

Reorientation of the Dentistry internship in the SUS based on the criticality of preceptors

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Received September 13, 2018. Approved December 12, 2019.

ABSTRACT

Dental preceptors have a key influence on trainees' professional and personal development. Because the preceptor spends a great deal of time in contact with the student, they can help in identifying the main limitations of the curricular internship in the Unified Health System (SUS). The aim of this study was to disclose critical perceptions of dental preceptors in the SUS, focusing on the curricular change of an undergraduate dentistry program. An exploratory, descriptive and qualitative study was carried out with all preceptors (n = 8) of this dentistry program. The information was gathered through a focus group interview, and the data were transcribed and categorized using thematic analysis. From the analysis, four dimensions emerged: Organizational Structure, Student Profile, Health Service and Performance of the Mentor Teacher. The preceptors investigated assume the importance of the internship for the integration between academia and service. However, their perceptions are rooted in the biologicist model, which suggests a huge challenge to current public policies and, in particular, to the curricular change in dentistry programs, centered on the integrality of human attention and a humanist, critical and reflexive approach in health.

Descriptors: Preceptorship. Education, Higher. Unified Health System.

1 INTRODUCTION

The supervised internships in the Family Health Strategy (FHS) offer health students a privileged experience of the social and epidemiological reality in which they are inserted, stimulating their professional skills and qualifications to work in the Unified Health System (SUS). Referring here specifically to dental education, the insertion of students in the SUS has certain limitations, mainly related to the discrepancy between education and Brazilian reality, as well as the structuring of the internships and the professionals involved¹. For these reasons, political and academic discussions have been constant, with the purpose of developing public policies and curriculum changes that provide an improvement of education and a professional adaptation to the health needs of the population².

Given the relevance of the integration between higher education in health and the multiple Brazilian social realities, considering the right of universal access to health, and especially the fact that several higher education institutions (HEIs) do not have in their curriculum subjects that emphasize dental professional training focused on the comprehensiveness of human attention, the National Council of Education approved, in 2002, the National Curriculum Guidelines (NCG), which demanded from HEIs reformulations of their pedagogical projects of courses to guarantee better professional qualification, making future dentists able to practice their profession in an integrated, universal and fair manner in any social context³. Aiming at this process of a qualitative approach between academy and service, in 2005, the Ministry of Health created the National Program for Reorientation of Vocational Training in Health (Pró-Saúde), and in 2010 the Education through Work for Health Program (PET- Saúde),

which are essential for the consolidation of curriculum guidelines and for educational and professional practices to be enriched and continued³.

Botti and Rego (2010)⁴ reported the importance of the preceptor in the trainee's professional and personal training. According to the authors, preceptors contribute to the planning and development of the internship, stimulation of critical thinking, performance control and analysis, counseling, observation and evaluation of the intern, as well as the moral formation of the student. In this sense, because preceptors are in contact with the students for a long period of time, observing and instructing their actions, they can directly help in understanding and solving the main problems faced and the changes that are necessary to improve the internship in the SUS and the professional education of the student^{1,5}. Thus, the preceptor has a key responsibility to narrow the gap between theory and practice in the education of undergraduate dentistry students⁶.

Based on these considerations and the fact that the above should endorse the changes proposed by the DCN, the objective of this study was to expose the critical perceptions of dental preceptors about the internship in the FHS, focusing on curricular restructuring of a dentistry course.

2 METHODOLOGY

The present study followed the rules established by Resolution No. 466/12 of the National Health Council and was approved by the Research Ethics Committee (1.821.264 / 2016). The field of investigation was the curricular internship in the SUS, within primary health care, of a dentistry course of a public university in southern Brazil. We adopted the descriptive exploratory study model with a qualitative approach.

The dentistry course consists of two

disciplinary strands: one focused on specific vocational training with a total of 3.655 hours and the supervised internship subjects with 1.037 hours. Course subjects are distributed over annual and semester terms, with an integrated involvement between theory and practice. According to the teaching arrangement, the area of Collective Health (SC) is subdivided into three learning periods: SC I, II and III. The SC I discipline acts mainly in the field of etiology and prevention of oral diseases; SC II acts within the precepts of epidemiology and public health policies, focused on science and the construction of theoretical and methodological tools necessary for the planning and administration of public health services; and SC III refers specifically to practices in the SUS, through a mandatory curricular internship. The internship in SC III occurs in the eighth period of the course, with a workload of 51 hours. The remaining workload (986 hours) is divided between the subjects of SC I and II.

