



EXPERIENCE REPORT

Academic league and community: extension experiences in the scope of Primary Care

Liga acadêmica e comunidade: vivências extensionistas no âmbito da Atenção Primária
Liga académica y comunidad: experiencias extensionistas en el ámbito de la Atención Primaria


Francisco Willian Melo de Sousa¹

 <https://orcid.org/0000-0001-9852-6526>

Eveline Carneiro de Oliveira¹

 <https://orcid.org/0000-0002-6839-710X>

Carlos Romualdo de Carvalho e Araújo²

 <https://orcid.org/0000-0001-6282-0571>

Maria do Socorro Melo Carneiro³

 <https://orcid.org/0000-0003-3932-7871>

¹ Vale do Acaraú State University. Sobral, Ceará, Brazil. ²Federal University of Ceará (UFC), Sobral, Ceará, Brazil. ³Vale do Acaraú State University (UVA), Sobral, Ceará, Brazil.

ABSTRACT

Objective: To report the experience of immersion of nursing students in Primary Care through university extension. **Method:** experience report, outlined from the first extension experiences as a member of the Family Health Nursing League, at a Family Health Center in the Municipality of Sobral, Ceará. The activities took place from March to May 2019. To collect information, the logbook was used and, subsequently, the records were systematized and analyzed in the literature. **Results:** the first extension experiences were fundamental for the understanding of the community regarding its historicity, the socio-demographic, economic, environmental, morbidity and mortality profile, among others; in the unit: structure, human and material resources, organizational situation, the composition of the team and the preceptor nurse. Also, the experiences were carried out in the follow-up of outpatient and home consultations, and in the planning and execution of educational activities with groups. **Conclusion:** the knowledge of the community with the help of the Community Health Agent and the experiences with the nurse, in the process of community immersion, proved to be important for understanding the dynamics of the unit/neighborhood, the population enrolled, and the work processes, corroborating in the construction of roles and bonds, both in the institutional and in the community.

Descriptors: Primary health care. Community Health Nursing. Community-Institutional Relations. Education. Higher.

RESUMO

Objetivo: relatar a experiência da imersão de acadêmicos de Enfermagem na Atenção Primária por meio da extensão universitária. **Método:** relato de experiência, delineado a partir das primeiras vivências extensionistas como ligante da Liga de Enfermagem em Saúde da Família, em um Centro de Saúde da Família do Município de Sobral, Ceará. As atividades ocorreram durante os meses de março a maio de 2019. Para coleta de informações, utilizou-se o diário de bordo e, posteriormente, fez-se a sistematização e análise dos registros junto à literatura. **Resultados:** as primeiras vivências extensionistas mostraram-se fundamentais para compreensão da comunidade no tocante a sua historicidade, o perfil sociodemográfico, econômico, ambiental, de morbimortalidade, dentre outros; da unidade: estrutura, recursos humanos e materiais, situação organizacional, composição da equipe e a enfermeira preceptora. Além disso, no acompanhamento de consultas ambulatorial e domiciliar, e no planejamento e execução de ações educativas com grupos. **Conclusão:** o conhecimento da comunidade com auxílio do Agente Comunitário de Saúde e as vivências junto à enfermeira, no processo de imersão comunitária, revelou-se importante para o entendimento da dinamicidade da unidade/bairro, a população adscrita e os processos de trabalho, corroborando, assim, na construção de papéis e vínculos, tanto no espaço institucional quanto no comunitário.

Descritores: Atenção primária à saúde. Relações comunidade-instituição. Enfermagem em saúde comunitária. Ensino superior.

