


## MANDATORY AND SUPERVISED CURRICULAR INTERNSHIP IN PRIMARY HEALTH CARE I - MUNICIPALITY OF JABOATÃO DOS GUARARAPES, STATE OF PERNAMBUCO (PE)

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### EXPERIENCE

#### ABSTRACT

**Objective:** The objective of this experience report is to report in detail the experiences lived during the internship in Primary Health Care I, addressing what was done during this period, what was seen in each area experienced during the internship, reporting the lives of the health professionals in which the interns accompanied, showing how the USF works. **Methodology:** During the internship period, 8 visits were made to the USF, during these visits, we monitored how the vaccination and pharmacy areas work, we visited residents of the region together with a community health agent who guided us and introduced the residents and their respective homes and streets, in addition, we accompanied the dentist of the unit, which allowed the monitoring of several procedures and dental cases. **Results:** During the internship, the excellent interprofessional relationship within the unit was observed, where each health professional acts to assist and promote the other, carrying out work that depends on and relates to the different health professionals that make up the unit. **Conclusion:** Thus, it was observed that the unit receives a large flow of patients, a great demand for medicines, materials and procedures that help the patient's health, which highlighted how essential the unit is in the lives of the region's residents, the vast majority of whom regularly seek the unit in search of services that can benefit and promote health.

**Keywords:** Internship; Public Health; Public Health Education; Primary Health Care; First Level of Health Care.



# ESTÁGIO CURRICULAR OBRIGATÓRIO E SUPERVISIONADO EM ATENÇÃO PRIMÁRIA À SAÚDE I - MUNICÍPIO DE JABOATÃO DOS GUARARAPES, ESTADO DE PERNAMBUCO (PE)

## RESUMO

**Objetivo:** O objetivo deste relato de experiência é relatar detalhadamente as experiências vivenciadas durante o estágio na Atenção Primária à Saúde I, abordando o que foi feito durante esse período, o que foi visto em cada área vivenciada dentro do estágio, relatando a vida dos profissionais de saúde em que os estagiários acompanharam, mostrando como funciona a USF. **Metodologia:** Durante o período de estágio foram realizadas 8 visitas à USF, durante essas visitas, monitoramos como funciona a área de vacinação e da farmácia, visitamos moradores da região juntamente com um agente comunitário de saúde que nos orientou e apresentou os moradores e suas respectivas casas e ruas, além disso, acompanhamos o dentista da unidade, o que possibilitou o acompanhamento de diversos procedimentos e casos odontológicos. **Resultados:** Durante o estágio foi observado o ótimo relacionamento interprofissional dentro da unidade, onde cada profissional de saúde atua de forma a auxiliar e promover o outro, realizando um trabalho que depende e se relaciona com os diferentes profissionais de saúde que compõem a unidade. **Conclusão:** Dessa forma, observou-se que a unidade recebe um grande fluxo de pacientes, uma grande demanda por medicamentos, materiais e procedimentos que auxiliem a saúde do paciente, o que evidenciou o quanto unidade é essencial na vida dos moradores da região, que em sua grande maioria procuram regularmente a unidade em busca de serviços que possam beneficiar e promover a saúde.

**Palavras-chave:** Estágio; Saúde Coletiva; Educação em Saúde Pública; Atenção Primária em Saúde; Primeiro Nível de Atenção à Saúde.

