

Interprofessional Community Internship in Dental Student Education: experience report of the Federal University of Goiás

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ABSTRACT

The Unified Health System (SUS) in Brazil is a powerful scenario for action and a field of interprofessional education, particularly with regard to supervised internships. This experience report (ER) describes the structure of the interprofessional community internship (ICI) at the Federal University of Goiás from the perspective of dental education. The article is based on the experiences and reflections of the authors and subjects of the ER: the faculty of each study program (Dentistry, Medicine, Nursing, and Nutrition) and the coordinator for the integration of teaching, service, and community on the campus where the internship takes place. The pedagogical projects and teaching plans of the participating programs, the evaluation workshops during the internship, and the community internship manual were also consulted. The ICI context, the learning process in interprofessional dental student education, the sustainability of the internship, and the potential of informal learning are presented and discussed. The historical advances made during the ICI and the means by which such changes in the perspective of education and interprofessional practice are fostered, as well as the potential points of development of the internship to ensure the holistic education of dental students in terms of collaborative skills, are considered.

Descriptors: Education, Dental. Interprofessional Education. Interdisciplinary Placement. Primary Health Care. Community Dentistry.

1 INTRODUCTION

In Brazil, strategies to reorient vocational training in the health sector can be seen since the 1980s. However, starting in 2003, these

strategies became more embedded in public health policy. Here, it is clear what reorientation means: training professionals more in touch with the epidemiological and social reality of

their region, generalist and interprofessional training, comprehensive care, humanization, and more¹⁻³.

One of the strategies to achieve these goals and promote greater integration of teaching, service, and community is the establishment of partnerships between educational institutions and the services of the unified health system (SUS), often made official through agreements, described through contracts, and implemented through extramural internships. The supervised internship is one of these instruments, which requires the presence of tutors (teaching) and supervisors (service)¹.

According to the Brazilian law that regulates the internship setting⁴, this internship must take place in an environment that prepares the student for work and is integrated into the educational plan. In this context of diversification of practice scenarios and promotion of activities with SUS services, it is correct to say that the public health disciplines have much to contribute, mainly because historically they have already been developing their practical activities within that system and because they are familiar with the principles, policies, work processes, and even the vocabulary of such settings⁵.

Training health professionals to work in public health as a field of knowledge implies an educational process based on interdisciplinarity and multiprofessionalism as a guide to how to act within the expanded concept of health⁶. This requires that students recognize the complexity of the practice of individual and community health care from the perspective of diversity, connection, (re)creation, responsibility, regionalization, professionalism and support to SUS.

Leite, Cassotti, and Gouvêa (2018) point out that public health internships are able to "introduce innovative and complementary

activities in the educational process of students, guaranteeing experiences that are not possible in intramural disciplines"⁷. Not only do they contribute to the development of skills and abilities required to become a general dentist, but they are rated as positive experiences by most students⁸.

One of the prominent experiences in health education is interprofessional education, defined by the World Health Organization (WHO) (2010) as an education in which "students from two or more fields learn together, learn about each other and with each other to enable effective collaboration and improve health outcomes"⁹. Interprofessional education prepares students to work in an interprofessional team from the perspective of collaborative practices that improve the health care process in an holistic context⁹.

In the Dentistry program at the Federal University of Goiás (UFG), four public health internships are planned since 2009, two in primary care, one in secondary care, and another in local SUS management. In the second half of 2016, at the proposal of the Structuring Teaching Nucleus (*Núcleo Docente Estruturante*, NDE), the Program Coordination transferred the community internship coordination to the faculty of public health. In 2017, a process of adaptation of the internship to the basics of the public health field began, no longer focusing only on the "clinical experience in basic health units"¹⁰, but providing a more integrated action with the healthcare network, bringing the training of students closer to the reality of the user, the family, and the community.

This process offers the possibility of joint planning with the programs that already carry out activities in internship settings. Thus, starting in 2019, the programs of Dentistry, Nursing, Medicine, and Nutrition created a

manual for the development of their activities that delineates the creation of the Interprofessional Community Internship (ICI), supported by the UFG Internship Coordination, which is linked to the Dean of Undergraduate Studies of this institution.

This experience report describes the structure of the ICI at UFG from the perspective of dental education.

2 METHODOLOGICAL COURSE

In order to describe the ICI as an educational experience of interprofessional education of dental students at UFG, the experience report (ER) was chosen as a methodological tool. This instrument is a “theoretical-practical construction that can be used to refine the experience itself from the perspective of the researcher in a specific cultural and historical context”¹¹. In addition, it allows the systematization of the knowledge resulting from a process based on a theoretical framework and has a narrative power and can be considered as a discursive construction in the health field.

