

# Service-learning integration in Dental education: Unified Health System professionals' perception on pedagogical practice at the territory

Luisa Sanseverino\*; Graciela Fonsêca\*\*; Thiago Silva\*\*\*; Simone Rennó Junqueira\*\*\*\*; Celso Zilbovicius\*\*\*\*\*

\* Bolsista de Iniciação Científica, Faculdade de Odontologia da Universidade de São Paulo

\*\* Professora Adjunta, Curso de Medicina, Universidade Federal da Fronteira Sul (UFFS), campus Chapecó

\*\*\* Mestre em Formação Interdisciplinar em Saúde pela Faculdade de Odontologia, Universidade de São Paulo

\*\*\*\* Professora Associada, Faculdade de Odontologia, Universidade de São Paulo

\*\*\*\*\* Professor Doutor, Faculdade de Odontologia, Universidade de São Paulo

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## ABSTRACT

This qualitative study assumes that the participation of Dental students in service-learning activities is critical to improving the professional formation for the public health service, according to the requirements of the National Curricular Guidelines for Dental Undergraduate Courses, to fulfill the population needs. For these activities to happen, it is mandatory that the service provides physical and humanistic resources. This study analyzed Unified Health System servers' perception regarding the basic health units as a pedagogic scenario. Semi-structured interviews (recorded and transcribed) were conducted with the Oral Health Coordinator, nine Dentists and ten Managers of basic health units. The results were evaluated according to Bardin's Analysis of Contents Manual. The results showed positive perceptions, revealing enough service capacity to be a pedagogical scenario. Although human resource problems were cited in the reports, they do not restrict service-learning activities. Rather, these activities greatest impediment was the communication between service and higher-education institutions. Therefore, a political and ideological adaptation is necessary to provide educational changes for a better critical, reflexive and humanistic dentistry formation for public health service.

**Descriptors:** Education, Dental. Public Health. Unified Health System. Teaching Care Integration. Qualitative Research. Oral Health.

## 1 INTRODUCTION

The Brazilian Unified Health System (Sistema Único de Saúde - SUS) seeks a new perspective of health care in the country, aiming a universal, integral and equitable system for the population. Its conceptual and practical bases, focused on humanistic and multidisciplinary foundations, shows that health care encompasses social concepts within a health service network<sup>1</sup>, not being restricted to the assistance care of a specific area of action.

The SUS management has a key role in the training of human resources in the health area, as well as the increase of scientific and technological development<sup>2</sup>. Training as a SUS policy should seek critical thoughts as well as to interfere with the reality of the population regarding their health<sup>3</sup>.

It is up to the SUS not only the duty to serve the population, but also to ensure that the training of professionals is being adequate for such care, ensuring universality and equity. The SUS, as well as the Higher Education Institutions (HEI), must collect, systematize, analyze and interpret reality in order to guide a critical and meaningful formation regarding humanistic and social values and orientations.

To this end, it is fundamental that the education system in the health area articulates with the different social sectors, providing the creation of a positive, better integrated health concept<sup>4</sup>, based in democratic values<sup>5</sup>.

However, it has been noted over the years that, despite this indispensable teaching-service articulation, there are still barriers established by the technical-scientific traditions in the teaching methods of HEI. The lack and neglect of humanistic (sociology, anthropology, philosophy and psychology) and preventive content during graduation indicates insufficient training to a complete performance, regarding true needs of the population<sup>4,6-8</sup>.

This resistance of teaching processes has direct impact on the health work process in the SUS, since most dental surgeons who make up the health teams still continue to classify the technique as the most important characteristic for action in the Family Health Strategy (Estratégia Saúde da Família - ESF)<sup>6</sup>.

To overcome this impasse, there have been changes involving health and education to contribute to the development of a professional approach to the new public policy. It stands out the opinion 776, issued by the National Education Council (Conselho Nacional de Educação - CNE)<sup>9</sup>, which established the National Curricular Guidelines<sup>10</sup> (Diretrizes Curriculares Nacionais - DCN) for each course, which aim to guide the training of health professionals to less technical and biologicistic focuses and more humanistic. The DCNs for the Undergraduate Courses in Dentistry point out the need for critical and reflexive training, as well as the capacity of acting in accordance with the multidisciplinary and universal principles advocated by the SUS, valuing the subjectivity of the issues that involve the health-disease process.

Despite the DCN and the large wide-ranging review of curricula, it is believed that the majority of newly formed dental surgeons still work with a non-integrated, multidisciplinary and humanistic practice because during training they were not stimulated to reflect in an anthropological, historical, economic and political context<sup>11,12</sup>.

