Supervised curricular internship: the Unified Health System in the center of the process

Luiz Noro*; Paulo Capel Narvai**

* Professor, Graduate Program in Collective Health, Federal University of Rio Grande do Norte
** Professor, Public Health Faculty, University of São Paulo

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ABSTRACT

The mandatory curricular internship developed by the dental programs is the most important element to the effectuation of the Unified Health System (SUS) as dental surgeons' training organizer. This study aims to deepen the reflection on the source of the limitations to SUS internship development and the role of the different institutions and actors in such difficulties. It also seeks to evaluate limitations and challenges imposed on this educational orientation, considering the market dentistry's hegemony in the training, which comes about in the central pedagogical role assigned to the individual dental procedure at the expense of what collective oral health professes. This is a theoretical essay, in which advances are identified by placing the SUS as an essential internship field for professional training, analyzed by the light of the Federal Constitution, the National Curriculum Guidelines for undergraduate courses in Dentistry and initiatives launched by Ministry of Education and Ministry of Health. The analysis recognizes the curricular internship as a potentially structuring element of SUS and identifies factors that favors it and opposes it within SUS itself, in Academia and in business movements. To that effect, it must consummate partnership with public health services, contribute with planning and management of its activities, provide training to preceptors and auxiliar people involved, and articulation with the social control. All teachers should be internships' strategic actors since their permanent association to an action or service by SUS in their different degrees of complexity, regardless the curricular components to which they are associated. This challenge transcends the traditional processes of training since to such achievement, more than the pedagogical strategies, it is necessary that the Brazilian State effectively play its role in strengthening SUS.

Descriptors: Training Support. Unified Health System. Oral Health. Curriculum.

> "*To create that which does not exist must be the aspiration of every living individual*" – Paulo Freire

1 INTRODUCTION

Training in health care has a historical challenge between proposals concerned with providing private services, still hegemonic in institutions of higher education, and the cumulative needs of most of the population who has no access to such service. Considering the social reality, the epidemiological indexes, the sanitary reform movement, and the central role of health and education in the perspective of equity, several initiatives were developed to reverse this logic.

The most significant institutional requirements to the changes in the training process in health care were the insertion, in 1988's Constitution, of the competence of the Unified Health System (SUS)[1] to "organize training of human resources in health care," and the institution in 2002 of the Undergraduate Dentistry Program's National Curricular Guidelines (DCN)[2].

The DCN propose curricular flexibilization, leaving behind the model of minimal curriculum[3], implanted since 1961 and firmed by the Federal Education Council Opinion nº 299/62. Despite the adjustments in legislation throughout time, almost all dental programs kept the principles of minimal curriculum composed of specific subjects previously defined, evenly distributed in time. The DCN innovated by abandoning the previous period's rigidity and making possible that training took into account the characteristics of specific realities in which the program is developed, from the social point of view as well as from the epidemiological one.

The DCN still emphasizes the SUS as privileged setting for health care training. The mandatory curricular internship must be developed under teacher supervision, in articulation with services and in growing complexity throughout the training process, to which all pedagogical projects must dedicate 20% of its total workload, the most strategic educational provision.

The concept of students' internships is defined in a legal instrument[4] as:

> *"…supervised scholastic educative act, developed in the work environment, which seeks to prepare for productive work educates who are attending regular education in institutions of higher education, professional education, high school, special education and final years of middle school, in the professional form of juvenile's and adults' education*."

For this concept to be observed in dental programs, in articulation with DCN's provision, it is crucial to comprehend the internship in its perspective of transformation of the professional training still hegemonic today, centered on clinical procedure, for full integration with public health services[5]. In this sense, articulation of clinical practice with experiences lived across the different degrees of complexity in the SUS's Health Care Networks must feed the activities developed by the interns, with the possibility to learn with reality and change it.

In health care, nursing programs advanced the most in the internship's comprehension as a learning space built on the experiences in health services, theoretical-practical interaction and intervention on real problems from the epistemological basis, and specific technical training acquired throughout the undergraduate program[6]. This advancement has happened specially through the internship development in Primary Care, having the Family Health Strategy as axis, which allows interns the comprehension of the complexity of the services' organization, the humanization of care, the respect for equity, and the integrality of care for individuals, families and collectivities[7].

