

Construction of collaborative skills for health work in curricular internships in Dentistry in SUS

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ABSTRACT

With the establishment of the Brazilian Unified Health System (SUS), curricular changes were necessary to prepare the professionals for teamwork in the healthcare network. In the early 21st century, the National Curricular Guidelines (DCN) were implemented and brought several changes, mainly the insertion of undergraduate students in SUS. This study analyzed the perceptions of graduates of the daytime Dentistry course from a public university in Rio Grande do Sul about the construction of collaborative skills during training in the Supervised Curricular Internships (ECS) in SUS. This descriptive study analyzed qualitative and quantitative data. Initially, 133 graduates who experienced the ECS between 2012/1 to 2016/1 answered an online questionnaire with open and closed questions. Deeper semi-structured interviews were conducted on an intentional sample of 14 graduates who answered the questionnaire. The quantitative material was submitted to descriptive analysis and the qualitative material to thematic content analysis. Considering that quantitative and qualitative data are complementary, they were submitted to triangulation and the results are presented in two units of analysis: Characterization, insertion and professional choices of graduates; and Construction of collaborative skills. Most participating graduates (67.7%) are females and are working in Porto Alegre or metropolitan area (78.6%), being 29.1% inserted in public health services. The satisfaction with the ECS is highlighted by the graduates, who describe them as fundamental for their training. Among the collaborative skills built during internships, learning how to work in an interprofessional team was highlighted by most graduates (85.3%), being remembered as fundamental for the integral care to the user. It is concluded that the Dentistry course has been successful in the training of professionals to work in SUS, with a considerable percentage of graduates inserted in public health services.

Descriptors: Community Dentistry. Education, Dental. Health Services. Skill-Based Education.

1 INTRODUCTION

In Brazil, after the Constitution of 1988, which establishes “health as a right of all citizens and a duty of the State”, the Brazilian Unified Health System (SUS) was regulated, followed in 2006 by the Basic Care National Policy (PNAB), fundamental for the functioning of SUS^{1,2}. The health system of the country is organized as a network with several points of healthcare that must work in collaboration with each other, having as access routes the Basic Health Units (UBS) with and without Family Health Strategy teams (ESF), which are closely related to communities in their assigned areas. An important point of Primary Health Care (APS) is the teamwork for comprehensive care, with multiprofessional teams, which include the Oral Health Teams (ESB)².

In this context, the teaching of Brazilian dentistry required a re-structuration, so that the undergraduate courses could train professionals capable of working in the current health system. The dental professionals (DDS), previously prepared for the private market and restorative practice, started to work within the communities committed to promote comprehensive health care³. Aiming to approach the Educational System and the Health System, the National Curricular Guidelines (DCN) for undergraduate health courses were developed. The Resolution CNE/CES n.3 of 2002 established the DCN of Undergraduate Dentistry Courses, which includes the following general skills to be developed during the Dentistry course: Healthcare; Decision making; Communication; Leadership; Health Management and Permanent Education. In Article 3, which addresses the profile of graduates, the skill for teamwork is indicated, in an interprofessional, interdisciplinary and transdisciplinary manner⁴.

The proposal for teamwork started in the 70s, with the advent of Integral/Community

Medicine, yet it only achieved prominence in the country after the 90s, with the advent of SUS. The discussion of models of care and organization of the health system brought the need for changes in the training of health professionals, which was predominantly uniprofessional for interprofessional education (EIP). Since the 2000s, the discussion about teamwork has been associated with collaborative practice due to recognition of the need for collaboration between professionals, between teams from different services and between sectors for networking, to face the problems of health, fragmentation of actions and of the system⁵.

The problematization of work in SUS, especially in the APS, must be assessed in its context, according to the characteristics of users/assigned population, context and working conditions. The organization of services based on the association of teamwork and collaborative practices has advanced in the APS, increasing the access and quality of healthcare⁵. However, the precarious working conditions involving temporary employment relationships, insufficient number of professionals and lack of preparation of professionals to work in SUS are some factors that interfere with the dynamics of healthcare⁶. According to the World Health Organization (WHO), interprofessional education allows to form a collaborative workforce prepared for humanized practices of comprehensive healthcare⁷.

In the last decade of the 2000s, there has been a strong discussion on the definition of teamwork, interprofessional collaborative practice and collaborative skills. The interprofessional teamwork involves different health professionals from other fields, who work together in an integrated and interdependent manner to define and share common goals and plan actions and healthcare⁵.

