



DOSSIÊ TEMÁTICO “EDUCAÇÃO DAS RELAÇÕES ÉTNICO-RACIAIS: POSSIBILIDADES E DESAFIOS NOS 20 ANOS DA LEI Nº 10639/03”

The academic curriculum for the formation of the generalist professional: representations of an interprofessional team from primary health care

O currículo acadêmico para a formação do profissional generalista: representações de uma equipe interprofissional da atenção primária à saúde

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Abstract: Phenomenon: In accordance with the National Curricular Guidelines, the curriculum of the health professions assumes the responsibility to reiterate the emphasis on the constitutional principle of the Unified Health System in force in Brazil, considering this core as responsible for organizing the formation of professionals inserted in this area. The teaching of Primary Health Care in health courses often leaves much to be desired, because many courses do not work with these contents, which results in unprepared professionals. The objective of this study was to understand the perception of an interprofessional team about the academic training of its members and the teaching experienced in relation to the Brazilian Health System. Approach: The present study was a qualitative approach, sustained in the exploratory and descriptive scope. The methods selected for data collection were semi-structured interviews and focus groups. Findings: The members of an interprofessional team with 16 participating professionals participated in the study, belonging to 10 different areas of academic training. With the analysis and interpretation of the emerging category “The approach to Primary Health Care in the academic curriculum” were reported pronouncements of higher education courses with uncoordinated curricula regarding the insertion theoretical and practical to conduct generalist training, with favoritism to hospital-centric teaching. Insights: This study fixed its gaze on a diverse core of professional categories, gathering evidence that signaled the need for the curricular dynamics, disseminated by higher education, confirm the role of the Unified Health System as the guiding axis of the various courses that make up the health area.

Keywords: Education; Primary Health Care; Curriculum; Interprofessional Education.

Resumo: Fenômeno: De acordo com as Diretrizes Curriculares Nacionais, o currículo das profissões da área da saúde assume a responsabilidade de reiterar a ênfase no princípio constitucional do Sistema Único de Saúde vigente no Brasil, considerando esse núcleo como responsável por organizar a formação dos profissionais inseridos nessa área. O ensino da Atenção Primária à Saúde nos cursos da área da saúde muitas vezes deixa a desejar, pois muitos cursos não trabalham com esses conteúdos, o que resulta em profissionais despreparados. O objetivo deste estudo foi compreender a percepção de uma equipe interprofissional sobre a formação acadêmica de seus membros e o ensino vivenciado em relação ao Sistema de Saúde Brasileiro. Abordagem: O presente estudo foi de abordagem qualitativa, sustentado no escopo exploratório e descritivo. Os métodos selecionados para a coleta de dados foram entrevistas semiestruturadas e grupos focais. Resultados: Participaram do estudo os membros de uma equipe interprofissional com 16 profissionais participantes, pertencentes a 10 áreas diferentes de formação acadêmica. Com a análise e a interpretação da categoria emergente “A abordagem da Atenção Primária à Saúde no currículo acadêmico”, foram relatados pronunciamentos de cursos superiores com cur-



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riculos descoordenados quanto à inserção teórica e prática para a realização da formação generalista, com favorecimento ao ensino hospitalocêntrico. Resultados: Este estudo fixou seu olhar em um núcleo diversificado de categorias profissionais, reunindo evidências que sinalizaram a necessidade de que a dinâmica curricular, disseminada pelo ensino superior, confirme o papel do Sistema Único de Saúde como eixo norteador dos diversos cursos que compõem a área da saúde.

Palavras-chave: Educação; Atenção Primária à Saúde; Currículo; Educação Interprofissional.

1 Introduction

In Brazil Primary Health Care (PHC) is worked in the context of the Unified Health System, which meets the universal and egalitarian concept, being understood as inclusive. And it is directly related to political, social and economic measures, allowing society to have access to the actions and services available (Souza, 2019a).

The PHC is recognized as responsible for the user's initial priority access to the public health system and for the organization of the Health Care Network. At this point in the system, the performance of health professionals of different categories is supported, that, through the guiding bases provided by public policies, develop their activities in a defined territory, assisting individuals, families and collectivity (Santos; Souza, 2019). The PHC also has an enriched level of care, which gets closer to and understands the reality of the users enrolled, which has interpretations of the determining and conditioning factors involved, and which uses these dynamics to plan the activities identified as essential to the territory (Santos; Souza, 2019; Souza, 2019a).

