# Investigação Científica

# **Education Program for Health Work "PET-**SAÚDE" for the professional formation of dentists: lessons learned in primary care

Programa de Educação pelo trabalho para a saúde "PET-SAÚDE" na formação profissional de dentistas: lesões aprendidas na atenção primária

> Patricia Vitor de Souza\* Ana Maria Lucas Guimarães\*\* Bruna Bruschi Oliveira\*\* Daniella Andrade Guimarães\*\*\*\* Mabel Miluska Suca Salas\*\*\*\*\*\* Christiane Carvalho Murta Botelho\*\*\*\*\*\*

#### Abstract

Objective: analyse the results of the PET-SAÚDE/GRADUASUS in dental formation and integration between university, service and community. Method: this study reports the experience of one of the tutorial teams of the PET-SAÚDE/GRADUASUS program. Between June 2016 and April 2017 diagnosis, strategic planning and an intervention were carried out in the community of São Raimundo I Family Health Strategy (ESF) in Governador Valadares-MG. Educational actions were carried out at the operative groups, home visits, schools and the waiting rooms of the Basic Unit, focusing on priorities of public oral health problems. Results: as results of the educational actions, the over demand of the public health professional decreased. The community benefited by the increase assistance regarding health promotion and prevention actions, motivating an active participation of the population in its own health-disease process. In the student perception, the knowledge about the health and the public health system was improve, through the application of theoretical concepts in the reality of health practices, and the acquisition of capacities and abilities necessaries for the practice in health. Conclusion: the actions performed as part of the program, promoted positive impacts in the professional formation, benefited the service and the community and the integration between them.

Keywords: Primary Attention Public Policy. Health education. Dentistry. Universities. Health Services.

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Graduate Student, Federal University of Juiz de Fora, Department of Dentistry, Governador Valadares, MG, Brazil.

Graduate Student, Federal University of Juiz de Fora, Department of Dentistry, Governador Valadares, MG, Brazil. Graduate Student, Federal University of Juiz de Fora, Department of Dentistry, Governador Valadares, MG, Brazil.

Graduate Student, Federal University of Juiz de Fora, Department of Dentistry, Governador Valadares, MG, Brazil.

DDs, MSD, PhD, Federal University of Juiz de Fora, Department of Dentistry, Governador Valadares, MG, Brazil.

\*DDs, Public Health Specialist, Ministry of Health, Municipal Health Secretary of Governador Valadares, Family Health Strategy, Governador Valadares, MG,

# **Introduction**

The inclusion of health as a fundamental right of citizens and as duty of the State in the Brazilian Federal Constitution of 1988¹ and the creation of the Unique Health System (SUS) based on the principles of universality, integrality and equity², the health system began a process of restructuring and reorganization, prioritizing primary care and implementing the Family Health Strategy as an instrument for reaffirming the National Policy of Primary Care and reorientation of the anterior health model³.

The profound reforms of the public health system brought into discussion the education and training of the professionals, which did not follow this transformation, maintaining the educational curriculum model<sup>4</sup>, which remained guided by the biomedical, fragmented and super specialized creating obstacles to guarantied the principle of integrality<sup>5</sup>, being unable to meet the proposal of the current brazilian public health system. The intervention of the ministry of education, appears in the national curriculum guidelines for health courses, suggesting the formation of health professionals with skills and competences to perform situational diagnosis of the living and health conditions of social groups in a given territory, to plan interventions to confront determinants factors of the healthdisease process associated to the provision of health care services<sup>6</sup>.

this context and to support the implementation of the National Curriculum Guidelines for health courses, the Ministry of Health in partnership with the Ministry of Education, began their participation encouraging the formation of health professionals with the required profiles to supply the demands of the service and population<sup>6</sup>. The Secretariat of work management and Health Education (SGETS) formulated inductive policies to develop health worker valorization, and to promote curriculum changes aligned with the National Curriculum Guidelines<sup>7</sup>. Thus, the National Program for Professional Reorientation for Health (PRO-SAUDE) and the Education for

