

# Chapter 199

## Situational Strategic Projection in the teaching-learning of the medical professional: The experience lived with the theme of domestic violence against women



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### ABSTRACT

The lack of knowledge about the mandatory notification of domestic violence against women and the low importance of surveillance, of this disease, is a reality today in the exercise of the activities of the physician in the activities of Primary Health Care. The

teaching-learning process of the medical professional must be focused on the competencies and skills for him to develop the activities of health care, decision-making, communication, leadership, administration and management of services, and permanent education of work teams, and the teaching-learning of situational strategic planning provides this requirement. This experience report aimed to work with situational strategic planning, programming actions for health promotion and prevention of diseases and injuries, on domestic violence against women, a topic of great relevance in the epidemiological profile of the area attached to the health unit, practice scenario of the course, performing the programmed activities in an integrated way with the multidisciplinary team of the Family Health Strategy and other social equipment. existing in a Community of a peripheral neighborhood of the municipality of Belém, state of Pará. The programmed actions were centered on health promotion and disease prevention, which were amplified due to the resources used for the discussion of the subject, such as the infographic and the short-term film, produced to work with groups of organized individuals, for information and communication actions on the subject. The learning of medical students was fully attended and the initiation of surveillance work against domestic violence against women was translated as a contribution of the Federal University of Pará to the organization of primary care activities in the Riacho Doce Family Health Strategy.

**Keywords:** Medical education, Strategic Planning, Domestic violence, Notifiable Injury Information System.

### 1 INTRODUCTION

Domestic violence against women has been perpetrated for a long time during the history of civilization, due to the naturalization of inequality between the genders that stimulates the hierarchical organization, where the masculine has dominion under social relations, which is culturally legitimized by

society, and leaves the woman exposed to various types of violence, whether in the private or public environment (Lucena, 2016).

In Brazil, domestic violence against women only began to be socially recognized in the 80s, after many manifestations of the feminist movement, with the creation of the first specialized police station for women, without, however, having specific legislation that dealt with the protection of victims (Calazens & Cortes, 2011).

In 2006, after Ms. Maria da Penha appealed to the Inter-American Commission on Human Rights, the guarantee of protection against the aggressor, the legislation for the prevention and repression of domestic violence against women was leveraged, through Law 11,340/06, called the Maria da Penha Law (Porto, 2014). This Law typifies violence against women as a crime and also provides protection and social assistance services to the victim and their dependents (Brasil, 2006).

The creation of the National Pact for Combating Domestic Violence against Women presented the planning of actions and implementation of integrated public policies to ensure the applicability of the Maria da Penha Law and the autonomy of women in situations of violence, as well as provided for the expansion and strengthening of women's rights and the availability of networks of assistance services (Brasil, 2011).

With the sanction of Law No. 11,340/2006, there was the legal determination of the term domestic and family violence in Brazil as the act or omission, based on the fact that the victim is female, which triggers actions of violence against women, which have occurred in the domestic environment when the victim and the aggressor have some degree of current or previous coexistence (Brasil, 2006).

Still, considering that the manifestations of aggression experienced by victims of domestic violence are very varied, the Penal Code provides for five classifications of this type of crime, so specified: **physical violence**, is considered as the attempt or action that intends to cause bodily harm, by the use of one's force or objects, which may generate internal or external injuries in the victim. In addition, physical aggression does not always lead to bodily injury in need of health care, often, this type of aggression is difficult to identify by its subjective character; **psychological violence**, is understood as the action or omission that causes emotional damage to the victim's self-esteem, that impairs the full psychic development or that aims to control the actions of the woman, through blackmail, coercion, threats, and humiliations, among others. Often, it can lead to the social isolation of the victim from their friends and family, in addition to generating severe psychological illness; **moral violence**, understood as derogatory actions that offend, insult or falsely accuse the honor of the victim, and can be classified depending on the characteristic attributed to the woman. In cases where the aggressor falsely accuses the victim of having committed a crime, this action is considered slander, while in defamation the woman is linked to an action or attitude that degrades her reputation but is not linked to a crime. Injury, on the other hand, occurs when the aggressor uses degrading words and expressions or profanity to refer to the victim; **sexual violence** is considered as any conduct that forces the victim to witness, maintain or participate in forced intimacy, through threats, intimidation, coercion or use of force. It can also be considered the use of methods that prevent the victim from exercising

