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ORIGINAL ARTICLE

Sociodemographic profile of patients and medical attendance in a school ambulatory

Perfil sociodemográfico dos pacientes e dos atendimentos médicos em um ambulatório-escola

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ABSTRACT

The access to health services, including at the ambulatory care, can be influenced by the demographic and social characteristics of the patients. It's important that the organization of ambulatory consider the demand from the patients based on their sociodemographic and attendance profile, because these allow a greater understanding of the service that is performed by them and a better knowledge of the population attended. In this context, this study had as objective to characterize the sociodemographic profile of patients attended at the School Ambulatory of the Faculty of Medicine of the Campus JK of the Federal University of Vales do Jequitinhonha and Mucuri, as well as their attendance profile. This study was of the type quantitative, descriptive and retrospective through the analysis of medical records of the patients attended at this ambulatory and access the SPDATA database regarding the registration of these patients. In a specific form, the data were collected about consultations performed by patients in the medical specialties and procedures performed (attendance profile) and about gender, age, origin, occupation, marital status and race/skin color (sociodemographic profile). A total of 2,858 medical records were analyzed, with the majority of patients female gender (68.75%), aged between 20 and 39 years older (29.04%), single marital status (50.77%), race/color skin brown (62.74%), retired (15.90%), coming from Diamantina/MG (72.11%) and resident of the urban area (82.23%). In relation to medical attendance, the specialties of gynecology, medical clinic and pediatrics consulted the largest number of patients and also those that had more consultations registered. Still, 13,02% of patients performed some procedure during the consultations being the most frequent the pap smear test (63.35%). This study was important for the ambulatory because these results expanded the knowledge about how it works and about frequent users, fact that allowed to plan actions that aim at an improvement in the performance of the ambulatory and a better health assistance offered to the population of the Jequitinhonha Health Macro-region.

Keywords: Ambulatory care; Epidemiological studies; Sociodemographic profile.

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RESUMO

O acesso aos serviços de saúde, inclusive a nível ambulatorial, pode ser influenciado pelas características demográficas e sociais da população de referência. É importante que a organização dos ambulatórios considere o perfil sociodemográfico e dos pacientes levantando dados a partir dos atendimentos e com isso promover uma maior compreensão das demandas da população atendida. Nesse contexto, este estudo teve como objetivo caracterizar o perfil sociodemográfico dos pacientes atendidos no Ambulatório Escola da Faculdade de Medicina do Campus JK da Universidade Federal dos Vales do Jequitinhonha e Mucuri, assim como também o seu perfil de atendimentos. Tratou-se de estudo quantitativo, descritivo e retrospectivo por meio da análise dos prontuários dos pacientes atendidos neste ambulatório e acesso ao banco de dados SPDATA referente ao cadastro destes pacientes. Em formulário próprio, foram coletados os dados sobre as consultas realizadas pelos pacientes nas especialidades médicas e os procedimentos executados (perfil dos atendimentos) e sobre sexo, idade, procedência, ocupação, estado civil e raça/cor da pele (perfil sociodemográfico). Foram analisados 2.858 prontuários, sendo que a maior parte dos pacientes era do sexo feminino (68,75%), na faixa etária de 20 a 39 anos (29,04%), estado civil solteiro (50,77%), raça/cor da pele pardo (62,74%), aposentado (15,90%), procedente de Diamantina/MG (72,11%) e residente da zona urbana (82,23%). Em relação aos atendimentos médicos, as especialidades de ginecologia, clínica médica e pediatria se destacam com o maior número de consultas registradas. Observou-se que 13,02% dos pacientes realizaram algum procedimento durante os atendimentos, sendo o mais frequente o exame de Papanicolau (63,35%). Este estudo contribui para melhor conhecimento sobre o funcionamento do local em estudo assim como sobre serviço sobre o perfil dos usuários. Esses resultados propiciam o planejamento de ações que visam uma melhoria na atuação do ambulatório e, consequentemente, melhoria na assistência à saúde para a população da Macrorregião de Saúde do Jequitinhonha.

