

## Interdisciplinary Extension Practice In Dermatological Disorders: An Experience Report

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### Abstract:

University extension projects are essential in integrating teaching, service, and community, strengthening interdisciplinary education and comprehensive health care. In the field of dermatology, these activities allow for contextualized and humanized care within academic settings. This study aims to describe an interdisciplinary extension experience focused on the care of individuals with dermatological disorders in a school clinic. This is a qualitative, descriptive experience report developed in a physiotherapy school clinic. Participants included undergraduate students from Physiotherapy, Medicine, Psychology, and Dentistry, under faculty supervision. Activities encompassed patient reception, clinical assessment, health education, and interventions tailored to the dermatological needs of users. The experience promoted integration among different health disciplines, fostering collaborative practices and the development of technical, communicative, and ethical skills among students. Users demonstrated good acceptance of the activities, with strengthened therapeutic relationships and interest in continuity of care. Interdisciplinary extension practice in a school clinic proved to be relevant for health education, bringing students closer to real care contexts and encouraging comprehensive, patient-centered practices. Such projects contribute significantly to academic training and the promotion of humanized care in dermatology.

**Key Word:** University extension; Interdisciplinarity; Dermatological disorders; Health care; Physiotherapy.

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### I. Introduction

Participation in university extension projects constitutes a fundamental strategy in health education, as it promotes the integration of teaching, service, and community (PEDUZZI et al., 2013). These initiatives enable students to expand their theoretical knowledge through practical experience and direct contact with the population, thereby strengthening the university's social commitment. As Canon and Pelegrinelli (2019) highlight, university extension is characterized as a two-way street, fostering a continuous exchange of knowledge between academics and the community, benefiting both learning and social transformation.

In the field of health, extension activities gain particular relevance when structured around interdisciplinary practices, since comprehensive care requires the integration of different knowledge bases and professional approaches. Studies indicate that interdisciplinary practice contributes to the qualification of care, improves communication among professionals, and broadens the understanding of users' needs, especially in contexts of continuous care and rehabilitation (PEDUZZI et al., 2013; REEVES et al., 2017).

Among the conditions frequently addressed in dermatology extension projects are edema, burns, scars, and alterations in the healing process. Edema is defined as the abnormal accumulation of fluid in the interstitial space, resulting from changes in hydrostatic pressure, colloid osmotic pressure, vascular permeability, or lymphatic drainage, which can compromise functionality and quality of life (MORTIMER; ROCKSON, 2014). In this context, manual lymphatic drainage establishes itself as a widely used conservative therapeutic resource

in clinical practice, acting through gentle, rhythmic stimuli on the superficial lymphatic system (FÖLDI; FÖLDI, 2012; OZOLINS et al., 2018).

The care for patients with burns and scar alterations demands careful assessment and individualized approaches, as the depth and extent of the injury directly influence the tissue repair process. Burns can be classified according to the involvement of skin layers, ranging from superficial lesions to full-thickness burns, with possible involvement of underlying structures (TÉOT et al., 2020; JESCHKE et al., 2020). The healing process, in turn, involves a complex sequence of inflammatory, proliferative, and remodeling events, which can be influenced by intrinsic and extrinsic factors such as age, nutritional status, and the presence of chronic diseases (GUO; DIPETRO, 2010; ZUCOLOTTI et al., 2023).

Given this complexity, teaching clinics present themselves as strategic spaces for developing extension activities, as they integrate community assistance and academic training. In these settings, students have the opportunity to experience real care situations, develop technical and communication skills, and understand the importance of interdisciplinary work in managing dermatological dysfunctions and healing processes (PEDUZZI et al., 2013; REEVES et al., 2017).

In this context, this experience report aims to describe and reflect on an interdisciplinary health extension activity developed at the Physiotherapy Teaching Clinic of the University of Rio Verde. The activity involved students from the Physiotherapy, Medicine, Psychology, and Dentistry programs, focusing on the care for individuals with dermatological dysfunctions, burns, scars, and alterations in the healing process.

## **II. Material And Methods**

This is an experience report of a descriptive nature with a qualitative approach, documenting and analyzing interdisciplinary extension actions developed within the project "Saúde com Evidência: DermatoExt," affiliated with the University of Rio Verde (UniRV). The activities were approved by the UniRV Dean of Extension and Culture and conducted during the second semester of 2026, in the evening from 7:00 PM to 10:00 PM, on the premises of the Physiotherapy Teaching Clinic of the institution, located in the municipality of Rio Verde, Goiás, Brazil. The teaching clinic was selected as the study setting as it constitutes a space for integrating teaching, assistance, and extension, enabling supervised practices in a real care context.

