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Original Article

From freshmen to interns: retrospective analysis of 8 semesters in the subject Integration Teaching Service and Community in the medical course

De calouros a internos: análise retrospectiva de 8 semestres na Disciplina Integração Ensino Serviço e Comunidade no curso de medicina

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ABSTRACT: This study aims to analyze the importance of the insertion of Medical students in primary care and the Unified Health System since the first periods through the discipline Integration, Teaching, Service and Community through a report of experience, approaching the experience of six students of the Medicine course of the Tiradentes University Center from the 1st to the 8th semester. As main results, it was observed that the inclusion of the Medicine student since the first period in the Basic Health Units, helps in the formation of more humanized, proactive, responsible and conscious doctors about the Unified Health System. The union of theory with practice enables a more consolidated knowledge, and this knowledge can be propagated to the community that receives them. With this, the discipline not only enables a better formation of the general practitioner, but also collaborates in the improvement of the public health network.

Keywords: Health Education; Primary health care; Unified health system

RESUMO: O presente estudo objetivou analisar a importância da inserção dos estudantes de Medicina na atenção primária e o Sistema Único de Saúde desde os primeiros períodos através da disciplina Integração, Ensino, Serviço e Comunidade por meio de um relato de experiência, abordando a vivência de seis alunos do curso de Medicina do Centro Universitário Tiradentes do 1º ao 8º semestre. Como principais resultados, foi o observado que a inclusão do estudante de Medicina desde o primeiro período nas Unidades Básicas de Saúde, auxilia na formação de médicos mais humanizados, proativos, responsáveis e conscientes acerca do Sistema Único de Saúde. A união da teoria com prática possibilita um conhecimento mais consolidado, e este conhecimento pode ser propagado para a comunidade que os acolhe. Com isso, a disciplina viabiliza não só uma melhor formação do médico generalista, mas colabora também na melhoria da rede pública de saúde.

Palavras-chave: Atenção primária à saúde; Educação em saúde; Sistema único de saúde

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INTRODUCTION

The Brazilian National Curriculum Guidelines (*Diretrizes Nacionais Curriculares*, DCN), published in 2014, established the need for articulation between knowledge, skills, and attitudes in three specific areas: health care, management and education[1,2,3,4]. In view of this, the curricular bases of Medicine undergraduate course obtained a necessary reformulation, to train health professionals more committed to integral, quality, and resolving practices[2,3,4,5].

This new change introduces the student right at the Medicine course beginning to Primary Care (PC), seeking to contribute to the formation of a general practitioner focused on the needs of the Sistema Único de Saúde (SUS)[2,5] and capable of working at different levels of health care[3,4,6,7]. In this context, at the Centro Universitário Tiradentes (UNIT), a discipline/module called "Integração Ensino Serviço e Comunidade" (IESC) was created, aiming to include and integrate academics with SUS and insert them into a community. The IESC aims to support knowledge about PC, to enable students to develop health promotion, prevention, recovery, and rehabilitation actions.

This article aims to elucidate the importance of PC in medical training at a University Center in the State of Alagoas, through the experiences of eight academic periods of Medicine in the IESC discipline/module, in addition to the dynamic's analysis of the relationships between students, teachers, professionals of health and SUS users.

METHODS

This is a descriptive study, of the experience report type, about the activities lived by Medicine course students at UNIT from the first to the eighth periods in Basic Health Units (*Unidade Básica de Saúde*, UBS) of Maceió. In this context, the UBS include: *Unidade Dr. José de Araújo Silva, Unidade Vereador Sérgio Quintella, Unidade Docente Assistencial Dr. José Lages Filho e Unidade Dr. Jorge David Nasser*. Regarding the theories about SUS and themes prevalent in clinical practice, they took place at UNIT facilities.

In this study, six UNIT medical students are involved, who are currently in the ninth undergraduate period and have a wide range of experiences, within the UBS dynamics, imposed by the IESC discipline/module.

