

PRO-HEALTH PROGRAM IN THE DENTISTRY SCHOOL OF THE FEDERAL UNIVERSITY OF PIAUÍ (UFPI): REPORT ON A FIVE-YEAR EXPERIENCE

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ABSTRACT

This paper aimed at describing the Pro-Health activities that made possible curriculum changes in the dentistry course of UFPI. In 2007, the activities started as foreseen in the project contemplated by the Pro-Health I Announcement, launched in 2005 according to the three guiding axes of the program: Theoretical Guidelines, Practice Scenery and Pedagogical Guideline. In 2007, the new curriculum was implanted following the national curriculum guidelines published in 2002 and the first class graduated in August 2011. The main change of the new curriculum was the insertion of the students in the Unique Health System (SUS) from the fourth semester on when the SUS reality and practice are objects of the teaching program. In the next semesters, the academic students started experiencing the routine of the health staffs and to participate effectively of the system. From this report, the conclusion drawn is that, in five years, the Pro-Health Program in the Dentistry Course of UFPI contributed effectively for the insertion of the dentistry academic student of UFPI in the SUS by experiencing the reality of the service, learning the needs of the local population and achieving the desired profile of a surgeon-dentist, as per the national curriculum guidelines.

Keywords: Curriculum, Teaching, Dentistry, Unified Health System.

INTRODUCTION

College education in health in Brazil was marked from the beginning of the first courses in the national territory (XIX century), until the validity of the Unified Health System (SUS), by a state of alienation and indifference to the organization of the public politics, and to the critical debate on the models of assistance developed in the health services, presenting little or no contact with the social and epidemiological reality of the Brazilian people.

Curricular patterns of the dentistry courses were and remain in some measures, fragmented, divided in two separated cycles: basic and vocational, with little integration among them. In the field of the teaching-learning methodologies, the pedagogic focus

disseminated in that formation model, is largely limited to the traditional practices, based on the vertical transmission of knowledge, activities entirely secluded, that do not privilege, either value the students' critical reflection, inserting them passively and in an alienating way in the working world^(1, 2).

In this complex scenario, it would be not just desirable, but necessary, that the formation in health would followed the evolution of the knowledge and scientific evidences, the changes in vogue in the work processes in health, the transformations in the Brazilian demographic, epidemic and nutritional processes, taking into consideration the search of a possible interface between the technical excellence and the improvement of the oral health indicators. To face and to overcome the obstacles of the professional formation in health in Brazil, new

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guidelines for health courses were published and subsequently implemented in 2002 (DCNs)⁽³⁾, and programs such as Pro-Health and PET Health were fomented, which have as premise to re-orient the professional formation in health and the education by health work, respectively. The undergraduate courses in dentistry should have as profile of the egress, the image-objective of a surgeon-dentist, with general, humanist, critic and reflexive formation, to act in all levels of primary health care, based on the technical and scientific rigor. Professionals should be qualified to perform activities referring to oral health of the population, ruled in ethical and legal principles and in the understanding of the social, cultural and economic situation, directing their performance in benefit of the society⁽³⁾.

All these strategies aim at an inductive process of articulation of Brazilian IES and the society they are part of, searching for the integration teaching-service-community, as a way of guaranteeing relevance, effectiveness, and building the social responsibility of the academic action intra and extra classroom^(4,5).

The dentistry course at UFPI was contemplated with Pro-Health I in 2005. It took the opportunity to implement a new curricular program involving the academic community, having as its major incentive, the conviction that the model in operation was dissociated of the local reality. It was not guiding the university students to a professional practice socially committed with the real collective epidemic-

demographic needs, and had a curriculum formed by not connected disciplines, thus forming an elitist professional, with tendency to a precocious specialization^(6, 7). In this process one of the seminal presuppositions is the immanent value of the participation of the students in the real world of the work of SUS, as form of expanding their ethical-academic horizon beyond the textbooks, the clinical procedures and therapeutic protocols, and, above all, establishing a commitment with the community, in its polysemy of complex life interferences⁽⁸⁾.

This report has for objective to describe the activities of Pro-Health program that allowed the curricular changes in the Dentistry course at UFPI.

METHODOLOGY

To develop the Pro-Health program at UFPI the continuous study for curricular remodeling was used as essential principle. The activities were developed from 2005 to 2011. Table 1 presents a summary of the diagnosis of the situation of the previous curriculum and the methodology proposed through the Pro-Health program for consolidation of the new curriculum. During the whole period of implantation of the project, evaluations were accomplished through reports written with the involved actors.

Table 1. Summary of the previous situation and Strategies/Activities implemented by the Pro-Health program of Dentistry at UFPI.