Among the possibilities of measures that could improve the picture, the accomplishment of internships involving the SUS deserves attention. Periods of internship contribute to the clinical learning, autonomy and understanding of the student in the forms of organization and management of work in the health care area<sup>12</sup>.

Silva<sup>13</sup>, when evaluating the scenarios of SUS as pedagogical spaces, proposes that the

skills and abilities described in the DCN can be learned in the curricular stages carried out in them, thus contributing to the training of dentistry students.

In this context, the present study seeks to analyze the perceptions of dental surgeons of Basic Health Care Units (Unidades Básicas de Saúde - UBS) in the city of São Paulo, as well as their respective managers, regarding the use of the work space as a pedagogical scenario for the accomplishment of curricular stages with dentistry students

## 2 METHODS

This qualitative study was carried out with the various actors of the service involved in the teaching-service integration process of a specific São Paulo's Technical Health Supervision.

The respective region, which includes a population of approximately 200 thousand inhabitants, contains 15 health facilities, including UBS, Emergency Relief, specialty outpatient clinics and School Health Center. In this study, the 11 UBS that compose it were selected.

It was decided to interview the Technical Supervisor of the region and at least the manager and a dental surgeon from each of the Units, whose criteria for inclusion was the willingness to participate.

Eleven managers (identified with the 'G' code) were interviewed, including the Technical Supervisor of Oral Health and ten managers of UBS, and nine dentists (identified with the C code). The data and the interviews were carried out from May to June 2015.

Due to difficulties to promote meetings among participants to collect data, we chose to use the semi-structured individual interview technique, performed in each subject's UBS. It is a privileged technique of information gathering that offers the possibility of speech being

revealing of structural conditions, of systems of values, norms and symbols and, at the same time, it allows to transmit, through a spokesman, representations of specific groups, under specific historical, socioeconomic and cultural conditions<sup>14</sup>.

The interviews, which lasted an average of 20 minutes, followed a structured script and addressed issues related to local needs, possibilities and perceptions to make the process of transforming the service into a pedagogical scenario for undergraduate Dental students.

For the qualitative study, all phenomena possess the same degree of importance and preciousness: constancy, occasionality, frequency of manifestations, as well as interruption, speech, and silence. Interpreting the manifest meanings and revealing the hidden are indispensable acts to allow the subject's experience to be described, analyzed and interpreted in the most approximated way of the lived reality<sup>15</sup>.

The use of content analysis was established for this step. This technique was defined by Bardin<sup>16</sup> as:

"A set communication techniques analysis aiming to obtain, by systematic and objective procedures for describing the content of the messages, indicators (quantitative or not) that allow the inference of knowledge regarding the conditions of production / reception of these messages."

According to Bardin technique<sup>16</sup>, categories are created by highlighting key words and / or constantly repeated in the discourses evaluated, as well as the association of words. To assist in this step, it is also used a progressive categorization<sup>17</sup>, with more specific initial categories, and then grouped into intermediate categories, and those in more comprehensive final categories, allowing a detailed analysis of

the object of study.

Therefore, all interviews were recorded and transcribed, with the consent of the participant in the Informed Consent Form. The research followed the norms of Resolution 466/12 and was approved by the Research Ethics Committee of São Paulo University and Municipal Health Department of São Paulo (opinion number 1,014,979).

### 3 RESULTS AND DISCUSSION

It was possible to divide the sample in 23 initial categories, which were grouped in 6 intermediate categories, and these in 3 final categories named Experiences of teaching-service integration already performed with undergraduate dentistry students; Potentialities and limitations of teaching-service integration; and Pedagogical aspects of teaching-service integration". These three final categories will be described and discussed below.

#### **Experiences of teaching-service integration already performed with undergraduate dentistry students**

In this category, the selected statements reported the occurrence or not of teaching-service integration activities with dental students and their frequency.

About half of the managers and dentists surveyed reported ever having developed experiences with undergraduate students. Among those who reported having performed some type of activity with dental students of, the vast majority declared the sporadic nature of these actions:

"... a few years ago, came a group." (G8)

"These actions happen annually in the unit." (G7)

"I received dentistry students once." (C9)

This insufficiency of activities in SUS was also reported by Finkler *et al.* (2011), who stated

the students only remained in the service for one month, at the end of the course, aiming the exercise of clinical learning<sup>18</sup>.