With these elements as starting points, this

study has the purpose of bringing elements to the reflections on the challenges experienced by dental programs for the adoption of the supervised curricular internship as a necessary means of advancement of this important pedagogical strategy.

2 METHODOLOGICAL PATHWAY

As a theoretical essay, this study seeks to provide a thoughtful temporal exercise on the several movements generated by dental training, with focus on the supervised curricular internship.

Since it is an essay[8], the study has a interpretative nature, seeking reality comprehension through deep reflections from the analysis about several elements, central to the proposed object's discussion.

It seeks to bring the study together from a selection which is dissonant to the usual means treated by science in a dogmatic manner, from procedures that favor subjectivity, considering the theoretical depth on the approach and the originality of the subject's approach.

To this approach, the study opts for the development of critical analysis on the origin of the word internship, its several dimensions throughout time and its assumptions as fundamental curricular component in the training in higher education's distinct fields of knowledge. From this reflection, it takes on the discussion over the difficulties of SUS incorporation in the training process of dental programs, understanding the hegemony present in Academia and in the conception on the profession by society and by the category itself. This reflection is fundamental for understanding the barriers that act as traps in building a professional profile directed toward the generalist, humanist practice, with a critical, thoughtful point of view, structured from SUS and by the DCN.

The study seeks to look for the perspective of advancements that contribute to the building of a proposal for development of internships effectively related to the development of activities in public health services. The study also deals with the most prevalent oral problems as the center of the training process and lead to understand the internship as a partnership in the construction of new knowledge aimed at the need identified by the health reality.

With regards to the deepening expected in the development of theoretical essays, here profound and detailed reflections are offered on what the actual moment can have in store of utmost perversity in the long-dreamed (yet not fully implemented) conquests of a public, universal, equitable and quality health care system supported by the training of excellent health care professional in the dental programs, the internship figuring as strategic element.

Lastly, in consonance with its proposal, the study aims to point out possible alternatives to safeguard essential precepts for citizenship's defense through understanding dentistry as a caring profession, going beyond its role of simply avoiding episodes of tooth ache and teeth loss, as if this condition was natural for part of Brazilian population. It reinforces that such movement of permanent reflection — coherent with the logic of a theoretical essay — seeks a dialectical approach on the subject, allowing it to be a space for reflection, very differently from the prescriptive perspective brought by traditional studies focused on operational elements or by dispute of formative space.

Origin of limitations for internship development in SUS

The difficulty in the discussion on

internship lies entirely attached to its origin. The word internship derives from Latin (*stagium*), which means residence, not differently from the existing programs of today in medical and multi-professional training in health care. From the historical point of view, it is first cited in the literature in the year 1080, in the practical accompaniment of a service master in the place where the activities happen[9].

School internship was instituted in Brazilian technology colleges and technical schools during the military dictatorship motivated by the urgent need to create conditions for company-school rapport. The aim was technical-professional training and improvement in the forms and specialties required by the country development[10].

In this moment, the internship has as conceptual reference the companies' interests, turned to productivism, not properly to the interests of the Institutions of Higher Education (IHE) in training their students.

Relative to the other undergraduate programs (including those of health care), the first law to take on the internship specifically was promulgated by the end of the 1970's[11]. Its regulation took place only five years later[12].

In fact, such regulation brought a series of inadequacies since the internship could take the form of extension activity in enterprises or projects of social interest, promoting a diversified interpretation of these activities. Additionally, situations were predicted where the student, without any participation from the course, executed communitarian actions, generating precarious work, and a work distant from educative purposes[9].

Thus, the internship takes a place in the IHE in a non-institutional fashion, resulting in a myriad of strategies by programs, teachers and students. These come to be called extension actions, or other voluntary activities, with the generic title "internship".

Regarding dental programs, the initiative closest to a proposal characterized as internship in its original meaning was tied to the so-called "Extramural Internships". These internships were developed from its insertion in the curriculum due to the initiative of teachers, most of them connected to public health, and had the development of actions outside the program's geographic space as reference. Depending on the IHE, it was characterized as accomplishment of educational activities in schools, epidemiological surveys, fluoride application, clinical activities in public services, among others.

