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



Lucas Fernando Rodrigues dos Santos^{1,2}, Tainá Faustino Mafra¹, Herika de Arruda Mauricio³, Rafael da Silveira Moreira^{1,2} for the Grupo de Estudos em Saúde Bucal - GESB (Oral Health Research Group)

¹Fiocruz Pernambuco/Instituto Aggeu Magalhães, Recife, Brasil, ²Universidade Federal de Pernambuco, Recife, Brasil, ³Universidade de Pernambuco, Recife, Brasil.

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.

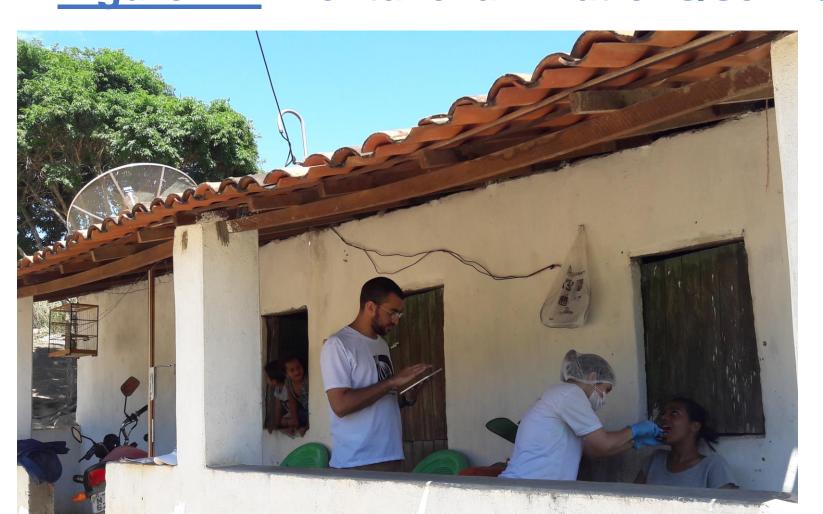
METHODS

- 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

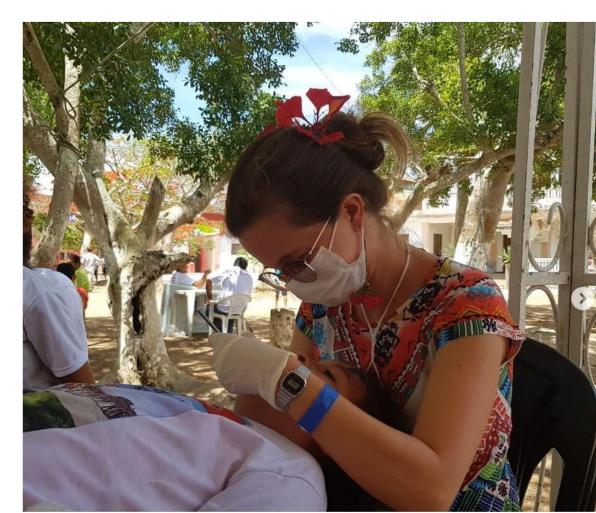
- Non incorporation of the theme of native peoples and rural areas into the training of oral health professional's curriculum:
 - The diversity of local healthcare practices;
 - **Historical** and **structural** aspects (land disputes, water access, agriculture, racism), and **political** conflicts **which 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.

Access to the full text article in English/Portuguese:

AUTHOR CONTACT INFORMATION

Lucas Fernando Rodrigues dos Santos

santoslfrsaude@gmail.com

https://orcid.org/0000-0002-7993-0918

Fiocruz Pernambuco – Instituto Aggeu Magalhães

Universidade de Federal de Pernambuco – Centro Acadêmico de Vitória



