

Achievement of professional autonomy in curricular internships of Dentistry at SUS

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ABSTRACT

According to the National Curriculum Guidelines (DCN), dental training must ensure the development of curricular internships in health services in the Brazilian Unified Health System (SUS). This study aimed to analyze the meanings of experiences in the Supervised Curricular Internships in SUS, for the achievement of competences and abilities related to professional autonomy, by graduates of the Dentistry course at a public university in southern Brazil. This is a descriptive study with qualitative and quantitative data, with a sample composed of 152 graduates who experienced the Supervised Curricular Internships between 2012 and 2016 and answered an online questionnaire. An intentional sample of these graduates was invited to perform in-depth interviews, totaling 14 interviewees. The quantitative material was submitted to descriptive analysis, and qualitative data were systematized and submitted to thematic content analysis. The following units of analysis were constructed: Professional insertion and choices of graduates and Experiences in internships and achievement of professional autonomy. Most graduates were women, with mean age 26 years, 23.60% work in public health services and 51.97% work and live in the city of Porto Alegre. Experiences in the care and management of health services by internships during dental school allowed the graduates to develop skills aimed at professional autonomy, as expressed by most participants, especially technical and relational skills. It is concluded that the curricular internships in SUS are considered by the graduates as very important for their academic, professional and personal training.

Descriptors: Professional Autonomy. Clinical Competence. Clinical Decision Making. Education in Dentistry. Competency-Based Education.

1 INTRODUCTION

In 1988, the Federal Constitution established the Union's duty to legislate on the guidelines and bases of national education and of the Unified Health System (SUS). Article 200 ensures the organization and training of human resources in the health area, as well as scientific

and technological development and innovation in its field of activity. Several political and social changes have gradually occurred since 1988, making the teaching practice obsolete and outdated for the national context. Until then, the health care model was hospital-centered and based on curative practices, and the training of

health professionals was fragmented and centered on super specializations. To comply with the principles of SUS and participate in the construction of a care model focused on comprehensive care for the user, it was necessary to rethink the training. Since 1995, there has been intense discussion on higher education worldwide and, in Brazil, a reformulation of Higher Education was initiated, which later guided the National Curriculum Guidelines (DCN) for undergraduate courses¹.

Aiming to bond the Educational System and the Health System, the DCN for courses in the health area were created and the Resolution CNE/CES n. 3/2002 was signed, which established the DCN for Undergraduate Courses in Dentistry, emphasizing the formation of professionals capable of acting with quality, efficiency and resolution². This defined the principles and foundations for the training of dentists, constituting a reference for the development of pedagogical projects and curricula of higher education institutions. The DCN of Dentistry aims at the formation of a generalist professional, listing the skills and competences to be developed by the dental professional (DC) in Brazil³.

In Article 4 of Resolution n. 3/2002 of the DCN, the general competences and abilities evidence the challenge of promoting the student's autonomous and permanent intellectual and professional development⁴. Also, with the encouragement of insertion of training in SUS, there were several changes internal and external to the University, which altered the Supervised Curricular Internships (ECS), including expansion of the workload and sites where they were inserted. Some courses easily implemented these changes, but others faced difficulties, including the preparation of institutions and professors to incorporate the changes proposed by the DCN⁵ and the complex teaching-service-

community interaction that involves flows, availability and organization of the care network to receive the students⁶.

The expansion of the Family Health Strategy (ESF) and the development of Dental Specialty Centers (CEO) enhanced the comprehensive care of the population by the health system. The old training model strictly focused on curative treatment became inappropriate for the countless new possibilities and demands of professional health practices highlighted in the efforts to change the SUS care model². Changes in curricula and the inclusion of internships in the public service were in line with the objectives of the DCN. Thus, promoting an interdisciplinary vision and integration with other health areas, since the initial periods of graduation, joining theory with practice, facilitates the achievement of the great challenge of training for the SUS, contemplating the principles of integrality of care and collaborative work⁷.

Supervised internships are essential for the training of Dentistry students; they enable student participation in SUS, promoting growth not only in health production, but also in care, health promotion, social participation, and team work. The student can learn about the administrative and management functions of the SUS, experience health policies, and the role dental professionals in a health team. Also, the ECS enable the acquisition of countless other skills and competences characterized within the scope of Collective Oral Health and the dental professional practice inherent to the organizational, political, social and cultural complexities of public health practices in Brazil^{8,9}.

