

Constructive critics of Dentistry graduating students to rethink the supervised internship in Unified Health System

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Received May 26, 2018. Approved December 20, 2018.

ABSTRACT

The study aims at obtaining critical perceptions of Dentistry graduating students about the supervised internship in the Unified Health System. An exploratory, descriptive and qualitative research was carried out with the population composed by Dentistry graduating students of a public university in southern Brazil (n=52) (base year: 2016), considering only the ones who judged that the supervised internship in the Unified Health System was not productive for their professional qualification (n=11). The information was apprehended by means of a single guiding question and the results were treated according to the discourse of the collective subject technique. From the information obtained, two themes, 'Organization' and 'Structure' of the supervised internship, and seven central ideas, which originated the discourses, were extracted. The students expose the importance focused on the technician model of approach, with low interest in the Unified Health System as a field of work.

Descriptors: Dentistry. Unified Health System. Educational Evaluation. Qualitative Research.

1 INTRODUCTION

The professional field of health sciences courses, nowadays, undergoes an accelerated process of changes in its curricular structure, from the perspective of the interdisciplinary formation as a central element to the practices of

construction and knowledge sharing in higher education. It is known that the compartmentalization of knowledge in isolated subjects, singular and specific learning spaces do not respond to the new demands and possibilities of learning, and this fact requires that educational

institutions have a more comprehensive, global and interdisciplinary view on learning, knowledge and reality^{1,2}.

In this context of reinvention and redefinition of Brazilian universities, the field of health is provoked in the direction of training professionals with a humanistic profile, able to act in the integrality of health care and in the team, indispensable characteristics to the Unified Health System (SUS), also considering the National Curricular Guidelines (DCN)^{3,4}. Thus, after the first publications of the DCN for health courses, in 2001, specific public policies for higher education began to be implemented and explicitly linked to the health system in force in the country, aiming at the formation of a broad education and learning network. As collaborative strategies to the qualification of training in the field of health promoted by the Brazilian government, the National Program for the Reorientation of Vocational Training in Health (PRO-Saúde) and the Education for Work Program for Health (PET-Saúde). However, it should be noted that the ordering of human resources training in the health area had previously been included in the scope of the SUS according to the 8080/90 law⁵. Specifically in Dentistry, this challenge of composing and accompanying the reformulation movements of the health professional education guidelines⁶⁻⁹ has been reinforced by the integration between teaching and service, privileging spaces that go beyond the physical limits of institutions and where academics can potentially perform skills extra-clinical, considering the biopsychosocial demands of their work¹⁰⁻¹³.

In this direction, the premise of the supervised internship, which is understood as one of the practices with the greatest potential for transforming students into real SUS scenarios in the social and economic reality of their region, and in public health practices and policies, is

gaining strength¹⁴. From this context, dental training becomes a participant in a formative integration network, failing to articulate with SUS as a marginal theme.

The Dentistry course, on-screen, consists of two disciplinary aspects: one directed to specific professional training, with a total of 3,655 hours, and supervised curricular internship, with 1,037 hours. The subjects of the curricular base of the course are distributed by annual and semester subjects, with integrated involvement between theory and practice.

According to the teaching arrangement, the area of Collective Health (SC) is subdivided into three learning moments: SC I, II and III. The subject of SC I mainly works in the field of etiology and prevention of oral diseases; the SC II within the precepts of epidemiology and public health policies, with a science-oriented character and the construction of theoretical and methodological tools necessary for the planning and administration of public health services; and SC III, refers specifically to the practices in the Unified Health System, through a compulsory curricular internship. This internship occurs in the eighth period of the course, with a workload of 51 hours. As a pedagogical method, it seeks the integration between health education and services in the Family Health Units (USF), in an articulation among common knowledge, scientific and popular knowledge aiming at a subjective and reflective experience of professional training.

