect for the service user is a fundamental factor for a good relationship. Another essential element is the ability to establish a bond; for that purpose, it is essential to listen to the user, to understand the person/community “behind the mouth”, so that this relationship may be respectable and empathic, enabling the user to become aware of health care<sup>24</sup>. Another study reports that users feel safe when attended by a dentist with technical competence, but they also want a humanized and welcoming service<sup>21</sup>.

Participants in this study report the experience during training of bonding with the user, the importance of community participation in the planning of actions and the need for continuous improvement for the management of health care, in the writing of internship reports in the PHC:

*[...] there is a lot of community participation in planning. Care is continuous, there are re-appointments, the link between professional and user*

*and care coordination is in continuous process of improvement. (CD101-R)*

The coordination of care in PHC is one of the necessary conditions to achieve a comprehensive response to the set of health needs of users<sup>25</sup>. Health professionals who work in PHC, including the DDS, must work in the professional dimension of health care, and one of the elements that assign quality to the provision of care is the ability to establish a bond between the professional and those who need care<sup>3,26</sup>.

According to Cecílio (2011)<sup>3</sup>, health care management goes beyond the professional-user relationship and involves the organizational dimension of care, with technical and social division, coordination and communication activities, teamwork and the actual managerial role.

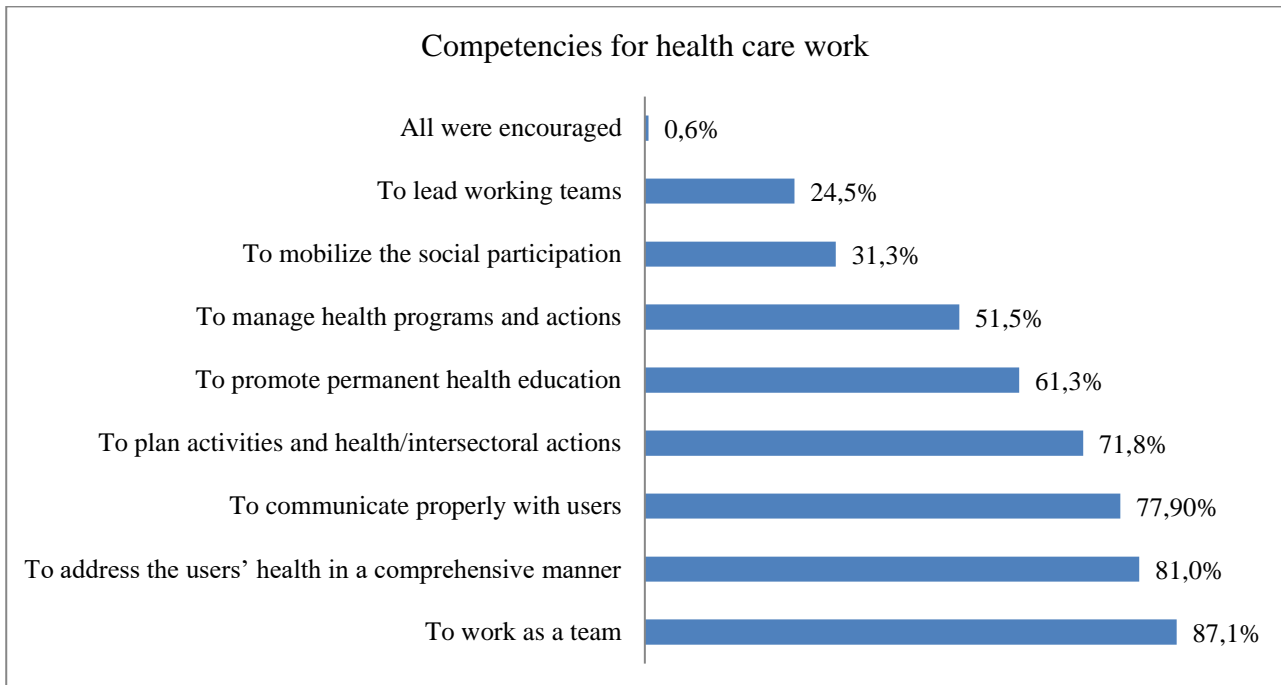
In the organizational dimension, it is observed that comprehensive care and teamwork were competencies for health care indicated by all participants, as shown in Graph 1, which consolidates the responses to the questionnaire.