Health Work Program (PET-SAÚDE)<sup>8</sup> were instituted as policies that induce the reorientation of health professional education, articulating and expanding convergence of actions between the university and health services following the logic of the SUS<sup>9</sup>. PRO-SAÚDE and PET-SAÚDE are programs that allow the insertion of university students in health services, promoting and facilitating relationships and integration between the academic university environment - through teachers and student-, the service - workers and health managers- and the population enrolled in the Basic Unit Health (UBS)<sup>10</sup>.

The integration between this triad allows the involved actors to achieve benefits, including a more autonomous, humanized and critical professional formation focused in the solving of the population health problems; in the service, strengthens the implementation and consolidation process of the SUS and its reorientation policy of actions and services, and in the community, it promotes social commitment with the provision of universal, integral, equitable, continuous and above all resolute assistance<sup>11-13</sup>.

Despite the advances in the inductive policies for formation and qualification of professionals, factors that influence their there are implementation, such as the demographic and epidemiological changes of the population that are most quickly faced by the service due to the society pressure, the difficulty to find teachers that fits in this new teaching-learning approach, the student resistance, incipient participation of community, as well as the resistance from health service professionals<sup>11</sup>. public Furthermore, the evidence regarding the impact of the implemented public policies necessary for evaluation and improvement of public policy is still limited. Thus, the present study aimed to analyze the impact of the actions carried out by the dental health tutorial group of the PET-SAUDE/GRADUASUS program on the education of dental students and on the interaction between university, service and community.

### **Method**

This paper present the results of the actions and the intervention performed during one year by one of the tutorial group of dentistry part of the PET-SAÚDE/GRADUASUS program, in the municipality of Governador Valadares, localized in the state of Minas Gerais, south east of Brazil.

The program was performed in the Family Health Strategy (ESF) São Raimundo I. The São Raimundo neighborhood is located in southwest of the municipality and has approximately 4325 inhabitants<sup>14</sup>. São Raimundo has many unpopulated and open green areas, coexisting with industrial and commercial activity. The neighbourhood count with emergency care unit (UPA-24h) and a public emergency service that organizes the care flow and directs the patient to the health service appropriate to the situation. The region currently has a Basic Health Unit (UBS) and a ESF, with adequate infrastructure that present medical, dental and nursing offices, a community agents' room, curative room, a pharmacy, a reunion room, waiting room, and bathrooms for patients and the health functionaries. The health unit have doctors, nurses, pharmacists and dentists to attend the adscript population. The ESF has a multiprofessional family health team formed by two physicians, one nurse, one dentist, a nursing technician, an oral health assistant and five community agents.

The health service is organized in six lines of care: child health, adolescent health, women's health, adult health, elder health, and mental health. The existing operative groups include Prenatal, Hypertensive, Diabetics and Smokers. The dental service is performed in two dental offices with two oral health teams that participate in the operative groups, perform home visits, preventive actions and dental assistance.

# PET-HEALTH / GraduaSUS Project

The PET-SAÚDE / GRADUASUS project approved in ministerial ordinance nº 165 of April 4<sup>th</sup> on 2016<sup>15</sup>, was attended by the Federal University of Juiz de Fora-Governador Valadares

and the municipal secretary of health of Governor Valadares. The project included six tutorial groups from medicine, dentistry, physiotherapy, pharmacy, nutrition and physical education courses.

This study focuses on the activities carried out by the dental tutorial group formed by four academics, a preceptor- dentist from the São Raimundo I ESF and university professors as tutors. Before starting the field activities, training, discussion meetings, analysis of the ESF situation and definition of actions were accomplish.

The situational diagnosis was performed as part of the group's activities to understand the real situation of oral health, population and the ESF. At the same time, the service-academy situation was investigated by the analysis of the pedagogic project of the course, the academic activities, research and extension projects carried out in the public oral health service. Strategic analysis and intervention definition and planning were performed after the situational diagnosis.

