EXPERIENCE OF A MEDICINE STUDENT IN UNDERGRADUATE TRAINING CONDUCTED AT A RURAL COMMUNITY

VIVÊNCIAS DE UMA ACADÊMICA DE MEDICINA EM ESTÁGIO REALIZADO EM UMA COMUNIDADE RURAL

VIVENCIAS DE UNA ACADÉMICA DE MEDICINA EN PASANTÍA REALIZADO EN UNA COMUNIDAD RURAL

Áfia Regina da Silva Gouveia¹, Deborah Pinagé Alves de Lima², Lorena Sodré Ribeiro³, Rayan Felipe Barbosa da Costa⁴, Klenia Felix de Oliveira Bezerra⁵, Layza de Souza Chaves Deininger⁶

OBJECTIVE: to present the experiences of a medicine student in the second extension training in communities and its implications in the training of health professionals.

METHOD: descriptive study, of experience report type, with qualitative approach. Observation and dialogues with residents, workers and other people related to the rural community were used through the Methodology for Collective and Individual Mobilization.

RESULTS: the Methodology for Collective and Individual Mobilization enabled understanding the Itapecerica community, at the municipality of Mamanguape (PB), Brazil, under various aspects: historical, geographic, economic, political, social, cultural, religious and environmental.

CONCLUSION: the experience of living in a community is a modulating activity from the perspective of the health professional under training.

Descriptors: Health Education; Brazilian Health System; Public Health.

RESUMO

Objetivo: apresentar as experiências de uma acadêmica de Medicina no II Estágio de Extensão em Comunidades e suas implicações na formação do profissional da saúde. Método: estudo descriptivo, do tipo relato de experiência, com abordagem qualitativa. Foram utilizados a observação e diálogos com moradores, trabalhadores e outras figuras relacionadas à comunidade rural por meio da Metodologia para Mobilização Coletiva e Individual. Resultados: a partir da Metodologia para Mobilização Coletiva e Individual, foi possível compreender a comunidade de Itapecerica do município de Mamanguape (PB), Brasil, sob os diversos aspectos: histórico, geográfico, econômico, político, social, cultural, religioso e ambiental. Conclusão: a experiência de vivência em comunidade representa uma atividade moduladora da perspectiva do profissional da saúde em formação.

Descritores: Educação em Saúde; Sistema Único de Saúde; Saúde Pública.

RESUMEN

Objetivo: presentar las experiencias de una académica de Medicina en la II Pasantía de Extensión en Comunidades y sus implicaciones en la formación del profesional de la salud. Método: estudio descriptivo, del tipo relato de experiencia, con enfoque cualitativo. Fueron utilizados la observación y diálogos con habitantes, trabajadores y otras figuras relacionadas a la comunidad rural por medio de la Metodología para Mobilización Colectiva e Individual. Resultados: a partir de la Metodología para Mobilización Colectiva e Individual, fue posible comprender la comunidad de Itapecerica del municipio de Mamanguape (PB), Brasil, sobre los diversos aspectos: histórico, geográfico, económico, político, social, cultural, religioso y ambiental. Conclusión: la experiencia de vivencia en comunidad representa una actividad moduladora de la perspectiva del profesional de la salud en formación.

Descritores: Educación en Salud; Sistema Único de Salud; Salud Pública.

¹,²,³,⁴ Student, Undergraduate Course in Medicine, Faculty of Medical Sciences of Paraíba/FCM. João Pessoa (PB), Brazil. E-mails: afigouveia@gmail.com; deborahpinage@gmail.com; lorenasodre@hotmail.com; rayan_felipe@hotmail.com; ⁵Dentist, Master Professor, Faculty of Medical Sciences of Paraíba/FCM. João Pessoa (PB), Brazil. E-mail: kleniafelix@hotmail.com; ⁶Nurse, Master Professor, Faculty of Medical Sciences of Paraíba/FCM, PhD student in Decision Models and Health, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: layzadeininger@gmail.com
INTRODUCTION

Education is seen as a fundamental factor for the development of the economy of a country, since its objective is to train young people for the job market. In this scenario, it is difficult to imagine a reality that seeks to educate the economically disadvantaged population with the simple aim of ensuring that they can enjoy indispensable human rights and develop greater autonomy in their own care.¹ Thus, Popular Education is based on the participation of the people, valuing their knowledge in order to promote social transformations in the reality in which one lives and build a fairer and more egalitarian society.