However, it is important to note that, according to the interviewees, the main activities that took place in the UBS were based on the knowledge of the territory and the health unit itself:

"Not to be directly in the room with the oral health staff, but to know the territory" (G8)

"To know my work, to visit, but not to act effectively." (C2)

"Collective actions, to know the community, actions in social equipment (were made)." (G7)

It is worth mentioning that some of the interviewees reported that some activities were guided by the Health Education Program (PET-SAÚDE), which, although it proved to be a positive experience in several other studies<sup>19,20</sup>, was temporary.

"Especially in the area of Dentistry [...] there has been only one internship that allowed students to take part on dental consultations and procedures ... It was a student of PET, a program for teaching through work." (C9)

The speeches reported absence or little experience with integration activities, which reveals that the SUS's commitment to guide the training of health professionals<sup>21</sup> still seems to be practically incase in terms of oral health.

Diversifying the learning scenarios, as well as experiencing the subjects and policies that participate in the process of health care in daily practice, are presented as key issues for humanized training focused on SUS<sup>22</sup>. However, the occasionality of the existing activities, described by the interviewees, indicates the need to increase the approximation between the teaching and the service, in order to introduce the

students in the practice.

The discourses go to meet with the idea that a reorganization of the formative processes is fundamental to improve the articulation between the health system and the training institutions, in order to value education in service, transforming it into a pedagogical scenario<sup>3</sup>, once there is still a lack of deepening in public health training in dentistry undergraduate courses<sup>23</sup>.

### **Potentialities and limitations of teaching-service integration**

In this category, it is evaluated the physical and human capacity of services to be potential stages of integration with HEIs. It has been observed that the vast majority of service-related limitations relate to insufficient Human Resources (HR), an unprepared physical structure and management problems.

Several discourses have reported on the need to increase the number of HR in Dentistry, such as "tutors" or "preceptors", so that adequate attention can be given to students:

"Increase the number of dental professionals, because structure for dentistry is not lacking." (G5)

"(...) provide prevention promotion activities which is something that we are still very limited, because we still have a very small HR of Dentistry compared to the UBS demand. (...)" (C8)

"What would be missing today would be an accompanying HR (...)" (G2)

According to the speeches, since the lack of professionals, such as auxiliaries and technicians, poses as an impediment to the service itself, the insertion of undergraduate students could be favorable in terms of the increase of the staff. Following this line of reasoning, the interviewees reported that the work of the students could improve the service offer, increasing the number of services offered

to the population.

"I think the trainee would help the dentist, the unit and the population in general (...)" (G1)

"... the student is going to help us ... to improve the service a little." (C5)

The management of the service appeared as a limiting factor for the accomplishment of these actions. It was mentioned the absence of an official internship project organized from higher levels, such as the Coordination and the Health Department, as well as bids and supervisions.

"Look, I do not even know about a project at this service." (C4)

"(...) I would have to check with my supervisors, right above my sphere, if that is allowed, if I must accept ... I would have to talk to the superiors, which is supervision and coordinate." (G4)

When asked about the physical capacity of the UBS to receive the students, the answers were heterogeneous. Some professionals believe that there is enough space in the UBS to perform collective and clinical actions with undergraduates. Others said that the physical space was too small, not enough to receive the students. The heterogeneity of the responses is a direct consequence of the structural differences between the UBSs, ones being larger than others.

Trajman *et al.*<sup>24</sup> also showed in their study that some of the SUS professionals reported difficulties in performing internships due to limitations in the infrastructure (inadequate space and resources) and human resources problems, such as unpreparedness and lack of time.

It is interesting to note that, even in cases where insufficient physical space of the UBS was reported, the fact was not considered as an exclusion for the actions. According to the statements, it would be possible to organize the students to attend in smaller groups. Another point placed as a possible solution to overcome

the lack of physical space was the use of the social spaces registered in the respective UBS, such as schools and day care centers, for collective actions.

"Now, about physical structure, it is deplorable (...)" (C5)

"(...) we do not have the physical space to receive many students in the same period" (G8)

"Our social spaces, schools, day-care centers are super-receptive ..." (G2)

"Space is (enough) (...)" (C8)

"Our difficulty in receiving students, whether from the dentistry or any other student, is our internal physical space. Thinking of an extra activity, in the territory, it could perfectly happen." (G2)

"The only limiter is the space, but I think with the dentistry students it is not a problem. We could realize actions on the territory (...)" (G2)

The professionals showed great optimism, believing that there are enough spaces to carry out activities with undergraduates. In addition, health promotion and disease prevention actions, which are often infrequent in the training of students, may be included in the list of activities to be carried out, depending only on official projects that stimulate their occurrence.