Students experienced the opportunities of insertion in SUS proposed by IESC since the beginning of academic life. During the first eight semesters, they lived, as students and future professionals, with the challenges of solidifying in their activities the three basic pillars of IESC: early practice, immediate contact with the basic needs of the population, and the theoretical content. Therefore, for the theoretical basis of this article construction, articles from the *Biblioteca Virtual em Saúde*, PubMed and Scientific Electronic Library Online (SciELO) platforms were used, published between 2004 and 2019, only in Portuguese and English, discussing the aspects of IESC relevance in the education of future professionals and its effects on active methodologies teaching application.

As this article consists in a teaching-learning experience, there was no need to formalize the procedure through a "free and informed consent term" (TCLE) and the appreciation by a Research Ethics Committee, in accordance with Resolution 510/2016 of the Brazilian National Health Council.

RESULTS

Based on the Problem-Based Learning (PBL) methodology, the IESC discipline/module emerged in the context of the 2014' DCN, aiming to make students capable of building critical thoughts with more active participation, developing their autonomy, making them understand their individual and public responsibility in the learning process, and increasingly enriching their knowledge. This achievement occurs through proposed problems exposing him to motivating and realistic situations, which prepare them for their work field[2].

In this context, the IESC main objective in educational practice is to create possibilities for the student to learn as a citizen with an expansion of individual and collective awareness, since training without this perspective of citizenship leads the student to individualism, without the prospect of how to relate to the outside environment. This experience opportunity occurs through a partnership between the University Center and the Municipal Health Network, providing students, SUS tutors and UBS professionals the opportunity to solve Brazilian daily life problems[5].

The IESC importance is given by the opportunity of academics to practice and live with SUS, mainly by the Primary Health Care, from the first to the eighth semester of the course. It favors the development of cultural competence in various regions and improves the student dialogue forms to communicate with population diversity. In addition, this opportunity brings learning and fundamental concepts construction with the social interaction of practices in different areas, fields, and knowledge centers[2]. In view of this, IESC proposes improvements in medical training due to living with the community, increasing the capacity for clinical resolution when dealing with complex conditions and problems. However, not only the student is benefited in this scenario. Thus, as students acquire knowledge, it can be disseminated to the community that welcomes them, in the form of health education activities, an important aspect for the prevention and improvement of living conditions, of the assisted populations health, as well as for valorizing the development of patient listening and in

its contextualization[8].

Based on the elaboration of education and health activities, academics can express their ideas, sharing the responsibility of managing situations together. Such situation is favored by the small number of students in each group, aiming to make them capable of building bonds, of assuming responsibilities between them, with the community, and with the UBS. In addition, it makes them professionals with a critical-reflexive profile, with the ability to respect and understand the opinion of professional colleagues.

In the scenario of IESC practical part, the community is also favored with home visits, an activity proposed by the course guidelines, allowing greater agility, organization, and planning of health actions in favor of the community. As a result, patients bedridden or who have mobility difficulties to go to the UBS, can get care and guarantee an improvement in their life quality. Besides, that is a way to bring students closer to the assisted area reality, making them see the reality of those people. In addition, students can accompany professionals from different health areas, consisting of active participation that enables a better community challenges understanding, looking for solutions with the team, transforming the reality of daily work, and highlighting the importance of interdisciplinarity[7,8,9].

Another offered contribution relates to the unity of the practical and the theoretical parts during the first four years of the course, based on the UNIT teaching model. Thus, each semester is structured with specific themes to be seen in all disciplines, bringing synergism between them. Consequently, such synergism during the formative process allows students to learn many concepts and combine them with practice, to seek improvements for Brazilian public health. In addition, the problems seen during the visits to the UBS are placed and discussed in classroom, allowing the Public Health Network improvement through simple measures.

Following the discipline's regulation manual, after four meetings, the students must prepare a reflective document with their arguments and points of view of living during these moments, the so-called "Portfolio". The Portfolio is an innovative experience, an instrument for learning and changing students' attitudes, essential for meaningful learning and stimulating reflective thinking[10]. The document needs to be written in the rules of the Brazilian Association of Technical Standards, making it possible for academics to assign themselves to the scientific teaching-learning platform and bringing students closer to scientific methodologies[2].

In short, it is notorious to realize the IESC importance in medical training, in improving the quality of the education and public health networks. Teachers became facilitators of teaching, while the undergraduate students become the main part for their own learning, as it is necessary to have interest and participation for a better understanding. Since the course beginning, the student exercises the dialogue with the patient during field activities, learning its importance and the complexity of the relationship between medical doctor and patient, making them more humanized and empathic.

