

Integration of the Oral Health Promotion 3 discipline to the Family Clinic and the Dentistry training-associated domain

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ABSTRACT

The report on the present experience is based on reorienting teaching and learning practices and scenarios in the discipline of Oral Health Promotion 3 of the undergraduate Dentistry course of the Centro Universitário São José (São José University Center), aimed at a contextualized approach to the domain, integrated to Family Clinic, and oriented toward oral health promotion and to the needs of the population. It aimed to encourage student trainees toward a critical-thinking perspective, encompassing health as social production, and acknowledging the impacts of the Social Determinants of Health on the oral health care process. By integrating the discipline into the routine of the activities developed by the Clínica da Família Armando Palhares Aguinaga (Armando Palhares Aguinaga Family Clinic) in the 5.1 program, Dentistry training has enabled exchange of knowledge and experiences among students, patients (seen as subjects), teacher, outreach health workers, and professionals of the clinic, bringing the process of teaching social dynamics and the needs of the domain closer together.

Descriptors: Professional Training. Public Health. Oral Health. Family Health.

1 INTRODUCTION

Historically, the teaching-learning process in Dentistry has focused on cure, with emphasis on the private office care model and market Dentistry practice. Technical training is still valued at the expense of critical and humanized teaching; as are clinical and curative activities to the disadvantage of health promotion activities,¹ contrary to the oral health needs of the population. In Brazil, by considering Health Promotion as the milestone

for Collective Oral Health, training should emerge from an ample health disease-care process of citizens, family, community, and its social determinants².

The first chapter of the new National Curriculum Guidelines (Diretrizes Curriculares Nacionais -DCN) of the undergraduate Dentistry course states in Art. 1, paragraph 1: “The training of Dentistry graduates should include the Unified Health System (SUS) as an integral stage, understood as the scenario for

professional practice and field of learning that coordinates actions and services for professional training”³.

Oral Health Promotion Discipline 3 (PSB 3) belongs to the Collective Health Department of the undergraduate Dentistry course of Centro Universitário São José (São José University Center). It ranks subsequent to the Oral Health Promotion theory 1 and 2 disciplines in the structure of the curriculum. Therefore, discipline PSB 3 represents the first opportunity of contact between students and the Family Clinic and with the area surrounding the institution. The discipline focuses on the political-educational aspect of training and aims to encourage professionals to understand the system in which they live, including oral health practice within the social scenario.

Health Promotion, from the standpoint of Education, underscores the educational process (values, principles, techniques) and highlights, according to Nutbeam (1998)⁴, participative methods, shared building of knowledge, appreciation of different knowledges (technical-scientific and popular), and encouragement toward the development of citizenship.

The present experience report was approved by the institutional Ethics in Research Committee (CAAE: 05756919.7.0000.8144), and does not intend to be completely thorough in relation to all issues considered essential to the discussion of the topic. However, the present article reports the experience of joining the PSB 3 discipline and the Clínica da Família Armando Palhares Aguinaga (Armando Palhares Aguinaga Family Clinic) in an effort to provide Dentistry students with an educational contextualized process, coherent with the actual domain, and the requirements of the individuals who live in the area.

2 EXPERIENCE REPORT

The area and the teaching organization

Centro Universitário São José is located in the borough of Realengo, west of Rio de Janeiro. Its coverage area is within Planning Area 5, particularly comprising Administrative Region XVII, that includes the following boroughs: Realengo, Bangu, Padre Miguel, Deodoro, Vila Militar, Campo dos Afonsos, Jardim Sulacap, Magalhães Bastos and Senador Camará.

According to the new DCN, the educational context of the Dentistry undergraduate program must “consider local-regional diversity, the health needs of the population of the region and/or the municipality, and the mechanisms of insertion and coordination with SUS public policies, in accordance with SUS’ integrated practice scenarios, which must take place in the campus of the teaching institution and in the area where the institution is located”³.

Planning Area 5 comprises 48.5% of the entire municipal area, it has 1,390,505 inhabitants, and represents at least 25% of the entire city population. There are 172,433 inhabitants in the Realengo borough alone, where the Centro Universitário is located⁵.

According to the Human Development Index classification of the boroughs of Rio de Janeiro, Realengo ranks 89, and presents the following profile: 14.33% of the population has a per capita household income under R\$ 37.75. Children residing in dwellings with per capita income under R\$37.75 comprise 9.56%. Children living in dwellings with per capita income below R\$ 75.50 represent 22.07% of the children in the borough. The individuals responsible for households have, on average, 7.2 years of schooling. The borough has one of the highest poverty rates in the city of Rio de

Janeiro. In relation to the degree of poverty, 61.75% of the individuals are in the R\$37.75 mark, and 46.25% are in the R\$75.25 mark⁶.

