

Implementation of Extension Curricularization in the Medical Course: The Integrative Week Model

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ABSTRACT

In 2014, the Ministry of Education launched the challenge of curricularizing extension, requiring that 10% of the course workload be developed in the community. Several medical education forums have debated how to make it feasible to implement this significant extension workload in the community for all students of each term, in a curricular manner. This paper aims to report the experience of the medical course in implementing extension curricularization. After a series of meetings, the Structuring Teaching Core (NDE) of the medical course decided to establish an “Integrative Week” in the community. During this week, students visit community settings and carry out health education actions, basic guidance acquired in the classroom, integrating different areas of knowledge learned in the semester, all under faculty supervision. The health promotion workshops are designed to align with classroom learning, connecting teaching and extension. Currently, six cohorts are involved in the integrative week, comprising around 600 students. Several workshops have been developed for children, adolescents, adults, and the elderly. Partnerships were established with municipal and state schools, senior day centers, the Open University for the Elderly (UNIAPI), and local industries. Various initial challenges were faced, one of the most difficult being the effective participation of faculty, including their availability to travel to the community setting. Another challenge was organizing a large number of students working in the same setting. It is concluded that extension curricularization was effective in improving students’ knowledge and in promoting health within the community.

Keywords: curricularization; extension; medical education.

Introduction

University extension activities are of paramount importance for academic development, as they identify society's problems and develop practical solutions for diverse groups. Initially, extension activities were fragmented in the curriculum, with each discipline carrying out its work individually. Over time, however, difficulties in integrating different areas of medicine into practice and offering them to the community became evident^{1,2}.

With Law 13.005/2014, extension curricularization was introduced, establishing comprehensive education to “stimulate curricular diversification in youth and adult education, articulating basic training with preparation for the world of work and establishing interrelations between theory and practice,” as stated in paragraph 10.6³.

The COVID-19 pandemic delayed by two years the implementation of the requirement that 10% of course hours be allocated to extension activities, set forth by Resolution No. 7 of December 18, 2018. To comply with the legislation, the medical course developed the “Integrative Week,” which designates school days for students to be present in social facilities, conducting workshops based on semester content with the goal of promoting health. This week was named “integrative” because it combines the various contents learned in the term's modules.

Objective

To report the challenges, development tools, and impacts of extension curricularization in the medical course.

Experience Report

This is a health education project, multidisciplinary in nature, carried out during an integrative week. The actions began with 83 first-term students who enrolled in the university in the first semester of 2022. Currently, there are six cohorts, with over 500 students promoting health in different community settings in the city of Anápolis.

The workshops offered to partner communities are established in a planning meeting at the beginning of each semester, involving faculty and student representatives. The goal is to select themes being studied by students in the term that are also relevant to the community. This way, classroom learning is connected to extension practice. Each module accounts for 40 hours of extension, with full integration of faculty and students. Each cohort develops its integrative week in a specific community in Anápolis.

The project has been carried out in public schools, senior day centers, an Open University for the Elderly (UNIAPI), and partner industries. In schools alone, the project has reached over 3,000 students from municipal and state networks. All participating students had the opportunity to design and conduct educational workshops using active methodologies, developing essential skills such as leadership, teamwork, and communication.

Workshops included topics such as healthy eating; heart care, hypertension and diabetes; STIs, intimate hygiene, contraceptive use; medication safety; quality of life for the elderly and their families; water safety, among others.

Reflection on the Experience

Several difficulties were encountered in implementing the integrative week, such as effective faculty integration in off-campus, community-based activities, and the challenge of organizing approximately 100 students per cohort in each setting. Today, after two years of practice, project execution and participation are much smoother. To overcome barriers, students were divided into smaller groups (10 per group), each with a faculty “tutor” to guide the workshop design and execution. Collaboration with pedagogy students and faculty also helped create engaging and participatory workshops, avoiding lecture-style formats. This allowed medical students to develop new teaching skills using active methodologies and accessible language. Today, both students and faculty recognize the project’s importance for academic training and for the community.

Conclusions

Extension curricularization was effective in enhancing students' knowledge and promoting health within the community. The goal of unifying different areas of knowledge within each medical school term was achieved, offering the population a more holistic view of their health needs and enabling the practical application of university-based learning.

Student and faculty involvement in all stages of the process, combined with their commitment to the well-being of the target population, indicate that curricularization fulfilled its role of fostering civic awareness alongside technical training. The community benefited from the presence, availability, affection, and care provided by first-term students. The institutional commitment is to continue offering initiatives like this, ensuring students develop the human values considered fundamental to the medical profession.

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