To actually achieve the teamwork, the workers must create a collective identity, a construction that occurs based on the relationship between people and groups in a given space, who start to organize their daily lives developing similar activities that complement each other, based on a set of shared values. One of the challenges is to make teamwork really happen in practice, since it is still possible to see hierarchical traces in health services, such as differentiation between higher education or technical professionals and the superiority of medical doctors over nurses and other professionals. In this sense, the interprofessional collaborative practice may reduce the competition between professionals and balance the power relations in healthcare by partnership and collective responsibility, recognizing the patient-centered care (ACP) as a central element of health practices⁵.

Considering the complexity of interprofessional teamwork in health, Interprofessional Education (EIP) offers learning opportunities for students with other professionals to develop collaborative skills for collective work. The EIP is considered an important educational strategy to provide quality care and safety for patients⁸.

Some authors define the professional skill as the circumstantial ability to jointly use skills, cognitive, affective and psychomotor resources to solve a problem situation⁹. Obviously, professionals are not skilled to solve all situations, which makes teamwork and the construction of collaborative skills fundamental for professional collaborative practice.

The essential skills for collaborative interprofessional practices were defined by the Canadian Interprofessional Health Collaborative group as: interprofessional communication; care centered on the user, family and community; understanding of the professional roles and

dynamics of functioning of the team; collaborative leadership and skill for resolution of interprofessional conflicts¹⁰.

The presence of professionals with collaborative skills in the teams is essential for the comprehensive care to users. Even though the goal of ESF is to reorganize the APS by multiprofessional teams, seeking this comprehensive and longitudinal care of individuals and their families, difficulties are still faced in the development of these collaborative skills within teams¹¹.

One of the difficulties is that health professionals are still trained separately and then work together⁵. The experience of collaborative practices mostly starts at the end of the course during undergraduate internships and, sometimes, in graduate education. A study analyzing groups of students who underwent patient safety courses from the uniprofessional or interprofessional point of view found difference between groups. All state that they have added knowledge, but those who took the course from an interprofessional perspective feel safer for care¹².

Humanized care and health addressed under ethical precepts are strongly related to the introduction of collaborative practices. A study that evaluated the perceptions of students, professors and users about the ethical dimension in the training of undergraduate dental students indicated criticisms from students. They reported that, despite the efforts to include the ethical precepts in their professional practice, professors do not practice what is proposed, which evidences the need to also prepare those who form for EIP. The study of ethics still faces some impediments, such as values acquired by students from their families and in their life experiences, which often determine their attitudes¹³.

The present study aimed to analyze the perceptions of graduates of the daytime Dentistry

course concerning the construction of collaborative skills for the integral care to the user, during the academic training in the Supervised Curricular Internships in SUS. It also aimed to describe the aspects of training that enabled the development of collaborative skills for health work, identifying the contributions of internships in the aspects of collaborative leadership, interprofessional communication, conflict resolution and care focused on the user, family and community.

2 METHODOLOGY

This study is part of the research project “Curricular Internships in Dentistry in SUS: Implications in Professional Choices and Learning Skills for Health Work” submitted to the Research Board of the School of Dentistry and the Institutional Review Board in Health Research of the university and approved under report CEP n. 1.009.514.

The School of Dentistry, setting of this study, started the first academic semester of a new curriculum of the daytime course in Dentistry in 2005, in which 20% of the workload was dedicated to curricular internships, most to be performed in different fields of SUS¹⁴. The first group of dental students with this curriculum graduated in 2009¹⁵.

The internships with the highest hour load in SUS are the “Supervised Curricular Internship I in Dentistry” (ECS I) and the “Supervised Curricular Internship II in Dentistry” (ECS II), each with 465 hours, to be attended in the 9th and 10th semesters of the course, respectively. In ECS I, the students work in Primary Healthcare services in the city of Porto Alegre and metropolitan region, supervised by DDS preceptors. In ECS II, training occurs in Dental Specialty Centers (CEOs), Hospitals, Urgency and Emergency Services and in Municipal and State Health Management. Also, the students have weekly collective activities at the college guided by professors in activities as

seminars, discussion groups, lectures and tutoring. In ECS I, the experiences of action planning, family case study and territorialization are presented by students at completion of each semester with participation of the tutoring group, constituting a moment of exchange between all participants¹⁶.

