# Educational opportunities for reflective practice

Espaços educacionais para práticas reflexivas

Cláudia Christianne Barros de Melo MEDEIROS¹ Maria do Socorro Costa Feitosa ALVES¹ Antônio MEDEIROS JÚNIOR² Mônica Karina Santos REIS¹ Lucas José de Azevedo SILVA¹ Matheus Dantas TERTULINO¹

## **ABSTRACT**

#### Objective

This paper aims to identify, during the educational process, the development of the ability to work in multidisciplinary team, during regular or electives disciplines, in the view of students.

#### Methods

This is a descriptive study that used the procedure collects a semi-structured questionnaire directed to graduates of the School of Dentistry, Federal University of Rio Grande do Norte. The data were evaluated based on descriptive statistics.

#### Results

The results indicate that interactions with the community in real-world scenarios, in the construction of everyday experiences and significant help in the reflective learning process.

#### Conclusion

These practices are found in the Health and Citizenship discipline (SACI). It is an activity performed since 2000.2 and integrates actions of teaching, research and extension, based on dialogue between traditional and systematized knowledge, equally important in the relationship between education, health and citizenship.

Indexing terms: Education dental. Health personnel. Teaching.

#### **RESUMO**

#### Obietivo

Identificar durante o processo de formação as disciplinas regulares ou optativas que possibilitam o desenvolvimento da habilidade para o trabalho em equipe multiprofissional, na visão dos alunos.

#### Métodos

Trata-se de um estudo descritivo, que utilizou como procedimento de coleta um questionário semiestruturado direcionado aos concluintes do Curso de Odontologia de uma Universidade Federal do Rio Grande do Norte. Os dados foram avaliados baseados na análise estatística descritiva.

#### Resultados

Os resultados apontam que as interações com a comunidade em cenários reais, na construção de cotidianos e vivências significativas, auxiliam no processo de aprendizagem reflexiva.

#### Conclusão

Estas práticas são constatadas na Disciplina Saúde e Cidadania, uma atividade realizada desde o ano 2000/ 2º semestre e integra ações de ensino, pesquisa e extensão, com bases fundamentadas no diálogo entre os saberes sistematizado e tradicional, igualmente importantes na relação entre educação, saúde e cidadania.

Termos de indexação: Educação em Odontologia. Pessoal da saúde. Ensino.

<sup>&</sup>lt;sup>1</sup> Universidade Federal do Rio Grande do Norte, Departamento de Odontologia. Avenida Senador Salgado Filho, 1787, Lagoa Nova, Natal, RN, Brasil. CEP 59056-000. Correspondência para / Correspondence to: CCBM MEDEIROS. Email: <claudia\_chmm@hotmail.com>.

<sup>&</sup>lt;sup>2</sup>Universidade Federal do Rio Grande do Norte, Departamento de Saúde Coletiva. Natal, RN, Brasil.

## **INTRODUCTION**

The Education Guidelines and Bases Law (LDB) define and regulate Brazilian education system based on Constitution. It is cited initially in Constitution of 1934, and then multiple versions, however only with current Education Guidelines and Bases Law (Law 9,394/96) arise the National Curriculum Guidelines (DCN) that present the each professional education area, the bases to the professional practice, profile, general and specifics habilities and competencies to be achieved. Futhermore, to indicate the necessity of Curriculum adjustments for education most critical, reflexive and active as necessary to answer the necessities of Brazilian Unified Health System (SUS) and to the current labor Market.

According to Cavalcanti et al.<sup>1</sup>, the implantation of Brazilian Unified Health System directed the Brazilian public health to preventive, humanized and integral actions. New health practices require new practices in professional education.

Thus, the advancements in management process of health system has reconfiguring actively to necessities of models education, with a focus on theirs principles, presuppositions, methodological and conceptual definitions of educational programs. Since their advent, Brazilian Unified Health System has already indicated to possible difficulties in elaboration of a new health care model, among them the issue of management and formation of workforce.