The ER is a method that allows constructing a scientific narrative from lived experiences, memories, and the linking of ideas with reflections on the part of the reporter as a subject in the world. According to Daltro and Faria¹¹ (2019), the ER is a result of effect, and therefore the active participation of the authors of the project is essential.

The analysis of the information was based on the six essential elements for the construction of an ER: perceiving the report of the experience as a documentary production; having at least one of the authors as a participant in the real life of the study; describing not only the scenario, the text, the authors and the activities, but also problematizing the experience; discussing the experience with scientific knowledge and

showing from which place the authors speak; ensuring theoretical references, discussion of the text and concluding reflections; finally, not presenting conclusions, but considering what was gained during the experience, presenting gaps and possible contradictions.

Thus, the construction is also based on the experiences lived and reflected by the author-participants of the ER, that is, the faculty tutors of the internship in each course and the coordinator of the teaching-service-community integration, located on the campus where the ICI takes place. Two faculties of dental public health from the dental program with experience in the formulation and evaluation of internships in this field were also part of the team.

In addition, the curricula and pedagogical projects of the participating programs (PPC) (Nursing, Nutrition, Medicine, and Dentistry), the recollections of the evaluative workshops conducted during the internship, and the Interprofessional Community Internship Manual were used to create this ER. Document analysis was based on a fluent reading followed by exploration and organization of points of interest for systematizing the history, context, strengths, and weaknesses of the ICI. The main information and interpretations were brought into the collective writing sessions for the article, where they could be included, modified, reinterpreted, or even excluded depending on what the group deemed relevant.

3 EXPERIENCE REPORT

The Interprofessional Community Internship context

In 1973 in the city of Firminópolis (118 km from the capital city of Goiânia), an internalization project for medical students began at the UFG in response to a specific public health need in the fight against Chagas

disease. From this experience, a Rural College Center for Training and Community Action (*Centro Rural Universitário de Treinamento e Ação Comunitária*, CRUTAC) was created in the community, which later became an Advanced Campus of the UFG. In the early 1980s, the municipality began to receive students from other health-related programs, and in the 1990s, activities expanded to the neighboring municipality of São Luís de Montes Belos (127 km from the capital city, Goiânia).

The Advanced Campus was occupied by UFG in partnership with Firminópolis through the donation of a site near the city center. The agreements between Firminópolis, São Luís de Montes Belos, and the UFG ensure that the Firminópolis Campus provides academic support in terms of transportation, accommodation, and meals. The UFG is also responsible for some of the resources that enable the campus to function. In addition, it provides personnel for the administration and coordination of activities for the integration of teaching and the community, and guarantees the insurance of the students during the internship.

The above municipalities are part of the West II Health Region, composed of thirteen municipalities of Goiás. The Health Region is responsible for advising and monitoring the municipalities with regard to the actions proposed by the Goiás State Health Department - SES/GO - at the regional level¹².

Firminópolis has an estimated population of 13,449 inhabitants, while São Luís de Montes Belos has 34,157 inhabitants¹³. Firminópolis has four basic health units (UBS) with six family health teams (eSF), one private hospital with a partnership with the municipality, and one multiprofessional primary care team (EMAB). In São Luís de Montes Belos, there are ten UBS with as many eSF, a regional hospital, an EMAB, a multiprofessional home care team

(EMAD), a health academy, and a prison primary care team. There is also a Rehabilitation Center (CER) and a Psychosocial Care Center (CAPS) that also serve Firminópolis. Both municipalities are currently covered 100% by the Family Health Strategy (ESF) and have the support of the Intermunicipal Health Consortium of the West II Region (CISO II), which ensures the provision of medical specialties such as Cardiology, Gynecology and Obstetrics, Neurology, Psychiatry, Orthopedics, Dermatology, Endocrinology and General Surgery to the population.

Throughout the year, students from the programs participating in the internship are assigned to activities according to the organization of each program. The duration of the ICI is four weeks for students in the Nursing, Medicine, and Dentistry programs and six weeks for students in the Nutrition program.

Students are distributed in the selected UBS together with the family health teams (eSF) so that they can experience how the principles and guidelines of SUS are present in the work process of Primary Care¹⁴. The internship coordinator strives to ensure that each eSF receives a team of interns composed of at least one student from the medical, nursing, and dental programs. The Nutrition students work in the EMAB, which is located in one of the UBSS where the ICI takes place, and in the Education Department, which is compatible with the planned work of these professionals.