Currently, the SC III subject follows the logic of a semi-direct internship of observation and action. A group of an average of six students is linked to an internship guiding professor and a preceptor, represented by a dentist (CD) of an oral health team in one of the Family Health Units (FHU) of the city. In terms of pedagogical method, it seeks the integration between health teaching and services in the FHU in an articulation between scientific and popular knowledge, aiming at a subjective and reflective experience of vocational training.

The target population of the present study was all dental preceptors of the internship in the FHS of an undergraduate course in dentistry (n = 11). A minimum period of three years of practice in the preceptorship in the SUS was required for participation. The base year for the consultation was 2016. The subjects were previously informed about the

research purpose, the voluntariness and non-identification, as well as about the form of data collection and analysis. Those who acquiesced to participate did so initially by signing a free and informed consent form. Of the total number of preceptors invited to participate (n = 11), three of them declined.

For data collection, the focal group interview⁷ technique was used. This is a scientific modality of qualitative research used to understand different perceptions and attitudes about a fact, practice, product or service. The essence of a focus group is the interaction between the participants and the researcher, with the aim to gather data from the discussion focused on specific and direct topics. A researcher trained to collect the data without influencing the answers conducted this interview. A script elaborated with provocative questions was used, built from narratives of teachers linked to the subjects and from literary research. The participants spoke freely about all aspects considered counterproductive for the realization of the curricular internship in the SUS, triggers of maladjustments in their daily work, and strategies for the improvement of the relationship between university and health service. A pilot study was conducted with two primary health care dentists inserted in the traditional health care model, not linked to the FHS.

The interview was conducted in a neutral space, outside the university and health units, aiming at freedom of expression of the participants. This phase lasted seventy minutes and was recorded. The data were fully transcribed by the researcher in a Word document (Microsoft Corp., Redmond, Washington, USA), manually analyzed, categorized using the thematic content analysis technique, and discussed with the support of scientific literature.

3 RESULTS

The analysis of the preceptors' narratives resulted in four dimensions: Organizational Structure, Intern Profile, Health Service and

Guiding Professor Performance. Each dimension was broken down into categories and subcategories that can be seen in Charts 1 to 4.

Chart 1. Description of the "Organizational Structure" dimension and categories identified in the preceptors' narratives

DIMENSION: ORGANIZATIONAL STRUCTURE	
Evaluation	<p><i>Workload</i> "It is not in 8 classes that I can evaluate if my student is doing well or badly."</p> <p><i>Influence of the guiding teacher</i> "The way the evaluation has been carried out is not in agreement. I have already taken really bad groups and the teacher told me to fail them, but I do not think that is the point."</p> <p><i>Feeling of disability</i> "I think the teachers give us a responsibility. I have to fail the students or not because I am evaluating them, but I do not have abilities to approve or fail someone."</p> <p><i>Acting model</i> "I cannot evaluate anyone who came only to observe. I have to evaluate the student who came to develop a particular activity. If a student comes to the internship to observe an area and the operation, how can I evaluate him?"</p>
Workload	<p><i>Insufficient</i> "Their workload at the unit should be for an entire year term." "If I have the trainee for maybe one year round, I can divide them in a smarter way. It cannot be done in only eight classes." "I do not have the ability to put in an intern's mind something he has learned since the beginning of the course. He had to experience it, not just in eight classes. This way he is losing the incentive for public service." "I believe it should be in different times. I do not think that the intern will learn from the bureaucratic part, this can be learned perfectly at the beginning of the course. The territorialization part would be better seen before, because they would get on the internship having a better view." "The workload of the students is small. The internship could be performed in several days."</p>
Number of interns	<p><i>Saturation</i> "But for the academic to work in the USF, I cannot place six interns in the same room and at the same time. For there to be respect between me, patient and students, I need constructive actions where everyone will learn." "The amount of them (students) in my class is too large." "If they were in two, situational control would be different."</p>
Pattern of developed activities	<p><i>Insertion of clinical care</i> "They must already have a vision of what they want for their future. Whether they want to be a specialist or general practitioner does not matter, but they will first be practicing with a patient at a USF, as if they were already a dentist." "Interns from other courses, such as nursing, perform bandages, different from those of dentistry. They should work more in practice." "They want to practice, they want to watch surgeries, they want to watch restoration without absolute isolation, they want to see how I do an extraction at the USF. That should happen."</p>

