

Discrimination and prejudice: topics that require extensive debate in the training of healthcare professionals

Cláudia Nice Bach*; Amanda Zorzan Leonhardt*; Caroline Muller*; Juliana Bianchini*; Andreas Rucks Varvaki Rados**; Maurício Fernando Nunes Teixeira***

- * Graduate in Dentistry, Vale do Taquari University
- ** Master degree in Community Oral Health, Vale do Taquari University
- *** Doctor degree in Community Oral Health, Vale do Taquari University

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ABSTRACT

Curriculum subjects related to Human and Social Sciences are important to the development of skills that will build the abilities related to the behavior of graduates. From the beginning of training, the Univates Dentistry course addresses themes related to discrimination and prejudice in an integrated way in its curriculum. This academic project features reports of four students during their internships, aiming to identify, recognize and discuss issues related to prejudice and discrimination in the development of the internship, presenting the challenges encountered in this process. Through subjective reports it is possible to understand the different paths that graduation students go through, and the expansion of opportunities to get in touch with these themes. In the reports, the students describe many learning activities applied during the course that later were used in situations experienced in the internships. Acting, relevant paper reading, challenges proposed in the CBL (*Challenge Based Learning*), production of overviews and reports and participation in conferences are some of the important references in the care of specific populations such as indigenous people, immigrants, people with black skin, convicted people with electronic anklets, transsexuals and individuals with special needs. These experiences are often only possible due to the presence of students in the public health and care systems. The internship expands the student service experiences, contributing for a more humanized and real graduation. The contact of students with different realities is beneficial for the development of new perspectives from the content learned theoretically and, when combined, can build up to a more humanized graduation.

Descriptors: Social Discrimination. Prejudice. Health Human Resource Training. Training Support. Education, Dental.

1 INTRODUCTION

The Brazilian society development experienced a transition from a global economic policy based on slave labor in a society with a

primarily agricultural economy, to a policy based on free labor and industrialization¹. In this context, the idea of a medical-hygienic pedagogy based on the basic premises that the access to

physical hygiene and mainly to an ideal of moral hygiene, through education, would be the answer to deal with the demands and controversies of a new social order that was consolidated in Brazil between the 19th and 20th centuries. With the objective of transforming the sanitary profile of the former colonial family, which was composed of family members, slaves, domestic employees and servants, into a conjugal and nuclear institution defined by the feeling of privacy. This fact indirectly fueled racist and prejudiced ideologies, serving to maintain the exploitation of the subaltern classes in the name of racial and social superiority of white elites².

Discrimination is the action of treating a person or a group of people differently by establishing discrepancies. It is believed that ethnic and racial prejudices are linked to beliefs where one has power over the other³. These actions act as psychosocial stressors, directly affecting health-related inequalities^{4,5}. In addition to race/ethnicity, gender is also linked to prejudice, as “traditional” genders are still strong and often reaffirmed in healthcare settings^{6,7}. And, in addition to this, social classes and other social identities also suffer from systems of oppression⁶.

Prejudices are understood as fundamental causes of health disparities and inequities, and go far beyond the influence of socioeconomic status⁵. There is evidence that prejudiced actions linked to gender^{7,8}, race^{9,10}, HIV¹¹ and other types of discrimination have been occurring in health systems. In such situations, the health professional acts implicitly and explicitly in the treatment choice conduct.

Vale do Taquari University (Univates) Dentistry course is concerned with training a professional who is, among other qualities, critical and humanist. To this end, throughout the five years of graduation, the students are encouraged to reflect on various topics of social

nature that are of great relevance.

This course is organized around an integrated modular curriculum. Four pillars are developed throughout the course and the contents related to the Human and Social Sciences are addressed taking into account the different dimensions of the relationship between the individual and the society, which contribute to the understanding of social, cultural, behavioral, psychological, ecological, ethical, bioethical and forensic determinants at the individual and collective levels of the health-disease process¹².

