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Supervision of academic internships in dentistry using active methodologies: A horizontal construction of learning

EXPERIENCE REPORT

ABSTRACT

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Introduction: The supervised academic internship, in line with the National Curriculum Guidelines for graduation courses in Dentistry, aims to develop skills and competencies by seeking pedagogical learning practice in the experience of social reality and collaborating in the solution of oral health/disease problems, according to the needs of users of the Unified Health System services. In teaching-service-community integration, active methodologies are important to overcome the traditional dentistry training model. **Objectives:** describe the experience of supervising an academic internship in dentistry in Primary Health Care at a Primary Health Care Unity in Contagem, Minas Gerais. **Experience report:** the planning of the internship by the family strategy dentist contemplated the construction of all the work in the field with the active participation of the interns, using active learning methodologies as the main strategies, especially Problem-Based learning and the use of Popular Health Education resources, stimulating exchanges between the team and the community. **Conclusions:** the involvement of the students throughout the process in a constructive way, as the center of their own learning, contributed to the development of the skills proposed by the partner institution, fulfilling an important role in the training of undergraduate dentistry students in the sense of applying the concept of comprehensi-

ve oral health care, humanized care and encouraging interdisciplinarity.

Keywords: Oral health; Education: Preceptorship; Family Health; Integrality.

INTRODUCTION

The National Curriculum Guidelines of the Ministry of Education for the undergraduate course in Dentistry guide state that *“the training of the dentist should include comprehensive health care, taking into account the regionalized and hierarchical system of referral and counter-referral, and interprofessional teamwork”*¹.

The competencies aimed to be developed in dental education in different contextualized situations in health work and the student-centered pedagogical project, where the educational context should articulate population demands, public policies, and practice scenarios integrated with the Unified Health System¹, support academic internships. They offer a learning proposal that combines technical-scientific knowledge and clinical practice, experiencing the care universe of the Unified Health System in harmony with its principles and guidelines, according to Law 8080², which regulates health actions and services, the National Primary Care Policy³, and the National Oral Health Policy⁴.

The supervised academic internship aims to develop skills and competencies for the professional practice of the dentist in the Unified Health System care network, based on the principle of health as a right and the comprehensiveness of care as the articulated and

continuous set of preventive and curative actions and services, both individual and collective⁵. Additionally, it seeks to practice learning in the social reality, challenging to collaborate in solving oral health/disease problems, respecting the needs of service users⁵.

Six domains and competencies are proposed within the specific objectives of the academic internship in the Primary Health Care⁵ setting:

- Learning;
- Technical expertise;
- Communication;
- Leadership;
- Social responsibility;
- Professionalism.

Expanding the student's training with knowledge of another area of practice in the Primary Health Care scenario, in articulation with the care network, supports the possibility of expanding dialogue with their understanding of the world, health, and disease, integrating several areas of knowledge⁵. In this sense, integrating teaching-service-community and active learning methodologies are important alternatives in transitioning and overcoming the traditional and technicist model of dentistry training⁶. According to Reul *et al.*⁷, active methodologies during the supervised internship stimulate students' reasoning and questioning about their possibilities as agents of social reality transformation.

The horizontal relationship between the teacher and the learner established during the learning process, advocated by Paulo Freire⁸, is fundamental, as he sta-

tes that “those who teach, learn by teaching, and those who learn, teach by learning.” Constructing a dialogued experience during the routine of the supervised internship is necessary and challenging for both the student and the supervisor but is crucial for encouraging student engagement with the internship and raising awareness of their social responsibility.

Costa *et al.*⁶ report that despite the difficulties encountered in building critical and reflective thinking during the supervised internship, students recognized the importance of the experience in the Unified Health System and the use of Popular Education in Health resources, as well as the potential and challenges of active methodologies when integrated into the teaching-service-community integration.