Nevertheless, regarding development of public politics in Brazil, both Brazilian Unified Health System as National Curriculum Guidelines for degree courses of health area invest in humanization of services, what justified revitalizing the Pedagogical Project<sup>2</sup> (PP).

Thus, pedagogical actions that occur in classes, places of teaching-learning integration and continuous education arise like intermediary importance in development of public politics, then the multiprofessional work also bring out more this necessity. In this way, the universities, while social institutions, has being pressured for changes on educational process and relation with the society, configuring the new organizational methods of health work process and to requirements to profile of new professionals. Valente & Viana³ affirm that the objective of Higher Education Institutions (IES) is to prepare professionals able to facing of constant transformations of contemporary world, with reflexive and critical capacity for to construct new knowledge based on society necessities and without leaving to ignore the ethical and human sense.

In health area, the proposals of reorientation to assistance model are essential in front of current sanitary necessity and challenges impose by society. Subjects as this appearance in IES, in trying to seek responses and to delineate ways to facing these demands, configuring Pedagogical Projectfocused to professional education most committed with technical and scientific excellence and control of health problems diversified, for example: infectious, parasitic, chronicle and degenerative diseases, furthermore of increase of health problems related to external causes. In this perspective, a formation based in practice of reflection happen before, during and after the act to educate.

Thereby, during the formation cannot be denied the ideological and corporative component that will permeate the professional life of each individual and futures members of health team. According to Silveira et al.<sup>4</sup>, the team work must be integrator and interdisciplinary type, where occur the exchange of knowledge for a possible effectuation of Brazilian Unified Health System.

Thus, production of interdisciplinary and multiprofessional knowledge becomes a challenge for transformation of attitudes and actions with new world perspective grounded in shared work process. It requires professionals with critical education, above all, reflecting while to their relation with society that involves agreement, responsibility, empathy, ability for taking decisions, communication and management of efficient form<sup>5</sup>.

Interdisciplinarity doesn't imply in elimination of disciplines, but to make them communicative among themselves. This way, active and groundbreaking methodologies are imperative in this context and Fagundes affirm that changes and realization must be regulated for a active and reflexive participation and for a collaboration developed for all involved in process<sup>6</sup>.

The overcoming of barriers existing in traditional education is a theme that has being approached in researches, surveys about educational proposal of Dentistry course, beyond of forum, congress, workshops and conferences, among others. However, the current work world requires a new professional profile that be technically prepared, but also be conscious and ethical in interaction with society<sup>7</sup>. Then, it is expected that Higher Education Institutions link the education to health system incorporating innovations in knowledge production and work processes able of add access, integral care and quality in facing of health problems.

Underlying the same reasoning line, Fernandes et al.8 highlight that in multiprofessional teams the workers

need both adaptation as sensibility about the importance of to develop the work in team.

Therefore, the professional education has an important role in face this demand to propose educational methodologies that search to reflect organization of work in team for attention and care qualified. Thus, it is must analyze and contextualize such aspects, then there are different forms of approximation to educative phenomenon and this can be seen reductionist way.

The National Curriculum Guidelines are light to affirm that the Higher Education make itself in continuous, autonomous and permanent process with a solid basic formation and professional education based in theoretical and practical competency observed, flexible Curriculum, autonomy and liberty of Higher Education Institutions for innovate theirs Pedagogical Project, for to attend the continuous and emergent changes, for whose challenge, the undergraduate student will be able<sup>5</sup>.

In this way, the National Institute of Educational Studies and Survey Anísio Teixeira (INEP) defines too the necessity of minimum Curriculum that must be required in form of compulsory discipline constituent of full Curriculum as predicted in law, besides classes frequency and learning available. Already the optional disciplines arise as complementary manner and are free choice of students.

The supervised internship present themselves as an assembly of activities related to social/professional and educational/pedagogical setting that provide to student real situations of life and work. The law 11,788 presents § 1° Compulsory internship is that defined as such in course project, whose hour load is requirement to approval and acquisition of diploma<sup>9</sup>.