In the Health, Society, Citizenship and Human Rights pillar, social impact issues are dealt with theoretically: Philosophy, Anthropology, Sociology and Health Planning are addressed from the beginning of the course so that the students can develop skills related to Decision Making and Continuing Education.

In the Continuing Education pillar, practical activities are developed from the beginning of the course. These activities seek to illustrate the theoretical approach of the topics already listed and this is done in a way that the students can understand and act proactively in the organizational structure and institutional culture of health services, through the reflection on their actions, aiming at changes in institutional and organizational structures and in the work process. Such changes are necessary for the continuous improvement of the performance of the health team and for generating desirable management, care and relationship practices for the population served¹².

Among the themes addressed, there are prejudice and discrimination and their impacts on health sector. Since the first semester of the course, racism, homophobia and contempt for the prison population and people with disabilities, whether physical, mental and/or cognitive, are discussed.

A study carried out with Dentistry students

at a university in Santa Catarina aimed to investigate inequalities between different ethnic and racial groups. In this study, the students proposed two identical clinical cases to the students, being one of them with a black patient and the other with a white one. The results obtained through a questionnaire and open questions presented less respectful treatment and less autonomy for the black patient in comparison to the white patient, in addition to being more responsible for the failures of their ontological treatment¹³.

Socioeconomic prejudice is also a stigma in our society. In a study carried out with graduating Dentistry students from a university in São Paulo, among the conclusions, the results demonstrated that the students believe that diseases can be perceived as a condition of their economic class or are related to it.

Regarding the gender matter, it is very important that the dental surgeon is aware of the welcoming of transsexual people, mainly, as the use of the social name and an appropriate treatment will help to create a bond with the patient. According to the decree N. 1829 of August 13 2009, transgender people and transvestites are guaranteed, within the SUS, the use of the social name in the initial access and specific treatments for the transsexualized process¹⁵. In case this does not happen, the bond between the professional and the patient becomes shallow and flawed, which in a way may affect the success of the treatment being performed.

As an opportunity to think about the hardships of the 21st century, we address the topics related to Social Sciences in the Dental field. It is essential that this issue is addressed in Dentistry schools, as well as other health areas, so that university students and future professionals are able to, in addition to identifying these situations, become aware of them in order not to judge people that way.

This work aims to identify and recognize issues related to prejudice and discrimination in the development of the internship outside the Dentistry course, connecting it to the contents of the Social Sciences, usually studied on at the beginning of the courses, presenting the challenges and difficulties encountered in this process, through reports of experiences of students present in the health network.

2 EXPERIENCE REPORT

Below, we will present reports from four authors, students who, since the beginning of the course, are interested in topics related to discrimination and prejudice, seeking to identify the contents worked, discussing the circumstances and developments of situations during their pedagogical itineraries in which these issues are evident. The reports are written in the first person and will be revisited again in the discussions interspersed with the reports and propositions in the final considerations.

Student 1

My name is Juliana Bianchini, I am 21 years old and I live in a small town close to the University. I am a Dentistry student at Univates and I am currently in the eighth semester. I discovered my love for odontology at the beginning of the course, which I have always considered differentiated due to the great dedication of the professors regarding the learning of the students and their concern to train us as humanist professionals. For Rogers (2001)¹⁶, the professor must have a humanistic behavior towards their students, since this makes the educational environment more effective with regard to the teaching-learning process.

It is through active methodologies that we build our learning together with our advisors. With the use of different dynamics, different activities are introduced, approaching social

topics such as prejudice and even playful ways to present the studied content. An example of this was a theater play performed in the fourth semester in the Health Care Integrality (IAS IV) pillar, in which we presented a theatrical group performance on the topic "endodontic pathologies - pulp and periapical diseases".

In addition to these performances, we underwent a clinical decision-making test in the Health, Society, Citizenship and Human Rights (SSCDH IV) pillar. Methodologically, the professor split the class into two different rooms. In a room, the students were presented with a clinical case of a white patient who needed some interventions. In the other room, the clinical case was exactly the same, but with a change in skin color: the patient was black. Comparing the treatment choices in each room, we could observe that in the case where the patient had black skin, there were more suggestions for more invasive and cheaper procedures compared to the case of the white patient. In the discussion at the end of the activity with the two groups together, we were shown how institutional racism occurs and how it can affect the choice of a therapeutic approach for patients.

