

The collective health professional: a catalyst for enhanced geriatric-gerontological health care

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ABSTRACT

This report outlines the supervised internship experience developed in the Older Adults' Health Care Line at a decentralized administrative reference headquarters of the State Department of Health of Paraná. The objective of this report is to draw on a detailed account of the tasks performed at the 9th Health Regional Office of Foz do Iguaçu, in the state of Paraná, Brazil, between August and December 2019. The contribution of Collective Health to the advancement of gerontological knowledge is highlighted, with particular emphasis on the core skills of management, planning, and health education. The field of Collective Health advocates for the enhancement of all levels and services of gerontological and geriatric care through a comprehensive approach to the diverse characteristics of the aging population, with the aim of providing improved conditions and a superior quality of life for older patients.

Keywords: Human aging. Collective Health. Supervised Internship. Undergraduate Training. Health Professions.

Article originality and practical implications: This study delivers a relevant discussion for integrating collective health principles into geriatric care. It emphasizes the essential roles of management, planning, and education in significantly enhancing the quality of life for older adults.

BACKGROUND

The multifaceted issues associated with population aging have garnered attention from both public and private sectors within the Brazilian health landscape, prompting the State to prioritize the comprehensive development and wellbeing of its citizens (Luiz et al., 2018). The main challenge relies in identifying mechanisms that consider the current scientific and technological advances in the field of geriatrics and gerontology, as well as the interdisciplinary sciences with which these fields interact, to propose more effective interventions and enhance the responsiveness to the social and health needs of the aging population (Veras & Oliveira, 2018).

At the state level, the Paraná State Health Secretariat (hereafter SESA/PR) has the mission of formulating and developing the State Health Policy, forming, and organizing the Unified Health System (hereafter SUS) in Paraná, exercising its regulatory function, guaranteeing health care for the population with quality and equity. Therein, all actions and programs initiated by SESA/PR must align with the proposed institutional values, which are transparency, competence, commitment, and a democratic sensibility (SESA/PR, 2010).

In 2017, a gerontological milestone was achieved in the state of Paraná with the launch and officialization of the Paraná's Older Adults Health Guideline. The objective of this initiative is to offer the population of Paraná timely and efficient care so that they can achieve active and healthy aging, with quality of life, independence, and autonomy for as long as possible (SESA/PR, 2017). This instrument represents a crucial health goal, one that is designed to define state-level guidelines with a view to organizing, guiding, and qualifying the social and health care offered to older adults across all local healthcare networks in Paraná. The rationale behind this government intervention is related to the sustainability of the public health system in the face of the current challenge that the aging of the population poses to the Brazilian public health system. This involves paying more attention to amenable diseases, as well as increasing longevity and reducing disability in amid this demographic (SESA/PR, 2010).

As outlined by the Pedagogical Guidelines of the Collective Health Undergraduate degree, the supervised internship serves to reinforce the theoretical and practical knowledge gained by undergraduates throughout their training. It encompasses the various levels of care and management, health promotion, communication, and education, including those provided by both specialized and general hospitals, as well as health surveillance structures and primary care complexes (Universidade Federal da Integração Latino-Americana – UNILA, 2014).

Moreover, the supervised internship is a crucial element of the training process, facilitating the enhancement of the knowledge and skills acquired by the student throughout their training. At this juncture, as the trainee approaches the conclusion of their training, they embark upon a transition from the highly theoretical phase to one that is focused on integrating into the local context of the service and the potential realities of their future practice, which the health worker will encounter upon graduation (Bezerra et al., 2013). It can thus be seen that the practice of trainees provides a series of realistic opportunities for reflection and the application of professional attributes under the guidance and pedagogical accompaniment of a professional who may also have acquired pre-professional experience (Dantas, 2019).

We emphasize the significance of training that aligns with the contemporary requirements of older patients' healthcare. It is imperative that health professionals are equipped with the skills to fulfil their roles through an interprofessional and interdisciplinary lens (Teixeira, 2020). This is because comprehensive attention to the health of older adults extends beyond the mere resolution of pathological manifestations, encompassing the process of humanization in the assistance provided. This is achieved through the implementation of effective teamwork and the practice of intersectorality (Siqueira, Botelho, & Coelho, 2005; Ferreira, 2017). This approach to communication, which is characterized by active listening and a stance of equality between health professionals and older patients, has been shown to yield positive outcomes in terms of understanding and adherence to the necessary care. Demarzo and Campayo (2015) posit that, while clinical-functional aspects are undoubtedly significant, it is not implausible to suggest that professionals, regardless of their experience level, may be subject to external influences, such as the rules they have internalized, anxiety about resolving the user's issue, or even personal thoughts.