It presents different organizational and pedagogical characteristics, because it is the moment that the knowledge acquired in compulsory disciplines is required in the form of abilities and competences in real exercise of work in view of their specificities.

The impact in professional education is more representative when the internships occur in health public services, interaction with others professionals and experience of all its complexity, then closer to the real and provides meaningful learning monitored and evaluated constantly<sup>10</sup>.

This study searched identify and analyze, during educational process, the regular and optative disciplines or compulsory internships that seek to develop competencies and abilities to work in multiprofessional team in health system.

## **METHODS**

This research was approved by Survey Ethics Committee of Federal University of Rio Grande do Norte under protocol number 285/2011. It is a descriptive study that used as data collect a semi-structured questionnaire containing open and closed questions, applied to undergraduate of last period of Dentistry of Federal University of Rio Grande do Norte. Furthermore, detailed lecture and content analyses<sup>11</sup> of following documents: Pedagogical Project (PP) and Course Plans (CP) of all disciplines and the Institutional Pedagogical Project (IPP).

The Pedagogical Project and Course Plans of all disciplines was solicited to course coordination and analyzed in order to complement the information obtained by questionnaire. As inclusion criterion just used the Course Plans of disciplines that appeared as result of questionnaire.

The respondents was 32 volunteers. This number correspond to 100% of undergraduate registered regularly in last period, by occasion of data collect occurred in 2012.1.

### **RESULTS**

The results point to four distinctive stages highlighted by undergraduate during educational process, under professor control with insertion of educational practices in health services. These four stages was configured when the students the following questions: Was there the opportunity to realize work in multiprofessional team during the degree? The answers presented a percentage of 92% to yes and 8% to no. Which educational activities? In this question appeared: Primary Attention e supervised internship in University Hospitals and Hospital Complex. In results the Health and Citizenship discipline (SACI) appears by 19 times, then of Integrated Tutorial Programme (POTI), Supervised Internships in Training Rural University Center and Community Action (CRUTAC) and Supervised Internship in Oral and Maxillofacial Traumatology, all with nine appearances.

The search and taking of curricular strategies available to prepare the undergraduate for the contradictions inherent the applicability of technical and scientific knowledge in social world, other question was proposed: What must abilities be explored during the degree for there is a reflexive education? We highlight as result interaction with society perceived like essential element to understanding of public health concepts,

structural politics and practices health under responsibility of Family Health Center (UBS).

Figure 1 (below) shows the percentage according to answers assigned by students.

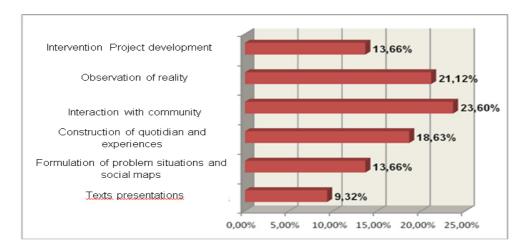


Figure 1. Skills that promote a reflective formation.

## **DISCUSSION**

Analyzing the first question the majority of undergraduate perceives the effectiveness of proposed of interdisciplinary and multiprofessional work as present during education and the others unawares this moment by to be applied as optative discipline. Revealing that work in team integrates the ensemble of necessities observed by course coordination. However, when asked about in what moment of degree occurs the development this ability they answered to question: Which educational activities? Like was already seen and classified as four stages.

In stages 1 and 2, where are studying the Health and Citizenship discipline and Integrated Tutorial Programme disciplines, seek to develop competencies and abilities to work in multiprofessional team, guided by pedagogical principles of Critical School, in democratic acquaintanceship with diversity of interest occurred of study and problematization of health practices, developed with families, schools, daycare centers, community associations, social and educational organizations and local social moviments.