RESUMEN

Objetivo: relatar la experiencia de la inmersión de académicos de Enfermería en la Atención Primaria por medio de la extensión universitaria. **Método:** informe de experiencia, delineado a partir de las primeras experiencias extensionistas como miembro de la Liga de Enfermería en Salud de Familia, en un Centro de Salud de Familia del Municipio de Sobral, Ceará. Las actividades se realizaron durante los meses de marzo a mayo de 2019. Para recolectar las informaciones, se utilizó el diario de bordo y, posteriormente, se hizo la sistematización y análisis de los registros junto a la literatura. **Resultados:** las primeras experiencias extensionistas fueron fundamentales para la comprensión de la comunidad en lo que se refiere a su historicidad, el perfil sociodemográfico, económico, ambiental, de morbimortalidad, entre otros; en la unidad: estructura, recursos humanos y materiales, situación organizacional, composición del equipo y la enfermera preceptora. Además, hubo experiencias en el acompañamiento de consultas ambulatorias y domiciliarias, y en el planeamiento y ejecución de acciones educativas con grupos. **Conclusión:** el conocimiento de la comunidad con auxilio del Agente Comunitario de Salud y las experiencias junto a la enfermera en el proceso de inmersión comunitaria fue importante para el entendimiento de la dinamicidad de la unidad/barrio, la población adscrita y los procesos de trabajo, corroborando así, en la construcción de papeles y vínculos, tanto en el espacio institucional cuanto en el comunitario.

Descriptor: Atención primaria de salud. Enfermería en salud comunitaria. Relaciones comunidad-institución. Educación superior.

INTRODUCTION

University Extension is one of the pillars of higher education, fostering the integration between the university and society through actions guided by the principle of the inseparability of the academic tripod: teaching, research, and extension, providing the fusion of scientific knowledge with the popular in the perspective of collective construction and social transformation. ⁽¹⁾

Linked to the university extension, we find the Academic Leagues (AL) as extracurricular activities, which have been gaining space in the academic scope. They are non-profit organizations, organized and directed by students and supervised by professors, aiming to improve the skills of academics in a specific area, based on the development of actions that allow the integration of the university with society. ⁽²⁾

In this sense, the ALs are an instrument of academic and social relevance in the health training process, as they corroborate for differentiated training from the perspective of the expanded view of care. ⁽³⁾ Studies reveal that the Leagues enhance the development of skills and academic values and enrich the teaching-learning process for the construction of knowledge based on local needs. ⁽²⁻⁴⁾

Thus, extracurricular activities represent ways in which students seek to improve professional training during graduation. They favor socialization, the development of individual skills and potential, and preparation for professional practice. ⁽⁵⁻⁶⁾

The extension activities generate meaningful and contextualized learning, collaborate for the development of critical and reflective skills in the face of the profession's work processes ⁽⁷⁾, facilitate immersion in the field and the (re) construction of practices and health knowledge based on the context of the health-disease-care process of families, individuals and local communities. ⁽⁸⁾

Therefore, given the importance of academic leagues and the transformative power they reveal in the university and social sphere, it is important to socialize extension experiences to support the dissemination of knowledge and practices of university extension, above all, by fostering reflection on the training process in health, contributing to training based on comprehensive and holistic assistance, teamwork and focused on the needs of the local community.

Thus, this study aims to report the experience of immersion of nursing students in Primary Care through university extension.

METHODOLOGY

This is an experience report with a qualitative approach, outlined from the first extension experiences as a member of the Family Health Nursing League (*LESF*), in a Family Health Center (FHC) in the Municipality of Sobral, Ceará. The activities took place between March and May 2019, which is the period of community immersion.

Founded in 2014, *LESF* is an extension project linked to the Dean of Extension of the *Universidade Estadual Vale do Acaraú* and to the Nursing course at

Academic league and community.. that institution. The League acts in the development of health, promoting actions/strategies, within the scope of Primary Care, guided by the principle of integrality along with the local vulnerabilities of the city of Sobral, Ceará.

After the selection process carried out annually, students are inserted in the following activities: i) theoretical and methodological training: weekly meetings involving themes related to university extension, Unified Health System, Primary Care, territorial health, and others according to the need to learn from the members' experiences; ii) community insertion: immersion of the members in the FHC, carrying out extension actions, and elaborating and executing an action plan in the community.