The integration of teaching-service involves a collective work of students and professors in articulation with workers and managers of health services. This agreed

relationship aims at excellence in the professional training of dental professionals, making them more prepared to meet the demands of SUS^{10,11}. Thus, the articulation between education and health policies, and partnerships between Higher Education institutions and State and Municipal Health Departments are essential to achieve this objective¹².

After 16 years of elaborating Resolution CNE/CES n. 3/2002 of the DCN of Dentistry courses, the Higher Education Chamber (CES) received and analyzed the request for revision of these guidelines by the Brazilian Association of Dental Education (ABENO), from consultation with Higher Education Institutions (IES), entities, Associations and the Dental Council, to overcome the challenges of education in and for SUS⁷. Based on the opinion of CES, the current DCN was approved on June 2021¹³. Article 6 of these guidelines deals with the decision-making competence, important for the acquisition of professional autonomy, explaining that training must enable the dental professional to:

*I – apply knowledge, methodologies, procedures, facilities, equipment and supplies, to produce improvements in access and integral quality to the population's health and in scientific and technological development and he aspects of innovation that lead to decisions;*¹³

*II – to systematically evaluate and select the appropriate approaches, based on scientific evidence and active listening focused on the needs of individuals, families, groups and communities.*¹³

Regarding the professional autonomy desired in training, it is necessary to understand the meanings of the term and its connections with the training proposal for SUS. The term autonomy refers to the ability of a person or group to set and submit to its own rules and laws,

to "guide their actions, by themselves, and independently"¹⁴. Professional autonomy can be expressed in the technical and management components of work, requiring professionals to control the interventions, experiences and technical procedures that constitute their activities. However, a profession is a social division of work and not just a scientific division of work; thus, professional autonomy cannot be limited only to the technical-scientific component.^{15,16} In the case of health professionals, the exercise is regulated by their own legislation, which allows partial control of the work process and some degree of professional autonomy¹⁷.

Professional autonomy is guided by the idea of making decisions in the work process. The need for dental professionals to decide on the approach is considered as a result of health needs and listening to users' demands, professional knowledge to solve cases and efforts to ensure their technical independence, since they genuinely have the technical knowledge of Dentistry¹⁸. However, health professionals have the knowledge and technique, yet have the obligation of non-intervention in people's decisions. They expose information based on their knowledge, aiding the user's autonomous choice process, thus reducing fears and other conditions that may interfere with decision-making¹⁹.

The health professions have built a liberal private imaginary about health work. This paper adopts the concept of imaginary from the reflections of Silva (2020)²⁰, which does not dissociate the imaginary from the real and considers that: "*All imaginary is real. All real is imaginary. Man exists only in imaginal reality.*" In addition to this statement, discussing the writings of Michel Maffesoli, Gilbert Durand, Jacques Lacan and Gaston Bachelard, the author conceptualizes the term imaginary as a

reservoir/engine:

Reservoir, it aggregates images, feelings, memories, experiences, visions of the real that accomplish the imagined, readings of life and, through an individual/group mechanism, it establishes a way of seeing, being, acting, feeling and aspiring when being in the world. The imaginary is an involuntary distortion of the experience that crystallizes as an individual or group mark. Unlike the imagined – an unreal projection that could become real, the imaginary emanates from the real, is structured as an ideal and returns to the real as a propelling element²⁰.

Alike other health professions, Dentistry has developed an imaginary of the performance of its members in the private market. Dental professionals refer to autonomy as an essential aspect of daily practice. According to Freitas (2007)²¹, they value the technical side represented by the act of patient care, being considered the essential core of work and fundamental for the preservation of autonomy, often reducing it to an imperative of technical nature. However, there are several other objective factors in the work process, such as: legal-political professional practice property; economic monopoly of professional practice; culture, morality and specific values; esoterism from the community of practitioners, among others. Professional autonomy is also inherent to subjective factors in the work process, such as: experience, empathy, trust, speech skills and speed²².

For work in SUS, the ability of the health professionals to know how to work in a multiprofessional team is mainly discussed. In this sense, the studies by Peduzzi (2001)²³ e Peduzzi *et al.* (2011)²⁴ discuss the characteristics of collective work and point out the need of autonomy with interdependence. The

constitution of working teams based on the professional-user bond and on the population region is essential for “confronting the contradictions and tensions between the professional autonomy exercise and the interdependence and objective complementarity of specialized works”²⁴. The action of teams must be restricted to a degree of autonomy that considers the need for articulation and integration to the institutional work project. Responsibility and accountability are closely related to the autonomy of teams, since they are sides of the same coin.