The study included 341 graduates of the Dentistry course, who experienced the ECS in the period from 2012 to 2016 and received an invitation to participate in the study by the email address provided by the course coordinator. Data were collected from 2014 to 2017. Among these graduates, 133 accepted to participate in the study after knowing its objectives and signed an informed consent form. The response rate was 39%. The inclusion of graduates considered that they had at least one year and at most three years since graduation.

Data from a questionnaire with 28 closed questions and 4 open questions, sent by email to the graduates, were used as empirical material. The experiences in the internships in primary healthcare services during graduation reported by graduates who answered the questionnaire were also consulted and analyzed, and deeper interviews were conducted with at least two graduates from each class among those who responded to the online questionnaire, adding up to 14 interviews. This included graduates who are working both in SUS and in the private sector, without restriction of location, to obtain a representative sample of the set of participants. The interviews lasted 15 to 40 minutes and were conducted by a scientific initiation student using the Skype platform following a script previously discussed with the supervising professor. These interviews were recorded and transcribed in full, read and reread.

The responded questionnaires constituted a database on the Google Drive 2015 platform, which was later exported into Microsoft Excel Version 15.5.5. The same software was used for

entry of data obtained from the analyzed interviews and reports. The quantitative material was subjected to descriptive analysis and the qualitative material of both the questionnaire, interviews and reports were coded, grouped by theme and interpreted by thematic content analysis¹⁷.

Considering that quantitative and qualitative data are complementary, these data obtained from different collection methods were triangulated to increase the study reliability¹⁸, to understand the meanings of experiences lived in the ECS for the graduates. The empirical material allowed the construction of several units of analysis and this paper addresses two of them: Characteristics, Insertion and Choice of Graduates and the Construction of Collaborative Skills. The theoretical reference of Peduzzi and Agreli (2018)⁵, Reeves (2016)⁹ and of the *Canadian Interprofessional Health Collaborative* (2010)¹¹ group on interprofessional teamwork, interprofessional education and collaborative skills served as input for the analysis of empirical material.

3 RESULTS AND DISCUSSION

Characteristics, Insertion and Choice of Graduates

The study was conducted on 133 graduates from the School of Dentistry, graduating in the period from 2012 to 2016, with mean age 26 ± 1.83 years and range from 23 to 36 years, mostly females (67.7%). The prevalence of women in health courses has been observed in several studies, and in Dentistry it has been happening since the 90s, according to information from the Federal Dental Council (CFO)¹⁹.

Among the 133 participants, 126 answered the question in the questionnaire that gave rise to table 1. Among the respondents, 99 work in Porto Alegre and metropolitan region, which represents almost 80% of the sample. These findings coincide with the results of another study, which observed a higher concentration of dental professionals in state capitals, even though these are more saturated with professionals than smaller and more distant cities²⁰.

Table 1. Place of work of graduates from the School of Dentistry from 2012/1 to 2016/1

Place of work	n	%
Porto Alegre and metropolitan region	99	78.60%
Countryside of the state	18	14.30%
Other Brazilian state	8	6.30%
Other country	1	0.80%

The great majority of graduates (72.9%) were attending graduate courses when they answered the questionnaire, being that 12.4% had already completed the postgraduate course and 13.2% intended to attend a course in the