While in stages 3 and 4 was developed in University Center and Community Action and Supervised Internship in Oral and Maxillofacial Traumatology, respectively. These stages must be structured in distinctive formats by threat themselves of internships, nevertheless pursuant document analyzed, its arrangements found themselves similar other disciplines presenting traditional

methodologies and available. In stage 3, it is ascertained the description of actions and preventive procedures and restorative surgery realized in dentistry offices into or out of Hospital in Trairi region. The stage 4 emphasize specific services of politraumatized patients with dental, mouth, maxilla and jaw injuries.

The main objective of internships, according to National Curriculum Guidelines<sup>5</sup>, are promote the interface education/service and expand relation of Higher Education Institutions with society and putting the undergraduate in contact with many realities and providing a critical and reflexive vision of world work. However, the documents analyzed bring succinct form the description of methods and technics educational used in this step of degree and do not show with clarity its reals intentions.

It is perceived that there was a detachment of what is considered by students as being a process of reflexive actions. For them, interaction with community mediated by observation of reality, the realization of exploratory walks, the discussion and argument about choice of health problems identified for elaboration of intervention project in real scenarios, as the meaningful experiences daily of Family Health Center sue the learning process centered in reflexion.

In this context in its plan, the SACI<sup>12</sup> suggest a education of undergraduate focused for the integration among the health professions and its interfaces, approximating the borders of knowledge where these

professions, more and more, presented themselves as dependent of other, in facing of current health problems. In POTI, developed in UBS in Natal, has as aim the understanding of dynamic of health services, Family Health Strategy (FHS), territorialisation, description and mapping areas, action at home, notification and register of information, as well as the activities of epidemiologic investigations relevant in Primary Attention<sup>13</sup>.

Supervised internships and Supervised Internship is Oral and Maxillofacial Traumatology<sup>14</sup> present as abilities and competencies "to understand the relevance of dentist as constituent of multidisciplinary and multiprofessional team" and the CRUTAC<sup>15</sup> has as aim educate a "professional with vision enlarged of psychosocial importance of Dentistry in support and recovery of Oral Health through the integration and contextualization of knowledge acquired in disciplines of the Department with reality found" but, do not find clarity on the development of abilities for multiprofessional work, or how are realized activities promoting of reflexive actions, which shows the little opportunity for an integrated multiprofessional work with other approaches.

The most activity cited was Health and Citizenship discipline (optative discipline) as educational opportunities to development of abilities for multiprofessional work, then the Integrated Tutorial Programme (optative discipline). While the Supervised Internships (regular disciplines) present themselves in low priority and can themselves observe that this focus is few worked in learning process.

Therefore, the concretion of multiprofessional work demands beyond theoretical classes, extramural activities in scenarios of real or simulated practices, then so the students will be prepared to professional life achieving greater experience with the society, dialoguing with other professions in search of multiprofessional performance resolutive.

Although efforts to break with paradigm of biomedical model, become a laborious assignement<sup>16</sup>. That signify to incorporate to educational process the real necessities of health and epidemiological profile of population. Since, the educational process, that exceed the borders of traditional pedagogy stimulates the creativity/ action-evaluation linked to health problems, will be closer of educate critical and reflexive professionals, exceeding technical vision, acting e contributing for common well. Lima and Souza affirm to be the man able to create and improve services along the years<sup>17</sup>.

Then, to seek improvements in the educational process that to search critical vision in a perspective of

ethical humanization is of radical necessity. This kind of academic education stimulates social sensitivity necessary to the health professional, enables work in team, organization of intersectoral actions and the realization of interdisciplinary practices in primary care, indispensable in addressing the health problems of Brazilian society<sup>18</sup>.

Therefore, the transformation of the education in dentistry is complex and requires change of conceptions on health, education, educational practices and the relationship of these subjects and teaching staff with the community and with other professionals. For this purpose, a generalist, humanist, critical and reflective education needs of teaching staff's qualification and continuous updating (technical, educational and pedagogical).