In accordance with the National Curriculum Guidelines, the curriculum of health professions assumes the responsibility to reiterate the emphasis on the constitutional principle of the Unified Health System, considering this core as responsible for ordering the training of professionals inserted in this area. In this direction, it establishes the commitment to promote advances in disciplinary curriculum models and, for this purpose, conditions the structuring of collaborative educational and institutional scenarios for the success of the proposal (Batista; Vilela; Batista, 2015).

Training is a practice related to the develop-

ment of subjective and intersubjective bases, it communicates with the work context and the cultural context, it appropriates the political space and it takes charge of the construction of identities. At this point it exceeds, therefore, the formality of the educational system and projects itself into other fields (Borges, 2018).

Announcing the work in the Brazilian Health System as an enriched field for the development of educational practices, the intrinsic correlation of the educational path with the professional practice is highlighted. Therefore, by recognizing and discussing the real needs of the service, promoting factors for the development of the employee who is immersed in the service are conditioned, as well as for the progress of the health system.

The repercussions promoted by the university articulation of teaching with the service have notably reports indicating the contributions of this space for the personal and academic development of the health students (Rotta; Nascimento, 2020). The formation of professionals in the light of critical-reflexive and problematizing accountability is created in a substantial perspective and is necessary in order to attend society in a complete way (Mello; Teo, 2019).

The teaching of PHC in health courses often remains to be desired, because many courses do not bring in their Guidelines the presence of this content which results in professionals sometimes unprepared to work in this area. It is also observed that in health courses that have PHC inserted in the Curricular Guidelines, students glimpse the teaching of this knowledge with critical, reflective and humanistic training and thus are prepared for the real needs of society.

The objective of this study was to understand the perception of an interprofessional team about the academic training of its members and the teaching experienced in relation to the Brazilian Health System.

2 Method

2.1 Study Design

The present study was exploratory and descriptive in scope, with a qualitative focus, and aimed to answer the research question: Does the pedagogical proposal conducted by the academic training of an interprofessional team prepare professionals to work in Primary Health Care?

It is emphasized that "the qualitative approach is selected when we seek to understand the perspective of participants (individuals or small groups of people to be researched) about the phenomena that surround them" (Sampieri; Collado; Lucio, 2013a, p. 376).

2.2 Setting

The research was carried out in the Primary Health Care, division of a Municipal Health Secretariat, located in the State of Paraná, and linked to the 19th Health Regional Office. The choice of the location was due to the Health Establishments of the Municipality, directed to the primary service, present in its composition a varied team of professionals and areas of expertise. Members of an interprofessional team took part in the study, representing a sample of 16 professionals from 10 different academic backgrounds: nurses, psychologists, doctors, pharmacists, physiotherapists, speech therapists, dentists, physical educators, occupational therapists and nutritionists. These participants were included in the study because they met the following requirements: they had their professional practice registered and regulated by the selected City Hall, accepting the contractual forms it had chosen; they were health professionals from the selected Municipal Health Department and were actively working in the Primary Health Care Division and had an academic degree in health.

The representativeness of the sample, in agreement with, defines that in the qualitative approach, the involvement of the participants occurs in a reduced number, since the intentionality of the research does not intend to present generalized

results (Sampieri; Collado; Lucio, 2013b). Its use in this study aimed to go through and value the singularities of those surveyed, given the disparity of professional areas and Higher Education Institutions that participated in the academic training of the individuals.

2.3 Sampling strategy

The inclusion and exclusion criteria adopted to guide the selection of participants for the study are presented in Table 1. Due to the pandemic scenario caused by the disease COVID-19, the necessary measures were adopted for the safety of those involved during the entire data collection process.

2.4 Data collection

The methods selected for data collection were recorded semi-structured interviews and focus groups, and aimed to collect data on the personal identification of participants, academic background and professional performance in Primary Health Care. The interviews and focus groups took place in private environments; the focus groups had 3 groups with approximately 5 to 6 participants for each group, which were scripted according to a predetermined instrument.

2.5 Data analysis

For the information analysis we used the thematic content analysis technique proposed by Minayo (2010), which seeks an encrypted interpretation of qualitative material. This technique has three stages: The first is Pre-Analysis – where the initial research objectives and hypotheses are taken up again, and the answers are organized in a way that may allow a prior understanding of the theoretical material. The second stage is the Exploration of Material: where the classificatory operation is performed in order to reach the core of understanding of the text and establish the categories. The third stage is the Treatment of the Results Obtained and interpretation, with interpretation of the participants' answers and interrelating them with the theoretical framework.