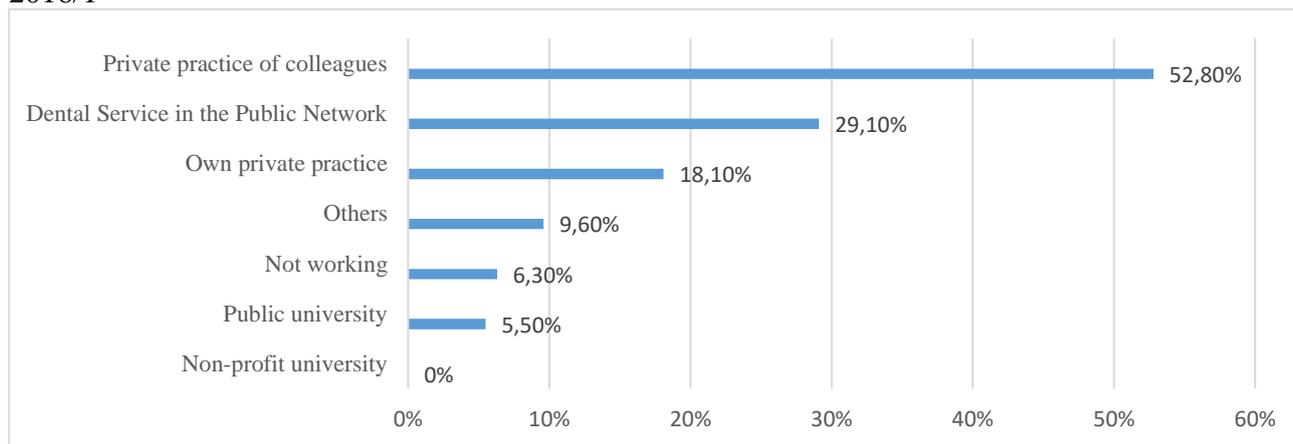
future. Only 2.3% did not intend to attend graduate studies. In a study conducted on students from the Dentistry course at the Federal University of Paraíba, most demonstrated intention to attend graduate studies, even before

working as professionals²¹.

Most graduates work in a private practice of another DDS (52.8%) and only 18.10% have their own practice. This demonstrates the difficulty of DDSs to own their work instruments, which is typical of liberal practice,

leading the newly graduated professional to submit to precarious work conditions to start their professional activities²². This was followed by professionals employed in the public health network (29.1%), as shown in figure 1.

Figure 1. Sites of professional insertion of graduates from the School of Dentistry from 2012/1 to 2016/1



According to data from the CFO in 2009, despite the 49% growth in the number of DDSs connected to SUS between 2002 and 2009, the total number of employees in the system was 40,250 professionals, which represented about 18% of individuals registered in the Council²³. The insertion of graduates participating in this study in SUS (29.1%) is above the average reported by the CFO. It is assumed that this fact is related to the curriculum of the undergraduate course and the presence of curricular internships with expressive workload in the SUS.

A study conducted in 2011, comparing Dentistry students who graduated before and after the curricular change in the same school as this study, found a greater interest from professionals in the current curriculum in the public service. In this study, only 1% of graduates from the old curriculum wished to work exclusively in the public service, a

percentage that increased to 8.9% among graduates of the current curriculum. Also, 44.6% of graduates of the present curriculum would accept to work in both public and private services²⁴.

In October 2000, the ESB were included in the Family Health Program (PSF), currently the Family Health Strategy (ESF). Then, there was a strategic planning for the inclusion of dental services based on the situation analysis of the population, especially after the oral health survey (SB Brasil) in 2003. The increasing federal incentives to expand the dental services, combined to curricular changes proposed by the DCN, opened a new and attractive field of work for DDSs, especially considering the incentives during the Lula Governments, when the Brasil Sorridente Program, besides the Mobile Emergency Service (SAMU) and Farmácia Popular, were prioritized by the Ministry of

Health²⁵.

The support of the Ministry of Education in collaboration with the Ministry of Health, by programs such as PET-Saúde, Pró-Saúde and Multiprofessional Residencies in Health, also aimed to develop skills for professional action according to the needs of SUS. For example, since 2005, the Pró-Saúde program aimed to create models for re-orientation of professional training in health, challenging undergraduate courses to propose interprofessional projects²⁶.

The School of Dentistry, by its managers, professors, technicians and undergraduate and graduate students, adhered to the initiatives of training re-orientation together with other schools in the health area, and highlighted in programs that involved teaching-service-community integration in partnership with the Municipal Health Secretariat, in the city of Porto Alegre. Among them, emphasis is given to the creation of the Health Coordination, Integrative Health Discipline, Pro-Health I and II, PET-Health and Residency in Dentistry^{27,28}. Even though the residency developed since 2017 is uniprofessional, the training of residents occurs from the perspective of interprofessional work in health services. All these initiatives encourage the future insertion of graduates in SUS and the teaching-service-community integration^{27,28}.

The workplaces were selected by graduates predominantly due to financial comfort (45.7%), followed by the possibility of working in a multiprofessional team (31.9%), which shows how interesting, even financially, SUS has become for health professionals. In Porto Alegre, despite the expansion of the primary care network occurred between 2011 and 2015, there was an expressive growth of approximately 700% in the coverage of dental services by SUS, increasing the number of ESB in the city from 17 to 131²⁹.

