



Pesquisa Brasileira em Odontopediatria e
Clínica Integrada

ISSN: 1519-0501

alessandrouepb@gmail.com

Universidade Estadual da Paraíba
Brasil

Faé, Jeusa Maria; Ferreira Silva Junior, Manoelito; Degli Dutra Esposti, Carolina; Baroni
Carvalho, Raquel; Tonini dos Santos Pacheco, Karina
Perception of Public Service Professionals about Teaching-Service Integration in Dentistry
Pesquisa Brasileira em Odontopediatria e Clínica Integrada, vol. 17, núm. 1, 2017, pp. 1-
14
Universidade Estadual da Paraíba
Paraíba, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=63749543031>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative



Original Article

Perception of Public Service Professionals about Teaching-Service Integration in Dentistry

Jeusa Maria Faé¹, Manoelito Ferreira Silva Junior², Carolina Degli Dutra Esposti³, Raquel Baroni Carvalho³, Karina Tonini dos Santos Pacheco³

¹MSc in Dental Clinic, Federal University of Espírito Santo, Vitória, ES, Brazil.

²PhD Student in Dentistry, Piracicaba Dental School, University of Campinas, Piracicaba, SP, Brazil.

³Professor, Department of Social Medicine, Federal University of Espírito Santo, Vitória, ES, Brazil.

Author to whom correspondence should be addressed: Karina Tonini dos Santos Pacheco, Departamento de Medicina Social, Centro de Ciências da Saúde, Universidade Federal do Espírito Santo. Av. Marechal Campos, 1468, Maruípe, Vitória, ES, Brazil. 29040-090. E-mail: kktonini@yahoo.com.br.

Academic Editors: Alessandro Leite Cavalcanti and Wilton Wilney Nascimento Padilha

Received: 12 September 2016 / Accepted: 12 July 2017 / Published: 01 August 2017

Abstract

Objective: To analyze the perception of public service professionals on teaching-service integration in Dentistry. **Material and Methods:** This qualitative study used a guide-script for interview with four managers and another for seven dentist preceptors who participated in the years 2010-2012 of Work Health Education Program and the Extramural Internship in Health Promotion II in the Dentistry course of the Federal University of Espírito Santo, Vitória, Brazil. The thematic content analysis proposed by Bardin was carried out by two researchers and the complete transcription of speeches obtained in interviews was analyzed. **Results:** Four categories on the "teaching-service integration" theme were identified: teaching-learning process, contributions to service and users, interpersonal relationships, and professional training. Professionals highlighted the exchange of experience between practitioners and academics, enrichment of the academic experience in the training field and stimulation of local productivity, as in educational activities, and good acceptance by users. However, they also reported challenges, such as the beginning of the preceptory process without previous specific preparation, and that there are limitations concerning, for example, the infrastructure and the overload of the preceptor professional. **Conclusion:** In the perception of professionals, teaching and service integration is a positive strategy for academicians but also for health services, although there are still challenges to be overcome.

Keywords: Preceptorship; Teaching; Dentistry.

Introduction

From the ethical-legal point of view, the Unified Health System (SUS) must meet the different needs of the population and recognize professional training as a relevant factor, as highlighted in the 1988 Constitution. Legitimized by competent organizations, such as the General Coordination of Human Resources Policy (CGRH) and supported by Law No. 8.080 / 1990, it is incumbent upon the SUS to organize a human resources training system at all levels of education and to develop permanent staff development programs [1].

The expansion of the coverage of dental public services, from the creation of SUS, evidenced the need for the training of professionals with adequate profile to act with quality and effectiveness, as there was inherent mismatch between: training predominantly focused on university outpatient clinics; dissociation between dentistry education and SUS principles and guidelines; disarticulation between clinical training and the actual needs of the population; a highly technical, specialized and fragmented approach of contents and, above all, the non-inclusion of dentistry academicians in real scenarios of health service practices, that is, the non-integration of teaching with the service through extramural internships [2].

Since 1995, the change in Dentistry undergraduate curricula has become an important issue, initially confirmed by the Education and Guidance Law No. 9.394 / 96, which proposed changes to the curriculum, removing the minimum curriculum [3]. Subsequently, by the implementation of the National Curricular Guidelines (DCN) of Dentistry undergraduate courses approved in 2002 [4].

The DCN stimulated, in Dentistry courses, the creation of curricula that could contribute to the formation of a new academic and professional profile, making Dentists capable of acting with quality, efficiency and affectivity in the scope of SUS [4]. This was thought from a historical process and not an authoritarian decision of the government, taking into account the social interests and needs of the Brazilian population [5].