Around the 50s and 60s, the ideas of Paulo Freire emerged, originating the concept of popular education, which later became a milestone in pedagogical ideas in Brazil and in the world.² These ideas are believed to exert a direct influence in the field of education and encourage the emancipation of people to become more critical and responsible beings for their own future. This proposal does not seek to dictate knowledge for the population, but rather, to have them build their own education based on their pre-existing knowledge.¹ In 1982, these ideas were reinforced from the gathering of people inserted in popular education projects. At that moment, the five principles considered fundamental for educators to allow the effectiveness of popular education emerged, namely: to listen, to dismantle the magical vision, to learn/to be with the other, to assume the ingenuity of the students and to live patiently impatient.³

Popular extension, in turn, has its genesis based on the dimensions encompassed by the adjective “popular”, based on which some issues arise. The popular is present in the methodology of work that indicates the direction of actions, based on ethical and theoretical aspects, currently configured as a social requirement.⁴

The experience in communities can be referred as a form of communication between the community and the university. Since 1987, the Federal University of Paraíba (UFPB) has developed the Training Project in Community, started in the community of Costinha, municipality of Lucena. Due to the repercussion of the presence of students in the communities, in several aspects, the National Extension Training in Communities (NETC), which became the Experience Training. This training is a continuous process for students, which allows the acquisition of a more critical view on the various factors that influence the organizational process of society, understanding in a precise way the dynamics between the various aspects that comprise it. The health professional who has the perception of the human being inserted in a multifaceted context has all the devices required to become committed to the social reality.³

The medicine student that attends a course whose curriculum is focused on the training of humanized professionals and guided by the principles of the Brazilian Health System (SUS) and who is inserted early in communities understands with greater easiness aspects related to comprehensiveness of care and its importance in clinical practice. This contributes substantially to the quality of professional care that he/she will provide later to patients.

OBJECTIVE

● To present the experiences of a medicine student in the Second Extension Training in Communities (NETC) and its implications in the training of health professionals.

METHOD

This was a descriptive and qualitative study carried out by a medicine student at the Medicine Course of the School of Medicine of Paraíba, at the second NETC, from July 1 to July 16, 2015. Participants were undergraduate students from several courses (Biology, Nursing, Physiotherapy, Speech Therapy, Medicine, Nutrition, Dentistry and Social Work) from various public and private educational institutions in the country. The disclosure, registration and selection for the experience occurred through electronic means (blog, Facebook and e-mail).

The work group was started with about 22 people who remained together for two days before the experience in the school of the Specialized Multidisciplinary Group Consultancy on Technology and Extension (AGEMTE in Portuguese) in the municipality of Conde-PB, Brazil. This was a time for the group to interact on popular education and other topics, share expectations, be introduced to popular extension and the Methodology for Collective and Individual Mobilization (Met-MOCI), as well as to the sustainability project surveyed at that school. During this period, the group had the presence of some figures of the popular education in Paraíba, ex-trainees and ex-extensionists.

By means of a draw, doubles and trios were formed, designed for the experiences in...
different communities. The following sites were considered as living areas in the state of Paraíba: Campart II (Rio Tinto), Quilombola Gurugi Community (Conde), Penha Community (João Pessoa), Costinha (Lucena), Hortifrutigranjeiro de Camaratuba (Mataraca), Itapecerica (Mamanguape), Tacima and the school of AGEMTE. The focal field of the study was the community of Itapecerica, in Mamanguape/PB, where the experience occurred together with an odontology student.

In Itapecerica, the double stayed in the home of a family from that community, where knowledge during the experience was built through observation and dialogues with residents, workers and other figures related to the community of Itapecerica, sometimes in their homes, sometimes in their work environments.

On the 15th day of the training, the whole group returned to the school. On the 16th and last day of the training, all the groups shared their experiences with the other trainees, coordinators and organizers of the second NETC in a post-experience period.