Analyzing the teaching plans of ECS, it is observed that they are in accordance with the

Guidelines for Curricular Internships of the Brazilian Association of Dental Education (ABENO), respecting the 12 guidelines proposed and revised³⁰. Thus, internships are offered in the three levels of care and management¹⁵, being ECS I the most offered (66.7%) in UBS with ESF, in 2017.

The acknowledgment of ECS I by graduates is achieved by the multiple activities performed as shown in the experience reports of students, who besides conducting clinical appointments with a preceptor DDS, also make home visits, participate in health campaigns, health education groups, team meetings, unit management processes, and are weekly invited to reflect on the daily work and exchange experiences with their colleagues in presential face activities with professors at the college. The students also produce an internship report enriched with field journal records, family case study, territorialization and action planning. The action planning aims to work with some specific demand from the team and/or population within the UBS territory, which requires skills from the students to understand the needs, think about the possibilities of action, involve and lead the team around a proposal of intervention.

In the tenth semester, the ECS II practice scenarios are Secondary and Tertiary Care, Urgency and Emergency Services and Health Management. To provide different experiences to students, several fields of internship are offered, and each student stays in a management field and other healthcare services. This semester involves a Singular Therapeutic Project and a Management Action Project, to stimulate the exchange of experiences among students, allowing all to know what is worked in each internship field¹⁵. It should be mentioned that several internship fields attended by students in the ninth and tenth semesters of the Dentistry course have tutors trained by the current curriculum of the School of Dentistry, which facilitates monitoring of the internship proposal.

Considering the experiences provided by the ECS, it is possible to understand the reason why their influence on their professional choices was mentioned by 72.4% of graduates, in consensus with what they wrote in the ECS I reports when they graduated.

[...] The Internship I was my best moment in graduation, fundamental for my choice to attend the residency in public health [...]. Questionnaire CD102, 2014/2.

[...] I was enriched in the construction of my professional future [...] I had the opportunity to experience the collective health routine, to learn what SUS and Primary Care are in practice, which triggered the desire to be a part of this in my future, to help to improve, to build. [...] Report CD59, 2014/1.

The internship allows a concrete experience of the reality that the student will face in professional life, and for this reason it is decisive for the future pathway selected by the graduate when entering the job market³¹. Even graduates who are not part of the public service state the importance of internships in their professional training.

[...] The supervised curricular internships in health services had an influence on my professional choice, so that I could better know the work of SUS health services and their users. Because I did not choose to continue working in the public network until this moment, it does not mean that it has influenced me negatively. I believe that they were fundamental experiences in my formation. [...] Questionnaire CD16, 2012/2.

Among the graduates working in the public network (29.1%), there is predominance of insertion in Basic Health Units (UBS) with or without ESF (80% of graduates), higher than secondary (7.5% in CEOs) and tertiary care (12.5%

in hospitals).

It is considered that the current curriculum has been successful in placing the dental student into communities and services of the public health network. Promoting direct contact with health teams in primary, secondary and tertiary care and in management, the internships provide the construction of identity with the SUS, directly reflecting on the professional choice of graduates, since it opens several opportunities not imagined until then.

[...] I saw that I didn't have the profile for this harder work, just staying at the clinic. I wanted to work with health beyond that. The possibility would be to work in the public service, which before that I really wouldn't have known and wouldn't have chosen [...] Interview CD48, 2013/1.

The objectives of the Dentistry course include “the formation of a general DDS, with a social view of reality and able to scientifically and technically establish a diagnosis of the oral health status of each individual and the community”¹⁴, which converges to the insertion of training in SUS services. Another objective of the Dentistry course is that students should “participate in the planning, execution and evaluation of health actions, programs and policies and have a critical view on the health policy of the region and the country, offering options that respond to social demands”¹⁴. The reports of graduates corroborate the role of internships to achieve the course objectives.

Construction of Collaborative Competences

Among the skills to be developed in professional training, the ability to “know how to think” is highlighted, which is often confused with “knowing how to do”. The human mind does not work directly with reality, but rather constructs it in a self-referential manner, which emphasizes the importance of practice in the academic curricula. Also, when the student is directly in contact with

the practice and with people who live it, it is possible to develop skills by non-formal learning, which can often be even more appropriate than those formally learned (in academic institutions)³². The importance of practical experience in health services for the training of students was highlighted in the reports performed during graduation.

