ABSTRACT

Objectives: analyzing the implementation of new curricula of health courses, identifying difficulties and contributions experienced by teachers. Method: a qualitative exploratory descriptive study. The population consisted of professors of six courses of the health area, with a sample of 47 teachers. There was used semi-structured interview for data collection, subsequent analysis by discourse analysis technique proposed by Bardin and categorization. It was approved by the Research Ethics Committee of the Health Sciences Center/Federal University of Paraíba, under the CAAE: 09796313.5.0000.5188. Results: despite the curriculum changes are in line with the recommendations in the curriculum guidelines, much must be done to be runned in its entirety. Conclusión: it was observed that the respondents know about the curriculum changing needs and believe that these are positive. They consider themselves as a part of this process of change, but some of them have rooted in traditional pedagogical practice and refer lack of training to coping with these changes. Descriptors: Higher Education; Curriculum; Attention to Health.

RESUMO

Objetivos: analisar a implantação dos novos currículos de cursos da saúde, identificar dificuldades e contribuições vivenciadas pelos docentes. Método: estudo qualitativo exploratório descritivo. População constituída por docentes de seis cursos da área de saúde com amostra de 47 docentes. Utilizou-se entrevista semiestruturada para a coleta de dados, posterior análise mediante técnica de análise de discurso proposta por Bardin e categorização. Aprovado pelo Comité de Ética em Pesquisa do Centro de Ciências da Saúde/Universidade Federal da Paraíba, sob o CAAE: 09796313.5.0000.5188. Resultados: apesar das mudanças curriculares estarem em consonância com o preconizado nas diretrizes curriculares, muito deve ser feito para que sejam executadas em sua totalidade. Conclusão: observou-se que os pesquisados sabem das necessidades de mudanças curriculares e acreditam que estas são positivas. Consideram-se parte deste processo de mudanças, mas alguns se apresentam arraigados na prática pedagógica tradicional e refiram falta de capacitação para o enfrentamento das mudanças. Descritores: Educação Superior; Curriculo; Atenção à Saúde.

RESUMEN

Objetivos: analizar la implementación de nuevos planes de estudio de los cursos de salud, identificar dificultades y las contribuciones que experimentan los maestros. Método: un estudio cualitativo exploratorio descritivo. La población constó de profesores de seis cursos del área de la salud en una muestra de 47 profesores. Se utilizó la entrevista semi-estructurada para la recolección de datos, posterior análisis mediante la técnica de análisis del discurso propuesta por Bardin y categorización. Aprobado por el Comité de Ética en la Investigación del Centro de Ciencias de la Salud de la Universidad Federal de Paraíba, CAAE: 09796313.5.0000.5188. Resultados: a pesar de los cambios curriculares estén en línea con las recomendaciones de las directrices del plan de estudios, mucho hay que hacer para que se ejecuten en su totalidad. Conclusión: se observó que los encuestados conocen las necesidades de cambio en el plan de estudios y creo que éstos son positivos. Ellos se consideran parte de este proceso de cambio, pero algunos se han arraigado en la práctica pedagógica tradicional y refieren falta de capacitación para hacer frente a estos cambios. Descriptores: Educación Superior; Curriculo; Atención a la Salud.
INTRODUCTION

The health education process has coping methodological changes and assistance related to political, social, economic and cultural situations. This is due to the linkage of formal education to the variations of these sectors, requiring that educational institutions prepare professionals to meet the demands of the current job market.

Currently the training of health professionals still has been guided by a model of biologist care, whose rationality is based on fragmentation, predominantly in public health policies and of social care, supported by a perception of health limited to the biological dimension and individual and which shows inefficient to meet the health needs and demands of the population. The training based on this model directly reflected in practice, being little resolute, impersonal, detached from the reality of living conditions of the population and reductionist, as places as the focus of attention to the disease and not to the subjects who become ill in their entirety.

