


**PERFORMANCE OF MEDICAL STUDENTS IN THE RESOCIALIZATION CENTER OF
THE CAPITAL – EXPERIENCE REPORT**

**ATUAÇÃO DOS ACADÊMICOS DE MEDICINA NO NÚCLEO DE RESSOCIALIZAÇÃO
DA CAPITAL – RELATO DE EXPERIÊNCIA**

**TRABAJO DE ESTUDIANTES DE MEDICINA EN EL CENTRO DE RESOCIALIZACIÓN
DE LA CAPITAL – INFORME DE EXPERIENCIA**

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ABSTRACT

The present paper presents an experience report developed by medical students in the Comprehensive Health Care Program for the Population Deprived of Liberty and Socio-Educational Internment (PAISPIS), held at the Rehabilitation Center of the Capital. The action aimed to promote health education and offer clinical care to people deprived of liberty, integrating theory and practice in medical training. The intervention was structured in two moments: (1) educational action on Sexually Transmitted Infections (STIs), addressing syphilis, HIV/AIDS and viral hepatitis, with dialogued exposition, use of visual resources and demonstration of the correct use of condoms; and (2) individual clinical care, with anamnesis, therapeutic adjustments, prescriptions and referrals. The experience highlighted the transformative potential of medical practice in contexts of vulnerability, contributing to the strengthening of skills such as empathy, humanized communication, and clinical reasoning, in addition to expanding the understanding of health inequalities in the prison system. It is

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concluded that the integration between health education and clinical care is an effective strategy for health promotion and for the training of more sensitive and socially committed professionals.

Keywords: Comprehensive Health Care. Health Education. Population Deprived of Liberty. Experience Report.

RESUMO

O presente trabalho apresenta um relato de experiência desenvolvido por acadêmicos de Medicina no Programa de Atenção Integral à Saúde da População Privada de Liberdade e Internação Socioeducativa (PAISPIS), realizado no Núcleo de Ressocialização da Capital. A ação teve como objetivo promover a educação em saúde e oferecer atendimento clínico a pessoas privadas de liberdade, integrando teoria e prática na formação médica. A intervenção foi estruturada em dois momentos: (1) ação educativa sobre Infecções Sexualmente Transmissíveis (ISTs), abordando sífilis, HIV/Aids e hepatites virais, com exposição dialogada, uso de recursos visuais e demonstração do uso correto de preservativos; e (2) atendimentos clínicos individuais, com realização de anamneses, ajustes terapêuticos, prescrições e encaminhamentos. A experiência evidenciou o potencial transformador da atuação médica em contextos de vulnerabilidade, contribuindo para o fortalecimento de competências como empatia, comunicação humanizada e raciocínio clínico, além de ampliar a compreensão sobre as desigualdades em saúde no sistema prisional. Conclui-se que a integração entre educação em saúde e atendimento clínico é uma estratégia efetiva para a promoção da saúde e para a formação de profissionais mais sensíveis e comprometidos socialmente.

Palavras-chave: Assistência Integral à Saúde. Educação em Saúde. População Privada de Liberdade. Relato de Experiência.

RESUMEN

Este artículo presenta un relato de experiencia desarrollado por estudiantes de medicina en el Programa de Atención Integral en Salud a la Población Privada de Libertad y en Reclusión Socioeducativa (PAISPIS), realizado en el Centro de Resocialización Capital. La iniciativa tuvo como objetivo promover la educación para la salud y brindar atención clínica a las personas privadas de libertad, integrando la teoría y la práctica en la formación médica. La intervención se estructuró en dos fases: (1) actividad educativa sobre Infecciones de Transmisión Sexual (ITS), abordando sífilis, VIH/SIDA y hepatitis virales, con presentaciones dialogadas, uso de ayudas visuales y demostraciones del uso correcto del condón; y (2) consultas clínicas individuales, incluyendo la toma de historia clínica, ajustes terapéuticos, prescripciones y derivaciones. La experiencia destacó el potencial transformador de la práctica médica en contextos vulnerables, contribuyendo al fortalecimiento de habilidades como la empatía, la comunicación humanizada y el razonamiento clínico, además de ampliar la comprensión de las desigualdades en salud en el sistema penitenciario. Se concluye que la integración entre la educación para la salud y la atención clínica es una estrategia eficaz para la promoción de la salud y la formación de profesionales más sensibles y comprometidos socialmente.

Palabras clave: Atención Integral de Salud. Educación para la Salud. Población Desfavorecida. Informe de Experiencia.

1 INTRODUCTION

The health system in the prison environment presents complex and persistent challenges, widely discussed in the medical literature. Although, in countries such as the United States, people deprived of liberty have a constitutional right to medical care, effective access to health care is still marked by significant barriers (LUPEZ, 2024). Among them, the high prevalence of chronic diseases and mental disorders in this population stands out, exceeding the incidence observed in the community in general, and the difficulties to obtaining appropriate treatment, often aggravated by demands that represent a relevant financial obstacle (NGUYEN et al., 2025).

The provision of care in the prison setting is often limited by the scarcity of resources and the use of non-medical personnel in health-related functions, such as detention officers (ROSEN et al. 2024). This practice can compromise privacy, delay care, and impair clinical follow-up. In addition, Nguyen (2025) reports that the available infrastructure is rarely sufficient to cope with the complexity of the conditions presented, making frequent transfers to external health services necessary.

The Brazilian literature, especially through the National Policy for Comprehensive Health Care for Persons Deprived of Liberty (PNAISP), defines the need for structured multiprofessional teams to provide care for prison health, but highlights significant obstacles in the effective implementation of these guidelines in prison units. Theoretical models for the evaluation of disease control programs, such as the Tuberculosis Control Program, show that external and political-organizational factors and the quality of implementation directly influence health outcomes in prisons.