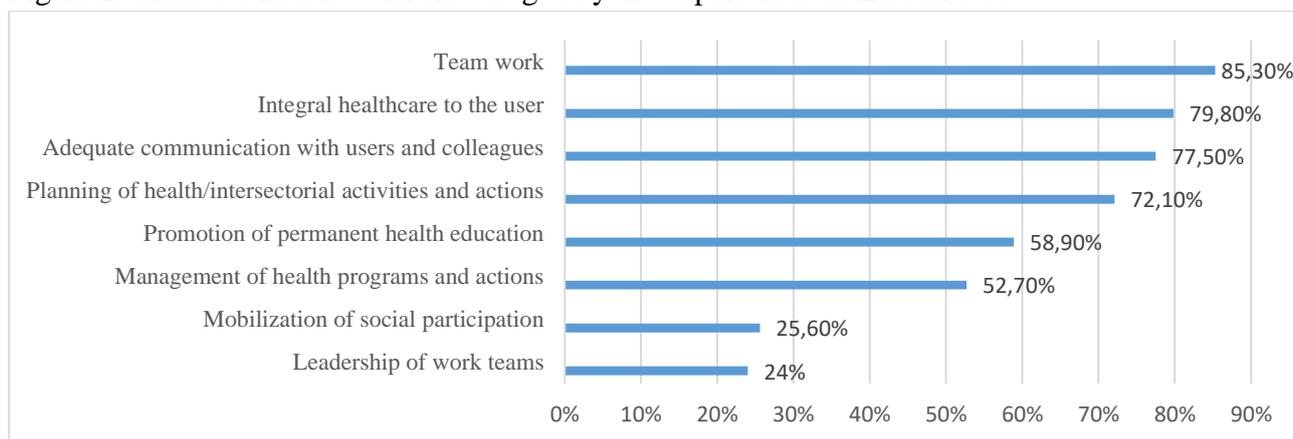
[...] The opportunity to experience Primary Care in practice simplified and made me understand the concepts presented in several Collective Health disciplines. This allowed not only us, but many colleagues, to demystify the role of dental professionals in public health [...] Report Pair CD 9 and

21, 2012/2

[...] Today I feel much more prepared in the sense of better skill and technical quality, more safety and better professional-patient relationship. Besides professional, I also gained a lot of personal growth. The understanding of what public health is could not occur only by readings. It was there on the daily routine [...] Report CD 99, 2014/1.

In the standpoint of graduates, among the skills for health work provided by the experiences of internships in SUS, the collaborative skills for teamwork are highlighted, as shown in figure 2.

Figure 2. Skills for health work encouraged by the experiences in ECS in SUS



In the health area, several authors discussed requirements for health teamwork to provide humanized and comprehensive care to the user. Among these, Peduzzi and Agreli (2018)⁵ define the interprofessional teamwork as “one that involves different professionals, not only health professionals, who jointly share the sense of team belonging and work together in an integrated and interdependent manner to meet the health needs”. In this perspective, the graduate is expected to have the ability to work with several professionals from different professions and assume a leadership role within health teams, being communicative and mediating internal

conflicts. These skills can be achieved if there are concrete opportunities during training^{9,32}, which in this case are offered mainly in the curriculum by the ECS, as mentioned by graduates in their reports during training and in the interviews after graduating:

[...] The PSE was my object of study. All this was coordinated by me and the UBS resident. [...] There was this issue of taking charge of something, which was a very nice experience [...] Interview CD 112, 2015/2.

[...] In my weekly activities, I performed clinical procedures, home visits,

participated in team meetings and collective education activities, besides meetings of the Local Health Council. All these activities strengthened my university education, from technical understanding to working in group and leadership. [...] Report CD 2, 2014/1.

[...] We learned to deal with differences between colleagues, in which we must know how to be critical to the right extent, so as not to accept things without criticism, but also not to disagree with them. Report CD 69, 2014/1.

The development of several skills during training, which includes the collaborative skills cited by the graduates – patient-centered care, understanding of professional roles, leadership skill, communication and conflict resolution – is fundamental to enable a critical reflection and facilitate the construction of responses toward the demands imposed on the daily work in health³³.

In this context, the ECS have been shown as effective to understand how to work in multiprofessional teams, since this skill can only be learned in practice and requires interaction with other professionals, as mentioned by graduates in the interviews.