full control over their reproductive and sexual rights. In addition to the serious damage caused to the psychological state of the victim, sexual violence can have as consequences the contamination by Sexually Transmitted Infection (STI), unwanted pregnancy, and bodily injury; **patrimonial violence**, characterized by the destruction, retention, and/or subtraction of objects, work instruments, personal documents, values and economic resources belonging to the victim. Thus, the aggressor removes autonomy over the woman's assets, removing the victim's ability to escape the abusive relationship, making her more vulnerable to other types of violence (Brasil, 2006; Gardoni-Costa *et al.*, 2011; Bazo & Paulo, 2015; Delzियो *et al.*, 2016; Moura *et al.* 2018).

The epidemiological situation of violence against women, worldwide, pointed out that about 25% of women and girls of reproductive age (15 to 49 years) in the Americas suffered some episode of intimate partner violence throughout their lives, while 8% reported some episode in the last 12 months (WHO, 2018). Regarding femicides, Brazil and Mexico had the highest absolute numbers in Latin America and the Caribbean in 2019, with respectively 1,941 and 983 murders of women. That same year, Honduras, with 6.2 women murdered per 100,000 women, and El Salvador with 3.3 femicides per 100.000 women were the countries with the highest recorded rates of women murdered in the region (ECLAC, 2019).

In Brazil, during the period from 2011 to 2017, almost 455,000 cases of violence against women perpetrated by men were reported in the Notifiable Diseases Information System (SINAN), and about 283,910 of the notifications were intimate partner violence, with physical aggression, with 86.6% of the cases, as the main form of violence produced by the offending partner (Mascarenhas *et al.*, 2020). In 2018, there was a 9.7% reduction in the homicide rate against women, compared to the previous year. However, it was observed that this reduction was influenced by the marker race, since the mortality rate due to homicides of non-black women was 2.8 per 100,000 women, while in black women it was 5.2 per 100,000 women (IPEA, 2018).

In a survey conducted by the DataSenado Institute in 2019, 27% of the women interviewed said they had suffered some type of domestic violence perpetrated by men, with 66% of physical violence. Psychological and moral violence were reported in the order by 52% and 36% of the victims interviewed. Of the aggressors, 41% of these were the current partners of the victims, and 37% no longer maintained an effective relationship with them (DATASENADO, 2019).

In 2020, the year the COVID-19 pandemic began, there was a reduction in the notification of data on domestic violence in Brazil. All Federation Units recorded a 27.2% reduction in notifications of intentional bodily injury resulting from domestic violence during the period from March to May 2020 compared to the same period in the previous year, but femicide showed a small increase (2.2%) compared to the previous year (FBSP, 2020).

During the period from 2008 to 2015, in the state of Pará, more than 30,000 occurrences under the Maria da Penha Law were registered, meaning that at least 3.5% of women in the state reported having

been victims of domestic violence. Of the notifications made, approximately 62% were young adult women, aged between 18 and 34 years, and 25% of these had incomplete elementary education (Bitar *et al.* 2021).

In the capital of the state of Pará, Belém, in 2019, there was an increase of about 21.5% in notifications of violence against women, when compared to SINAN data, between the years 2018 and 2019., producing the incidence rate of violence of 210 cases of violence per 100,000 (SINAN, 2018; 2019).

Regarding the search for care, many women seek care in the Unified Health System (SUS), but most of the time they omit the cause that determined the injuries presented, whether physical or psychological, for health professionals, due to fear, shame or guilt (Signorelli *et al.* 2013).

Research conducted in João Pessoa, Paraíba, showed that some injuries perceived by women after being victims of domestic violence were stress, depression, headache, neck pain, nausea, dizziness, and hypertensive peaks (Silva *et al.* 2015). Doctors often fail to associate these symptoms with domestic violence and these women are termed "poly complainers" because of the numerous physical and psychological signs that are difficult to explain and treat based on the biomedical model or thinking (Signorelli *et al.* 2013).

The fact is that Primary Health Care (PHC) becomes of paramount importance in the fight against domestic violence against women because it is the gateway to the Unified Health System (SUS), being one of the first services accessed in case of need, acting continuously within the family and community enrolled with the integrality of care focused on health promotion and prevention of damage and diseases, offering care to all individuals in the population attached to the Family Health Strategy (FHS), which is the health unit with the greatest capillarity of the Health Care Network (RAS) (D'Oliveira *et al.* 2020).

