

Welcoming Services at the School of Dentistry of UFMG: humanizing care in patient access

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ABSTRACT

The National Humanization Policy was created in 2003 by the Ministry of Health. This policy emerged due to the need to expand the health model based on the disease- healing axis classification, to a model that collectively addressed the family and the community, respecting the context in which they live and their life experiences. Consequently, this led to the change in the action/attendance strategies and the SUS management becoming a priority. The aim of this article was to report the implementation of welcoming practices for users seeking clinical care at the School of Dentistry of Federal University of Minas Gerais (FAO-UFMG). Based on the creation of the extension project “Welcoming and User Guidance of FAO-UFMG,” in August 2017, quantitative data related to the main complaint and referral of patients were collected from the specific clinical files of the project. Analysis of these data made it possible to note that users began to be cared for in a more humanized, welcoming, and respectful manner, with higher quality, and improved delineation of their therapeutic trajectory. The actions implemented also had a positive impact on the operational logistics of the sector responsible for receiving patients, on the care provided by the professionals involved in health care and on student learning, thereby contributing to the consolidation of the project, based on the pillars of extension.

Descriptors: Health. Community-Institutional Relations. User Embrace. Dentistry. Unified Health System.

1 INTRODUCTION

The National Humanization Policy (PNH), also known as “Humaniza SUS”, was created in 2003 by the Ministry of Health, with the purpose of putting into practice the principles of the Unified Health System (SUS) in the day-to-day actions of health services¹. As a set of principles and guidelines that must be present in health practices, the PNH encourages communication between managers, workers and users, based on the exchange of experiences and the co-responsibility of each one of them².

Among the “Humaniza SUS” guidelines, we have the aspect of Welcoming. This guideline considers the demands made by patients as legitimate, for building relationships of trust, commitment and bond between the entire work team and users. By means of qualified listening to the patients’ complaints and needs, it provides priority care in each case, based on vulnerability, risk and severity¹. Although this is a highly relevant guideline in the PNH, welcoming should be considered, acting in conjunction with the other five existing guidelines (ambience, expanded clinic, co-management, placing value on both the workers’ and users’ rights) since it is in this integration that the humanization in the public health network will occur³.

The concepts of welcoming and well-being are essential and inseparable for the promotion of oral health, as they involve humanization and quality of care. Thus, the actions of reception in Dentistry can be considered crucial to improve the quality of care provided and must be taught and developed during professional education⁴. In this context, the service provided to users in university clinics must respond to the need for education and training of practical and technical students. In addition, it must include the ethical ideal of meeting the health needs and demands of

patients who seek this type of care, and the humanized training of health professionals⁵.

Numerous reports in the literature have demonstrated relevant and positive experiences obtained from the practice of welcoming in different contexts and approaches, in the daily routine of health services. Experience with the practice of welcoming in a Basic Health Unit in the city of Porto Alegre is an example of this. These practices allowed for more adequate listening and response to each user, reestablishing responsibility for the health of individuals and establishing links between professionals and the population⁶. In addition, welcoming is a doctrine considered an important tool for accessing health services and as a proposal to change the health work process, in order to serve all those who seek the institution's oral health service^{6,3}. Similarly, it was observed that as a result of the practice of welcoming patients at the School of Dentistry of the Federal University of Paraíba, users felt more secure and confident. According to this study, patients want an ideal dentist to be a professional with technical skills, but they want dentists to have humanized and welcoming contact with patients⁷.

From the same perspective, reception combined with the risk classification was implemented during operation of the emergency service of the School of Dentistry of the State University of Maringá. This action contributed to advancing towards comprehensive care as far as it enabled an effective response to the users’ demands, by not only meeting the aforementioned urgency, but by responsible referral to other services that were detected as being necessary⁸. Another approach was adopted at the School of Dentistry at the Federal University of Pará, where the intention was to change the environment of the waiting room, by welcoming the user. Consequently, patients

began to have access to information about health and their treatment trajectory at the clinics, favoring adherence to dental treatment and reducing the stress and/or anxiety caused by the consultation⁵.

