Abstract

**Objective:** To present the potential of university extension for medical training, based on the perception of extension workers.

**Method:** This is an exploratory descriptive study, with a qualitative approach, carried out with medical students, former students of the university extension project of the elderly health. Wheels of conversations were made to base empirical production on a semi-structured interview script. The analysis was performed using Fiorin's speech analysis technique.

**Results:** It was possible to verify, in this research, the power of the university extension in the medical training, the impact generated in the accompanied elderly people and the importance of the production of bond. It was also verified the importance of providing students with more projects that can give a return to society and foster in students the need not to stop only the pathology, but mainly to awaken the motivation for a humanized and integral care.

**Conclusion:** The university extension provides an approximation with the community, through the bond and accountability between the academic and the elderly. In addition, it allows to contribute to improve and implant the sense of citizenship in the life of individuals.
Introduction

The population aging is a worldwide phenomenon that has been causing changes in societies over time [1]. It is due to a process of demographic transition marked by the significant decrease in the proportion of young people within societies and an evident increase in the proportion of elderly [2], associated with the epidemiological changes in population mortality [1].

It is estimated that there is one in ten people in the world aged 60 or older and the forecast for 2050 is the relation will be one in five. [3] With this, the world's elderly population will grow from almost 810 million (11.57%) to 2 billion (20.0%) in 2050 [4].

In Brazil, the trend is similar, bearing in the mind in the last decade, it was observed a growth of more than 2.5 times the elderly population in relation to the younger population [3]. It is predicted that in 2060 the elderly population corresponds to approximately 33.7% of the individuals in the country [5].

In this perspective, to insert the medical student in the context of care for the elderly is to make him a humanized professional as required by the pedagogical political project of the course and in this way, enable the doctor to act in the various scenarios having as commitment the principles of the Sistema Único de Saúde and resolute and qualified public health. The complexity of health needs calls for the implementation of experiences where the student is more in contact with the community, understanding their needs and recognizing their role as a citizen, the University Extension being a privileged space for this development.

In front of the news demands of the elderly population and the health system in force in our country, it is observed that studying the health conditions of the elderly is an emerging task of all human-related sciences (biological, psychological and social), in order to contribute to understand the factors associated with aging, as well as for the preparation of preventive measures. It should be stressed that aging must be prevented from leading to a greater burden of disease, more disability and increasing the use of health services by the population. For this, it is urgent to work with the prevention of diseases and fragilities, health maintenance, independence and autonomy of the elderly are among the major challenges faced by the health sector to promote healthy aging [6].

In Brazil, since 2006, with the promulgation of the National Policy on the Health of the Elderly, the Ministry of Health has guided the actions of health services in order to ensure the promotion of healthy aging, disease prevention, the recovery of health, to the preservation/improvement/rehabilitation of the functional capacity of the elderly with the purpose of assuring their permanence in the environment and society in which they live, independently performing their activities [7].

In this context, it became important to verify in what conditions the elderly present in order to identify if the aging has been experienced in an active and healthy way. However, it is known that in order to understand and evaluate the living conditions of the elderly, it is necessary a multidimensional approach is necessary, which will identify the specificities of each group and facilitate the integral approach of these individual. The university extension of health of the elderly allows the realization of this approach by building a bond between the student and the elderly accompanied. Because of this, the present study aims to present the potential of university extension for medical training, through the perception of extension agents.

Material and Methods

This is an exploratory research, descriptive with a qualitative approach. The study was carried out through a university extension project in the municipality of João Pessoa (Paraíba), Brazil. The munici-
pality was chosen because it is the place where the group of Studies in Health of the Elderly works, led by the main researcher and guiding of this research works.

The activities developed in the Elderly Health Extension Project (PESI-CUIDAR) occurred weekly in an asylum institution of the municipality mentioned above. The shares were diversified and ranging from specific and routine actions associated with the satisfaction and desire of the elderly, as well as practices that would provide, in a way, the physical needs, even the most complex ones, management and control of the physical and social environment, productivity and performance in the social environment such as encouraging them in decision making, management and Physical and social environment, productivity and performance in the social environment.

The study sample was composed of eight former students of the university extension project in the elderly, who participated in the project during the years 2015 and 2016. The study subjects were identified by the letter "E" of extension workers, E1, E2, E3, E4, E5, E6, E7 and E8, in order to maintain the confidentiality and anonymity of the participants.

The data were collected between February and April 2017 by means of three wheels of conversations, carried out in a higher education institution where the students studied. Before starting the first round of talks, the Informed Consent Term (TCLE) was presented, read and explained to the study participants. After this stage, the members were asked to sign the TCLE, and the confidentiality and anonymity of the participants.

The data collection was based on a semi-structured interview script composed of objective questions with deal with personal data and subjective questions that sought to present the experience experienced in the extension and the influence of that experience on the personal and academic life of each participant.

After the data collection the material was transcribed in its entirety and analyzed based on the technique of discourse analysis in the strand proposed by Fiorin [8]. For the development of the analysis, the empirical material produced was related in the literature about the theme and pointed out the social position of the study subjects in relation to the subtopics extracted from the discourses.