From the foregoing, the objective of the present study is to analyze the perception of Dentistry graduating students on the supervised internship in the SUS, emphasizing aspects considered counterproductive, as a subsidy for a new process of curricular restructuring.

2 METHODOLOGY

Students were approached collectively, in

the classroom, at a time considered conducive and there was no time limit for participants to respond to the questioning. Participants had their identities fully preserved.

The descriptive exploratory study model was adopted, with a qualitative approach. The sample consisted of all the Dentistry graduating students of a public university in the south of Brazil (n = 52), and there were no biosocial restrictions. The base year for the consultation was 2016. For the apprehension of the graduating students' perceptions about the curricular internship in the Unified Health System, the individuals responded to a self-administered instrument, composed of a single triggering question: *"If you consider that the supervised internship in SUS has not been productive for your academic training, please tell us what could be developed and in what way, aiming at the best use of this internship in your professional life."*

As a methodological reference for the tabulation of the information collected, it was adopted the theory of Social Representations, composed of elements such as beliefs and opinions, which are organized to express reality¹⁵ and the analysis and presentation of the results was based on the Discourse of the Collective Subject (DSC), proposed by Lefèvre¹⁶. This consists in the meeting, in a single speech-synthesis, of various individual discourses issued as a response to the same research question, by socially and institutionally equivalent subjects or that are part of the same organizational culture and of a homogeneous social group. The DSC method seeks to create a link between common sense and scientific knowledge starting from the reconstitution of a collective thought based on social representations.

The reports obtained were analyzed for the identification of key expressions of similar content and identification of the central ideas (CI) to later formulate a unique synthesis

originating from the discourses (DSC), where the thought of a group or collective appears as if it were an individual speech. In the present study, the DSC followed, with parentheses, the number of graduating students (AF) who corroborated the same thought or perception.

The results of each question, the synthesis of the central ideas, together with the proportion of the answers obtained were also exposed numerically, respecting the dual qualitative and quantitative condition of the object^{17,18}. All the ideas shared between the interviewees regarding each question and their speeches were described and discussed with support from the scientific literature.

The present study obeyed the precepts established by Resolution 466/12 of the Ministry of Health and was approved by the Research Ethics Committee (CEP Opinion 1,821,264/16), respecting the aspects related to the total anonymity of the interviewee, privacy and autonomy to accept or not to participate in the study. All participants signed a Free and Informed Consent Form.

3 RESULTS

The final sample was consisted by 35 graduating students, with an average age of 22 years, most of them women. Of these, 11 (34.4%) said the supervised internship in SUS was not productive for their academic training, and they were considered for the present study.

From the information obtained in this study it was extracted two themes: 'Organization of the subject' and 'Structure of the subject' and seven central ideas: 'availability of the service and the dentist'; 'expansion of contact with different professionals fields and work processes in SUS'; 'expansion of contact with dental clinical practice'; 'physical support'; 'workload'; 'compulsory' and 'evaluation', which gave rise to eleven DSCs (tables 1 and 2).

Theme one: Organization

Today the SCIII subject follows the logic of a semi-direct intership of observation and action. A group of, an average six students, is linked to professor advisor and a preceptor, represented by the Dental Surgeon

(CD) of a Dental Health Team, in one of the Family Health Units from the town of reference.

The following are the critical opinions about 'organization', arranged in three central ideas, which gave rise to the discourses.

Table 1. Description of the topic 'Organization', synthesis of the central ideas and proportion of responses obtained from the trigger question (n = 11)

THEME 1	CENTRAL IDEAS	%
Organization	Availability of the service and the dentist	28.53
	Expansion of contact with different professional fields and work processes in SUS	1.4
	Expansion of contact with dental clinical practice	40.1

Availability of the service and the dentist

DSC – "Before beginning the intership it should be evaluated if the unit really can and the dentist wants to and is willing to accompany the students, because many actions can not be developed due to lack of availability of the CD from the unit [...]. I think the health units do not insert the students into the routine, so this prior evaluation of the willingness and willingness of the CD and the unit is important so that no group is harmed. " (AF 3, AF 5, AF 7, AF 10)

In the foregoing, it is evidenced the discontent regarding about the personal inter-relationship and the reception provided by the health service.