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## **1. Introduction**

During the undergraduate course in dentistry, it is necessary to go through activities that will make up the curricular load so that the student can graduate, one of them is the "Mandatory and Supervised Curricular Internship in Primary Health Care I", where the dentistry student visits a USF to observe how it works, how activities and tasks are divided, the reality experienced by the population that uses this service and mainly to see what public health is like in practice. The Unified Health System (SUS) was something created and implemented that, together with the Health Reform and the fight for health rights, had many of its objectives put into practice, a democratic fight that promotes and has been promoting more and more advances in health in Brazil (Watanabe, 2007). Therefore, it is essential that Brazilian health professionals know how this system works, its struggles, positive and negative points, contributions and its reality. For these reasons, dentistry graduates are placed within the public health experience even before graduating, with the objective of training professionals who care about the collective, creating a critical and reflective perspective on it, enabling them with responsible professional and social ethics, with skills and knowledge that will help Brazilian society in general, breaking the tradition of training professionals who care only about their own social and financial life, thus establishing true citizen dentists (Moysés, 2001; Gomes de Pinho, 2006; Pereira, 2003).

Thus, this internship provides the dentistry student with an essential insight into their training, placing them in real situations and the daily lives of many people who depend on public health, giving the graduate the opportunity to go to the field, see reality up close and even contribute during this period, encouraging the development of teamwork skills, interdisciplinarity, comprehensive care for the health of patients, seeing up close the resources allocated to public health and how it actually occurs (Ferreira et al., 2009).

Thus, the internship aims to place the dentistry student in primary care, learning more about this area of care and about the SUS. Thus, the objective of this experience report is to narrate the experiences lived during the "Mandatory and Supervised Curricular Internship in Primary Health Care I", reporting what was done by health professionals during this period, how the working relationship works between the professionals who make up the unit, positive and negative points, the reality of the people who visit this unit and the unit, what difficulties experienced by these individuals and how this unit (USF) impacts the lives of the residents of the region.

## **2. Methodology**

During the internship period, 8 visits were made to the USF, where during these visits, we monitored how the vaccination and vaccination area works, we visited residents in the region, together



with a community health agent who guided us and introduced us to the residents and their respective homes and streets, and we monitored the local dentist, where we saw several procedures and dental cases. Since this work is an experience report article, Barros's work (2024) was used as a basis to guide how the approach and structure used within this work should be, guiding its development and structuring, so that the article fits within its typology. In order to enrich this experience report, searches were made for course completion, master's and doctoral theses that address the same theme and content that was presented in this work, with the aim of bringing a wealth of concrete and certified scientific basis, bringing more security to the report. In addition, searches were carried out in the following databases in order to acquire the maximum amount of relevant and current information related to the topic addressed: PUBMED Central, Web of Science, Scielo, BVS/BIREME, Brazilian Journal of Implantology and Health Sciences, PROSPERO in conjunction with Google Academy.

### **3. Results**

On 08/09/2024, the professor responsible for guiding and coordinating the internship divided the class of 28 students into 14 pairs, where each pair would have 8 visits to a USF, completing a total workload of 40 hours. The students: Pedro Guimarães Sampaio Trajano Dos Santos and Lucas Cavalcanti de Lima Felix remained as a pair during the internship.

The first day of the visit to the USF was held on September 25, 2024. On this day, we met the dentist we would accompany, the preceptor, Dr. José Henrique Álvés Sarmiento. On the first day, we got to know the unit, the pharmacy, the vaccination and blood collection site, the unit's doctor's office, the nursing room, the unit's meeting room, and the dental office of the preceptor mentioned above. After getting to know the structure of the unit, the dentist had a full day of patients where we accompanied each procedure. On that day, we were able to see the following things: First patient: Suture removal after a week, the patient had a molar extracted. Second Patient: Coronary opening, placing tricresol formalin medication, closing with interim. Third Patient: Child was received for routine care, where marks of inactive enamel caries and non-carious pigmentation in the tooth structure were seen. Fourth Patient: An extraction of tooth 17 with periapical lesion was performed (Guimarães Sampaio Trajano Dos Santos et al., 2024). Fifth Patient: restoration of a lateral incisor.