2.6 Ethical aspects

This study is based on ethical precepts according to Resolution n°. 466, dated December 12, 2012 (Brasil, 2012). The study was approved under No. 4.358.205 by the Research Ethics Committee. In order to guarantee the anonymity of the participants, it was decided to use code names and the names of the municipalities in the Health Regions of the State of Paraná.

Human dignity was respected, protecting the identity of the participants who collaborated in the research. The right to confidentiality was guaranteed, taking into account that the participants were informed of the objectives and methodology of the research and received an Informed Consent Form to take part in the study.

3 Results and discussion

Sixteen health professionals working in Primary Health Care participated in this research, which constituted a sample represented by 10 different health courses. Table 2 presents the sociodemographic factors presented by the sample and their correlation with the participants' completion of specialization courses.

With the appropriation of the collected statements, their analysis and interpretation, categories emerged that signified the studied phenomenon. The categories were named as "The approach to Primary Health Care in the academic curriculum" and "The teaching process, during academic training, emphasizing the specialized service".

3.1 The approach to Primary Health Care in the academic curriculum

The speeches related to this category point to the fragmentation of the curricula and it is observed that issues associated with Primary Health Care are superficially addressed, it was also clear that the contact with the reality of the Unified Health System happened during the internships, as shown in the speeches below:

So, the internships were done in poor communities, entities, many visits [...] so it is as if Unified Health System existed at that time, we were already doing it, the Unified Health System

only came as a rule, social work already existed (PARANAGUÁ).

So, when I was a student, I used to do the outpatient clinics, the trailers on the side of the street, in the neighborhoods on the outskirts of Vitória [...]. The biggest incidence that we had there, that I saw there, was the problem of children, worms, it was so simple, right, but it was complicated because there was no remedy [...]. Let's classify it as a public calamity, because in the outskirts people didn't have sewage, piped water, so the rate of hepatitis was also high [...] so this was the calamity at the time I studied, in the 80s (CIANORTE).

Therefore, the fragmentation of the theoretical-practical experience in the academic curriculum of the participating professional categories was denoted. There are repeated statements indicating a distancing from the generalist training expected for health professionals, whether in the theoretical appropriation of the undergraduate to the programmed content, or by the disappointment with the stimuli for the development of practices in the community space. They mention training processes focused on isolated disciplines, without longitudinal compliance in the curriculum, developing fragmented knowledge and far from the real needs of the population assisted by the public health service.

The Federal Constitution of 1988 (Brazil, 1988) established elements that gave rise to the conception of the public health system in the country, the Unified Health System (SUS). The consolidation and regulation of this system allowed for the formation of health professionals who were better prepared to work in society (Souza, 2019b).

There are reports in the literature of academic experiences with the exposure of students to the primary care setting both longitudinally and at the beginning of the medical training course, as well as in a pedagogical strategy with a late student approach or with restricted practice within this health care mode (Rotta; Nascimento, 2020).

The managers who participated in the study assumed a position of unpreparedness regarding the professional performance in the interfaces of the profession, although they had a higher education in a course that favored the managerial practice (Fernandes *et al.*, 2019).

The issue of the Unified Health System was based on the last year, which was the year we went to the field, in these five years of college when we had contact. The internship in the Health Unit lasted only two weeks, it was very basic. We had a theoretical semester, but it was very comprehensive, very basic, to know "what were" the principles of the Unified Health System, the type of service that was performed, what could be done, and what could not be done (FOZ DO IGUAÇU).

So I think that what I had was an observational experience, I only observed the professionals working in public health, but I observed for a very short time, I didn't have that close contact, I believe that the internships should be more focused on public health, because most of them don't even know that they will end up working there. From a class of students, there will be a large percentage that will end up going to the public sector, I believe that there should be more internships (APUCARANA).

On the other hand, although it is recognized, by one of the participants, the weaknesses of the curricular structure of the higher education experienced, the satisfaction with the learning process was partially highlighted, although still based on an education proposal that decentralizes Primary Health Care.