A strategy in this perspective was the implantation of extramural internships, since it allows the student to know the organizational, administrative, managerial and functional structures of public health services and to participate in the service to the population, understanding of oral health policies and their social role [6,7]. Another important strategy was the creation of the Educational Program of Work for Health (PET-Saúde), which is an incentive for the federal government to qualify professionals who will work in the health field [8].

Although there has been a significant increase in the number of publications on the subject, there is still great interest in the knowledge about the benefits of teaching-service integration for professional training, especially in the perception of academicians [9], including studies in the field of Dentistry [10-12]. However, little is known about the possible benefits of such integration for health services from the perspective of preceptors [13-15] and managers [15], which is still poorly debated in the Dentistry area [15]. Understanding how this integration is built within the scope of the service is essential for the planning, execution and evaluation of internships, especially curricular internships, proposed by the Pedagogical Political Guidelines of Dentistry Courses in Brazil [5,16].

Thus, the aim of this study was to analyze the perception of public service professionals about the teaching-service integration in Dentistry.

Material and Methods

Study Design

A study with a qualitative approach was conducted through interviews with dentist preceptors of the supervised internships in dentistry and managers. The seven dentists of the municipal health network of Vitória, Brazil, who worked as preceptors of the Extramural Internships of Health Promotion II of the Dentistry course - Federal University of Espírito Santo (UFES) (2012), participated in the study, and also act in the Educational Program of Work for Health (PET-Saúde) (2010-2012). Two directors of Health Units who received interns at the time of the internship, as well as a manager of the Technical School of SUS and one of the Municipal Health Secretariat of Vitória, Brazil also participating in this study.

Data Collection

An interview was carried out using two guide-scripts formulated for the present study, one being applied to dentists and another to managers of health units at the time of the internship (Table 1). The scripts were used only to give depth to the reflections of interviewees in their free speech on the proposed theme. These were previously tested with two preceptors and a unit manager who received academicians for internship, but not referring to the year of interest of the present study.

Table 1. Guide-script used in field research for dentists, preceptors and managers.

Dentist Preceptor
Oral health care activities developed during the period of the curricular internship and at PET-Saúde
1- What do you think of the teaching-service integration?
2- Discuss on the relationship between you and the student during the internship.
3- Talk about the work process during the internship period in relation to activities that are performed.
4- Talk about the main difficulties and facilities in the guidance of students in the internship field.
5- Discuss on the relationship between user and student.
6- In your opinion, what contributions can the teaching-service approach bring to primary health care?
7- When finishing an internship cycle, do you notice any changes in your work process? Comment on this.
8- What benefits can an internship bring to professional training? In your opinion, what is the relationship between internship and professional training?
9- How does monitoring the student's learning in the internship field occur?
10- How was the process of adherence to the preceptory?
Managers
Organization and integration activities for the curricular internship field and at PET-Saúde
1- What is your opinion about teaching-service integration?
2- Discuss on the integration between service and the teaching institution (UFES) in the field of dentistry in this municipality.
3- In your opinion, what contributions can the teaching-service approach bring to primary health care?
4- What benefits can an internship bring to professional training? In your opinion, what is the relationship between internship and vocational training?
5 - Considering your area of activity in the service, how does the internship monitoring occur?
6 - Discuss on the main difficulties and facilities found by the service in the internship field.
7 - Did you notice any changes in the work process of professionals?
8- How do you see patients in relation to interns?

Interviews were conducted by the same researchers of the pilot study and were recorded using a digital voice recorder (Sony ICD-PX312, USA), in a place previously chosen by professionals, so that interviewees could feel more comfortable to participate in the study.

The qualitative approach followed the assumptions of the thematic categorical technique [17]. For data classification, the floating reading was initially performed, i.e., the horizontal and exhaustive reading of interviews was fully transcribed, which allowed the construction of the empirical and analytical categories and their interrelationships and connections. In a second moment, a transversal reading of the set of interviews was performed, with a cut of each interview by theme and categories, similar units of meaning that, when analyzed together, allowed the exploration of their connections.

The analysis was not based on each question but rather on the full content of the interview, even because, the data construction was given through an in-depth interview in which the guide-script is addressed only to give depth to the reflections of interviewees in their free speech on the proposed theme. There was a distinction between speeches and understanding of the analysis concerning the professional position of the interviewee, between preceptors (P) and managers (M).