Understanding the acquisition of autonomy in learning requires knowledge on the situations parallel to it. As a child, one is ordinarily in a state of heteronomy. The etymology of the term heteronomy comes from the Greek (*heteros*, ‘diverse’ + *nomos*, ‘rules’), suggested by Kant (2009)²⁵. In the perspective of this distinguished liberal philosopher, heteronomy determines a being susceptible to the will of other beings or a collective, thus opposing the concept of autonomy, where each human being is free to act and express themselves freely, guided by practical reason. Heteronomy is a basic concept related to the Rule of Law, in which everyone must submit to the will of the law, and it is also opposed to anomie, which is the absence of rules²⁶.

Autonomy can only be achieved in an orderly environment that promotes mutual respect and reciprocity between the pairs involved, in relationships without coercion in the foreground, which preclude the formation of autonomous individuals able of morally deciding on broader social issues²⁷. The educator who acts with authoritarianism hardly respects and encourages criticism in the student. Thus, it will hardly contribute to the constitution of student autonomy²⁸.

Considering the role in the training of ECS

in SUS and the acquisition of skills and competences for health work, this study analyzed the meanings of experiences in the Supervised Curricular Internships in SUS, for the acquisition of competences and skills related to professional autonomy, attributed by graduates of the daytime Dentistry course at the Federal University of Rio Grande do Sul.

2 METHOD

This study is a part of a research project submitted to the Institutional Review Board of the School of Dentistry and to the Institutional Review Board of the university and approved according to report n. 1.009.514.

The School of Dentistry of a Federal public university in the Southern region of the country, setting of this study, organized its Pedagogical Course Project (PPC) between 2004 and 2005, in accordance with the DCN¹². Aiming at providing students with direct contact with the reality of SUS, in 2005 the School of Dentistry began the first semester of the course with a redesigned curricular structure, having the first group of graduates with this curriculum in 2009.

With this curricular structure, the students began internship in the Basic Health Units (UBS) of the city of Porto Alegre, supervised by dental professionals working as preceptors in the Supervised Curricular Internship I of Dentistry (ECS I). This internship has a workload of 465 hours and 31 credits and is mandatory in the 9th semester.

In the 10th semester, ECS II, with equal workload as the first, takes place in the Dental Specialty Centers (CEO), hospitals, emergency care and management sectors, focusing on specialized care. Students develop practical activities in these services and receive continuous monitoring from a dental professional working as preceptor in SUS .

This is a descriptive study with qualitative and quantitative data conducted on graduates of the daytime Dentistry course, who experienced the ECS from 2012 to 2016 and were invited to participate in the study by email. Data were collected from 2014 to 2018. Of the 393 invited graduates, 152 accepted to participate in the research after knowing its objectives and agreeing to the Free Informed Consent Form (ICF). The survey response rate was 39%. Students were included if they had graduated at least one year and at most three years earlier.

Data from a questionnaire with 28 closed questions and 4 open questions sent by email to the graduates was used as empirical material. For the production of data, the reports of experiences in ECS 1 were also used and analyzed, and semi-structured interviews were performed with graduates of each class among those who answered the questionnaire, totaling 14 interviews. Graduates who are working both in SUS and/or in the private sector were selected, without restriction of location. The interviews followed a previously prepared script and were conducted by scientific initiation students on the Skype platform, lasting 15 to 40 minutes each. These interviews were recorded and transcribed in full, read and reread.