to be continued

continuation

	<p><i>Observation of the administrative work of the CD (forms, reports, systems, etc.)</i></p> <p><i>Observation of the administrative work of the CD (forms, reports, systems, etc.)</i></p> <p><i>Operation of other network matters</i></p> <p><i>Observation of activities already performed by USF</i></p> <p><i>Preceptor Supervision</i></p>	<p>“It needs to focus better on, for example, filling forms, primary and secondary care at USF, referral to the CEO and how it works, referral and counter-referral. They should visit my inventory, my storeroom, see what I have at the USF. The management part. This is important.”</p> <p>“They must learn what are the needs within the USF, which websites are released by the city hall for USF access.”</p> <p>“It is important for them to access the system that I use. Live this bureaucratic reality.”</p> <p>“They need to learn how I buy my materials. And if it is not on the list, how to get it.”</p> <p>“If the student who leaves the university goes to the public service, he or she will have to know the basic pharmacy of the health unit. I notice this is a pretty big flaw in most of them.”</p> <p>“In the internship the student should observe activities that are already performed in the USF, going to hypertensive meetings, observing the flow of care.”</p> <p>“I see that, in comparison with the nursing interns, there is no disorder and each one has its function here at the USF. The nurse in charge stays with them, but she does not command the interns.”</p>
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Chart 2. Description of the “Intern Profile” dimension and categories identified in the preceptors’ narratives

DIMENSION: INTERN PROFILE	
Absence of interest	<p><i>Public service</i></p> <p>“Students have no desire to work at the SUS in the future.”</p> <p>“I think their internship helps demotivate them a lot for the public service.”</p> <p>“The students think that working in the SUS is very little financially rewarded and the quality of work and material that is used is inferior to that of private service. Then they see the SUS professional as someone who was unsuccessful in a private practice.”</p> <p>“They have already come to the internship with this idea in mind, that they came only to observe. It makes room for conversation. Or, they ask me to be quick because they want to go to another class or study for an exam”</p> <p>“Students show no interest for the work.”</p> <p>“Nowadays, releasing postgraduate courses for students, they will never be interested in public service.”</p>
Unpreparedness	<p><i>Technical professional</i></p> <p>“Students are already poorly prepared for the internship. Sometimes they do not even know how to do a CPO-D style survey, a basic survey.”</p> <p>“The lectures they give do not get the attention of children.”</p> <p>“They have no preparation, so the problem is the period in which they are doing the internship.”</p>
Behavior	<p><i>Personal</i></p> <p>“Some students do not behave well at the USF.”</p>

Chart 3. Description of the “Health Service” dimension and categories identified in the narratives of preceptors

DIMENSION: HEALTH SERVICE	
Lack of interaction, bond	<i>Health team</i> “The Health Community Agents (ACS) do not like to help with the goals.” “The ACS do not like to go out in the field with dental students.” “They come to the internship with their goals and I need to go after the unit colleagues, ACS, doctors, nurses, pharmacists and ask them to help me meet these goals and they do not like it.”
	<i>Community</i> “There are families who do not like to receive students in their homes. It is hard to get a family that accepts five interns plus dentist plus ACS.”

Chart 4. Description of the “Guiding Professors’ Performance” dimension and categories identified in the narrators of preceptors

DIMENSION: GUIDING PROFESSORS’ PERFORMANCE	
Lack of communication	<i>Preceptor (CD)</i> “I have no prior preparation to receive my interns.” “I think there should be a method so that me, the professor, and the students could work together so that I understand what the professor expects from me.” “There is an agreement between the university and City Hall, but there is no agreement between the parties with me and my professional colleagues to receive the interns.”

4 DISCUSSION

The curricular internships in public health services are the result of the evolution of a series of approximation proposals between HEIs and the SUS, with different paths in the articulation and integration processes for the different courses⁸. In dentistry courses, the extramural activities in the SUS seek to enable students to experience real situations with the population, the FHS being a privileged place for learning and training of competent and critical professionals⁸. Based on the potential of the internships in the SUS for vocational training, we discuss here four dimensions considered by dental preceptors to be determinants of the low productivity of the internship.

Organizational structure of the internship

Regarding the pattern of activities developed in the internship, the Brazilian Association of Dental

Education (2002)⁹ points out that the future professional should perform all activities relevant to a health professional, including public health practices and policies. According to the Ministry of Education (2002)¹⁰, the curricular internships for dental education should encompass, in an articulated manner, the generalist, humanist, critical and reflective education of the future professional at all levels of health care. Finally, according to the Federal Council of Dentistry (2005)¹¹, the internships consist of activities of unique and exclusive competence of the educational institutions, such as the insertion of the internship in the educational program of the institution.

According to the participants of this research, clinical practice should occupy a privileged space in the internship because it would provide greater involvement and interest of the interns, in view of the applicability and improvement of surgical-

restorative skills acquired. This hegemonic view centered on the role of the dentist in the FHS may be related to the difficulty of grasping the social dimension of oral health practices; the limitation of the concept of health/disease; the low incorporation of the SUS guidelines in their work fields and a probable distance from the health team; and the way performance is still evaluated today, based on the series production of clinical procedures.