Ethical Aspects

This study was approved by the Ethics Research Committee of the UFES Health Sciences Center (325.390), obtaining approval by the Technical School of the Unified Health System (ETSUS) of Vitória, Brazil, and all participants signed the Free and Informed Consent Form.

Results and Discussion

The thematic content analysis made it possible to identify four categories: teaching-learning process; contributions to service and users; interpersonal relationships; and professional training. Speeches were coded, being referring to speeches of dentist preceptors (P) and managers (M).

Teaching-Learning Process

The teaching-service integration is part of a process of reflection of curricular practices, plans and teaching contents. The partnership between the public health services and the university occurred according to the DCN and was carried out through programs such as Pró-Saúde and PET-Saúde [4,18], in which preceptor professionals play a prominent role, since they offer academicians environments that allow constructing and reconstructing knowledge [13].

The preceptors interviewed reported feeling fearful of the beginning of the preceptory process in health services, although feeling capable of being inserted in the process. This fact was questioned by the management, who considered preceptors didactically not prepared and more interested in acting in remunerated internships. The following statements highlight these issues:

P4 - [The] professional [preceptor] (...) was not prepared for the didactic conduction of this process.

P5 - We (...) are always learning (...), initially think that it is going to be difficult [preceptory] and it is not that difficult.

P3 - We have no feedback whatsoever for having these students (...). The scholarship offered by PET is no big deal, but we work for money anyway, nobody works here for hobby (...).

The feeling of fear regarding the preceptory and the management's consideration of the lack of didactic preparation may reflect the lack of qualification of the service professionals to play the role of preceptors in the teaching-learning process, since only one professional in the present study participated in the training at graduate level in preceptory. The preceptor appears in health training as an experienced professional, who manages, in addition to the clinical practice, the educational aspects related to it, managing to make of his own practice a favorable environment and adequate moment for training. Therefore, it should be understood as a clinical-teacher, prepared and qualified for the teaching-learning process [13]. A study on the perception of preceptors, after conducting a pedagogical training course, has shown that the course was able to provide knowledge, increase self-esteem, valorization of pedagogical practice and recognition of the preceptor's role [14]. The absence of previous training, as well as during the preceptory process should be a point to be valued in order to improve the teaching-service integration and provide greater safety and preparation for preceptors.

A relevant point highlighted by this study was the overload felt by preceptors regarding the scheduling, limiting the time of dedication to students, as exemplified below:

P2 - I think they could have more gain if [I] (...) did not have such a tight schedule.... The difficulty (...) is (...) to fulfill this agenda and still (...) offer knowledge.

This overload can be explained by the hourly workload of 40 hours a week met by preceptors, which causes feelings of exhaustion during their professional performance in association with the preceptory process. A study carried out with managers and preceptors of the service, and managers, tutors and students of a university in southern Brazil revealed that the professional's high weekly workload limits his time of dedication to study and extra activities [15]. However, a study found that most preceptors, despite difficulties with scheduling and workload, were able to do their preceptory activities without overloading the service structure, but stated that their performance would improve if there was more time for dedication to preceptory activities [19].

In this research, it was verified that the teaching-learning process began with the adaptation of students and with initial evaluation by preceptors of the previous knowledge to verify their capacities and abilities to carry out educational and / or clinical activities. Usually, it began by following the routines of other sectors of the health unit, team meetings, home visits, participation in collective activities and other social spaces (schools, day cares, nursing homes, etc.).

These findings are in agreement with the study carried out with students from the ninth and tenth periods of the Dentistry course of the Federal University of Rio Grande do Sul [11]. The Family Health Strategy (FHS) is an important and broad program for the teaching practice, and

provides the student a collective, interdisciplinary and humanized experience using other collective spaces, in addition to health units.

As for the evaluation of curricular internship students and PET-Saúde, in general, preceptors believed that the form used presented adequate subsidies to reach the minimum necessary criteria. However, it was reported by some preceptors and managers that this evaluation should be carried out during the internship, giving the student and preceptor the opportunity to review and overcome aspects not reached during the current process. For the management, there was consensus that the monitoring process is insipient and fragile, as it does not present adequate assessment methods. There was also a divergence about the role of the manager in the monitoring process, according to the following reports:

P5 - The evaluation, (...) there is a check list, (...) that (...) you have to observe from the punctuality up to the presentation of the student (...), emotional skills that today are being well asked in the curriculum (...), interpersonal relationship, (...) teamwork, pro-activity, these attitudes, (...) the evaluation should be performed at the beginning (...), there is no point in making a final evaluation and not being able to improve.

