

Primary Care as a practice and learning setting in the education of physiotherapists in Brazil: the perception of students, professionals and users

Atenção Primária como cenário de prática e aprendizagem na formação de fisioterapeutas no Brasil: percepção de estudantes, profissionais e usuários (resumo: p. 17)

Atención Primaria como escenario de práctica y aprendizaje en la formación de fisioterapeutas en Brasil: percepción de estudiantes, profesionales y usuarios (resumen: p. 17)

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This study aimed to understand the meaning of the experience of the Physiotherapy curricular internship in Primary Health Care (PHC) practice settings. A qualitative research (case study) was carried out based on semi-structured interviews with Physiotherapy students, supervisors, health professionals and users (n=20). The textual material was interpreted by content analysis. The internship in PHC proved to be an important curricular component of the Physiotherapy undergraduate course. It provided opportunities for knowing and problematizing the uniqueness of life in the territories and established bonds between students and users-families. It strengthened the professional identity of the physiotherapist through the team's and users' recognition of the role played by physiotherapy in PHC. Barriers were perceived due to the absence of the physiotherapist in the PHC team and to the fact that interaction with the team was restricted to certain professionals, limiting the analysis of the internship experience in its interprofessional perspective.

Keywords: Physical therapy specialty. Education higher. Curriculum. Primary Health Care. Brazilian National Health System.



Introduction

The education framework of the physiotherapist as a health professional was gradually constituted as the profession itself evolved¹. The first teaching models emerged in Brazil in the middle of the 19th century². Initially, education was not provided by teaching institutions³ and merely prepared workers to help physicians in rehabilitation, mainly of children with poliomyelitis, soldiers with orthopedic, neurological and spinal cord sequelae from the First and Second World Wars, and people who had had occupational accidents^{4,5}.

The first proposal regarding a minimum curriculum for Physiotherapy education dates back to 1964⁵. In 1969⁶, the Brazilian government determined that it is necessary to undergo university education to become a physiotherapist, which qualified the provided care and increased the number of courses in Brazil. Back then, only short-term courses were offered and the curriculum was composed of basic and specific subjects that valued the medical profession. In 1983, a new minimum curriculum for undergraduate courses was instituted. Its approach was predominantly curative, disease-centered, and restricted to hospitals and rehabilitation services^{2,5,7}.

In a shift from massage therapy to physical rehabilitation, actions related to health promotion and disease prevention^{1,5} started to be discussed in the field of Physiotherapy, in the spheres of education and work.

Curricular restructurings were driven by Brazil's 1996 National Education Law, by discussions promoted by entities representing the profession, and by the establishment, in 2002, of the National Curricular Guidelines (DCN). Following the restructurings, the physiotherapist started to work in all levels of healthcare, in the perspective of comprehensive care, having autonomy in the decision-making process and communicating with users, families and the other health professionals^{5,8}. Breaking with the focus on disease and based on an expanded concept of health, the DCN have brought the perspective of Physiotherapy education connected with the Brazilian National Health System (SUS)⁸⁻¹⁰. Thus, the care provided by the physiotherapist is no longer exclusively individualized and based on individual decisions, as group practices and collective, interdisciplinary/interprofessional decisions with the participation of users have been incorporated¹¹.

In Primary Health Care (PHC) - the strategic axis of SUS to consolidate the universal-equitable-comprehensive model of healthcare provision for the Brazilian population¹² -, physiotherapists are not included in the basic team of the Family Health Strategy (FHS), but they can integrate the amplified teams of FHS or compose, with other professions, the Family Health Support Center (NASF)¹³⁻¹⁵. Such action is still limited to a few professionals and is marked by important regional differences¹³.

In the context of changes in education and health policies, and in view of the recent – and ongoing - historical conception of the profession⁵, connecting the teaching of Physiotherapy to SUS has become a tendency marked by advances and challenges¹⁵⁻²².