Before being included in the Extended Dentistry Clinic (COAm), the fourth semester class took part in a very interesting activity proposed by one of our professors. We were told at the beginning of the class that we would have to carry out an anamnesis and hygiene instruction in pairs with a clinic patient who had been willing to participate in the dynamics. Unbeknownst to the class, the teacher played the role of a poor, depressed man who did not perform his oral hygiene routine properly. We, as dentists, should carry out anamnesis and proper hygiene instruction for his case. During the interview with the character Adalberto, he cried and talked about his entire life situation, and he was going through several personal problems (financial and

emotional). Each student reacted in a different way, but all dealt with the situation in the way they thought it was most appropriate. At the end of the activity, we watched the videos recordings of the interview and discussed the experience lived by everyone.

The Academic Works Exhibit of the Dentistry Course aims to allow students to present what they are working on in classes, internships, scientific initiation grants, graduation conclusion works and topics that are relevant to the discussion. All academics, from the first through the tenth module of the course, can participate in this event as listeners or presenters.

In its second edition, in December 2019, the event took place at Tecnovates (Vale do Taquari science and technology park), and the projects were displayed in the form of banners in the lobby of the building. The professors of the Dentistry course assessed the presentation of each work individually, while the other participants were also able to listen, discuss and clarify doubts regarding the academic productions exposed.

Based on research and as a way to complete the *Challenge Based Learning (CBL)* with a tangible solution, we transformed the investigations carried out during this task into an abstract for submission in the scientific event of the course. The abstract was entitled "The influence of institutional racism on dental surgeon clinical decision-making: an insight instigated by *Challenge Based Learning (CBL)*". Our objective was to make Dentistry students aware of the presence of institutional racism in dental care, regarding the influence of discrimination in the clinical decision-making of the professional, as well as to make this issue visible, as it usually goes unnoticed. In order to talk about racism, first it would be necessary to understand that [...] *it consists in the discrimination of people, based on phenotypic characteristics, justifying the superiority of one race over another. Its*

construction was derived from the evolutionary theories of the 19th century, which influenced different areas of knowledge [...] they defended the existence of different races, despising black people and valuing white Europeans.

During the event, our banner was widely visited by both students and professors of the course, making our objective contemplated. At the end of that morning, we were surprised to have our work chosen as a highlight and received an honorable mention. For that, we presented it in slide format in the auditorium of the building for all the people who were present, which further spread the theme.

This was a unique and very motivating experience for us, as it is a struggle that often goes unnoticed by the eyes of those who do not suffer daily with racism. Still, with the desire to carry our work forward, we rewrote the abstract and submitted it to the 14th Rede Unida International Congress in 2020, but the event was postponed to November of the same year and was carried out online.

In addition to having the group explaining our perceptions, we had the opportunity to discuss with people from different parts of the country, with different thoughts and also different experiences. We were able to hear activists of the topic explain about racism, forms of racism and how it is inserted in society and health systems, as well as the way it harms and affects dark-skinned people on a daily basis. Furthermore, we were able to watch other works that further expanded the discussions, since the rooms were divided by topic; therefore, the discussions were based on the fight against racism.

We learned a great deal from these two events, which added value in a sublime way to our professional, academic and personal lives. It was by observing the surprise and curiosity demonstrated by the people when they came across the topic that we concluded that we should

continue to talk about institutional racism in clinical practice, given that it is still little debated in the health area.

During my internship in primary care at the health unit in Pouso Novo/RS, I experienced for the first time dental care for people with physical disabilities. In this case, the patient had just arrived from the consultation with the physiotherapist of the unit and took the opportunity to consult with the dentist. According to Figueiredo *et al.* (2003), dental care and treatment for people with disabilities helps their inclusion in society¹⁸.