M1 - We had to check what the student is doing there in the unit, (...) create a worksheet to record what he has done (...), which are the technical and learning gains (...). [There is nothing] that subsidizes us to play management.

The evaluation process and resources should involve self-assessment resources covering teachers, preceptors and students [20]. In addition, the evaluation should involve users and the entire work team. A broad process that causes critical reflection on the practice is necessary in order to capture its progress, resistances and difficulties, as well as to enable future actions [21].

Regarding the role of the manager in the process of monitoring students' practice, a study that used the Collective Subject Discourse composed of professionals, students and managers of the Family Health Units of the Recife, Brazil, that many associate the manager to the administrative work, and the management, when affirming that the student does not directly interfere in its practice, distances itself from the principles that guide the formation of both the future professional and the continuous qualification of the service professionals [22].

Preceptors also reported that there were differences between PET students and those of curricular internship, ranging from differences in weekly hours up to the internship duration, including obligation and student's interest. In relation to the internship period, it was observed that the curricular internship was considered a short period for insertion of the student in the service, since it lasts only one academic semester, which hinders the formation of a link and the observation of academic growth. In PET, this period is longer, and the student can be inserted in the service for more than one year, favoring the link and continuity of activities carried out in the internship field. These differences can be seen in the following report:

P1 - PET integrates more (...) it has a work with other disciplines, and the curriculum internship is more inside clinics. The workload does not have so much difference (...), PET is 8 weekly hours and the curricular internship, two days a week. [In] PET, the intern stays with us longer (...). In the curricular internship, it is only 6 months, I think it is too short, when they're getting used to our routine, another intern comes. In PET, time is enough to see the student grow.

Although this study did not comparatively analyze the difference of scholarship students at PET-Saúde and those concluding the Mandatory Curricular Internship, it was verified through the statements of the service professionals a difference in the development and interest in the activities proposed during the internship period. This could be explained by the student's academic profile, since the PET-Saúde student is previously selected by means of a test, curriculum and / or interview, unlike the compulsory aspect of the curricular internship and also to the financial stimulus given to PET in relation to the compulsory curricular Internship.

Thus, in the present study, the literature shows that PET-Saúde scholarship students present greater responsibility in the work process compared to volunteers (compared in the present study with students in the curricular internship), revealed by the greater participation and greater leadership position in the proposed activities, which can determine different degrees of performance among students within the same activity [22].

Contributions to Service and Users

According to interviewees, there are several contributions of the teaching-service integration, among them, we can highlight the increase in productivity of educational activities in all units and clinics in cases where the student was able to perform his skills in separate dental equipment. In addition, the presence of students can take the professional team out of their comfort zone, encouraging them to modify their practices and to qualify to meet the users' needs. This reality can be observed in the following speeches:

P2 - (...) students (...) bring a theoretical background, experiences, (...) and we have been so long out of college ... it is a kind of recycling for us. We get more curious ... we are interested, we get informed ... we study together.

P5 - (...) students help (...) not only in the clinic, but also ... the brushwork, patient guidance, health promotion, prevention.

M1 - Students qualify the care both when the preceptor reviews the practices, when they bring some initiatives, contributing to health education (...). The health institution gets new motivations, making workshops.

The implementation of the teaching-service integration is fundamental for the improvement of health services, especially Basic Care, since the service benefits from the innovations brought by students and teachers [22]. Another relevant aspect of the teaching-service integration is the opportunity to develop their critical capacity about the risks of diseases, which shows the manager the importance and necessity of a continuous and systematic oral health care program [23].

Respondents reported that the benefit to the service depends on: dedicated / interested students; adequate physical space; preceptor's commitment; planning of activities; understanding, valorization and participation of the population in the proposed activities.

The presence of students in the unit meetings has been seen as positive, as they present innovative suggestions for the practices adopted, giving an expanded view of the concept of management [22]. The responsibility of the service professional is also important in this process,

because there is no point in investing in cutting-edge technology and strategic inputs if the preceptor is not actually committed [7].

It was also evident that there are challenges to be overcome: better use of social spaces, changing the teamwork logic; institutionalization of the evaluation of the student-professional work process, so that the benefits for the service can be identified and measured; stimulation of the management for the insertion and maintenance of activities, improving the performance of Oral Health Technicians (TSB), even in the absence of students and considering their rotation each time and care so that the student's work is not linked to the absence / replacement of human resources. Some of these issues were highlighted in the following speeches:

P5 - More labor (...) for service, (...) increases (...) health promotion.