DSC – "[...] CD participants should be instructed to treat all students equally ... some (students) had to do it alone, others (CD) paid close attention [...]. It lacks empathy and better understanding between the dentist and the group participants. I think there is a lack of willingness to contribute and commitment

to the intership by the health units, the CD and the team. " (AF 2, AF 6, AF 7, AF 11)

In the sequence, the academic yearning for the amplification of the multiprofessional and interpersonal processes in the health system is evidenced.

Expansion of contact with different professionals fields and work processes in SUS

DSC – "Students should take action on several days of the week in order to know all the different actions being taken by the family health team. [...] I think that the division of the students by each professional category, to see the different realities, would favor the relationship with the doctor, nurse, and other members of the team, because it was more restricted to the CD and ACS. (AF 1, AF 3, AF 2)

DSC – "Knowing how pharmacies work in basic care, following up patients attended by other specialties, greater contact and actions with professionals in the NASF[...] Finally ... visit several

points of the SUS and not only a region. We see only part and not wholeness remaining within unity. " (AF 11, AF 4, AF 5)

Below, the most prevalent central idea of this theme, which legitimates, among students, the biologist formative model valorization.

Expansion of contact with dental clinical practice

DSC – "This subject should develop more actions aimed at our area, even as trainees we could do more within dentistry. [...] I believe that more direct contact with the dental office, in a more clinical way, would add even more. It would be much more relevant to follow the whole routine of the CD in the unit and to assist him in the dental care. " (AF 8, AF 6, AF 9, AF 11, AF 3)

Theme two: Structure

The Collective Health III subject, supervised curricular internship, is in compliance with regulation approved by the Teaching,

Research and Extension Council, CEPE Resolution n ° 033, of 08/06/2010. It is currently developed in the eighth semester of the Dentistry course and has a workload of 51 hours, divided into twelve weeks of dispersion activities and five weeks of intramural contextualization. In moments of dispersion, the group of students experiences the scenario of Family Health Units (USF) and develops actions agreed with teacher and preceptor, fruit of the planning work. Among the actions we highlight health education practices for different social groups, epidemiological investigation in oral health, recognition of the territory of health units coverage, knowledge of the working and working process in the SUS.

Contextualization moments are programmed so that students can bring difficulties and successes inherent to common cycles of field activities into the classroom, sharing their reality with other trainees.

Trainees' opinions regarding to the structure of the internship, arranged in four central ideas are presente in the sequence, which gave rise to the discourses.

Table 2. Descrição do tema ‘Estrutura’, síntese das ideias centrais e proporção de respostas obtidas da questão disparadora (n=11)

THEME 2	CENTRAL IDEAS	%
Structure	Physical support	28.5
	Workload	22.8
	Compulsory	34.2
	Evaluation	14.5

Physical support

DSC – "The university does not offer transportation to the place of the internship, not taking responsibility for what can happen. [...] as it is a compulsory internship it should have (transportation), because the places were

very far, the locomotion was difficult and the students were exposed to situations of risk ". (AF 4, AF 2, AF 9)

Workload

DSC – "The internship should be summarized in just a week or two at most,

there is no need for a semester to see how a health unit works I think the actions should be punctual and not every week, with minor and superficial monitoring of cases. " (AF 1, AF 5)
DSC – "[...] could reduce the time, because it seems that we are" disturbing "the professionals in their day to day I feel that the students are more a problem than a solution within the health unit". (AF 6, AF 8)

Compulsory

DSC – "This subject should be optional and not compulsory, because I do not want to work in SUS. [...] it should only be for those who have an interest and really want to follow the public health field later. [...] or the internship could be like an extension project, like PET. " (AF 6, AF 9, AF 1)