However, even with Law 13,931, which provides for the compulsory notification of suspected or confirmed cases of domestic violence against women, attended in public or private health services, the data recorded in the Information System of Notifiable Diseases (SINAN) are scarce, hindering the real knowledge of the epidemiological profile of this disease, hindering the robustness for visibility and the social dimension, to determine the conduct of more effective public policies (Brasil, 2019; Kind *et al.*, 2013; Signorelli, 2013).

According to research by Kind *et al.*, (2013), a part of some health professionals stated that they did not know this Law, others report that they have never attended cases of violence against women and there are still others who are afraid of the possible retaliation of the aggressor. Added to this, the low training focused on health surveillance actions during the training of medical professionals causes health professionals to wake up belatedly to the priorities to be developed in the context of PHC (Pedrosa & Spink, 2011).

In any case, health professionals feel a strong affective mobilization when they come into contact with cases of violence, which generates anxiety, anguish, and fear, thus, it is necessary to take into account the emotional factors not only of the victims who are being attended but also of the professionals in the

elaboration of actions health promotion, prevention of diseases and injuries and health surveillance in delimited territories (Kind *et al.* 2013).

At the Federal University of Pará (UFPA), the medical course is formatted in longitudinal axes, and the axis of Integral Attention to the Health of the Individual, Family, and Community (AIS), in module III occurs the teaching-learning process of Situational Strategic Planning (PES) and formatting of an intervention project (IP) for the execution of health promotion actions, preparing medical professionals with a management vision for work in PHC (FAMED, 2010).

The objective of this experience was to work with the PES programming actions of health promotion and prevention of diseases and injuries, on domestic violence against women, a theme of great relevance in the epidemiological profile of the FHS area, the practice scenario of the course, performing the scheduled activities in an integrated way with the multidisciplinary team of the FHS and other social equipment existing in the area.

## 2 METHODOLOGY

This is an experience report study, which occurred during the teaching/learning process of the PES for the medical students of UFPA, with the programming and execution of health promotion actions, in a territory attached to the FHS, located in a territory composed of 100% of the subnormal population.

The manuscripts organized in the form of an experience report describe a certain fact of the individual experience or a certain group/professionals about a given situation. This is not original research, but exploratory features are essential. Because it is a descriptive text it is necessary to thoroughly bring the details of the experience, so that other people can also replicate it in their practices, or serve as inspiration for other professionals in the same area (Dos Santos *et al.*, 2018; Cassarin & Porto, 2021). This method brings contributions to teaching, aiming at the resolution or minimization of the problems evidenced in practice (Cortes *et al.*, 2018).

The experience took place in the Riacho Doce Community, located in the Guamá neighborhood, in the municipality of Belém, state of Pará. This Community is part of the area assigned to the ESF Riacho Doce, which has 2 teams composed of a Doctor, 2 Nurses, 2 Nursing Technicians, and 15 Community Health Agents (CHA). It is the practice scenario of the Longitudinal Axis of Integral Health Care of the Individual, Family, and Community (AIS) of the medical course of UFPA.

The recognition of the territory, the care activities carried out by the FHS teams, the survey of health promotion and violence prevention actions, as well as the surveillance of this disease in each micro-area of the territory, were carried out with the accompaniment of the teacher, during the practical classes of AIS, during the 2021 academic semester.<sup>2</sup> It was observed that the FHS teams did not promote health promotion activities for the registered population nor did they develop integrated work with the Municipal School of Elementary Education (EMEF) Edson Luís, the only existing social equipment in the area.

Subsequently, the planning of health promotion operations and actions was carried out following the approach of the PES, proposed by Matus and facilitated for the execution at the local level, for the health area, by Artmann (2000) which offers the formulation of methodological ideas divided into moments, bringing a dynamic view of the planning process. Thus, with this context, the SSP was developed obeying the four phases or moments for the technical-political processing of the problem identified as the absence of surveillance of domestic violence against women, following the moments specified as explanatory, normative, strategic and tactical-operational (Artmann, 2000).