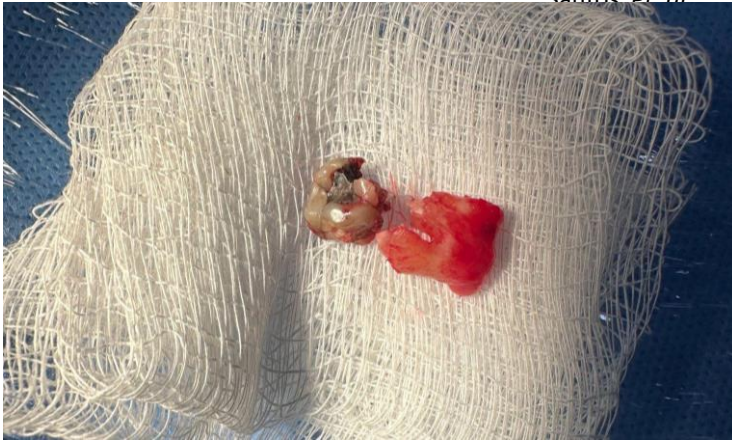


Figure 1: Tooth 17 extracted

Source: Guimarães Sampaio Trajano Dos Santos et al., 2024

The second day of the visit was on October 7, 2024, when we accompanied a community health agent, visiting two people: First Visit: We visited a new resident with the objective of collecting her data to create her new registration with the SUS, who previously lived in another municipality and had recently moved. Second Visit: We made a routine visit to an elderly couple in the region, seeing if the couple was well and if their prescriptions for the hypertension medications they take were within their validity period. After the visits, we spoke with the ACS to understand more about her work and we understood how essential it is, where patients who are treated at the unit are only treated by professionals because before the agent visited the residents, collecting their data, creating their registration with the SUS and encouraging them to visit the USF, seeing how important the ACS relationship is for the

On October 9, 2024, we accompanied the dentist where we were able to see the following situations: First Patient: Suture removal after six days, a molar had been removed last week. Second Patient: Restoration of two decayed incisors. Third Patient: A new restoration was made because the old one fell out while the patient was eating. Fourth Patient: The entire oral structure of the patient was analyzed, who complained of pain in the third molar. The presence of pericoronitis was seen and she was encouraged to seek a maxillofacial surgeon to see if it was necessary to extract the third molars. Fifth Patient: It was an emergency care where the patient was complaining of severe pain in a tooth. Medication was given to relieve the pain and a referral was made for an x-ray because she was an elderly diabetic, to have precision on how the future procedure of removing the affected tooth will be done or not.

On 10/10/2024, there were few patients, and only one patient arrived at the unit concerned about the presence of a lump on his lip. He sought out the unit concerned about his history of mouth cancer. After analyzing the entire oral cavity, it was found to be a mucocele in the lower lip. A



micromarsupialization procedure was performed, which immediately proved to be effective, reducing the lesion after it released retained saliva (Guimarães Sampaio Trajano Dos Santos *et al.*, 2024).



Figure 2: Mucocele in the lower lip

Source: Guimarães Sampaio Trajano Dos Santos *et al.*, 2024

On October 14, 2024, it was a day with many patients. The following situations were seen: First Patient: Adjustment of a prosthesis that was not fitting. Second Patient: Sanding was performed on a portion of the restoration that was shaped like a jamb, which was interfering with hygiene and serving as a deposit for food. Third Patient: Extraction of element 38. Fourth Patient: Restoration of the upper left central incisor. Fifth Patient: An anamnesis was performed on a 6-year-old child, where it was possible to see the large presence of tartar accumulated on the vestibular surface of the lower central and lateral incisors, in addition to the presence of caries in teeth 54, 53, 85, 84, 64, 65, 74, 75, where teeth 54, 84, and 74 already had cavitation. Sixth Patient: Patient complained of irritation below the prosthesis, the surgeon saw that the patient's soft palate was inflamed due to lack of hygiene of the prosthesis.