The patient had already been treated other times by the dentistry professional I was assisting. Therefore, the two already had a bond formed, the dentist already knew their preferences, difficulties and ease of handling. She positioned the wheelchair next to the dental chair and the patient himself was moving in order to change seats. The dental surgeon began the consultation, which occurred smoothly and the patient did not need major interventions, only a supragingival scaling on the fifth sextant and a plaque removal/prophylaxis. To get out of the dental chair, the process was the same as before: the wheelchair was positioned on the side of the dental chair and the wheelchair patient moved to sit on it.

After the consultation, I questioned the dentist about the case, so she reported that the patient had been previously treated by her in the unit and, the first time this happened she had no experience or practice in handling a wheelchair, so she called some nurses to help the patient transition from the wheelchair to the dental chair. However, she noticed the discomfort of the patient and chose to let him sit alone, which helped a lot in the consultation.

I felt a little apprehensive about the consultation, as I had never followed a case like this, also until then we had not studied the correct

way to care for people with disabilities during the graduation, so having the opportunity to see and learn from my internship was very constructive for my academic education.

In the following semester (2021A), we had a class on dental management for people with disabilities. The practice acquired in the internship greatly helped to better understand the content, as well as favoring a broader and deeper discussion of the issues addressed.

Analyzing the entire service, I noticed that at no time there was any kind of prejudice or judgment by the health professionals in relation to the wheelchair patient; quite the contrary, they all treated them fairly, as they needed a more special care with regard to their locomotion. This makes me extremely happy and proud of the health unit I work on.

Since its genesis, the course has worked with the idea that the contribution of Social Sciences is essential for the training of generalist dentists committed to social reality. This is not an easy task; it is necessary to deconstruct the logic of a traditional methodology of knowledge transfer and build spaces for collective debate that guarantee the integration of the contents¹⁹.

At the end of the report described by Student 1, it is possible to see her recognition of the active methodologies used and her concern with participating in the academic activities proposed by the course. It also presents issues related to racism and care for patients with special needs.

Student 2

My name is Amanda, I am a Dentistry student at Univates in the seventh semester and I live in the city of Estrela. Odontology was the path I chose from the moment I had more contact with the profession and I realized that, through it, it would be possible to bring health to those who do not have access and also to help people, which has always been my objective.

It turns out that we had few experiences of care with black patients at the course clinic, as there are few black-skinned or transsexual (trans) patients present at the space and this can have a series of reasons, such as the fact that they are not aware of the service, few referrals from the health units or even the fact that these patients do not feel comfortable going to the clinic. On the other hand, we have more contact with patients with mental, physical or mood disorders, and it is an enriching experience, as we learn possible necessary managements and also learn how to treat everyone equally without any distinction.

In the internship carried out in Estrela, a significant number of black people were being assisted in the Imigrantes and Oriental neighborhoods. In the neighborhood of Imigrantes there is an ESF (Family Health Strategy) unit, so the priority is always finishing the treatment without having to go back to the end of the “queue”. In this place, several black patients receive treatment and all are treated equally, without distinction of skin color. All patients are also treated regardless of gender, social class, sexual orientation or race. We noticed the importance of breaking the barrier of racism as it reduces the possibility of creating a bond, because the dialog becomes non-existent, negatively influencing several factors in the life of these patients, who consequently have their dignity and health affected, and especially their mental health²⁰. In my understanding, it is necessary to address issues related to this topic during the course, and it makes students become more human and health professionals more prepared, disregarding racist attitudes.

I also witnessed the care of a transgender patient and it was a unique experience, as the dentist was very welcoming, provided care equally and was also careful when filling out her registration with the sexual/gender data. A survey was being carried out on COVID-19

where the professional could choose her interviewees and decided to choose some black patients and also the transgender patient, as she said that the survey should show society as a whole and that these people often already are left aside and she disapproved of this. For this reason, she insisted on including them in her research, after all society is made up of different people and realities.

