

Undergraduate dental students' perceptions of an internship at a Brazilian Family Health Strategy center: a cross-sectional study

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ABSTRACT

We conducted a cross-sectional study to evaluate the perceptions of undergraduate dental students (UDS) of an internship in primary dental care within a Family Health Strategy Team (FHS-T) and associated factors. Data were collected via a self-report questionnaire. Poisson regression models were used in multivariate analysis ($p < 0.05$). Of 175 UDS included, 150 (85.7%) classified the FHS-T internship as important to their dental education. Being enrolled in the Community Dental Health (CDH) III course (vs CDH I) increased by 9% (prevalence ratio [PR] 1.09; 95% confidence interval [CI], 0.99-1.21) the likelihood of students classifying the internship as important to their dental education. Considering the start of the FHS-T internship in the 7th semester adequate (vs inadequate) increased this likelihood by 15% (PR 1.15; 95% CI, 1.05-1.25). Classifying user embracement and home visits as important (vs unimportant) activities also increased this likelihood by 8% (PR 1.08; 95% CI, 0.99-1.17) and 21% (PR 1.21; 95% CI, 1.09-1.33), respectively. Our results suggest that the early insertion of UDS in the FHS-T and their involvement in 'user embracement' and 'home visits' activities can significantly contribute to delivering interprofessional dental education.

Descriptors: Students, Dental. Family Health. Cross-Sectional Study. Education, Dental.

1 INTRODUCTION

In Brazil, the National Oral Health Policy (NOHP) has been implemented to increase population access to primary and secondary dental care¹⁻³. The NOHP promotes the inclusion of the Oral Health Team (OHT) in the Family Health

Strategy Team (FHS-T) to work in an interprofessional practice model with other health care professionals, i.e., a physician, a nurse, a nursing technician, and community health workers. OHTs consist of a dentist and an oral health assistant (modality I) or a dentist, an oral health technician,

and an oral health assistant (modality II).

Dentists' profile (graduate education and continuing professional development training) can influence the performance of OHTs⁴. However, Brazilian dental surgeons have shown a preference for private and traditional dental practice over the health care promotion model proposed by NOHP⁵. Thus, it is imperative that Brazilian dental schools develop programs to encourage undergraduate dental students into the NOHP for the delivery of public oral health services in Brazil according to the guidelines of the National Board of Education, which propose an interprofessional work process⁶.

Internships are strategies used to integrate undergraduate dental students into primary care services with a collaborative professional culture⁷. Given the wide range of social scenarios in a huge country like Brazil, the population would greatly benefit from primary dental care provided by dentists who have completed an internship within an FHS-T (Mendes et al., 2006)⁸. Another strategy to integrate teaching and practice is the Multiprofessional Residency in Family Health, a program developed based on the principles and guidelines of the Brazilian Unified Health System and structured to meet the population's health needs⁹ in accordance with the guidelines of the Brazilian Health and Education Ministries, which advocate interprofessional education.

In the teaching-practice scenario, some studies have shown positive effects of internships on dental students, such as increased awareness and changes in their attitude toward the oral and dental health of the community^{9,10}. In addition, it is important that undergraduate dental students come into contact as early as possible with activities recommended by the National Policy on Primary Health Care (NPPHC) and NOHP, including user embracement (multidisciplinary screening of patients with skilled listening), home visits, and shared medical appointments. In doing so during the internship, the students can become aware of

the work processes implemented in primary care settings, which are underpinned by the philosophy of the FHS¹¹⁻¹³.

In this context, there is a need to investigate students' perceptions of the importance of an internship in primary dental care to their undergraduate dental education. The results of this type of investigation can provide useful guidelines for dental schools in Brazil and other low- and middle-income countries, considering interprofessional learning and work¹⁴. Therefore, the aim of the present study was to evaluate undergraduate dental students' perceptions of an internship in primary dental care within an FHS-T and associated factors.