PHC has become a practice setting for teaching in the area of health that enables students to recognize the healthcare networks in SUS and to expand the knowledge of their profession, as well as that of the other professions^{23,24}. It allows students to have contact with the needs and routines of families and with multiprofessional teamwork^{10,23-25}, enabling them to understand the inclusion and action of the physiotherapist in the sphere of PHC^{15,25}.

This study aimed to understand the meaning of the experience of the undergraduate Physiotherapy curricular internship in PHC practice settings. The internship was the concrete and human phenomenon that was studied, related to the lived world²⁶ of students, supervisors, health professionals, and users.

Methodology

This is a qualitative research characterized as a case study²⁷. The intention was to generate in-depth knowledge about the phenomenon of curricular internship in PHC practice settings, which is part of the undergraduate Physiotherapy course of a non-profit university located in the South region of Brazil, revealing the multiplicity of perceptions and singularities of the contextualized reality²⁷.

Inaugurated in 2002, the course analyzed here offers 50 seats per year, has a total of 4,250 hours and lasts five years (10 semesters). Students have curricular internships in the last year of the course, divided into hospital, outpatient and Collective Health practices. The internship in Public Health is the only one whose number of hours is distributed among the nine and tenth semesters of the course (155 hours in each semester). In this internship, students perform activities with individual, family and collective/community approaches. The practice settings have been permanently agreed with the city's Health Department and include the Regional University Clinic for Education and Health, a Social Welfare Society, the Psychosocial Care Center for Adults, and two Family Health Units/PHC. The supervisor is a physiotherapist hired by the University to accompany students during their internship in the health services. The supervisor has no employment relationship with the health service and does not teach at the University. In PHC, students are received by the coordinator of the Health Unit and by the Community Health Agents (CHA), who organize home visits and collective activities considering the needs of users in the territory. NASF does not have a physiotherapist in its composition. The present study analyzes the PHC internship where the main researcher was the supervisor, which enabled her to observe the investigated phenomenon²⁸.

Intentional sampling was performed and the sample was constituted by Physiotherapy students, internship supervisors, health professionals, and PHC users (Frame 1).

**Frame 1.** Criteria for the constitution of the research sample.

Research participants	Inclusion criteria	Exclusion criteria
Physiotherapy Student	Must have completed the internship in PHC	Being on sick leave/maternity leave
Internship supervisor	Must be monitoring internships in PHC for at least one year	
Coordinator of Health Units	Must be working as a coordinator for at least three months	
CHA	Must be accompanying students in the PHC internship for at least six months	
User	Must have received home care from students or participated in groups in the last six months	Individuals younger than 18 years, comatose patients, users with severe neurological sequelae, communication disabilities, and cognitive impairments

Source: Created by the authors.

Sample size was determined by the criterion of saturation²⁹, considering repeated themes and ideas and correlating the density of the interviews' content with the research objective.

Individual semi-structured interviews guided by a script were conducted in 2019 by one single researcher, each lasting 45 minutes on average (Frame 2). Fieldwork was carried out during seven months, enabling the researchers to analyze what was singular in the case under study and understand the context and historicity in which it unfolded.

Frame 2. Questions that guided the interview script.

Students	Information
Education-related aspects	Theoretical-political principles of SUS in the curriculum Curricular placements in PHC
Care practices in PHC	Developed activities Communication between university and services Relation between care practices and undergraduate education Bond with users-supervisor-team
Meaning of the internship experience in PHC	Expectations Learnings Effects on education, identity construction and professional practice
Supervisor	Information
Education-related aspects	Theoretical-political principles of SUS in the curriculum Education/work experiences in PHC
Care practices in PHC	Developed activities Students' performance Communication between university and services Relation between care practices and undergraduate education Bond with users-supervisor-team
Meaning of the internship experience in PHC	Expectations Learnings Effects on education, identity construction and professional practice

Continua.



