



Original Article

Thematic trends in undergraduate thesis of Programa Mais Médicos-AL

Tendências temáticas dos trabalhos de conclusão de curso no Programa Mais Médicos- AL

Tendencias temáticas de las obras de finalización del curso en el Programa Mais Médicos- AL

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RESUMO

Verificar como os profissionais do programa percebem e pretendem intervir nos processos de saúde e adoecimento nas comunidades em que atuaram. Estudo quantitativo, descritivo, desenvolvido durante os anos 2019 e 2020, valendo-se da base de dados fornecida na área de pesquisa da página web específica do curso de especialização em gestão do cuidado em saúde da família. Período analisado entre 2017.2 e 2018.1. Dos 43 TCCs analisados, 60,5% foram realizados pelo sexo feminino e 39,5% pelo masculino. Dentre esses profissionais, 55,8% eram estrangeiros e 44,2% brasileiros. Dezenove trabalhos (44,2%) correspondiam a profissionais que atuavam na Macrorregião 1 de saúde e 24 (55,8%) na Macrorregião 2. Quanto aos temas abordados, houve predomínio de doenças crônicas não transmissíveis (46,6%): cardiovasculares (hipertensão arterial) e metabólicas (diabetes mellitus), seguidos por temas relacionados à saúde da mulher e gestação (21%): gravidez na adolescência, pré-natal, aleitamento materno e planejamento familiar, e parasitoses intestinais e esquistossomose (14%). Dentre os nós críticos, verificou-se a recorrência de questões relacionadas aos determinantes sociais de saúde, bem como à educação. As intervenções propostas, observou-se maior prevalência de ações voltadas para a educação (educação em saúde, capacitação de profissionais, educação permanente); outras estão ligadas à qualificação e melhoria na prestação do atendimento à população, seguida por soluções relacionadas a hábitos e condições de vida e políticas públicas. Os temas escolhidos demonstram compromisso e conhecimento da realidade sanitária loco-regional e coerência com as políticas públicas em saúde. Entretanto, as intervenções propostas são insuficientes para a significativa modificação da realidade sanitária local, uma vez que se limitam a atuação individual do paciente ou do médico e equipe de saúde.

Descritores: programa mais médicos; atenção primária à saúde; educação em saúde.

ABSTRACT

Verify how the program professionals perceive and intend to intervene in the health and illness processes. Quantitative, descriptive study. Developed during the years 2019 and 2020, using the database provided in the research area of the specific web page of the specialization course in family health care management. The data were submitted to descriptive analysis by simple percentage. Of the 43 Undergraduate Theses analyzed, 60.5% were written by female and 39.5% by male. Among these professionals, 55.8% are foreign doctors and 44.2% are Brazilian doctors. In the period analyzed (2017.2 to 2018.1), 19 studies (44.2%) corresponded to professionals working in the health Macro-region 1 and 24 (55.8%) in the Macro-region 2. As for the topics covered, there was a predominance of non-chronic diseases. transmissible (46.6%): cardiovascular (arterial hypertension) and metabolic (diabetes mellitus). The themes related to women's health and pregnancy (21%): teenage pregnancy, prenatal care, breastfeeding and family planning. As intestinal parasitosis and schistosomiasis (14%). At the standard nodes, there was a recurrence of issues related to social determinants of health, as well as education. The proposed interventions showed a prevalence of actions aimed at education (health education, training of professionals, permanent education); others are linked to qualification and improvement in the provision of services to the population; followed by solutions related to habits and living conditions and public policies. The chosen themes demonstrate commitment and knowledge of the local-regional health reality and consistency with public health policies. However, the proposed interventions are insufficient to significantly change the local health reality, as they are limited to the individual performance of the patient or the doctor and health team.

Descriptors: health consortia; primary health care; health education.