M1 - One of the great problems (...) is the rotation of students (...) so the actions do not have much continuity, (...), turnover, induces the (...) return to the initial stage, there is lack (...) of consolidation of changes, there is no incorporation in practice. [In some places] health education is being done by PET staff, so when PET is over, will health education end?

An important fact to be evaluated is the perception that the increase of labor due to the presence of students will bring improvements in the quality and number of attendances; however, it is important the understanding of service professionals that the student is present to learn and not to meet the shortage of professionals.

Another important point raised by preceptors was their inability to perceive the transformations that internships provide in their work process. In Recife, Brazil, a study verified through the statements of students, professionals and managers of Basic Health Units that the discontinuity conferred by the high turnover of students makes it difficult to consolidate changes in the work process, and that the passivity of students has little or no influence on the work routines, and, in this case, the contribution to the management may be null [22]. In this study, it is believed that the difficulty in perceiving changes in the work process is due, among other aspects, to the association of changes in the work process to the increase in the number of daily attendances.

These reported challenges were similar to those found in literature [24]. A study with health professionals [25] showed that there are no technical or political discussions regarding changes in the work process from the teaching-service integration, which is fundamental for the consolidation of innovative practices in health services, making coherent the service and the educational proposal in their political, technical and methodological dimensions. These initiatives should involve the management of health services, workers, the university and the population, requiring institutional commitment, not only isolated actors.

Interpersonal Relationships

The enrichment of student training through the development of competencies to act in the SUS care model includes relational skills [11]. A health professional should have scientific and technological knowledge, but also know and deal with the humanistic and social natures related to

the caring process. In addition, the student should be able to develop unique therapeutic projects, formulate, evaluate policies, coordinate and conduct health systems and services, develop contact with each other and encourage good relationships among people [20].

In general, both preceptors and managers reported that the student-user relationship in the internship field is established in a harmonious way. However, one manager reported that a local health councilor questioned about the presence of these students in the health unit, attributing to this fact the lack of understanding about the process of teaching-service integration. Preceptors also said that initially they were afraid about the acceptability of users in relation to students, but that they never witnessed problems. The majority reported that, in order to minimize possible imbalances, the clinical intervention of academicians was previously performed, a selection of patients according to the personality and complexity of procedures, with a view to maintaining trust, good professional-patient relationship and quality service, as evidenced in the following speech:

P2 - The user (...) accepts well the student's work (...), the exchange of information (...). It has to somehow convince him that he is having the same care (...), same quality, (...) the student has to be very safe to pass this on to the patient, and he has to feel that the student may be doing, but you're there on his side.

There were few questions about the presence of academicians within the unit by users. This passivity possibly has a relation with the biomedical model, which for years has guided the professional health-patient relationship, characterized by an imbalance in epistemological and social terms, being reserved to the patient in a role of passivity, being little predictable the formulation of criticism [26].

The experience in the first stage in a public hospital with nursing students verified a beneficial and therapeutic relationship with patients, who accepted them without problems [9]. The students also reported that the ward staff was receptive, attentive and always helpful. However, as the first contact of students with the nursing team, the relationship was timid and they were insecure in relation to the employees.

The internship field presents several possibilities for relationships, and one of the most relevant is the interinstitutional relationship, as it links the teaching institution (tutor) and the internship field (preceptor-manager), each with its responsibilities. The mentoring model, in which the work follow-up is carried out periodically by tutors, was pointed out as fragility by the preceptors of this study, because it generated in them the feeling of detachment from the university. They consider that the active and systematic participation of the tutor in the workplace would be interesting in order to strengthen relations, discuss problems and resolve doubts. One of the interviewees highlighted the following fact:

P2 - I think they [tutors] could hear from us before passing them [students], they [tutors] take the student, present them, and if they have any problems (...) they contact.

This is a challenge inherent to the recent teaching-service integration in Dentistry in this study scenario, which may be overcome from a greater understanding of the role of each one.

However, supervision is the primary responsibility of the tutor teacher [27]. It is considered that an approach should be sought between tutors and preceptors, with clarification of the role of each actor, a challenge that could also be solved through the training of preceptors and teachers. Thus, it is important that internship supervision is the subject of discussion among tutor, preceptor, manager, student, health team and user.