During the service and also when answering the survey of this patient, there were some doubts related to gender, sex, how the legal registration works, it was an enriching experience, as I did not have much knowledge about it before. I felt flattered to be able to participate in that moment and learn more about the topic. The transgender patient was very happy to explain it to us, she said that most people lack interest and that. In addition, she said there is still a lot of prejudice, but that she does not give up and fights against it every day.

The professional told me that she wanted to be aware of that information not only to correctly fill the system form and the questionnaire, but also to have this knowledge for when she helps more transgender patients so she will know how to properly address them. She also told me that she read a lot about the topic because she thinks that nowadays this is basic knowledge and a matter of respect with this population. The professional who performs the assistance always exposes all the possible treatments to patients, without any distinction.

On one of the days of the week, dental care is provided to the residents of the indigenous village, which is located in a region farther away from Estrela. It is important that the city demonstrates concern and interest in serving all patients. As we are aware, the indigenous people have already suffered a lot with prejudice and still suffer today, which is why indigenous patients are more distrustful²⁰. “The health agent

who visits the village is also a local resident. She is married to a native resident, and if she was not a village resident, she would not be able to visit them. This makes us realize how difficult our relationship with them is, how badly it has already been done and also demonstrates the great importance of including them in our society, respecting their traditions and principles.

During the dental care, the dentist was very patient, listened to the patients, respected them and created a bond. She explained what was occurring, what procedure options could be performed and from what patients chose, she explained exactly what she would do, with the aim of not causing discomfort, thus creating a bond of trust. The dental surgeon asked about how the village worked, what were the main traditions and which ones the patients liked the most. After the treatment she explained that it would be good to show interest in their culture as she knows that many people do not have respect for it. A great part of the Brazilian indigenous population still faces difficulties in accessing health services, personal hygiene materials and, often, when there is access, it is precarious, and these issues are all determining factors in the illness profile of this population²²⁻²⁴.

The Oriental district is a Basic Health Unit that is a reference for other districts that do not have a unit. Therefore, the service is more dynamic, but even though it is a reference for the entire city, the unit still receives a smaller number of black patients. The issue in the Oriental neighborhood is that most people with black skin who seek dental care in this unit are Haitians. In most of these services, it is very difficult to understand the complaints of the patients and also to explain the procedure that will be carried out. The fact that we are not able to explain what will be done makes the process very difficult, as it makes the patience tense and often afraid. But the local dental surgeons always

tried their best to explain to the patients what would be done, avoiding traumatic experiences and aiming to create bonds, even if the treatment was more dynamic.

At COAm (Clinic School of Dentistry) I treated a patient who suffers from a mood disorder, and I always treated him the same way I treat other patients. We carried out a long treatment with several consultations and he always proved to be a very curious patient. He liked when I explained the procedure, what type of needle and anesthetic I would use. In one of these consultations, the patient told me that until his first visit to the COAm, no one had ever explained to him how to brush his teeth or floss and also that in the other places he visited previously, they never explained what procedure would be done, how it worked or what the dentist was doing in his mouth, they treated him as "silly", as if he had no ability to understand what was said and that is why he felt good in the consultations at COAm. He said that at COAm things were totally different, that we explain everything to him since the first consultation and that is something I will always carry with me during my graduation and after that, as a professional.

It may seem such an obvious thing to carry out a proper hygiene instruction, explain the procedure and tell the patient about the medical actions, but it is clear that in many cases these basic steps are not followed and that the professional - possibly because they are familiar with the procedure - thinks it is unnecessary to explain why the patient will not understand and this is wrong. As dentists, we are in direct contact with the mouth of the patient, and for that to we need to bond and build trust, which can only be done in an egalitarian relationship, without prejudice and with lots of open dialog. By analyzing the situation, we can understand that this patient experienced prejudice for his disorder

and this is regrettable, as he is a human being, a person like any other and deserves to be treated as such. We can also understand that many patients experienced this same prejudice for the simple fact that the professional has this thought that he is the holder of the knowledge, as a superior being.”