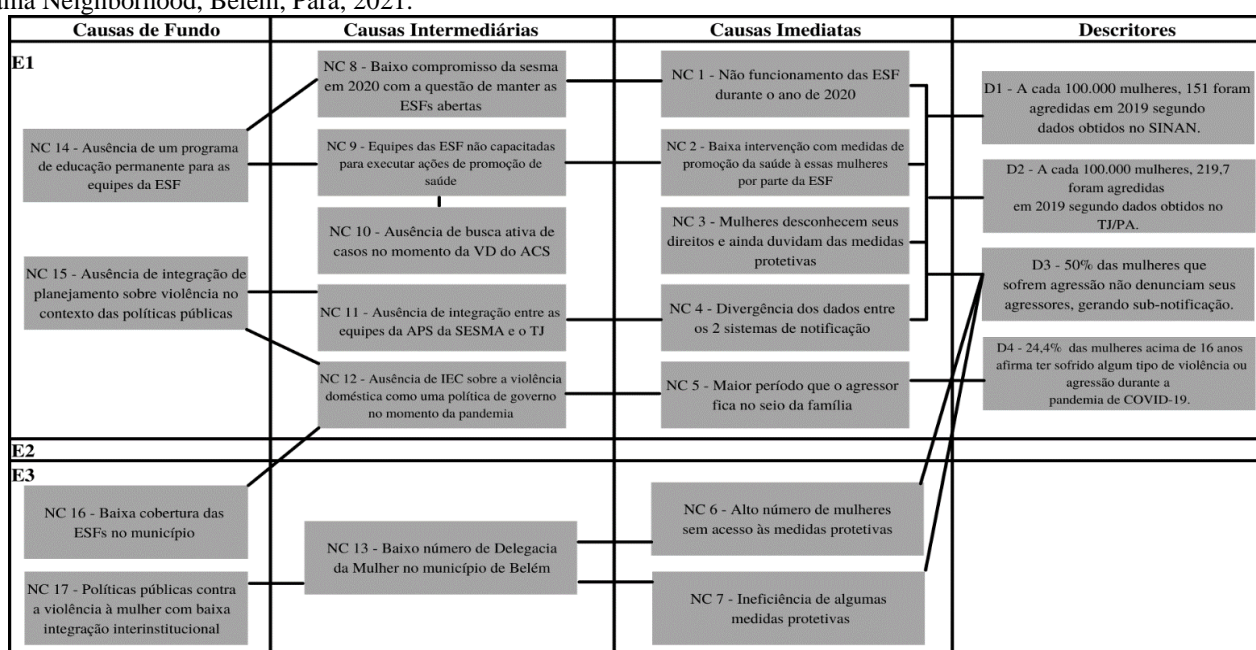
Because it is an IP in the routine of the teaching-learning process of the medical professional, and because it deals with the execution of health promotion activities for students of Elementary School, there was no need for submission to the Ethics and Research Committee (CEP).

### 3 RESULTS

Initially, the students performed a literature review on the theme that anchored the knowledge of the epidemiological situation regarding domestic violence against women, and the importance of surveillance because it is a compulsory notification problem and of public health importance.

In learning the explanatory moment of the PES, a storm of ideas was carried out, where it was identified as a problem "the fragility of the surveillance of domestic violence against women", in the execution of the PHC activities of the ESF of Riacho Doce. After that, the 4 indicators that declared this problem were selected, and 7 immediate causes, 6 intermediate causes, and 4 background causes were identified, which together support the network of causality of the problem (Figure 1).

Figure 1 – Organizational flowchart of the descriptors, immediate, intermediate, and background causes, of the problem: the fragility of the surveillance of domestic violence against women, in the activities of the FHS of the Riacho Doce Community, Guamá Neighborhood, Belém, Pará, 2021.



Source: Authors of the work, 2021

In Figure 1, it is interesting to note that the two rates of notification of cases of violence, one with data from SINAN and the other with data from the Court of Justice of Pará (TJ/PA), present divergence in the total of notifications for the same period studied, making it clear that the capture of the notification by SUS does not integrate an interinstitutional vision aimed at ensuring the integrality of knowledge of the epidemiological situation that provides assertiveness in the planning of the actions developed according to the needs of each assisted territory. It is also observed a set of 17 causes, 5 of them outside the governance of resolution of the actors involved in the work process.

After the analysis of the 17 causes of the problem, which constituted themselves as the "critical nodes" it was observed that one of them would be viable to cope, and thus the actors of the work process, selected this "critical node" defined as: "**Low intervention of the FHS teams Riacho Doce with measures to promote women's health, about domestic violence**".