Evaluation

DSC – "[...] I think teachers should keep up with full-time students to facilitate our contact with the CD and be able to evaluate what each student does, because the dentist does not create an efficient view of the students [...]. The evaluation should be done by the teachers and not by the dentists of the unit ... I believe that he (CD) does not have sufficient knowledge to evaluate a university student. "(AF 8, AF 1)
DSC – "If the internship professor goes to the unit to see if we are complying with the actions, I do not see the need for an evaluation by the CD of the unit because of the lack of contact. [...] almost do not see (CDs) what we do in the actions and do not even know how much knowledge we have. " (AF 6, AF

10, AF 5)

4 DISCUSSION

The curricular internship in the field of dentistry privileges an acquisition scenario and improvement of knowledge and skills essential to the professional practice in health, whose first objective is the interaction between theory and practice. It is an experience with formative dimensions, which allows the student participate in real work situations, exploring basic skills essential to the professional training.

In this context, the the preceptor role is to welcome the trainee in the work universe and to articulate actions with the other members of the health team and the community, acting as an effective development facilitator of the intersheep¹⁹⁻²¹.

In relation to the advisor professor, his performance should be able to enable unity between teaching and service, composing a network of formative relations. In the subject on screen, the actions to be developed are agreed with students and preceptors, and divided into two tactical moments: contextualization and dispersion. At the moment of dispersion in the internship camps, students experience SUS through interaction with work processes of all members of the family health team, namely: development of educational and preventive activities for different social groups, follow-up of professionals in home visits, the reference area of the health unit recognition, work process in the SUS recognition and epidemiological investigation, under effective follow-up by the advisor professor and by the preceptor, according to Law No. 11,788, dated September 25th, 2008, which provides for the student internship²².

Regarding to the contextualization moment in classroom, students inserted in different fields of internship expose their experiences and practices, being stimulated by the professor to relate theory

and practice, exercising critical and reflective thinking.

The perceptions presented evidenced the discontent of the group of students analyzed in relation to the acceptance and commitment of the health unit and the preceptor dental surgeon, ratify the interest in a greater approximation with the different professional categories, fields and work processes in the SUS, at the same time they indicate the interest for a greater participation in the dental practice in the internship.

Public health professionals are greatly affected by occupational factors, because most of them are exposed to pressure burdens in the work environment and to the accumulation of modern ties and demands, which can influence their performance and life quality. Added to this is the lack of integration between the municipal health sphere programming, by legally absorbing university demand to complement teaching, learning and academic participation in real life and work situations, local health units), by not qualitatively absorbing trainees in their agendas and work processes. These two aspects of health apparatus, professional and organizational disposition, seem to influence the image of the investigated students about the organization of the internship, and to hold possible differences in their training process.

In fact, the health units represent a privileged site of observation and analysis of the SUS, both in terms of their medical practices and their health promotion practices. Also, the insertion of the academic in these environments allows reflection on the work process in health and its technologies, on the attention networks, and on the development of communication and relational skills²³⁻²⁸. In this way, health units (such as training camps), managers, users and workers assume a strategic role in the future professionals training.

Studies show that this challenge posed to

professors, workers, preceptors and students of health also aims to better represent the exercise of being professional in the Family Health Strategy; and this requires not only the preparation of teachers and preceptors, but also the re-signification of their roles and practices in the current academic conception^{29,30}.

Since the SUS curricular internship is a relatively new process, it is necessary to reinforce the links between the teaching institution and the municipal health management, on the one hand, and on the other, the experimentation of shared knowledge and sharing among professors, students, users, preceptors and health teams.

In the discourse related to the availability of the health service and the dental surgeon, there is an evident academic perception aimed at understanding the restricted relationship between professional and trainee, and reinforces the lack of engagement of the health teams feeling in the practice scenarios. First contact, bonding and welcoming are essential tools for constructing meaningful experiences between professionals and students. This is a humanizing and integrative strategy for practices in services, and the holder of knowledge exchange.