Welcoming is something that is part of the service and it is essential for it, in the case of a patient with a mood disorder, the bond becomes as essential as in other services because everyone deserves to receive humane and equal treatment²⁵.

The report of Student 2 addresses the treatment of black, indigenous and transgender people, focusing on the action of the internship supervisor. Pleasant experiences in this relationship can positively affect the education of the students. This is so true that her report raises the issue of the importance of being welcoming and having a sensitive look in care relationships.

Student 3

My name is Caroline Muller, I am a student of the Dentistry course at Univas and I live in the city of Lajeado. Regarding the topics and contents that are studied over the semesters, I can affirm that from one of the learnings acquired in the Health, Society, Citizenship and Human Rights (SSCDH) pillar I was able to observe the importance of dealing with topics that go beyond the theoretical part that include techniques aimed at clinical practices.

Other topics, such as institutional racism and other types of prejudice, related to our professional performance and related to the Social Sciences should be worked on and brought to discussions, starting within a classroom and at the beginning of the course so that it can be experimented and experienced throughout the entire training process. When working on these topics with students, it is possible to develop

other skills, such as critical thinking when it comes to the treatment method, professional conduct and clinical decision-making, always ensuring fair and respectful behavior, taking into account the uniqueness of each individual, their social, economic and cultural reality and other social indicators to be considered.

In the city of Lajeado, neighborhoods like Santo André and Campestre have more Haitian residents. Therefore, it was possible to notice an increase in the demand for care by this population. Based on what was experienced by me in Santo André neighborhood, the experiences regarding this audience were good. Sometimes, patients had difficulty in understanding and communicating with the professional regarding the language Creole, Haitian and/or French.

Thus, the different culture and skin color were not determining factors for adopting clinical conduct and decision-making different from those usually applied to white individuals, who also seek the service.

The Conservas neighborhood is also located in the city of Lajeado, on the riverbanks of Taquari River, being further away from the city center. It is a place where a large part of the population has developed, always fighting against the difficulties encountered and is considered a neighborhood with residents of lower socioeconomic profile. Regarding the experiences of one of the students, it was possible to observe that it is a different reality from Santo André neighborhood and that other factors were present in addition to the main topic of this article.

It was possible to observe that at the internship place (ESF Conservas), the reality of local residents can sometimes be decisive and taken into account by some professionals, having a negative effect on the treatment conduct and clinical decisions. This was the case of patients

who wear electronic ankle bracelets, for example, who appeared several times in dental appointments. In respect to what was observed and experienced, there was no distinction regarding the conduct of the professional and the team. The procedures were conducted in a fair, calm and equitable manner, as is the case with all other patients who use the services offered.”

Student 3 reports assistance to immigrants and people with electronic ankle bracelets, expressing her perception of the facts and raising a reflection about the following passage from Travassos, Bahia (2011)²⁶: [...] *a policy to fight discrimination and privileges that underlie the social inequalities that still permeate the SUS remains absent. May its creation be guided by an inclusive agenda, avoiding producing new stigmas, as those we already have are enough.*

Student 4

My name is Cláudia Nice Bach, I am 25 years old, I live in the city of Lajeado and I am a student of the 9th module of the Dentistry course at Univates. Initially, Odontology was a very unexpected area for me to work with. I have always been in love with people, so working with people and taking care of them was and still is something that I needed in my life. After going through other areas of health, I found myself in Odontology, which today is a great love and has provided me with experiences and knowledge that no other area had provided me with so far. Having a broader view and transdisciplinary actions have always been very natural skills for me, but in the Dentistry course I could see that not all health professionals work in this way and some have great difficulties in breaking these barriers, reinforcing the need to work on these aspects.

Like the Conservas district, Santo Antônio district is also on the riverbanks of the Taquari River and a little further from the center. In this

neighborhood there is a diversity of socioeconomic status, but with a predominance of the lowest one. In the service unit in this neighborhood, there could be different types of refusal of treatment and prejudice, since the diversity of the neighborhood is wide and their reality includes people wearing electronic ankle bracelets, patients in wheelchairs due to HIV, people with STDs, most of the residents are black people, but this does not happen there. Perhaps because the oral health team has been working within this community for many years, there is no difference, quite the contrary, they always explain about the prejudice topic and encourage interns to understand that there is no difference in the treatment service provided for these people.