At the normative moment of the PES, the intervention plan was designed, that is, the actions for the resolution of the problem or "critical node" selected were defined.

To confront this "critical node", an operation was elaborated called: Health promotion actions on domestic violence, for the enrolled population and the health professionals of the FHS Riacho Doce teams. In composing this operation, several actions were designed (Chart 1).

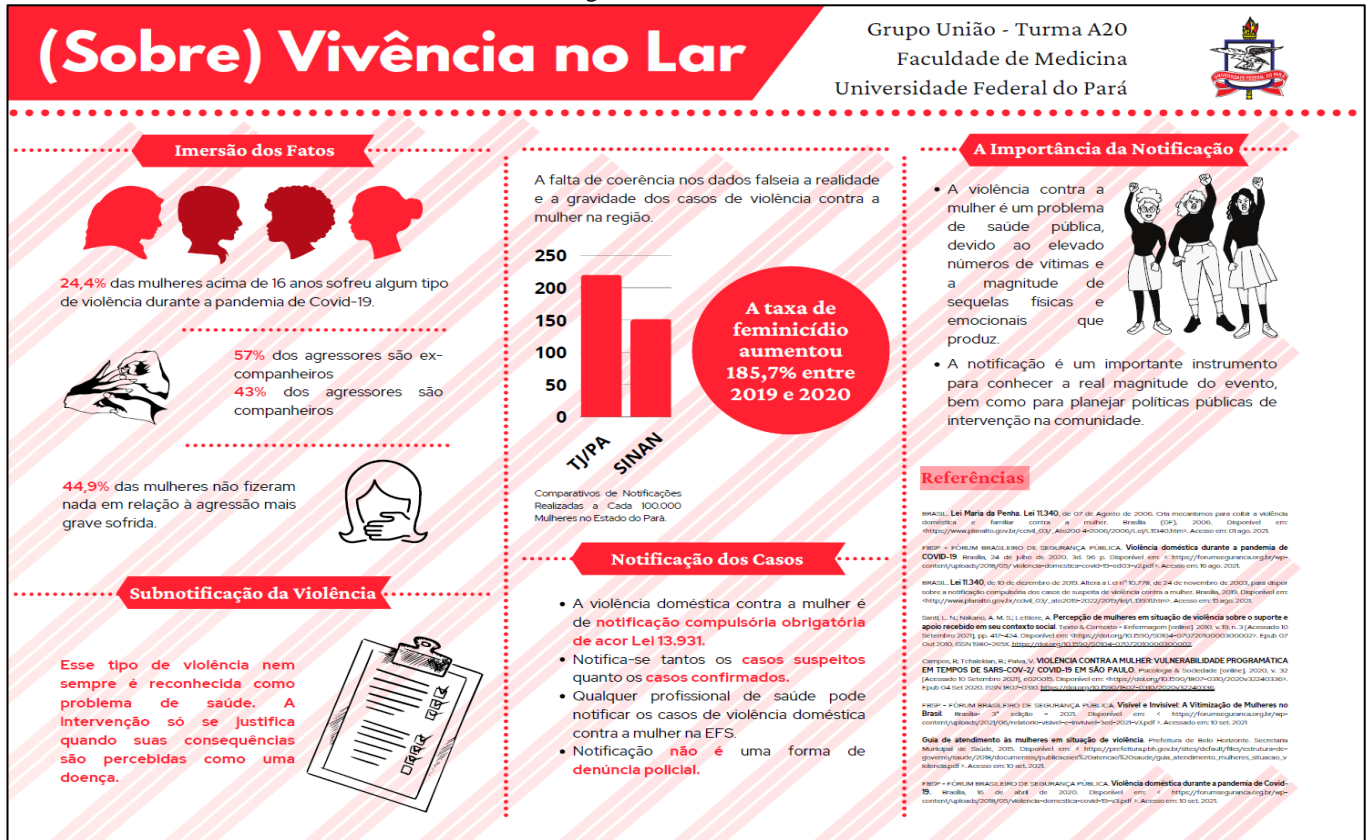
Table 1 – Identified actions, scheduled goals, expected products, results, and resources involved, to increase the intervention with health promotion activities on domestic violence, for the enrolled population and the health professionals of the FHS teams of the Riacho Doce Community, Guamá Neighborhood, Belém, Pará, 2021.