The research subjects revealed great potential for collective, educational and preventive activities, which are extremely important for dentistry care. Modern dentists have the responsibility not only to act in the clinical area, but also in public policies, projects with cooperatives, community groups and involvement with the population, developing health actions with an intersectoral scope<sup>11</sup>.

It is interesting to note that the dentists and the managers showed concern and optimism about inserting the students in collective actions, as well as inserting them in the service.

"(...) the students could make brushing guidance in our area of coverage, such as schools, institutions..." (G1)

"Ah, I think this contact with the population and precisely this collective action in schools is really important for the students to see the reality, outside the university context. I think it's very important, especially the planning of the actions, as well as collective and educational activity with the children, to teach and supervise brushing..." (C3)

"... But what is good here is that there are several spaces for us to go to for collective actions: brushing, fluoride, lectures on hygiene ..." (C6)

The possibility of carrying out teaching-service integration activities, especially educational and preventive activities, which are essential in Primary Care, is real. The existence of possible spaces to receive students in the UBS, as reported by the interviewees, strengthens the idea that this integration is possible. Not less important than the health care area, dentists from the UBS have a real obligation with promotion and prevention, which is often insufficient in dental trainings. Inserting undergraduate students in this scenario is a measure that can be promptly put into practice, requiring only the official projects that stimulate their existence.

In addition to educational activities, some professionals also mentioned the possibility of inserting of students in clinical assistance activities, suggesting actions in procedures with patients.

"... it would be quite interesting if they, like the other areas, accompany the dental surgeon's and technician's work and the assistance. I think that an internship closer to the daily life of these professionals would be quite interesting." (G9)

"(...) Depending on the course level, the student could take part on clinical activities right

here, in basic things such as restorations, prophylaxis, scraping (...) "(C6)

In addition, Fonsêca<sup>25</sup> described integration activities carried out with undergraduate students through the PET-Saúde program. Those activities involved students' clinical performance with a dentist guidance, revealing several potentialities on this matter.

Likewise, the experience of the curricular traineeship performed by students of the 9th semester of the School of Dentistry of the Federal University of Rio Grande do Sul (UFRGS), which also encompassed practical clinical activities in primary health care, revealed great pedagogical significance, enabling better approach to theoretical concepts, applied in practice, highlighting the importance of teaching-service-community integration<sup>26</sup>.

As a potentiality, an important factor is the dentists training to act as preceptors in integration activities. According to the unanimous opinion of the professionals interviewed, all the members of their respective health teams are able to receive the student students.

"(...) Here all the professionals are engaged with teaching and research. (...) "(G2)

"I believe so (I am prepared). In the matter of trying to establish a bond, of trying to plan something together, the team is very open(...) "(C8)

The absence of a specific training for dentists to act as preceptors were also point out on the speeches:

"Well, about supervision of the service, the professionals are not trained to be preceptors (...) "(G0)

Although the professionals interviewed described themselves as prepared to receive the students, the lack of training for a pedagogical approach reported by the interviewees can be

considered as an impasse to transform the service into a favorable scenario for integration.

### **Pedagogical aspects of teaching-service integration**

The speeches that pointed out dental education highlighted the possibility of a teaching-service integration as a very positive and enriching experience for several pedagogical aspects.

"Being together, seeing the day-to-day public health, would be very interesting for the students (...). The reality of public service is very different from what you see in dentistry schools"(C1)

According to Noro and Torquato<sup>27</sup>, despite the importance of dental care for public health, the majority of the dentistry courses still present their greatest curricular focus in the clinical area. In accordance with that, many professionals commented on this lack of student's knowledge about the public sector, creating, therefore, a need to deepen their theoretical bases in the area, including through the teaching-service articulation.

The theoretical content presented to students in the classroom, with a technical and biologist focus, is very different from the SUS logic. The possibility of acting with other professionals, as well as the knowledge of the users' needs and the totality of what involves the care with public health, are factors that could be deepened<sup>28</sup>.

"(...) to make the education in the services and the training for public policies closer is a need to improve formation for the public service. We had some inductive policies, with the students in the service, but without pedagogical preparation of the professionals, without physical structure forecast, without revision of the

plans, of the work processes, of the professionals and, therefore, some activities are always compromised, either the assistance or the teaching ". (G7)

"(...)we think about the profile of future professionals, right? Because within the needs or ... what professional am I receiving? Is it a professional that meets the needs? Ask: which professional do I train? Huh. In dentistry, specifically, we know that this professional is trained for customer service(...)" (G6)

The idea described in the speeches is in line with the ideal of a dentist education that prepares the surgeon for both the private and the public spheres, training them to care for the patient and the society<sup>7</sup>.