In this unit I experienced a situation in which I felt very bad, as it put me in an extremely uncomfortable place. A black Haitian patient was looking for information about her exams and consultations, when a community health agent and I started a conversation to resolve these doubts. At this point the patient interrupted and asked that the information was provided only by me, because I was white, I wore a lab coat from a university (with training) and would bring more correct information, discriminating the community agent for being a black person, not wearing a white coat (that would refer to some training) and still doubting her word, as if her information was not correct as mine or did not have the same value. This situation was extremely bad for me, I was in a situation of prejudice which I do not agree with, it is not part of me.

So to continue the conversation, first of all I needed to talk about the position of the patient. I was very careful as how I would explain the matter to her, because I knew that her speech was not a thought originating from the patient, it was a prejudice rooted from generations, something

she was taught but that is even prejudice against herself, once she also had black skin. So I tried to explain that all the professionals in that unit had the same information to give patients and that it would not be a coat or skin color that would define the level of education or instruction in working with patients.

In the São Bento neighborhood, located completely opposite the periphery, bordering the city of Santa Clara, the style and profile of the neighborhood is different, being related much more to people who depended or still depend on agriculture for a living, as well as livestock and production of various types of homemade/handcrafted products. The neighborhood also presents a vast diversity in the socioeconomic status, from the lowest to the very high. Regarding the internship experiences in the ESG of this neighborhood, it was possible to observe that the team feels uncomfortable with patients who wear electronic ankle bracelets or who have an STD, unlike the Santo Antônio neighborhood ESF, where these situations were naturalized and demystified. I believe that this happens because it is not a common reality in this neighborhood and the topic is poorly addressed, but there was always respect for all patients, the conduct in the choice of treatment was always trying to meet the needs of each patient as much as possible. But the discomfort of the team was clear.

In the last report, we can see the sensitivity of the student when describing a situation experienced by a patient out of their context and who, based on their values, interacts with the team and reminds us of the importance of understanding the condition that people live in and the importance of empathy when conducting treatments. This makes us believe that a humanist training is facilitated.

Based on the reports, it is possible to think as Pimenta, Oliveira (2020)²⁷, who claim that

individuals are thought of based on the social relationships they establish in the environments in which they find themselves and, through which they give meaning to physical experiences, such as health and the disease. And the introduction of Social Sciences also allows the revision of a more biological approach towards the search for an articulation between the terms, as well as the articulation between the biomedical, sociological and anthropological logic of apprehension of corporeality, which presupposes the relationship individual and society and the human in the body.

3 FINAL CONSIDERATIONS

The internship made the Dentistry course proposes an expansion of care services; if they are restricted to the school clinic of the university they may be biased. Topics related to the involvement of the clinical school with SUS, the care network in which the course is inserted, the origin of the educational institution and the context of the current system may limit some experiences, and the external internship can help with that.

From what was experienced by the students throughout the course, both in the care provided at the Extended Dentistry Clinic and in the follow-ups at the internship sites in Basic Health Units/Family Health Strategies in the cities of Lajeado, Estrela and Pouso Novo, it was possible to carry out analysis and draw conclusions about the issues raised on the agenda. Institutional racism, Human and Social Sciences in health education, discrimination and prejudice in health care services are topics that should be addressed throughout graduation courses, and the experiences of the students show us the importance of a constant resumption of these topics.

Regarding skin color, the way that care and clinical decision-making are conducted, it

can be inferred that, based on the experiences we had in our context, black people are still part of the population that least seeks dental care, both in the school clinic and in basic health units. There is a difference between the approaches of these cases, which are modulated by the experience of the team and the development of the activities in the internship locations. The teams that have been working for a longer time in health centers usually have more welcoming attitudes due to their knowledge of the territory and bonds with the communities.