The intervention actions were carried out for 10 months and aimed to attend the demands of the service, the community and the academy. Health education and prevention actions were carried out in diverse areas of action of the oral health team including the waiting room of the basic unit, the operating groups, during the home visits and in the schools of the health unit area. The activities, comments, experiences and perceptions of the PET-SAUDE participants were recorded by photographs and in individual descriptive portfolios conducted by students, preceptors and tutors.

### **Results**

The discussions of the tutorial group allowed identifying the existence of work overload in the service due to the high demand of patients in the dental service, leading to a persistence curative assistance scenario by dentists whom focused on quantitative production of procedures, situation that interfere the development of promotion dental care actions. Preceptors and tutors also showed the lack of insertion of the academy in the reality of the public health service, with

the absence of academic, research or extension activities, being concluded that the professional formation process based on the trial academy, research and extension was centralized and concentrated mainly in the University spaces and collective spaces chosen for proximity to the University.

The intervention focused on prevention and health promotion activities performed by dental students, with the support of the preceptors and tutors. In the operative group of hypertension and diabetes, health education activities addressed topics such as oral cancer and self-examination techniques, periodontitis, prosthesis care and oral hygiene. Previously, presentations were constructed using slides and illustrative images, drawing the attention of the target population. Participants raised questions and opinions on the topics. In the prenatal group, a breakfast was organized to welcome and know better the pregnant women and promote a link with them. Also lectures, dynamics such as "myths and truths" about pregnancy and the puerperium were given, motivating themselves to actively participated in the future baby and their own disease-health process. In the perception of the students, the results of these actions were positive considering that during the action, many pregnant women participated, tempted to exposed and resolved their personal doubts regarding gingivitis, caries and others oral health problems, arousing interest in oral health during pregnancy and also for the baby, providing information that allows active self-intervention in the health-disease process.

In the waiting room of the basic unit, oral health education actions were conducted addressing topics such as periodontal disease, oral cancer, dental caries, injuries caused by the use of maladaptive prosthesis, dental hygiene, oral hygiene, cancer oral self-examination, of patient's adherence to dental treatment and pain care protocol, yellow fever, among others. Partial adherence of the population was observed during those activities. This may be probably due to the actions being taken during the yellow fever epidemic, thus the community was more concerned with the immunization, and not

with the knowledge regarding other diseases or with the aetiology, symptoms and prevention of the yellow fever disease. Educational actions are considered important for the acquisition of knowledge regarding general and oral health. Nevertheless, population was not very interested or may not be aware of the impact of educational actions on health and in the quality of life.

The educational activities developed at the school of the health unit area were carried out with students between 5 and 14 years old. Oral health themes regarding caries, periodontal disease traumatism among others important for children, were addressed using dynamic methodologies according to each age group, including stories, scavenger hunts, mouth macromodel demonstrations, lectures or games, and also they received some gifts and oral hygiene kits. These actions promoted active participation of the students. Moreover, the tutorial group had to deal with some unforeseen events, which stimulated immediate solutions and decision making to deal with problems by the health students, as evidenced in the statements: "On the day of receiving the children, there was a setback: the school director confused the ages and instead of being children from 6 to 9 years old, teenagers were programmed to participated in the preventive action ... even though we felt some frustration, we were able to accomplish what we had planned with the adolescents...". "In other occasion, our group stayed with children in the courtyard and performed plaque revelation with fuchsin. Some children got their clothes dirty with the plaque evidencer and an unpleasant situation arose when a child cried fearing that his mother fight with him because of the stain on the blouse. We were worried and so we searched about removing fuchsin from tissues since they are underprivileged children and can't afford to buy another shirt right away.... After that episode, we discarded the use of fuchsin in the future to prevented other similar problems...".

