Humanized education in Dentistry: a different look at subjectivity

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Received May 12, 2019. Approved March 28, 2020.

ABSTRACT

The aim of this study was to evaluate aspects of dentistry education, considering health care from a humanizing perspective centered on health promotion and a view to the job market. The study was qualitative, collecting data through a semi-structured interview applied to 15 ninth-semester dentistry students from the Lutheran University of Brazil (ULBRA) Canoas, RS, Brazil, including topics such as health promotion, comprehensive care, humanized training, dichotomization in dentistry and job market expectations. All interviews were recorded, transcribed and systematized for content analysis using the saturation method. It was found that the pedagogical components of the course directly addressed humanization in health care, comprehensiveness of care and academic experiences in different scenarios of health care training. According to the students' responses, it is concluded that due to the comprehensiveness of attention to health care promotion and different learning scenarios, the ULBRA Canoas dentistry course provides education whose principles of health care are integrated with humanization in professional practice, taking into account both public and private practice.

Descriptors: Education, Higher. Dental Care. Humanization of Assistance.

1 INTRODUCTION

The Brazilian National Humanization Policy contributed to the process of reorganizing health care under the Sistema Único de Saúde (Unified Health System; SUS), calling on all interested parties (e.g., workers, managers and users) to enhance the degree of co-responsibility in health production[1]. Humanizing involves a new conception of and approach to public health services, in which a strictly biological model of disease still predominates. Thus, it is necessary for health care managers to promote policies that consider health care in a more humanized way and, simultaneously, promote the training of health care workers and other human resources such that the humanization guidelines are followed, including policies that ensure user protagonism, which sustains the citizenship dimension[2].

In the last two decades, public health actions in Brazil have advanced through social control interventions implemented by Municipal Health Councils, as well as the National Primary Care Policy implemented in Basic Health Units (BHU), which are concerned with family health[3]. Public participation through the Municipal Health Councils has led to new approaches in health policy development, creating greater expectations and great challenges, requiring a new panorama in the integrated SUS care network.

Since the 1990s, the process of reorganizing primary health care (PHC) in Brazil has aimed to expand health care for all cycles of family life, i.e., from pregnancy to old age. The modifications began with implementation of the Community Health Agents Program, and in 1994 the Family Health Program became operational in some Brazilian municipalities. Since then, the Family Health Program has evolved into a consolidated public health policy called the Family Health Strategy, which has reoriented health actions, prioritizing comprehensive and longitudinal care for populations at social risk. In this context, multidisciplinary oral health teams were designed for SUS users[4]. Consequently, human resources must be trained with the necessary skills and competencies to meet the social demand. In 2004, the Ministry of Health published the National Oral Health Policy Guidelines, which, in the logic of family health, indicated the need for a humanistic vision in dental training that would result in continuous and resolute care for the community. It was also stipulated that dental education should highlight the fact that PHC functions as a gateway to the health system[5], including the home environment[6].

The Ministry of Education approved the National Curricular Guidelines for undergraduate dentistry programs (CNE/CES 3 of February 19, 2002), which support pedagogical actions that consider the social conditions of the Brazilian population. Prior to that point, dental education had mainly focused on private professional practice. With the implementation of oral health teams in the Family Health Strategy and the announcement of the "Brasil Sorridente" (Smiling Brazil) program by the federal government, a significant job market was opened for dental professionals[7].

To destabilize the biomedical model in PHC, dental students must understand and deconstruct the dichotomization process that separates body and mind. Therefore, the teaching-learning process should be centered on the technical skills required for new-millennium technologies, as well as the skills required for professional practice within the scope of PHC, such as reception, bonding[8] and the humanization of health care[2].

The need to establish a connection between dental education and public health policy is evident, including social, cultural, ethical,

scientific and epidemiological aspects, so that the progress can be made in the population's quality of life. To this end, the ULBRA Canoas dentistry program has been working pedagogically to promote this much desired connection between dental education (undergraduate and graduate) and the needs of the population. The pedagogical framework of the program is integrated into the planning of universal and equitable care, as recommended by SUS, as well as advances and technological aspects inherent to the profession. In the logic of teaching-service, dental education should include social, technological and scientific issues, and the present study evaluated this program from the perspective of humanizing health care, focusing on health promotion and the labor market.