It is the responsibility of dental surgeon to know how to properly handle the care of the physically disabled, but this is often neglected either by the professionals themselves or by the training that has not addressed the topic in the preparation of the future dentists. Unfortunately, we see in our daily lives that people with physical disabilities experience judgment and prejudice - sometimes veiled, sometimes explicit - by parts of the population. This occurs due to several factors, but mainly to the taboos imposed to the society and the lack of accessibility, although the Law N^o. 10.098 of December 19, 2000²⁸ establishes general regulations and basic criteria for promoting accessibility for disabled people or people with reduced mobility, in addition to making other arrangements.

Another key item is the attention, trust and credibility provided to the patients along with a complete anamnesis. Building a bond is very important for them to feel at ease and come back for routine appointments or when they need to, in addition to helping them not to feel embarrassed about any attitude of the professionals. Thus, qualified listening is a very valid method to avoid any kind of embarrassment, or worse than that, any failure in the procedures performed by the dentist.

After the report of the students, it is possible to see the importance of approaching the contents related to the Human and Social Sciences during graduation and the need to integrate and review these topics, supporting knowledge in Biological Sciences throughout the course. The internship, especially the one outside the course, is an extremely important time for the resumption of this knowledge, as the experience can make this learning more meaningful.

The internship outside the university grounds provides experiences closer to the real world, which are sometimes masked in the clinical school. The possibilities of contacting patients who have broader characteristics and cases are more beneficial with the inclusion of students in the care services.

Another important element to be considered is ethics, which, when addressed from the beginning of the course and with notes on behaviors that may deviate from a desired training, can develop respect and humanization as fundamental points of the actions of the students in their clinical practice.

After reviewing the final article, there were changes in some terms, which after several readings we understand that were also racist, so we replaced the word "black" with "black skin color" or "black person (man/woman)".

RESUMO

Discriminações e preconceitos: temas que precisam de muito debate na formação dos profissionais de saúde

Conteúdos curriculares relativos às Ciências Humanas e Sociais têm muita importância no desenvolvimento de habilidades que vão construir competências relacionadas ao comportamento dos egressos. O curso de Odontologia da Univates aborda, desde o início da formação temáticas relacionadas a discriminação e ao preconceito de forma integrada no seu currículo. O trabalho apresenta relatos de experiências de quatro

estudantes durante os estágios com o objetivo de identificar, reconhecer e discutir questões relacionadas ao preconceito e discriminação no desenvolvimento do estágio extramuros, apresentando os desafios e dificuldades encontradas nesse processo. Através de relatos subjetivos podemos perceber os diferentes itinerários de formação que os estudantes percorrem, além da ampliação das oportunidades de contato com essas temáticas. Nos relatos são descritas atividades de aprendizagem realizadas durante o curso e que são retomadas no enfrentamento das situações vivenciadas nos estágios. Dramatizações, leitura de materiais, desafios propostos no CBL (*Challenge Based Learning*), produções de resumos e participações em congressos vão sendo elencadas como referências importantes no atendimento de populações específicas como indígenas, imigrantes, pessoas com pele preta e que fazem uso de tornozeleiras eletrônicas, além de contatos com pessoas transexuais e portadores de necessidades especiais. Essas experiências, muitas vezes, são possíveis pela presença dos estudantes nas redes de saúde. O estágio extramuros amplia as experiências de atendimento aos estudantes, contribuindo para uma formação mais generalista e humanista. O contato dos estudantes com diferentes realidades é benéfico para o desenvolvimento de novas perspectivas a partir dos conteúdos trabalhados de forma teórica e, quando integrados, podem contribuir para uma formação mais cidadã.

Descritores: Discriminação Social. Preconceito. Formação Profissional em Saúde. Estágios. Educação em Odontologia.

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- Correspondência para:**
Maurício Fernando Nunes Teixeira
e-mail: mauricioteixeira@univates.br
Rua Avelino Tallini, 171
95915-000 Lajeado/RS Brazil