Health unit coordinator	Information
Education-related aspects	Theoretical-political principles of SUS in the curriculum Education/work experiences in PHC
Care practices in PHC	Developed activities Supervisors' and students' performance Communication between service and university Relation between care practices and undergraduate education Bond with users-supervisor-team
Meaning of the internship experience in PHC	Expectations Learnings Effects on education, identity construction and professional practice
CHA	Information
Education-related aspects	Theoretical-political principles of SUS in the curriculum
Care practices in PHC	Developed activities Supervisors' and students' performance Communication between service and university Relation between care practices and undergraduate education Bond with users-supervisor-team
Meaning of the internship experience in PHC	Expectations Learnings Effects on education, identity construction and professional practice
Users	Information
Aspects related to students' education	Things students and users learned from each other Participation in students' education
Care practices in PHC	Health actions performed by students: perceptions and feelings
Meaning of the internship experience in PHC	Students' performance: strong and weak points Remarkable experiences related to the interaction with students

Source: Created by the authors.

The interviews were audio recorded and transcribed. The transcriptions were sent to the interviewees so that they could check their content, looking for modifications and/or additions.

The textual material was analyzed by thematic content analysis³⁰, supported by the software ATLAS.ti (Visual Qualitative Data Analysis). Initially, the free-floating reading of the material was performed, enabling the researchers to delve into the content of the produced narratives. There were no categories defined a priori. The corpus was identified by units of analysis and coded, initially, by generating themes (PHC in the curriculum, internship activities/experiences, relationship between interns, teams and users, learnings, challenges and perspectives). These themes, guided by the research problem/objective and by the theoretical framework, were grouped into emerging categories³⁰.

The study was approved by the Research Ethics Committees of the Federal University of Rio Grande do Sul (Opinion no. 3.282.318) and of the researched university (Opinion no. 3.336.109). To preserve the identity of the participants, letters followed by numbers were used to code the identification of students (E1 to E4), supervisor (S1), Health Unit coordinator (C1), CHA (A1 to A6), and users (U1 to U8).



Results and discussion

Four undergraduate students, one physiotherapist who supervised the internship in PHC, one nurse who was the coordinator of the PHC Unit, six CHA and eight users participated in the research (n = 20).

The three categories of analysis (Frame 3) do not express an individual description; rather, they intend to represent the meaning unit³⁰ that composes the studied phenomenon in the perception of students, supervisors, health professionals and users, who act, interact and suffer the action of the world where they live in a phenomenological perspective²⁶.

Frame 3. Categories of analysis.

Categories of analysis	Constructive definition	Operational definition
PHC as a practice setting in the education of physiotherapists: from the beginning of the course to the internship	Characterizes students' perception concerning curricular placements in PHC	Operationalized by the identification of curricular placements in PHC, feelings and expectations in relation to the internship in PHC
Between the practice setting and learnings: meanings of an experience that mobilizes new knowledge, dialog, bonding and values the professional	Expresses the meaning of the curricular internship experience in PHC to the education of physiotherapists and users	Operationalized by the recognition of activities and learnings of students, health team, and users; students-users relationship
Advances and barriers related to the teaching of Physiotherapy in PHC	Approaches advances and barriers related to physiotherapist education in PHC	Operationalized by the understanding of advances and barriers in the teaching of Physiotherapy with the team and users

Source: Created by the authors.

PHC as a practice setting in the education of physiotherapists: from the beginning of the course to the internship

Curricular placements in PHC have been described in the literature as an advance in the education of physiotherapists in Brazil^{15-22,31-33}, which was confirmed in this study. Since the beginning of the course, the students identified, in the curriculum, teaching activities that mobilized contents approaching "SUS, PHC and observation experiences at Health Units with home visits" (E1, E4).

We visited one Health Unit, we visited a user's home and had to provide health guidance for elderly individuals. (E4)

Although the activities were included in the curriculum, they were considered isolated activities that did not promote a continuous interaction with users and health teams, nor the observation of the physiotherapist's work in PHC.