These findings are corroborated in the interviews conducted with the participants, in which the graduate highlights the motivation of health professionals and the interest of teams in sharing their experiences and knowledge:

*The teams with whom I worked were very interested and concerned about transmitting what they knew, I was able to learn a lot, both in technical knowledge and in humanization, organization, management of cases, groups, meetings [...]. What influenced me the most was seeing the motivation of each professional with whom I contacted and all their dedication and concern in dealing with each person to improve their physical, mental and psychological*

*health, and also to manage each case, each situation. I have a lot to thank for*

*the internships and every professional involved in them. (DDS155-I)*



Graph 1. Competencies for health care work developed in curricular internships at SUS by graduates of the School of Dentistry from 2012/1 to 2017/2

Some authors discuss learning during undergraduate health courses during which the students perform a mostly individualized practice, which in the future precludes the interaction of these professionals in the services, evidencing the importance of internships with initial insertion in PHC, providing interprofessional experiences, so that the students may learn teamwork. Reflections by these authors on interprofessional teamwork emphasize the opportunity that the professional practice of one individual may be rebuilt on the practice of other, both being transformed for intervention in the reality in which they are inserted<sup>27</sup>.

Interaction with other professionals inspired and encouraged participants to develop skills as initiative and leadership, as the graduate

reported in the interview:

*[...] The School Health Program was my object of study in the internship project; thus, I ended up taking a lot of initiatives to prepare activities [...] all this was coordinated by me and the resident of the UBS. It was really cool that we did this and managed the activities together with our dental nurse. There was this issue of taking charge of something that was a very cool experience, I really enjoyed it. (DDS112-I)*

Although the curriculum of the Dentistry course covers disciplines and internships with a focus on management, both public and private, the graduates mention that a greater focus on people management is necessary, so that the student can develop skills to lead and live with



the collective, and leadership is one of the general competences highlighted in the DCN.

*[...] I don't know what is needed, but I miss it, so much that I'm looking for management and leadership courses [...] at the moment I am not able to lead a team, deal with people, deal with patients [...]. (DDS9-I)*

In the SCI, students are also encouraged to develop health planning activities, both by collective planning proposals and unique therapeutic projects. In some excerpts from the reports, the participants express their perceptions about this learning process and the planning proposal.

*We are proud to be graduates of this University, a school that trains professionals with the ability to plan, both individually and collectively. We are able to propose individualized measures, but we also learn to question the collective, considering the complexity of reality, the identification of vulnerability in health, the elaboration of actions based on the recognition of regions and territory [...]. (DDS121-R)*

*[...] the planning proposal allows us to actually participate in other aspects of the service, bringing new possibilities for the dental professional, to also act in the management of SUS, playing roles of paramount importance to the system such as regulation, for example. (DDS128-R)*

As in this study, other authors emphasize that the integration of teaching and service enables interprofessional practice for the students with focus on health surveillance, by diagnosis of the main health problems of that community, developing a critical sense, learning to seek solutions and make team decisions for health problems found both at the individual and collective levels<sup>28</sup>.

It is observed that, during the internships in SUS, it was possible for the students to have experiences in the professional and organizational dimensions of health care management. It can be seen that a focus was given to humanized, integral and longitudinal care, the link between professional and user, the importance of professionals' motivation in their work and the relevance of the continuous process of improving the coordination of health care with the learning of team work.

#### *Health care networks and the dimensions of health care management*

The systemic dimension of health care management aims to build formal, regular and regulated connections between health services, composing 'networks' or 'lines' of care for comprehensive health care<sup>3</sup>. The PHC performs the organizational dimension of health care management, being the main entry to SUS. It has a privileged space for managing people's care, fulfills a strategic role in the care network, serving as a basis for its organization, effectiveness of integrality, responsible for the management of the various technologies of care and management, expansion of people's autonomy and collectivity. The PHC must perform the coordination of care, acting as the articulation center with other points of the Health Care Networks (HCN), aiming at producing the shared management of comprehensive care<sup>29</sup>.