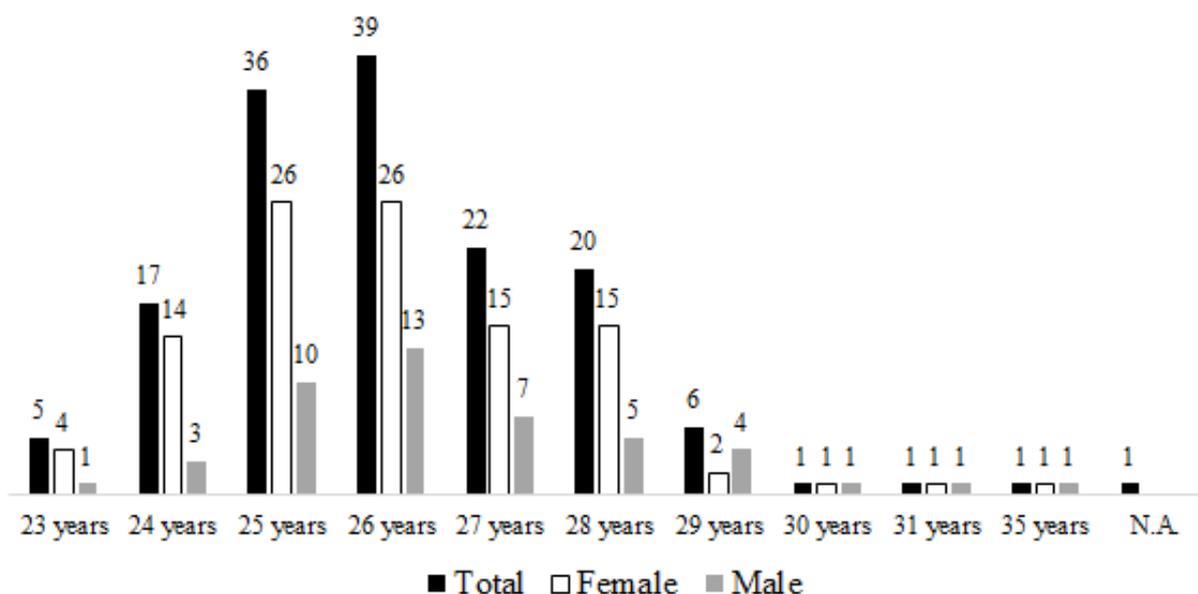
Data achieved in the questionnaire, interviews and reports were stored in a spreadsheet. The quantitative material was subjected to descriptive analysis and the qualitative material from the questionnaire, interviews and reports were coded, grouped by theme and interpreted by thematic content analysis²⁹. Therefore, the study combines qualitative and quantitative data, which are seen as complementary, by the triangulation of data from different collection methods to increase the study reliability³⁰.

The empirical material obtained by the questionnaire, reports and interviews was analyzed, being presented in two units of analysis: Professional insertion and choices of graduates; and Experiences in internships and acquisition of professional autonomy. The theoretical framework of Peduzzi (2001)²³, Peduzzi *et al.* (2011)²⁴, Freidson (2009)¹⁵, Weber (2004)¹⁶ e Freire (2019)²⁸ on professional autonomy was used as theoretical

support for analysis of empirical material.

3 RESULTS AND DISCUSSION

The study involved the participation of 152 graduates of a Dentistry course, among which 69.10% (n=105) declared themselves to be females and 30.90% (n=47) males. The participants had mean age 26 ± 1.9 years and had graduated 1 to 3 years before data collection (graph 1).



Graph 1. Sample distribution of graduates from the Dentistry course from 2012/1 to 2016/2 according to gender and age

It is observed that there is predominance of women in the total number of participating graduates. This characteristic in Dentistry has been observed since the late 1990s. Research on the current profile and trends of Brazilian dental professionals showed that females with active registration in the Federal Council of Dentistry were the majority in 25 of the 27 Brazilian states³¹.

Professional insertion and choices of graduates

Concerning professional practice, 91.40% of graduates practice Dentistry clinically, some were working at the university or were not working. In relation to the city of work, 51.97% (n=79) indicated Porto Alegre, 20.4% (n=31) work in the metropolitan region of Porto Alegre, 12.50% (n=19) in the

countryside of Rio Grande do Sul, 7.24% (n=11) in another state, 0.66% (n=1) in another country and 7.24% (n=11) did not respond.

Table 1 presents that data on the place of residence of graduates follow the data on the region of professional activity.

Table 1. Place of residence and region of professional practice of graduates from the Dentistry course from 2012/1 to 2016/2

| Place | Residence | | Work | |
|----------------|------------|------------|------------|------------|
| | n | % | n | % |
| Porto Alegre | 86 | 56.58 | 79 | 51.97 |
| Metropolitan | 31 | 20.39 | 31 | 20.39 |
| Countryside RS | 22 | 14.47 | 19 | 12.50 |
| Other state | 11 | 7.24 | 11 | 7.24 |
| Abroad | 1 | 0.66 | 1 | 0.66 |
| N.A. | 1 | 0.66 | 11 | 7.24 |
| TOTAL | 152 | 100 | 152 | 100 |

Most graduates work in the same city where they live. The choice to live in the capital is also a predominant characteristic in other studies, which observed the poor distribution of professionals in the country³². Although public oral health policies, such as the Brasil Sorridente Program, encourage the displacement of professionals to the countryside to improve the access to dental services, they do not ensure a significant redistribution of their services. Training centers and the population with the highest income are located in large urban centers, thus many dental professionals remain in these places, seeking to combine work in the public sector with activity in private offices or clinics³³.