AXIS A - THEORETICAL ORIENTATION	
Previous situation	IMPLEMENTED STRATEGIES/ACTIVITIES
VECTOR 1- DETERMINANTS OF HEALTH AND DISEASE	
Priority given to illness biologic determinants, emphasizing an approach of curative character directed to the individual.	<ul style="list-style-type: none"> * Seminars/workshops with the faculty and students for presentation, perception and orientation of the final version of the new curriculum, and Seminar involving representatives of the work and of the class council. * Implantation of the new curriculum emphasizing the humanistic, social and environmental aspects. * Production of educational material (seriate album, folders, pamphlets, etc.).

VECTOR 2. PRODUCTION OF KNOWLEDGE ACCORDING TO THE NEEDS OF THE BRAZILIAN POPULATION AND TO THE OPERATIONALIZATION OF SUS	
Low investigation related to primary health care or to the administration of SUS.	* Priority given to themes oriented to researches on the health conditions of the population, and alternatives for changes in the papers of conclusion of the undergraduate and graduate courses.
VECTOR 3. GRADUATE STUDIES AND PERMANENT EDUCATION	
Exclusive offer of specialties and absence of offer of specialization courses in primary health care and of permanent education to the professionals of SUS.	* Invigoration of Graduate studies. * Offer training courses to the professionals of Oral Health (Surgeon-Dentist-SD; to Oral Health Assistant-OHA and Community Health Agent - CHA), prioritizing those in internship.
AXIS B – ENVIRONMENT OF PRACTICE	
VECTOR 4- EDUCATION- ASSISTANCE INTEGRATION	
Small articulation of the theoretical programming with the practice of assistance in few areas of disciplines, however, predominantly in the individual primary care of curative character.	* Accomplishment of Workshops of Evaluation of the practical activities developed intra and extra classroom with the purpose of improve them and to detect fragilities.
VECTOR 5. DIVERSIFICATION OF THE SCENARIOS OF THE TEACHING PROCESS	
Practical activities during the first two years of the course are limited to the laboratories of the basic area; clinical cycle with practices accomplished in a hegemonic way intra classroom.	* Increase of the teaching hours of the supervised apprenticeships intra and extra class. * Build “Brushing Places” for oral health education practice. * Acquisition of equipment and consumption material for the Primary Health Care.
VECTOR 6. ARTICULATION OF THE ACADEMIC SERVICES WITH SUS	
Practical activities during the first two years of the course are limited to the laboratories of the basic area; clinical cycle with practices accomplished in a hegemonic way intra classroom.	* Turn UFPI a reference center for the chaos of average complexity not absorbed by the Centers of Dentistry Specialties. * Implantation of a clinic of primary health care extended in Basic Unit of Health linked to UFPI.
AXIS C – PEDAGOGICAL ORIENTATION	
VECTOR 7. CRITICAL ANALYSIS OS THE PRIMARY HEALTH CARE	
The course possesses in some disciplines the critical analysis of the organization of the work.	*Accomplishment of yearly Seminars and Workshops of Evaluation, including the participation of Professors, Students and Mentors of the Public Health Service. * Seminar on humanization and socio-environmental aspects involved in the health/disease process with participation of Professors, Students and Mentors of the Public Health Service.
VECTOR 8. INTEGRATION BASIC TO CLINICAL CYCLE	
Clinical and basic cycles completely separated, with fragmented and separated disciplines, without taking advantage of the existence of correlated sources in some of them.	*“Temporal” approach of the basic disciplines to the vocational ones. * Emphasize, in the memorandum book of the basic disciplines their importance contextualizing them in the professional work.
VECTOR 9. METHODOLOGICAL CHANGE	
Teaching centered in the professor, accomplished fundamentally through expository classes for large groups of students.	* Updating courses on humanization of assistance and interdisciplinary approach. * Pedagogic workshops to guide and motivate professors to the adoption of innovative pedagogic practices.

RESULTS AND DISCUSSION

Pro-Health program allowed reorganization of the teaching and orientation practices in the formation of the egress surgeon-dentist of UFPI. The actions of the project involved all the

students of the Dentistry course and 35 teams of family health from the municipal district of Teresina that receive the students in the extra-class supervised activities. Table 2 summarizes the main changes occurred.

Table 2. Synthesis of the curricular changes.

PREVIOUS CURRICULUM	PRESENT CURRICULUM – since 2007
3.720 hours	4.410 hours (including 210 hours of completing activities of teaching, research and extension).
25 students per semester	35 students per semester
Supervised internship – 360 hours – 9 th period.	Supervised internship – 780 hours – from the 6 th period on.
Extra classroom internship - 60 hours – 9 th period.	Extra classroom internship - 300 hours – from the 4 th period on.