PHC is ruled by the National Primary Care Policy, a societal dimension of health care management. As previously mentioned, it acts in the organizational dimension and also in the systemic dimension of care management. In health, which is responsible for composing care networks, from the perspective of comprehensive care, one of the principles of Primary Care<sup>3</sup>. As cited earlier, the experiences in PHC, during a semester, brought numerous learnings to

students, which were complemented by experiences in management and in specialized and hospital services in the following stage.

The experiences in instances of state, municipal and district management, in the SCI, allow students to perceive that the management of care goes beyond the local and individual level, influencing the health of the entire population, based on legislation, policies and the HCN. The report of one of the participants confirms the importance of experience in SUS management instances:

*The management internship was wonderful. I attended it at the state health department, in the area of health for people with disabilities. Thus, I ended up learning legislation there, seeing how they work, I saw how management can really influence people's health. I managed to develop this competence, how to really think about working in health, not at a local level, not at a person level, but at a population level and how using this management can influence all people's health [...]. (DDS38-I)*

Other experiences mentioned were the interactions between health services and the expansion of possibilities of action of the DDS, which for the graduates was no longer just in the dental chair, expanding to the possibility of acting and managing in SUS.

*[...]to see the importance of DDS, who does not need to work only in the dental chair, playing a much greater role, and we often manage to improve the population's health much more at the management level than at the local level [...]. (DDS38-I)*

The importance of the management model based on the multiprofessional team and on health promotion and prevention actions was cited in an internship report, in which there was

recognition that the poor quality of administration reverts care to the physician-centered model, with a curative focus on the disease. In another report, it is mentioned that we have a model health system, which faces funding and management challenges.

*I also learned the importance of planning of health actions, organization of the system and the correct and efficient administration of this unit, because an administration of poor quality or without knowledge harms a community, and it becomes an only curative unit, centered on the physician rather than on comprehensive and individual- and family-centered care. (DDS46-R)*

*[...] it was important to experience the routine of a health professional, within public health, as well as the management processes that occur in the system. We have a health system that serves as a model, yet challenges as financing and management often make it incompatible with his theory. (DDS99-R)*

To influence the community health, the professional prepared to lead processes of change, assuming the role of health manager, must be able to lead and add value to their team. It should also combine efforts to use financial, technological, material and human resources to increase the resolution of services in the area covered<sup>30</sup>.

The configuration of the HCN is still a great challenge, which demands strong investment from the State for its consolidation. For this, the State must have a policy encouraging and supporting the networks as a primary strategy for achieving quality health services for the entire population. From this perspective, the constitution of HCN is understood as an important instrument to ensure the right to health by expanding access and

reducing regional inequalities, which are still large in our country<sup>31,32</sup>.

The participants realized that the structuring of SUS involved and still involves many struggles and as mentioned below, the desire to participate in this process was explained in the words of a graduate.

*The management disciplines and curricular internships made me sure that this was what I wanted: to be a professional in the public health sector. Every time I learned more about SUS, about public health, the more I was enchanted by the past struggles to make this possible today. (DDS155-I)*

Finally, it addresses the perceptions of graduates about corporate management, which is the broadest dimension of health care production, basically consisting of how health laws and policies are produced and how the right to health is considered in a given society. From there, citizenship is achieved, providing access to technologies that contribute to a better life<sup>3</sup>.

Among the activities that promote the societal dimension of health care, participants emphasize that they were encouraged to participate in meetings of local, district, municipal and state health councils, including health conferences that occur at every four years. All of them reported participation in meetings in Health Councils during the internships, and it is possible to find an analysis of this participation in this section of the report.