2 METHODOLOGY

The approach of this study was qualitative, i.e., it sought to investigate human phenomena, such as motives, aspirations, beliefs, values, feelings and practices, using the participants' lives as a scenario. Phrases were used as quantifiable units for content analysis, which included the following phases: pre-analysis, exploration of the material, treatment of the results, and interpretation of the results.

The sample consisted of 15 ninth-semester ULBRA Canoas dentistry students. The number of participants was determined according to the content analysis method[9]. Data was collected through individual interviews, whose guiding questions are shown in figure 1.

1- What is your name?
2- What is your age?
3- Which gender do you consider yourself?
4- In what city were you born?
5- What motivated you to study dentistry?
6- What are your work aspirations in five years?
7- Where did you do you Social Dentistry internship?
8- How do you see the work of a Basic Health Unit of the Family Health Strategy?
9- Do you see yourself working in a Basic Health Unit?
10- Do you know what dichotomization in dentistry is?
11- What do you think about dichotomization in dentistry?
12- Do you feel that dentist should receive more comprehensive and humanized training?

Figure 1. Guiding interview questions

The interviews were applied at the university and recorded on an iPhone 5S® (Apple Inc., Cupertino, CA, USA). Subsequently, all interviews were transcribed in full in Microsoft Word® 2010 (Microsoft Corporation, Redmond, WA, USA). Content analysis through the saturation method[9-12], identified categories of interest. Prior to the analysis, the participants were coded with the letter "E" and received an ordinal number according to the interview sequence.

During the analysis, the following

content was identified: the students' criteria for choosing the course, internship location, the course's pedagogical methodology, how students saw themselves in the job market five years after graduation, student perceptions about patient treatment in the public and private sectors, student perceptions about the work of dentists in BHU, and student perceptions about dichotomization in dentistry, as well as about humanization in dental education.

The research was approved by the ULBRA Canoas Research Ethics Committee (CAAE: 65926616.5.0000.5349) and all participants provided written informed consent.

3 RESULTS AND DISCUSSION

All study participants were from the state of Rio Grande do Sul, and the majority were from the Porto Alegre metropolitan region (53.33%); 53.3% self-declared male, with an average age of 25.8 ± 4.6 years.

After content analysis, seven categories were identified.

Health promotion as a criterion for choosing dentistry

The concept of the health promotion process is fundamental in the life of health professionals and the context of humanized education[14]. Choosing to work in the health-disease process is an attribute of rare mastery among human beings immersed in a capitalist environment, since the discussion is centered on the wages professionals receive, which may have a strong influence on the choice of profession. The present study demonstrated that when the participants chose to study dentistry, the idea of serving people was an important factor, i.e., they considered dentists as professionals who use ethical, technical, scientific and social means to intervene in the health-disease process in communities[15-17].

> E5 – "*Mainly it was to promote health, it was of my own free will, no one influenced me, no one in my family is a dentist. That was basically it.*"

It is significant that this student's choice of profession was based on the principle of health promotion. When high school students choose a profession, it is highly unlikely that they have an understanding of the concept of health promotion. However, during undergraduate study, this student understood that dental care also encompasses mental and social aspects among families and communities.

Different circumstances are evident in another student's reasons for choosing this profession:

> E4 – "*Family, socioeconomic status, and health promotion for the population. Family, um, actually I grew up in an environment of dentistry: my parents had a dental clinic and, since I was little, I grew up under the influence of [dental] materials and helping to separate these materials. I became curious and decided to go into dentistry.*"

The main reason this student chose dentistry was family influence, followed by socioeconomic status and health promotion. This response demonstrates this future professional's concern with salary, i.e., there is a need, which is legitimate, to be paid for health promotion work, which highlights the fact that the impact of the dental profession goes beyond simply caring for the health of people's teeth. In this case, the family work environment seems to have had the greatest influence on the student's choice of profession.