Palavras-chave: Assistência ambulatorial; Estudos epidemiológicos; Demografia.

Introduction

Outpatient clinics or school clinics at higher education institutions are services that offer the community access to healthcare funded by society. At the same time, they enable the student to be inserted in a teaching-learning process that involves the integration of teaching, research and extension actions, and their training for the practice, experience, and reflection of professional practice[1].

These spaces, therefore, serve two types of clienteles, students, and sectors of society. The former need to acquire knowledge and skills that make them capable of exercising their future profession, and the latter need quality care aimed at protecting, promoting and recovering their health, reinforcing how essential it is to articulate the needs of academic training and social needs[2].

The way in which health services are accessed, including outpatient services, may be influenced by the demographic, social characteristics and beliefs of the users who attend them, so it is important that their organization and functioning consider the behavior of patient demand based on your sociodemographic profile[3].

Therefore, it is essential that a school outpatient clinic knows both the characteristics of the service offered and the characteristics of the population that will use it. This knowledge is fundamental to understanding the role of this service in the community in which it operates and the meaning of the role of academia in this context (institution, students and teachers) which leads to an acknowledgement and understanding of the population served by it and for management[4].

Information about patients and care is important to evaluate the effectiveness of the services provided by the outpatient clinic, to reflect on an improvement in the organization of the service and the adequacy of the care modalities offered according to the profile of the user who accesses the service, providing a more comprehensive care for this population[4,5]. These improvements in service practices are due to the possibility of planning actions based on information that reflects the reality of the location. It is still possible to create strategies that can improve access for certain groups that still have difficulty accessing the service[6].

Furthermore, knowing the compilation of data of the user profile and the healthcare needs of an outpatient clinic allows for comparative studies with the user profiles of other services, which can provide opportunities the development of more far-reaching public healthcare policies[7]. To this end, it is important that the results of these studies are disseminated, as it is a way of contributing to the field of outpatient services, serving as a reference for other similar studies, whether within the same service or in other institutions, and being able to attract more students, teachers and researchers interested in working in this environment[3,5].

The outpatient teaching clinic services of the Medical School of the Federal University, Campus JK of the Vales do Jequitinhonha and Mucuri (Ambulatory School of FAMED/UFVJM) is in Diamantina, Minas Gerais (MG), Brazil. It is defined as a space where free specialized medical consultations are carried out and are linked to the teaching of the undergrad graduate medical course of the university. The main target audience of this outpatient service is the population of the Vale Do Jequitinhonha health macro region estimated at 407,871 thousand inhabitants[8,9]. According to the description in territories designated for assistance this macro region is made up of thirty municipalities with Diamantina being its hub municipality[10].

In this context, it is assumed that the outpatient services unit has already served a broad population in need of medical care in different specialized areas consisting of people with varied sociodemographic characteristics and health conditions. Therefore, this study aimed to describe the sociodemographic profile of patients treated in the school's clinic as well as the profile of care through the analysis of data generated in their consultations and procedures.

Methods

This is an outpatient demand study, quantitative, descriptive, retrospective study with primary data collection carried out in the FAMED/UFVJM ambulatory outpatient clinic located in the municipality of Diamantina (MG), mesoregion of Jequitinhonha.

The data in this study was obtained through analysis of the medical records of patients treated at the FAMED/UFVJM ambulatory outpatient clinic in the period between June 2017 and January 2020 in conjunction with the SPDATA and SCCD database relating to the registration of these patients when their specific sociodemographic data was not present in the medical records. The use of the SPDATA and SCCD databases is because at the time of admission of the patient to the outpatient clinic, in addition to using the medical record, an outpatient form was also inputted into this database with some of the patient's sociodemographic information.

The study included all patients seen at this outpatient clinic in the period whose consultations were carried out by specialized medical attendance related to the undergraduate course in Medicine at the FAMED / UFVJM university.