However, they did not articulate effectively to the services through agreements or other legal structures that would legitimize them as internships. The actions depended on the teacher's or the IHE manager's good articulation with schools or health services involved, thus ensuring the availability of physical space and contact with the public for the development of such actions. With the creation of the DCN, the implementation of the mandatory curricular internship in all dental programs becomes legal requirement.

It is worth pointing out that, beyond the pedagogical importance of the DCN in breaking up with the minimal curriculum, another sector that had a direct impact is the regulation of the functioning of dental programs. Upon its publication, any dental program, in order to be allowed to function or to be recognized by the Ministry of Education (MEC), must present coherence with the DCN requirements in its pedagogical program.

As a new formative approach in Dentistry, it was necessary to establish parameters so that the Institutions of Higher Education would adequate themselves to the

DCN requirements.

Considering its main role in the dental education debate, the Brazilian Association of Dental Teaching (ABENO) publishes an issue of its journal in which there are six texts dedicated to the discussion of the newly-approved DCN in the undergraduate dental programs, in a section identified as "Permanent Proposals." The first one deals with the DCN publication in the format of items[2], the next[13] comments on the DCN from the National Council of Education's (CNE) opinion, whereas two others propose several subsidies for the composition of the pedagogical project of a dental program[15,16].

A text of a single page references exclusively the supervised internship[17] and another references the higher education evaluation[18]. These two texts present inconsistences which are responsible for the fragilization of the possibility of internships' development in SUS and are impactful to this day. They influence and legitimize how natural the evaluators from the Anísio Teixeira National Institute of Educational Studies and Research (INEP) consider the integrated clinic, a discipline offered in most programs at the time, as internship field.

It is essential to note that, regardless of context or historical moment, internship was always directly related to the supervised formative process with regards to labor activities developed in real work situations.

Thinking about internship in its broader sense, what was most similar to it previously to the DCN publication were activities that happened extramurally, with focus on the teaching-service integration[19-21], which were not even imagined in the construction of the mentioned text.

It is important to observe that up until this definition, scientific output does not register Brazilian articles considering the discipline of Integrated Clinic as internship field. The scientific output identifies articles to comprehend the integrated clinic's role as discipline[22,23] and its involvement with clinical learning[24,25]. That is, the development of the Integrated Clinic focused, rather, on the logic of a clinical training.

In this work environment, the teacher's role is to supervise the students' activities focused rather on the hand dexterities for carrying out dental procedures. Besides, these clinics, oriented essentially toward the integration of knowledges from scattered lore, develop their activities for this end, in intramural clinics, referenced in individualized approaches and, therefore, with no relation to health services. Despite its "integrated" name, training counseling is conducted, to this day, by specialist teachers, whose reference is adequacy of the specific procedure itself.

One of the possible explanations for this position has to do with the fact that training has always been directed toward the perspective of an autonomous professional, which means there was always difficulty in thinking about the dental surgeon (DS) as a worker. For this reason, the possible spaces for internship development outside the program's sphere were very limited since most of dental practice was developed in individual offices in which there was a DS and an assistant in the development of these activities, preventing supervising.

In addition to the hegemonic picture of an elitist Dentistry that, in the features of that which was called Market Dentistry[26], tried to keep itself far from social reality during most part of the period before the 1988 Federal Constitution, this configuration supported the category's interests in keeping away from SUS, negating DCN guidance.

Possible advancements…

Despite these inadequacies and barriers for the construction of a proposal that would make viable the DCN propositions, some initiatives allowed the internationality's advance of thinking SUS not only as internship field, but as essential for DS training.

Without a doubt, a first crucial movement for this objective was the creation of PRÓ-Saúde in 2005[27]. By joint initiative of the Ministries of Health (MS) and Education (MEC), with support from Pan American Health Organization (PAHO), PRÓ-Saúde aimed to reorient the training process of the undergraduate health student, using as references the needs of Brazilian population and SUS mission of safeguard to all universal access and comprehensive care through actions and services organized with community participation.

Complimentary to PRÓ-Saúde, PET-Saúde had as major challenge to provide effective transformation of the pedagogical projects in the undergraduate programs, articulating training with the public health services, as advocated in the DCN[28].