The User Support, Selection and Referral Center (CASEU) is the sector of the School of Dentistry at UFMG (FAO-UFMG) responsible for the reception and management of patients who are cared for at the institution. In 2016, CASEU underwent an internal restructuring, which resulted in the emergence of three work managements: flow, productivity and reception. As from the second half of 2017, one of the actions of the reception management was implementation of the extension project "Welcoming and User Guidance at FAO-UFMG". Considering that the Federal University of Minas Gerais is a public higher education institution that has an agreement with the Unified Health System (SUS), the PNH and the host should be present in all phases of the health process, with the production of dialogue and listening between users and professionals^{9,10}.

Therefore, the aim of this article was to report the implementation of care practices at the School of Dentistry of the Federal University of Minas Gerais, describing the creation of the extension project "Welcoming and User Guidance of the FAO-UFMG" and presenting data related to the monitoring of patients who sought the services of project between January 2019 and January 2020.

2 METHODS

The extension project "Welcoming and User Guidance of the FAO-UFMG" was created in August 2017, and is registered in the UFMG Extension Information System (SIEX 402948). Selection for the project takes place every six months, with 12 vacancies for volunteer students.

Since 2019, one of its participants has been a scholarship student, financed by the support system of the Dean of Extension. The project is evaluated through periodic team meetings (coordination, teachers, students and servers) and feedback from the students involved, who point out praise, criticism and suggestions at the end of their participation. For the year 2020, the implementation of a questionnaire involving patients in this evaluation was planned, which was not possible due to the interruption of in-person activities due to the new coronavirus pandemic.

The guiding principles of its creation are the National Humanization Policy³ and the School's Pedagogical Project¹¹, based on equity, integrality and universality. Extension activities, linked to teaching and research, represent one of the means by which FAO interacts with the community. The quality and quantity of extension activities have demonstrated their importance in the objective of overcoming inequalities and exclusion, be showing increasing social sensitivity¹². The target audience consists of users who come to college spontaneously or have been referred by the SUS, in search of information about some type of treatment. The project has a waiting room and an office for patient care, located in the CASEU. At the end of the consultation, the patients receive guidance about their oral health and the necessary conduct to solve their case, and are referred to a college clinic or to the basic health units of reference.

The project runs from Monday to Friday, in the morning and afternoon shifts, from 8 am to 12 pm and from 2 pm to 6 pm, with the headquarters at CASEU. The team is composed of volunteer undergraduate students, a scholarship holder, technical-administrative employees of CASEU, professors-tutors of the undergraduate clinics and the radiology team. It

is noteworthy that at present, undergraduate volunteers from the 7th to the 10th period are considered for participation, in view of their greater curricular load, clinical practice and dexterity of students in these stages of the course, which reflects the good progress of the project.

The activities developed in the project consist of attentively listening to the users' complaints, clinical and radiographic examinations (when necessary) and filling out the clinical form of the project itself. In this form, the following data are collected: name, general record and CPF (tax registration number), age, gender, complete address with zip code, contact telephone number, origin (if the user arrived at the university referred by the SUS or by free demand); registration number in the CASEU Computerized System (if the patient has already been seen at college), main complaint, needs assessment, radiographic examination (if necessary), referral given to the patient, signatures (student, patient or legal guardian and of the CASEU server) and date of the service. Based on the clinical examination and the survey of needs conducted, the patient is guided, with the aim of meeting their demand.

During the first year of the project, this initial assessment revealed, a lack of articulation and interaction between the needs identified by users and the conduct of their treatment. As a result, as from the first half of 2019, data related to the fate of patients who sought the services offered by the project were thus collected, in order to monitor the patients' trajectory. For this purpose, in February 2020, the medical record of each patient assisted in the project between January 2019 and January 2020 was consulted in the computerized system of CASEU, in order to detect the patient's situation at that time. The patient's situation was classified according to the following options: 1) the patient had already been seen and was discharged; 2) the patient was

under treatment; 3) the patient was referred to other extension projects or specialization courses depending on their specific demands; 4) patient was referred to the Basic Health Unit (UBS) of origin to be included in Sisreg; 5) patient was on the waiting list for a vacancy in a graduation clinic or 6) other destinations (incomplete forms, canceled referrals or scheduled patients who did not attend the service).

