

Countryside internship in an indigenous community: Repercussions on professional training and practice

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The internship in an indigenous community provided a reflection on overcoming weaknesses in oral health professional practice, in an intercultural context, confronting established professional knowledge with the objective reality and the contextual needs of the indigenous people.

BACKGROUND

The **Multiprofessional Integrated Residency in Family Health (RMISF)** program, offered by the University of Pernambuco, instructs professionals from different health courses, in an integrated way at a lato sensu postgraduate level. The RMISF proposes through its pedagogical project the development of a **rural area internship with experiences with populations in situations of vulnerability and social inequality**, such as **indigenous peoples**, *quilombola* communities, and rural communities, among others.

From an experience of countryside internship in an indigenous community experienced by a dentist resident, non-indigenous, the aim is to analyse the **repercussions on training and professional performance**.

METHODS

- Systematization of the experience based on Theory of Practical Intervention in Collective Health Nursing, following the steps:
 - Capturing objective reality and its **interpretation** (living and health conditions);
 - Proposal of **intervention** and practical realization (oral health examination and interventions);
 - **Reinterpretation** of reality, evaluating the product/process of the experience (repercussions on training and professional performance).

RESULTS

- Non incorporation of the **theme of native peoples and rural areas** into the **training of oral health** professional's curriculum:
 - The diversity of local **healthcare practices**;
 - **Historical** and **structural** aspects (land disputes, water access, agriculture, racism), and **political** conflicts **which influences on oral health** status and health care;
 - Subsistence practices and **holistic approaches** to health-disease.
- The countryside internship in an indigenous community provided:
 - Problematising reflection on the **origins and the means of overcoming weaknesses** in professional practice in an **intercultural context**;
 - Confronting **established professional knowledge** with the objective **reality of the indigenous people** - demanding **contextualised** and expanded **solutions** from the health professional, overcoming **historical colonial practices** under which indigenous peoples are submitted.

Figure 1-4. Dental examinations/services carried out during the internship experience.



CONCLUSIONS

- **Professional practices** in health services have a **social purpose**, therefore, they must be aimed at **meeting the health needs** of the **population**;
- The experience in the indigenous reality provided by the internship **expanded the professional capacity** for **differentiated oral health care**;
- **Oral health inequities** among **indigenous peoples** have a solid relationship between the implementation of **neoliberal policies**, **racism** and the increase in **social inequalities**;
- The analyses of **oral health conditions** allow a distinct **look at social injustices** since they reflect **unequal material circumstances**, **healthcare access**, and **structural inequities throughout life**.

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