Actions	ProgrammedGoals	Goods	Findings	Resources to be used
1 - Bibliographic survey on domestic violence against women.	Build the theoretical framework to subsidize the discussions for the elaboration of the PES and the results of the execution of the actions.	Survey of publications on domestic violence against women	The theoretical framework was constructed, group of actors was enlightened about the situation of domestic violence against women and the opportunity to build health promotion measures assertively.	<b>Organizational:</b> distribution of tasks among the actors involved; <b>Cognitive:</b> Studies on domestic violence against women. <b>Politicians:</b> Meeting with the actors involved in the process of solving the selected problem.
2 - Construction of digital media, of short duration on domestic violence against women.	Selection of pertinent information, the transmission of ideas with simple language, and the production of the visual aesthetics of the video.	Video completed and posted on the youtube channel called: Ciranda of dissemination of knowledge against women.	Increased knowledge about the situation of domestic violence against women, on the part of the FHS teams and the Riacho Doce Community.	
3 - Construction of an infographic on the importance of surveillance of domestic violence against women.	Selection of pertinent information, the transmission of ideas with simple language, and the production of the infographic.	Infographic called (About) Experience in the Home Built.	Infographics were used in the conversation circles held in the FHS waiting room.	

Source: Source: Authors of the work, 2021

Through the use of the infographic (Figure 2), it was possible to increase the availability of education and communication information (IEC) on the surveillance of domestic violence against women, for the components of the Riacho Doce FHS teams and the Community at times present in the FHS waiting room.

Figure 2 – Infographic (About) Experience at Home, produced by medical students of the Federal University of Pará, with information on the surveillance of domestic violence against women. Bethlehem, Para, 2021.

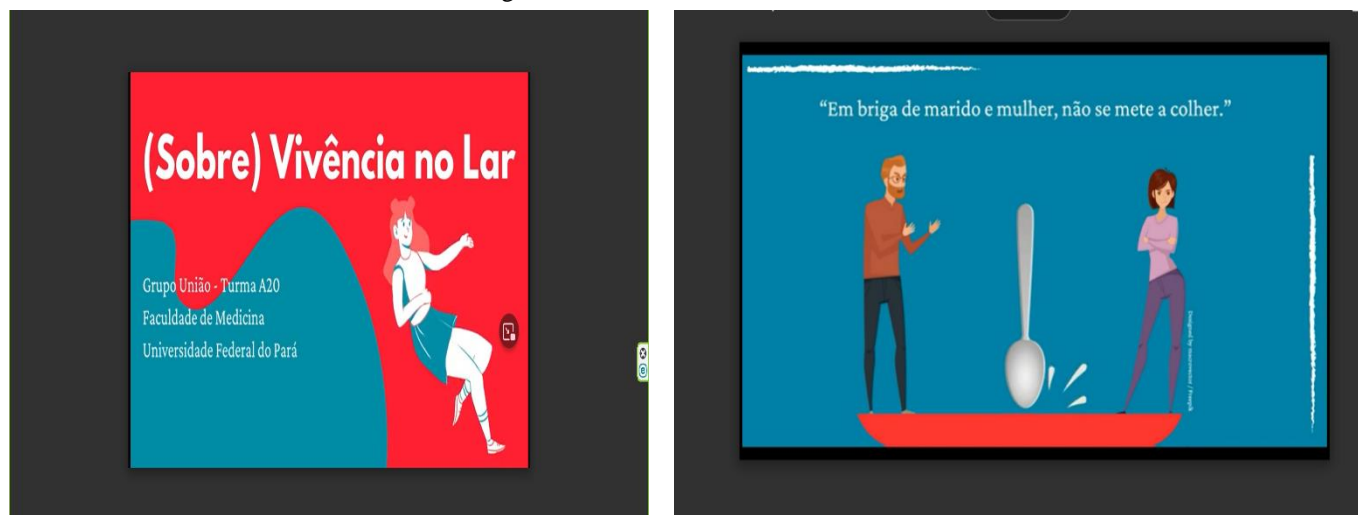


Source: Theusers of work, 2021

A short film was also elaborated, to be used as an information and communication tool both for the professionals of the FHS teams and for the population and general, since this film was posted on the youtube channel called Ciranda da disseminação do Conhecimento (Figure 3).