Concerning the professional insertion of graduates, it is observed that most places are private – 60.11% (n=107), yet only 16.29% (n=29) had their own office and 43.82% (n=78) work in the private practice of another dental professional. About 27.53% (n=49) of graduates work in public services, 3.93% (n=7) in public universities and 23.60% (n=42) in health services, 5.06% (n=9) answered that

they do not work and 7.30% (n=13) indicated the response “other”. Some combine the private service with the public service. The work in UBS stands out in the public services option, especially in places with ESF.

Worldwide, dental professionals work predominantly in the private sector. In Brazil, the insertion of this professional in the public service, initially, was aimed at restricted population groups such as schoolchildren, with low coverage to the rest of the population. This insertion has been expanded since the year 2000, with the Oral Health Teams (ESB) in the ESF³⁴. This strategy, associated with the DCN of undergraduate courses in the health area, the guidelines for the National Oral Health Policy (PNSB)³⁵ and the National Primary Care Policy (PNAB), contribute to the displacement of the predominant field of Scientific Dentistry (reduced to the technique and market-oriented) for the complex field of Community Oral Health³⁶.

The work in the ESF promotes changes in the work of dental professionals by the so-called 'shared intersection', i.e., the existing relationship not only between professional and

patient, but the involvement of a broad context, which ranges from the service to the family and the community. Attitudes as bonding and welcoming assume a greater dimension in the ESF and require the development of new skills by dental professionals to meet these demands³⁷.

The profile of freshmen in the Dentistry course and the reasons for choosing it have been analyzed by some authors^{38,39}. The imaginary of first term students regarding their professional future is crossed by the idea of being a liberal professional concerning job relationships, as evidenced by the study¹¹.

Among the reasons for choosing the workplace, multiple answers were possible (n=183) and the following were emphasized: Financial comfort - 42.11% (n=64), Multiprofessional teamwork - 26.97% (n=41), No submission to a boss - 21.05% (n=32), Interest in working with families/community - 18.42% (n=28), Security and future tranquility - 11.84% (n=18) and Others - 18.42% (n=28). Most graduates who chose the alternative “no submission to a boss” as a reason for choosing the place of work acted in the private sector - 90.91% (n=30), 6.06% (n=2) in the private and public sectors and 3.03% (n=1) only in the public sector. It is worth mentioning that, from a legal-political point of view, professionals will always be responsible for their acts and practices, even when they have an administrative head in public or private services. This administration never nullifies or superimposes the professional principle and responsibility and professional autonomy, based on scientific knowledge, expertise and accreditation.

Internships allow the students the possibility to work in SUS, by experiences in the services, to envision a new professional horizon, different from the classic imagery of

the dental professional working in private practice. The study showed that 68.42% (n=104) of the graduates indicate that the ECS of the course had some influence on their professional choice, 28.95% (n=44) answered no and 2.63% (n=4) did not answer the question.

[...] Internship I was decisive for defining my choice to do residency in family health. [...] Questionnaire CD147, 2016/2

[...] I currently work in private clinics, but I intend to pursue a career in the public service. Internship I had a great influence on this decision. Both Internships I and II are very rich in SUS experience. [...] Questionnaire CD34, 2013/2

For 68.42% of graduates, the experience of internships provided experiences that influenced the definition of professional choice and training in collective health. Even graduates who are not working in SUS recognize that these were indispensable experiences for their training and envision a future insertion in the public service.

Experiences in internships and acquisition of professional autonomy

After going through several clinical disciplines at the dental school, the students have the opportunity to learn other skills of Dentistry in internship experiences, which are sometimes only awakened in SUS services⁴⁰. During ECS I, the students develop the following activities: territorialization, clinical care of users' needs, action planning, family case study and analysis of the health team work process and their experiences at the UBS. Students are accompanied by a tutor who supervises the internship and articulates the teaching-service-community integration, since the university

maintains agreements and partnerships with the city hall of the capital and cities in the metropolitan region. Weekly meetings between tutors and students promote the appropriation of knowledge about PHC and encourage the sharing of experiences.

The acquisition of clinical autonomy was indicated by 70.10% (n=103) of graduates as a significant aspect for the training in ECS I that occurs in PHC services (Table 2). In this item in the questionnaire, the participants were able to

choose more than one option in the answer, in which the following stood out: Experiences within the SUS services - 83.0% (n=122), Work with the community and knowledge of the local reality – 81.6% (n=120), Integration and bonding with the multidisciplinary team - 80.3% (n=118) and Bonding and integration with the oral health team - 69.4% (n=102), pointing out that some students found it easier to bond and integrate with the health team than with the oral health team itself, as shown in Table 2.