Considering the difficult of this approach, in 2015 was published an edict named PET-Saúde/Gradua-SUS which prioritized the curricular change in health care undergraduate programs, training of teachers and preceptors that allowed qualification of the teaching-service-community integration processes, pronounced participation of health services in defining and coordinating actions to be implemented by tutorial groups, seeking coherence with DCN of undergraduate health programs[21].

Beyond that, in all its editions, PET-Saúde sought to articulate theory and practice through experiences provided for the students in environments external to the institutions of higher education, with extension activities that opened up to the different learning possibilities, including research.

The DCN, Pró-Saúde, and PET-Saúde, in consonance with the legal determination (Law 8.080/1990) that "the public services that integrate SUS constitute field of practice for teaching and researching, through specific norms, jointly elaborated with the educational system" (art. 27)[29], constituted the institutional basis on which curricular initiatives all over the country enabled mandatory curricular internships with different and original characteristics, in undergraduate programs involving public and private institutions of higher education.

Another important landmark of this period was the Law nº 11.788, from 9/25/2008, which defined "internship" as "**supervised scholastic educative act, developed in the work environment** [emphasis added], which seeks to prepare for productive work students who are attending regular education." The law reinforces, still, that the internship must be a component of the program's pedagogical project, integrating the student's formative itinerary, with the aim of educating for citizen life and for work from the learning process of competences particular to the professional activity in service.

It is timely to resume the reflection on the strength of the National System of Higher Education Evaluation (SINAES) — especially on the in loco visits for authorization and recognition of programs — as inductor of changes in the IHE's pedagogical planning. In this analysis, advancement was not consequence of the dental programs DCN, but of the new medical DCN approved in 2014[30].

As exposed, approval of DCN induces a movement by the IHE toward adequacies, as well as incites the institutions responsible for

the evaluation — INEP in this case — to adapt their instruments of evaluation[31]. Due to the new medical DCN and to the adequacies in licentiates', INEP carried out a public consultation to adequate the Instrument of Evaluation of Undergraduate Degrees — on campus and remote. It is worth reminding that this instrument is the same to all undergraduate degrees, regardless of their field of knowledge. As some changes in medical school were common to aspirations of other health programs, and as some adequacies could be done, these alterations ended up bringing advancements especially in approximating the supervised curricular internship to SUS.

The first concrete advancement in the Instrument of Evaluation came to be the insertion of the item "Practical teaching activities for health fields", mandatory to all programs in health care, which values the practical teaching activities focusing on attention.

Two other items affected the proposal of changes in dental programs, as long as these conditions were present in the pedagogical project: Item 1: "Program integration with the local and regional health system/SUS-students/teachers rate" (the excellence being achieved by the program when the students/teachers rate is 4 at most); and Item 2: "Program integration with the local and regional health system/SUS-students/user rate," (when the program integration with the local and regional health system/SUS is formalized through agreements and meets the ethical principles of professional training and performance).

It is relevant that some items analyzed from the public consultation were not included but act as reference for the Instrument of Evaluation's future adequacies, considering its pertinence and its potential for propelling internships' proposals in SUS. These items are: "Training process focused on health education in professional practice and community activities," "Teaching activities based on the community," "Student interprofessional and/or interdisciplinary training," "Faculty professional experience in the Sistema de Saúde Vigente/SUS," "Practice scenarios and Healthcare Networks," "Integration between teacher and preceptor in SUS grid," and "Program for permanent training of professionals and non-teacher preceptors in SUS."

Another relevant reflection, this time in a perspective of advance in internship comprehension, is related, again, to the protagonist perspective represented by ABENO. Considering several ABENO's Annual Meetings carried out after DCN approval and the criticism related to the 2002 guidelines, members of the Teaching Committee and the ABENO president released an article with a proposal for revision of ABENO's Guidelines about the definition of Curricular Supervised Internship in dental programs[32].

In this article[32], great advancements are related to the comprehension of SUS as field of excellence for the developing of mandatory curricular internships; to the provision of intramural activities in the condition of internship only for those IHE that keep agreement and schedule in integration with SUS, enabling the establishment of flux for reference and counter-reference; and to the full articulation with public health services, making possible training of preceptors and incorporation of the reality of services by teachers and students.