The members of the *LESF* are from the first to the sixth semester. Currently, it is formed by a board, coordinating professors, and 16 members (class 6). They are divided into six FHCs in the urban area of the Municipality. The FHC in which the experience took place was opened in 2014, monitoring 804 families, approximately 3,549 people, having a Family Health Team and an Oral Health Team, with the support of professionals from the Multi-professional Residence in Family Health (Nurse, Psychologist, Physiotherapist, and Speech-Language Therapist).

In the first contact at the FHC, the members were integrated with the family health team, presenting the FHC (structure, professionals) and the potential and vulnerabilities of the territory. Subsequently, they performed a territorialization such as home visits with Community Health Agents (CHA). After this, an action plan was developed for the development of extension activities: health education in the community, waiting room, themes proposed per month, participation in convenience groups, and a schedule was organized to follow up on health consultations with the outpatient nursing and also with the multidisciplinary team.

The logbook was used as a tool for data collection not to lose the details experienced in the extension, recording the date, the time, the description of the activities, and the practice scenario of the extension experience. The logbook is an instrument in which the student describes/narrates the experience, and reflects on the activities carried out, expanding the critical reflective opinion at his learning and knowledge production. ⁽⁹⁾

After the systematization and analysis of the records, we elaborated three thematic axes for a better understanding and description of the activities: Immersion in the territory: knowing to intervene; Nursing in the community: building bonds and designing care for the population through extension and; Group approaches: extension actions with social groups in the FHC.

As this study is an experience report, it was not submitted to the ethics committee but is guided by the principles of resolution 466, of December 12, 2012. ⁽¹⁰⁾

RESULTS

Immersion in the territory: knowing to intervene

For immersion and development of extension actions in the territory, we initially knew the FHC: its structure, human and material resources, organizational situation, team composition, management, and the preceptor nurse. At that time, the FHC manager introduced the members to the team of professionals and guided this process with the presentation of territorialization, ambience, health management, the main health indicators of the population, potentialities, problems, and vulnerabilities that permeate the community.

In this moment of the members' integration with the health team, we carried out the alignment with the preceptor nurse on the planning and development of activities.

The first activity took place in the territory, in which the members together with the CHA identified the historical, cultural, social, and demographic characteristics, and found the social facilities of the territory, which are used for educational activities or also to perceive the existing vulnerabilities, for example, open-air garbage. Due to the territorial extension, this action took place in two moments, on the first day, the community surrounding the FHC was visited, and on the second, the periphery of the neighborhood.

Thus, we can conclude that the territory is, for the most part, formed by urban areas. The distance between the neighborhood and the commercial center and specialized health services in the municipality is mainly a geographical barrier. The Children's Education Center, churches, the youth station, and the FHC itself stand out among the social facilities. The squares, the parks, the soccer field, and the health academy with free access to the population, make up the community's leisure spaces. Local commerce, work in industry and self-employment, handicrafts with carnauba straw, and the aid of social programs are the source of income for most of the population. Urban violence is the main risk factor that affects the quality of life of the population. Also, vacant lots and landfills are risk sites for the proliferation of mosquitoes and rats.

Among the social facilities visited, the youth station stands out since it is a place for the inclusion of adolescents and young people, characterized as an environment for preserving the local history of the neighborhood such as the first houses in the neighborhood, built of wood and clay, called mud house, within the station complex. During this journey, one of the neighborhood representatives spoke about the historicity and local culture, who described in detail the evolution and transformations of the locality.

All this experience and registered impressions potentiated the discussions in the theoretical cycles about the process of territorialization in health.

Nursing in the community: building bonds and designing care for the population through the extension

The experiences in the offices where the members accompanied the tutor nurse enabled to identify the profile of patients, the main health

Academic league and community..

problems that affect the population, and the causes of illness. Thus, the knowledge learned in the classroom was put into practice to contribute to the service, creating the planning of educational action for the main determinants and conditions that affect the population in the health-disease process. Among the nursing services at the FHC, there are free demand consultations and scheduled consultations: attention to hypertensive and diabetic patients, prenatal consultations, childcare, and Pap smear.