We accompanied the professionals in visits, but it wasn't the experience of interacting every week with the patient-user and the team. You observed the environment, you saw how people lived, how they were treated. But it was a moment, not a continuous interaction. (E3)



When we visited Health Units, we didn't see the physiotherapist's work. We didn't have this observation activity. We went there to get familiarized with the system. (E1)

When the students started the internship, they reported feeling a "great expectation of entering into the patient's reality" (E2), but also anxiety "[...] to know how people would receive the interns at their homes and how the team would react" (E4), "fear of doing it wrong" (E2), and the challenge of working in the reality of SUS, "because what we learn in the classroom is completely different" (E3).

Between the practice setting and learnings: meanings of an experience that mobilizes new knowledge, dialog, bonding and values the professional

In this study, the internship in PHC proved to be a moment of the students' education that enabled them to interact with a community and to know "not only the users, but also their families and homes" (E3), discovering that "each home is unique, each family is unique" (E4), which can improve the care process.

It's no use simply trying to rehabilitate this patient or user if the economic and family structure, the structure in which they live, won't favor their rehabilitation. I think that going to the place where they live allows you to put all the pieces together and understand better the context of the pathology they have today. (E3)

To the students, the internship was a "gratifying" experience (E3) in their education, providing "professional and personal growth" (E2, E4), enabling contact/dialog with users, and allowing them to achieve positive results with the interventions they made grounded on knowledge from the Physiotherapy field. A "life-changing" experience (E2).

[...] I saw a person sit on the bed, something she hadn't been able to do for more than a year, although she received home care twice a week. In two or three months, I could help this person get out of bed and she looked at me and said 'It's been a year since I last did this'. [...] I left the place thinking 'mission accomplished' [...] you're providing quality work and you're meeting your goals and the user's goals. [...] I feel I am a different person as a human being and as a professional. (E3)

Due to the characteristic of the work in PHC, performed in the territory with users-families-community, the internship provided a live learning in which the student can problematize, together with the health team, social determinants of the health-disease process of users-families-communities^{5,23-25}.

Coordinators and CHA perceived that the students' presence in the team's work process "is a plus" (C1), is "important, rich" (A6), "provides benefits" (A1) in a very "positive" way (A5), improving users' health.



[...] If people participate in the group activities, they end up feeling less pain and there's less need for follow-up. Our demand decreases and care ends up being shared. (A3)

[...] besides working with the group at school, the interns do stretching exercises, workouts, and play games. People love them and always ask about them during the holidays. Many people leave their homes only because of this and end up participating in other activities, like walks and physical exercises in the outdoor gym. It's a way of making them [users] start to be aware of the need of movement, of stretching, and this is very good. (A2)

They also understood that the student is capable of “taking the team out of the comfort zone and speeding the work up” (A3), suggesting that the presence of the undergraduate student can stimulate, in the team, the need of permanent education to qualify healthcare.

The interaction with Physiotherapy students and the possibility of being “part of the educational process” (A3) allowed the CHA to engage in teaching, something that was not part of their lives and that added value to their work and professional role in the health team.

In some years' time, the students will remember me and say, “that Health Agent helped me when I was in university”. I think it's strange because we're used to being taught, not to teach. We always think we're less than the others because we don't have so much education, so we always think we're less important, we put ourselves on a lower level compared to those who have more education. Today, I don't see it that way, I think everybody is equal, it doesn't matter that the person is a physician or has any other profession, everybody is a professional, there's no difference between professions, we just have to like what we do. (A4)

CHA are the professionals who strengthen the bond between community-families-users and the health service, contributing to improve the quality of healthcare^{34,35}. As the CHA know what people need, they play a fundamental role in the expansion of the offer of Physiotherapy services in PHC^{36,37}.

The students recognized the profession-related knowledge of the CHA and their role in the close contact they had with the families.

If it weren't for them (CHA), we wouldn't have had the opportunity of knowing the people's home, the families. Perhaps we would have, but one thing is when an unknown person knocks at your door saying they will attend you and another very different thing is when you go with someone who has been working there for 10, 15 years and who, many times, has become part of the family. When you go there with her and she introduces you to the family, it's completely different. (E1)



The experience in PHC provided new learning possibilities for the student, who “can see what life out there really looks like” (E1); in addition, it surprised the users who receive these students in their homes and did not expect “that a physiotherapist had the gift of intervening in the physical and psychological dimensions” (U1).