Thereof, it is necessary to make contributions to public health and, in addition, to gerontological practice by reporting on the experiences of the supervised placement module. In this context, this study asked about the opportunities and contributions of public health undergraduates in the context of population aging. Does the profile of the public health student match the social and health needs of the community? Does the placement provide participation in real life and work situations expected of public health professionals? From the above, the objective of this experience report is to present a detailed account of the intern's workflow, field observations, and the significant contributions of the health professional in enhancing the Comprehensive Health Network for Older Adults within the local public health system of the municipality of Foz do Iguaçu, state of Paraná, Brazil.

METHODS

This report presents the findings of a supervised internship experience undertaken by the first author enrolled in the Undergraduate Course in Collective Health (UCCH). The internship was conducted at a decentralized administrative reference headquarters of SESA/PR. The administrative reference center in question was the 9th Regional Health Office (hereinafter referred to as 9RS/PR), located in the municipality of Foz do Iguaçu, which is one of the most populous of the 22 regional health offices in Paraná. From a geographical perspective, Foz do Iguaçu is a Brazilian municipality situated in the triple border region between Brazil, Argentina, and Paraguay, in the far west of the state of Paraná. The Brazilian Institute of Geography and Statistics (IBGE) provides the following municipal profile data:

Table 1. Health and social profile of the municipality of Foz do Iguaçu, state of Parana, Brazil, 2021.

Variables	Description
Municipality code	4108304
Estimated population in 2020	258,248 inhabitants
Estimated density in 2010	414.58 inhabitants per km2
Occupied population in 2018	30.0%
School enrollment rate between 6 and 14 years old in 2010	96.4%
Gross Domestic Product (GDP) per capita 2018	56.702,71 reais (Brazilian currency)
Municipal Human Development Index (MHDI) 2010	0.751
Infant mortality in 2017	12,04 deaths per 1,000 live births
SUS Health Facilities in 2009	40 facilities
Adequate sewage disposal in 2010	75.3%

Note. IBGE Municipalities: Foz do Iguaçu (2021).

The supervised internship was therefore conducted in the primary health care sector, which encompasses fourteen distinct areas of care, with the objective of addressing the social and health-related needs of the citizens of Foz do Iguaçu.

and those individuals who do not originate from the municipality but require the services provided by the local health and social assistance systems. Regarding this assignment, the internship experience in the older adults' healthcare line is covered.

To complete the internship at the 9RS/PR, it was necessary to prepare a work plan. This plan included a description of the activities to be carried out by the intern, the period of the internship at the institution, and the choice of one of the available sectors. Accordingly, a work plan was devised, wherein the intention to develop activities within the primary health care sector was predefined, more specifically within the older adults' health care line. The internship commenced in August 2019 and concluded in December of the same year. The daily workload was six hours, from 9 a.m. to 3 p.m., Monday through Friday. The total workload was 425 hours, which equates to 510 hours of training, according to the higher education institution's internal calculation.

Following the acquisition of institutional approval from SESA/PR for commitment agreement no. 12642-8/2019, the internship proposal was submitted for appraisal and approval by the Internship and Complementary Activity Division of UNILA's Undergraduate Dean's Office. This was done precisely to comply with the provisions of Resolution no. 015/2015. The resolution establishes that the objectives of the supervised internship are threefold: firstly, to provide diversified professional experiences in the areas covered by the course, through planned, guided, and evaluated activities, which are understood as a means of improving academic-professional training; secondly, to develop technical-scientific competence through real and daily work circumstances; and thirdly, to contribute to the consolidation of knowledge and skills, stimulating the critical, reflective development and autonomy of students (UNILA, 2015). In accordance with Resolution 005/2019, the trainee was provided with comprehensive coverage through the acquisition of personal accident insurance for the entirety of the internship period (UNILA, 2019). Conversely, as the internship was designed as a compulsory supervised internship, all activities undertaken by the student were overseen by a professional from the awarding institution and a professor from the educational institution. This was done with the objective of reinforcing the student's learning process and providing clarification when necessary.