There was a greater difficulty in the relationship between the service actors and the university, more than with the user. A study also observed the resistance of professionals not participating in the project and communication as one of the greatest difficulties found in the teaching-service integration [28]. However, the aspect described in literature that although the health team was helpful, students were treated as apprentices and had no knowledge, besides abusing students in the daily care, which was not a problem pointed out in the present study. Other studies also point out difficulties of students in relation to integration with interns from other courses and Community Health Agents (ACS) [10,12].

The student-preceptor relationship occurs initially superficially, but usually narrows over time. Through the speeches presented, it is perceived that the student-preceptor link inevitably transcends the merely professional relationships, also developing affective relationships, as follows:

P5 - At first (...) there is no much intimacy, but it grows with the development of the internship. They are very close, (...) we spend a lot of experience (...) professional for them, (...) not only for being part of the team, (...) but to know more (...) experience of life.

P4 - I am really proud of and I support the teaching-service integration; it is interpersonal (...) relationship, young people to me is rewarding. I adopt them as if they were my children.

It is possible to observe a joint walk and the permanent evolution among teachers, SUS and internship [11], being the continuity of the process of teaching-service integration is necessary for a closer approximation of the actors involved, since the growth of both is verified as the main product of this union [22]. Thus, it is considered from the analyzed data that the relations in the context of the teaching-service integration are positive.

Professional Training

Teaching and health management institutions often carry out their activities with autonomy, with a predominance of a training model dissociated from the practice, generating a mismatch between teaching and the service demands. Therefore, for a long time, it has been verified that the profile of the performance of professionals trained in Brazil was not suitable for a work in the perspective of health as a social product for integral and equitable care [2]. In this perspective, SUS was configured as a means of learning, being fundamental for the formation of dentists with good technical, clinical and autonomy skills to face the difficulties of the profession [11].

In face of the reports of interviewees, preceptors and managers were unanimous in saying that the teaching-service integration improves the professional formation of academicians, although they still cannot measure it. The notoriety aspects of training range from knowledge of the

structuring of a basic health unit to the singularities of a micro-region with the objective of reaching the principles and guidelines recommended by SUS, according to the following speech:

M1 - It is fundamental that (...) articulation (teaching-service integration), which is a (...) constitutional orientation, (...) and has to order training for SUS. Training the way it was, was far short of the needs, (...) then this proposal of the student ... to leave the hospital-centered formation (...) was fundamental (...) to try to modify it (...) that logic (...) of training, which was not meeting the needs.

The concern with regard to the professional profile desired by the graduate in Dentistry in recent years is well known. However, there is a trend in early academic specialization, reinforced by curricular parameters based on the Flexner report [28]. With the aim of training professionals with a profile to work in the SUS, the federal government is investing in the public health sector, causing dental surgeons to direct their vision and qualification for this health care model [11]. This is because the large number of professionals was not enough to improve the oral health outcomes of the Brazilian population [29].

The supervised internship experience emerges as an activity of teaching-service integration as complementation and exchange; and should also help to identify the problems presented by reality [30]. It should include the participation of professionals of services and community in the definition of content and the orientation of works to be developed, essential for the construction of new practices [28]. In this aspect, training is, above all, the condition of permanently re-establishing professional relationships with users in a responsible and committed way [20], and the student should not serve as a complementary human resource to the service, but reflect his professional training in the light of the health system [22].

Other changes emerge in professional training by the dental work market itself, due to aspects such as low patient demand, large number of professionals and professional market crisis in Dentistry, in which the dentist with strictly technical training will have difficulties to survive [29].

Although there are stimulating programs of teaching-service integration by the Ministry of Health, integration is still incipient to verify the reach of its objectives, mainly in terms of providing benefits both for users and for improving the knowledge to academicians. The process is under construction.

P6 - I think it is important [because] (...) the University has been closed for a long time to the reality of what is happening in the SUS. They are trained with the reality of a dental office and not of public service.

M4 - Today the curriculum is better in some points, but in others (...) it is more closed. The student is trained today to make money. I have heard very few students (...) who said ... the collective health bug has stung me (...) it does not give money. The market establishes the rules. So, where it was lost (...) ? What was lost inside the university. When you have a project (...) of teaching-service integration, a project like PET. The ministry is stimulating (...) [and] I lead all my entire training to something else, is not that contradictory?

In the manager's perception, there was a contradiction between the students' vision regarding the public service and what the Ministry of Health plans, because they perceived a permanence of professional practice in the market trend. Nevertheless, the experience of Dentistry

students as close as possible to the reality of SUS means the possibility of training future professionals more human and sensitive to the Brazilian oral health [11]. The student, when participating in the internships, begins to know different work processes and perceives other opportunities to direct their professional choices. It is believed that making an internship program in SUS is a set of opportunities that add professional and life experience to Dentistry students [11].