Furthermore, for the purpose of making a quantitative assessment of the project, the number of patients assisted from its beginning (August 2017) to December 2019 was computed, in addition to the number of professors, students and technical-administrative employees involved.

3 RESULTS AND DISCUSSION

From the beginning of the project in August 2017, until January 2020, 4.769 cases of assistance were attended. From the analysis of figure 1, it may be visualized that there was a considerable increase in the number of patients seen, when the second semester of 2017 (717 patients) was compared with the subsequent semesters of 2018 and 2019.

When the second half of 2017 was compared with the first half of 2018, there was a 15% increase in the number of patients seen. In comparison with the 1st half of 2018, the number of cases of assistance provided in this same period in 2019 represented a percentage increase of 34.1%. The percentage increase in the number of consultations between the second semesters of 2018 and 2019 was 34.5%. When analyzing all the patients assisted by the project in the two full years of operation, the year 2019 (2.323 consultations) had an increase of 34.3% compared with the year 2018 (1.729 consultations). This evolution in the numbers recorded showed evidence of the growth resulting from a higher demand by users, who

came every semester, contributing to the consolidation of the project at FAO-UFMG and

to increasing its visibility and importance within the School.

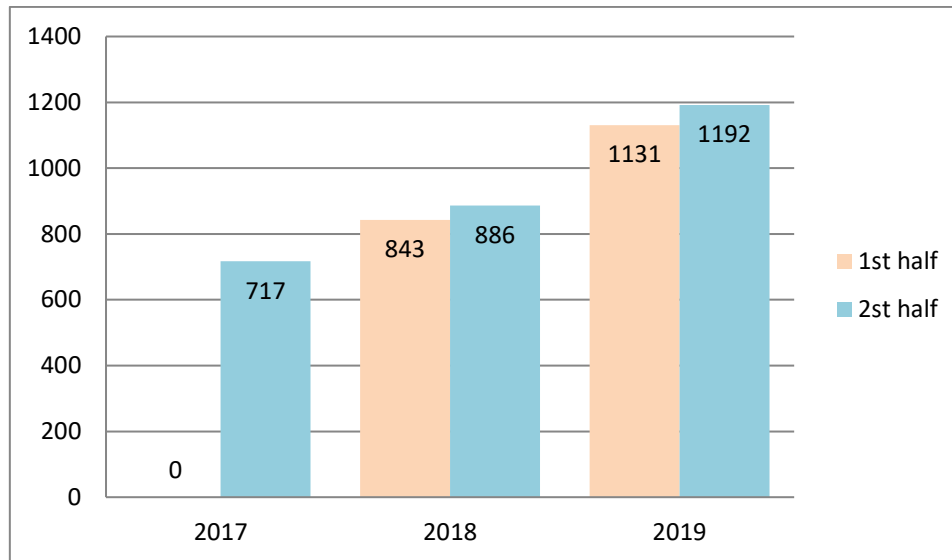


Figure 1. Number of cases of assistance provided in the years 2017, 2018 and 2019

Since its inception, the project has had 12 volunteer students and one scholarship holder, who take turns in shifts, working throughout the week (Monday to Friday, from 8:00 am to 6:00 pm), as participants and the project's staff, allowing for its active operation. In addition, six professors and two civil servants also participate voluntarily, providing support and collaborating daily in conducting the activities.

With reception of the user considered the gateway, this reception is manifested by attentive attitudes, behaviors, and by providing comprehensive and holistic care, so that there is responsibility for care, whether by resolving problems or by making the necessary referrals¹².