The following structure will be followed in this experience report: first, the academic and professional training of the UCCH at UNILA will be discussed, with the aim of understanding the identity and profile expected of the graduate in Collective Health in the municipality of Foz do Iguaçu/PR. Subsequently, the activities undertaken during the internship will be delineated, with particular emphasis on the health worker's role in addressing the health of older adults within the context of specialized care. Finally, the information will be discussed in the context of existing literature on gerontology, particularly about the interdisciplinary fields of gerontological health management, planning and education.

In consideration of the ethical implications associated with health research and given the subjective nature of this account pertaining to the experience of professional advancement, the necessity for the approval of a research ethics committee was obviated. This aligns with the stipulations set forth in Resolution 196/96 of the National Health Council (Brazil, 2012).

RESULTS AND DISCUSSION

Undergraduate Training in Collective Health (UCCH): Initial Considerations

The UCCH was first established at UNILA in 2012. Since its inception, the goal has been to produce a qualified health professional who is able to perform health management and planning activities, health education and communication, and epidemiological analysis within the Brazilian SUS at the national, state, and/or municipal levels. Furthermore, in alignment with the principles of Latin American integration, the major places a particular emphasis on the examination of the health and social contexts within the Latin American region. This is achieved through the analysis of national realities and the recognition of the diverse health systems that exist within these countries (UNILA, 2014).

The UCCH becomes relevant in a context mediated by constant change, which requires professionals trained to accompany these processes, based on the different social and health realities (Reis, 2019). In the specific case of the social phenomenon of an aging population, health care tasks are mainly the responsibility of the administrative workforce, but it is important to note that their intervention is not limited to these spaces, as there are also important activities to be carried out at the secondary and tertiary levels of health care, such as drawing up mitigation plans to reduce the costs and expenses resulting from the high morbidity and mortality of chronic non-communicable diseases (Júnior & Lelis, 2018).

The incorporation of the health professional into the SUS is intended to reinforce the doctrinal parameters established with the Health Reform, which pertain to the promotion of the universal right to health, comprehensive care for the social and health needs of each population group, and equitable access to programs and services in local health

networks. Among the accelerated and profound demographic shifts observable in the configuration of society, Brazil included, the imperative to rethink care pathways has become increasingly urgent. Concurrently, there is a pressing need to enhance the qualifications and capabilities of professionals in alignment with the evolving demands of the public health system (Lima-Costa & Barreto, 2003).

In 2017, the National Education Council established the National Curricular Guidelines for the UCCH, which stipulate that PHM should be structured in three domains: healthcare, health education, and health management (Ministério da Educação, 2017). Although the management of health systems and services is one of the areas most occupied by public health professionals, it is important to include these professionals in related areas, with a view to the multidisciplinary and intersectoral approach proposed by collective health itself (Gusso et al., 2015; Maranhão & Matos, 2017). At UNILA, the UCCH is characterized by an interdisciplinary approach, with a particular focus on health promotion as a means of preventing disease rather than solely treating it. From this perspective, the course approaches are oriented towards the following fundamental axes:

An in-depth understanding of the health issues facing Latin America, with a particular focus on epidemiological and nutritional approaches, and a consideration of the continent's diverse cultural and social contexts; 2) A comprehensive learning experience that integrates theoretical, technical, and practical elements related to health surveillance, education, protection, care and communication. 3) An understanding of the socio-spatial relationship between health protection and the implications of the environment on disease generation; 4) An examination of the planning, management, control and production of plans and programs designed to promote collective health; 5) The preparation of intervention projects in cases of epidemics and disasters with serious implications for collective health (UNILA, 2014, p. 17).

In approaching the Brazilian reality there are significant debates to be had concerning the limitations and opportunities of the SUS at the municipal level. These debates inform the quality and efficiency of the gerontological care provided in the local care network. As Sousa and Fernandes (2020) observe, while the SUS has made notable strides in recent years in terms of ensuring access to universal, comprehensive, and equitable care and treatment for users' individual and collective needs, there remains a significant challenge in managing the resources that comprise it, including financial and human resources. This is why the role of the collective health professional is of particular importance to rethink workflows and the production of health acts, precisely in order to propose immediate changes, justified by the contemporary need to reorganize and qualify the health programs and services offered to the older population. In addition to other health professionals, public health workers have undergone specific training in health and social matters, based on the social determinants of health.

This assertion is further reinforced by Bezerra et al. (2013, p. 60), who posit that this professional "aims to contribute to social development in its broadest dimension, with an interdisciplinary vision of Brazil's health policies, which are increasingly focused on promoting life." Consequently, monitoring the social and health emergencies resulting from human aging also bestows upon the public health professional a professional responsibility, both on an individual and collective sphere.