*[...] the broader view of popular participation, which takes place by participation in health councils. Through this, the intern has the opportunity to expand their conception of health and care, building skills to work in the public health system in a more apt and true manner in the future. (DDS155-R)*

Health councils are spaces in which

negotiations can take place between the various social subjects for the construction of a health policy; it is a form of relationship between the State and the popular class, as the materialization of a partnership created to define, execute and control health policy<sup>33</sup>.

Several curricular subjects provide students with theoretical foundations about SUS and its laws, while extramural curricular internships allow them to experience in practice the knowledge acquired in theory. However, by the interviews, we understand that they want a greater focus on the laws that govern health, SUS and Dentistry, to prepare themselves efficiently to face selection processes for public employees and the administration of health services.

*What I found cool about the internships is that I learned why those laws, which I had to download on the internet and memorize everything for the selection, were like that. And how it was put into practice. This is lacking a bit. Suddenly, these laws need to be addressed a little further [...]. (DDS5-I)*

Among the possibilities to meet this demand of graduates, after graduation, they enroll in specialization courses in collective/public health, family health, administration and management in health, as well as in multiprofessional health residencies, which aim to qualify the performance of health professionals in SUS.

#### 4 CONCLUSIONS

When analyzing the characteristics of graduates and their places of professional insertion, it can be seen that a third were inserted in public health services and, as in other studies, with predominance of work in urban regions.

In the perception of graduates, the experiences provided by the SCI were enriching for their training, since they allowed them to know the

context in which the user is inserted, besides understanding it in an integral manner, developing the bond between professional and user, learning to work in multiprofessional team and put into practice the theoretical basis on SUS and its laws.

The graduates mentioned that many skills are addressed during the internship period, including planning activities and managing health programs and actions, which are skills required by the DCN of the Undergraduate Course in Dentistry. Experience in the community, understanding of SUS and understanding of the importance of considering the culture, values, social and economic realities of users to provide comprehensive health care were mentioned by the participants. It is considered important for the student to be encouraged to have a humanized perspective, to learn to communicate, listen and understand the context of each user since the onset of training.

The experiences of curricular internships at SUS are considered by the graduates as important in their academic, professional and personal training, as well as the possibility of experiencing the different scenarios of practices and the different dimensions of health care management, which is fundamental for professional practice in all contexts.

## RESUMO

### Gestão do cuidado em saúde nos Estágios Curriculares de Odontologia no SUS

A partir das Diretrizes Curriculares Nacionais (DCN), em 2002, o currículo dos cursos de graduação em Odontologia tornou-se mais sensível às necessidades do Sistema Único de Saúde (SUS). O objetivo deste estudo é analisar as percepções dos egressos de um curso de Odontologia de uma universidade pública sobre suas experiências de gestão do cuidado em saúde durante os estágios curriculares no SUS. É um estudo de natureza descritiva com dados qualitativos e quantitativos, produzidos por meio

de um questionário com 32 questões, dos relatórios dos estudantes no estágio na Atenção Primária à Saúde e entrevistas. O questionário foi enviado para 491 egressos de 2012/1 a 2017/2, sendo que destes, 172 egressos aceitaram participar e responderam ao questionário. Convidou-se uma amostra intencional de 14 egressos para realização de entrevistas. O material quantitativo foi submetido à estatística descritiva e os dados qualitativos foram sistematizados e submetidos a análise de conteúdo temática. A categoria temática dimensões da gestão do cuidado em saúde foi analisada considerando o referencial teórico de Cecílio (2011). Os egressos apresentavam média de 26 anos de idade, sendo a maioria (70,1%) do sexo feminino e 30,4% estão empregados na rede pública de saúde. A inserção na comunidade, o entendimento do SUS, o trabalho em equipe interprofissional e a compreensão da cultura e das diferentes realidades dos usuários fizeram parte do itinerário formativo dos egressos, de modo a prepará-los para a atenção integral ao usuário. Conclui-se que os cenários de práticas dos estágios curriculares possibilitaram aos estudantes interagir com as várias dimensões da gestão do cuidado em saúde.

**Descritores:** Gestão em Saúde. Atenção Odontológica. Educação em Odontologia. Estágios.

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