RESUMEN

Verificar cómo los profesionales del programa perciben y pretenden intervenir en los procesos de salud y enfermedad en las comunidades donde trabajaron. Estudio descriptivo cuantitativo. Desarrollado durante los años 2019 y 2020, haciendo uso de la base de datos facilitada en el área de investigación de la página web específica del curso de especialización en gestión sanitaria de la familia. Los datos se sometieron a análisis descriptivo por porcentaje simple. De las 43 TCC analizadas, el 60,5% fueron realizadas por mujeres y el 39,5% por hombres. Entre ellos, el 55,8% son médicos extranjeros y el 44,2% son médicos brasileños. En el período analizado (2017.2 a 2018.1), 19 estudios (44,2%) correspondieron a profesionales que laboran en la Macrorregión 1 de salud y 24 (55,8%) en la Macrorregión 2. En cuanto a los temas abordados, hubo predominio de enfermedades crónicas no transmisibles (46,6%): cardiovasculares (hipertensión arterial) y metabólicas (diabetes mellitus). Los temas relacionados con la salud de la mujer y el embarazo (21%): embarazo adolescente, atención prenatal, lactancia materna y planificación familiar. Parasitosis y esquistosomiasis intestinales (14%). en los nodos críticos se verificó la recurrencia de temas relacionados con los determinantes sociales de la salud, así como con la educación. Las intervenciones propuestas mostraron un predominio de acciones orientadas a la educación (educación para la salud, formación de profesionales, educación permanente); otros están vinculados a la calificación y mejora en la prestación de servicios a la población; seguido de soluciones relacionadas con hábitos y condiciones de vida y políticas públicas. Los temas elegidos demuestran

Introduction

The need to modify medical training has been guided by several projects throughout the 20th and 21st centuries (1). In 2013, in the context of the implementation of the "Mais Médicos" ("More Physicians") Program (MMP), the Interministerial Ordinance 1,369 was instituted, which affirms the mandatory distance specialization course provided by a public institution of higher education with teaching, research and extension activities, which must integrate teaching and service with the aim of improving care in primary health care (2).

The MMP was consolidated through law 12.871 / 13 by President Dilma Rousseff, amid the pressure of the "Jornadas de Junho" protests and the mayor movement "Cadê o Médico?" (Where's the Doctor?) that demanded a quick and effective response to several problems, among them the need for improvements in public health and regional inequalities in the distribution of doctors (3).

The program consists of three areas: the first provides for the improvement of infrastructure in health services. The second refers to the emergency provision of doctors, both Brazilian (trained inside or outside the country) and foreigners (individual exchange doctors or mobilized through agreements with PAHO - Pan American Health Organization) between Brazil and Cuba, enabling the mobilization of Cuban doctors to work in the Brazilian Unified Health System. The third area is aimed at expanding vacancies in medical colleges and medical residences, with changes in training curricula to improve the quality of health care (4-5).

In Alagoas, all doctors enrolled in the MMP must specialize in Family Health Care Management, a course offered by Federal University of Alagoas in partnership with Federal University of Minas Gerais. At the end of the course, students should produce and present a project aimed to change the reality of local health.

The objective of this work was to verify how the program's professionals perceive and intend to intervene in the health and illness processes in the communities in which they operate, in addition to critically ponder on medical training today. To this end, the authors analyzed the course projects of the program participants.

Methods

Documentary, quantitative, descriptive study, using the database provided in the research area of the specific web page of the specialization course in Family Health Care Management, developed between the years 2019 and 2020.

The Undergraduate Thesis is the last step to pass the specialization and continuity course of the "Mais Médicos" Program in Alagoas.

The inclusion criteria of the papers for analysis were: total completion with the approval of the advisor as well as posting on the course's web platform, incomplete works were excluded from the analysis.

The main themes included in the project titles, issues, and the intervention proposals were defined as primary variables for analysis, being calculated the respective absolute and percentage frequencies. Gender (men x women), health macro-region (I and II) and nationality

were used as secondary variables. The crossing of those variables allowed to expand the information consideration.

The primary outcome of the study was the generation of a technical report to support local policies for permanent and continuing education related to the MMP; and as secondary outcome, support to the management of the MMP for the planning of prevention and health promotion policies in the municipalities of Alagoas.

Since the assessed data were of public domain, the study was not submitted to the Ethics Committee on Research with Human Beings. However, the management of the researchers' liaison institution was informed about the nature of the research in order to obtain a declaration of science and agreement with the ethical development of all stages.

Results

It was observed that from a total of 43 undergraduate thesis, 60.5% were performed by women and 39.5% by men. Regarding the nationality of the total number of authors, 55.8% corresponded to foreign doctors (12 women and 12 men) and 44.2% to Brazilian doctors (14 women and 5 men). In the assessed period (2017.2 to 2018.1), 19 studies (44.2%) corresponded to professionals working in the Health Macro-region 1 and 24 (55.8%) in the Health Macro-region 2.