2 METHODS

Study setting

The study was conducted at the Dental School - Canoas Campus of the Lutheran University of Brazil (ULBRA), which offers Community Dental Health (CDH) courses in the undergraduate dental curriculum. CDH I, II, and III courses address dental education within the scope of the FHS-T and aim at integrating dental education with medical education in the Brazilian Unified Health System. The activities in the CDH I course include performing home visits together with the FHS-T workers, covering pregnant women, bedridden and chairbound persons, persons with special needs, and families at social risk. The CDH II course includes a school health program with preventive actions for enhancing oral health and eye health and preventing teenage pregnancy. In both CDH I and II, the students participate together with the different health care professionals in activities within the scope of the FHS-T, such as user embracement and shared medical appointments. Provision of oral health care in the dental office with the FHS-T is included in the CDH III course. It is important to note that the

different field experiences are discussed in the classroom through integration workshops.

Study design and sample

We conducted a cross-sectional study of undergraduate dental students enrolled in the CDH I, II, and III courses. Students transferred from other dental schools of the ULBRA (i.e., other than the Canoas Campus) or from dental schools of other higher education institutions were excluded.

Sample size was calculated using OpenEpi (https://www.openepi.com/Menu/OE_Menu.htm). Based on a 50% prevalence of students with a satisfactory perception of the internship, prevalence of 30% for exposed and 10% for unexposed groups, power of 80%, standard error of 5%, and significance level of 5%, a sample size of at least 159 participants was necessary. Adding a design effect (deff) of 1.2, a further rate of 5% to control for confounders, and 5% for dropouts/refusals, a final sample size of at least 175 participants was established.

Data collection

The data were collected via a self-report questionnaire containing 25 questions (23 closed-ended and 2 open-ended questions) that covered independent variables (family/sociodemographic data, dental education, and employment possibilities) and a dependent/outcome variable, obtained from the responses to the following question: How do you classify the importance of your internship in the FHS-T during the Community Dental Health courses to your dental education? (table 1).

Data analysis

Statistical analysis was performed with SPSS 2.0 (IBM; Armonk, NY, USA). Continuous quantitative variables, such as age and monthly household income, were categorized by the median. Monthly household income was reported as minimum monthly salaries. The Brazilian

minimum monthly salary denotes government regulation for a minimum monthly rate paid for a worker (who works, on average, 44 hours a week for 4 weeks in a month). The other covariables were categorized as follows.

Family/sociodemographic data: high school type (public vs private with or without scholarship); and way of admission to dental school (entrance examination vs national high school examination/ other).

Dental education: greatest contribution to dental education (contact with social issues vs integral practice/ development of the service provider-user relationship/ humanization of care); start of the FHS-T internship in the 7th semester (total of 10 semesters), classified as either inadequate (inadequate/ barely adequate) or adequate; user embracement, home visits, school health program, integration workshops, and clinical care, classified as either unimportant (not important at all/ slightly important/ moderately important) or important (important/ very important); and primary health care principle most evidenced in the FHS-T (accessibility/ social equality/ prevention/ biopsychosocial view of users vs problem-solving/ longitudinal/ humanized care).

Employment possibilities: biggest reason for working in the FHS-T (financial stability/ pension/ other vs student identifies with public health/ life project; and intended workplace after graduation (private practice/ popular clinics/ Armed Forces/ teaching career vs FHS-T).

The outcome variable (importance of the FHS-T internship) was categorized as either unimportant (not important at all/ slightly important/ moderately important) or important (important/ very important).

The chi-square test was used in bivariate analysis, and Poisson regression with robust variance was used in multivariate analysis ($p \leq 0.05$). A hierarchical regression model was used, with undergraduate dental students'

sociodemographic/family data at the first level, dental education variables at the intermediate level, and variables related to employment possibilities at the last level. A backward stepwise approach was used in the multivariate analysis. Only variables with $p < 0.20$ were included in the final adjusted model.

Ethical considerations

The Research Ethics Committee of the ULBRA approved the study (CAAE 12814819.3.0000.5349), and each participant provided written informed consent. The study was conducted without risk or discomfort to the participants, as no clinical intervention or invasive procedure that might interfere with the health of participants has been performed. The risk of a breach of confidentiality was minimal and controlled by the researchers. As for the associated factors, participants were informed of any questions that remained unresolved regarding the internship and work processes performed by the FHS-T.

3 RESULTS

Descriptive analysis

A total of 175 undergraduate dental students were included in the study. Of these, 150 (85.7%) classified the FHS-T internship as important to their dental education.