According to the syllabus of SACI<sup>12</sup> discipline, its proposal is to make the integration of basic education with vocational education, theory and practice. It offer at the beginning of course experiences with the community, didactically structured in arch of problematization method<sup>19</sup> that promote abilities on field of humanities and social sciences and the breakthrough of critical and reflexive professional, primary criterion for professional health modern, thus becoming, while educational activity permeated by contradictions in the real world, essential for the formation of future surgeons.

Oliveira & Koifman<sup>20</sup> claim that from the new understandings about the concept of health with changes based on policies that point to new methodological models stimulating active learning.

An education focused only in teacher unilateralism - student reduces reflective possibilities of action, it is necessary in this regard a more flexible curriculum that puts the classroom as a starting point, added to other possibilities of learning, which sees the population's real needs, there may be indeed a positive learning.

According to Anjos & Duarte<sup>16</sup> the new trends require a look that surpass the biological aspects and have the subject - individual or collective - as focus of actions, and recovery of limit of uniprofessional action in care act.

Integrality and individual as the center of actions need of multiprofessional teams in resolve of problems, in this way must be stimulate the work in team that benefit the dialogue and the definition collective of actions in health. In this respect, it is in educational process that abilities to the acknowledgment of knowledge multiples themselves constitute; so being pedagogical practices diversified must be undertaken. According to Saliba et al.<sup>21</sup>, after of agreement of inversion of assistance model, this must contemplated in change in professional education.

Through interaction with ESF that has potential of change to the biologicist model the undergraduate have the possibility to enhance the understanding of health-disease-care process<sup>4</sup> and add quality to social relations. It is this interaction that citizenship issues arise with most approach where there is knowledge confluence and undergraduates will establish their social role, starting of reflexion.

When we analyze together the responses obtained, we perceive that there is the completion in the construction of daily and experiences and community interaction. In addition, the observation of reality, if related to multiprofissionalism, occurs continuously in development of the Health and Citizenship discipline discipline, presented in the Course Plans and guided by Pedagogical Project.

It is perceived the lack of clarity in Course Plans of the University Center and Community Action and Supervised Internship in Oral and Maxillofacial Traumatology in the analyzed documents. However, it makes us consider that the emphasis the professional team in dentistry is more evident because both declared theoretical options and overt practices are put focus on teacher figure and a narrower team. In the traditional approach found in these two documents it is clear the traditional way of teaching that is characterized by the concept of education/training with product ready, because the goals to be achieved are already pre-established with an upright in the teacher-student relationship. It is known that the essential domain of clinical aspects, but the National Curriculum Guidelinespoint to a training that emphasizes general competencies and form for political, economic, cultural and social aspects of its work, focusing on health promotion in its full sense.

We are not here to disregard the technical need required in the education in dentistry and present in the curriculum of supervised internships, but in trying to contextualize them in the educational process required in current world which need a professional prepared to know to be and know make of ethical, critical, reflective way.

Silveira et al.<sup>4</sup> said that oral health, also has a "incipient praxis" in expanded clinical perspective, with actions about cause of the manifestations of diseases, not disregarding the importance of scientific technical development, but collective practices need to be achieve in order to provide the health of populations.

In this sense, we perceive that the articulated multidisciplinary approach and "complex: woven together"

is summarized a few moments in the educational process, getting the Health and Citizenship discipline discipline as the main responsible for this development, but going at the beginning of the degree and with work load of 60h, away from your aim of other disciplines, which escapes the guidance of Pedagogical Project and National Curriculum Guidelines.

## **CONCLUSION**

Currently, the health necessities of majority of the population requires training of generalist, ethical and humanist professionals with versatility and technical and scientific knowledge, critical, and prepared to take care the social necessities, with an emphasis on Brazilian Unified Health System, ensuring the attention integrality, quality and humanization of care. Such discussion should focus the various moments of learning in the educational spaces so that they can minimize distortions in the understanding of students about the scope of the causes of health problems present in society.

In the interaction with the community found in the following educational spaces Health and Citizenship discipline and POTI, it is experienced the dialogue between the work, education and contact with users of the local health system. It is in them that citizens' questions arise with more approach, where there is a confluence of knowledge and undergraduate will understanding their social roles, from the reflection on the actions and interdisciplinary and multiprofessional practices.