Supervised Internship Report

The second chart illustrates and delineates the activities that constituted the supervised internship in the Older Adults' Health Care Line (Table 2). Each activity is accompanied by a corresponding individual description. However, it should be noted that all the interventions were complementary among each other in that they followed a longitudinal perspective.

The phenomenon of human aging is complex and dynamic, necessitating an interdisciplinary approach to its understanding. This approach is essential for the advancement of comprehensive and humanized care (Teixeira, 2020). The concept of health of the older adults, as adopted by the state of Paraná, also underscores the complexity and heterogeneity of this societal phenomenon, as well as the numerous challenges it presents for the Brazilian public health system (SESA/PR, 2017). The topic of professional training in gerontology has recently emerged as a topic of discussion among health institutions and professionals. This is because gerontology refers to the idea that the health needs and both internal and external demands of the public health system itself are dynamic, constantly changing, and require the immediate response capacity of the professionals in charge of geriatric-gerontological care.

Considering the report on the activities conducted during the supervised internship (Chart 2), it can be asserted that all the axes of the UCCH were addressed, both in theoretical and practical terms. In most cases, the activities conducted by SESA/PR in relation to the Older Adults' Health Care Line were aligned with the technical guidelines established by the Ministry of Health. These guidelines advocate health practices that promote active and healthy aging and emphasize the importance of user networks and human resources in addressing the cultural and social dimensions (Brazil, 2006). In addition to their specific duties, the professional positioning of health workers in relation to the issues arising from the management of human aging must consider those common to all health professionals, namely:

a) To plan, program and carry out actions involving the health care of the elderly in their area of coverage, according to the guidelines in this booklet; b) To identify and monitor frail elderly people or those in the process of becoming frail; c) To feed and analyze data from the Health Information Systems - Primary Care Information System (SIAB) - and others in order to plan, program and evaluate actions relating to the health of the elderly; d) To know the lifestyle habits, cultural, ethical and religious values of the elderly, their families and the community; e) Welcoming the elderly in a humanized way, with a view to a comprehensive and resolute approach, enabling the creation of bonds with ethics, commitment and respect; f) Providing continuous care for the health needs of the elderly, articulated with the other levels of care, with a view to longitudinal care - over time; g) Filling out, delivering and updating the Elderly Person's Health Handbook, according to the specific Filling Out Manual; h) Carrying out and participating in continuing education activities related to the health of the elderly; i) Developing educational actions related to the health of the elderly, according to the team's planning (MS, 2006, p. 27).

As outlined by Marin et al. (2008), the prevailing model of healthcare for an extended period has been typified by the fragmentation of care, the centralization of authority within the medical profession and the challenge faced by those with limited purchasing power in accessing this care. It is therefore evident that the involvement of public health professionals within the SUS can be perceived as a counter-hegemonic phenomenon, representing a challenge to the established model which is no longer fit for purpose in addressing the contemporary demands of Brazilian public health. Furthermore, it can be considered a revolutionary approach to the management of the health system and services.

It is acknowledged that an evaluation that is limited to pathological conditions from a biological perspective restricts the scope for broad action in the context of population health, particularly among older adults, who are a vulnerable clientele in terms of accessing quality and effective health services. Consequently, there has been a tendency towards reductionist actions that have neglected to integrate assessments and interventions with psychosomatic, social, medical, and cultural aspects (Guedes et al., 2017). Similarly, in a scenario where home care can be consolidated within the scope of primary health care, health team professionals will have the opportunity to provide more qualified care for these patients, both through direct care activities and through the implementation of educational programs for family members on how to assist their loved ones in the best possible way (Medeiros et al., 2017).

It is pertinent to underscore the significance of the 'Multiprofessional Training in Health of the Older Adult' initiative, which received inter-institutional backing from the 9RS/PR and the SMSA/Foz. This event marked a pivotal turning point in the history of gerontological care in Foz do Iguazu. Prior to this, no official record existed of any joint initiative undertaken by the two institutions to create a space for listening to and understanding the demands of professionals in the local health network in relation to the care and services offered to older age groups. Thus, it became evident that this type of activity must be promoted in a more comprehensive manner and simultaneously encourage all professional categories engaged with older adults, with the objective of enhancing the capacity to address the demands of the local health and social care network from a comprehensive perspective that encompasses more than merely the clinical sectors. Assumably, a dialogical inter-institutional philosophy should be established between the health and social assistance systems, whereby possibilities for providing comprehensive care to older adults in the municipality are identified. This is because an approach to comprehensive healthcare entails the need to identify and engage all relevant social actors, with a particular focus on the empowerment of citizens. This is achieved through the promotion and respect of the fundamental rights granted to older citizens, which are widely recognized as a crucial aspect of Brazilian healthcare (Veras, 2016).