The results of the descriptive analysis are shown in table 1. Women accounted for 80.0% ($n=140$) of the total sample, and 64.0% ($n=112$) were born in the capital city or metropolitan area. Also, 63.4% ($n=111$) were 20 to 24 years old, and 41.7% ($n=73$) had a monthly household income greater than 5 Brazilian minimum monthly salaries; 16.6% ($n=29$) did not report the household income. Overall, 50.9% ($n=89$) of students attended public high schools, 87.4% ($n=153$) were admitted to dental school through the entrance examination, and

64.6% ($n=113$) reported receiving a scholarship.

Of the 175 undergraduate dental students, 58.39% ($n=102$) reported not having a family member working as a public health service provider, and 56.6% ($n=99$) were enrolled in the CDH III course.

Integral practice/ development of the service provider-user relationship/ humanization of care was considered the greatest contribution of the FHS-T internship to dental education by 75.4% ($n=132$) of students. Starting the FHS-T internship in the 7th semester was classified as adequate by 73.7% ($n=129$). Clinical care activities were classified as important by 96.6% ($n=169$) of students, user embracement and home visits by 77.1% ($n=135$), the school health program by 74.3% ($n=130$), and integration workshops by 50.3% ($n=88$).

The working conditions in the FHS-T were not felt to improve the integration between students and health care professionals of the team by 78.9% ($n=138$) of students, and 54.3% ($n=95$) reported accessibility/ social equality/ prevention/ biopsychosocial view of users as the primary health care principle most evidenced during the activities in the FHS-T.

Concerning employment possibilities, 69.1% ($n=121$) of students were unwilling to attend the Multiprofessional Residency Program in Family Health at the ULBRA, 50.3% ($n=88$) were willing to work in the FHS-T, and 29.1% ($n=51$) reported identifying with public health/ life project as the biggest reason for working in the FHS-T.

Bivariate analysis

The results of the bivariate analysis are also shown in table 2. Sociodemographic data were not significantly associated with the outcome variable.

Being enrolled in the CDH III course (91.9%/ $n=91$) and considering the start of the FHS-T internship in the 7th semester adequate (92.2%/ $n=119$) were significantly associated

($p < 0.05$) with students classifying the FHS-T (73.3%/ $n=22$) and considering the start of the internship as important to their dental education, internship in the 7th semester inadequate compared with being enrolled in the CDH I course (67.4%/ $n=31$), respectively.

Table 1. Variables collected via self-report questionnaire

Questions / variables	Quick answers / categories
Family/sociodemographic data	
1) Where were you born?	1- Porto Alegre (capital city) or metropolitan area 2-Countryside
2) Sex:	1-Female 2-Male
3) How old are you?	In years
4) How much is your monthly household income?	In minimum monthly salaries*
5) What school type did you attend in high school?	1-Public 2-Private with scholarship 3-Private without scholarship
6) How were you admitted to the dental school?	1-Entrance examination† 2-National High School Examination 3-Inside or outside transfer 4-Change of program within the university 5-Graduate entrance
7) Have you earned any college scholarship?	1-Yes 2-No
8) Is any of your family members a public health service provider?	1-Yes 2-No
Dental education	
9) In which course are you enrolled?	1-Community Dental Health (CDH) I 2-CDH II 3-CDH III
10) What is the greatest contribution of your internship in the Family Health Strategy Team (FHS-T) to your dental education?	1-Contact with socioeconomic diversity 2-Integral practice of dentistry 3-Development of the service provider-user relationship 4-Humanization of care
11) How do you classify the importance of your internship in the FHS-T during the Community Dental Health courses to your dental education?	1-Not important at all 2-Slightly important 3-Moderately important 4-Important 5- Very important
12) What do you think about inserting an undergraduate dental student in the FHS-T in the 7th semester (total of 10 semesters)?	1-Inadequate 2-Barely adequate 3-Adequate
You performed several activities during your internship in the FHS-T. Please classify the importance of each one to your dental education.	
13) User embracement‡	1- Not important at all
14) Home visits	2-Slightly important
15) School health program	3-Moderately important
16) Integration workshops	4-Important
17) Clinical care	5-Very important
18) Do you think that the working conditions in the FHS-T have allowed a good integration between students and other health care professionals of the team?	1-No 2-Yes
19) What is the principle of primary health care most evidenced during the activities in the FHS-T?	1-Accessibility 2-Social equality 3-Prevention 4-Biopsychosocial view of users 5-Problem-solving care 6-Longitudinal care 7-Humanized care
Employment possibilities	
20) Do you know about the Multiprofessional Residency Program in Family Health at the (hidden text)?	1-No 2-Yes
21) Would you like to attend the Multiprofessional Residency Program in Family Health at the (hidden text)?	
22) Would you like to join the Family Health Strategy Team (FHS-T) after graduation?	
23) What is the biggest reason that would lead you to work in the FHS-T?	1-I can identify with public health 2-Life project 3-Financial stability/pension 4-Other reason
24) Where would you like to work after graduation?	1-Private practice 2-Popular clinics 3-Armed Forces 4-Teaching career 5- FHS-T