Students and users developed bonds, expressed by reports of “attachment” (E2), “discovery” (E3), “friendship” (U3), “conversation” (U1), “rapport” (U7), “incentive” (U1, U2), “participating and making a difference in the interns’ education” (U7).

[...] at the beginning, I was afraid of him [user] and he, too, was afraid of me. During the assistances, we gradually got to know each other. He wouldn’t talk to me and I had to win this person over. He barely looked me in the eye because he was ashamed, or he was afraid of what I’d do to him. When I finished the assistances, on the last day, he wouldn’t let me leave. (E3)

In this relational construction, the care strategies were gradually modified, allowing the emergence of “other demands that perhaps the patient had never talked about before” (E2).

The development of bonds with users-families, allied with the construction of new knowledge in the field of Physiotherapy, were the most remarkable aspects to students during the experience of the PHC internship.

Every day we learn a new lesson and new practices in the internship, [...] what impressed me was the bond we develop with the families. (E4)

The bond is a relational care technology that consists in the construction of affection and trust relations between user and health worker³⁸. It enhances the process of co-accountability for health and is associated with the concepts of humanization and comprehensive care, not to mention the fact that it has therapeutic potential³⁹. By experiencing situations of closeness and partnership between professional and patient, the student becomes capable of embracing, hearing and guiding⁴⁰, which can improve their knowledge about the population’s demands, transforming care into something that is shared, alive, symmetric, singular, and effective^{41,42}.

Advances and barriers related to the teaching of Physiotherapy in PHC

This study corroborated advances but also revealed barriers concerning the education of physiotherapists integrated into PHC teams and communities.

Among the advances, students understood that the curricular internship in PHC, in the context in which the health system was organized, allowed them to perform practices with individual and collective approaches that would not be possible inside the university. Such practices qualified their education and prepared them to work in SUS. The interventions aimed to break with the biomedical paradigm of disease, bringing the expanded logic of



health to praxis and emphasizing collaborative and comprehensive care, a central category in the field of health^{43,44}. In addition to enabling students to practice the technical principles of the profession, the internship was an opportunity for reflection-action regarding ‘conflicts’ and ‘situations’ that, as professionals, they will face in teamwork^{7,25,45}.

Furthermore, it was possible to observe that the PHC professionals and users valued the Physiotherapy students’ participation, which favors the inclusion of the profession in the team and makes the team and the community understand the role of Physiotherapy in the healthcare process¹⁵.

[...] I see how much they (students) love PHC and health promotion, and we’re not used to it. [...] it was quite shocking to see a physiotherapist become so involved in this proposal. (C1)

Students considered the home care they provided during the internship as a tool to deliver comprehensive care to users and families. Through it, students could provide guidance respecting users’ health reality, understanding their environment, way of life and intra-family relationships, and approaching issues beyond the disease, like social and emotional problems^{22,46}. The activity, however, was challenging to the students and required them to “understand the Health System” (E1) and search for different alternatives to perform their physiotherapy interventions, like “improvising with the shaft of a broom, with a chair, a towel” (E3). In the practices conducted at university, different materials and equipment are available to students; in home care, “there were no materials to take to the users’ homes and we had to find another way” (E3).

Working with groups was another challenge that emerged from the students’ narratives. As a health promotion strategy, groups are collective spaces that make it easier for people to understand the importance of guidance and healthcare, so that they can develop skills and autonomous care^{47,48}. To the students, it was a new curricular experience (“I’d never had this experience” (E3)), and conducting groups with an average of 50 elderly people in each was a great “challenge” (E3). It was an activity in which the student had to “interact with users” (E4) in an individual and collective way. A different opportunity that “we didn’t experience during the undergraduate course” (E4). When they participated in or organized groups, however, the students recognized the development of professional competencies that go beyond those they learn within the space of the clinic.