The period evaluated in the research corresponds to six academic semesters of the FAMED / UFVJM university academic calendar since June of 2017; the date in which the ambulatory clinic was established ad its first service provided to January of 2020; the date of last term of the university academic calendar before the temporary suspension of services due to the COVID-19 pandemic in Brazil.

To collect data, a form prepared by the research authors was used. It was completed after analyzing each medical record included in the study, where information regarding the sociodemographic characteristics of the patient was gathered. These sociodemographic characteristics include sex, age, marital status, provenance (municipality and area of residence) occupation and race/skin color (sociodemographic profile) in addition to specialized medical consultations and procedures performed in the outpatient clinic.

These data were collected by a single researcher and this data collection lasted approximately four months (from November 2020 to March 2021). These data were digitized into Microsoft Excel 2007. These data were analyzed using the EPI INFO 7.2.4.0 version program of the Centre for Disease Control and Prevention (CDC) using descriptive statistics of means with standard deviation, absolute and relative frequencies of variables.

Statistical analyzes were carried out to visualize service trends for medical specialties and procedures offered over the years. The Kruskal-Wallis non-parametric test was also applied to the groups, where statistical significance values were also observed (p<0.05). It should be noted that the year 2020 was not included in the analysis, as it had a lot of missing data, considering the period of the pandemic and interruption in the provision of services, which could compromise the results. All tests were performed using SPSS statistical software, version 21.

This study was approved by the Ethics in Research Committee (CEP) involving human beings of UFV JM under the resolution number 4.381.944 and CAEE 37622620.6.0000.5108.

Results

In total, 2,858 medical records from the Ambulatory Teaching Clinic of the FAMED/UFV JM were analyzed. The patients consulted in the following medical specialties: gynecology, clinical medicine, pediatrics, dermatology, infectiology (ID), geriatrics, rheumatology, neurology, psychiatry, mastology, endocrinology, cardiology and ophthalmology.

Regarding the sociodemographic profile of the patients, there was a preponderance of females (68.75%) in the 20 to 39 years of age range (29.04%), singles status (50.77%) and race/skin color "pardo" or mixed race (62.74%) (Table 1). The average age of patients was 37.47 years of age with a deviation of +- 23.70 and variation range of 0 to 101 years of age. The average age of female patients was 39.05 years of age with a deviation of +- 22.25 and the average age of male patients was 34 years of age with a deviation of +- 26.29 and variation range of 0 to 101 years of age.

Regarding provenance, the patients were residents of thirty-two municipalities on Minas Gerais. The majority of patients were residents of Diamantina (72.11%) followed by residents of Gouveia (4.41%), Congonhas do Norte (3.01%), Datas (2.62%), Couto de Magalhães de Minas (2.38%), Serro (1.82%), Carbonita (1.68%), São Gonçalo do Rio Preto (1.40%) and Minas Novas (1.05%); all belonging to the Macro Health Region of Jequitinhonha. The remaining 22 municipalities of represent less than 1% each, with 18 of these municipalities belonging to the Macro Health Region of Jequitinhonha; 3 of these municipalities belonging to Centro Macro Health Region and 1 of these municipalities belonging to the Northwest Macro Health Region. Furthermore, the bulk of the patients came from an urban zone (82.23%) (Table 1).

The five most common occupations found in the medical records were retired (15.9%), homemaker (8.02%), student (6.55%) maid (5.85%) and agricultural worker (4.61%). In aggregate, the occupations total 40.93% of patients. In sixth place, the most common occupation listed is the designation of unemployed (3.50%), which, albeit is not an occupation per se, was considered an occupation for the purposes of this study as it is an important data point in the population profile of the patients seen at the Ambulatory Clinic. It is important to emphasize that this variable was subject to some interference: the population analyzed was composed of patients aged 16 years of age or older, which is the age considered by the Brazilian Institute of Geography and Statistics as an economically active population. A third of the medical records analyzed did not contain information about occupation and further, 102 distinct occupations were described, which is why the most common occupations were presented (Table 1).[8]