Aware of this, it was, therefore, considered important to follow the trajectory of the patients who had been cared for in the Reception. As from January 2019, not only was the project willing to welcome the patients upon their arrival at the School, but also monitored their trajectory, by checking whether the destinations given to these patients were sufficient to meet their demands. For a better understanding of the

referrals given to patients, it is necessary to have knowledge about the logistics of operation of the FAO, in relation to the possibilities of referral given to patients who go to the college in search of care.

Those patients who have previously received care by the project and therefore have a numerical record in the computerized system of CASEU (that is, they have previously undergone treatment at the college), they can be referred, according to their demand, to any graduation clinic. The same occurs if the user is a university student, a server at the Federal University of Minas Gerais (UFMG) or a patient at the Clinical Hospital of UFMG.

Due to the existing agreement between FAO and SUS, a large part of the care and clinical procedures in primary care, are funded by the Municipality of Belo Horizonte and, therefore, in disciplines such as Endodontics I and II, Dentistry I and Periodontics I and II, among others, therefore, those patients coming from the Regulation System (SisReg) and are linked to the SUS are treated.

3) However, there are disciplines that accept patients via free demand. These are characterized by the high turnover of patients and, consequently, vacancies, and/or by the fact that some of the procedures performed can generate laboratory costs, as in the case of indirect restorations and prostheses, which are borne by the patient. For example, there are the disciplines of Surgery I and II, Dentistry II and III, Total Removable Prosthesis, Removable Partial Prosthesis and Fixed Prosthesis. Therefore, if these patients need assistance in the open-demand disciplines, extension projects, postgraduate courses or in existing specialty centers in the college, they can be referred

directly as needed, irrespective of being registered at the college.

4) Finally, those cases that do not fit into any of the situations described above are referred to the Basic Health Units (UBSs) of origin. In these places, the users request to be included in the System of Regulation and Appointment Scheduling (SISREG), in order to wait for places for dental treatment in educational institutions such as FAO and in specialty centers that are linked to the Unified Health System (SUS).

Analysis of the files of the patients assisted in the project and their referrals, made by consulting the CASEU Computerized System, may be visualized in figure 2.