RESULTS AND DISCUSSION

In an attempt to systematize the different knowledge existing in the academy and in popular movements, the participatory methodology called Met-MOCI emerged, which integrates several sciences that provide a broad vision and a critical view of the community, referencing itself in the theory of complexity. At the first moment of the NETC, the experience, all the internal and external actors in the community who will be present during all the actions planned to be executed during the project were identified. The dimensions of man in physical, biological and antropossocial forms were observed, studied in an integrated, full and systemic way, understanding man interacting with environment all the time. Environment is observed under the geographic, social, economic, political, environmental, cultural, religious and historical aspects.\(^5\)

The pair of trainees was welcomed by the host family, which was made up of an elderly couple - the wife, a housewife, and the husband, a farmer. This couple had four daughters, who lived in the city of Mamanguape-PB, but were always present on weekends, as well as their grandchildren. A good bond was developed rapidly within the first few days, which were rainy and made it difficult to get around the community. There were initial difficulties in creating the link due to the difficulty of memorizing and pronouncing the name of one of the trainees, who chose to be identified by her second name, which was more phonetic.

As for the territory and the access where the activities took place in the community, there were several slopes and streets without pavement. The scenario was composed of houses on the left, the "shack" on the right (where the Presbyterian Church was installed), the organic community garden, the school, an abandoned church, the bridge over the Itapecerica River. Most of the way to the community was composed of cane fields.

Access to the community had slopes and the land was irregular, constituting an obstacle to the locomotion of the elderly and pregnant women. Due to the constitution of clay, during the rains the road became even more difficult, especially for market traders who carry their products to the city fair. However, these same factors are mentioned as a certain security by the residents of Itapecerica, since if the access is paved, it can become a way of passage for wrongdoers from neighboring places, besides, according to the residents, the community would lose its characteristics.

The lands that today compose Itapecerica were donated (as sesmarias) in the colonial period as a way of rewarding Portuguese men who fought against native people of the region. The Itapecerica River, affluent of the Mamanguape River, is a floodplain area ruled by the flood system. On the banks of the river a sugar cane was built, which today is in ruins, as well as a Chapel of St. Benedict and a Great House. The residents of the region requested a restoration of environments, so that they could contribute to an economy of the region with tourism. However, the request was ignored and the buildings today are abandoned and inhabited by bats and insects.

During the 20th century, the local lands were concentrated by the Rio Tinto Tissue Company, of the Ludgren family, and by the Monte Alegre Mill, of the Fernandes de Lima family, which had always had substantial local representation. Progressively, people from different regions came to live in these lands, planting their crops and working for the large families. The Itapecerica Mill, allied to the Fernandes de Lima family, was an area planted with sugar cane through slave labor on the Itapecerica river, in the massapê soil. Water resources are not scarce, with regular rainfall concentrated in the central months of the year.

By 1950, the agrarian reform struggle began to take shape through the peasant leagues, which were disarticulated by the Coup of 1964. The National Institute of
Colonization and Agrarian Reform (INCRA) then handed over parcels of land so that families could exercise agropastoral activities. Over the years, many families, without adequate training and instrumentation, have had their lands alienated by local landowners. Today, Itapecerica has about 300 hectares.

The predominant economic activity observed in the communities was agriculture, which was also carried out for domestic consumption as well as for livestock farming. In the fields, trainees could talk with rural workers, understanding a little of their work. Regarding income, most residents lived financially from the federal government program 'Bolsa Família', while other workers were seasonal sugarcane cutters.

Another aspect observed was that, for the community as a whole, in recent years, there have not been great achievements other than individual and specific ones. The lack of perspective and mobilization of young people and community workers for what they themselves consider a better quality of life is notorious and uncomfortable. Undoubtedly, this type of positioning is the result of numerous external factors that act on the development of individuals, which, when modified, change the course of society. These factors that must be apprehended and never considered as natural and immutable, in spite of the way they are configured. In this context of liberation, popular education and community education play a fundamental role.

Popular education is built today based on principles linked to new theories of knowledge, guided by the understanding of the relevance of common sense and its daily practice that, when being problematized, traces new discoveries about theories already existing in popular practice, which sometimes are unknown to the people themselves. The ignorance of these theories contributes to a new problematization, this time originating from the people, and incorporates a more rigorous, scientific and unitary reasoning to the theoretical content.