Figure 3 – Opening pages of the video (About) Living at Home, produced by medical students from the Federal University of Pará, with information on domestic violence against women. Bethlehem, Para, 2021.



Source: Theusers of work, 2021

At the strategic moment, the viability of the programmed actions was realized, considering the political, economic, cognitive, and organizational dimensions. The motivation of the actors in the face of the programmed actions followed the proposal of evaluation of the interest through the signaling: in favor (+); against (-) and indifferent (0) and the value was assigned using the metric: High (A), Medium (M) or Low (B). The strategic means proposed to change the low motivations of two of the 4 actors, was the cooperative negotiation that implied the negotiation where there were distinct interests between the actors, and it was foreseen that both sides were willing to make concessions, so that the result brought positive gains for all participants (Chart 2).

Table 2 – Actors involved, motivation, value, resources, degree of control, the result of the operation, and strategy, to increase the intervention with health promotion activities on domestic violence. Riacho Doce Community, Belém State, 2021

VIABILITY OF THE OPERATION - INCREASE THE INTERVENTION WITH HEALTH PROMOTION ACTIVITIES ON DOMESTIC VIOLENCE, FOR THE ENROLLED POPULATION AND THE HEALTH PROFESSIONALS OF THE ESF TEAMS OF THE RIACHO DOCE COMMUNITY, GUAMÁ NEIGHBORHOOD, BELÉM, PARÁ, 2021						
Actors	Motivation	Value	Resources	Degree of control	Result of the operation	Strategy
Students and professors of the Faculty of Medicine of UFPA,	(+)	The	Organizativos Cognitivos Andconomia l	100%	Cooperative operation	Persuasion, gather, and convince the director of the FHS to support and adhere to the operation, actively participating in their execution and implementing health promotion activities against domestic
ESF Riacho Doce Teams	(0)	B	Organizativos Cognitivos	50%		

Director of ESF	(0)	B	P lyrics	50%	violence against women, in the daily actions of PHC.
Community attached to ESF Riacho Doce	(+)	The	P lyrics	100%	

Caption:(+) for; (0) indifferent; (A) High; (B) Bass

Source: Project Authors, 2021

Attention is drawn to the motivation of the actors represented by the multidisciplinary teams and Director of the ESF Riacho Doce, which is below expectations given the epidemiological situation identified and the deficiency of surveillance of domestic violence against women. This was a point that needed use the cooperative negotiation strategy to ensure the initial execution of the scheduled actions and the willingness of the teams and the FHS Directorate to maintain the development of health promotion actions, a fact that will ensure the effectiveness of violence surveillance because, with the knowledge of the epidemiological situation and the Laws that bring protective activities, notifications and investigations tend to increase, as well as cases of domestic violence against women, in the long term, tend to decrease.

At the tactical-operational moment, and therefore in the last phase of the PES, the management of the plan was built, based on the fact that planning and management should go inseparably, considering that the plan became a commitment of actions aimed at results and impacts on the selected problem. Thus was chosen the Agenda of the Leader was where the medical students and the professor, from UFPA, became responsible for the plan. Care was taken to ensure concern for the problems and issues of greater importance and the other activities were delegated. The strategic issues were treated by the students and professors of UFPA, and the routine issues were treated by the medical students assisted by the FHS teams.

#### 4 DISCUSSION

The SUS is guaranteed by the Federal Constitution since 1988 with the establishment of the legal foundations of a free health system for the entire population of Brazil, so new paradigms permeate the principles and guidelines that began to guide the conduct of this important service sector of the country (Funghetto *et al.*, 2015).

The complexity of the SUS, therefore, requires the medical professional to understand the planning of the activities to be performed throughout the HCN I guarantee by the adequate management of material and financial resources, people and the articulation between the various social equipment existing in the territory worked (Lacerda *et al.*, 2013). Thus, the ESP brings to the discussion, the contextualization of a given local reality, the articulation with the different social actors inserted in it, from the diagnosis of the health situation identified as a possible modification for the better (Fenili *et al.* 2017).