DISCUSSION

The medical course, within its traditional competences, had its knowledge based on Hospital Medicine for a long time, through specialized technological and scientific domain, for the future medical doctor' knowledge construction[11]. However, in 1978, the World Health Organization identified and recognized PC as an essential and fair way of guaranteeing the right to health for all[12], since the holistic view towards the individual and the community is its central aspect[13]. In this perspective, with the Brazilian Health Reform Movement and, later, the Organic Health Law (law nº 8,080), in which SUS principles and guidelines were sanctioned[14], associated with the indispensable demands of a Medicine focused on prevention, promotion and comprehensive care, the importance, increasingly intense, of a reformulation of medical education in the country became evident. Thus, the 2014' DCN emerged as a significant advance in the search for the reformulation of the medical technical-scientific feature for a new understanding of the biopolitical-social context of health.

In view of this scenario, UNIT's pedagogical project was developed to consider and enhance medical training through experience in PC since the beginning of the medical course. Thus, it integrated in its curricular matrix the PBL methodology and IESC discipline/module, that articulate the theory seen since the first academic period within the classroom, with the weekly experience in a UBS. The central objective of IESC is, therefore, to provide students the opportunity to develop a personal and empathic relationship with patients, to perceive the psychological character of the health-disease process, as well as the environment influence and impacts on individuals health[11], and, simultaneously, promote integration with a health services team.

The discipline/module is organized to cover all different areas of health experienced in the PC in each period of the course, in a systematic way, so that the main pathologies, comorbidities and most prevalent circumstances are known and understood by the students during the first four years of the medical course. Thus, in the first academic period, facing the insertion and challenges in this context, there is the first contact with what health and SUS are, through their history, their universal and egalitarian principles and guidelines[15,16]. The IESC general objective for first-time students is to make possible the contact with health care activities in the community, making them aware of the UBS routine, the dynamics of

Family Health Strategy work development, to show how the meeting needs of its coverage area are being structured, and to show organization models of social control.

Due to the current scenario, in which Chronic Noncommunicable Diseases (*Doenças Crônicas não Transmissíveis* - DCNT) are the biggest global health problem, with high mortality rates, physical limitations and life quality loss, which economically impacts the society[17,18], the students of the second period experience this approach in practice. Consequently, there is a study of DCNTs surveillance essential components: risk factors monitoring, to identify social, environmental, and economic conditions, morbidity and mortality, and the evaluation of health care and health promotion actions[19]. In this scenario, supervised care is provided to these patients, especially those hypertensive and diabetic, thus allowing to understand the demographic and epidemiological transition reflex experienced by the country with the DCNTs increase.

To guarantee the rights of children and adolescents to health is to commit to the development of society and its future. In this context, according to Samico et al.[20], child health care represents a priority field within the population health care. Therefore, in the third semester, undergraduates experience contact with pediatrics in the context of PC through the seven strategic axes of the National Policy for Comprehensive Child Health Care: humanized care during pregnancy, childbirth, birth, and to newborn; care for breastfeeding and complementary food; monitoring growth and integral development; care for children with chronic diseases and prevalent diseases in childhood; comprehensive care for children in violence situations; health care for vulnerable or disabled children; and the surveillance and prevention of infant, fetal and maternal death[21]. Thus, at the end of the third semester, students can understand the need for comprehensive care, so that children's rights can be recognized and guaranteed through health promotion, strengthening of PC and reducing the still high rates of maternal and child morbidity and mortality in Brazil[22,23,24].

As already mentioned, health permeates cultural, social, and historical aspects. In this context, considering historical inequalities between men and women, in which gender is an important constituent component of relationships as it delimits their roles within society, the forms of power and distinct patterns of suffering and illness, health and care must be considered taking these issues[25,26]. In the fourth period, therefore, students experience Women's Health theme. Thus, academics learn to consider gender and its particularities, integrality and health promotion as welcoming perspectives and witness in practice the need for a focus on sexual and reproductive rights, under the guidance of the different dimensions of human rights and issues related to citizenship. In addition, they include in their care respect for regional, sexual, ethnic, religious, and cultural diversity, so that there is an adequate reception for all women to promote the improvement of their living conditions, equality and rights[27,28]. At this moment, topics such as prenatal, puerperium and breastfeeding, reproductive planning, climacteric and care for women in situations of domestic and sexual violence are included.