Based on the widespread higher education in nursing in the country and its curricular planning, the training process in the context of the Primary Health Care was referenced by a survey, which disseminated data that extracted characteristics of nursing courses distributed in the country. In the same study published by Magnago and Pierantoni (2020), essential skills were found for the generalist practice of nurses and the needs of the Primary Health Care.

In fact, I think it was only one semester that was worked on, it gave us a good notion of how the Unified Health System works, the public policies, we studied a little bit about this, it's not much, there was no internship, just like in school when you go and do an internship, there was no internship, you have to do so many hours in health, we didn't have this practice, it was only theoretical (FRANCISCO BELTRÃO).

Understanding that primary service demands complex professional aptitudes and the availability of professionals who are known to be prepared in their knowledge, skills, and attitudes, there are literary references that prescribe the yearning for professional qualification to meet the

expectations required for professional practice, at this point, the residency modality has shown itself as a recognized option for this purpose. The highlighted speeches speak about the interrelation between the contents assimilated during the formation and the preparation for the current occupational functions.

Likewise, Sardá Júnior *et al.* (2020) confirmed among their participants statements that reinforced the search for professional qualification, in residency modality, as an objective to provide better aptitude to the demands of the labor market. Also, in agreement with Sardá Júnior *et al.* (2020), it was observed that among the students who intended to take a graduate course, 71% confirmed the partial preparation provided by the curricular matrix and, in this context, 93% stated the indispensability of seeking a complementary course in the intended area.

[...] So, when I saw myself inside the workplace, and he said "no, now you have to do other things", that was what struck me, because then I said "So, what do I do? I don't know what to do! Then I saw that I didn't know how to do it, I didn't know how to do anything else except outpatient care (CORNÉLIO PROCÓPIO).

Of the Primary Care internships, only one that compares to what I am experiencing today [...]
(LONDRINA).

3.2 The teaching process, during the academic formation, emphatic to the specialized service

The interprofessional team working in the public health system affirmed the presence of hospital and specialized hegemony in the course of their university education, proposing in higher education the favoritism for professional performance in the biomedical model and making desirable the guiding core aimed at the biopsychosocial care model. This condition was also perceived by those studied as biased in limiting the choice of Primary Health Care as a possible field for professional practice.

According to Vieira *et al.* (2018) regarding the area of emphasis adopted during medical training, Primary Health Care was the area most frequently mentioned by the interviewees, followed by spe-

cialized care and the hospital environment to structure medical courses.

In fact, my training was more focused on the clinical area, in the sense of the doctor's office and the like. So, I particularly left college thinking that I was going to set up a clinic and work this way, I didn't see myself working in the Primary Care area, for example, I had no idea what it would be like to work in the Unified Health System (CURITIBA).

When I started college, they didn't talk much about health centers, you know, health units, they talked a lot about hospitals. So much so that when I left college, my first job I got was in a hospital (GUARAPUAVA).

For some health professionals the figure of the professor in the academy brought relevant meanings to the object of study, according to them there was a direction for private service, recognized through the model of communication transmitted, as identified in the highlighted excerpts.

Evidence confirmed the teacher's influence on the students' involvement during the transmission of teachings about the country's public health system, and therefore the university is an important tool in counting on the labor of a faculty committed to the content under discussion during the training of health professionals (Santos; Hugo, 2018).

In college, since we didn't have this contact with the Primary Health Care Units, we are very much focused on the closed unit, on the clinic, on private care. The language that the professors use, they use a language for you to serve private patients (FOZ DO IGUAÇU).

[...] most universities, colleges, the purpose is to create a generalist doctor, right, create in the sense that you become a generalist, graduate and work as a generalist, but this is very different in theory, in practice, I felt the opposite, most professors already induced (PATO BRANCO).

One of the respondents considered the university education to be free from directions, with the transmission of scientific knowledge in a harmonic way as to the performance in public or private service.

Studies confirm that although the National Curricular Guidelines are applicable to the educational process, training a health professional, particularly a physician, with a generalist focus

requires overcoming barriers still imposed by the teaching staff or even by obstacles in the practice circuit itself (Vieira *et al.*, 2018).

The plurality of environments to be visited by nursing students during practical classes and/or internships was evidenced in the study by Magnago and Pierantoni (2020), admitting the use of primary and hospital services by all the interviewees.

I think there were two sides, because as I had many classes with professors who were from the private sector, they always mentioned the importance of the private sector, but I had the fundamental piece that was the discipline of public health for two years and there was much talk about the importance of public health. I had a little more comprehensive training (APUCARANA).