Regarding the covered topics, as seen in Table 1, there was a predominance of chronic non-communicable diseases (46.6%): cardiovascular (arterial hypertension) and metabolic (diabetes mellitus) diseases, followed by themes related to women's health and pregnancy (21%): teenage pregnancy, prenatal care, breastfeeding and family planning. Another common theme is intestinal parasitosis and schistosomiasis (14%).

Table 1: Topics covered in the MMP Alagoas physicians' undergraduate thesis between 2017.2 and 2018.1.

Theme	n	%
Chronic non-communicable diseases	20	46.6
Women's health and pregnancy	9	21
Intestinal parasites and schistosomiasis	6	14
Cervical cancer screening	2	4.6
Primary health care	2	4.6
Mental illness / use of psychotropics	2	4.6
Smoking	1	2.3
Stroke risk	1	2.3
TOTAL	43	100

Source: data collected by the research authors (2021).

Regarding the choice of critical nodes (Table 2), there was a recurrence of topics related to social determinants of health (lifestyle and living conditions, housing, basic sanitation, etc.) as well as education (health education, illiteracy, lack of access to culture and information by the population).

Table 2: Frequency of critical nodes by category in the evaluated undergraduate thesis.

Critical Nodes	n	%
Social Determinants	38	33.9
Education / Culture	37	33
Working conditions	19	17
Teamwork	12	10.7
Careness Provision	5	4.5
Popular participation	1	0.9
TOTAL	112	100

Source: data collected by the research authors (2021)

Regarding the proposed interventions, it was possible to observe (table 3) the prevalence of actions aimed at education (health education, professionals training, permanent education); other frequent proposals are linked to the qualification and improvement in the provision of services to the population; followed by solutions related to habits and living conditions as well as public policies (social determinants).

It is important to note that each undergraduate thesis presents, on average, 3 to 5 critical nodes and intervention proposals for the identified problems. These topics were grouped according to the categories presented in the tables, with their respective frequencies.

Table 3: Frequency of intervention proposals by category in the evaluated undergraduate thesis.

Intervention Proposals	n	%
Education	50	40.65
Careness Provision	25	20.32
Social Determinants	22	17.9
Promotion / prevention	13	10.56
Service Structure	10	8.13
Teamwork	3	2.44
TOTAL	123	100

Source: data collected by the research authors (2021)

Discussion

Most MMP projects during the assessed period were carried out by Brazilian and foreign female doctors (60.5%). This data corroborates with researches that point to the growing feminization of medical career in Brazil and the world (6). In 2015, male doctors accounted for 57.5% of the total number of doctors, and female doctors corresponded to 42.5%. 30 years ago, in 1990, the total of female doctors were 30.8%. Among the new registrations at the Federal Council of Medicine (FCM), since 2009 women overtook men in the lower age groups and, in 2020, they are the majority between 30 and 34 years old and 29 years old or less (7).

It is also noteworthy that among the 19 Brazilian doctors, 14 were women and only 5 men. This fact may be related to the finding that in Brazil and in several countries there is a greater interest of women in basic specialties such as Gynecology and Obstetrics, Pediatrics as well as Family and

Community Medicine. Surgical and emergency specialties are sought mainly by men (6).

According to Scheffer (6) "women largely opt for part-time practices, presumably to serve their families", choices determined by sexual division of labor. Although women have been occupying more and more higher education, their salaries remain lower than that of men's (8). Still domestic and childcare work remains predominantly under women responsibility.

Regarding the predominance of projects performed by foreign doctors (55.8%), the fundamental role that these professionals played in the MMP Emergency Provision is confirmed. According to a study by Nogueira (9), in 2016, 80% of the doctors working in the MMP in the Northeast region of Brazil were Cubans. This data highlights the importance of cooperation with PAHO to enable the insertion of these professionals in PHC and demonstrates the historic role that Cuban doctors have played in helping to cope with the health difficulties of people in different countries around the world (9).

In terms of the assessed project themes, it is possible to observe the predominance of chronic non-communicable diseases (46.6%), women's health (21%) and parasitic diseases (14%).