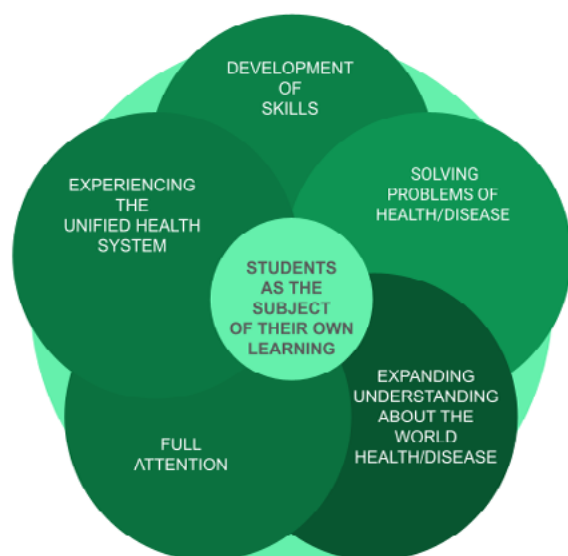
Few studies relate to experiences using active methodologies in the supervision of academic dental internships within the Unified Health System. This work aims to report the supervising experience of an academic dental internship in Primary Health Care at a Basic Health Unit in the municipality of Contagem, Minas Gerais.

This is an experience report on the planning, execution, and evaluation of the academic internship period in the final year of the Dentistry course at a higher education institution in Belo Horizonte, in partnership with teaching-service-community integration. It covers the supervision of one year of activities of two students, developed in a Primary Health Care Unit located in a Health District of Contagem, Minas Gerais.

The motivations for this report involve developing work that can inspire other actions related to the work carried out by oral health teams in the teaching-service-community integration. The trust and unwavering support of the municipal management and the faculty team of the partner institution, who closely followed the work with the interns, significantly contributed to the entire process. Previous successful experiences with using active methodologies, Popular Education in Health, and the incorporation of active popular participation in the work processes related to health education and spontaneous demand care also brought motivation and important contributions to developing this action.

The planning proposal for the internship, concerning supervision within the Primary Health Care Unit by the family strategy dentist, included constructing the work in the internship field with the active participation of the interns, based on the proposal developed between the municipality and the institution. The aim was to align the discipline objectives, the expectations, and the students’ needs regarding their learning process throughout the journey, as illustrated in the diagram below.

FIGURE 1. GUIDELINES FOR PLANNING THE INTERNSHIP SUPERVISION



SOURCE: ELABORATED BY THE AUTHORS.

Regarding health education activities, the use of Popular Education in Health resources^{9,10,11} was proposed, such as conversation circles^{9,10} in waiting rooms^{12,13}, to encourage interns' contact and practice of active methodologies with the community, working on more assertive oral health education practices, in line with the National Popular Education in Health Policy¹⁴, the National Oral Health Policy⁴, and the National Humanization Policy of the Unified Health System¹⁵.

In clinical dental practice, clinical case discussions were held for all treatments performed, encouraging evidence-based decision-making, emphasizing person-centered care, and always placing the patient as the main subject of care and health action⁴.

The principles and guidelines of the Unified Health System, the Family Health Strategy, and the social reality of the community where the Primary Health Care Unit is located were contextualized and strongly integrated into treatment plans and case discussions with the students. This aimed to provide the opportunity to experience the local reality and build a social experience that is empathetic and truly centered on comprehensive and person-centered care, in line with the National Oral Health Policy guidelines⁴. This approach deconstructs the overly technical view of the students regarding patients' complaints and a possible vertical approach, tending towards the use of traditional or banking methodologies in health promotion actions^{16,17,18,19}.

The internship was permanently evaluated by the supervisor using different instruments, as described in Table 1.

TABLE 1. EVALUATION INSTRUMENTS FOR THE SUPERVISED ACADEMIC INTERNSHIP

Instrument	Periodicity	Participants	Objectives
Oral health team meeting	Before the start of the internship	45 days after the start of the internship	Oral health team
Conversation circle	At the beginning and end of the internship	Students, oral health team, Primary Health Care Unit manager	Presentation; Qualified listening to students' expectations and needs; Promote interaction between actors.
Case discussion	At the end of each internship day	Students, supervisor	Verify technical problems in procedures performed; Relate practice to Unified Health System experience; Discuss comprehensiveness of care in primary health care.
Monthly evaluation	Monthly	Students	Evaluate the process of building competencies; Identify if the students' needs are being met. Evaluate the practice of experiencing Unified Health System.
General evaluation	Last day of the internship	Students, oral health team, Primary Health Care Unit manager	Analyze achieved objectives; Reflect on the practice experiences in the Unified Health System setting and possible incorporations into dental education.
Feedback	Throughout all stages of the internship	Supervisor, students	Maintain established contact between students and supervision, clarifying necessary advancements, doubts, needs, and evolutions during the internship.