It is an area marked by social inequality, and also presents poor access to health services. Notwithstanding, it is the current human occupation vector in the city and has a growing demand for health services and professionals to practice there.

The Oral Health Promotion 3 discipline: Scenarios and practices

The PSB 3 discipline comprises theory and practice, and is taught in three class periods lasting fifty minutes, totaling two hours and thirty minutes per week. PSB 3 comprises the structure of the fourth period of the Dentistry undergraduate program. In 2018, PSB 3 introduced Problem Based Learning (PBL) and Problem-solving as teaching tools to assist students to acquire essential training skills⁷. In accordance with the new DCN³, among the skills developed by the discipline, we underline: Health Care, Decision Making, Communication, Health Leadership and Management, as well as Teamwork.

Teamwork, a competence promoted during the PSB 3 discipline, is a component that guides the services delivered by the SUS and is considered essential for the professionals who take part in Family Health Strategy teams, because dentists practice along with physicians, nurses, community health agents, making the approach multidisciplinary, in addition to taking part in other health activity processes, such as home visits, team meetings, among others⁸.

It is noteworthy that article 2, paragraph 2 of the new DCN for Dentistry undergraduate programs values multidisciplinary teamwork: “a Dentistry training program should include a comprehensive approach to health care and

consider the regionalized and hierarchical system of reference and counter-reference, and interprofessional teamwork”³.

Choosing PBL as a teaching tool for the discipline is also in agreement with the new curriculum guidelines, which state the importance of the skills professionals must have in solving problems and developing ideas for health intervention: “This change in concept eases competence-based training, in which knowledge and skills are used to solve problems, prepare intervention proposals, and assess the results obtained in implementing corrective actions or improving existing conditions”³.

Problem-solving, a concept consolidated by Bordenave and Pereira in 1982⁹, seeks critical analysis of the setting to attain the elements that give meaning and guidance to learning, and, thus, problem-solving reveals itself as an adequate methodological option for courses in which the teaching topics are related to the delivery of services to society. Therefore, the problem-solving approach is a proposal to face the challenges present in health professional training. “Educational innovations are characterized by promoting ruptures with the *status quo* and establishing different approaches to health needs at a given moment”¹⁰.

Bordenave and Pereira (2010)⁹ described the choice for problem-solving learning as an option to deal with an issue every educator faces daily: how to teach without “massifying” or “objectifying” students. For the authors, improvement of teaching methods should not be considered as a goal, but as an important means for the university to accomplish its social functions. They state that it is necessary to determine the exact role of teaching as a function of how the university relates to society, and the determination of this role will

offer crucial guidance for the type of teaching methodology to be implemented.

PSB 3 is taught through activities coordinated with the Centro de Estudos da Coordenação da Área Programática – CAP (Program Coordination Study Center) and with the Clínica da Família Armando Palhares Aguinaga, located at Av. Santa Cruz, 665, Realengo, and thus, it places students in the reality of the area where they develop their activities in the practice scenarios of the Family Clinic.

The Family Clinic covers around 25,000 users and has four multidisciplinary health teams. Of the four teams, three have five community health agents (ACS) and one team has three ACSs. One of the teams has five Health Surveillance Agents (AVS). The clinic also has two oral health teams, comprising two dentists, two oral health assistants (ASB), and one oral health technician (TSB). In addition, the clinic has three administrative professionals and one manager¹¹.

PSB 3 discipline activities run continuously throughout the semesters. They are designed and implemented by students, who are organized into work teams, under the supervision of the Professor responsible for the discipline and the dentist responsible for the Family Clinic.

The scenarios where activities are developed are determined according to the assessment of health needs developed by the Family Clinic Team. Therefore, the activities are designed to adapt the PSB 3 teaching process to the actual needs of the population living in the area covered by the Family Clinic.

Usually, the first activity performed is the technical visit to the Family Clinic, where the dentist shows students the layout and activities performed at the health unit and discusses the routine practice and the challenges faced by the

team. After this first activity, students, already divided into teams, prepare and carry out the activities described in chart 1.

In loco observation of the health issues of the area provides data for processing problem scenarios using PBL methodology⁵. Activities are developed using problem-solving techniques based on the Paulo Freire learning process, aimed at achieving the appropriate intervention for each group, contemplating their specificities¹².

The approach used is always dialogic and applies horizontal methods of knowledge construction, such as conversation rounds, thematic workshops, creation of oral health educational material, among others.