The work in an integrated way presupposes an appreciation of the relationship degree between the agents involved, with a view for understanding and reciprocal recognition of knowledge authorities and technical autonomy³¹ being, as explained by the subjects, a dissatisfaction source with the internship.

Authors expose that the interprofessional work and hospitality as operational teaching and learning technologies are in the process of being built, as they undergo changes in the different scenarios of the SUS, due to the levels of conceptions and ways of reorganizing daily life in services³²⁻³⁴.

Interdisciplinarity, here understood as the

articulated relationship between the different professions of the health sciences, is presented as one of the core concepts for the consolidation of public health policies³⁵, being pointed out by the interviewees as a determinant practice to the internship quality. It seeks to replace a fragmented professionalizing conception of scientific knowledge with a globalized conception, going beyond the application of different angles on certain objects of analysis in the professional field. Although the interdisciplinary action was considered central by the professors responsible by the SUS internship, this communication between knowledge and professional practices of the different areas, and the confrontation and discussion of distinct perspectives were not observed by the students.

Another outstanding issue concerns the practical knowledge of Health Care Networks (RAS). In fact, this practice has been consolidated within the institution with isolated groups of students from the Dentistry course, who work in extracurricular activities, linked to the edicts of the Educational Program for Health Work (PET-Saúde).

The perception of the graduating students about the subject listed as supervised internship demonstrates an exacerbated valuation to the therapeutic clinical aspects or curativist technician in the field of Dentistry, minimizing the importance of the contemporary competences for the cycle of the formation of the health professional, as the decision making, the communication, leadership, health management and lifelong learning³⁶. In the sample on-screen, this view may be reinforced by the extensive hours of intramural clinical activities experienced in the current curricular structure, which still reflects a flexnerian vision of formation, which is poorly integrating and biological. Although intramural clinic is a

fundamental equipment inserted in disciplines in the curriculum, the capacity and technical ability of disease treatment, a priority focus of this scenario, can not be the only final objective in the training of health professionals³⁷.

In order to advance in its consolidation, the changes in health education have been on the State policy agenda, in the methodological and pedagogical field, with proposals for curriculum restructuring and strong articulation as the country's health system^{4,6}, being this the current moment of conformation of the curricular structure in the university analyzed.

The USFs agreed by the HEI in question, such as academic internship fields, have geographic locations territorially dispersed distinct realities, and the transportation concession for this purpose is institutionally unenforceable.

The violence practice within and outside the university is a phenomenon that has been increasing in recent years, creating an agonizing academic daily life. The literature on violence is very broad, but the theme, although exhausted as to the assimilation of its determinants, has not advanced much in its prevention.

A solution proposed by the Federal University of Piau  was the provision, by the university, of a safety and a vehicle for the students transportation to the internship³⁸place. However, it is understood that the sustainability of these practices should be guaranteed through inter-sectoral public policies, educational institutions and society, in order to generate strong commitments and participation to prevent this phenomenon.

The DCNs allow some curricular flexibility where each institution can define its hours according to the pedagogical needs. Delineating a minimum workload where the student can dedicate himself to Primary Health Care during the formation is an experience

realized by some educational institutions³⁹ and a challenge that accompanies the internship subjects in SUS.

With an innovative pedagogical conception, also regarding the extension of the time allocated to practices in basic health care, the Dentistry School from the Federal University of Minas Gerais instituted the discipline of supervised internship in Dentistry, formerly known as Rural Internship, with a large workload, in terms of the extension of the time allocated to basic health care practices, around 315 hours, which aims at enabling the student a concrete experience of the SUS and the approximation with the socioeconomic and cultural reality of the population, integrated into the community and the local health service⁴⁰.