Supervision of students is provided on a daily basis by the preceptors of the health departments, the administrative director, and the campus educational coordinator. The faculty responsible for the ICI of each course conduct remote supervision and meet personally with the group of health service interns on a monthly basis.

In addition, the faculty of all participating

courses conduct monthly meetings aiming to systematize the students' experience and emphasize the importance of the interprofessional education they experience. For students beginning their internship, the meeting is conducted with the goal of raising awareness of their interprofessional practice.

The ICI is conducted in a boarding regime in which students complete their internship hours and share the living space, getting to know each other and making observations about the other professions. Therefore, the students take advantage of the settings to perceive the interprofessional approach in relation to the reality of the eSF, in their relationships with tutors/faculty of other courses and with their peers. The perception can also come from the absences, i. e., by critically evaluating the reality and discovering the features of the work process that make the interprofessional approach difficult.

The teaching-learning process in the interprofessional training of the dental student

Despite efforts to reorient the training of health professionals, based on the expanded concept of health and comprehensive care, understanding the dynamics and complexity of health needs, there is still resistance to breaking with the training model centered on the division of the work process and specific training with a solid construction of professional identities¹⁵. Thus, overcoming barriers requires continuous work by the actors involved to achieve interprofessional education¹⁶.

In the ICI, from 2018 onwards, we proposed the construction of a unified guideline for a Reflective Portfolio, to be implemented as a teaching-learning-evaluation strategy, since it is an instrument for recording, memory, planning, self-assessment, evaluation and,

especially, for the development of reflective capacity. The portfolio can be used in practical activities, in real contexts, allowing the student to reflect on aspects of communication and others related to the affective and emotional domains. In this way, it allows the student to build his own knowledge, produce knowledge, assess his or her limitations, and allow himself or herself to search for new information¹⁷. Based on these new guidelines, the student has to reflect on the work processes in primary care, not only of Dentistry, but also of the entire team.

As the challenge posed was the unification of the internship assessment instruments, following the statement of Val Wass¹⁸ that assessment drives learning and that students tend to dedicate themselves to the study of what is assessed, a movement of construction of assessment instruments begins. The aim of this action was for all students to be able to share the learning that the planned activities could provide them, that is, home visits, study of the problem-situation, participation in health council meetings, and planning and carrying out educational activities in the community. For this, it was necessary that the execution of these activities became an evaluation criterion for the trainees of all courses.

Under this concept, for example, dental students carry out home visits during their internships in Primary Care, but we intend for them to experience home visits with interns from other courses. With this, they can understand the way each professional perceives the family, what each one observes, and then what each one proposes to solve the problem-situation, thus complementing the notion of comprehensive care.

Still from the perspective of the unification of the assessment instruments, initially, the Medicine and Dentistry courses defined the skills and actions that should be

evaluated during the internship: interpersonal, communication, ethics, motivation, flexibility, initiative, commitment, technique, and compliance with standards. The new instrument is discussed with the supervising preceptors and the evaluation is requested to be discussed with the interns. More than attributing a grade, it is necessary for the student to know how he or she is being evaluated, which skills are well developed in his or her learning process, and which ones still need to be reinforced¹⁹.

Until 2017, the ICI adopted the "Interprofessional Case Study" as one of its instruments of the teaching-learning-assessment process. This strategy began in 2008, when UFG, through its adhesion to the Program for Education through Work for Health - PET - Saúde, created the "Grupo PET São Luís", with the participation of faculty members from the courses of Nursing, Medicine and Dentistry and preceptors from Firminópolis and São Luís de Montes Belos. This strategy consisted in the joint election by interns of a clinical case, which should be studied from the point of view of the different professions. In the evaluation of the ICI coordinators, the proposed format induced students to consider mainly the disease in the clinical case, sometimes without even contextualizing it within Primary Care and the principles of the SUS.

Based on this concern, since 2019, it has been proposed for interns to study and act on a "problem-situation", overcoming the traditional approach of the clinical case. An approximation to the tool that was being used by the Medicine and Nursing programs, namely, the Singular Therapeutic Project (*Projeto Terapêutico Singular*, PTS)²⁰ was made. Furthermore, the Dentistry program had been working with the "Study of the environment" strategy, described by Anastasiou and Alves (2009)²¹, in their Dental Public Health internships, which allowed

the construction of a tool based on these theoretical references.