* The “minimum monthly salary” of Brazil denotes government regulation for a minimum monthly rate paid for a worker (who works, on average, 44 hours a week for 4 weeks in a month). In 2019, the Brazilian minimum monthly salary was R\$ 998.00 (*reais*, Brazilian

currency), equivalent to \$189.37 (US dollars); † Refers to the *Vestibular* in Portuguese, the main competitive entrance examination used by Brazilian universities for admission. ‡ Multidisciplinary screening of patients with skilled listening.

Table 2. Descriptive and bivariate analyses of variables related to undergraduate dental students' sociodemographic/family data, dental education, and employment possibilities

Variable	N	%	Students who classified the FHS-T ^a internship as important to their dental education		
			N	(%)	p value*
	175	100	150	85.7	
Level 1: Family/sociodemographic data					
<i>Place of birth</i>					
Metropolitan area ^b	112	64.0	95	84.8	0.65
Countryside	63	36.0	55	87.3	
<i>Sex</i>					
Female	140	80.0	120	85.7	1.00
Male	35	20.0	30	85.7	
<i>Age</i>					
20-24 years	111	63.4	91	82.0	0.06
25-43 years	64	36.6	59	92.2	
<i>Monthly household income</i>					
≤ 5 MMS ^c	73	41.7	64	87.7	1.00
>5 MMS	73	41.7	64	87.7	
Did not answer	29	16.6	--	--	
<i>High school type</i>					
Public	89	50.9	72	83.7	0.45
Private with or without scholarship	86	49.1	78	87.6	
<i>Way of admission to dental school</i>					
Entrance examination	153	87.4	132	86.3	0.57
National high school examination and others	22	12.6	18	81.8	
<i>College scholarship</i>					
No	62	35.4	52	83.9	0.60
Yes	113	64.6	98	86.7	
<i>Family member is a public health service provider</i>					
Yes	73	41.7	61	83.6	0.49
No	102	58.39	89	87.3	
Level 2: Dental education					
<i>Course enrolled</i>					
CDH I ^d	30	17.1	22	73.3	0.01
CDH II	46	26.3	37	80.4	
CDH III	99	56.6	91	91.9	
<i>Greatest contribution to dental education</i>					
Contact with social issues	41	23.4	32	76.0	0.11
Integral practice/ development of the service provider-user relationship/ humanization of care	132	75.4	116	87.9	
<i>Start of the FHS-T internship in the 7th semester/total 10</i>					
Inadequate	46	26.3	31	67.4	0.00
Adequate	129	73.7	119	92.2	
<i>User embracement</i>					
Unimportant	40	22.9	28	70.0	0.00
Important	135	77.1	122	90.4	
<i>Home visits</i>					
Unimportant	40	22.9	23	57.5	0.00
Important	135	77.1	127	94.1	
<i>School health program</i>					
Unimportant	45	25.7	33	73.3	0.0.0
Important	130	74.3	117	90.0	
<i>Integration workshops</i>					
Unimportant	87	49.7	69	79.3	0.01
Important	88	50.3	81	92.0	
<i>Clinical care</i>					
Unimportant	6	3.4	3	50.0	0.01
Important	169	96.6	147	87.0	