Regarding the profile of care, most patients consulted a single medical specialty (92, 16%, n=2,634). Those who consulted more than one specialty were: 7.00% (n=200) in two specialties, 0.74% (n=21) in three specialties and 0, 0.1% (n=3) in four specialties, therefore having 224 (7.84%) patients consulting in more than one specialty. The medical specialties that had a greater number of patients treated were gynecology (24.18%), clinical medicine (22.50%) and pediatrics (16.45%) (Table 2).

Regarding the number of medical care consultations provided; 5,002 consultations were recorded, with an average of 1.75 ± 1.35 per patient and a range of 1 to 13 consultations. The medical specialties that had the highest number of consultations were clinical medicine (21.61%), gynecology (21.33%), pediatrics (13.83%) and infectious diseases (10.04%), which together represented 67, 17% of all consultations (Table 3).

Furthermore, 2018 was the year with the largest number of consultations totaling 38.36% of all the consultations given during the period in this study. In the same year, the largest number of consultations in pediatrics, infectiology, geriatrics, dermatology and rheumatology occurred (Table 3).

Regarding procedures performed during care, 13.02% of patients (n=372) underwent some type of intervention, totaling 483 procedures recorded (the same patient underwent the same procedure more than once and/or more than one type of procedure). There was a predominance of Pap smears (63.35%) in gynecology, followed by intralesional infiltration of meglumine antimoniate (AM) (14.91%) in infectious diseases and insertion of an intrauterine device (IUD) (7, 87%) also in gynecology (Table 4).

In the association analysis, *p*-values greater than 0.05 were observed, which indicates that there is no statistical significance in the attendances between the years evaluated.

Table 1. Sociodemographic characteristics of patients seen at the Ambulatory Teaching Clinic of the FAMED/UFV JM University in the period of June 2017 and January 2020 (n=2.858).

Variables	Absolute Frequency (N=2.858)	Relative Frequency
Sex		
Female	1.965	68,75%
Male	893	31,25%

continued...

... continued Table 1

Variables	Absolute Frequency (N=2.858)	Relative Frequency
Age Group		
0-19 years of age	727	25,44%
20-39 years of age	830	29,04%
40-59 years of age	731	25,58%
60-79 years of age	433	15,15%
≥ 80 years of age	137	4,79%
Marital Status		
Single	1.451	50,77%
Married	947	33,14%
Widowed	202	7,07%
Separated/Divorced	126	4,41%
Other or Not Aplied	67	2,34%
Common Law marriage	62	2,17%
Race/Skin Colour		
Mixed Race "pardo"	1.793	62,74%
White	674	23,58%
Black	373	13,05%
Asian "yellow"	8	0,28%
Not listed	10	0,35%
Provenance		
Diamantina	2.061	72,11%
Municipalities of MSJ* except Diamantina	786	27,50%
Municipalities not belonging to the MSJ*	11	0,39%
Housing area		
Urban	2.350	82,23%
Rural	508	17,77%
Occupation**		
Reired	359	15,90%
Homemaker	181	8,02%
Student	148	6,55%
Maid	132	5,85%
Agricultural Worker	104	4,61%
Unemployed	79	3,50%
Construction	45	1,99%
General Services	43	1,90%
Not listed	665	29,45%
Other or Not Aplied	502	22,23%

Legend: *MSJ = Macro Health Region of Jequitinhonha ** n+2.258, due to inclusion of patients of age equal to or superior to 16 years of age which is the economically active age according to the Brazilian Institute of Geography and Biostatistics (2021).**
Source: Research data, 2021.

Table 2. Distribution of treatments at the FAMED/UFVJM School Outpatient Clinic from June/2017 to January/2020 according to medical specialties (n=2,858).