Popular education cooperates to strengthen community education, as this educational branch constantly struggles for improvements in the quality of life of sectors considered marginalized. Also understood as “socio-communitarian education” or the educational process that takes place in “community schools”, community education cooperates for community development in order to contribute organizationally and in strengthening the solidarity aspects that involve the discriminated populations.

Many have learned what they do with their parents or guardians, such as working on the land and caring for the livestock, taking these activities as a trade. There are many people without study, without visibility and with no assistance in diverse aspects who sustain and meet the demands and privileges of the visible ones; such observations had been quite discussed in the period of prior to the experience. Most are brown, peasants, farmers, sugarcane cutters, masons and temporary workers without attention. Residents who have a higher qualification only acquire it through the combination of great private difficulties and unique opportunities. Nevertheless, the intrinsic characteristics of each individual, which also interfere in their choices, must be taken into account.

The visited community has several elderly people and many of them are very dependent, have difficulty of locomotion and feel lonely. Due to the location, difficulty of access by public transportation and the offer of salary for caregivers of the elderly, the presence of these caregivers was not observed, so that the dependent elderly people of the community are cared for by relatives and neighbors. One of the residents, a 70-year-old hypertensive woman with a family history of death due to myocardial infarction reported that she has spent about six months without leaving home. She also reported never having undergone a mammogram for fear of finding herself ill, even though one of her daughters had developed breast cancer. Facts such as this from Itapecerica show the actual health need of the population and how professionals in this area must have sensitivity to act in several singular situations in the community, given the particularities of the health-disease process.

Disease cannot be understood only through pathophysiological aspects, for what establishes the disease status is suffering, pain, pleasure, that is, the values and feelings expressed by the subjective body that becomes sick.

Much has been said about the health-disease process, but a new means for understanding health and illness should consider that the concept of health and illness are subjective, not necessarily quantifiable, aspects of the individual. Also, the dimension of well-being should be included, which is a larger concept, in which the health contribution is not the only one and not the most important one.
This process represents the set of relations and variables that produces and conditions the health-disease status of a population, which changes in the various historical moments and the scientific development of humanity. Therefore, it is not an abstract concept. It is defined in the historical context of a given society and at a given moment of its development, and must be conquered by the population in its daily struggles.10

There is a chapel in ruins in the community, called the Chapel of St. Benedict, which serves as home for a couple with four children. In front of the building there is a high staircase and narrow steps in the front, which is configured as an unsuitable place for children, who are exposed to accidents. This same family cultivates a plantation in part of the Chapel’s land.

Through the main access of the community there are domestic gardens bordered by sewers that run to the main access road, a promising place for the transmission of several diseases. Diseases related to inadequate basic sanitation are those of fecal-oral transmission, transmitted by insect vector, by contact with water, related to hygiene, geohelminthes and tapeworms.11 Dengue, hepatitis, schistosomiasis and leptospirosis represent the four compulsory notification diseases linked to deficiencies in basic sanitation with the highest number of cases experienced by the inhabitants of Itapecerica.

As to schooling, many families in the community have barely finished primary school. This situation is due to the need to work in the first moment of youth, especially in agriculture, associated to the deficiency of the local educational system, which has not changed for at least two generations. The neglect with which the school was treated by the rulers and the difficulty in accessing quality education were situations that bothered not only the children, but the whole community. Lack of infrastructure, cleaning, visibility and security, as well as of specific attention to the special children who attend this space were some of the items that provoked discontent to the population.

In the school of Itapecerica, students had a delay in performance, since children of different ages shared the same series, room and teacher, in a system called “multiple grades”. The only teacher attended the seventeen students, two of them with special needs. Thus, along with other factors, as soon as they could, students left school for lack of attention. In order to attend another school in the city, there was no transportation in the morning, so that the cost was up to the family, constituting another barrier.

As for the location, the school of Itapecerica was next to the church, surrounded by tall vegetation. The building had old physical structure, with only one room and a kitchen; cracks and holes were so large that it was possible to see the street. However, school meals were almost never lacking, a fact that justified the presence of children, as well as the subsidy given by the government through the Bolsa Família program.