Working conditions in the FHS-T have allowed a good integration between students and other health care professionals of the team

					continues continuation
No	138	78.9	121	87.7	0.15
Yes	37	21.1	29	78.4	
<i>Primary health care principle most evidenced in the FHS-T</i>					
Accessibility/ social equality/ prevention/ biopsychosocial view of users	95	54.3	81	85.3	0.85
Problem-solving/ longitudinal/ humanized care	80	45.7	69	86.2	
Level 3: Employment possibilities					
<i>Knowledge of the Multiprofessional Residency Program in Family Health at the (hidden text)</i>					
No	121	69.1	86	84.3	0.53
Yes	54	30.9	64	87.7	
<i>Willingness to attend the Multiprofessional Residency Program in Family Health at the (hidden text)</i>					
No	121	69.1	97	80.2	0.00
Yes	54	30.9	53	98.1	
<i>Willingness to join the FHS-T after graduation</i>					
No	87	49.7	68	78.2	0.00
Yes	88	50.3	82	93.2	
<i>Biggest reason for working in the FHS-T</i>					
Financial stability/ pension/ other	37	21.1	34	91.9	0.68
Student identifies with public health/ life project	51	29.1	48	94.1	
Did not answer	87	49.7	--	--	
<i>Intended workplace after graduation</i>					
Private practice/ popular clinics/ Armed Forces/ teaching career	132	75.4	108	81.8	0.01
FHS-T	43	24.6	42	97.7	

FHS-T^a-Family Health Strategy Team. N-Total sample. n- Number of undergraduate dental students who classified the FHS-T internship as important to their dental education. *Chi-square test. Metropolitan area^b- (hidden text) (capital city) or its metropolitan area, (hidden text) state, Brazil. MMS^c- minimum monthly salary. In 2019, the Brazilian minimum monthly salary was R\$ 998.00 (*reais*, Brazilian currency), equivalent to \$189.37 (US dollars). CDH^d- Community Dental Health.

The classification of user embracement (90.4%/n=122), home visits (94.1%/n=127), and school health program (90.0%/n=117) as important (vs unimportant) activities showed a significant association ($p<0.05$) with students classifying the FHS-T internship as important to their dental education. Considering integration workshops and clinical care important (vs unimportant) activities was also significantly associated ($p<0.05$) with the outcome variable.

Willingness to attend the Multiprofessional Residency Program in Family Health at the ULBRA (98.1%/n=53) and to join the FHS-T after graduation (93.2%/n=82) showed a significant association ($p<0.05$) with the outcome variable, compared with students unwilling to attend the residency program (80.2%/n=97) or to work in the FHS-T (78.2%/n=68). Reporting the FHS-T as the intended workplace after graduation showed a

significant association ($p<0.05$) with students classifying the FHS-T internship as important to their dental education.

Multivariate analysis

The results of the multivariate analysis are shown in table 3. In the adjusted model, being enrolled in the CDH III course (vs CDH I) increased by 9% (prevalence ratio [PR] 1.09; 95% confidence interval [CI], 0.99-1.21) the likelihood of students classifying the FHS-T internship as important to their dental education. Considering the start of the FHS-T internship in the 7th semester adequate (vs inadequate) increased by 15% (PR 1.15; 95% CI, 1.05-1.25) the likelihood of students classifying the internship as important to their dental education. The classification of user embracement and home visits as important (vs unimportant) activities increased by 8% (PR 1.08;

95% CI, 0.99-1.17) and 21% (PR 1.21; 95% CI, 1.09-1.33), respectively, the likelihood of students classifying the FHS-T internship as important to their dental education. Finally, willingness (vs Table 3. Crude and adjusted multivariate analysis of undergraduate dental students who classified the FHS-T^a internship as important to their dental education (p<0.05)