The members participated in the reception, screening, and risk classification process of spontaneous demand; the performance of vital signs: measurement of systemic blood pressure, diabetes, weight, height, and temperature. At the time of care, listening, guidance, assistance in prenatal and childcare consultations are carried out. Also, there is health education developed in the waiting room with specific themes depending on the month, for example, yellow September, the topic of suicide was addressed with the community.

In addition to outpatient consultations, there was home care with the preceptor nurse enabling to get to know the bedridden and restricted patients at home better, and intensify contact and the bond with the community; and the nursing care: listening to patients with mental health, guidance on chronic non-communicable diseases, dressings, among others. The innovative strategies adopted by the nurse in the face of patients resistant to tuberculosis treatment were identified, strengthening self-care and adherence to drug treatment.

The group approaches: extension actions with social groups in the FHC

The FHC performs social groups such as pregnant women and the elderly population. The management and the multidisciplinary team carry out monthly the planning of the themes for the development of educational moments with the groups, and the meetings are weekly. The preceptor nurse and the CHA are responsible for organizing, inviting, and actively searching for the participants. Generally, the moments are conducted by the professionals of the FHC health team; however, other professional categories are invited to participate, depending on the topic.

With that, the members were inserted actively and dynamically within the schedule of the FHC groups. Initially, we developed actions with pregnant women aiming at the integration of the participants through active methodologies and educational interventions. One of these meetings with actions of the members approached breastfeeding.

For this moment, we used a light-hard technology, called breastfeeding crossword, constructed of materials, TNT fabric, and EVA sheet. This activity was about shared reading, that is, each pregnant woman received a piece of text on the theme, and from that, the participants were asked to identify the keyword corresponding to the fragment read, and based on the guiding term that was colostrum and mastitis, for example, there was a discussion, clarification of doubts and the little crossword was set up.

Another important group in the actions took place with the elderly population among the actions carried out, we highlight the intervention on violence against the elderly people, developed through the use of files with true or false sentences, and images that characterized the forms of violence. Preliminarily, we performed a survey of the participants' previous knowledge on the topic, with the help of images. Then, we distributed the cards, which contained a numbering that while the person selected the number, the reading was carried out, and based on that, the educational moment took place.

In addition to these educational interventions in groups within the scope of Primary Care, we should highlight the collective extension actions, that is, in strategic social spaces/facilities in the city of Sobral, squares, and the subway station, for example. Among these activities, we stand out the intervention carried out on the prevention of traffic accidents, alluding to the yellow May. This action called an educational blitz, was carried out on a certain stretch of the highway that connects to the city center, close to one of the FHCs. At the time, the members made posters displaying them on the road and distributed informative leaflets.

DISCUSSION

In the process of getting to know the territory, the CHA shared his experiences, the pains, and the delights of the Family Health Strategy. Through the speeches of this professional and some social actors, the historical and cultural aspects of the territory and the dynamism of the neighborhood were understood. We observed the community's potential and vulnerabilities, and social disparities.

In this context, territorialization is an organizational process, developed to understand the specific space dynamics in different aspects such as socioeconomic, environmental, demographic, and epidemiological factors, and professionals need to know the territory and the population for which they assume responsibility to develop health care adapted to their specificities.⁽¹¹⁾

The recognition of the main social facilities in the community proved to be important for planning actions of an educational and health promotion nature beyond the walls of the FHC. Territorialization is an instrument for strengthening teaching-service-community integration. It also contributes to the planning of strategic actions to consider the social vulnerabilities inherent in a given territory.⁽¹²⁾ Therefore, intersectoral actions within the scope of the FHS are a potential inducer and integration of other sectors of society and meetings. with different audiences, guaranteeing effective actions of prevention, protection, and recovery of health and, consequently, improving the quality of life of the population and the assistance provided.⁽¹³⁾

Thus, knowing the territory enabled to understand the socio-cultural, demographic, and economic context of the population enrolled, and the area covered by the FHC. In this process, the CHA proved to be essential in the presentation of local vulnerabilities and the integration between service

Academic league and community..

and community. Thus, the experience of the CHA should be valued for the knowledge of the territory since this professional is aware of the dynamics and historicity of the community.⁽¹²⁾

In Sobral, the history of the Health School System is associated with the profound political and administrative changes of 1997⁽¹⁴⁾. Since then, managers, health professionals, and universities have formed this system that starts from the premise of qualifying and strengthens participatory management within the local health network, providing an environment for critical analysis, reflection, collective construction, and autonomy for the professionals and academics involved, guaranteeing permanent and contextualized education based on learning experiences.