[...] We learn (to work as a team) only in field experience. Because, apart from that, nothing can teach; teamwork is something you learn in practice.. [...] Interview CD9, 2012/2.

[...] In the internships I managed to see myself as a health professional beyond the oral health. I remember that this marked me a lot: all professionals discussing all cases, seeing that family, not seeing only that person, that mouth, that tooth [...] Interview CD48, 2013/1.

Some weaknesses are reported in the training developed in the services in the analyzed

context, including: turnover of health professionals in the services who receive students, due to temporary job contracts, which has been a cyclical mark in the programmatic vulnerability of internships, interrupting the bond between student-tutor-preceptor, which is sometimes minimized by the interaction with the team. In ECS II, the free time available in some secondary care services due to user absenteeism was reported by students, since the experience in the APS was intense with users, community and team and there was an unassisted demand for specialized services. The participants also mentioned that the management internship should be concentrated in one month, so that the student could understand the dynamics of work.

[...] Concerning the CEOs, my internship had much free time. I think that the internship in management should be performed in an entire month, since the management is dynamic and, going once a week, several activities are lost, because what was started may have already been completed Questionnaire CD 9, 2012/2.

Other aspect to consider is whether the preceptor had interprofessional training experience and is available to encourage collaborative practices in the team. Most graduates expressed satisfaction with the preceptor and team, yet others regret that this lacked in some health professionals with whom they lived in the teams. However, since they understood that the situation experienced was punctual and specific to their unit, they turned this difficulty into a stimulus to act differently, mirroring on professional ethical principles.

Within our team there were some people who did not want to work, simply wanted the guarantee provided by the public service [...] I saw in these attitudes an encouragement to follow a public career.

If these people do not perform their activities as they should, I will prepare and study to play my role properly and ethically [...] Report CD67, 2014/1.

The preparation of professors and preceptors for EIP was addressed in some studies, which describe the importance of qualified professionals for the success of the health system³⁴. Other authors reinforce this idea, stating that a competent workforce has the necessary knowledge and skills to translate theory into policy and research into effective action, constituting a fundamental element for the growth and development of healthcare³⁵. It is agreed that this could also be applied to the context of curricular internships.

In general, the graduates highlighted the internships, especially the ECS I, for the growth provided to them both as professional and citizen. These aspects are present in the three instruments of data production (reports, questionnaires and interviews). Along with these impressions, interprofessional teamwork is always cited as one of the most important points for training.

The current logic of easy access to information raises the need to know how to think collaboratively. Thus, knowing how to think is no longer restricted to an individual capacity, the product of privileged minds; it is a collective construction, since everyone must know how to think and think together, instead of thinking by the majority²⁷. Internships are mostly seen as the first and only opportunity to think collectively with both professionals and users; it is the chance to interact with professionals from different health areas, since the relationships are restricted to the student-user-professor triad during most part of the course, being predominantly uniprofessional. Case discussions are considered enriching for the student, team and user. According to the graduates, it is possible to

notice how much team living is valued for learning, especially for the understanding of professional roles, as well as to enable the development of communication skills, mediation of conflicts and divergent ideas.

I learned to live in a work team, since I had never had an experience of ideas exchange. In college it is you, your patient and the professor; no one expresses opinions, only the professor is the authority and says whether it is right or wrong and you obey. I learned to live and discuss with other people, other professions, with people who think differently and people who think similarly. I think teamwork is also essential for the patient. [...] Interview CD126, 2015/2.

The graduates unanimously consider that collaborative skills are extremely important for training and for user-centered care in the health network, as described in the reports.

[...] In the experience of internship, the student is encouraged to see the patient as a whole, to plan health promotion and prevention actions according to the reality of each user, as well as to learn how to use the SUS as best as possible to assure the improvement of health, either in the scope of dentistry, general health or social condition [...] Report CD51, 2013/2.

Communication and knowledge sharing with the team and users were also highlighted by the graduates. According to one of them, the contact with the comprehensive care provided to users in APS services was very helpful for their professional life. It is interesting that, even working in private practice, he perceives to have communication skills obtained from these experiences.

[...] This perception is currently important both to communicate with other professionals and to interpret some exams

and verify risk factors that can affect the decision to perform an implant surgery, for example [...]. Questionnaire CD131, 2015/1.