For the graduating students surveyed, the thirty-six hours dedicated to dispersion activities are more than sufficient, pointing again to the lack of interest in the public health system and to the feeling of inadequacy as a trainee.

The academic training related to the SUS is well established in the single paragraph of the 5th article of the Undergraduate Courses in Dentistry DCN, namely: "the training of the dental surgeon should contemplate the current health system of the country, comprehensive health care in a regionalized and hierarchical system of reference and against reference and teamwork⁴¹".

The representation exposed by the students suggests a lack of understanding regarding the competences of the egress of Dentistry; but may also be related to the fragmentation of disciplines and the way of organizing the knowledge practiced in the course. The extensive workload and the valuation attributed to intramural clinics, the decontextualization of the epidemiological needs of the population and the flexnerian view of training that values the knowledge compartmentalization also seem to influence.

According to the Undergraduate Courses in

Dentistry DCN, the assessments of the internship should be based on the competences, abilities and curricular contents, considering that the process of teaching and learning is influenced by the pedagogical means adopted and the conditions in which the practice occurs⁴².

In the researched subject the evaluation method is composed of three strata: individual evaluation by the advisor professor regarding to the performance in the activities of contextualization; individual assessment of the dental surgeon regarding the skills required for working in the SUS; and group assessment by the advisor professor of the final report on the internship experience.

Since the preceptor CD works by connecting students with the necessary skills for professional life and narrowing the distance between theory and practice in academic training^{42,43}, their participation becomes intrinsic to the evaluative object. However, the evaluation by the preceptors CD is indicated as a reason for dissatisfaction, revealing the distrust of the academicians regarding the evaluative capacity of this professional.

This fact may again be related to the devaluation of the working and working fields in SUS, as well as to an academic cultural imaginary which employs to the figure of the professor a kind of monopoly on the evaluation and retention of learning.

5 CONCLUSIONS

The critical opinion shown by the group of students about the SUS supervised internship points to a devaluation in the acting form of the professional dental surgeon of the Brazilian public service, as well as of its function as preceptor. It is also explicit their conception that Dentistry, even today, is an isolated profession in itself and extremely valued in its work activities in clinical practices.

At the internship, the clinical practices with patients presented the full recognition by the students, as well as the desire that the actions inherent to the work processes in the SUS assume a voluntary character.

It is reiterated that professional training not only consolidates in activities called intramural, with a strong theoretical and biological appeal, but also in articulation with society's health demands.

In this perspective, the results achieved present current subsidies, based on the perceptions of Dentistry graduating students for the process of curricular restructuring of the supervised internship in SUS subject; which point to the development of institutional strategies aimed at valorizing SUS and to dialogue among subjects, to increase the relationship between university and health services and to increase health care practices, with a view of qualifying the training in the field of Dentistry .

RESUMO

Críticas construtivas de formandos em Odontologia para o repensar do estágio supervisionado no SUS

O estudo visa obter percepções críticas de formandos em Odontologia sobre o estágio curricular no SUS. Realizou-se pesquisa exploratória, descritiva e qualitativa junto à população de acadêmicos concluintes do curso de Odontologia de uma universidade pública do sul do Brasil (n= 52) (ano base: 2016), considerando-se para fins de análise somente os acadêmicos que julgaram que o estágio no SUS não foi produtivo para a sua formação acadêmica (n=11). A apreensão das informações se deu por meio de questão norteadora única e os resultados foram tratados de acordo com a técnica de análise do discurso do sujeito coletivo. Das informações obtidas foram extraídos dois temas 'Organização' e 'Estrutura' do estágio, e sete ideias centrais, as quais deram origem aos discursos. Os acadêmicos expõem importância arraigada ao modelo de atuação profissional

tecnicista, com baixo interesse no SUS enquanto campo de trabalho.

Descritores: Odontologia. Sistema Único de Saúde. Avaliação Educacional. Pesquisa Qualitativa.

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