Thus, in addition to the topics addressed by the PTS, the constructed strategy aims to guide students to seek situations that are prevalent in the scenario in which they perform their professional practice, whether in health care or health management, such as in the management of health problems for the user/family, in operational groups (pregnant women, elderly, hypertensives, diabetics, among others), or in the social context, which may include situations such as the elaboration of workflows and protocols, permanent education of the team, and actions related to health surveillance¹¹.

Therefore, for the implementation of the developed strategy, recommendations for the management of the problem situation, for the presentation to the eSF with emphasis on diagnosis, planning and interprofessional intervention, and for the evaluation by the supervisors were developed using a previously prepared guide. The evaluation guide is intended to direct the supervisor's attention on the most important points of the collaborative interprofessional practice.

Having said that, the following can be cited as problem-situations addressed by the interns: action plan involving palliative care from the UBS multiprofessional team to residents of a shelter for the elderly; action plan to reduce the follow-up deficit of patients in the Smoking Group; survey and construction of an action plan to address the main health problems encountered in the São Luís de Montes Belos prison unit; elaboration of Risk Stratification - management of patients with chronic diseases in primary care; raising awareness of community health agents about the change in the registration of SUS users in light of the new funding model for Primary Health Care costs.

Thus, it becomes an ongoing challenge to review teaching-learning processes and tools to ensure that they are suitable for interprofessional training. The importance of planning meetings and team evaluation of the conduction of the internship is emphasized.

Pursuing the sustainability of the ICI

In order to consolidate the experience gained through the efforts of the different faculty who coordinated this learning process from an interprofessional point of view, the "Manual for the Interprofessional Community Internship" was created. The changes that had already been implemented were incorporated into the unified practicum manual. Recognizing the importance of institutionalizing this experience, a process was initiated through the electronic information system (*Sistema Eletrônico de Informação*, SEI), forwarded to the internship coordinator, and approved by the Dean of Undergraduate Studies at UFG.

The manual highlights the goal of the ICI, which is "to provide students with the experience of interprofessional work in health care, with a view to collaborative practice in primary care, consistent with the principles of the SUS and the national curriculum guidelines for health care programs"²².

As Freire Filho and Silva²³ (2017) discuss, education and interprofessional practice were incorporated into health policy in the SUS and gained prominence in 2003 with the creation of the Secretariat of Labor Management and Health Education (*Secretaria de Gestão do Trabalho e da Educação na Saúde*, SGTES) in the Ministry of Health. According to these authors, the SGEST enabled the institutionalization of health education policies, culminating in the National Program for the Reorientation of Professional Training in Health (*Pró-Saúde*), launched in 2005, which emerged

from the different editions of the *PET-Saúde* and resulted in the *PET-Saúde Interprofissionalidade* in 2019. Therefore, the programs involved in this internship have been involved in these reorientation initiatives since 2005 and many faculties of these programs share the desire for the UFG to implement a policy for the training of health professionals who are graduates of this institution. In this sense, the institutional visibility of this space for building education and interprofessional practice is one more step in this direction.

In this sense, in 2020, the website of the Advanced Campus of Firminópolis (<https://firminopolis.ufg.br/>) was also created with its own administration, allowing greater visibility of this space of action. Until then, the actions developed by the campus were presented as a supervised internship, whose rules and activities could be viewed on the website of the Dean of Undergraduate Studies.

In order to strengthen the educational process based on the perspective of interprofessional education and collaborative practice, it is necessary to train the people involved in this experience. In 2018, the faculty and the pedagogical coordinator of the campus participated in the "Update Course on Teaching Development for Interprofessional Health Education" offered by the School of Nursing of the University of São Paulo (USP) in collaboration with the *Observatório de Recursos Humanos em Saúde* of the Pan American Health Organization (PAHO), supported by the Ministry of Health and available in the virtual learning environment of the SUS.

Activities were also carried out with the supervisors to encourage them to get personally involved and to understand the process that was being built. It was requested that the interns be received by the team working in the health

department and not only by the supervisor, and that the interns participate in the team meetings. To strengthen the idea of schools included in the perspective of a training SUS, interprofessional planning of educational activities in the area was promoted.

Therefore, a training course for supervisors was prepared for 2020 but could not be implemented due to the Covid-19 pandemic. A distance learning model was not proposed because the supervisors had requested in advance that the training be offered only during working hours as in-person meetings.