[...] I can touch the person better when I go to their home and see their environment than when they simply show up at the clinic. In the clinic, we only see what is there. We can’t see the structure, the bed, the chair. The internship makes us see this, feel what they feel. (E3)

In their trajectory in the Physiotherapy course, the students perceived that there are few curricular opportunities for them to learn with different health professions about the role of each one and how they can work together in an interprofessional and collaborative way. Although students identified activities in PHC at the beginning of the course, they viewed the absence of contact with a physiotherapist in the basic team at the Health Unit and



in NASF as a challenge to be overcome. The presence of the physiotherapist as a worker of SUS who acts in PHC promotes the recognition of the profession within the team and helps students understand the physiotherapist's professional activity in public health³¹.

The fact that the internship supervisor has no employment relationship neither with the service nor with the university was also mentioned as an aspect that hinders students' integration into PHC. The supervisor is not a "professional of the Health Unit nor is he part of the faculty of the hiring Institution" (S1), which hindered the inclusion of this professional in the context of teamwork, affecting the action of the interns.

[...] the students perform the activities, they plan them, but sometimes they aren't present in the team meeting and neither am I. This is bad, they don't understand our entire role in the team. (S1)

Students emphasized the importance of the internship in PHC so that they could experience interprofessional education (IPE) in the undergraduate course. The internship enabled them to understand the work, interact, and learn with different professions, having the explicit purpose of improving collaboration and the quality of care provided for users-families-communities⁴⁹.

It's very important to understand the work of other professionals because each area sees only its own work. We amplify our vision, see through the other's eyes and are able to notice many more things. (E2)

It is important to mention that, in this study, the students could interact and share activities specially with the CHA, nursing technicians, and with the coordinator of the Health Unit. This finding can be justified by the way in which the work process of these teams is organized. Healthcare practices organized by professions that work in isolation⁵⁰, including collective/group activities, are barriers to the development of competencies targeted at an interprofessional collaborative practice.

Most of the time, each professional works inside their area of knowledge and the group assistances take place on days or shifts different from those of the internship. I didn't see and didn't have access to other students or supervisors of other courses, so I couldn't interact with them. (S1)

Medicine acts more in clinical assistance, to accompany physicians [...] the nursing technician participated in many visits in some periods, but they didn't go along with other professions, just them and the CHA. (C1)



Teaching activities that stimulate learning within health teams with the intention of developing IPE must be incorporated into health curricula, replacing exclusively uniprofessional curricular structures that stimulate individualistic postures and the isolated practice of health professions⁵⁰. Educational spaces promote collaboration among professions, qualifying the team to act in an effective and safe way in light of the complexity of health needs^{23,24,49,51}.

In the students' perception, curricular activities in PHC should be present throughout the undergraduate course since the beginning - "we should have had more experiences of this kind" (E3) -, with clear learning objectives, so that students feel prepared to work in SUS³¹⁻³³.

They suggest the inclusion of teaching activities focusing on Public Health before the curricular internship, as well as experiences in practice settings in which they must do more than merely observe and that enable an effective interaction with teams-communities.

There could be one more discipline in the area of Public Health at the end of the course, in which we learn about teamwork, the routine of management, the activities of a health unit, before we begin the internship. This would potentialize the internship and would help us understand better the setting where we are included. (E4)

[...] I'd like to have known the places better. You must go there and talk. (E3)

Placements in PHC not in alignment with the curriculum and lasting an insufficient number of hours may weaken the theoretical-practical debate that this learning experience can raise²².

The expansion and strengthening of the physiotherapist's action in PHC, not restricted to Primary Care Units or home visits, performed in interprofessional teams in the territories, and grounded on the perspective of comprehensive care and matrix support, have been discussed in the literature^{13,19,33} and emerged, in this study, as a demand of education and work. These curricular movements of the physiotherapist education interact with the care practices in PHC, in different practice settings and contexts, bringing implications to both.