The executive team was constituted in an interdisciplinary manner, comprising students from the Physiotherapy, Medicine, Psychology, and Dentistry programs, with no restriction regarding their academic period, all regularly affiliated with the extension project. Activities were conducted under the direct supervision of the coordinating professor, responsible for technical guidance, the organization of the care flow, and the coordination between the different professional nuclei involved.

The served population consisted of community patients who spontaneously sought the teaching clinic after the action was advertised through the project's official digital channel (Instagram social media). Forty individuals were attended, selected by convenience, with no specific exclusion criteria, considering the extension nature of the activity. All participants received prior explanations about the procedures and authorized their participation by signing the Free and Informed Consent Form.

The operationalization of the action followed a pre-planned flow. After initial reception, the consultations were conducted individually in three parallel rooms of the teaching clinic, with the presence of mixed groups composed of students from different programs and the responsible coordinating professor. Interventions were defined based on an initial assessment and the specific demand of each participant, respecting clinical indications and the limits of the extension context.

The performed interventions included: (1) manual lymphatic drainage for cases of lipedema, based on the principles of the Vodder method, with stimulation of lymph nodes and gentle, rhythmic maneuvers to promote lymphatic mobilization; (2) skin cleansing and facial aesthetic care, involving hygiene, exfoliation, and hydration procedures, with a focus on integumentary health; (3) application of low-power laser therapy for biostimulation of healing in residual wounds from second-degree burns, using a portable device with a diode pen, wavelength of 660 nm, and a dose of 2 joules per point; and (4) manual therapies for the treatment of tissue adhesions from hypertrophic postoperative scars in general, employing friction and superficial kneading techniques. Before each consultation, the project's coordinating professor conducted a briefing on the procedures, answered questions, and provided, when necessary, the theoretical and practical contextualization of the conducts, promoting the integration between academic knowledge and care practice.

The materials used were organized to ensure biosafety and individualization of care, including disposable personal protective equipment (procedure gloves, surgical masks, and caps), lab coats, sterile gauze, antiseptic solution, neutral body moisturizer, facial soap and exfoliant, in addition to the laser therapy equipment. Hygiene of materials and the laser applicator tip was performed with 70% alcohol between consultations, following institutional protocols.

Documentation of the experience was carried out through descriptive and photographic records of the treated areas, without facial identification or exposure of personal data, upon participant authorization.

Additionally, minutes were elaborated at the end of each action, recording the team's perceptions, encountered difficulties, and learnings derived from the practice. Data analysis followed a qualitative and interpretative approach, based on the triangulation of information from participant observation, photographic records, and team minutes, allowing for a critical understanding of the interdisciplinary processes, adopted strategies, and their formative and care impacts. As it is an experience report, no statistical analysis or statistical software was used for data processing.

### **III. Result**

The execution of the extension activities enabled the practical experience of interdisciplinary in health care, evidenced by the organization of simultaneous consultations and the integrated work of the students throughout the entire period of the activities. This dynamic fostered the active participation of the students and allowed for the monitoring of different care demands within the same educational context.

In the consultations focused on facial aesthetic care and the management of residual burn wounds, an articulation between biomedical and psychosocial knowledge was observed, which contributed to a more comprehensive approach to the patients' needs. The presence of students from different programs favored a welcoming conduct of the consultations, with attention to the users' expectations, insecurities, and perceptions regarding dermatological alterations.

In a complementary manner, the consultations related to manual lymphatic drainage and the management of scars and adhesions enabled the integration between the technical knowledge of Physiotherapy and the contributions of other health areas. This interaction promoted a collaborative learning environment where students could broaden their understanding of the processes involved in care, considering the physical and psychosocial aspects of the conditions addressed.

Throughout the consultations, the establishment of a bond between the students and patients was observed, facilitated by welcoming practices, clear communication, and active listening. The execution of the procedures was guided by compliance with biosafety protocols and the humanization of care, with attention to the individual needs of each participant. The interaction between the different programs contributed to broadening the students' understanding of the complexity of health care, encouraging a holistic view of the patient beyond the specificities of each professional area.

From a formative perspective, the experience proved particularly significant for the students of the Psychology and Medicine programs, whose perceptions were systematically recorded. For Psychology students, insertion into the physiotherapy teaching clinic environment enabled the exercise of active listening and welcoming in a dynamic care setting, where physical complaints were often associated with emotional aspects, such as insecurity and anxiety. The interdisciplinary practice allowed for the articulation of psychological support with the physical interventions performed, reinforcing the role of Psychology as a facilitator of communication and comprehensive care.