A review of the gerontological literature reveals a paucity of studies that delineate the specific professional duties of health professionals and their evident involvement with the multifaceted issues surrounding human ageing, both at the individual and collective levels. This may be attributed to the fact that Collective Health has only recently been established as an official undergraduate health course. It is also important to note that this practice can be defined as a positivist strand of *sanitarismo*. Were its epistemological vision to be deepened, it would lead to what could be termed 'gerontosanitary practice'. Although this practice has not been defined or accepted in the literature in this exact term, its mention has sufficient theoretical basis to be validated as a highly relevant related element to the basic axes of *sanitarismo*, which are: health management/planning, epidemiology and health education and communication.

The health of older adults is a multifaceted concept that encompasses not only the pathophysiological aspects of the health-disease-care cycle but also the social and health related challenges that arise from the interaction between older patients and the public health system. It thus falls upon the health worker and, in general, all the professionals in the geriatric healthcare network to contribute to the promotion of a greater degree of functional independence and active aging. This may be achieved through coordinated care, with human and material resources available, to meet the health needs of older people and their families (Costa et al., 2015; Ferreira, 2017).

It is true that the UCCH has scope for enhancement about facilitating students' engagement with experiences beyond the confines of the institutional setting. This would assist in fostering a closer alignment between their academic pursuits and the realities they will encounter upon graduation. While the course's strengths lie in its concentration on key areas such as management, planning, communication, and health education, as well as social sciences and epidemiology, which facilitate vital research on the gerontological reality, it is evident that the course still lacks practical scenarios through which future health workers could develop socio-affective skills with aging patients. It should be noted that the major, while situated within the field of health, does not inherently embody a focus on care. In their analysis of the significance of these

interactions between healthcare professionals and older patients, Alves and Carvalho (2019) posit that they offer a valuable opportunity to engage in health education and the implementation of SUS health policies, as well as collective health initiatives and the human aging process itself. Similarly, the experience of Mendes et al. (2020) in the supervised internship around human aging provided a more detailed and accurate insight into the main needs and challenges of older adults.

Table 2. Description of the activities carried out during the supervised internship, Foz do Iguacu, state of Parana, Brazil, 2021

Tasks	Description
A critical analysis of official Ministry of Health materials on the health of older adults.	To gain an understanding of the Brazilian legal framework for the health of older adults, the following documents were consulted: the National Policy for Comprehensive Health Care for Older Adults, the Statute of Older Adult, the Paraná Health Guideline for Older Adults, the Older Adults Health Handbook, the National Policy for Older Adult, and the National Primary Care Policy.
Organizing and holding discussion groups with community health workers, focusing on comprehensive health care for older adults.	Three regional meetings were conducted in three municipalities under the supervision of the 9RS/PR (Missal, Ramilândia, and Foz do Iguacu). The objective was to gain insight into the gerontological workflow of the CHAs and the practices associated with the health of older adults, with the aim of proposing interventions tailored to these realities.
Technical meeting of the working group on the health of older adults (WG-HOA).	We elected to attend the technical meeting convened by the GT-SI in September of this year at the Itaipu Technology Park with the objective of observing the local discourse on the challenges confronting the municipality in aiding the aging population segment.
A survey of Community Health Workers (CHWs) on their knowledge, perceptions and experiences of gerontological health in their profession.	The objective of the study was to identify the knowledge, perceptions, and experiences of CHWs regarding the health of older patients. A questionnaire comprising both open and closed questions was employed. Forty-three CHAs participated in the study, the majority of whom were women. The general analysis indicated a dearth of knowledge regarding official instruments pertaining to the health of older adults, with differing interpretations of the pathological, social, and comprehensive dimensions of health. It can be concluded that there is a pressing need to enhance the training of CHWs, equipping them with the requisite skills to more effectively address the unique challenges and opportunities presented by the aging population.
Multiprofessional Training in Health of Older Adults.	A multidisciplinary training course was conducted on the subject of geriatric health. The project was conducted in collaboration with two institutions, namely 9RS/PR and SMSA/Foz, through a partnership between the two entities. Over 90 professionals were in attendance. The following topics were covered: falls (physiotherapy); general aspects of the health of older adults (medicine); rights and social protection of the older persons (social work); geriatric-gerontological instruments (nursing); hospital morbidity and mortality in older people (collective health). Each topic was addressed by a professional from the corresponding field.
Participation as a guest member in the Round Table of the IV Academic Week of the UCCH.	The role of health workers in interprofessional environments and their potential for inclusion as innovative professionals in gerontological management mechanisms within the SUS is a topic of ongoing debate.
The INOVA 2030 Program: An Examination of the Sustainable Development Goals	The theme of the activity was integrity in institutions, and it was held by the FIEP System in partnership with the International Center for the Training of Authorities and Leaders (CIFAL Curitiba) and UNILA.
Other assistance activities in the 9RS/PR	The preparation of partial reports, assistance with tasks delegated by the manager, and presentation of partial results of multi-professional meetings promoted by 9RS/PR were undertaken.