The research followed the ethical precepts demanded by Resolution 466 of December 12, 2012 that regulates the conduct of research involving human beings, obtaining approval from the ethics committee of the Faculty of Medical Sciences of Paraíba, under CAAE: 648996172.0000.5178.

**Results**

The participants in the report were aged between 17 and 25 years, are all graduates in Medicine. The search for information about the time of performance in the project revealed that, all were for at least six months in the extension in question.

According to the extensionist (E1), from the extension project allows this look at the human essence:

> As the medical practice and our teaching are very assistencialistas, the project of extension comes to approach the student of the socio-cultural reality of our region, in case the reality was a long-term institution, the asylum of the village. With this new look we have learned to go to institutions and focus on the human being, not just on sickness.

E1.

Through the students' learning, a knowledge of themselves is developed, as well as new personal relationships with the participants of the group, as evidenced in the following discourse:
PESI has helped me deal with the patient, respect his free will to speak and act according to his moment. This taught me, namely, the time both to stop and to advance and improved the construction of the bond. We had the objective of constructing the genogram and the ecomap, so it was necessary to ask questions, often intimate and that became an easier process with the development of the bond. With the extension and within their reality we knew when we could ask certain questions or not.

E1.

Extension is a possibility for the development of skills and attitudes, as evidenced in E2’s discourse:

It’s very important to have extra-curricular experiences, so we learn a lot more and get ourselves in touch with what’s outside, create links outside, see the therapies that we live in completely realizing what we are studying and touching these realities.

E2.

The extension presents transformative potential of the current biological model, with the practice focused on the protagonism of the subjects and the co-management in the therapeutic projects.

It was very important, because although we were in medicine, this project had a differentiated approach that is non-drug treatment. We cared more about healing than about care, but through the project, we learned that bonding with the elderly is more necessary. That was very shocking for us.

E3.

Sociability and leisure practices are indicators of quality of life that can influence health status, or may act as protective factors for cognitive decline because they help to keep the elderly self-employed in their socio-cultural context, as described by E4:

"Knowing the history of the elderly, and building a bond of friendship, trust, companionship, listening to their beautiful and funny stories, and having someone to talk to them, meant a lot to the elderly as well as to me too in the future personal and professional life.

E4.

Depression is a psychiatric illness that affects the individual's quality of life, leading to suicidal tendencies, and increasing the family economic burden due to its direct and indirect costs.

According to E5, what was most noticeable in the follow-up of the elderly was:

The old man I was with at the beginning was shy and did not want to talk, the medical record had a diagnosis of depression. I began to take songs and sing with him and soon there was intercourse. We had to think hard so we could talk to them. Have strategies. I think depression was a consequence of loneliness.

E5.

The educational actions developed for the elderly in this university extension use communication as a therapeutic resource to identify and deal with the resistances and insecurities presented by these individuals, against a backdrop of adopting healthy habits.

We took painting, music, games and it was very interesting to see the changes with us. We were there every week and they started talking about the fears, insecurities and the diseases themselves. We welcomed and studied to find alternatives to make them well.

E6.
I'm shy, so the teacher put me in pair to accompany an old woman. And I managed to improve my shyness. It was an incredible exchange of experiences. Mutual learning.

Another factor that points to the improvement of the quality of life of the elderly is the sociability that demonstrates the learning motivated by the coexistence in the group.

I've seen sad old people, yes, because they miss their family, feel abandoned and often bedridden or wheelchair-bound for their physical limitations, but I noticed some changes in their countenance. That we can contribute and improve the situation in which they are. I knew the purity of those elderly people who hugged us and thanked us for another weekend visit.

Discussion
The identification and analysis of subthemes by the technique of discourse analysis resulted in the following empirical categories: Bonding and accountability in the production of care for the elderly; New health practices from university extension.

Bonding and accountability in the production of care for the elderly
The involvement of the elderly with university extension strengthens social support, empowering them to become active, productive and socially involved, favoring subjective well-being.

Individual attention to the elderly is perceived as a strategy that allows the development of humanized relationships through the link created between professionals and users. The concept of humanization comprises the human essence as the set of social relations. Thus, this concept is understood as something that can only be revealed in the set of social relations that produce both the nature of the social man and that of subjects, since the individual on the margins of these relations is an abstraction and the human essence, idealized as an individual attribute, is as abstract as it [9].

By developing activities in extension, one constantly learns to create new strategies and attitudes in the face of different roles and functions. Extension allows the student to discover various learning resources, enabling the development of human skills and abilities that are impossible to learn from theory alone. It is the path that represents the most important channel of communication between the university and society, where knowledge is disseminated, reformed and transformed based on experiences. Thus, university extension should be seen as a transformative praxis, an instrument for modifying practices and knowledge that higher education institutions have as a fundamental weapon to fulfill their role of social responsibility. In this way, it serves as a rich space for new experiences aimed at humanization, care and qualification of health care [10].