Variable	Crude			Adjusted		
	PR*	95% CI	p value	PR*	95% CI	p value
Level 1: Family/sociodemographic data						
Age	20-24 years	1	0.04	1		0.13
	25-43 years	1.05 (1.00 - 1.11)		1.03 (0.98 - 1.09)		
Level 2: Dental education						
Course enrolled	CDH ^b I	1		1		
	CDH II	1.04 (0.93 - 1.16)	0.47	1.04 (0.93 - 1.16)		0.44
	CDH III	1.10 (1.00 - 1.21)	0.03	1.09 (0.99 - 1.21)		0.05
Contact with social issues		1	0.17	1		0.12
	Integral practice/development of the service provider-user relationship/humanization of care	1.05 (0.97 - 1.14)		1.08(0.95 - 1.14)		
Greatest contribution to dental education		1		1		
	Inadequate	1.14 (1.05 - 1.25)		1.15 (1.05 - 1.25)		
Start of the FHS-T internship in the 7th semester/total 10	Adequate	1	0.00	1		0.00
		1.12 (1.02 - 1.22)		1.08 (0.99 - 1.17)		0.05
User embracement	Unimportant	1	0.01	1		0.05
	Important	1.12 (1.02 - 1.22)		1.08 (0.99 - 1.17)		
Home visits	Unimportant	1	0.00	1		0.00
	Important	1.23 (1.11 - 1.36)		1.21 (1.09 - 1.33)		
School health program	Unimportant	1	0.02	1		0.66
	Important	1.09 (1.01 - 1.18)		1.01 (0.93 - 1.10)		
Integration workshops	Unimportant	1	0.01	1		0.18
	Important	1.07 (1.01 - 1.13)		1.04 (0.98 - 1.10)		
Clinical care	Unimportant	1	0.10	1		0.09
	Important	1.24 (0.95 - 1.63)		1.24 (0.96 - 1.61)		
Working conditions in the FHS-T have allowed a good integration between students and other health care professionals of the team	No	1	0.21	1		0.20
	Yes	0.95 (0.87 - 1.02)		0.94 (0.87 - 1.02)		
Level 3: Employment possibilities						
Willingness to attend the Multiprofessional Residency Program in Family Health at the (hidden text)	No	1	0.00	1		0.00
	Yes	1.10 (1.05 - 1.14)		1.09 (1.04 - 1.14)		
Willingness to join the FHS-T after graduation	No	1	0.00	1		0.11
	Yes	1.08 (1.02 - 1.14)		1.05 (0.98 - 1.11)		1
Intended workplace after graduation	Private practice/popular clinics/ Armed Forces/ teaching career	1	0.00	1		0.08
	FHS-T	1.08 (1.04 - 1.13)		1.05 (0.99 - 1.11)		

FHS-T^a-Family Health Strategy Team. *PR- prevalence ratio. CDH^b- Community Dental Health.

unwillingness) to attend the Multiprofessional Residency Program in Family Health at the ULBRA increased by 9% (PR 1.09; 95% CI, 1.04-1.14) the likelihood of students classifying the internship as important to their dental education.

4 DISCUSSION

By investigating undergraduate dental students' perceptions of an internship in primary dental care within an FHS-T, the present study contributed with fundamental topics to the process of dental education according to Article 5 of the Brazilian National Curricular Guidelines⁶. Our results showed that 85.7% of the students participating in the FHS-T internship classified it as important to their dental education.

The main findings of the present study include an increase in the likelihood of undergraduate dental students classifying the FHS-T internship as important to their dental education by 9% if they were enrolled in the CDH III course, by 15% if they classified the start of the internship in the 7th semester as adequate, by 8% and 21% if they classified user embracement and home visits, respectively, as important activities, and by 9% if they were willing to attend the Multiprofessional Residency Program in Family Health at the ULBRA.

In this context, we could observe that the delivery of CDH I, II, and II courses across 3 semesters, starting in the 7th semester and ending in the 9th semester (of a 10-semester undergraduate dental curriculum), provided undergraduate dental students with practical experience and increased their knowledge of the work processes performed by the FHS-T, targeted at socially vulnerable families¹⁰. This might have contributed to making students consider the FHS-T internship important to their dental education. Thus, integrating dental students into the FHS-T at early stages of the undergraduate degree, rather than only at the end

of it¹², may improve interprofessional education¹⁴.

The present study showed that the activities involving user embracement and home visits were strongly associated with the classification of FHS-T internship as important. These results suggest important potentialities for the teaching-learning process in public health services in Brazil and other low- and middle-income countries. Internships promote an increased awareness of users' reality while inserted in their social, cultural, and physical spaces¹⁵. The FHS-T internship implements the guidelines of Ministerial Ordinance No. 2436 of September 21, 2017, and of the Brazilian National Policy on Primary Health Care^{16,17}. Also, user embracement promotes bonding between health care workers and users and facilitates universal access to health care¹⁶, which is in accordance with the Brazilian National Curricular Guidelines for dental education. In this context, the activities involving user embracement and home visits can be useful for the development of pedagogical guidelines in dental schools in Brazil and other countries and might improve the interprofessional work process as well.