According to the Hospital Information System of the Brazilian Unified Health System (SIH / SUS) (10), while in the capital (Maceió) the main causes of hospital morbidity are related to cardiovascular diseases, neoplasms and external causes, in other cities and health regions it is common that infectious diseases and parasitic diseases, in addition to diseases of the circulatory system, collaborate among the main causes of hospitalization. In addition, in all health regions the main cause of hospitalization is pregnancy, childbirth and puerperium. Thus, the recurrence of themes such as approach and control of arterial hypertension, pregnancy in adolescence, exclusive breastfeeding, parasitosis and schistosomiasis is justified. It is important to highlight that in the literature there are indications of these problems in the context of PHC, reinforcing the importance of addressing them.

Although hypertension is considered a serious public health problem, it still has a low rate of control in Brazil (18% to 19.6%), being an important cause of hospitalization due to health problems and a great challenge for PHC professionals (11).

Adolescent pregnancy is also a public health problem that is very present in Brazil. According to a WHO report released in 2020, between 2003 and 2018, for every 1000 adolescents between 15 and 19 years of age 53 became pregnant (12). In 2015, the Brazilian region with the highest number of teenage mothers (between 10 and 19 years old) was the Northeast region, concentrating 180 thousand births or 32% of the total (13). According to the Brazilian Society of Pediatrics (13), teenage pregnancy could bring several risks for the adolescent, the newborn, the family and society as well, raising mortality rates and impacting the future of several generations.

Regarding to parasitic diseases and, in particular, schistosomiasis, according to the Epidemiological Bulletin

published by the Ministry of Health in 2018, between 2008 and 2016, 317,673 cases of the disease were recorded in the Northeast, which corresponds to 74.4% of the country's cases in the same period. In Alagoas, this parasitosis has an endemic character, with 107,002 registered cases (25.2%) (14). The higher prevalence of these pathologies in poorer regions suggests their association with the population's living conditions: poor basic sanitation, poor or nonexistent hygiene practices, unhealthy housing and malnutrition, caused by the low socioeconomic level of the population (15).

The issues frequently mentioned in the undergraduate thesis projects are related to the lack of adequate housing conditions, basic sanitation, unemployment, inadequate habits of hygiene and food, grouped in the results as Social Determinants of Health (33.9%). The problems of illiteracy, low education, lack of information and access to culture are also recurring, grouped as Education (33%) in the presented results. Poor working conditions (17%), such as lack of basic materials and medicines, deficient Basic Health Units infrastructure and disproportionate number of medical visits per day were also identified as problematics. Interventions on these fields are identified as fundamental to overcome the main causes of identified illness.

The intervention proposals formulated by the MMP professionals are mainly related to health education through lectures and conversation circles with the community; permanent education and training of health teams and increased access to information by the population; followed by strategies to improve the care provided by the team such as greater organization of medical records, standardization of care and increased frequency of patients home visits. It is noteworthy that in face of the precarious scenario of the population's living conditions, perceived by doctors and referred in the formulation of issues, solutions related to "social determinants" are less recurrent. A lot is invested in the education of the population and in the qualification of professionals through permanent education, using workshops, conversation circles, lectures etc.

For a critical reflection on the results, it is necessary to understand the historical process of constitution of medical work and teaching in Brazil. Two moments were crucial for the transformations that took place in the field of medical work: proletarianization, when these professionals cease to be liberals - holders of the means of production to carry out their work - and start to sell their workforce to large corporations, cooperatives, hospitals or even the state. This process was consolidated throughout the twentieth century and accompanied by a change in the understanding of the health-disease process and the emergence, in Brazil, of the Unified Health System, which reorganized medical practice nationally. Those changes determined the need for projects to readjust national medical education to meet the demands of the job: the National Interinstitutional Commission for the Evaluation of Medical Education (CINAEM) (1-16) and the National Program for the Reorientation of Professional Training in Health (PROSAÚDE) (17).

In its last stage, CINAEM structured a proposal for the transformation of Brazilian medical education that resulted in the elaboration of the National Curriculum Guidelines (DCN) for the medical course in 2001 (1). The DCN redirected

medical courses, guiding them towards the training of a general practitioner, with an ethical and humanistic stance, a sense of social responsibility and commitment to citizenship, focused on health promotion and disease prevention and trained to work in primary and secondary levels of care, solving most common problems until the first attendance to emergency situations (16). ()

The guidelines also leave it up to higher education institutions to define the workload and learning experiences to be offered as well as advocate an active pedagogy, centered on the student (1-16). Thus, it becomes the responsibility of the individual to ensure that their practice is always up-to-date and qualified, as well as their adaptation to different scenarios, even if these are precarious in terms of resources and working conditions (1).