Informal learning

A positive aspect of the internship is the possibility of immersion that the physical conditions offer. The fruitfulness of immersion in the ICI is expressed in the weeks of socializing on campus, on the way to the health units, at meals, during breaks, and during free time is used to share the experiences inside and outside the internship.

This socialization provides opportunities for informal learning, defined by Reeves¹⁶ as that which occurs in social encounters when students talk about their experiences, share ideas, and exchange information with various colleagues. A very important gain of this setting is also the knowledge of the specifics of each other's profession and the opportunities for collaboration. Such approaches contribute to the building of interprofessional education¹⁶.

4 FINAL CONSIDERATIONS

The ICI is a progress and the result of a continuous and joint effort of all those who have built it and helped to maintain it since 1973. The UFG is an institution that has supported the reorientation of education with multiprofessional activities, but it is still in its early days and depend on faculty initiative. As a

result, most of the actions have been limited to the field of public health, particularly within the dental curriculum⁵. Recently, with the development of the *PET-Saúde-Interprofissionalidade* project, the Interprofessionality Commission Institution was created, aiming to institutionalize interprofessional education (IPE) at the UFG, which can change this scenario.

The importance of the ICI in training students and broadening their perspective of what it means to work in a multiprofessional team is felt by each team at the end of the ICI experience. The recognition of the benefits of living on campus is notorious, allowing students to grow closer, engage in dialogue, and build bonds beyond professional relationships. In this way, it is possible to develop mutual respect by recognizing the specificities of each health care profession.

The COVID-19 pandemic challenged the educational system to create an emergency curriculum, which led coordinators to develop a unified ICI curriculum. This plan was presented to the UFG/PROGRAD Interprofessionalism Committee and approved by the group. It is expected that this unified curriculum will be incorporated into the pedagogical projects of the participating programs.

The National Health Council, through the Intersectoral Commission on Human Resources and Labor Relations, has developed recommendations for the National Curriculum Guidelines (DCN)²⁴ of the undergraduate health programs, including interprofessional teamwork and principles and guidelines for health education. The goal is to enable professionals to act interprofessionally from the holistic perspective of care, from the perspective of intersectorality and interdisciplinarity. These recommendations are included in the new DCNs of the Dentistry program, which was approved

on 6/16/2021²⁵. Therefore, a promising scenario is currently being designed in which dental training at the UFG is expanded and delivered in a closer manner to holistic health care, through teamwork, and from the perspective of education and interprofessional practice.

RESUMO

Estágio Comunitário Interprofissional na formação do estudante de Odontologia: relato de experiência da Universidade Federal de Goiás

O Sistema Único de Saúde configura-se como um potente cenário de atuação e campo de formação interprofissional, principalmente, no que se refere aos estágios supervisionados. Esse relato de experiência (RE) tem como objetivo descrever o processo de construção do Estágio Comunitário Interprofissional (ECI) da Universidade Federal de Goiás na perspectiva da formação do cirurgião-dentista. A construção parte das experiências vivenciadas e refletidas pelas autoras/sujeitos do RE: as professoras do estágio em cada curso (enfermagem, nutrição, medicina e odontologia) e a coordenadora da integração ensino-serviço-comunidade do campus do município onde ocorre o estágio. Foram ainda consultados os planos de ensino e projetos pedagógicos dos cursos envolvidos, as memórias das oficinas avaliativas realizadas ao longo do estágio e o Manual do Estágio Comunitário. O contexto do ECI, o processo ensino-aprendizagem na formação interprofissional do estudante de odontologia, a busca da sustentabilidade do estágio e a potencialidade da aprendizagem informal são apresentados e discutidos. Considera-se os avanços históricos alcançados no percurso do ECI e os dispositivos que favorecem tais mudanças na perspectiva da educação e prática interprofissional, além dos potenciais pontos de evolução do estágio para garantir a formação integral do cirurgião-dentista, no que tange às competências colaborativas.

Descritores: Educação em Odontologia. Educação Interprofissional. Práticas

Interdisciplinares. Atenção Primária à Saúde. Odontologia Comunitária.