The choice of profession can be

determined by more than one factor and, in most cases, these factors can be psychological, economic, social, educational and political[18]. In a study of undergraduate dentistry students at the Federal University of Pernambuco, Brazil, it was found that identifying with the profession was the main reason for choosing it[19]. Another study found that the main reason students expressed for choosing dentistry was health promotion[20]. Considering the evidence from the present and the aforementioned studies, it is clear that health promotion, family and the dentist's socioeconomic status are important factors in choosing the profession.

Comprehensiveness of care and dichotomization in dentistry

Comprehensive care permeates the training and performance of health professionals[19,21,22]. This important concept considers the individual as a whole, implying that human beings cannot be compartmentalized and treated mechanistically. It considers that over the course of a person's life, a number of aspects become relevant to the expanded concept of health, including: leisure, income, housing, food, access to public services such as transportation, education, safety and health. Therefore, when health professionals welcome people for treatment, they must consider the determining and conditioning factors of health[3,23].

In this study it was found that the concepts of dentistry are still dichotomized into traditional office settings and health units integrated with family health, i.e., sometimes comprehensive care is understood and sometimes it is not, as shown in the responses below.

> E8 – "*I think so, I think dentistry tends to be comprehensive ... I have especially seen it here at ULBRA in clinical practice courses 1, 2, 3, 4, 5 ... patients arrive with their needs and from there you make a treatment plan, that is ... a random case comes into your office and from there you have to make a treatment plan. I see this as comprehensiveness, all one thing ... so very valuable for people who are learning*."

> E11 – "*Look ... I believe that the way we have it here at the college is very, very nice... it is the beginning of this contact, which gradually progresses, first in visits to learn about the community and then being able to work ... directly with the population.*"

The student's reference to working with the population was about home visits carried out during the orientation process recommended in the courses Dentistry and Society II and III, which are integrated with the SUS network. These courses are carried out collectively with professionals from other areas: doctors, nurses, social workers, nursing technicians and community health workers. The concept of comprehensive care is materialized in these courses while the people's health problems are addressed. It is evident that much knowledge can be exchanged between the participants during home visits. Multiprofessional experiences add richness to student training while providing comprehensive care for SUS users. In addition, social problems such as a lack of government benefits for older adults, patients with special needs, or at-risk families can be identified during home visits. Subsequently, the identified cases can be addressed in meetings at the BHU, together with the members of the Family Health Support Center. These aspects point to critical and reflective training on the

comprehensiveness of care and dichotomization in dentistry, with a tendency for new professionals to have acquired the technical responsibility to transform the most diverse social realities.

Humanized dental education and internship placement

Humanized dental education involves the concept of the expanded clinic, i.e., the dentist's work in PHC should not only be focused on dental procedures, but on the patient's anxieties, afflictions and desires, and includes sharing knowledge and experiences with other team members to develop unique therapeutic projects[24], without disregarding the value of good clinical care. Therefore, the concept of humanization meets health care guidelines that consider a community approach within the concept of the expanded clinic, which combines attention to personal (humanization, bonding and welcoming) and technical aspects (techniques, materials and equipment in general). In this philosophical context of PHC, dental education must include both of these aspects.

Several of the participants' responses indicate that the university's dentistry program complies with humanization guidelines that seek comprehensive care and a holistic approach to patients. Student 1 reports both comprehensive (i.e., general professional) training and training in humanization.

> E1 - *"Sure! I think that our university is already looking for more comprehensive training, so it is already being instilled in us – in me as a student – that I have to be a comprehensive and more humanized professional, for sure."*

This report also highlights what the National Curricular Guidelines and National Primary Care Policy recommend for dental education, which stress the need for professionals who understand and act within a humanized health model, transforming lives and leading to social change in at-risk communities.

According to Student 6, training must prioritize technical knowledge, with humanization as a secondary issue, since dentistry requires ample technical knowledge regarding the diagnosis, planning and execution of treatment-related actions (health care).