The supply of water for consumption and other activities was done with the help of a water truck, whose frequency was not even weekly. The school water should be arising from an artesian well, but the money for its construction had never arrived. This sad reality that seemed so surreal was everyday life in the school community of Itapecerica.

Concerning food supply, there was a communitarian organic vegetable garden, consisting of cauliflower, lettuce, coriander, sweet pepper, sweet potatoes, cassava, mint, eggplant, okra and corn crops, all sold from Friday to Sunday at the community fair. The land used for organic farming is owned by INCRA and by more than ten farmers who used to work at the beginning of the garden ten years ago; however, only five remained in it after conflicts and withdrawals. In the garden, no pesticides were used, not even organic fertilizer, but water was often contaminated by sewage waste.

The religious option in the community of Itapecerica is well divided between Catholics and Protestants. Since the chapel was in ruins, masses were held at the school next door by priests and deacons. There was also a Presbyterian church that three to four times a week was used for health promotion activities. There was no spiritualist group. In a certain way, influenced by religiosity and by the cultural aspect, the community had a machismo rooted in its behaviors, and the majority of families presented the classic division of tasks between man and woman. Women do housework and take care of the children while the husbands go out to work and provide for the household.

Regarding language, a striking aspect was observed, since though the community is located next to the state capital, João Pessoa (PB), Brazil, the vocabulary was very different. Most people spoke very fast and cut the words. When questioned by the trainees about the meaning of the words “Mamanguape” and “Itapecerica”, no resident knew how to answer with certainty. Many had...
chronicles to tell about local events, especially the older ones, from events they heard or even witnessed.

An important highlight in the experience was also approached as to the medium of communication still used today in the community, which was radio. The local radio program was seen as a community space for denunciations and complaints. For the residents of that community, a complaint on the radio program was more important than in the competent bodies.

For many decades, the Leitão Bridge, over the Mamanguape River, had been the main route of the community to reach João Pessoa. Despite being considered a cultural heritage, the bridge is deteriorated due to the exaggerated use of the tractors used in sugarcane mills. Another route of access to the community was through the Rio Itapecerica, which was polluted either by pesticides, or by large shrimp farmers, who threw poison into the river to facilitate fishing.

Another city visited by the students during the experience was the city of Mamanguape, which had no basic sanitation, although, according to reports from residents, the money for sanitation has been sent sixteen years ago. Mamanguape’s free fair featured open-air sewage, dogs, cats and buzzards, especially near the meat-selling houses. These were sold and exposed without refrigeration, handled in decaying pieces of wood, covered in canvas and put on tiles. Other foods were also sold under these conditions, such as fish and shrimp.

Students also visited, in the city of Mamanguape, the General Hospital (HGM), where a phytotherapeutic course took place, with practical infusion activity. In this hospital, there was a specific course for farmers and also had a vegetable garden, a pioneer project in the country. Also during the experience, in an event of great cultural richness, with the participation of indigenous communities of the region, the joint effort of pediatric cardiac surgeries carried out in communities of the region, the joint effort of Paraíba and the Heart Circ of Pernambuco was celebrated.

During the period of the experience, students attended the Municipal Health Conference. It should be a deliberative area of social participation but has proved to be a place aimed to adapt pre-established proposals to the needs of health professionals present in their majority (community health workers). The popular participation was minimal and some discussion groups addressed nothing more than local political clashes. This moment should be a space to allow the active participation of the population in the improvement of the health system; however, it was often commanded by professionals and managers, sustaining a paternalistic model that places them as the decision makers, without stimulating autonomy of the population, in addition to trying to induce the population to positions that are not of their own through innumerable strategies.

Regarding health coverage, the Planalto Family Health Unit (FHU), responsible for the coverage of Itapecerica and other rural communities, was also visited. Due to the lack of a Community Health Worker (CHW) in this micro area in the past three years, a CHW from another location visits Itapecerica every two months, which means that children, pregnant women and chronic users do not have continuous follow-up.

In the FHU students were told that the access of the people living in the rural area was guaranteed; however, for them to be seen, they should arrive at the Unit around 4 am, being the first access barrier. The other barrier occurred with regard to the availability of daily vacancies for the rural inhabitants, which were reduced (around five) and often these vacancies were not guaranteed. These barriers to access to health allowed academics to perceive the limitations existing in the health system and it fostered the desire that, in the future, as professionals, they would work to minimize these problems in the sense of universalizing and humanizing care.