Table 2. Significant aspects of the ECS I in the training of Dentistry graduates from 2012/1 to 2016/2

| Significant aspects of the ECS I for graduate training | Respondents (%) |
|--|-----------------|
| Experience within the services of SUS | 83.30 |
| Community work and knowledge of local reality | 81.60 |
| Integration and bond with the multiprofessional team | 80.30 |
| Achievement of clinical autonomy | 70.10 |
| Bond and integration with the oral health team | 69.40 |
| Accomplishment of procedures in shorter time | 60.50 |
| Four-handed work with auxiliary staff | 38.80 |
| Other | 2.00 |

Parts from the ECS I reports corroborate the data obtained in the questionnaire, indicating the gain in personal, relational and clinical skills during the training of graduates. A certain degree of technical autonomy is necessary, and must be exercised in the professional's performance, as well as several factors linked to it, such as experience, empathy, trust and speed^{15,17,21}.

[...] We believe that these hours in the internship field provided not only the routine practice of dental care in public health, but also personal growth. Now we feel safer and more autonomous for the daily decision-making inherent to clinical care. Also, now we are sure of

our ability to provide quality dental care.[...] Report CD41, 2013/2

These writings point to the gain in self-confidence during ECS I. For them, the experiences mean “personal growth”, “feeling more secure and autonomous”, which makes them recognize that they are capable of “making decisions” and “perform quality clinical care”.

Performing several procedures under guidance of the preceptor allowed the students the opportunity to acquire clinical experience and develop greater speed in their care. The consultations in health services took considerably less time than in the dental school clinics, which made them evolve in this aspect.

[...] The internship is one of the most

important moments for professional training. At this moment, the future professional has the opportunity to come into direct contact with the professional reality in which he will be inserted, besides solidifying theoretical assumptions acquired with more experienced professionals. This extramural experience was extremely important, since it allowed to get out of the more bureaucratic processes faced in the dental school clinics, besides having a much greater demand from patients, which forces us to gain more agility. We become more independent, we have to resolve the cases that arrive, we have to decide the most viable treatment option, and we are working with a professional who already has extensive experience. [...] Report CD118, 2016/1

The case discussions and knowledge exchange between preceptors and students in PHC were considered very rich for learning. The freedom and autonomy given to students allowed the development of greater security in decision-making and the acquisition of clinical autonomy.

[...] The team received us very well. Besides, I believe that our preceptor had paramount importance for the quality of internship at this unit. She always showed confidence in us and our work, giving us freedom and autonomy, in addition to providing us with a lot of knowledge, both technical and about the structure of primary care.[...] Report CD67, 2014/01

Despite not frequent, there were criticisms in the reports of graduates in both internships, indicating the need to reinforce the dialogue between professors and preceptors in relation to the objectives of internship.

[...] I believe that the preceptors of internships should be better oriented to receive the students. I understand that we must have autonomy and initiative, yet planning actions and participating in team meetings when it becomes clear that we are unnecessary is not easy. In both internships I and II in the public sector, I noticed that students and preceptors were slightly lost in relation to the students' functions when the idea was to work outside the office.[...] Questionnaire CD13, 2012/2

[...]The preceptor was not open to suggestions and criticisms, was tired and did not seem willing to teach.[...] Questionnaire CD118, 2016/1

The preceptors acts as a mediator in the construction of knowledge; thus, their role in encouraging the development of autonomy is fundamental. Their attitudes as reported by the graduates, “showing confidence”, “giving freedom” and “respecting personality”, can increase the production of autonomy. The opposite can also occur; preceptors who acted as if they did not want to teach or who did not encourage the students’ participation limited the development of autonomy.

Participants preferred to intern at extramural CEOs than at college CEOs, according to reports, since they understand that staying within the college again imposes a direct relationship with the professor, limiting the acquisition of professional autonomy. The students feel more independent and capable of diagnosing and proposing treatments when the internship is extramural; also, some of them recognize the experience of the preceptor who accompanies them.

The trainer or whoever is acting in this role must be aware of the journey from heteronomy to autonomy, since their

performance can both help and become disturbing. Thus, heteronomy is being replaced by autonomy, in the same way and concomitantly, freedom is filling the “space” previously “inhabited” by its dependence. Nobody can become autonomous before having the faculty of reason and having the power of decision. Autonomy is built in the multiple and numerous decisions taken, merging in responsibility, and both are assumed²³.

At the same time, the graduates recognize having received an important theoretical basis during the course, and they realize that it is essential to live these experiences.