The teaching-service-community integration, when instituted in the composition of the academic curriculum of the health professions, contributes to the debate about its functioning mechanisms and the production of care. Although the dynamics of the health system are inviting to compose the health curriculum, it is vital to establish new organizational arrangements to ensure the support of the student in primary service training period, overcoming the challenges of this work plan, and thus contributing to instigate the university student to mature his critical perception to a reality beyond the university.

In this orientation, a curriculum close to the community supports the development of generalist professionals aligned with the expectations of public service and familiarizes them with the intrinsic activities of their professional categories. The testimonies that close this category expose the impact of the practical activities experienced during the graduation period on the current professional performance at the Primary Health Care Division.

It is known that the learning landscape in health care still shows dimensions to be discussed, whose fragmentations must be overcome in order to strengthen the organizational model proposed by Primary Health Care, enquanto responsável pelo acesso inicial do usuário ao serviço e pela

coordenação do Cuidado (Santos; Hugo, 2018). Vieira *et al.* (2018) reinforce that obstacles present in Primary Health Care as a field for the formative process may result as hindering elements for the formation and preparation of the future generalist professional. Therefore, such factors include both health units and their physical facilities to receive students, as well as professional turnover.

Parma, Oliveira and Almeida (2019) present through reflections obtained with health professionals a survey of unfavorable conditions related to the presence of the academic in the service, they comprise the rapid experience provided by the articulation of teaching-service-community, which, in turn, fragments the established relationships, the difficulty of postural adaptation of the beginner student, or even the presence of the student repercussing in an embarrassing reaction for the assisted user in certain situations during medical care.

[...] we learned very elitist techniques, oral health techniques... in the sense that they are made for private audiences, so I can't only use elitist techniques with expensive materials, materials of difficult access, because of course I have to learn everything that is in my area, but I believe that this left me wanting to learn techniques aimed at public health. There are techniques that I do today that I never imagined I could do. And techniques that I learned, that I can't apply here, because it is not viable. So I believe that the practical part of the procedures should be more divided and adequate to reality (APUCARANA).

I attended patients, I did (home) visits, what we also did was a screening spreadsheet for syphilis treatment, both pregnant and not pregnant women. Here (in the current P.S.A. service) we have already put together three spreadsheets, for pregnant women, mental health, and controlled prescriptions and popular prescriptions [...] (LONDRINA).

4 Conclusion

The teaching-service-community integration, when used as a formative stage for higher education in the health area, conditions the student for the appropriation of the work processes found at the base of the public health system and brings him/her closer to a care model programmed to assist the users of the territory covered by the acting team. In this direction, Universities must

take responsibility for providing courses that are aligned with the National Curriculum Guidelines, advocating guided curricula to ensure the construction of the generalist vision of the future health professional.

Compacting with the findings gathered in this study, the immersion in the fieldwork provided the diagnosis of the meanings expressed by an interprofessional team regarding their academic training and the unfolding to subsidize their preparation for the development of their professional functions. The category of this research, designated as "the approach to Primary Health Care in the academic curriculum" brought in its context units narratives that explored the scope of the participants' higher education courses in conducting a generalist education. The site of pronouncement that this category assumed for the participating team proposed the visualization of higher education conditioned on the favoritism of hospitalocentric teaching. The lack of contact with Primary Health Care during graduation, not only distanced the professionals from the learning rehearsed for the professional categories, but also distanced the interest for a daring performance in the community, which exalts the professional look for an integral knowledge, which aims at the biopsychosocial care model. The uncoordinated curricular organization in its theoretical-practical insertion, without longitudinal propagation, also tended to disfigure generalist teaching, culminating in professional unpreparedness.

This study looked at a diverse group of professional categories, gathering evidence that pointed to the need for the curricular dynamics, disseminated by higher education, to confirm the role of the Unified Health System as the guiding axis of the various courses that make up the health area. It also recognizes that the healthcare system, in its primary scope, has normative bases and specific work tools, which consequently determine that the jobs are occupied by professionals who are appropriately qualified in their areas of training.

This study is expected to bring contributions about the teaching-learning process propagated by Higher Education Institutions and its implica-

tions on professional practice. The dissemination of new studies is suggested for the identification of gaps in the work and teaching environments in Primary Health Care.

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