Fifth period students focus their attention mainly on compulsory notification infectious diseases (tuberculosis, viral hepatitis, leprosy, leptospirosis, rubella, measles and sexually transmitted infections[29]), thus guiding the epidemiological profile of the registered community, to intensify health care public policies. In addition, there is a focus on the epidemiological aspects of chronic pain, its clinical characteristics, patients monitoring and management by the UBS, due to its high prevalence and negative impacts on life quality[30]. Thus, through the proposal provided by the Academy, students impact positively, allowing the control of injuries and reducing the incidence of these diseases.

In the face of the Psychiatric Reform, with the change from previously hospital-centered relationships to new care and reception of people identified as crazy in several points of SUS[31], the Psychosocial Care Network (*Rede de Atenção Psicossocial*, RAPS) in Mental Health care was established and validated. In this context, the sixth period of the UNIT Medicine course comprises this contact with RAPS service, such as the Psychosocial Care Centers, psychiatric emergencies, therapeutic residences, and the role of the PC as a gateway to the system[32,33]. In this period, it is extremely necessary to reformulate what mental health is and its connection with living in society, so that psychological suffering is approached and welcomed by all health professionals, and the individual's feelings go through a process of listen and support. Thus, the education and practical experience of assistance and care in mental health is essential for the training of general practitioners, so that they can hear and accept the feelings, the different types of psychological suffering and promote a PC differentiated look.

As a seventh period academic, the student understands the context of disorders of the locomotor, orthopedic and neurological apparatus that affects most SUS users, allying in an integrated way with other disciplines of the curriculum matrix, always relating theory to practice. These academics are part of the neurological and respiratory rehabilitation services that guide SUS principles and guidelines. In addition, they know and understand what Social Security is and all its benefits pertinent to each scenario.

At last, the eighth-period student has enough ability to affirm the structuring and strategic character that primary health care can and must have in the constitution of care networks in SUS. In addition, it becomes necessary to conceive the importance of multiprofessional and interdisciplinary teamwork, based on empathy and other inherent attitudes for a SUS professional.

Unlike the other disciplines/modules of the medical course, which have specific units, IESC is a transversal module that cuts across all the others and is developed throughout the school semester. Thus, it becomes imperative, in the formation of the future professional, to know and understand this reality, so that he/she can competently deal with the challenges that are thrown at him/her.

Therefore, it is possible to confirm the importance of the PBL-proposed pedagogical project, with the insertion of the future professional in the collective health scenario since the first academic period, experiencing intensely all the scenarios addressed in the context of PC. Through the student insertion in the UBS, in parallel with the benefits provided by the Department of Health, both the student is benefited from the perspective of better academic training with altruistic bases, and the system-assisted community, that receives interventions and improvements for experiencing a scenario responsive and directed to social ills.

CONCLUSION

It is noteworthy the perception of the academic evolutionary potential in an early context of contact with the reality of PC during the initial four years of the medical course. In this context, it is worth mentioning that the student is inserted in a community, following their dynamics of care and actions, knowing the needs of most of the population, and visualizing the differences between the SUS model in theory and in practice. Thus, such early insertion may ease the development of not only the sense of reality regarding the situation of so many Brazilians, but also the proactivity to change the precarious conditions within the context of Public Health.

In this perspective, the feeling of empathy inevitably grows in these students, as it is so essential and scarce in current medical practice. Thus, the IESC, through the Family Health Strategy, provides the student with the opportunity to approach each patient in a holistic way. Therefore, not only patient and his illness are known, but a human being who lives in certain conditions, who goes through social challenges in different aspects. Finally, it is possible to conclude that this experience in the initial four years of the course can be an opportunity to encourage the construction of better doctors, laying humanitarian bases in the student's lives inside and outside the limits of the university, and providing a good experience for both last years of the course and for professional performance in the future.

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