[...] The theoretical basis we received, with great quality, undoubtedly enabled us to understand the system and showed us how to act. However, the extramural experience is, in fact, the most tangible and complete manner of training professionals for a new health paradigm. Report CD128, 2016/2

[...] The preceptors at the college CEO treat us as students. To tell the truth, I did not learn anything new because you end up doing it, repeating what you already did in graduation. [...] Interview CD33, 2013/2

Some reports point to criticism of the teaching method, the authoritarian position of some professors at the School of Dentistry, and the treatment of students as passive agents in the learning process.

[...] You go there, sit in a chair and listen to the professor. We have a very passive education. [...]. Every time the students are in charge of doing, of seeking this activity, of being an agent of the training process, they are developing their autonomy to seek knowledge. [...]. You must have the autonomy to often find the answer to a problem by yourself. [...]

Interview CD2, 2014/1

According to Freire (2019)²⁸, an educator must respect the student to contribute to autonomous training. Autonomy can only be achieved in an environment with respect between all involved, and the process of formation of the autonomous and moral subject should never involve coercion or degradation^{19,27}.

When asked about the ECS I in PHC services, 98% (n=149) of graduates answered that it was significant for their training. For Bulgarelli et al. (2014)⁴⁰, extramural internships should provide direct contact with the SUS and, consequently, train professionals who are more humane and sensitive to the population needs. There is belief on the potential of extramural internships by themselves to stimulate the critical thinking, the unveiling of social reality, pointing out positive job opportunities and arising the interest of students to work in the public sector, hoping that it will contribute to the formation of a more resolute, more effective professional and competent from an epidemiological and social point of view⁴¹.

[...] I think it is one of the most valid, we can develop a lot and observe the importance of dental professionals, who do not need to work only in the chair, playing a much greater role and often managing to improve the population health at the management level more than at the local level. It was a spectacular internship because we saw a lot of theory here at the university, what is territorialization, how is teamwork, what is the role of dental professionals CD within the team, and there we managed to put it into practice [...] Interview CD38, 2013/02

The public service has been seen as an

attractive field of work, since it provides a variety of situations, with possibilities for learning, developing autonomy and performing actions⁴. Also, knowing the different social realities, not previously experienced by graduates, seeing that their work can be expanded and understanding that the role of dental professionals CD does not need to be “only in the chair,” as said by a graduate, promotes a paradigm shift from the belief that the public service does not work, broadening the student's view of the possibility of working in SUS.

Autonomy with interdependence in teamwork

During the internship experience, students awaken to the importance of working in a health team, where in practice they develop tasks together with various professions in the health field. Interprofessional teamwork is shared and developed by the various professionals who have training and practice that may be different from each other, yet complement each other in the search for the same objective¹⁷. In Table 2, “integration and bonding with a multiprofessional team” was mentioned by 80.30% (n=118) of graduates as a significant aspect for training, and 30.60% (n=41) indicated this alternative as a factor in choosing the workplace. Among those who chose this option, 63.41% (n=26) work in services in the public sector, 31.71% (n=13) in private services and 4.88% (n=2) in both.

The studies by Peduzzi (2001)²³ and Peduzzi *et al.* (2011)²⁴ discuss the characteristics of collective work and point out that autonomy with interdependence is necessary for professional performance. Interdependence governs the relationships between professionals where a single professional is, by his or her actions, capable of

causing effects, whether positive or negative, on the entire work team, regardless of size, while simultaneously this same professional is also influenced by the whole. It is worth mentioning that the autonomy of a person or group is exercised in a society, and thus it is not possible to exclude the influence of the social context and its particular characteristics in each time and place⁴². Therefore, besides the interdependence between the different workers and areas of activity, there is also interdependence between the work project of each team and the institutional project²³.

In the reports and interviews, the discourse of multidisciplinary and interprofessional work is noticed, highlighting the possibilities that the exchange of knowledge between the various professions can benefit the results of health work.

[...] I consider the internship at UBS as extremely motivating for my experience as a future professional, both in terms of skill and safety in clinical care, as well as in the experience of working with a multidisciplinary team. It also added to my interpersonal work relationship [...]

Interview CD123, 2015/2

The interprofessional work assumes the possibility of professional practice reconstructed in the practice of others, both transformed for intervention in the reality in which they are inserted⁴². Most graduates mentioned in the online questionnaire that the ECS enabled an important academic and professional experience, which they had not experienced until then, as well as teamwork to perform health care according to the reality of users within territories until then unknown by most of them, considering the singularities of each one.