It is understood that if the actions developed are aimed at satisfying the users' needs, they carry with them a meaning of humanization of the assistance, since it is not a work developed in a disaggregated form of reality, but structured to be developed according to the Population segment.

Thus, from the beginning of medical graduation, the student needs to adapt to the attributions established by the pedagogical project of the course, as a considerable extension of knowledge and approach to medical practice. Students are required to develop many skills, such as empathy, dealing with losses, and being impartial in certain situations. Thus, over the six years, maturation becomes constant and progressive, triggered mainly by the experiences demanded in academic life [11].

Caring for the human being in the various stages of life is the focus of work in the field of health. Thus, professionals in this area have an important
role in the scope of health through comprehensive care and humanized, aiming at qualifying the care provided to the elderly individual [12]. However, the biologicist model is still hegemonic, and the dispute over alternative models has been gaining ground in educational institutions and health services. In 2003, the Ministry of Health launched the national humanization policy to sensitize the actions and attitudes of health professionals in the integral care of the population [13].

In this way, the communication tool allows interaction with people of the same generation, replacing the period of loneliness and/or abandonment with the construction of new friendships, meetings, making it a milestone in their lives. This coexistence favors the elderly to believe in themselves, allowing the development in new interests and opportunities, the desire to continue learning and experiencing innovative situations [14]. The elderly seek a space not only for knowledge and information, but a space to share, build bonds and feel cared for and respected in their uniqueness. In this way, leisure experiences offer opportunities for social interaction in a productive way and, by extension, lead to the benefits of socialization [15].

Although old age is not synonymous with illness and dependence, it puts individuals in a situation of greater vulnerability to chronic health problems, which may limit them in daily life. This situation is aggravated when the elderly are in institutions. Often the institutionalized elderly present the loss of autonomy as a first consequence, personal freedom, physical independence and control of their own decisions are no longer part of the daily life of these elderly people, this fact makes them increasingly dependent on others. The loss of autonomy may also increase the susceptibility of the elderly to biological responses from multiple sources, from physical, psychological and socialization problems [16].

Extension is an instrument that favors the integration and coexistence, giving individuals the opportunity to escape from isolation and solitude, mainly by rescuing them from their rooms, which for the most part become real prisons, stimulating them in the search for Autonomy, for the pleasure of living [17]. It can be observed that the majority of the elderly accompanied had depression during diagnosis. In old age, it plays a prominent role, since the prevalence of depression in the elderly population is estimated worldwide, between 1 and 10%, varying according to diagnostic criteria [18].

Through communication, an environment of trust is created, identifying needs related to the elderly's health and encouraging social participation [19]. It is also through this approach that themes related to the needs of the health conditions of the elderly are introduced, seeking greater adherence to the treatments and adoption of a healthy lifestyle, to improve the quality of life of these individuals.

**New health practices from university extension**

Historically, the elderly experience social segregation living often excluded from environments and interpersonal relationships, especially from their retirements, when they lose or diminish their ties of friendship. The activities carried out in the extension project, the exchange of experience among the elderly, show that group living together can be a space to reinvent values, solidification of bonds, bonds of friendships, being able to be extended in the family and community, allowing new Forms of relationships [20].

In view of the above, the university extension makes the student aware of the reality that surrounds him and from which he should be participative and responsible, being able to produce care actions and also careless actions, in case the health care is not focused on the user. It also presents a transformative potential over academic training, serving as a model of health care with a humanized characteristic, considering that it is not only based on the clinical acts of the profession inherent to
the biomedical model. The main functions of university extension are based on the formation of a conscious and humanized professional, on the production of knowledge, on social development and on the improvement of the quality of life of society [10].

Conclusion
The study presented the potential of university extension for medical training, through the perception of extension workers: linkage; Accountability; Care and humanization of health care for the elderly. The students signaled the importance of the project to the formation of a professional sensitive to the determinants and conditioners of the health and disease process beyond the biological.

The limitation of the study is evidenced by the fact that it is a qualitative approach and thus it was not possible to formulate hypotheses considering that this approach seeks to analyze non-measurable facts. Thus, further studies of a quantitative nature would be necessary to enable a more complete analysis.

The university extension provides an approximation with the community, offering to the elderly the production of care, empowering them with regard to self-care and stimulating autonomy. In addition, it allows the contribution to improve and implant the sense of citizenship in the life of individuals. The relationship between teaching, research and extension, when well articulated, leads to significant changes in teaching and learning processes, stimulating the training of subjects capable of learning, teaching and training citizens.

Contributions of authors
KDTL: Participated in the production of the research, the design and coordination of the study, analysis, interpretation and discussion of the data and the final revision of the article.
LSCD: Participated in the design of the research, analysis, interpretation and discussion of the data and the final revision of the article.
ALSB/APFN/GHCNF/IOM/IRFS/LRG: Participated in the collection and discussion of the data.
MBC/MAGMN/MEPV/MCCA/PHVS: Participated in the collection and final review of the article.
TZTTF/TAGVM/YLD: Participated in the collection and production of the research.

Interest conflicts
The authors declare that there are no conflicts of interest.

References