Medical Specialties	Absolute Frequency*	Relative Frequency (%)**
Gynecology	691	24,18%
Clinical Medicine	643	22,50%
Paediatrics	470	16,45%
Dermatology	282	9,87%
Infectionlogy	257	8,99%
Geriatrics	247	8,64%
Rheumatology	200	7,00%
Neurology	128	4,48%
Psychiatry	57	1,99%
Mastology	44	1,54%
Endocrinology	43	1,50%
Cardiology	25	0,87%
Ophthalmology	23	0,80%

Legenda: *The total of the patients does not correspond to n=2.858 because 224 patients consulted in more than one medical specialty. **FR is related to n=2.858, therefore the total sum does not correspond to 100% due to 224 patients having consulted more than one medical specialty.

Source: Research data, 2021.

Table 3. Frequency of medical consultation provided at the FAMED/UFVJM School Ambulatory, from June/2017 to January/2020, according to medical specialties (n=5.002).

Medical Specialty/Year	2017	2018	2019	2020	TOTAL (FR%)
Clinical Medicine	479	326	276	0	**1.081** (21,61%)
Gynecology	171	399	470	27	**1.067** (21,33%)
Paediatrics	211	270	211	0	**692** (13,83%)
Infectiology	86	226	190	0	**502** (10,04%)
Geriatrics	109	246	107	0	**462** (9,24%)
Dermatology	56	203	165	0	**424** (8,48%)
Rheumatology	90	129	121	0	**340** (6,80%)
Neurology	9	62	91	0	**162** (3,23%)
Psychiatry	0	0	102	0	**102** (2,04%)
Endocrinology	43	22	0	0	**65** (1,30%)
Mastology	0	20	31	0	**51** (1,02%)
Cardiology	0	31	0	0	**31** (0,62%)
Ophthalmology	0	0	23	0	**23** (0,46%)
TOTAL	**1.254**	**1.934**	**1.787**	**27**	**5.002** (100%)

Source: Research data, 2021.

Table 4. Frequency of procedures done at the Ambulatory Teaching Clinic of FAMED/UFVJM in the period between June 2017 and January 2020 (n=483).

Procedures/Year	2017	2018	2019	2020	TOTAL (FR%)
Pap Smear	57	116	127	6	**306** (63,35%)
Intralesional Injections of AM	1	35	36	0	**72** (14,91%)
Insertion of IUD	1	15	21	1	**38** (7,87%)

continued...

... continued Table 4

Procedures/Year	2017	2018	2019	2020	TOTAL (FR%)
Others	5	8	14	0	**27** (5,59%)
Application of ATA	4	2	15	2	**23** (4,76%)
Intra articulation injections of triamcinolone	0	14	3	0	**17** (3,52%)
TOTAL	**68**	**190**	**216**	**9**	**483** (100%)

Legenda: *AM = Meglumine antimoniate **IUD = Intrauterine device ***ATA = Trichloroacetic acid.
Source: Research data, 2021.

Discussion

In general, women seek health services in Brazil more than men[11]. The present study found that 68.75% of patients who attended the FAMED/UFVJM School Outpatient Clinic were women. This result is corroborated by researches carried out in specialized medical consultation services in Brazil, and other carried out in a health outpatient clinic in India, which also presented a higher frequency of female patients, being, respectively, 83 ,50%, 66.27%, 63.67% and 57.20%[12-15].

Women are more concerned about their health and treatments in Primary Health Care Units (UAPS) than men, a fact that may contribute to them also attending secondary care services more often, as referrals for this level are generated mainly from Primary Health Care (PHC)[14,16]. The lesser use of men for health services can be understood through the analysis of the historical-cultural and societal processes whereby they are seen as strong beings who are unlikely to be affected by a diseases[17].

In relation to age, the clinic served people of all age groups, which shows the importance of this service in serving the population since the health care offered covered care aimed at all life cycles, from newborns to the elderly (age range 0 to 101 years). For student learning, it is of great value to understand the entire health-disease process that involves the individual, family, and community, encompassing diagnosis, prognosis and therapeutic management, in all phases of the biological cycle[18].