On October 16, 2024, it was a quiet day with few patients: First Patient: Restoration of an incisor and indication for extraction of a molar. Second Patient: Prophylaxis in an elderly patient. Third Patient: This patient underwent an extraction of a second molar, but one of the roots could not be removed, so suturing was done and referral was made for an x-ray to identify the reason why the root had not come out. In addition, we learn how to fill out odontograms, marking which side of which tooth has a carious lesion or not, doing this during the patient's anamnesis.



**MANDATORY AND SUPERVISED CURRICULAR INTERNSHIP IN PRIMARY HEALTH CARE I -  
MUNICIPALITY OF JABOATÃO DOS GUARARAPES, STATE OF PERNAMBUCO (PE)**

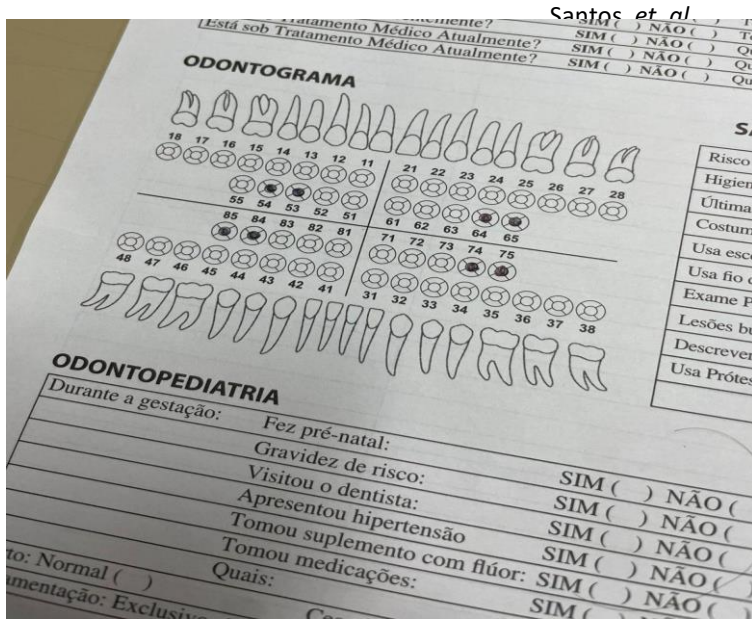


Figure 3: Odontogram

On October 21, 2024, we accompanied the nursing technician, where we were able to see the blood collection function that they perform, in addition to vaccination, blood pressure measurement, removal of stitches, dressings, home visits when the patient cannot go to the unit to have the dressings done, but which in certain cases cannot be done, due to the materials that are few in comparison to the large number of people who are served daily, causing that in certain cases there is a lack of necessary material to carry out such procedures that the nurse at the post is responsible for. In addition, we saw how the health center's pharmacy works, which houses the most diverse and varied types of medicines that are prescribed by the health center's doctor and surgeon in certain cases, or that the residents of the region already use continuously for a certain problem or condition. Thus, individuals go to the window in the pharmacy and hand over the prescription for the medicine so that the pharmacist in charge can analyze whether that particular medicine is out of stock or not in the pharmacy, so that it can then be delivered to the individual who needs that medicine.

On 10/23/2024, the last visit to the post was made, where we were able to monitor the following care: First Patient: Removal of suture from extraction performed last week. Second Patient: Extraction of a lower second molar that was already completely worn. Third Patient: Prophylaxis with fluoride was performed. Fourth Patient: Extraction of three incipient teeth, two central and one lateral. Fifth Patient: Glass ionomer was applied to a child who had 3 carious lesions.



Figure 4: Genetic variability in lateral incisor

#### 4. Discussion

During the internship, it became clear how important each function of each health professional is, where the community health agent has the role of making visits and collecting data from residents in the region, creating a registry of them so that they can later visit the USF seeking care, where the agent checks if the individuals are well, if they need a prescription for any medicine, creating a relationship of intimacy and partnership with the residents, trying to refer them to the services provided by the USF so that their health can be monitored.