For these advancements to become reality, it is fundamental the involvement of clinic and collective health teachers in a

permanent process of better comprehending SUS in its complexity and diverse dimensions captained by dental assistance in a country where oral health access is still limited, despite advancements gained in the first decades of the 21st century.

What may be to come. That is, must complicate…

The present situation requires effectively much more care and movements for constitutional conquests, continuously vilified by mercantile interests. The successive and intense attempts at dismantling SUS captained by the private sector and strengthened by fragile public policies since Temer presidency[33] must be questioned and combated by all actors who understand the importance of the State performing its distributive and equalizer role. The increase in the elderly ratio, with consequent increase in prevalence of diseases relative to this condition[34], COVID-19 pandemic, and the strife of the users segment35 against the decrease of financial resources for health care and the loss of rights are fundamental elements in the strong stance against the attempts of weakening SUS[35,36,37].

This situation contributes negatively to the establishment of internships in the public health networks since they accentuate structural problems of the Health Units (US): discontinuity in inputs supply for its actions, lack of solution for technological and maintenance problems, difficulty in transferring interns to more vulnerable places, discouragement of preceptors for lack of adequate conditions of supervision and counseling. Tied to the lack of interaction of dental clinic teachers with internship activities, "business culture" foisted by the media and dental institutions, and the increasing "deformation" of dental undergraduate programs that do not consider the epidemiological and sanitary reality so to emphasize procedures which favor aesthetics (tooth whitening and facial harmonization), distancing themselves from seeking solution for the main oral problems faced by the population, the discussion of internships development in the SUS grid becomes a permanent challenge.

As if all that was not enough, the update of the National Curricular Guidelines of the dental program[37], despite advancing in the inclusion of SUS in its much more wider agenda than the previous DCN's, clearly signals that "the internship may be developed in internal or external environments to the IHE, in this case in Integrated Clinics with attention to the general public."

For contradicting the law, despite already being published[37], the expectation is that such normative revision be revisited in order to be adjusted to what is determined for curricular internships. To do so, pressure from sectors that understand SUS as structuring in dental training will be crucial.

When initiatives of such nature are regarded, it is imperative to recognize that anti-SUS actions come from different sectors which are upset with its existence, principles and values, and that they have allies in the programs even among teachers and students. Such recognition is decisive to discard naïve stances which, romanticizing SUS, consider everyone recognizes it, values it, and supports it with no conflicts or contradictions. SUS is a social construction, and as such is constructed and deconstructed daily. What the system effectively is in each territory results from the contradictions that define it as a complex social process in that place, and therefore depends on this clash of forces which are antagonistic and favorable to its existence. SUS is not, in each

place it develops, a nondescript setting, a "scenery" or backdrop in which the internships are inserted. This structuring role of SUS, inherent to the curricular internships, must be recognized as starting point of any initiative that is mainly concerned in SUS as primordial setting for learning of all involved.

Internship as instrument of construction and consolidation of SUS

The tortuous and complex paths to reach the goal of enabling what is professed in SUS's principles — that is, universality, equity, integrality, and population's participation — in the oral health field must consider the curricular internships as structuring.

Not wishing to be prescriptive but seeking to project a scenario for reflection by the IHE on matters to be dealt on this construction, it would be important to consider some elements which are strategic. It is necessary to premise that every curricular internship must be structuring to SUS by contributing with its planning and organization in the municipalities, with consequences for the interns' reception and permanence in the territories, the unities preparation for receiving the students, the reorganization of the work processes of the multi-professional teams to the adequate exercise of preceptorship roles — which must not collide but complimentarily articulate themselves with these other professionals' activities — and the budgeting and supply of SUS resources to the satisfactory development of the internships.

All municipalities of a state in which is located one or more dental programs should be considered potential field for development of the curricular internships, preferably considering the social vulnerability and the interest of the city health council in discussing with the population about raising access to oral health. Thus, it would be fundamental articulation among the IHE, the State Health Council (CES), and the Council of City Health Secretaries (COSEMS) to the effective regionalization of these internships.

The goal is to guarantee that SUS internships have intentionality, responsibilities and objectives all clearly defined, explicit, known to all involved and resultant of a planning process on which all affected segments have participated in horizontal relations, without hierarchical impositions. That is why the teachers of a dental program, regardless of the curricular component to which they are attached, should be internships' participants since their permanent tie to some SUS action or service in their different degrees of complexity. The expected partnership in the internship development must allow this relationship to provide effective knowledge of reality by the faculty as well as to enable interaction between research and knowledge production and the public health network.