Furthermore, regarding this demographic data, the age groups of 20 to 39 years and 40 to 59 years had the highest number of patients treated, totaling 54.62% of patients. These age groups correspond to the adult population which, according to the IBGE census (2010), represented 50.50% of the Brazilian population, which could explain the predominance of adults in the use of this health service[19]. This result was also found in studies, where most patients who attended the outpatient clinics were aged 20 to 59[16,20]. This result is in line with the increased concerns about future senility[20]. However, on the other hand, it shows that the outpatient clinic, for the adult population, represents a place where they can obtain health care, where they can prevent and treat chronic and degenerative diseases, which, according to UFMA can greatly reduce the number of hospitalizations, improve acute and chronic complications of these diseases, and prevent or delay the onset of these diseases[21]. It is worth noting that the outpatient clinic provides specialized care with free access, close to primary care.

Regarding the marital status of patients, there was a preponderance of those who declared themselves single. Other research carried out in specialized medical services also obtained results like this[15,22]. However, if when analyzing these data, patients under 18 years of age are excluded, the predominant marital status becomes married with 47.79% of patients reporting married status and 36.51% reporting singles status. This is because Brazilian laws prohibit the act of marriage for people aged 18 years and younger. This data is corroborated by researches, which showed that the predominant marital status of patients over 18 years of age who attended outpatient health services was married[23,24].

The ethnicity that represented most patients treated was mixed race. When analyzing the black population (brown and black), it represented 75.79% of patients. Like this data, studies also presented the brown/black ethnicity as predominant in patients admitted to a health service that is reflective of the population of the Jequitinhonha Health Macroregion, being 69.50% and 83.60% respectively[25,26].

There is significant inequality in the economic situation between the white and black population, with the latter having a lower average income per capita.[26] To improve the health conditions of the black population, managers, and professionals of the Unified Health System (SUS) must understand that the inequities and vulnerabilities that affect the health of this population, such as negative indicators of morbidity and mortality are a result of unjust socioeconomic and cultural processes, including racism[27].

Regarding origin, most patients were from Diamantina, the municipality where the clinic is located. Researches outlined the profile of users who attended secondary care services, demonstrated that there was a predominance of patients from the municipalities where the health services studied are located[13,15,28]. Therefore, it is believed that the location of the outpatient clinic in Diamantina, combined with the fact that the municipality is the headquarters of the macro-region and has the largest population, may explain the more frequent use of this service by patients from this location. Another important factor that must be considered is that the consultation number that is distributed by the regulatory sector of the Diamantina Health Department for each of the municipalities in the macro region, follows the

financial guidelines set out by the instrument called "Agreed and Integrated Programming" (*Programação Pactuada e Integrada - PPI*), which could be reflected in the greater or lesser use of the outpatient clinic in each municipality, also reinforcing access depending on the financing model.

Of the thirty-one municipalities that are part of the Jequitinhonha Health Macroregion, the outpatient clinic had patients from twenty-eight of them, which demonstrates that the service has been fulfilling its objective of serving the target population by covering almost all municipalities in this macroregion, while suggesting that there is pent-up demand in the region for the financing model and other access limiters[10]. On the other hand, it would be important for the outpatient clinic to be able to serve all municipalities in the macro-region to provide health care to the entire proposed population.

The fact that the analyzed service receives patients from different origins also draws attention to the need for greater investment in primary care, highlighting the Family Health Strategy. The greater prevalence of care related to medical clinics and gynecology draws attention and points to a possible fragmentation in the provision of care where patients come from. The logic of care guided by the SUS recommends full access to services, respecting the individuality of the subjects as well as sociocultural aspects that can interfere in the provision and receipt of health care[29].