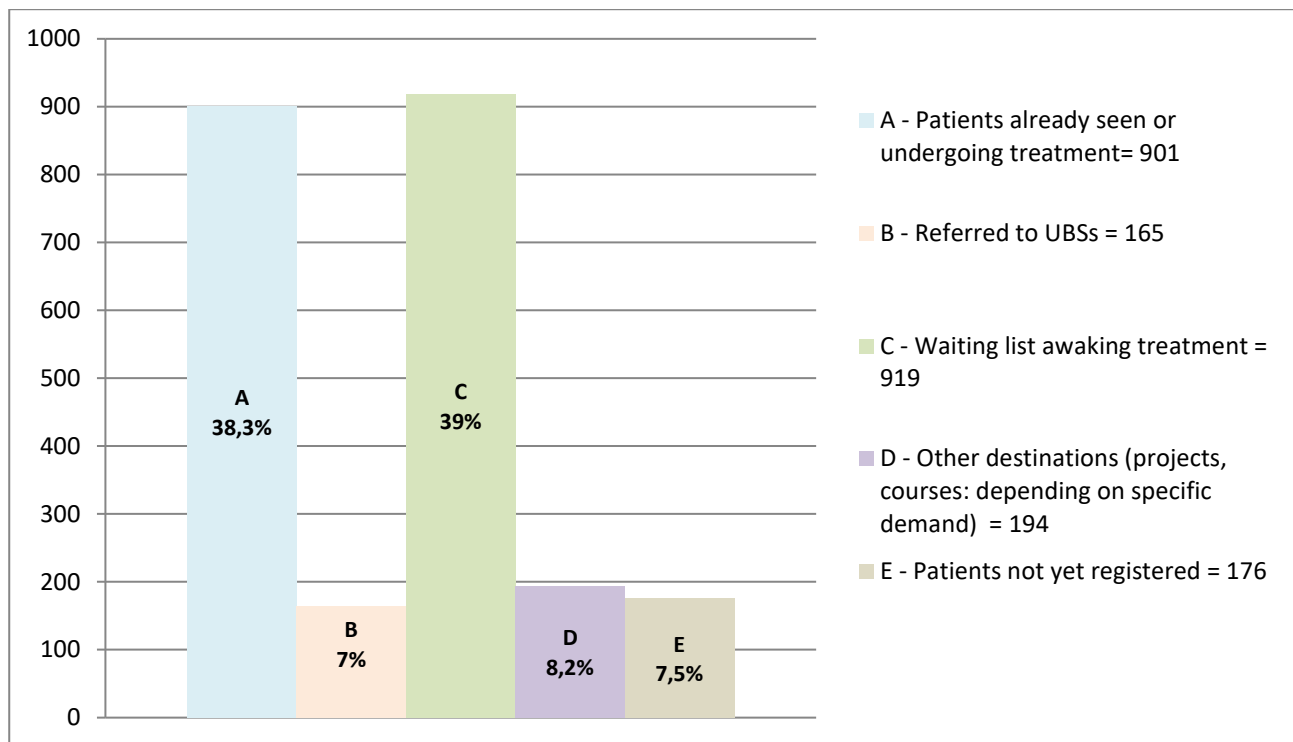


Figure 2. Referrals of project patients made in the period from January 2019 to January 2020

Of the 2,355 consultations provided in the period between January 2019 and January 2020, 564 had previously been seen and were discharged, 193 patients were being treated in undergraduate clinics and 144 patients were

referred (to extension projects, improvement/specialization clinics, clinic of pathology, implants, orthodontics center or even referred to the college for the urgent care).

Regarding the 165 users who were

referred to UBSs for care (7% of the total), it is noteworthy that the FAO-UFMG acted in accordance with the Protocol of Cooperation between Public Entities (PCEP) signed with the Municipal Health Department of Belo Horizonte, thus following the rules for referral and assistance filed by the SUS. As previously stated, some disciplines only accepted patients referred via the Regulation System (SisReg), and although many of these patients voluntarily sought assistance from the School, they needed to be directed to the UBS so that they could be included in SisReg and might have the right to these treatments.

When the number of patients on the waiting list (919 or 39% of the total) were observed, it could be inferred that the demand for treatment was greater than the supply of vacancies at FAO-UFMG. Many patients started treatment and, as they needed multidisciplinary treatment, they had to wait for a place for treatment in another discipline.

Graph 2 shows that 194 patients were classified as “other destinations”. Of these patients, 35 had their referral canceled because they had previously undergone the treatment or because they no longer wanted or needed the care for which they were scheduled. In total, 64 clinical records were incomplete, and did not show the referral, which made it impossible to account for them; 46 users did not attend the first consultation, losing the right to a vacancy; 49 patients did not receive any type of referral for treatment at the college, because they had no oral health demands, they chose to seek other treatment alternatives (such as other dental schools and private services) or because they did not return to the project with the radiographic examination requested, which made it impossible to reach a diagnosis or refer them for other treatments.

By the end of this research, in February

2020, 176 referrals had not yet been transferred to the database of the CASEU Computerized System, that is, 7% of patients had not yet been referred as may be visualized in Graph 2 in the column “not forwarded?/referred?”.

Based on analysis of the data presented, it could be said that the extension project “Welcome and User Guidance at the FAO-UFMG” brought benefits to both the college patients and academic environment. In addition to users being welcomed and cared for in a more humanized, welcoming, respectful way, and with higher quality, their therapeutic trajectory was followed up in a satisfactory and comprehensive manner⁵. Emphasizing the importance of health promotion and humanization activities in outpatient waiting environments and in university clinics, for the construction of citizenship and integrality of the subjects, thus enabling improvements in the patient-professional relationship, by reducing anxiety and raising awareness of their reality in the health-illness process⁵.