The proposed solution, therefore, to the concrete problem of inefficiency in guaranteeing health for the entire population, despite all the techno-scientific advances raised by medicine throughout the 20th century, was to attribute to the medical professional the responsibility of adapting to adversities and propose alternatives to health and structural problems, whatever they may be. This false solution disregards the fact that the precarious conditions of work in the public health system are the results of its constant lack of funding for neoliberal economic policies and, therefore, a problem that is beyond education and individual medical practice (16).

Thus, the results demonstrate the difficulty that is imposed on doctors in proposing solutions to the problems encountered, and the real impossibility of significantly modifying the social scenario in which they are inserted through only individual efforts as proposed by the DCN.

Representative entities of doctors, and medical students, criticized the MMP throughout its implementation and consolidation. Medical councils in the different states of the country were resistant to the program, especially regarding the prerogative of foreign doctors to work in Brazil without carrying out qualification exams such as Revalida (Brazilian qualification exam for foreign doctors)(3). Another point criticized by those groups was the hiring of Cuban cooperative doctors through the agreement with PAHO, on the grounds that they were not proficient in Portuguese language or that they were being hired in an irregular manner, arguing that there would already be enough doctors in the country(3). However, according to Gonçalves(3) "the controversy surrounding the program involving entities representing the medical profession finds its motivations in elements of a more moral [or ideological] order than concrete elements".

The National Executive Board of Medical Students criticized the exorbitant expansion of vacancies in medical courses established by the program in order to encourage the private teaching sector to the detriment of the public and hampering the inspection of the quality of teaching by the ministry of education(18). Another aspect pointed out by the entity was that despite the real shortage of doctors in the North and Northeast regions of Brazil, it would be impracticable that only the hiring of health professionals would be sufficient to modify the health reality in those places in need of various public policies such as basic sanitation, housing conditions for work, housing and access

to education (19).

The results presented in this work demonstrate that the specialization course in family health care management provides a theoretical basis for the exercise of a medical practice based on the organizing principles of primary care preconized by Brazilian Unified Health System. At the same time, it is possible to recognize the pedagogical and methodological limitations of the course, as it is expected from student-professionals a significant change in the scenarios in which they work, something that is often beyond the reach of them all.

The survey also reveals that the doctors involved in the program have particularities in their work, for example Cuban doctors who were willing to participate in this mission in Brazil and have already done so in several countries around the world. This scenario is due to a set of factors arising from a completely different socioeconomic reality, which forges in Cuban professionals a social and world conscience different from that in which is reproduced socially in Brazil(20). Even so, regardless of country of origin or education, all doctors on MMP demonstrated knowledge and commitment to the health reality in the municipalities and communities to which they were linked. These reasons are sufficient for medical entities to commit to the support and strengthening of the program, primary care and, above all, Brazilian Unified Health System.

In addition, it is necessary to rethink national medical training with the adequacy of undergraduate courses and graduate programs to the local health regional reality and with pedagogical projects that foster the social awareness of students and professionals. Education is not able to change reality directly and immediately, but it can be a tool for the critical formation of subjects who will act collectively and politically in the necessary transformation of our society. Education must be carried out with a pedagogical project that is at the service of transforming the relations of production of our time, a truly emancipating education(21).

Conclusion

The thematic definition in the assessed undergraduate thesis demonstrates commitment and knowledge of the loco-regional health reality, and coherence with public health policies, regardless of the gender and nationality of the professionals linked to the Mais Médicos Program. However, the critical nodes pointed out and the intervention proposals are insufficient for the considerable modification of the local health reality, which depends on factors other than only the health professionals or individual patients. While interventions related to the modification of life habits only charge individuals for their own illness, interventions that depend on the performance of doctors and staff are limited to health education and continued training.

The authors hope that with this analysis, the program management will induce education policies focused on the listed problems, and on the shortcomings pointed out in the intervention proposals, in addition to provoking municipal managers to a greater commitment to the promotion of health and life quality of the citizens as well as foster an organization of health professionals around the unrestricted defense of a real universal quality public health.

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