Home visits represent a strategy to promoted access for the population who present disability or are unable to attend the health unit such as domiciled and bedridden. During the visits it was possible to perceive the existence of several

socioeconomic realities, sometimes antagonistic within the same micro region. Because of that, changes in the interventions were performed considering the individual context, as described by one of the participants:

"We lived the experiences and the learning-teaching process as an exchange process, between us, future professionals, and the population, that have living experiences and suffer the diseases... We also had contact with the work systematic of the public health services, such as registration and mapping of families in the covered area of the ESF. Additionally, the gratitude, the smile, the joy of the people willing to receive us make it all worthwhile and show us clearly the great duty that we have with society, and that we are on the right track....".

The population showed enthusiasm for health care and interest shown by the themes discussed regarding oral hygiene guidelines, prosthesis hygiene and baby care. The feedback obtained from users was expressed through community agents, who received comments from the population indicating that the population felt privileged and valued due to the great involvement of other professionals regarding their welfare.

The experiences lived from the students perspective allowed the acquisition of skills and abilities that broadened the holistic view of health care and performed health actions. Knowing the diverse realities, promoted humanization, empathy and social identification as being part of the community; as well as allowed the identification of the population needs and planning solutions, as well as developed attitudes to resolve health problems. The intervention of the students in the unit space facilitated the interaction with the professionals of the public service, and aroused the population's interest for the health information due to the lectures and the used of new didactic forms of health promotion.

The training process lighten the high number of activities performed by the dentist responsible for oral health of the community in public service. With the dental students collaborating with health education actions, there was a mutual benefit collaboration between the academy and the service. The dental students identified the problems of the population that were later discussed and possible solutions analysed to implement intervene actions. The

students realized that in the health territory, people perceived the intervention actions. Users recognized the PET-SAUDE students as part of the ESF, especially in the schools of the area. With each return to the schools, the students showed understanding and assimilation of the content worked. Parents, children and teachers from schools also reported knowledge about the topics approached in schools. Thus it was possible to realize the importance of actions performed in the population, which was unaware of the importance of performing some "simple" but fundamental activities to maintain oral health.

#### **Discussion**

The activities of PET-SAUDE promoted the approximation between the academy, the service and the community and influenced changes in the perception of the profession in dental students during their academic formation. The perspective of dental students regarding oral health change regarding the dentist's role as a healthcare professional, based on greater knowledge and involvement with the reality of population and public service health. Knowledge of the reality of service by dental students and direct involvement with the community favours the understanding of working with "people" rather than "patients", shifting the focus of dental service to a more humanistic and integrated action, through the importance of recognized and know the population, the problems and the social system in which the problems occur; increasing the autonomy, confidence, familiarity, social, cultural sensitivity and political awareness of future professionals as essential aspects for successful health interventions<sup>16</sup>. The activities carried out in the service contribute to the formation of social and politically engaged professionals, recognising the importance of the community participation, and committed to the health and quality of life of people and communities<sup>12</sup>.

In this study, the academics reported better professional preparation and greater commitment to society. Actions in the community are important for the learning process, motivation and encouragement of the academic within their professional career, considering that the number of people attended is directly proportional to a better learning and personal satisfaction of the health students<sup>16</sup>, so a qualified professional to work in the labour market is promoted, who will be able to be emotional involved and to react to social injustices, with citizen responsibility and social commitment, able to analysed, criticized, synthesized and proposed innovative solutions to persistent health problems in society<sup>11</sup>.

The activities carried out strengthened the university-service-society relationship, providing more dynamic and true dialogues, with mutual respect between the actors, the university students and professors, the SUS professionals and the community, facilitating the development of socio-educational actions for overcoming conditions of social inequality and exclusion, effecting the health professionals commitment to improve the quality of life of individuals. The integration between university, services and community represents an important strategy of sources rationalization and accomplishment of objectives, orientated to build and strength the Brazilian public health system. interaction has repercussions in various ways on the formation of human resources from the perspective of SUS, in order to adapt them to the Brazilian reality, keeping a model with coherence of the activities performed in the system, solving health problems and finally contributing to the consolidation of public policies<sup>16</sup>.