It should also be added that in relation to the housing of the patients treated, there was a predominance of residents from urban areas, with only 17.77% of patients coming from rural areas. Rural populations, when compared to urban populations face a more complex geographic, economic, and cultural obstacles and challenges in accessing health services[30]. Due to these barriers, including transport for travel, these people tend to mainly attend health institutions located in the rural area where they live, the UAPS[31]. The authors also add that, on the other hand, the demand for care at the municipality's headquarters occurs mainly due to the absence of health professionals in the UAPS and/or the need for specialized attention. The demand for the service studied may also be strongly influenced by the region's healthcare model and may not effectively reflect the need for demand from the surrounding population, resulting in issues of equity.

Regarding occupation, most of the patients in the study were retired, followed by housewives, students, domestic workers, and agricultural workers. In line with this result, other study pointed out retired patients, housewives and students, respectively, as the most prevalent among those who used a university outpatient service in a Brazilian capital[20]. Other study also indicated students, housewives, farmers, and retirees as the most frequent occupations among patients who were treated at a school clinic located in Cajazeiras – Paraíba[15].

It is believed that a greater presence of retirees, housewives and students could be explained by the fact that they have more time to access health services[20]. On the other hand, these most listed occupations are associated with the economic strata of no income or low or lower-middle income. This fact reinforces the social role of the outpatient clinic in the region, by bringing the university, health service and community together[32].

It is also important to highlight that data collected on the occupation of patients was the only data point in the study that was absent from the medical records, which may have hindered the analysis of the occupation profile of patients who attended this service. Therefore, it is one of the limitations of the present study.

Regarding the profile of care, records of consultations were found in thirteen medical specialties, with gynecology, clinical medicine and pediatrics being those with the highest number of patients seen and consultations carried out. These results can be justified by the fact that these specialties have operated in all academic semesters since the outpatient clinic was created and carried out a greater practical workload per semester. Furthermore, these data reinforce the importance of offering health care services through outpatient clinics in these areas and corroborated by Souza et al. who states that the well-being of children and women has long been a priority in population health care[33]. However, this issue demonstrates the fragility of primary care, since these are specialties with great potential for solving demands in primary care and should therefore be less sought after in other services.

In turn, endocrinology, cardiology, and ophthalmology had low numbers of patients and services provided when compared to other medical specialties. These results can be explained, during the period evaluated by the study, since they are linked to the practices of elective courses, meaning that medical care is offered for a short period of time and only in some academic terms. Therefore, it would be interesting for such specialties to be offered in the longitudinal modules or internships of the course to guarantee continuous health care for the population and thus prevent the fragmentation and discontinuity of care in these medical areas, because the impression is that the outpatient clinic operates more according to the curricular organization of the course than according to the population's care needs.

In relation to the procedures carried out there was a predominance of Pap smear collection in gynecology. This exam is responsibility of primary care, also popularly known as "preventive cervical cancer", is a simple, effective, painless, and low-cost technology carried out on the cells of the cervix with the main purpose of early detection of cancer and its incumbent precursor lesions[34].

According to INCA, APS must develop actions to prevent cervical cancer, including carrying out the Pap smear test[35]. He adds that PHC must refer women with altered test results to the secondary care point, following protocols, to confirm the diagnosis and treat precursor lesions of cancer on an outpatient basis. Therefore, it is important that the FAMED/UFVJM School Outpatient Clinic and the UAPS, together with tertiary care, are organized to guarantee the comprehensiveness of health actions and the continuity of care in the control of cervical cancer.

In this context, it is assumed that some factors may have contributed to the fact that the Pap smear was the most frequently performed procedure in this service. Among them, the fact that gynecology was the medical specialty with the largest number of patients treated and the second in number of consultations carried out, the exam is considered safe, low cost, quick and easy to perform. Furthermore, the test is already very popular among women, since the importance of taking it is widely publicized in health services, especially in PHC, including government campaigns such as Pink October.