The training of professionals aligned with this new order, capable of understanding the complexity of the health disease process in the populations, the constitution of the HCN, and the need for the systematic

and constant development of interdisciplinary and intersectoral or interinstitutional actions, began to require from the training apparatus a redesign of the pedagogical project of the medical course, which should be focused on the competencies and skills of the physician to be trained to develop the activities of health care, decision-making, communication, leadership, administration and management of services and the permanent education of work teams (FAMED, 2010). It is still necessary to prioritize in the training of the medical professional the creative, actions to improve the quality of the SUS, contemplating, in addition to the technical-scientific knowledge, the production of subjectivity (Silva *et al.*, 2015; Brazil, 2013)

This particular experience, from the teaching of the PES to one of the subgroups of medical students, provided the opportunity to rescue the prioritization of the surveillance of domestic violence against women, from the fulfillment of the stages of epidemiological surveillance, initiated with the analysis of the cases notified in SINAN, the learning of the programming of operations and actions, the elaboration of information and communication vehicles to using with the FHS teams and with the Community, the formatting of IP and the experience with the execution of the proposed actions, bringing the student closer to practices focused on the local and priority reality in PHC. This experience brought to light not only the benefit of working with the singular case but also made it visible that the real knowledge of the epidemiological picture itself had subsidized the implementation of appropriate public policies (Velooso *et al.*, 2013; Moreira *et al.*, 2013; Almeida *et al.*, 2012).

Even with the advance of the mandatory notification of violence against women, this is still an invisible aggravation by the FHS teams, due to the lack of technical and scientific training on the subject. It also observed the difficulties in the active search for cases or even the identification of violent homes, due to obstacles such as a deficit in the legal mechanisms of protection of the professionals in charge of notifying, the failures in the reception in the health unit, which hinders the identification of violence as a basic cause mainly of the physical injuries presented by women when they demand the services of the FHS (Velooso *et al.* 2013; Moreira *et al.*, 2013; Almeida *et al.*, 2012).

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The divergence in the number of cases reported in the state of Pará, between the SINAN data, which is fed by the Municipal Health Secretariats, and the processing system in the Judiciary of Pará, corroborates the fact that although there have been advances with an increase in the number of Women's police stations, protective laws, and mandatory notification, many difficulties persist due to the quality of care offered, especially regarding the articulation of services among themselves, a fact that requires an effort to occur

the intersectionality necessary for the resolution of health problems, as well as the lack of a national system that integrates the data of the various areas involved in the protection of victims of violence constitutes an obstacle to be considered. The intersectionality of actions and the formation of networks for the care of victims of violence are indispensable for the conduct of actions of prevention and promotion of health and quality of life of people who are in vulnerability (Dantas-Berger & Giffin, 2011; Meneghel *et al*, 2011; Kiss & Schraiber, 2011; Brazil, 2013).

From the knowledge of the cases, it is possible to understand the epidemiological characteristic of violence against women, and in this way, with the PHC teams properly trained, and the empowered female population on the ways of reducing their vulnerability, together, help to define the performance of the teams and expand the possibilities of prevention (Almeida *et al*. 2011; Cecilio, 2008).

The teaching of the PES in the training of the medical professional at UFPA has been carried out since 2010, has accumulated experience in the use of the active methodology called teaching by project, providing the experiences of teamwork, with an appreciation of the social actors involved in the work process, in multidisciplinary and intersectoral activities, from the construction of the collective diagnosis to the construction of the IP where they externalize the operations and actions programmed for the resolution of the problem identified as a priority for that temporal, political and institutional moment to be solved (PEREIRA *et al*, 2021).

## 5 CONCLUSION

The sensitization of health professionals, especially in medicine, about the importance of the notification, the breaking of paradigms, and the continuous training in the diagnosis of situations of violence, bring subsidies for the construction of more effective public health policies, contributing to the solution of a public health problem, invisible, in society.

Due to its complexity, domestic violence still represents a challenge for the health sector. Among the difficulties to overcome this challenge are the obstacles to its diagnosis, such as cultural factors, and the lack of guidance from users and health professionals, making it seem that both groups of subjects involved are afraid to deal with the unfolding of the phenomenon.

The opportunity to carry out strategic planning on the surveillance of domestic violence against women in PHC, in the context of the teaching-learning process of the medical professional, provided a more comprehensive view of the subject in question, both by the students and by the members of the teams of the Riacho Doce FHS. It was configured as an instrument that contributed to the development of skills and competencies, among them, decision-making, leadership, time management; management, and reflection on the social determinants of health and the public policies that are essential for the guarantee of fundamental rights for all individuals in the Community.

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