The actions allowed the dissemination of information related to the health-disease process in the community and educate in health. The oral health education activities represent an incentive and strengthen the autonomy of the population, promoting the independence of the conduct of their habits, knowledge of their body, maintenance of oral health and access to health services when necessary in order to reach a well-being perception and improving the quality of life<sup>17</sup>. The participation of society and the inclusion of those groups with little or no access to quality and valuable health information<sup>16</sup>, contributes to the inclusion or social reintegration of them<sup>11</sup>. This positive interaction, turned the community more active and involved in the

process, generating autonomy in health of the participants<sup>12</sup>.

In the service, the intervention facilitates the realization of health promotion due to the educational and preventive actions in oral health. Work overload in oral health teams has been reported in several studies, showing difficulties to reach quantitative goals, challenges in the planning and organization processes<sup>12</sup>. Thus, the participation of academic students in the ESF is an efficient strategy of conjoint work where everyone benefits<sup>18</sup>.

Some limitations should be cited. The incompatibility of schedules between the academy and the service made impossible for the students to participate in other actions in the ESF such as the interprofessional reunions of the health family team or the community council meetings. Opportunities to observed or participated of multiprofessional experiences were scarce. At certain times, there was low adherence of the population in relation to actions performed in the waiting room of the unit, demonstrating the persistence of the assistance/curative vision in the population and insufficient information of the importance of health promotion. Unfortunately, changes in the public health management make difficult to carry out some collective activities.

## **Conclusion**

The PET-SAUDE GRADUASUS Program promoted positive results regarding the students' perception of the reality of the public health service, the community and the professional formation process. In the service the coverage of health promotion actions increased. As consequence the population was better assisted and incorporated into the health system.

#### **Resumo**

Objetivo: analisar a percepção do impacto do programa PET-SAÚDE/GRADUASUS na formação em odontologia e na interação ensino, serviço e comunidade. Metodologia: trata-se de um relato das ações realizadas e da percepção dos discentes de odontologia na formação profissional odontológica e na integração ensino, serviço e comuni-

dade do programa PET-SAÚDE/GRADUASUS. Durante um ano, foram realizadas e registradas atividades em conjunto com a equipe de saúde bucal de diagnóstico situacional, planejamento estratégico e de intervenção na comunidade da área de abrangência da Estratégia de Saúde da Família (ESF) São Raimundo I. Foram realizadas ações educativas nos grupos operativos, visitas domiciliares, escolas e salas de espera da ESF focando em agravos à saúde prioritários. Resultados: em decorrência das ações de educação, a sobrecarga da demanda do profissional diminuiu. A comunidade recebeu maior assistência das ações de prevenção, promovendo-se a participação ativa no processo saúde-doença. Na percepção discente, houve a ampliação do conhecimento sobre a o processo saúde-doença e o Sistema Único de Saúde, por meio da vivência prática de conceitos teóricos, assim como a aquisição de habilidades e capacidades necessárias para a atuação em saúde. Conclusão: as ações realizadas como parte do programa promoveram resultados positivos na formação profissional, beneficiando o serviço e a comunidade, bem como a integração entre eles.

*Palavras-chave:* Política Pública de Atenção Primária. Educação em saúde. Odontologia. Universidades. Serviços de saúde.

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#### **Correspondent Author:**

Mabel Miluska Suca Salas

Federal University of Juiz de Fora, Department of Dentistry Av. Dr. Raimundo Monteiro Rezende, 330 - Centro,

Post code: 35010-173 – Governador Valadares, MG, Brazil Telephone: 55-333301100

E-mail: mabel.salas@ufjf.edu.br

ORCID: https://orcid.org/0000-0002-6443-556X

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