With regard to the actions to induce professional training, the Pró-Saúde and PET-Saúde programs allow a multiprofessional and interdisciplinary view of health care, work in teaching-service partnership, tutors-preceptors of services, exchange of experiences between students of different courses and teachers-professionals of the service, on-site learning, and the possibility of scholarships for students / preceptors / tutors and the possibility of physical readjustment of some health units, among others [16,24].

The public service appears as a privileged place for the expansion of health employment, to start a professional career and to carry out professional projects. There is an opportunity to intervene on the health conditions of the population [20]. One of the challenges for the implementation of the teaching-service integration is in the character of constant evolution of the SUS and also in the curriculum of Dentistry schools [11].

Conclusion

In general, the teaching-service integration was positively perceived by the service professionals, but the presence of students was not reported as a change in the daily work process. The exchange of experiences between preceptors and students was observed, helping them to update their knowledge and improving the health care.

Regarding interpersonal relations, it was observed that users accepted in a satisfactory way the presence of students in the practice scenarios. However, there is a need for a better dialogue between preceptors, health teams, tutors, managers, students and users on the role of each in the teaching-learning process. There was also a mismatch between the perceptions of manager and preceptor regarding the monitoring of activities carried out by students in the internship.

Although there are some difficulties and weaknesses of the teaching-service integration in the view of interviewed professionals such as the lack of preparation in the beginning of the preceptory process, the work overload associated to the supervision time and the short time of the tutor's follow-up in health units, it was evident that the service and the University must work together, with integration and learning for the training of professionals committed to the social reality in which they are inserted and, thus, strengthen the SUS.

Acknowledgments

We would like to thank the Foundation for Research Support of the State of Espírito Santo (number 64807525/13) for the granting of the scientific initiation scholarship.

References

1. Brasil. Lei nº 8.080, de 19 de Setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da República Federativa do Brasil 1990; 20 de set.
2. Gil CRR, Turini B, Cabrera MAS, Kohatsu M, Orquiza SMC. Teaching, care and community interaction practice: challenges and perspectives of a teaching-learning experience in primary care. Rev Bras Educ Med 2008; 32(2):230-9. doi: 10.1590/S0100-55022008000200011.
3. Brasil. Lei nº 9.394, de 20 de Dezembro de 1996. Estabelece as diretrizes e bases da educação. Diário Oficial da República Federativa do Brasil 1996; 23 de dez.
4. Brasil. Resolução CNE/CES nº. 3, de 19/02/2002. Institui as Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Diário Oficial da República Federativa do Brasil 2002; 04 mar.
5. Senna MIB, Lima MLR. Diretrizes curriculares nacionais para o ensino de graduação em odontologia: uma análise dos artigos publicados na revista da ABENO, 2002-2006. Arq Odontol 2009; 45(1):30-6.
6. Melo TAF, Kunert GG, Limongi O, Matos AP, Gardelin VA. Dentistry Specialties Center: a qualitative evaluation in the perspective of the participant students. Stomatos 2009; 15 (29):32-7.
7. Saliba NA, Saliba O, Moimaz SAS, Garbin CAS, Arcieri RM, Lolli LF. Teaching-service integration and social impact in 50 years of public health history School of Dentistry of the "Universidade Estadual Paulista Júlio de Mesquita Filho". RGO 2009; 57(4):459-65.
8. Brasil. Portaria Interministerial nº 1.802, de 26 de agosto de 2008. Institui o Programa de Educação pelo Trabalho para a Saúde - PET - Saúde. Diário Oficial da República Federativa do Brasil 2008; 14 jan.
9. Bosquetti LS, Braga EM. Communicative reactions of nursing students regarding their first curricular internship period. Rev Esc Enferm USP 2008; 42(4):690-6. doi: 10.1590/S0080-62342008000400011.
10. Santos KT, Ferreira L, Batista RJ, Bitencourt CTF, Araújo RP, Carvalho RB. Student perceptions about the influence of internship extramural in academic dentistry. Rev Odontol UNESP 2013; 42(6):420-5. doi: 10.1590/S1807-25772013000600005.
11. Bulgarelli AF, Souza KR, Baumgarten A, Souza JM, Rosing CK, Toassi RFC. Healthcare training with experience in the National Health System: students' perceptions regarding the dentistry course at the Federal University of Rio Grande do Sul (UFRGS), Brazil. Interface Comun Saúde Educ 2014; 18(49):351-62. doi: 10.1590/1807-57622013.0583.
12. Caldas JB, Lopes ACS, Mendonça RD, Figueiredo A, Lonts JGA, Ferreira EF, Figueira TR. Students' views of the Educational Program for Health Work. Rev Bras Educ Med 2012; 36(2):33-41. doi: 10.1590/S0100-55022012000300006.
13. Botti SHO. O Papel do preceptor na formação de médicos residentes: um estudo de residências em especialidades clínicas de um hospital de ensino. [Thesis]. Rio de Janeiro: Escola Nacional de Saúde Pública Sergio Arouca.
14. Jesus JCM, Ribeiro VMB. Evaluation of the pedagogical training process of preceptors of medical internship. Rev Bras Educ Med 2012; 36(2):153-61. doi: 10.1590/S0100-55022012000400002.
15. Souza AL, Carcereri DL. Qualitative study of the teaching-service integration in an undergraduate Dentistry course. Interface Comun Saude Educ 2011; 15(39):1071-84. doi: 10.1590/S1414-32832011005000025.
16. Faé JM, Silva-Junior MF, Carvalho RB, Esposti CDD, Pacheco KTS. A integração ensino-serviço em Odontologia no Brasil. Rev ABENO 2016;16(3):8-17.
17. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011.
18. Brasil. Ministério da Saúde. Ministério da Educação. Programa Nacional de Reorientação da Formação Profissional em Saúde – Pró-Saúde: objetivos, implementação e desenvolvimento potencial. Brasília: Ministério da Saúde, 2009. 88p. (Série C. Projetos, Programas e Relatórios).
19. Lemos CLS, Fonseca SG. Knowledge and curricular practices: an analysis on a university-level healthcare course. Interface Comun Saude Educ 2009; 13 (28):57-69. doi: 10.1590/S1414-32832009000100006.
20. Carvalho YM, Ceccim RB. Formação e educação em saúde: aprendizados com a saúde coletiva. In: Campos GWS, Minayo MCS, Akerman M, Drumond-Júnior M, Carvalho YM. Tratado de saúde coletiva. Rio de Janeiro: Fiocruz, 2006. p. 149-182.
21. Becker F. Educação e construção do conhecimento. Porto Alegre: Artmed; 2001.
22. Neco HVPC, Oliveira FD, Florêncio E, Moreira AR, Valério CONS, Santos PR, Samary EGB, Antunes MBC. A integração ensino-serviço na qualificação da atenção básica. Rev Cienc Med Pernamb 2001; 7(3):35-50.