Final remarks

This research produced qualitative evidence that corroborates aspects that have been described in the literature about education in the health services. It adds to the existing body of knowledge because it presents the perception of different players who participated in the experience of physiotherapist education in PHC, including students, supervisor, health professionals and, especially, users. It extrapolates education and sheds light on how teaching-service integration can qualify the health system. Furthermore, it approaches the barriers that need to be overcome. The internship in PHC, in the context of this case study, was understood as an important curricular component of



the undergraduate course in Physiotherapy. It enabled students to learn about and problematize the uniqueness of life in the territories, and also to develop bonds with users-families. Moreover, it strengthened the professional identity of the physiotherapist through the team's and users' recognition of the role of Physiotherapy in the context of PHC. Barriers were perceived due to the absence of the physiotherapist in the PHC team and to the fact that interaction with the team was restricted to certain professionals, limiting the analysis of the internship experience in its interprofessional perspective.

Research investigating students during their curricular trajectory and studies focusing on graduates are needed to shed light on PHC as a space for the physiotherapist's education and work in Brazil.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

Acknowledgements

To the Physiotherapy Course of Universidade do Vale do Taquari (UNIVATES), especially to professor Lydia Koetz Jaeger, and to the Postgraduate Program in Health Teaching (PPG EnSau) of Universidade Federal do Rio Grande do Sul.

Conflict of interest

The authors have no conflict of interest to declare.

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Editor

Roseli Esquerdo Lopes

Associated editor

Pedro José Santos Carneiro Cruz

Translator

Carolina Siqueira Muniz Ventura

Submitted on

07/26/21

Approved on

09/13/21

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O objetivo deste estudo é compreender o significado da experiência do estágio curricular de Fisioterapia em cenários de prática da Atenção Primária à Saúde (APS). Foi realizada uma pesquisa qualitativa (estudo de caso) a partir de entrevistas semiestruturadas com estudantes de Fisioterapia, supervisores, profissionais da saúde e usuários (n = 20). O material textual foi interpretado pela análise de conteúdo. O estágio na APS mostrou-se um importante componente curricular da graduação em Fisioterapia, oportunizando o conhecimento/problematização da singularidade da vida nos territórios e estabelecendo relações de vínculo do estudante aos usuários-famílias; e fortalecendo a identidade profissional do fisioterapeuta pelo reconhecimento da equipe e usuários sobre o papel da Fisioterapia na APS. Barreiras foram percebidas pela ausência do fisioterapeuta na equipe de APS e pela interação com a equipe, que foi restrita a determinados profissionais, limitando a análise da experiência do estágio na sua perspectiva interprofissional.

Palavras-chave: Fisioterapia. Ensino superior. Currículo. Atenção Primária à Saúde. Sistema Único de Saúde.

El objetivo de este estudio es comprender el significado de la experiencia de la pasantía curricular de Fisioterapia en escenarios de práctica de la Atención Primaria de la Salud (APS). Se realizó investigación cualitativa (estudio de caso) a partir de entrevistas semiestruturadas con estudiantes de Fisioterapia, supervisores, profesionales de la salud y usuarios (n=20). El material textual se interpretó por el análisis de contenido. La pasantía en la APS mostró ser un importante componente curricular de la graduación en Fisioterapia. Hizo oportuno el conocimiento/problematización de la singularidad de la vida en los territorios, estableciendo relaciones de vínculo del estudiante con los usuarios-familias. Fortaleció la identidad profesional del fisioterapeuta por el reconocimiento del equipo y usuarios sobre el papel de la fisioterapia en la APS. Se percibieron barreras por la ausencia del fisioterapeuta en el equipo de APS y por la interacción con el equipo que se restringió a determinados profesionales, limitando el análisis de la experiencia de la pasantía desde su perspectiva interprofesional.

Palabras clave: Fisioterapia. Enseñanza superior. Currículo. Atención Primaria de la Salud. Sistema Brasileño de Salud.