Activities contemplate the knowledge and life history of all participants, seeking, according to Ayres (2000)¹³, “to rescue the dignity of other types of wisdom in the construction of useful truths for the construction of health”, based on “reconciliation between science and life”.

3 FINAL REMARKS

The PSB 3 discipline and territory interaction is mediated by the professor responsible for PSB 3 and the director of the School of Health of the Centro Universitário, both working with the management and the oral health team of the Family Clinic covering the area. The activities of the PSB 3 discipline developed together with the Family Clinic have enabled the exposure of Dentistry students to the routine of the Clinic, facilitated Oral Health Care learning based on a comprehensive view of users in their territory, and not only of their diseases.

Dentistry training should build “bridges” and opportunities to connect the teaching process to the needs of the population, bearing in mind the ethical and political commitments associated with training of oral

Chart 1. Practice scenarios, target groups and activities provided by PSB 3 discipline at the area covered by the Family Clinic

Practice Scenarios	Target Group	Activities Provided
Stella Guerra Duval Municipal School. Elementary school – First segment.	Students from 3 to 11 years old.	1. Thematic workshop. 2. Creation of oral health education material. 3. Focal group.
Jaques Raimundo Municipal School. Elementary school – Second segment.	Students from 11 to 17 years old.	1. Educational games. 2. Dynamics group.
Municipal Unit for Social Reinsertion locate at Realengo.	Homeless adult men.	1. Oral hygiene orientation. 2. Circle conversation.
Congregation of Charity Missionaries. [<i>Congregação Missionárias da Caridade.</i>]	Homeless adult women.	1. Oral hygiene orientation. 2. Circle conversation.
Therapeutic home for subject requiring Psychosocial Care located at Rua Dr. Lessa.	Psychiatric patients.	1. Triage to detect oral health needs. 2. Oral hygiene orientation. 3. Topical fluoride application.
Therapeutic home for subject requiring Psychosocial Care located at Rua Bernardo.	Psychiatric patients.	1. Triage to detect oral health needs. 2. Oral hygiene orientation. 3. Topical fluoride application.
Group of high blood pressure and diabetic patients followed by the Family Clinic.	High blood pressure and diabetic patients.	1. Welcoming. 2. Dynamics group. 3. Triage to detect oral health needs. 4. Oral hygiene orientation.
Academia Carioca	Adults and elderly	1. Technical visit.
Dwellings	Persons living in the covered area.	1. Routine home visit performed by the Clinic.

health professionals. The teaching approach on how to “practice” dentistry needs to be changed: revolutionizing education methodologies, granting different environments from the classroom, laboratories and clinics, and shifting the practice of students closer to the actual world of the population and the health system.

Substantial reorganizations in pedagogical projects have been deemed necessary in order to adequately teach Dentistry aiming at a broader spectrum of the Brazilian society¹⁴.

Hence, changes in the curriculum,

matching the pedagogical political project, should create several training models, as opposed to a single model of professional practice that reproduces the aspirations of a small segment of the Brazilian society¹⁴.

Educational models that implement verbal, repetitive, non-creative lecture-based methodologies, with no connection to their territorial context, and that are positioned above and apart from social relations must be replaced by participatory, critical-reflexive models that are interrelated with the problems and needs of the areas in which the teaching institutions are located. This is the road map for

implementing best practices and better oral health.

RESUMO

Integração da disciplina Promoção da Saúde Bucal 3 com a Clínica da Família e o território adscrito na formação em Odontologia

O relato dessa experiência tem como pressuposto a reorientação das práticas e dos cenários de ensino e aprendizagem na disciplina Promoção da Saúde Bucal 3 do curso de graduação em Odontologia do Centro Universitário São José para uma abordagem contextualizada ao território, integrada à Clínica da Família, orientada à promoção da saúde bucal e às necessidades da população. Tem como objetivo estimular que os estudantes sejam formados numa perspectiva crítico-reflexiva, compreendendo saúde como produção social e reconhecendo os impactos dos determinantes sociais da Saúde no processo do cuidado em saúde bucal. A integração das aulas da disciplina à rotina de atividades desenvolvidas pela Clínica da Família Armando Palhares Aguinaga, na área programática 5.1, possibilitou uma troca de saberes e vivências entre alunos, pacientes (vistos como sujeitos), professora, agentes comunitários de saúde e profissionais da clínica, aproximando o processo de ensino das dinâmicas sociais e das necessidades do território.

Descritores: Formação Profissional. Saúde Coletiva. Saúde Bucal. Saúde da Família.

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