23. Aguiar ASW, Guimarães MV, Moraes RMP, Saraiva JLA. Atenção em saúde bucal em nível hospitalar: relato de experiência de integração ensino/serviço em Odontologia. *Extensio* 2010; 7(9):100-110. doi: 10.5007/1807-0221.2010v7n9p100.
24. Cavalheiro MTP, Guimarães AL. Education for the SUS and the challenges of service-learning Integration. *Cad FNEPAS* 2011; 1(1):19-27.
25. Pereira JG, Fraccolli LA. The contribution of the teaching-service integration to the implementation of the health surveillance model: educators' perspective. *Rev Latinoam Enferm* 2009; 17(2):167-73. doi: 10.1590/S0104-11692009000200005.
26. Grilo AM. Relevance of assertiveness in health care professional-patient communication. *Psicol Saude Doenças* 2012; 13(2):283-97.
27. Werneck MAF, Senna MIB, Drumond MM, Lucas SD. Not everything is supervised training: contributions for the debate. *Cienc Saude Coletiva* 2010; 15(1):221-31. doi: 10.1590/S1413-81232010000100027.
28. Mitre SM, Siqueira-Batista R, Girardi-de-Mendonça JM, Moraes-Pinto NM, Meirelles CAB, Pinto-Porto C, Moreira T, Hoffmann LMA. Active teaching-learning methodologies in health education: current debates. *Cienc Saude Coletiva* 2008; 13(Supl. 2):2133-44. doi: 10.1590/S1413-81232008000900018.
29. Lemos CLS. A implantação das diretrizes curriculares dos cursos de graduação em Odontologia no Brasil: algumas reflexões. *Rev ABENO* 2005; 5(1):80-5.
30. Werneck MAF, Lucas SD. Estágio supervisionado em odontologia: uma experiência da integração ensino/serviço de saúde bucal. *Arq Centro Estudos Fac Odontol Univ Fed Minas Gerais* 1996; 32(2):95-108.