The teaching-service integration was also mentioned as a great pedagogical opportunity both to increase the students' clinical knowledge and to put them in touch with the reality of the public service. The experience in the territory allows the student to understand in practice the operation of the service, with its administrative peculiarities, as well as the oral health policies and the dental surgeon's duties<sup>26</sup>. The expansion of the learning scenarios is essential for the student to be able to better develop integrated clinical skills, seeking the implementation of interdisciplinary practices<sup>28</sup>.

"Being together, seeing the day-to-day health of the public service would be very interesting for the students. To get to know the reality, how we spend our day by day ... The public service' reality is very different from the dental schools. (C1)

"(...) The student will for sure absorb knowledge from the professional who will assist him during his stay in the unit(...)" (G1)

The importance of offering the students the possibility of an authentic experience in the

service described by the interviewees, was also cited by Toassi *et al.*<sup>11</sup> as decisive in the qualification of dentistry students, which further emphasizes the need to establish these integration programs.

#### 4 FINAL CONSIDERATIONS

From the obtained results, the feasibility of teaching-service integration is perceived. Physical spaces, as well as human resources, were sufficient to cope with integration activities, requiring few adaptations, such as re-organizing the office hours and using the UBS' registered social spaces.

According to the perceptions of the professionals interviewed, the aspect that deserves more attention concerns the management of the institutions, so that initiatives are taken to improve the partnerships.

Within this view, once the service is structurally able to receive the activities, it is up to the IES to propose strategies that aim at the articulated work in the planning, execution and reassessment of the activities carried out by the undergraduate students in the SUS units. The initiative to open channels and dialogues to better establish this partnership is a key point for the occurrence of these actions.

During the dental surgeon's training process, the experiences in the dental service with the integration activities plays an essential role. The main articulators in the process of implementation of teaching-service activities are the EISs and the service itself. However, the insertion of the training for the SUS carries an important cultural and political-social aspects. Thus, there is a need for political-ideological adaptations in the management of the integration, aiming the sustainability of initiatives to provide a training focused on SUS in a critical, reflexive and humanistic way.

## RESUMO

### **Integração ensino-serviço na formação em Odontologia: percepções de servidores do Sistema Único de Saúde acerca da prática pedagógica no território**

O presente estudo, de natureza qualitativa, parte do pressuposto de que a inserção dos graduandos do curso de Odontologia em programas de integração ensino-serviço contribui para a formação de profissionais de saúde bucal, bem como melhor adapta o currículo aos requisitos colocados pelas Diretrizes Curriculares Nacionais para os cursos de graduação em Odontologia, quanto à aproximação das necessidades de saúde bucal da população. Nesse âmbito, o projeto buscou analisar a percepção de servidores do Sistema Único de Saúde (SUS) vinculados a uma Supervisão Técnica de Saúde do município de São Paulo, acerca da utilização das Unidades Básicas de Saúde (UBS) como cenário pedagógico de estágios para estudantes de Odontologia. Foram realizadas entrevistas semiestruturadas (gravadas e transcritas) com a Coordenadora de Saúde Bucal, nove cirurgiões-dentistas e dez gerentes das UBS da região. Os resultados, trabalhados pela análise de conteúdo de Bardin, evidenciaram que as percepções são otimistas, revelando capacidade suficiente do serviço para ser utilizado como cenário pedagógico. Apesar do relato de dificuldades associadas à falta de profissionais e de capacitação para preceptorial, as mesmas não se colocam como impedimento para a realização dessas ações. A principal limitação para a realização dessas atividades gira em torno da abertura de canais de comunicação entre as Instituições de Ensino Superior e o serviço. Há necessidade de adaptações político-ideológicas na gestão de integração, visando à sustentabilidade de iniciativas que propiciem uma formação crítica, reflexiva e humanista voltada para o SUS.

**Descritores:** Educação em Odontologia. Saúde Pública. Sistema Único de Saúde. Serviços de Integração Docente-Assistencial. Pesquisa Qualitativa. Saúde Bucal.

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- Correspondence to:  
Luisa Sanseverino  
e-mail: [luisasanse@gmail.com](mailto:luisasanse@gmail.com)  
Rua Agostinho Bezerra, 50/111A  
05445-070 Vila Madalena - São Paulo/SP  
Brasil