A strength of this study is the sample size, with all necessary parameters being used for its calculation and the participation of 175 undergraduate dental students. In addition, multivariate analysis was performed to calculate PRs that measure the effect of each variable associated with the outcome variable. In this original study, we analyzed factors associated with the importance of the FHS-T internship to dental education and found no similar studies in the literature.

Limitations of the study include a conventional sample, i.e., undergraduate dental students from only one Brazilian dental school completed the questionnaires. Students being enrolled in different courses can also be viewed

as a limitation, as the different levels of students' experience can influence their perceptions of the FHS-T internship. In the future, it will be important to evaluate whether undergraduate dental students who have engaged in collective activities recommended by the Brazilian National Policy on Primary Health Care, such as waiting room and focus groups with pregnant women, adolescents, and smokers, will also classify the FHS-T internship as important to their dental education.

The present study integrates the pedagogical proposal of the ULBRA into the Brazilian Public Policies on Education and Health. In addition, the university has the purpose of being an innovative and effective community for teaching and learning. In this context, we have seen a great deal of discussion about the limiting factors of education for health care professionals, i.e., education centered on hospital settings and targeted at the private sector¹⁸⁻²⁰.

The result that undergraduate dental students willing to attend the Multiprofessional Residency Program in Family Health at the ULBRA were 9% more likely to classify the FHS-T internship as important to their dental education expresses the students' concern about continuing education in the field of public oral health. This is relevant because continuing education can improve interprofessional education and the performance of OHTs within FHS-Ts⁴. The residency program provides interdisciplinary teaching through multiprofessional rounds and appointments, and contributes to the development of a single treatment plan²¹.

To demystify this context and taking into account the rights and duties in the academic setting, the results of the present and previous studies^{5,18,22} suggest that dental education should be supported by ethical, scientific, social, and

health criteria. Constructing a humanized education in dentistry will allow dentists to work in both the private and public sectors with interprofessional skills. The pedagogical guidelines of Brazilian dental schools could be revised using our results and those of previous publications²².

5 CONCLUSION

Based on the results of the present study, we can conclude that 5 factors are associated with considering the FHS-T internship important to dental education: being enrolled in CDH III; considering the start of the FHS-T internship in the 7th semester adequate; considering user embracement an important activity; considering home visits an important activity; and being willing to attend a multiprofessional residency program. These findings are essential to align dental education with education guidelines and public health policies in Brazil (i.e., interprofessional education). Our results can provide useful information for the development of pedagogical guidelines in dental schools in Brazil and other low- and middle-income countries.

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RESUMO

Percepção dos estudantes de odontologia sobre o estágio na Unidade de Estratégia de Saúde da Família: um estudo transversal

Este estudo transversal foi conduzido para avaliar a percepção dos estudantes de odontologia (EO) sobre o estágio na atenção primária na equipe de estratégia saúde da família (E-ESF) e fatores associados. Os dados foram coletados via questionário autoaplicado. A regressão de Poisson foi utilizada na análise multivariada ($p < 0,05$). Dos 175 EO incluídos no

estudo, 150 (85,7%) classificaram o estágio na E-ESF como importante para sua formação em odontologia. Estar matriculado na disciplina de Saúde Comunitária em Odontologia (SCO) III aumentou em 9% (razão de prevalência [RP] 1,09; intervalo de confiança [IC] 95%, 0,99-1,21) a probabilidade dos estudantes classificarem o estágio como importante para formação odontológica. Considerar o início do estágio na E-ESF no 7º semestre como adequado (vs inadequado) aumentou em 15% (RP 1,15; IC, 1,05-1,25) a probabilidade de classificar o estágio como importante. Classificar as atividades de acolhimento e visita domiciliar como importante (vs não importante) também aumentou esta probabilidade em 8% (RP 1,08; IC, 0,99-1,17) e em 21% (RP 1,21; IC, 1,09-1,33), respectivamente. Nossos resultados, sugerem que a inserção precoce dos EO na E-ESF e o seu envolvimento com atividades de “acolhimento” e “visita domiciliar” podem contribuir significativamente para formação odontológica interprofissional.

Descritores: Estudantes de Odontologia. Percepção. Saúde da Família. Estudo Transversal. Educação em Odontologia.

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