[...] The teams with whom I worked were very interested and concerned about

passing on what they knew, I was able to learn a lot, both in technical knowledge and in humanization, organization, case management, groups, meetings... What influenced me the most was seeing the motivation of each professional with whom I had contact and all their dedication and concern in dealing with each being, in order to improve their physical, mental and psychological health, and also to manage each case, each situation. I am grateful for the internships and each professional involved in them. [...] Interview CD 151, 2016/1

The sum of perspectives of the different professionals who make up the multidisciplinary teams is a different reality from what the graduates brought from intramural training, allowing them to deepen their knowledge about general health with their experience in the services, which enables a comprehensive approach to the user and clinical decision making appropriate to each situation. “Everyone was equal”, this expression used by a graduate in the interview to characterize the relationship between the team professionals rules out the dominance of some professions over others within the professional field and emphasized the importance of dialogue and knowledge sharing for problem-solving in health care. In training, the student has an experience of autonomy with interdependence in which both professionals and the user/family benefit from the humanized care of a health team.

From the numerous reports, it is possible to perceive that these experiences contributed to the achievement of skills and abilities, including those related to autonomy, which add to the professional training of graduates during their last year.

This study aimed to analyze the meanings of experiences in Supervised Curricular Internships at SUS, for the acquisition of competences and skills related to professional autonomy, assigned by graduates of the Dentistry course at a public university. The experience provided by the ECS allowed the students to obtain a better understanding of principles, guidelines and functioning of the public health system. In the perception of graduates, this experience was so satisfactory that it promoted the students' interest to work in the public health system. Most graduates reported an enriching experience from a personal and professional point of view, considering the experience in the practice of SUS essential for their training.

The performance of several dental procedures under the supervision of a dental professional preceptor, combined with the freedom with responsibility assigned to the students, resulted in the acquisition of clinical experience, agility and greater security in making daily decisions, i.e., autonomy. Also, the experience of teamwork with all professionals and not only with the oral health team was stimulated during this period, especially in ECS I. Thus, as recommended by the DCN, the internships collaborate for the formation of professionals that will perform their activities in an articulated manner to the social context, understanding the social, cultural and economic reality of their environment and providing comprehensive care to the user.

4 CONCLUSION

It is concluded that the experience of curricular internships in SUS is considered very important by graduates of the Dentistry course in their academic, professional and personal training. Interprofessional work, integrality and humanization of care were encouraged by the

experiences lived in health services. In addition, the achievement of skills and abilities related to the gain of professional autonomy is expressed by most participants who recognize the role of internships in the construction of this fundamental aspect for the future insertion of students in the community of practitioners and their autonomous professional exercise.

RESUMO

Aquisição da autonomia profissional nos estágios curriculares de Odontologia no SUS

Conforme as Diretrizes Curriculares Nacionais (DCN), a formação do cirurgião-dentista deve garantir o desenvolvimento de estágios curriculares em serviços de saúde no Sistema Único de Saúde (SUS). O objetivo deste estudo é analisar os significados das vivências nos Estágios Curriculares Supervisionados no SUS, para a aquisição de competências e habilidades relacionadas à autonomia profissional, pelos egressos do curso de Odontologia de uma universidade pública do sul do Brasil. Trata-se de um estudo de natureza descritiva com dados qualitativos e quantitativos com uma amostra composta por 152 egressos que vivenciaram os Estágios Curriculares Supervisionados entre 2012 e 2016 e responderam online a um questionário. Convidou-se uma amostra intencional destes egressos para realização de entrevistas em profundidade, totalizando 14 entrevistados. O material quantitativo foi submetido à análise descritiva e os dados qualitativos foram sistematizados e submetidos a análise de conteúdo temática. Foram construídas as seguintes unidades de análise: Inserção profissional e escolhas dos egressos e Vivências nos estágios e aquisição de autonomia profissional. Os egressos são na sua maioria mulheres, idade média de 26 anos, 23,60% estão inseridos em serviços públicos de saúde e 51,97% atuam e residem na cidade de Porto Alegre. As experiências na atenção e gestão dos serviços de saúde por meio dos estágios na graduação permitiram que os egressos desenvolvessem habilidades para aquisição de competências voltadas à autonomia profissional

como expressaram a maioria dos participantes, entre elas, destacam-se as habilidades técnicas e relacionais. Conclui-se que os estágios curriculares no SUS são considerados pelos egressos muito importantes em sua formação acadêmica, profissional e pessoal.

Descritores: Autonomia Profissional. Competência Clínica. Tomada de Decisão Clínica. Educação na Odontologia. Educação Baseada em Competências.

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