Thus, the agent who is basically responsible for bringing patients to the USF, the dentist and the doctor will only have someone to assist and care for if the ACS performs its work effectively, bringing the important relationship of interprofessionality within the unit, as well as the pharmacist who will prescribe the respective medicine for the person who underwent dental treatment and needs to take an antibiotic, for example, or write the prescription for a blood pressure medicine prescribed by a doctor, as well as the nurse who will collect blood for the dentist or doctor to analyze before performing a certain procedure. This entire relationship of care and monitoring within the USF is essential and only occurs through this relationship of balance between health professionals, which will ensure that the health of patients is improved and monitored.

Due to a lack of financial resources, some residents of poor regions only have family health units as a way to meet their health needs, which has meant that a large number of individuals served are not in good health, always having problems such as high blood pressure, diabetes, sexually transmitted diseases, most of their teeth are decayed or extracted, swollen, inflamed and bleeding gums, habits that are harmful to their health and in which they often have not received instructions on how these practices are bad, among other factors that in certain cases were caused by problems linked to the SUS and the precarious public health system, which is unable to provide all the procedures and services that it should provide, causing some to be lacking, and it is precisely this part of the procedures and services that are





lacking that will be responsible for not having a positive effect on the health of an individual who is in need of care and assistance, failing to deliver the health promotion, prevention and education that residents need, harming their health in general.

However, even though the SUS is not completely effective and cannot provide all the monitoring, treatment and procedures that it should, it became clear during the internship that most patients who visit and use the health unit need that unit and its service network, where a large part of those served do not have the financial means to afford private access, people who only went to the dentist 3 or 4 times during their youth, an extremely low number but that only exists thanks to the USF, people who had illnesses or who needed procedures to be able to study and work normally and who were able to obtain these services thanks to the unit, which shows that even though the SUS is not perfect, it is essential and important in the lives of people who depend on that system to take care of their health, which highlighted the need and importance of the USF, where there are people who can only get medication for pain, get vaccinated against illnesses, monitor chronic problems and other health-related things thanks to the SUS.

## **5. Conclusion**

Thus, it was seen through the internship that the USF is something that is essential, indispensable and extremely important in the lives of the residents of the region. It does not have the best service in the world nor the best structure and network of services, however, it can provide a wide range of essential services in the lives of residents, such as: vaccination, a network of various medicines, basic equipment to support dental treatments, follow-up with doctors and dentists, as well as various types of exams that seek to analyze the state of the patient's health. The USF can indeed provide a network of procedures and services, however, it could be more effective and could receive more public investment with the aim of improving services and increasing the range of procedures that are performed, which in some cases are not enough due to the high demand of patients, which sometimes means that not everyone can have access to certain procedures due to the lack of material.

A negative point linked to the USF is the fact that the SUS system is extremely overloaded, it has many patients which causes a large part of them to wait a long time to get an appointment with a certain professional or to perform a procedure or surgery that is necessary and urgent, which causes individuals to wait a long time to receive care that can be crucial in managing their health. Thus, it is concluded that the SUS system needs to be updated and improved, more USF must be built to serve more people, making more individuals be served and wait less time to get an appointment with a health professional. In addition, it is necessary that there be more investments in the SUS, so that it can have the necessary quantity of materials, which often end up being lacking even if there is the equipment to perform the given procedure, but which only works with the necessary material and which has a low cost but is



disposable, creating the need to have several to serve several patients, but which does not happen because most of the time it ends up being lacking.

In this way, the USF has a great and important functionality in the lives of individuals who receive care from the SUS, as it is something that improves their health, through prevention, promotion and health education, but which can be improved through more investments within the SUS network, improving the platform, investing in more units, increasing the number of health professionals and delivering the amount of basic materials and supplies so that care can be carried out so that in this way, people can have their health benefited and cared for.

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**MANDATORY AND SUPERVISED CURRICULAR INTERNSHIP IN PRIMARY HEALTH CARE I -  
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Santos *et. al.*