> E6 - *"I do support this idea, a more humanized form of care, but we cannot leave aside the technical part, I think that the university must prioritize student preparation, and only then ensure that they treat every patient humanely, irrespective of purchasing power."*

This student has a point, since a major problem in PHC is the failure to resolve patient needs, which often occurs due to a lack of technical skill by professionals during clinical procedures. However, the technical aspect of dental education is very strong, and has been prioritized for decades in an effort to employ the best techniques and materials in the most diverse clinical situations. The challenge is to answer this question: is the resolution of oral health problems to be found by using the best techniques and materials? The answer is no. Students need better understanding to provide a comprehensive diagnosis for each patient that includes general, oral, mental and social health. Thus, the best technique is that which will resolve the patient's problem in its entirety, not just temporarily. For example, a bedridden older adult whose primary care (food, personal hygiene and clothing) has been neglected should receive a unique therapeutic plan that

addresses the patient as a whole, i.e., which contemplates the concept of the expanded clinic[25].

To Student 9, in dental education, humanization is for those who intend to work in SUS and should not receive the same emphasis in training for other clinical areas:

> E9 - "*I think so, mainly due to the current demand for professionals in the dental area, in the health area, and in the hospital area, as well. But I think that the choice should be left open to everyone ... no, I don't want to work in this area – I have my own goals. My family is one example: everyone in my family is a dentist. I have a clinic and I don't want to be trained to work in public health. Obviously, you have to have a human side too, but with another focus, because that's what I need, I think it has to be a little open to what each one wants.*"

According to Student 9, it appears that social disciplines and clinical disciplines are on equal footing; the student appears to feel that the university's dental program is designed especially for work in the public health system. This interpretation is feasible, given that, historically, courses with social content have been disparaged, and dental surgeons who were not able to "work in private practice" ended up working in the public health system, performing low quality work for the poor. For the social courses to be considered of equal importance to clinical courses, teachers and students must understand that dentists have a promising field of work due to public policies, such as the previously mentioned "*Brasil Sorridente*" program. Humanized care not only focuses on the public sphere, but on the universe of health and the human being, represented by Dr. Adair Busato's dictum "We take care of people and not just teeth," which is prominently featured in the entrance hall of the ULBRA Canoas dentistry building. This recalls Student's 9 comment that: "*Obviously, you have to have a human side.*"

The dental surgeon's work: the BHU and five years after graduation

Training dentists to work alone in private clinics is a paradigm that must be broken; in the health care context, a multiprofessional and intersectoral atmosphere must be considered to meet patient demand in both private and public health systems. Therefore, dental education, thus contextualized, will have a critical-reflexive character to deconstruct and reconstruct knowledge in the logic of comprehensive care[23]. In addition, dental education indicates that an essential characteristic of professional performance is work based on the health promotion process, which focuses on the patient and disregards the centrality of the dentist in problem solving[20].

Nevertheless, dental education articulated in a multiprofessional, intersectoral way and integrated with the principles of health promotion requires a variety of scenarios, i.e., students need opportunities to study in environments that allow practice centered on the interaction between a collective of professionals. Therefore, training outside the dentistry faculty provides education centered on the real characteristics of the population and the labor market[24], which could influence students' work expectations and choice of specialization courses after graduation[18].

According to the qualitative analysis, the students believed that BHU dentists work from the perspective of health promotion, as in the following response:

> E1 - *"I believe that the dental surgeon is more involved in the issue of health promotion and changes related to the reorganization of SUS- family health.*

So the dental surgeon is becoming more and more involved in the health promotion model and is not a professional who only takes care of teeth. The only problem is that dental surgeons don't really like to adapt to the idea of health promotion. They prefer to take care of mouths only."

In this final sentence, Student 1 mentioned that there are still dental professionals who do not adhere to health promotion processes, but treat the mouth only. This approach stems from education rooted in the individual and in isolated performance. Thus student's response demonstrates, with great propriety, the essence of education that considers the public health system as a feasible field for the job market for future professionals, i.e. that it is necessary to understand and experience the nuances of this environment, which is part of current teaching-service and thus can become a service. This report also demonstrates that health promotion is not the exclusive domain of public health, but of health care in general. Regardless of where the professional works, health promotion must be a part of health care.