From the perspective of Medicine, participation in the consultations contributed to the development of communication skills and to broadening the understanding of health care as a process involving clinical, social, and emotional dimensions. The experience allowed students to recognize the importance of a patient-centered approach, especially in contexts related to aesthetic procedures, scars, and dermatological alterations, where psychosocial repercussions are often relevant.

During the execution of the action, operational challenges were also identified, such as the need for constant supervision to coordinate an interdisciplinary team with varying levels of familiarity with the procedures, time management to ensure student participation without compromising patient comfort, and translating the specific technical language of each area into communication accessible to all involved. Overcoming these challenges reinforced the importance of joint planning, effective communication, and valuing different professional competencies for building comprehensive care.

### **IV. Discussion**

The findings of this experience report allow for reflection on the implementation of interdisciplinary practice in a teaching-care setting, highlighting its formative and care potential in the context of university extension. The organization of activities favored the integration between different health areas and enabled the experience of collaborative practices, an aspect considered central for qualifying care and contemporary professional training (PEDUZZI et al., 2013; REEVES et al., 2017).

The adopted operational strategy, with the simultaneous execution of consultations in distinct yet integrated environments, proved consistent with interprofessional education models that advocate for student exposure to flexible teamwork arrangements. These models allow interdisciplinarity to adapt to the nature of care demands, bringing the formative process closer to the reality of health services (REEVES et al., 2016; WORLD HEALTH ORGANIZATION, 2010). The spontaneous emergence of clinical discussions during

consultations, mediated by faculty supervision, indicates that the environment favored the co-construction of knowledge, surpassing the simple juxtaposition of professional expertise.

From the users' perspective, the positive reception of the activities and the interest in continuity of care can be interpreted in light of person-centered care principles. Studies indicate that interdisciplinary approaches broaden the possibilities for listening and intervention, favoring the perception of welcoming, safety, and therapeutic bonding—elements directly associated with care adherence and patient satisfaction (EPSTEIN; STREET, 2011; STARFIELD, 2011). The clear and continuous communication observed during the consultations constitutes an essential factor in this process by reducing uncertainties and strengthening the professional-user relationship.

Within the scope of academic training, the observed results corroborate evidence that interprofessional experiences contribute to the development of transversal competencies, such as communication, collaboration, and systemic thinking, considered essential for health work in the 21st century (REEVES et al., 2017; BARR et al., 2014). The insertion of Psychology and Medicine students into a context traditionally associated with Physiotherapy favored the broadening of the clinical perspective and the understanding of the patient in a holistic manner, considering physical, emotional, and social dimensions of care.

However, the experience also highlighted challenges inherent to interdisciplinary practice, such as the need for time management, the harmonization of different technical languages, and the coordination of professionals at different training levels. Such challenges are widely described in the literature as structural components of interprofessional work—not as flaws of the model—requiring facilitative leadership and intentional planning to overcome them (PEDUZZI; AGRELI, 2018; REEVES et al., 2016). In this sense, the active mediation of the supervisor proved fundamental in transforming moments of tension into pedagogical opportunities related to team dynamics and professional communication.

Some limitations must be considered when interpreting the findings. This is an experience report of a descriptive nature, which precludes causal inferences or generalizations. Perceptions of satisfaction and learning were obtained through participant observation and qualitative records—methods rich in depth but susceptible to interpretative biases. Despite these limitations, the described experience reinforces the value of integrating university extension, practical teaching, and interdisciplinary care in teaching clinics. The findings indicate that initiatives of this nature can contribute to training professionals who are better prepared for teamwork, more sensitive to the psychosocial dimensions of care, and more aligned with the principles of comprehensive care. Future studies with more robust methodological designs are recommended to systematically evaluate the educational and care effects of this model over time.

## **V. Conclusion**

The interdisciplinary extension experience conducted in the teaching clinic demonstrated the feasibility and relevance of integrating different health areas in the care of individuals with dermatological dysfunctions. Collaborative practice favored more humanized care practices, centered on user needs, and contributed to building therapeutic bonds within the academic context.

From a formative perspective, the experience enabled the development of essential competencies, such as communication, teamwork, and a broader understanding of health care, strengthening the interdisciplinary training of the students. The users' receptiveness and interest in the continuity of care reinforce the social role of extension activities and the potential of teaching clinics as integrated spaces for teaching and assistance.

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