Following the curative logic expounded by the preceptors, the number of interns is another limiting factor in the quality of the internship. This perception disregards practices that go beyond clinical activities, such as educational and health promotion measures, home care, multiprofessional teamwork, bonding with users, health planning, welcoming, listening and communication¹², in addition to disregarding the need for a comprehensive approach to the health and disease process with an emphasis on primary care¹³ and the importance of acquiring decision-making, leadership and management skills in health⁸. On the other hand, based on the assumption that the management and control of three or fewer trainees is facilitated compared to a larger number, the number of students in a single unit could have a direct influence on the quality of the internship.

Concerning the workload, the preceptors presented more contemporary ideas, considering that the continued involvement of academics in the internship, with insertion in more than one weekly period, would have positive consequences in both the breaking of paradigms about public service and enhancement of students' experiences and work process at the FHU. In this sense, studies report that a greater internship workload would also enable a better qualitative approach of the preceptor to the student, and that this contact would stimulate the act of thinking and the construction of new hypotheses, as well as enabling the student's discovery of the importance of collective work⁵.

Indeed, a scarce curricular workload, such as

four hours per week, would, as a rule, preclude the establishment of solid links between students, the community and the health team. In addition, it would be an obstacle to the recognition of bureaucratic aspects, such as filing medical records, reports and referrals. The literature has reported that the achievement of the internship objectives and the integration of teaching and service in the SUS are directly related to the continuous temporal approach of those involved¹⁴. Short internships represent a lower degree of involvement with the routine of services, the obligation of discipline and assessment often being the only motivation of the academic¹⁵. In this sense, it is emphasized that the internship should enhance the critical-reflexive view of the academic, enhancing proposals for humanization and care¹⁶.

In the evaluation of the intern category, the reduced workload is again perceived as a limiting factor, along with the feeling of normative and situational disability. The evaluation theme is always instigated by the feelings it produces, whether in the student, the professor or the preceptors¹⁵. Masetto and Prado (2004)¹⁷ identified the following feelings regarding this process: tension, fear, insecurity, arbitrariness, injustice, power, control, objectivity and subjectivity. Embarrassment at the time of grading and lack of preparedness to evaluate trainees are also shown in the literature¹². Because the evaluation should be developed during and not only at the end of the activities, through clear criteria, characterized as an opportunity for improvement and not only as an instrument of control over what was done^{5,12}, the points raised by the preceptors could be minimized, enhancing learning and dialogue between preceptor and intern.

The intern profile

Among the characteristics expected for an intern in the SUS, lack of interest was the main issue pointed out by the surveyed preceptors. Studies

show that academic impassibility may be related to lack of stimulus and confidence in the preceptor-intern relationship, a feeling of insecurity, the media and higher education itself¹⁸⁻²⁰. Epstein and Carlini (2012)¹⁸ demonstrated that insecurity and lack of support from students create an environment of anxiety and exclusion from the intern's active role, causing the intern to have a feeling of demotivation toward the internship and public service. It should also be considered that, for many students, the internship in a health facility is the first contact with professionals from outside the university environment, which may be a predisposing factor for anxiety and insecurity¹⁹.

Grande et al. (2016)²⁰ point to the lack of interest of students in working in the public health system, in part, as a result of the disapproval of the SUS by the media. Associated with this, the authors classify that curative, technician, biologist and individualistic dental education generates a practical distancing from the SUS working principles and methodologies, which, again, may result in demotivation to work in this system. However, these assumptions cannot suppress the need for interns to act on solid basis of technical, scientific, human and reflective preparation.

The lack of preparation of students for the internship in the SUS is another consideration indicated by preceptors in the present study; this issue has been frequent not only in dentistry but also in other health professional categories²¹. Two explanations may be linked to this fact: The first is that the reality of the functioning of the Brazilian public health system differs from classroom teaching, especially due to the Brazilian ethnic and social diversity and the ingrained contentist educational approach^{20,22}. The second refers to the lack of personal commitment and dedication of some students²¹. Both factors can be minimized by strengthening interpersonal relationships in the work process, involving students, preceptors and teachers, as well as through pedagogical practices conformed

to mediation with each other. Studies have shown that in internship fields where the student is welcomed, listened to, respected and included in the unit's operating activities, there is greater interest from academics^{19,23}. Moreover, the preceptor should have a health teaching approach to the interns capable of instigating their critical thinking, communication, discussion and elaboration of clinical activities and participation in the functioning of the health service, thus encouraging the reflective and active practice of students during the internship²³.