Considering these articulations, teachers, students, those responsible for SUS and involved health units, and users' representative leaderships would all be protagonists in the transformation of a different outlook on oral health actions and services.

Another strategic element that could be of great contribution is the undergraduate final project (TCC), activity defined as mandatory by the DCN for all undergraduate dental programs. Regardless of the thematic options and its modalities, they should be simultaneously articulated with the internships and their research inquiry should be connected to the main problems identified by SUS in the territory where the internship is developed. This perspective on the involvement of all faculty assumes that it is possible to seek links and varied connections between academic

interests akin to different scientific disciplines and the problems of SUS. Such assumption admits that, at first, there is no antagonism between disciplines' "problems of scientific interests" and "SUS problems," being possible to carry out academic activities, under curricular internships, that allow developing the creativity and stimulating the talent of all involved. With this strategy, approximation between IHE and the context represented by SUS would be a differentiated stage for building new knowledge for solving old problems faced by the health system.

Thus, the research would fulfill its function not only in the student (and preceptors and teachers) training, but also in the proposition of scientifically proven alternatives for facing historical adversities in health care.

Likewise, it would be important for the IHE to include students and teachers of different health programs in the processes of planning and organizing the curricular internships, signaling the long-dreamed performance of the health team in a transdisciplinary work.

3 FINAL CONSIDERATIONS

Beyond the changes in training in a strict sense, that is, the ones to prepare the student for the professional future and eventual insertion into SUS, curricular internship can and must induce transformations in SUS itself as a universal health system, and, challengingly, in faculty and students from dental programs.

This challenge transcends the traditional training processes since, more then pedagogical strategies, for this conquest is necessary that the Brazilian State, effectively, play its role in strengthening SUS.

RESUMO

Estágio curricular supervisionado: o Sistema Único de Saúde no centro do processo

O estágio curricular obrigatório desenvolvido pelos cursos de Odontologia é o elemento mais estratégico para a efetivação do Sistema Único de Saúde (SUS) como ordenador da formação de cirurgiões-dentistas. No presente estudo busca-se aprofundar a reflexão sobre a origem das limitações ao desenvolvimento do estágio no SUS e o papel de diferentes instituições e atores nessas dificuldades. Também procura avaliar as limitações e desafios impostos a essa orientação educacional considerando a hegemonia da odontologia de mercado na formação, a qual se expressa no papel pedagógico central atribuído ao procedimento odontológico individual em detrimento do que preconiza a saúde bucal coletiva. Trata-se de ensaio teórico, em que se identificam avanços nessas atividades, obtidos ao se colocar o SUS como campo de estágio essencial para a formação profissional, analisando-os à luz da Constituição Federal, das Diretrizes Curriculares Nacionais dos cursos de graduação em Odontologia e de iniciativas desencadeadas pelos Ministérios da Educação e da Saúde. A análise reconhece o estágio curricular como um elemento potencialmente estruturante do SUS e identifica fatores que o favorecem e que a ele se contrapõem, no próprio SUS, na academia e nos movimentos empresariais. Para isso, deve efetivar parceria com os serviços públicos de saúde, contribuir com o planejamento e gestão de suas atividades, proporcionar formação aos preceptores e pessoal auxiliar envolvidos, além de prover articulação com o controle social. Todos os docentes deveriam ser atores estratégicos dos estágios a partir de sua vinculação de modo permanente a alguma ação ou serviço do SUS, em seus diferentes graus de complexidade, independentemente dos componentes curriculares aos quais está vincu-

lado. Esse desafio transcende os processos tradicionais de formação uma vez que mais do que as estratégias pedagógicas, para essa conquista é mister que o Estado brasileiro, efetivamente, cumpra seu papel no fortalecimento do SUS.

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Correspondence to:
Luiz Noro
e-mail: luiz.noro@ufrn.br
Universidade Federal do Rio Grande do Norte
Programa de Pós-graduação em Saúde Coletiva
Avenida Salgado Filho, 1787
59056-00 Natal/RN Brazil