The National Humanization Policy (NHP) was created in 2003 and brings together proposals for changes in models of health care and management, seeking to generate a more qualified and humanized care. It is based on three principles: transversality, inseparability between management practices and health care, as well as the protagon of the subjects and the communities. The humanization of care strengthens the SUS, since it reaffirms its doctrinal principles.12

Humanized care means understanding each user in their uniqueness, realizing their real health needs and providing greater user satisfaction. The humanization of care expands the understanding of the health-disease process, since it values the biopsychosocial and spiritual aspects of each subject. This process requires the participation of multidisciplinary teams, in which each professional has their role and articulates with the other team members.13
Since the intervals between home visits performed by the CHW were too long and the provision of care in the FHU was also difficult, a great barrier was formed in the construction of bond and care to the users of that community.

The bond is constituted by the production of affective and trust relations between the user and the health team professional, generating shared care and focused on the subject. The National Primary Care Policy of 2011 directs the Family Health Strategy teams to assign their users, that is, to take responsibility for the users that are within their geographical area and to establish links to ensure that health care is continued and that there is longitudinality. The construction of comprehensive care requires that the needs of the subject are understood, and it is fundamental to build a link between users and health workers.

An important monitoring that could be present in this area was that of peasants as for skin lesions, since they work for hours under intense sun exposure, without protection, increasing the risk for the development of malignant skin processes. The presence of some domestic gardens adjacent to the sewage drain also received attention from medicine students because it was something that disagreed with the process in the health sphere.

In the Brazilian Health System (SUS), the health promotion strategy is based on the determinants and conditionings of the health-disease process in Brazil, such as: violence, unemployment, sanitary conditions, inadequate and/or absent housing, access to education, environment pollution, which foster broader approaches to health interventions. In this way, SUS seeks to promote a more comprehensive care to individuals in each territory by acting directly on their needs and generating transformative actions in each reality.

Regarding clinical care, there was no great prominence. The experience allowed experiencing the bureaucracy and the excess of documents used for the service. With regard to reception, complaints were recurrent, and inefficiency with regard to orientation and scheduling were commonplace situations. Patients generally received rude treatment by health professionals, evoking what has been approached about welcoming and listening during undergraduate health courses.

Relationships formed between the patient and the health professional have a great basis in the reception, which allows the construction of a humanized bond based on qualified listening. Welcoming in health area is one of the main strategies to guarantee the effectiveness of the principles of the Brazilian Health System, besides allowing the creation of a strong link between the user and the health service; therefore, welcoming is a fundamental element for the proper functioning of all health services.

Welcoming consists of a health care action and, since Primary Care corresponds to the preferential gateway of SUS users, it must appropriate that word to ensure that patients receive comprehensive care. Welcoming is the basis for humanization in care and it is important because it allows the logic of social determination of health and disease to be incorporated into care and understood as a determining factor. With this, it enables resolving, bonding and accountability between professionals and users, guaranteeing the best performance of the health service.

Communication has the important function of sowing the relationship between people, thus constituting an important point in health promotion. It is in the midst of other light technologies and enables improvements in the sense to broaden the responses to the needs of the users, understanding them within their context, opening space for the comprehensiveness of care. An essential competence of the health professional is knowing how to use this resource to develop a good relationship with the patient. An essential part of communication is listening, which opens the door to develop empathy, allowing the creation of a link that facilitates the evolution of care. Given this, knowing how to listen in the health area improves care, because the patient feels as a respected human being and not only a sick person.

Medical practice has always been based on the physician-patient relationship, which means using listening and careful patient observation before any intervention. Because of this, the physician has an important role in the psychological state of the patient, who suffers great influence from this relationship, and it is up to the physician to ensure that the established bond is the best possible. A simple way to make sure this happens is to listen to the patient, because listening is the basis of a good relationship.

The Technical Assistance and Rural Extension Company of Paraíba (Emater-PB) was also visited. A worker explained the programs available to the population, such as the Food Acquisition Program (PAA in Portuguese) and the National School Feeding Program (PNAE in Portuguese), which pointed...
out the importance of 30% of the food purchased by the schools from family farms. In Itapecerica, only one farmer working on the organic community garden was part of the PAA. Four families from Itapecerica participated of the Brazil Without Misery program.