The intern really feels part of a team and actively participates in the meetings. This, combined with the discussion activities with colleagues and professors and the accomplishment of field journals and reports, allows reflections on the experiences in the internship fields and consequently understanding of the role of interns and the professional future within the health team, which collaborates to the professional training of graduates.

4 FINAL CONSIDERATIONS

In this study, the graduates of a Dentistry course in Southern Brazil define the conditions in which they experienced the curricular internships, the values and meanings of the “lived experience” for them. The graduates expressed satisfaction with the experiences provided by the ECS. Most report having had an enriching experience from both personal and professional perspectives and consider the experiences in the SUS practice scenarios fundamental for their professional and citizen training. They realize that many skills arise during the internship period, in which the ability to work as a team is the most discussed. The graduates mentioned that, during the internships, they were able to understand the professional and team roles in SUS, assume a leadership role within the health teams, develop the patient-centered communication and attention, mediation of conflicts and divergent ideas, which are important collaborative competencies for health work.

It is possible to notice that participants in this study have an insertion in public services above the percentage reported by the CFO, which may be related to the involvement of students in

the public field during their formation, which ruptures the previously established prejudices. This is further boosted by the expansion of units with ESF and other services of medium and high technological complexity in Dentistry, offered in national level and mainly in the city of Porto Alegre, opening the possibility of inserting graduates in public health services.

The study was conducted at the dental school of a public university, which invests in training in public health services and thus the results may not be extrapolated to places that do not have the same characteristics. However, it is believed that even in private educational institutions it is necessary to provide students with SUS experiences, not only to comply with the current legislation, but also because it encourages the citizen education of health professionals, preparing them to work in SUS. Finally, the management of the Dentistry course is advised to maintain the perspective of training in SUS services by partnerships with the municipal health secretariats, thus playing a leading role in contributing to society in meeting the demands of users, managers and professionals in the health network.

The objective of the curricular review proposed by the DCN for Dentistry courses has been successful in the present school, since graduates value the interprofessional teamwork, integrality and humanization of care, recognizing its importance for collaborative practices in all contexts of work.

RESUMO

Construção de competências colaborativas para o trabalho em saúde nos estágios curriculares de Odontologia no SUS

Com a implementação do Sistema Único de Saúde (SUS), foram necessárias mudanças curriculares que preparassem os profissionais para atuar em equipe na rede de saúde. No início do século XXI passaram a ser

implementadas as Diretrizes Curriculares Nacionais (DCN) que trouxeram várias mudanças, dentre as quais destaca-se a inserção do estudante de graduação no SUS. O objetivo desse estudo é analisar as percepções dos egressos do curso de graduação em Odontologia diurno de uma universidade pública do Rio Grande do Sul, acerca da construção de competências colaborativas, durante a formação nos Estágios Curriculares Supervisionados (ECS) no SUS. Trata-se de um estudo de natureza descritiva com análise de dados qualitativos e quantitativos. Inicialmente, 133 egressos, que vivenciaram os ECS entre 2012/1 a 2016/1, responderam a um questionário online com questões abertas e fechadas. Com uma amostra intencional de 14 egressos, que responderam ao questionário, foram realizadas entrevistas semiestruturadas em profundidade. O material quantitativo foi submetido à análise descritiva e o material qualitativo à análise de conteúdo temática. Considerando que os dados quantitativos e qualitativos são complementares, eles foram submetidos a triangulação e os resultados são apresentados em duas unidades de análise: Caracterização, inserção e escolhas profissionais dos egressos e Construção de competências colaborativas. A maioria dos egressos participantes (67,7%) são do sexo feminino e estão atuando em Porto Alegre ou região metropolitana (78,6%), 29,1% deles estão vinculados a serviços públicos de saúde. A satisfação com os ECS é destacada pelos egressos, que os descrevem como indispensáveis para sua formação. Dentre as competências colaborativas construídas por meio dos estágios, o aprendizado de trabalhar em equipe interprofissional é destacado pela maioria dos egressos (85,3%), sendo lembrada como fundamental para a atenção integral do usuário. Conclui-se que o curso de Odontologia tem obtido sucesso na formação de profissionais voltados para atuação no SUS, tendo um percentual considerável de egressos vinculados aos serviços públicos de saúde.

Descritores: Odontologia Comunitária. Educação em Odontologia. Serviços de Saúde.

Educação Baseada em Competências.

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