Note. Authors' development.

The social and healthcare provided to the aging population segment must be based on the validation of a culture of interprofessional and intersectoral work, given that the health problems prevalent in this population group tend to be chronic – for long periods of time – and require the collective effort of the various professional categories allocated to primary care (Brazil, 2006; Veras, 2016). This was observed throughout the activities carried out during the supervised internship, noting the joint execution between the health and social sectors. Specifically, the municipal health and social assistance departments were observed to be working in conjunction with one another to search for relevant solutions to the requests received. In essence, for care to be comprehensive and in accordance with the organizational and doctrinal principles of the SUS, it is imperative that professionals commence from the principle of autonomy as a foundation of human dignity at all levels of care (health care). This is particularly relevant given that autonomy, which is often undermined by age and illness, is frequently not respected by professionals or the older person's family (Paranhos & Albuquerque, 2017).

As the proportion of the population comprising older adults continues to grow exponentially, it will be incumbent upon health professionals to adapt their professional skills in order to deal adequately with the social and health repercussions that this demographic shift will undoubtedly bring about. This is because, according to global population projections, an aging population represents a significant challenge for developed and developing societies alike. In the case of Brazil, and particularly in the context of the SUS, the implementation of on-demand training for health professionals would facilitate the identification of optimal and effective solutions, while ensuring that the quality and comprehensiveness of care provided to this demographic are not compromised.

FINAL REMARKS

Internships are an invaluable opportunity for students to develop their professional skills. Furthermore, it constitutes an efficacious learning mechanism, enabling the evaluation of theoretical knowledge acquired during one's major through the lens of real-world scenarios. In this regard, the internship period is characterized by the development of social bonds and the capacity to work collectively to overcome challenges. This is because healthcare is a field in which individual actions are

inextricably linked to collective efforts, even in indirect care contexts with users. An understanding of the legal attributions of Collective Health would enable students to make more informed decisions regarding their future career paths, as they would be able to identify the strengths and weaknesses of the profession in a given context.

It must be acknowledged that the theoretical knowledge acquired in the classroom was effectively utilized in practical settings. Furthermore, the institution where the supervised internship took place offered participation in courses, lectures, and activities that provided valuable theoretical reinforcement for the tasks developed. Additionally, the professional qualifications of the supervisors, at both the hosting and the educational institutions, provided an active approach to addressing the demands encountered in the service. This approach facilitated the development of teamwork and autonomy of knowledge among the trainees, which in turn contributed to the development of a sense of responsibility.

It is hypothesized that the primary contributions of the collective health professional to the Older Adults Health Care Line pertain to the reinforcement of inter-institutional collaboration with the entities responsible for the comprehensive geriatric and gerontological care in the municipality. This was evidenced by the inaugural interprofessional training program, as well as the assessment of the gerontological and social reality experienced by the CHWs constituted a substantial contribution to the supervision performed by the 9RS/PR.

In closing, the supervised internship represents the inaugural experience of professional contact, which is why it is of such significance for those undertaking it. The opportunity to observe the workflow of professionals responsible for the healthcare of aging citizens in the 9RS/PR revealed new perspectives and insights into the diverse approaches to meeting the social and health needs of older adults across different sectors. Moreover, the internship represents a pivotal moment in the development of one's professional identity; it provides an opportunity to reaffirm one's professional vocation or, alternatively, to engage in reflection on alternative avenues of professional self-identification. While these decisions are ultimately personal, they are shaped to a significant extent by the experiences gained in the field.

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