The Federation of Small Producers’ Associations of the Mamanguape Valley (Fapema) was created with the purpose of articulating the associations of small farmers in search of resources, according to one of its founders. There were periods of ups and downs, with many stories of political strategies behind every obstacle and event of Fapema, despite the search for a panorama of political articulation of Itapecerica farmers independently of political parties. In this process, the Fapema had many structural difficulties that led to demobilization. Itapecerica seemed to have a strong association of local farmers, but after the departure of the last leading founder, the association lost its strength.

From the political point of view, only a few particular situations can be highlighted in Itapecerica, such as the situation of shrimp farming and the Leitão Bridge. From the political-partisan perspective, it was not possible to observe local positions.

Guided by the Met-MOCI, it was possible to understand the community of Itapecerica under various aspects: historical, geographic, economic, political, social, cultural, religious and environmental. As the days passed and more reports were heard, students could build a broader view of the place.

The experience was set up as a positive surprise, of unique contribution to the training of the medicine professional. Several skills could be perceived as crucial in medical practice, especially listening, since many information contained in the patient’s speeches helped faster in the identification of the pathology, as well as the perception of the social context as a determinant and conditioning factor in the causality of the diseases. It was an experience that allowed us to perceive several concepts exhaustively discussed in the curriculum, but fully understood only with the face-to-face experience, which will certainly be taken throughout professional life.

CONCLUSION

The present study allowed describing the experience of living in a community and also represented a modulating activity from the perspective of the health professional in training. The importance of the concepts of comprehensiveness and humanization, especially in Primary Care, were understood from a different point of view, becoming even more evident within the professional performance in health care.

The NETC enabled effective interaction with the reality of a community, perceiving the demands from the point of view of the population, from the inside out, feeling their needs. It enabled observing several of their aspects and how they interfere in the local configuration and in the illness process, providing a new reading of the health-disease and care process.

Learning was generated in several aspects, changing the perspective regarding the reconstruction of the health model. The interaction with students from different places in Brazil with interdisciplinary experiences and particular cultures during the moment before the experience allowed a differentiated view on the importance of multidisciplinarity, which also broadens the understanding about the integral vision regarding care.

The experience of this construction of new knowledge from different realities strengthened even more the concept of bond, given the position of learning and of apprentices occupied by the various actors who participated and played a major role in this experience. Students could experience the approach between academia and society, maximizing respect for the knowledge involved.

Given some of our observations about the community of Itapecerica and the Municipality of Mamanguape (mainly social, economic, educational and sanitary aspects), we emphasize the importance of our experience to promote this perception and call for the mobilization of the population itself so that their rights are fulfilled and new achievements can happen. Often, due to habit with certain situations, some aspects are no longer perceived as inadequate, hence the importance of promoting discussions and reflections that keep citizens aware of what they can and should reclaim.

This experience provided perspectives that reflect in the academic life of the future physician as new ways of approaching the patient attended in the training performed in the course. This unique experience will certainly provide a medical practice for the future professional based in the expanded clinic, so that the subject’s comprehensiveness during provision of care becomes increasingly habitual.
REFERENCES


8. Tongtong Li, Trudy Lei, Zheng Xie, Tuohong Zhang. Determinants of basic public health services provision by village doctors in China: using non-communicable diseases management as an example. BMC Health Serv Res [Internet]. 2016 [Cited 2017 Mar 15];16:42. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/ PMC4743421/?tool=pubmed


15. Storino, LP, Souza, KV; Silva, KL. Necessidades de saúde de homens na atenção básica: acolhimento e vínculo como potencializadores da integralidade. Esc Anna Nery [Internet]. 2013 [cited 2016 Dec 2225
Experience of a medicine student in...

Gouveia ÁRS, Lima DPA de, Ribeiro LS et al.


Submission: 2017/03/13
Accepted: 2016/04/14
Publishing: 2017/05/15

Corresponding Address
Áfia Regina da Silva Gouveia
Rua Golfo de Cook, 106
Bairro Intermares
CEP: 58102105 – Cabedelo (PB), Brazil