Health service

In the opinion of the preceptors, the main limitation regarding the public health service is the interaction of the interns with the members of the health team, especially with the ACS. The resistance of some health professionals to the development of the internship has been widely debated, and it has been suggested that this fragility should be tackled by establishing a bond to create a partnership with ACS and other professionals, demonstrating that the participation of students in health services brings benefits to the local community and is fundamental in meeting the goals of the ministries of health and education²⁴. In fact, some professionals may be used to the medicalizing work model of the past, presenting resistance to multiprofessional work. However, changes in curriculum proposed by the ministries of education and health should emphasize multiprofessional training, facilitating its practical implementation.

The resistance on the part of families to receiving students in their homes can be related quantitatively to the discomfort caused by the high number of individuals in the same particular physical space, or qualitatively to the lack of rapprochement with the students and of understanding the importance of them experiencing different social and health realities for their professional education. Toassi, Davoglio and Lemos

(2012)¹⁹ demonstrated that with the development of the activities and the increasing number of visits, the families of the internship contingency area started to better accept the internship team, as well as to develop affective bonds. In fact, facilitating access, welcoming and bonding with families have been marked as important characteristics of the integralist approach of care proposed by the SUS¹³.

Guiding professors' performance

In the dimension of guiding professors' performance, the perceptions were focused on the quality of communication. The planning prior to the intern's insertion in the units, the joint and participative action with the preceptor, and the science and adherence to the agreement between university and health service were reported.

In fact, the lack of knowledge of what is expected of the preceptor-intern relationship has been demonstrated as a limitation in the development of the internship and widely discussed in the literature^{12,23}. Bispo, Tavares and Tomaz (2014)⁶ demonstrated that preceptors, mainly due to their biologicist educational background, feel the need to make improvements that can improve health services and collaborate more effectively in the students' education. The authors also suggest the insertion of a continuing education process between preceptors and HEIs, which can guarantee the development of a more adequate didactic-pedagogical capacity of preceptors, focused on interdisciplinary action. Similarly, Warmling et al. (2011)¹ classify it as a challenge for the SUS to progress in discussions that may clarify the role, attributions and institutionalizations of preceptors and professors.

5 CONCLUSIONS

Gathering the perceptions of preceptors involved in internship disciplines in the SUS brings benefits that have a direct impact on vocational training, in the community and in health services

because it encourages the improvement of public health approaches aimed at the transformation of practices for promoting and qualification of care. Given the current curriculum guidelines and structural changes in dentistry courses, the internship in the SUS, as an essential part of vocational training, requires the student approach focused on integral, humanistic and multiprofessional actions, the FHS being a fertile field.

The dental preceptors investigated in the present study consider the internship as a potentiator of health actions and fundamental in the integration between academia and service. However, its educational perception is still centered on the biologicist model, which may have accentuated the criticisms directed mainly at the difficulty of academic insertion in different social spaces, the absence of clinical management during the internship, the lack of interest and unpreparedness of the students, and insufficient workload. These notes suggest a huge challenge to government health and higher education policies (especially regarding the curricular change of the researched dentistry course), because they are based on central pillars focused on the integral, humanistic and multiprofessional approach to health.

RESUMO

Reorientação do estágio de Odontologia no SUS subsidiada pela criticidade de preceptores

O preceptor de estágio exerce influência chave na formação profissional e pessoal do estagiário. Uma vez que o preceptor está grande período de tempo em contato com o acadêmico, este pode auxiliar na identificação das principais limitações do estágio curricular de Odontologia no Sistema Único de Saúde (SUS). O objetivo deste estudo foi expor percepções críticas de cirurgiões-dentistas preceptores de estágio no SUS, com enfoque no processo de reestruturação curricular de um curso de graduação em Odontologia. Realizou-se pesquisa exploratória e descritiva

com abordagem qualitativa junto a cirurgiões-dentistas preceptores de estágio (n=8) do referido curso. A apreensão das informações se deu por meio da técnica em entrevista de Grupo Focal e os dados foram transcritos e categorizados por meio da Análise de Conteúdo Temática. Da análise emergiram quatro dimensões: Estrutura Organizacional, Perfil do Estagiário, Serviço de Saúde e Atuação do Orientador. Os preceptores investigados assumem a importância do estágio para a integração entre academia e serviço. Todavia, sua percepção encontra-se arraigada no modelo biologicista, o que sugere um enorme desafio às políticas públicas atuais e em especial à mudança curricular do curso de Odontologia, centrada na integralidade da atenção humana e na abordagem humanista, crítica e reflexiva em saúde.

Descritores: Preceptoria. Educação Superior. Sistema Único de Saúde.

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