SOURCE: ELABORATED BY THE AUTHORS.



PHOTO 1: RECORD OF THE EVALUATION TOOL CONVERSATION CIRCLE, ACCORDING TO TABLE 1.



PHOTO 2: CASE DISCUSSION AT THE END OF EACH DAY OF THE INTERNSHIP, ACCORDING TO TABLE 1.

THEORETICAL REFLECTIONS

Active methodologies present a new perspective for teaching and learning, focusing centrally on the learning process, the interest, and the learner's need²⁰. Discussions of problem situations, clinical cases, and contextualization of reality were used to aid in developing skills, communication, teamwork, and critical evaluation²⁰.

The use of active methodologies as the main axis for conducting the supervised internship in Primary Health Care by the supervisor, especially in the format

of Problem-Based Learning²⁰, constituted an important strategy for forming bonds, empowerment, and encouragement of students in self-knowledge and knowledge construction. Through committed critical reflections, autonomy, dialogue, facing resistance, and conflicts were promoted²¹.

Health Education is common to all activities developed in the Unified Health System¹⁴ and actions that occur in the direct relationship between services and users^{9,11}. Popular Education in Health promotes dia-

logue and autonomy^{9,11}, with new practices and experiences that bring the health team and community closer together, stimulating knowledge exchange and shared knowledge construction¹¹.

By problematizing the community's reality during the internship using Popular Education in Health resources, such as conversation circles^{9,10,11}, it was possible to stimulate social criticism of situations experienced by individuals, groups, and movements, promoting contextualized reflections and constructions.

The conversation circle as an instrument in health promotion actions and the overall evaluation process brings articulation of knowledge, knowledge exchange, and ethical-affective values²² between interns and the community, stimulating active and qualified listening of the involved actors about expectations and needs to be met with the internship. It also promotes interaction between students, the oral health team, and management, seeking to develop the necessary bond to gain confidence in actions to be developed together in the future. The conversation circle has versatility, multi-professional use in spaces with students and users, stimulating mutual and spontaneous knowledge exchange with the active participation of all involved as protagonists in the action²², and problematizing health issues through dialogue between the team and the community²³.

Case discussions at the end of each internship day, with joint evaluations of technical and ethical conduct, are very pertinent to relate practice to the daily reality of the Unified Health System, with its challenges in the comprehensiveness of oral health care in

the family health strategy, prioritizing as a model of care in the Unified Health System³ addressing all life cycles, non-communicable chronic diseases, users in mental suffering, with special needs, pregnant women, urgent dental care, qualified listening and humanized care, relating theory and practice, contextualizing, building knowledge with autonomy²¹.

Monthly and general evaluations of the internship bring reflection points about the construction process partially and globally, evaluating the construction of competencies, internalization of the Unified Health System experience, attention to students' needs and expectations, and seeking to identify possible adjustments needed for the process's greater effectiveness. Feedback is an important tool for promoting involvement, working on students' performance²⁴, as a relevant factor in promoting the relationship between supervisor and students, as well as in promoting students' involvement, performance, and self-regulation²⁵.

Possible biases identified in this experience are present in the evaluation process, being entirely conducted by the Oral Health Team. In future experiences it may involve developing instruments for general initial and final evaluations by the faculty team of the educational institution, municipality management, and Unified Health System users to broaden and extend participation beyond the Oral Health Team to all involved in the action.

FINAL THOUGHTS

The use of Popular Education in Health resources and active methodologies in activities and actions with the community during the supervised academic internship involves students throughout the process constructively, placing them at the center of their learning, following the National Curriculum Guidelines for the Dentistry course, contributing to the development of the competencies proposed by the partner institution within the internship objectives⁵.

The collective and horizontal construction of learning favors reflection and knowledge exchange, incorporating technical-scientific knowledge into daily life and recognizing the patient, in the case of the internship, the Unified Health System user, as an individual seeking comprehensive care, where oral health plays a role beyond biologist and curative procedures, but of integrative health actions with the health team, which can and should be integrated into students education in a way that broadens their vision as professionals, regardless of the future chosen field of practice.

The supervised internship plays an important role in students' education in the Dentistry program, in the application of the concept of comprehensive oral health care, humanized care, and encouragement of interdisciplinarity practices greatly favored in the Unified Health System setting in Primary Health Care, which can and should be integrated into the professional practice of graduates, regardless of their chosen field of professional practice.

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