Regarding work expectations five years after graduation, the students reported expecting to work at a BHU; however, this was not the only work environment they mentioned. The students also intend to exercise their profession in the military, in private practice and even in teaching, with a view to the job market and the goal of a satisfactory income.

E15 - *"I see myself working at a BHU and in the private practice on the weekends. I want to be a teacher, but I believe that for you to be a teacher you have to have greater life experience, and I think that now is not the time."*

This expectation of multiple jobs is linked with salary expectations. In the public health job market, few institutions offer decent wages for exclusive employment. Thus, young professionals must seek work alternatives to achieve and maintain their goals. Thus, dental education must address the job expectations of future professionals, as well as the needs of the population. In this context, the pedagogical project of the ULBRA Canoas dentistry program focuses on the principle of health promotion, fostering skills and competences for professional performance that can be applied in either private or public work. The department also has a graduate school that provides training in various specialties, in addition to a multiprofessional residence that meets the professional multifunctionality expectations expressed by the participants of the present study.

4 FINAL CONSIDERATIONS

Through the qualitative analysis of student interviews, this study found that the dentistry program at ULBRA Canoas is providing dynamic and essential training for professional performance that focuses on health care and health humanization principles, including health, ethical, scientific and social education with a view to the real needs of the Brazilian population and to breaking the hegemony of education centered on hospitals and private practice. However, this is done without disregarding the value of clinical technologies. The parameters found in this study can be analyzed and implemented during the politico-pedagogical process of constructing and reconstructing dental education from the health professional perspective.

The experience of dentistry students in different training scenarios enables the development of ethical, political,

administrative, assistance, prevention and health promotion skills and competencies. Nevertheless, different work environments may stimulate discussion between students, teachers, managers and the public, based on the social, economic, environmental and political context of the Brazil.

Critical and reflective training from a humanized point of view will help students consider and plan measures to solve problems in different communities. Students will also be able to analyze and verify possibilities for enhancing existing actions that positively impact the quality of life of the population.

Future studies will be able to address the perceptions of dental students and professors from the perspective of humanized education for social actors, considering scientific, social, economic, political, labor market aspects, as well as an expanded concept of health that emphasizes the public policies promoted by the Ministry of Health. At the beginning of the 21st century, dentists must be aware that their work must be interdisciplinary and capable of bringing about social change in the context of education, income, leisure, transportation, work, housing and access to public services.

ACKNOWLEDGMENTS

This study was supported by the Coordination for the Improvement of Higher Education Personnel (CAPES) through a scholarship for KFV.

RESUMO

Formação humanizada em Odontologia: um olhar diferenciado para a subjetividade

O objetivo do presente estudo foi avaliar os aspectos da formação do profissional de Odontologia, considerando a atenção à saúde de forma humanizada, centrada na promoção de saúde e com vistas ao mercado de trabalho. O estudo foi do tipo qualitativo, tendo como instrumento de coleta de dados uma entrevista semiestruturada realizada com 15 acadêmicos do nono semestre do curso de Odontologia da Universidade Luterana do Brasil (ULBRA) – Campus Canoas (RS), onde foram abordadas temáticas como: promoção da saúde, integralidade da atenção, formação humanizada, dicotomização em Odontologia e expectativas do mercado de trabalho do cirurgião-dentista. Todas as entrevistas foram gravadas e posteriormente transcritas e sistematizadas para análise de conteúdo pelo método de saturação. Como resultados, verificou-se que as ações pedagógicas do curso abordaram intensamente aspectos de atenção à saúde de forma humanizada, integralidade da atenção e experiências acadêmicas em cenários distintos para a formação do trabalhador em saúde. Conclui-se que, de acordo com os relatos de discentes relacionados à promoção de saúde, à integralidade da atenção e diferentes cenários de aprendizagem, o curso de Odontologia da ULBRA Canoas proporcionou formação acadêmica balizada pelos princípios da atenção à saúde, integrados aos princípios da humanização da saúde para atuação do profissional levando em consideração diferentes cenários como: públicos e privados para o exercício da profissão.

Descritores: Educação Superior. Atenção Odontológica. Humanização da Assistência.

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