REFERENCES

1. Dias HS, Lima LD, Teixeira M. The trajectory of the national policy of reorientation of professional training in health in the SUS. *Public Health Science*. 2013;18(6):1613-24.
2. Hora DL, Erthal RC, Souza CV, Hora EL. Innovative proposals in professional training for the Unified Health System. *Work Educ Health*. 2013;11(3):471-86.
3. Ceccim RB, Feuerwerker LC. The quadrilateral of training for the health area: teaching, management, care and social control. *Physis*. 2004;14(1):41-65.
4. Brazil. Law No. 11,788 of September 25, 2008. Provides for student internships, amends the wording of art. 428 of the Consolidation of Labor Laws – CLT. *Official Federal Gazette*, 2014 Jul (section I):81
5. Martorell LB. Collective health and the reorientation of professional training. *Goiania: UFG*; 2012.152p.
6. Osmo A, Schraiber LB. The field of Public Health in Brazil: definitions and debates in its constitution. *Social Health* 2015;24(suppl1):205-18.
7. Leite ANDL, Cassotti E, Gouvêa MV. Analysis of the sufficiency of theoretical disciplines for the practice of Supervised Internships in Public Health. *Diversitates Int J*. 2018;10(2):14-28.
8. Carvalho CS, Lobachinski KC, Gaião MAGS, Schmitt EJ, Caldarelli PG, Gabardo MCL. Internship in public health service: perceptions of dentistry students and consonance with curricular proposals. *Rev ABENO*. 2021;21(1):977.
9. World Health Organization. Framework for

- action in interprofessional education and collaborative practice. Geneva: WHO; 2010.
10. Goiás Federal University. Faculty of Dentistry. Pedagogical Project of the Dentistry Course; November 2009. [Cited 8 Jun. 2021]. Available from: https://files.cercomp.ufg.br/weby/up/133/o/PROJETO_PEDAGOGICO_DA_ODONTOLOGIA.pdf.
 11. Daltro MR, Faria AA. Experience report: A scientific narrative in postmodernity. *Study Research Psicol.* 2019; 19(1), 223-37.
 12. Goiás state. Health Regions. Health – Goiás State Government, 2020. [Cited 15 Jul. 2020]. Available from: <https://www.saude.go.gov.br/unidades-de-saude/regioes-de-saude>.
 13. Brazilian Institute of Geography and Statistics (IBGE). Population estimate 2019 IBGE. [Cited 22 Jun. 2021]. Available from: <https://www.ibge.gov.br/cidades-e-estados/go/firminopolis.html>.
 14. Brazil, Ministry of Health. Minister's office. Ordinance No. 2,436/2017. Approves the National Primary Care Policy, establishing the review of guidelines for the organization of Primary Care, within the scope of the Unified Health System (SUS). Brasília: Ministry of Health; 2017.
 15. MV coast. Interprofessional education in the Brazilian context: some reflections. *Common Interface Health Educ.* 2016; 20(56):197-8.
 16. Reeves S, Reeves S. Why we need interprofessional education to improve the delivery of safe and effective care. *Interface.* 2016;20(56):185-96.
 17. Cotta RM, Costa GD. Reflective portfolio: teaching method, learning and assessment. Viçosa: UFV, 2016. 138p.
 18. Wass V, Van der Vleuten C, Shatzer J, Jones R. Assessment of clinical competence. *The Lancet.* 2001;357(24):945-49.
 19. Borges MC, Miranda CH, Santana RC, Bollela VR. Formative assessment and feedback as a learning tool in the training of health professionals. *Medicine.* 2014;47(3):324-31.
 20. Brazil. Ministry of Health. Interministerial Ordinance No. 1.802/2008. Establishes the Education Program through Work for Health - PET - Saúde. [Cited 8 Jun. 2021]. Available from: **Erro! A referência de hiperlink não é válida..**
 21. Anatsiou LC, Alves LP (organizers). Teaching process at the university: assumptions for classroom work strategies. Joinville: UNIVILLE, 2009.156p
 22. Federal University of Goiás. Community Internship Handbook. 2019. [Cited 1 Jun. 2021]. Available from: https://files.cercomp.ufg.br/weby/up/90/o/Manual_do_Estagio_Comunitario_verse_o_SEI_04_abril.pdf.
 23. Freire Filho JR; Silva CBG. Education and interprofessional practice in the SUS: What is available and what is foreseen in the national health policy. In: Toassi RC (organizer pain). *Interprofessionality and training in health: where are we?* Porto Alegre: UNIDA Network, 2017. p.28-39
 24. National Health Council. Guiding document to the Intersectoral Commission on Human Resources and Labor Relations (CIRHRT), of the National Health Council for the DCN27. 2019
 25. Ministry of Education. National Board of Education. Opinion CNE/CES No. 803/2018. Approved on 12/5/2018 and approved by the Order of 6/16/2021 DOU 6/17/2021, Edition 112, Section 1, Page 59.

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