

## EXTRACURRICULAR INTERNSHIP IN A BASIC HEALTH UNIT: EXPERIENCE REPORT

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**Abstract:** The extracurricular internship is an activity performed in addition to mandatory training. The present study is an experience report that aims to expose the knowledge lived in this scenario in a basic health unit. It is concluded that such action counts as a very rich experience for professional training.

**Keywords:** Extracurricular internship; Basic health Unit; Nursing; Experience report.

## INTRODUCTION

The extracurricular or non-compulsory internship counts as an optional activity that must be added to the regular workload. It represents the search for the new who are interested in additional practical education, in addition to the training offered by universities (Viana et al., 2012).

Curriculum training conducted by the teacher must stimulate the teaching-learning relationship, complementing the student's education with real practical training, which is simultaneously educational, formative and serves the community (Rodrigues; Leitão, 2000). The objective is to develop the academic in a comprehensive way, respecting the ethics of the profession and the discipline, striving to develop critical individuals and agents of social change (Coury; Vilella, 2009).

For Silva and Teixeira (2013), the practice helps students to define their interests and to formulate their professional projects more clearly, so that they have more confidence in relation to the future.

Thus, the non-mandatory internship counts as an extra experience, developed by the interested academic, under the supervision of a technical manager. This practice outside the college walls develops the student and brings him great knowledge and experiences.

Regarding Primary Health Care (PHC), the National Primary Care Policy (PNAB) makes Family Health (SF) explicit as the preferred model for reorganizing primary care in the

Unified Health System (SUS). In the BANP, primary care is defined as a set of individual, family and group health measures, including promotion, prevention, protection, diagnosis, treatment, rehabilitation, risk reduction, palliative care and health surveillance, developed through integrated care and qualified management practices, implemented by a multidisciplinary team, aimed at groups of people in a specific area where the team has health responsibilities (Brasil, 2017). This team works in a physical structure called the Basic Health Unit (UBS).

Currently, PHC in Brazil is internationally considered the basis for a new care model of health systems that have centralized the user-citizen and a central role in the organization and integration of health care networks (Giovannella et al., 2009).

It was possible to observe the importance of primary health care in the country, where it must be the user's gateway to public health services and which develops numerous activities supporting a population delimited by a multidisciplinary team.

Based on the relationship between non-compulsory practice and primary health care, the main objective of this article is to report the experience of a nursing student at Christus Faculdade do Piauí-CHRISFAPI in an extracurricular internship at a Basic Health Unit in the municipality Piripiri-PI, aiming to complement the development in graduation and sensitize other students to perform such activity.

## **METHODOLOGY**

For Júnior and Lemes (2020), an experience report aims to share experiences and situations experienced by an individual or group, and can have several uses, from a mere expression of facts of life, to looks at social, historical contexts, customs, culture or even for scientific and academic experiments.

This experience report describes the experience of a non-mandatory internship of a nursing student at Christus Faculdade do Piauí-CHRISFAPI in a Basic Health Unit in the city of Piripiri-PI.

According to Cavalcante and Lima (2012), the experience report is a descriptive research tool that reflects one or more behaviors or groups of behaviors related to positions with experience in professional areas of interest to the scientific community.

## **EXPERIENCE DESCRIPTION**

The internship carried out began on August 8, 2022, ending on December 9 of the same year. The nurse responsible for the health unit was the supervisor of the site.

The days of activities were from Mondays to Thursdays, during the day from 7:00 am to 11:00 am. The UBS covered the Fonte dos Matos neighborhood in the city of Piripiri-PI. The internship was not remunerated.

The current model of public health in Brazil, especially primary health care, is characterized by a set of measures with the idea of promoting and protecting people's health, structured in the form of work in multidisciplinary groups (Ávila; Costa, 2020).

Peduzzi (1998), describes the multidisciplinary team as the category of collective work, which is built on the mutual relationships of specialists and their technical interventions, based on communication and collaborative activities in various fields of knowledge.

The basic health unit where the internship

took place had a multidisciplinary team. The ESF is composed of at least: a general practitioner or specialist in family health, a general nurse or specialist in family health, a nursing assistant or technician and four to six community health agents (CHA). In the aforementioned UBS there were these professionals, emphasizing the number of five CHAs. In addition, the team incorporated other groups of professionals who are part of the minimum team of an ESF. They are: the oral health team (ESB), composed of a dentist and an oral health assistant; and the NASF (Family Health Support Center) team, made up of a physiotherapist, a psychologist, a nutritionist and a social worker.

Each professional plays their role within the unit, as required. The service becomes multidisciplinary, that is, team members relate to each other to better serve the patient. This is the case of referrals and counter-referrals, which can happen inside or outside the basic health unit.

According to the Ministry of Health (2012), organizing the PHC work process is essential for the team to be able to guarantee universal and integral access and improve well-being and work

Thus, the service user has a more complex and joint service, being supported by a holistic view.

The UBS operated weekly from Monday to Friday with professional staff on a rotating basis. It is worth mentioning that the nursing team was not present on Fridays, due to the new weekly workload (30 hours per week) implemented by the municipality, therefore, on Wednesdays there was a regular schedule (from 7 am to 1 pm).

Some of the activities carried out in the service are: nursing care, medical care, dental consultation, prenatal care, child care, psychotherapy, nutritional care, vaccination, home visits, health education actions, referrals,

interpretation of exams, among others. All these activities were performed by the trained professional in charge and the population had access through appointments at the unit itself, through the CHAs or through an instant messaging application.

During the internship period, accompanied by the technical supervisor of the health unit, several activities related to nursing practice were carried out.

As for the nurses' intervention guidelines, in view of the attributions provided for by the PNAB, they are considered in part as specific aids, including implementation of nursing consultations, procedures and group work, requesting complementary exams, prescribing medications, referring users to other services, carrying out planned actions and meeting spontaneous demand (Barbiani; Nora; Schaefer, 2016).

According to Matumoto et al. (2011), the work of nurses in PHC is based on two aspects: production of care and management of the therapeutic process; and health service and nursing team management activities.

The activities carried out were according to spontaneous and/or scheduled demand. Some of them were: childcare, prenatal care, referrals, interpretation of exams, preventive cervical exam (PCCU), home visits, puerperal visit, lectures, meeting with the team, access to the system, exchange of tube, withdrawal points, pre-services, assistance in the vaccination room, vaccination campaign, request and receipt of materials. All occurred under the supervision and authorization of the patients involved.

The unit's staff was very receptive and welcoming, as were the users of the service. There were no complications during the active period.

In addition, the nurse in charge gave a lot of autonomy and responsibility for the performance of the requested functions.

## CONCLUSION

In this study, an attempt was made to report the experience of a nursing student in an extracurricular internship at a Basic Health Unit.

It was possible to observe how the non-compulsory internship contributes to the completion of student training. In addition, it was understood about the health unit where the internship took place.

In addition to reporting the activities

performed during the period of experience in the aforementioned reality.

It is concluded that the experience is a great gain in knowledge and experiences, contributing to a good professional practice, in addition to serving as an implementation of the knowledge acquired in the classroom during graduation.

With this, it is expected that this study will serve as a sensitizer for other undergraduate nursing students to seek this practice.

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