This praxis becomes a characteristic of radical importance for a competent education in the light of an agile, dynamic and complex relation, which provides dialogue between professional and people with health problems in real time, even favoring the contact with other professionals and promoting interdisciplinarity and the multiprofissionalism.

In recent years, the perspective of technical knowledge incorporated into other dimensions, among which stands out the political and social dimension and the emphasis on educational activities that arouse a critical awareness are identified by students as being crucial during educational process.

Despite the limitations of this study to the understanding of professional education in health, providing for the indivisibility of teaching, research and extension at graduation, we observe evidence of conservative conceptions regarding the teaching-learning

process, just encouraging the participation of students as agents critics indispensable to the transformation of Brazilian society.

The Pedagogical Project present orientations guided by National Curriculum Guidelines, but must be used as a document that guides and incorporates the Course Plans of all disciplines, proposing innovations and active methods of teaching and development of educational practices with citizen attitudes combined with traditional practices, for a true emancipatory act jutting during and after educational process. Furthermore, contemplating the general competencies provided by National Curriculum Guidelines and much needed recognition of Brazilian Unified Health System as a socially relevant system, as seen in the Course Plans of SACI.

## **REFERÊNCES**

- Cavalcanti YW, Cartaxo RO, Padilha WWN. Educação odontológica e sistema de saúde brasileiro: práticas e percepções de estudantes de graduação. Arq Cent Est Curso Odontol Univ Fed Minas Gerais. 2010;46(4):224-31.
- Bulgarelli FB, Souza KR, Baumgarten A, Souza JM, Rosing CK, Toassi RFC. Formação em saúde com vivência no Sistema Único de Saúde (SUS): percepções de estudantes do curso de Odontologia da Universidade Federal do Rio Grande do Sul (UFRGS), Brasil. Interface Comun Saúde Educ. 2013;18(49); 351-362. doi: 10.1590/1807-57622013.0583
- 3. Valente GSC, Viana LO. Da formação por competências à prática docente reflexiva. Rev Iberoam Educ. 2009;10(48):7.
- Silveira F, Mishima SM, Matumoto S, Fortuna CM, Bistafa MJ, Bregagnolo JC, et al. Interação de saberes para articulação de ações de saúde bucal coletiva: cartografia de uma equipe de Saúde da Família. Ciênc Saúde Coletiva. 2014;19(12):4879-4888. doi: 10.1590/1413-812320141912.20012013
- Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES, 3 de abril de 2002. Institui diretrizes curriculares nacionais do curso de graduação em odontologia. Diário Oficial da União, Brasília, DF, 4 de mar. 2002. Seção 1, p. 10.
- Fagundes LGS. Abordagens inovadoras em educação em saúde na perspectiva da promoção da saúde: visão do profissional enfermeiro. Rev APS. 2011;14(3):336-342.
- Pinheiro FMC, Nóbrega-Therrien SM, Almeida MEL, Almeida MI. A formação do cirurgião-dentista no Brasil: contribuições de estudos para a prática da profissão. RGO, Rev Gaúch Odontol. 2009;57(1):99-106.
- 8. Fernandes HN, Thofehrn MB, Porto AR, Amestoy SC, Jacondino MB, Soares RM. Relacionamento interpessoal no trabalho da equipe multiprofissional de uma unidade de saúde da família. Rev Pesqui Cuid Fundam (Online). 2015;7(1):1915-26.

Therefore, this course of dentistry, faces a major challenge, expand the curricular reform and adapt all disciplines to innovative teaching strategies and above all motivate the teaching and learning in the permanent quest for articulation to the world of work and compliance with public politics that guide the inter-institutional and social change.

## **Collaborators**

CCBM MEDEIROS, MSCF ALVES, A MEDEIROS JÚNIOR, MKS REIS, LJA SILVA and MD TERTULINO conducted the research, collected, analyzed, discussed the data and participated in writing the article.