With the consolidation of this health management model within the scope of Primary Care based on the integration of Teaching-Service-Community, the municipality has corroborated for the training of students from different professional categories in the health area, with the perspective of broadening the conception about the health-disease-care process, as well as disease prevention and health promotion for the population.

In the context of Teaching-Service-Community integration, the undergraduate student enhances his understanding of the importance of Primary Care and the professional's practice in daily practice, and the creation of a bond with the community, and the role of the local reality in a perspective transformative.⁽¹⁵⁾

Thus, health training based on this integration triggers gains, especially for students, given that it corroborates for more contextualized training, in the conception of collaborative practice and local needs.⁽¹⁶⁾ Thus, as an improvement tool academic, the leagues are a means by which students seek participation, immersion in different practice scenarios, and the development of activities based on the academic triad within the community.

The follow-up in nursing consultations, especially at home, proves to be a tool in the care of patients conditioned to chronic diseases, mainly in cases of important limitations of displacement and or dependence. For the members, this type of care provides the development of relational skills, ethical positioning, and the creation of a bond with the patient.⁽¹⁷⁾

The convenience groups within the scope of Primary Care contribute to personal and professional improvement, and carry out interventions in a creative way through the interaction and valorization of the knowledge of those involved, demystifying cultural knowledge, expanding the knowledge of the participants, and consequently, promoting health and improving the quality of life.⁽¹⁸⁾ For Nursing, working in groups in the FHS enables the nurses to work in the development of educational strategies and actions based on health promotion and prevention of the problem, fostering the construction of bonds and trust with patients, changes and promoting the autonomy of care.⁽¹⁹⁾

In the actions with groups in the FHC, the coordination/approach, challenges, and/or impasses in conducting moments were evidenced such as the

absence of some participants and the failure to perform the intervention at the scheduled time, causing setbacks and delays. However, we also observed the potential of the groups: engagement among the participants, collaborative participation in the actions, adherence to the guidelines passed on, among others.

In this context, educational actions with a group of pregnant women, for example, within the scope of the FHS, provide them with moments of guidance, preparation, and acquisition of skills during and after pregnancy. ⁽²⁰⁾ Thus, educational and preventive interventions foster in linking the practice of health education, and the consolidation of knowledge, and the development of interpersonal, communicational, and leadership skills and abilities, improving training and know-how in nursing.

Given the above, the study shows that the leagues have to be thought in a context of breadth and academic and social relevance, generating impacts in the environment where they develop, with results for the scientific community and the population in general. With that development, the social role of university extension⁽⁸⁾, in which it brings the academic closer to political, socioeconomic, cultural, and health issues, fostering a critical reflective opinion at the construction of social technologies that contribute to the strengthening of the community's autonomy and identity. The main limitation of this study is to report the experiences and dynamics/reality of only one territory, that is, the FHC.

CONCLUSION

LESF has enhanced academic education in Nursing. The extension actions are opportune for the consolidation and socialization of the knowledge learned in the theoretical-methodological cycles.

In this context, the community immersion stage proved to be fundamental for the compression of the FHC and the territory, at the same time that it corroborated to identify the weaknesses and potentialities of the community and the health team. The experience allowed the members to get involved with work processes and nursing care with the multi-professional team in the context of Primary Care, based on the family and community approach. It also fostered autonomy, reflective critical thinking, and protagonism in extension actions.

Some of the potentialities of the experience highlighted were the bonds built with the professionals/community, and the knowledge learned and the health practices developed through university extension. The financial resource for the acquisition of didactic materials for the elaboration of educational activities, for example, and the displacement to the FHC were the main weaknesses/difficulties in carrying out the extension experiences.