Concerning SUS, the formation of Brazilian human resources in health is one of the serious points, although the federal constitutional (Law 8080; article 200 regulated by the Decree 7501/2011) deliberates as attribution of this public system of health the ordination of the formation of sectorial human resources. It is verified in the curricular organization of the undergraduate courses in health, an academic culture, strongly ingrained, of little prestige, dedicated to the study of the public oral health and of SUS⁽⁹⁾. When analyzing the recent past of the Dentistry course at UFPI it is observed that it used to fit with accuracy in the above-mentioned curricular model, until the coming of the recent curricular changes. In the current curriculum, the student begins his activities at SUS on the 4th semester when he starts to follow, understand and above all to assimilate the quotidian of the Community Health Agent (CHA) who passes through houses and sanitary territories, registering families, accomplishing home visits, identifying individual and collective problems of health, in a surveillance, health promotion ⁽¹⁰⁾ and caregiving ⁽¹¹⁾ logic.

This contact with the community health agent evidenced the low quality of the educational work related to the specificities of oral health or even its absolute absence. To equate the problem, permanent moments of study of this thematic with the involved agents were conceived. These moments were sometimes accomplished at the auditorium of the Dentistry course at UFPI, in the form of workshops, or in a

decentralized way, in a form of extra classroom panels, in each family health unit with CHAs and students of the 8th period of the course, involving different themes: oral health; oral cancer; oral manifestations of sexually transmissible diseases, and social control of health in a local ambit.

Still in the field of innovations linked to the Pro-Health program, the course of dentistry at UFPI moved forward when included the students in the public health services, in the 7th and 8th periods, and probably the most radical of the changes front the recent past of the course: the construction of the internship of the ninth semester, where the student takes part during four weeks, integral and intensively, in one or two family health teams of the municipal district. These actions had the purpose to improve the student's analytic understanding on the real quotidian of the primary health care, its characteristics, problems and possible solutions. One of the great difficulties of this process was, and has been, to find professionals that welcome not only the proposal and the students, but possible changes on the already established work processes and also a supposed “invasion” of the space of the oral health team of the family. In this experiential mosaic, the students work with different profiles of professionals of oral health: recently-graduated approved in public contest, more attentive to the promoting and preventive issues, and more experienced professionals, with a traditionally surgical-restoring professional background. That heterogeneity of collaborating

professionals has been considered a particularly potent experience ⁽¹²⁾. To provide an integration of the countless apprenticeship fields, regular encounters with the mentors of the service who welcome the students are accomplished. The main reason of this new curricular model was to break with the classic theoretical-practical arrangement of the course of dentistry of UFPI and other Brazilian courses, that produced along the 20 years of implantation of SUS, a chronic unpreparedness and an absence of semantic transparency of the roles, competences, abilities and attitudes to be accomplished by the professionals of oral health ⁽¹³⁾.

Another innovative strategy in the field of oral health formation at UFPI fomented by the Pro-Health program was the launching of the extra classroom clinic of dentistry specialties, with the management in partnership with the dentistry course of UFPI and the Municipal Health Foundation, where the students work in a couples' system providing specialized assistance that was called Expanded Clinic of Primary Health in the areas of Surgery, Dentistry, Endodontics, Pediatric Dentistry, Periodontics and Prosthesis. The students were followed by professors of Dentistry. In the internship with the teams of municipal primary health care, this service of specialized assistance (average complexity) the purpose is to build a net of assistantship to offer, in spite of great obstacles, an integral oral health care, which is a basic principle of SUS and one of the main gaps in the municipal politics of oral health. Teresina counts with only two Centers of Specialties in Odontology that do not supply the demand for specialized services in the area.

In the whole process of implantation of the Pro-Health program evaluations with the involved actors were accomplished. From those evaluations a hegemonic adhesion to the proposed changes was verified, as well as other experiences in national level ^(8, 13, 14). According to the report from mentors of the services, the introduction of college students in the service presents advantages for the student, for the services and also for the oral health team (CD+ASB+CHA), as a source of sharing and reinforcement of knowledge and experiences, as well as a device generator of recognition that there is a need of careful consideration on the

functioning of SUS, its progresses, challenges, strengths and fragilities:

(P1) When the student takes part on the Family Health Strategy (FHS) program we are guaranteeing that he commits himself to the social subjects and the great professionals guarantee the constant updating, not only of knowledge, but also of "new" energy.

(P2) It provides the contact of the future professional with the reality that he will be part of, creating an opportunity for this student to think ways to improve his work and also to help him in the decision of following or not the career in public service, allowing the professionals of the net to be in fact "made" to work at SUS.

(P3) It provides exchange of knowledge and discussion of the activities, and it incites the need of searching for knowledge and fundamentality (scientific) to justify/explain routine actions, even the ones that are already consecrated and consolidated.

(P4) - The subject is not technical. It lacks them understanding about the work, what FHS is, in spite of the internship to be also for that, but the absolute lack of knowledge of the professional attributions of the other members of the team (mainly nurses and CHA) hinders the understanding of the team work process.