In addition, emerging public health perspectives recommend a shift in focus from a traditional pathogenic model to salutogenic and integrative approaches that favor health promotion and social reintegration, the so-called prisons as health-promoting settings. In this line, the biopsychosocial model argues that disease results from the interaction between biological, psychological, and social factors, emphasizing the centrality of psychoemotional and socio-environmental aspects in clinical care, especially in vulnerable and institutional contexts.

Theorists such as Michel Foucault also contribute with critical reflections on the prison system: in *Discipline and Punish*, he introduces concepts such as the prison archipelago, which involve disciplinary and symbolic mechanisms of social control and profoundly affect the experience of detention and its repercussions on mental and behavioral health. These

references allow us to understand the prison system not only as a punitive device, but also as an environment for the production of inequalities in health and social suffering.

In this scenario, the performance of extension projects and institutional programs that seek to promote health education and care in the prison system stands out, such as the Comprehensive Health Care Project for the Prison Population and Socio-Educational Internment (PAISPIS). At the Capital Resocialization Center, medical students, in partnership with health professionals, have carried out educational activities and clinical care, contributing both to health promotion and for a more humanized and socially committed medical education.

2 METHODOLOGY

The present work is characterized as an experience report of a descriptive and qualitative nature, developed from the participation of medical students in the Project of Integral Health Care for the Prison Population and Socio-Educational Internment (PAISPIS), carried out at the Center for Resocialization of the Capital.

The activity was conducted between April and July 2025, under the supervision of the preceptor in charge, a psychiatrist, and integrated two main axes: health education action and individual clinical care.

The educational action focused on prevention and awareness about Sexually Transmitted Infections (STIs), covering syphilis, HIV/AIDS and viral hepatitis. The methodology used was based on participatory health education strategies, starting with a moment of integration ("icebreaker") to favor the bonding and engagement of the participants. Then, a dialogued presentation was held with the use of visual resources, demonstration of male and female condoms, and guidance on their correct use, encouraging questions and spontaneous reports from the re-educating students.

The second moment was dedicated to clinical care, in which about 30 re-educating students participated. The consultations followed the methodology of structured clinical anamnesis, covering the main complaint, history of the current disease, history, lifestyle habits, and use of medications. When necessary, therapeutic adjustments, prescription of new conducts and referrals for specialized follow-up were carried out, with all information recorded in the medical record under the guidance of the physician in charge.

The experience was conducted in an ethical and humanized manner, respecting professional secrecy and the dignity of the person deprived of liberty, in accordance with the

precepts of Resolution No. 466/2012 of the National Health Council. Although the present study does not have the character of a research with systematic data collection, the experience was documented and analyzed in a reflexive way for academic purposes, seeking to contribute to the debate on health practices in the prison context.

3 EXPERIENCE REPORT

Participating in PAISPIS has been a deeply enriching and transformative experience in medical education. Right at the beginning of our undergraduate studies, we had the opportunity to experience, in a practical and sensitive way, the impact of medicine in a challenging context such as the prison system. We went to the Center with an open heart, willing to learn from reality and from the people who are there, breaking internal barriers and deconstructing prejudices that are often socially imposed. This posture allowed us to see beyond labels and connect with what is most essential in medicine: care for others.

In one of the meetings, we developed an educational action aimed at prevention and awareness about Sexually Transmitted Infections (STIs). The activity began with a moment of integration ("icebreaker"), which helped to create a welcoming environment conducive to dialogue. Then, we present a theoretical introduction about syphilis, HIV/AIDS and viral hepatitis, addressing concepts, signs and symptoms, forms of transmission, prevention and treatment strategies.

The involvement of the participants was remarkable. They actively contributed with questions, personal accounts and reflections, showing great interest in the theme. Visual resources and educational materials, including male and female condoms, were used, accompanied by practical guidance on their correct use. This practical approach favored the understanding of the content and reinforced the importance of prevention, making the experience enriching for both the inmates and the students.

In addition to the educational actions, we had the opportunity to participate in clinical consultations on April 29, 2025, under the supervision of preceptor Dr. Kalleu, a psychiatrist. About 30 consultations were carried out, in which we applied knowledge acquired in the classroom and developed fundamental skills such as active listening, clinical reasoning, empathy and humanized communication.

At first, it was inevitable to feel anxiety and insecurity, especially in the face of the fear of making mistakes or not fully understanding the needs of patients. However, as the

interaction progressed, the doctor-patient relationship became more fluid, strengthening our safety and connection.

Most of the complaints reported were related to insomnia. Many inmates mentioned difficulty sleeping, with reports such as "there are days when I can't sleep at all". In view of this, we make adjustments to medications, prescribe new treatments when necessary and refer them to specialists, ensuring greater continuity in follow-up.

This early experience with clinical practice and health education in a prison environment revealed the transformative power of medicine when combined with respect, sensitivity and social commitment.

4 FINAL CONSIDERATIONS

The work in the Capital Resocialization Center through PAISPIS made it possible not only to apply technical knowledge, but also to strengthen essential skills for medical training, such as empathy, effective communication, and understanding of health inequalities.

Direct contact with people deprived of liberty reinforced the importance of seeing the patient as an integral human being, regardless of their life history, recognizing that dignity and access to health are fundamental rights.

In addition, the combination of educational actions and clinical care demonstrated that integrated strategies can generate greater impact on health promotion, especially in contexts of vulnerability. This experience not only contributed to academic and professional development, but also inspired continued engagement in projects aimed at marginalized populations, reaffirming medicine as an instrument of social transformation.

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