REFERENCES

1. Siqueira SMC, Jesus VS, Santos ENB, M Whitaker MCO, Sousa BVN, Camargo CL. Atividades extensionistas, promoção da saúde e desenvolvimento sustentável: experiência de um grupo de pesquisa em enfermagem. *Esc. Anna Nery*

Academic league and community.. RJ [Internet]. 2017;21(1):e20170021. Available from: <http://dx.doi.org/10.5935/1414-8145.20170021>

2. Nascimento IC, Souza JS, Santos GV, Silva JGF, Machado MLM, Marcos JT. A experiência de uma liga acadêmica: contribuição da visita técnica como atividade de extensão para os discentes do curso tecnólogo em radiologia. *Interfaces - Rev. Extensão da UFMG*, [Internet]. 2020;8(2):66-274. Available from: <https://periodicos.ufmg.br/index.php/revistainterfaces/article/view/19447/19536>

3. Cavalcante, ASP, Vasconcelos MIO, Lira GV, Henriques RLM, Albuquerque INM, Maciel GP. As Ligas Acadêmicas na Área da Saúde: Lacunas do Conhecimento na Produção Científica Brasileira. *Rev. bras. educ. med.*, [Internet]. 2018;42(1):199-206. Available from: <http://dx.doi.org/10.1590/1981-52712018v42n1RB20170081>

4. Araújo CRC, Lopes RE, Oliveira AC, Silveira NC. Contribuição das Ligas Acadêmicas para o processo aprendizagem na graduação em enfermagem. *ReTEP* [Internet]. 2018;10(3):3-8. Available from: <http://www.coren-ce.org.br/wp-content/uploads/2019/11/v10-n-3-2018-Completo.pdf>

5. Ferreira IG, Carreira LB, Murphy N, Soares A CB, Fonseca PCC, Sousa LEA. Extracurricular activities: a comparative perspective among health colleges in Brazil and Ireland. *ABCS Health Sciences* [Internet]. 2018;43(2):97-103. Available from: <https://doi.org/10.7322/abcshs.v43i2.1080>

6. Muscalua E, Dumitrascua O. Determination of Students' Satisfaction Regarding Extracurricular Activities Conducted in The University. *Comparative Study Romania-Germany. Procedia Economics and Finance* [Internet]. 2014;16(2014):568-574. Available from: [https://doi.org/10.1016/S2212-5671\(14\)00841-7](https://doi.org/10.1016/S2212-5671(14)00841-7)

7. Carmona-Garcés IC, Hernández-Castro D. La articulación entre la docencia, la extensión y la investigación, una realidad posible en la Escuela de Nutrición y Dietética de la Universidad de Antioquia: sistematización de una experiencia. *Perspect Nut Hum* [Internet]. 2017;19(1): 67-76. Available from: <http://dx.doi.org/10.17533/udea.penh.v19n1a06>

8. Araújo CRC, Lopes RE, Dias MAS, Ximenes Neto FRG, Farias QLT, Cavalcante ASP. Contribuição das Ligas Acadêmicas para Formação em Enfermagem. *Enfermagem em Foco*, [internet]. 2020;10(6):137-42. Available from: <https://doi.org/10.21675/2357-707X.2019.v10.n6.2802>

9. Silva IAB, Ferreira IO, Teixeira JIS, Bezerra AKB, Diniz JL, Bastos IB et al. Fortalecimento do desenvolvimento docente na enfermagem: contribuições do Pet-Saúde/GRADUASUS. *ReTEP*. 2018;10(1):38-44. Available from: <http://www.coren-ce.org.br/wp-content/uploads/2019/01/Fortalecimento-do-desenvolvimento-docente-na-enfermagem-contribui%C3%A7%C3%B5es-do-PetSa%C3%BAdeGRADUASUS.pdf>

10. Ministério da Saúde (Brasil). Resolução nº 466, de 12 de dezembro de 2012. Diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da União*, 12 dez 2012; Seção 1. Available from:

11. Araújo GB, Alves Filho FWP, Santos RS, Lira RCM. Territorialização em saúde como instrumento de formação para estudantes de medicina: relato de experiência. *SANARE*, [Internet]. 2017;16(1):124-9. Available from: <https://sanare.emnuvens.com.br/sanare/article/view/1103>

12. Pereira JC, Alves EVC, Dias AR, Lacerda DAL. A territorialização como instrumento para formação em saúde a partir de uma experiência de extensão popular. *Re. Educ. Popular* [Internet]. 2020;(supl. esp.):233-241. Available from: <https://doi.org/10.14393/REP-2020-53298>

13. Cavalcanti AD, Cordeiro JC. As ações intersectoriais na Estratégia de Saúde da Família: um estudo da representação do conceito de saúde e de suas práticas na Atenção Básica. *Rev Bras Med Fam Comunidade* [Internet]. 2015;10(37):1-9 . Available from: [https://doi.org/10.5712/rbmf10\(37\)1059](https://doi.org/10.5712/rbmf10(37)1059)

14. Soares CHA, Pinto VPT, Dias MAS, Parente JRF, Chagas MIO. Sistema saúde escola de Sobral-CE. *SANARE*, [Internet]. 2008;7(2):7-13. Available from: <https://sanare.emnuvens.com.br/sanare/article/view/26>

15. Melo TB, Jordão DA, Beserra KS, Andrade LSG, Lima Junior RCC, Batista RSL et al. Uma experiência de integração ensino, serviço e comunidade de alunos do curso de graduação em medicina na atenção básica no município de Maceió-AL, Brasil. *Revista Ciência Plural* [Internet]. 2017; 3(3):69-80. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-883307>

16. Tabosa JMS, Xavier AAM, Mesquita KO, Vieira CAL, Maciel JAC, Dias MAS. Integração ensino-serviço-comunidade: evidências da produção científica. *Essentia* [Internet]. 2020;21(1):10-20. Available from: <https://doi.org/10.36977/ercct.v21i1.329>

17. Silva IS, Arboit EL, Silveira MR, Cavalheiro ITF, Krause Kmo, Menezes LP. Visita domiciliar: estratégia para a promoção da saúde de pacientes crônicos. *Revista de Enfermagem* [Internet]. 2016;12(12): 88-99. Available from: <http://revistas.fw.uri.br/index.php/revistadeenfermagem/article/view/2422>

18. Dias VP, Silveira DT, Witt RR. Educação em saúde: o trabalho de grupos em atenção primária. *Rev. APS*[Internet]. 2009;12(2):221-7. Available from: [http://file:///C:/Users/Pc-User/Downloads/14261-Texto%20do%20artigo-59941-2-10-20090809%20\(3\).pdf](http://file:///C:/Users/Pc-User/Downloads/14261-Texto%20do%20artigo-59941-2-10-20090809%20(3).pdf)

19. Nascimento APS, Avelino DM, Maximo MMG, WC Moura. Atuação do enfermeiro na educação alimentar de crianças em um núcleo de educação infantil. *Rev Enferm UFPI* [Internet]. 2016;5(1):40-45. Available from: <https://doi.org/10.26694/reufpi.v5i1.4572>

20. Souza, EVA, Bassler, TC, Taveira, AG. Educação em saúde no empoderamento da gestante. *Rev Enferm UFPE on line* [Internet]. 2019;13(5):1527-31. Available from: <https://doi.org/10.5205/1981-8963-v13i05a238437p1527-1526-2019>

Financing sources: No

Conflicts of interest: No

Date of submission: 2020/08/14

Accepted: 2021/03/02

Publication: 2021/04/12

Corresponding author:

Francisco Willian Melo de Sousa

Email: williancarire123@gmail.com

How to cite this article:

Sousa FWM, Oliveira EC, Araújo CRC, Carneiro MSM. Academic league and community: extension experiences in the scope of Primary Care. *Rev Enferm UFPI* [Internet] 2021 [acesso em: dia mês abreviado ano]; 10:e815. Doi: 10.26694/reufpi.v10i1.815