With relationship to the university students, the extra classroom experiences provided the real contact with the world of the work that waits for them after the closing of the undergraduation cycle. The limits among the protected atmosphere and aseptic environment of the university clinic, and the black and white reality of the public health services are stained, which according to the collected reports, contributes exceptionally, for the personal and professional ripening of them:

(D1) I believe that this benefit comes through a greater care, perfection and dedication on the part of the students, be on the part of the accomplished clinical procedures, but, mainly, for granting us the chance of exercising the principles and guidelines of the public assistance and, thus, to be able to participate actively of an educational and social change that is constantly seen in the classroom.

(D2) The student can understand better the reality of the public assistance, including the challenges and inherent difficulties, besides acquiring more

clinical experience, more learning, and more abilities.

(D3) Our curricular formation is still focused in the clinical treatment of the oral diseases and of its sequels. We need to experience more frequently and with more intensity all that is our attribute as professionals of the FHS program.

FINAL CONSIDERATIONS

Five years were necessary for challenges to be overcome and progresses to be conquered, but there is still a lot to be accomplished: a

polysemous formation, able to value biomedical and human sciences, having SUS as a permanent element. The rural boarding school in collective oral health, with 4 or 6 months of duration remains as a goal. It is concluded with this report that, in this period, the Pro-Health program in the Dentistry course at UFPI has contributed indeed to the insertion of the students in SUS, experiencing the reality of the work, meeting the needs of the local population and reaching the profile desired by a surgeon-dentist, according to the national curricular guidelines.

O PRÓ-SAÚDE NO CURSO DE ODONTOLOGIA DA UNIVERSIDADE FEDERAL DO PIAUÍ (UFPI): RELATO DE UMA VIVÊNCIA DE CINCO ANOS

RESUMO

O objetivo deste relato foi descrever as atividades do Pró-Saúde que possibilitaram as alterações curriculares no curso de Odontologia da UFPI. Em 2007 tiveram início as atividades previstas no projeto contemplado pelo Edital do Pró-Saúde I, lançado em 2005, segundo os três eixos norteadores do programa: Orientação Teórica, Cenário de Prática e Orientação Pedagógica. Ainda em 2007 foi implantado o novo currículo, seguindo as Diretrizes Curriculares Nacionais, publicadas em 2002, e a primeira turma foi formada em agosto de 2011. A principal alteração do novo currículo foi a inserção dos discentes no Sistema Único de Saúde (SUS) a partir do quarto semestre, quando a realidade e a prática do SUS são os objetos do ensino. Nos semestres seguintes os acadêmicos passam a vivenciar a rotina das equipes de saúde e participar efetivamente do sistema. A partir deste relato, conclui-se que, em cinco anos, o Pró-Saúde no curso de Odontologia da UFPI contribuiu efetivamente para a inserção dos acadêmicos de odontologia da UFPI no SUS, onde vivenciaram a realidade do serviço e assim conheceram as necessidades da população local e alcançaram o perfil desejado de um cirurgião-dentista, segundo as Diretrizes Curriculares Nacionais.

Palavras-chave: Currículo, Ensino, Odontologia, Sistema Único de Saúde.

EL PRO-SALUD EM EL CURSO DE ODONTOLÓGIA DE LA UNIVERSIDAD FEDERAL DE PIAUÍ (UFPI). INFORME DE UNA EXPERIENCE DE CINCO AÑOS

RESUMEN

El objetivo de este estudio fue describir las actividades del Pro-Salud que permitieron los cambios en el curso de odontología de la UFPI. En 2007, empezaron las actividades previstas en el proyecto contemplado en el Anuncio del Pro-Salud I, lanzado en 2005 según los tres ejes guías del programa: Orientación Teórica, Configuración de Prácticas y Orientación Pedagógica. En 2007, se implementó el nuevo plan de estudios, siguiendo los lineamientos curriculares nacionales, publicados en 2002, y la primera clase se graduó en agosto de 2011. El principal cambio del plan de estudios fue la inclusión de los estudiantes en el Sistema Único de Salud (SUS) a partir del cuarto semestre, cuando la realidad y la práctica del SUS son objetos de la enseñanza. En los siguientes semestres, los estudiantes académicos comienzan a experimentar la rutina de los equipos de salud y a participar eficazmente del sistema. A partir de este informe, se concluye que, en cinco años, el Pro-Salud en el Curso de Odontología de la UFPI ha contribuido eficazmente para la inclusión del académico de odontología de la UFPI en el SUS, experimentando así la realidad del servicio, conociendo las necesidades de la población local y logrando alcanzar el perfil deseado de un cirujano-dentista, de acuerdo con los lineamientos curriculares nacionales.

Palabras clave: Curriculum, Enseñanza, Odontología, Sistema Único de Salud.

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