- 9. Brasil. Lei n. 11.788, de 25 de setembro de 2008. Dispõe sobre o estágio de estudantes; altera a redação do art. 428 da Consolidação das Leis do Trabalho CLT, aprovada pelo Decreto-Lei no 5.452, de 1o de maio de 1943, e a Lei no 9.394, de 20 de dezembro de 1996; revoga as Leis nos 6.494, de 7 de dezembro de 1977, e 8.859, de 23 de março de 1994, o parágrafo único do art. 82 da Lei no 9.394, de 20 de dezembro de 1996, e o art. 60 da Medida Provisória no 2.164-41, de 24 de agosto de 2001; e dá outras providências [citado 2014 Set 10]. Disponível em: <a href="http://www.planalto.gov.br/ccivil\_03/\_ato2007-2010/2008/lei/11788.htm">http://www.planalto.gov.br/ccivil\_03/\_ato2007-2010/2008/lei/11788.htm</a>.
- Werneck MAF, Senna MIB, Drumond MM, Lucas SD. Nem tudo é estágio: contribuições para o debate. Ciênc Saúde Coletiva. 2010;15(1):221-31. doi: 10.1590/S1413-81232010000100027.
- 11. Bardin L. Analise de conteúdo. São Paulo: Edições 70; 2011.
- 12. Universidade Federal do Rio Grande do Norte. Centro de Ciências da Saúde. Departamento de Saúde Coletiva. Programa de ensino: disciplina saúde e cidadania. Natal: Universidade Federal do Rio Grande do Norte; 2010.
- 13. Universidade Federal do Rio Grande do Norte. Centro de Ciências da Saúde. Departamento de Saúde Coletiva. Programa de orientação tutorial para o trabalho integrado em saúde Poti. Natal: Universidade Federal do Rio Grande do Norte; 2010.
- 14. Universidade Federal do Rio Grande do Norte. Centro de Ciências da Saúde. Departamento de Odontologia. Plano de ensino: disciplina do estágio supervisionado a traumatologia buco-maxilo-facial. Natal: Universidade Federal do Rio Grande do Norte; 2010.
- 15. Universidade Federal do Rio Grande do Norte. Centro de Ciências da Saúde. Departamento de Odontologia. Plano de Curso: disciplina de estágio Supervisionado CRUTAC. Natal: Universidade Federal do Rio Grande do Norte; 2010.
- Anjos TC, Duarte ACGO. A Educação física e a estratégia de saúde da família: formação e atuação profissional. Physis: Rev Saúde Coletiva 2009;19(4):1127-44. doi: 10.1590/S0103-73312009000400012.

- 17. Lima ENA, Souza ECF. Percepção sobre ética e humanização na formação odontológica. RGO, Rev Gaúch Odontol. 2010;58(2):231-8.
- Medeiros Junior A, Libealino FN, Costa NDL. Caminhos da tutoria e aprendizagem em saúde e cidadania. Natal: EDUFRN; 2011.
- Brandão ERM, Rocha SV, Silva SS. Práticas de Integração Ensino-Serviço comunidade: reorientando a formação médica. Rev Bras Educ Méd. 2013;37 (4):573-577. doi: 10.1590/S0100-55022013000400013
- Oliveira GS, Koifman L. Uma reflexão sobre os múltiplos sentidos da docência em saúde. Interface Comun Saúde

- Educ. 2013;17(44):211-8, 2013. doi: 10.1590/S1414-32832013000100017
- 21. Saliba NA, Saliba O, Moimaz SAS, Garbin CAS, Arcieri RM, Lolli LF. Integração ensino-serviço e impacto social em cinquenta anos de história da saúde pública na Faculdade de Odontologia da Universidade Estadual Paulista Júlio de Mesquita Filho. RGO, Rev Gaúch Odontol. 2009;57(4):459-65.

Received on: 22/8/2015 Final version resubmitted on: 11/12/2014

Approved on: 24/3/2015