The students who participated in the project were able to develop their diagnostic, planning and communication skills, in addition to deepening their knowledge of SUS organization and management. Welcoming led to a way of operationalizing the work in the field of health. By offering to listen carefully to the patients’ complaints and demands, the professional had the chance to assess (with due technical rigor) the degree of risk, urgency, severity and vulnerability of the cases in question. Thus, all those who resort to health teams must have an answer based on their need and the availability of service providers^{1,3}.

Whereas the operating logistics of CASEU were improved, because with the advent of the project, the work routine of the technical-administrative staff working in the sector of education became more dynamic and

productive. The presence of the project students within CASEU has also established itself as an important tool for dialogue and rapprochement between them and the academic community.

Prior to implementation of the project, patients who sought the sector had their demands met and questions answered by the servers. Reception allowed the patients to be examined and guided by the students, under the supervision of the guiding professors, which resulted in a more qualified listening to their needs, with a greater possibility of these being resolved and referred.

Another point to be highlighted is that the humanization of care also favored the general evolution of the team in providing health care¹³. Health establishments that prioritize humanized care are often examples of treatment with professionals. Institutions that prioritize the human being have health professionals much happier with their work and lower rates of occupational diseases due to dissatisfaction. Finally, humanization is established as the construction of ethical-aesthetic-political attitudes in line with a project of co-responsibility and qualification of the bonds between professionals and between them and users in the production of health¹⁴.

However, it emphasizes the limits to be broken by welcoming and the challenge that this health work strategy can be the translation of a new action in health, in order to consolidate more accessible, humane and comprehensive health care⁶. For reception to be present, it is necessary to know which path the patient will take, that is, how he arrives, how he is received, who welcomes him, guides and instructs him, if there is a waiting room and office available, if the patient is informed about their health needs, how they should proceed after care, improving the quality of care and reflecting on the patient's well-being. In other words, "welcoming is a

commitment to respond to the needs of citizens who seek health services"³.

4 FINAL CONSIDERATIONS

After the foregoing discussion, it was clear that humanization has become an increasingly recurrent theme in the daily life of health services. Thus, programs such as the National Humanization Policy (PNH) reiterated the ideals of the SUS and appreciation of patients, seeking to promote their autonomy through active/qualified listening, empathy, cordiality and respect. Created with the objective of welcoming users who seek treatment or information at the School of Dentistry of the Federal University of Minas Gerais in a humane manner and with quality, the Hosting project has increasingly consolidated its importance to both the academic environment and the community attended by the project.

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RESUMO

Acolhimento na Faculdade de Odontologia da UFMG: humanização no atendimento dos pacientes

A Política Nacional de Humanização (PNH) foi criada em 2003 pelo Ministério da Saúde, em meio à necessidade de se ampliar o convencional modelo sanitário baseado no eixo doença-cura para um modelo que abordasse, de maneira coletiva, a família e a comunidade. A modificação das estratégias de atuação/atendimento e da gestão do Sistema Único de Saúde (SUS) tornou-se, então, uma prioridade. O objetivo desse artigo foi relatar a implementação das práticas de acolhimento para os usuários que buscam atendimento clínico na

Faculdade de Odontologia da Universidade Federal de Minas Gerais (FAO-UFMG). A partir da criação do projeto de extensão “Acolhimento e Orientação ao Usuário da FAO-UFMG”, em agosto de 2017, dados quantitativos relacionados à queixa principal e encaminhamento dos pacientes foram coletados das fichas clínicas específicas do projeto. Da análise desses dados, foi possível perceber que os usuários passaram a ser atendidos de forma mais humanizada, acolhedora, respeitosa e com maior qualidade, tendo sua trajetória terapêutica mais bem delineada. As ações implementadas também repercutiram positivamente na logística de funcionamento do setor responsável pela recepção dos pacientes, no cuidado prestado pelos profissionais envolvidos na atenção à saúde e no aprendizado dos alunos, contribuindo para a consolidação do projeto, pautado nos pilares da extensão.

Descritores: Saúde. Relações Comunidade-Instituição. Acolhimento. Odontologia. Sistema Único de Saúde.

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