Within the limitations of this study, it is reported the absence of a standard header in the Institution's medical record that contains the patients' sociodemographic data and, also, similar studies carried out in secondary care health care services, aimed at the population of the Health Macroregion of Jequitinhonha, so that they could be compared and discussed. It is therefore suggested that this outpatient service creates a progress form that contains a header with the main social, demographic and economic characteristics of the patients, data that are generally analyzed in epidemiological studies, to facilitate their collection in future research.

For the FAMED/UFVJM School Outpatient Clinic, it is very important that the rural population is included in the target audience since one of the objectives of the FAMED medical course is to train medical professionals who have in-depth experience of local realities and needs and with competence to develop their professional activities in all scenarios, including the rural context, even if the approach is taking services to people[35]. However, the unfeasibility of analyzing cultural competence in the care processes carried out also stands out, that is, the analysis of the capacity to offer affective care, with specificities that can be incorporated into the care plan[36]. Therefore, despite the results pointing to the fact that the outpatient clinic favors medical training in the context of the SUS, it is recommended that studies be carried out that identify the capacity of this outpatient clinic to develop skills in medical students in terms of offering more integral, equitable, humanized and problem-solving practices for PHC.

The study also has limitations regarding the lack of evaluation of the effectiveness of the care provided. The socio-demographic profile of the population under study, associated with the fact that the outpatient clinic is a reference for municipalities with a low HDI, suggest unanswered reflections: the increase in visits is related to the occurrence of weaknesses in the structuring of programs such as family health or reflects a greater coordination between municipalities and strengthening intermunicipal agreements? Did the services contribute to solving problems sensitive to primary care and contributing to a reduction in hospitalizations? Did the counter-referral process occur to guarantee the longitudinality of care?

Therefore, the FAMED/UFVJM Ambulatory School assumes two important roles for the Jequitinhonha Health Macroregion: as an educational establishment and a provider of health care services at the secondary level. Understanding this scenario becomes fundamental for improving work processes, supporting effective actions between health managers and universities, and improving teaching-service-management-community integration, a fact that reinforces the role of the University in the region since the university assumes a commitment and a social responsibility for the population's health care are through the integration of professors and students in the region's healthcare network[32,35]. The importance of this outpatient clinic positioning itself as a thermometer in terms of making counter-referrals and notes to municipal management that promote the strengthening of primary care and the logic of care based on the principles of the SUS is also highlighted.

Regarding the lack of statistical significance, no relevant association was identified between the variations over the years, suggesting that time is not a significant influencing factor. It is recommended that broader studies be conducted to investigate the potential impact of other factors, such as clinical or demographic variables, on the variation in the number of consultations over time.

Final considerations

Through this study, it was possible to identify the sociodemographic profile of patients and the medical care provided at the FAMED/UFVJM School Outpatient Clinic. The patients who most sought this health service were women, aged between 20 and 39 years, single, mixed race, retired, from Diamantina/MG and residents of the urban area. In relation to care, the medical specialties that had the highest number of patients seen and consultations carried out were gynecology, clinical medicine, and pediatrics.

Furthermore, the Pap smear, collected during gynecological consultations, was the most frequently performed procedure. In this way, it was possible to expand knowledge about the profile of users and services provided at this outpatient clinic, which will enable the planning of actions aimed at improving work processes and results.

It is believed that this study will also contribute to the literature, serving as a reference for other school outpatient clinics in the country, supporting other analyzes and studies to improve health care for the population and strengthen integration between teaching, service, and community.

Author's Contributions:

We describe contributions to the papers using the taxanomy (CRediT) provide above: *Conceptualization, Investigation, Methodology, Visualization & Writing – review & editing*: RAA; JMC; KAM; LPC; RFF; VCPM; IMFT; LTV. *Project administration, Supervision & Writing – original draft*: RAA; JMC; KAM; LPC. *Validation & Software*: RAA; JMC; KAM. *Resources & Funding acquisition*: RAA; JMC. *Data curation & Formal Analysis*: RAA; JMC; KAM; LPC; RFF; VCPM; IMFT; LTV.

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