To minimizing these problems arose Integration Teacher Assistance - IDA, through the Law 6.229/75, which provided for the National Health System and recommended the IDA in all health sectors, considering the teaching hospitals essential instruments for this policy. In 1990, through the Law 8.080/90, public services that integrate the SUS will institute the practice field for teaching and research through specific standards developed with the Educational System.

In this period there were attempts to reorganize higher education, which culminated in the enactment of the Law 9.394/96, which provides for Education Guidelines and Bases (LDB), which defines in general the ordering of Brazilian Education and established the Curricular Guidelines.

The guidelines were intended to introduce the paradigm of integrated care for the healthcare courses, as well as the joint work and teaching, practice and theory, teaching and community, making possible to the student becoming active, critical and reflective from the teaching and learning process.

The initiatives of changes in health education have been experienced within the Federal University of Paraíba over the years. Like the National Program for Reorientation of the Professional Training in Health - Pro Health I and II involving the courses of Physical Education, Nursing, Dentistry, Pharmacy, Physiotherapy, Medicine, Nutrition, Speech Therapy and Occupational Therapy; the Multiprofessional Residency in Family Health, the Integrated Multiprofessional Residence in Hospital Health, the Labor Education Program for Health - PET HEALTH, the extension projects in Popular Education in Health, PRO-HEALTH and PET HEALTH networks, etc.; all turned to multiprofessional and interdisciplinary work, in view to strengthening the Unified Health System - SUS.

The healthcare courses that composed this study reformulated their curricula, according to the National Curriculum Guidelines. However, in practice it is observed that effectively changes proposed by the new curricula suffer resistance possibly regarding the change in the teaching institution and in health services and partly to the traditional teaching model still in force, whose pedagogical projects are still fragmented, characterized in the division of knowledge represented by disciplines and departments that practically do not communicate with each other, nor with the other departments and teachers do not share experiences, hindering the actions of multidisciplinary and comprehensive care as idealized.

On condition of active participants of the process of change, as teachers of the Institution, along with students of different graduate and postgraduate health courses of UFPB, we feel motivated to perform this study, from the following question: Do the teachers of the courses in the health area UFPB have experienced significant curriculum changes?

Given the context, it is justified, because the interest to this study that aims to: analyzing the implementation of new curricula of some health courses and identifying the difficulties and contributions experienced by the teachers.

METHOD

This is an exploratory and descriptive study of a qualitative approach conducted at the Federal University of Paraíba in the city of João Pessoa - PB, in the Health Sciences Centre in six courses of the health area (Nursing, Pharmacy, Physiotherapy, Occupational Therapy, Physical Education and Nutrition).

The data production was held in November 2013 with the teachers of the referred courses. The sample consisted of 47 teachers who agreed to participate, a total of 28 from Physical Education, Department of Clinical Nursing 36, Physiotherapy 37, Nutrition 23, Occupational Therapy 14, Department of Public Health Nursing and Psychiatry 26.
Pharmacy 36. They read and signed the Informed Consent, according to Resolution nº 466/12 of the National Health Council. It is worth mentioning that among the 200 teachers approximately 40 were away for training, and the others did not return the instrument in due time, even the researcher rescheduled this moment for several times. Faced with meeting targets, because it is a University research, it was necessary to analyze the data with the instruments that were answered.

In order to making the production of data, the technique of semi-structured interview was used, from a guide consisting of three objective questions related to the teachers’ concept about the curriculum of their respective courses, from the new National Curriculum Guidelines, PRO-HEALTH and PET HEALTH, the first on the curriculum changes themselves, the second referring to didactic and pedagogical strategies and the third and last on the articulation between courses.

Data analysis was done by speech analysis technique proposed by Bardin, which designates the term as a method discourse analysis, in order to achieve, through procedures, systematic and objective of description of the content of the messages, indicators that admit induction of information about the conditions of production/reception of these messages. The procedures employed in content analysis consist of three phases: the first is the pre-analysis that has as objectives the choice of answers to be submitted for analysis, the formulation of research questions and objectives and, finally, the development of indicators that base the final interpretation (categorization); the second step is treatment of the material, or to the coding, treating the raw text data where categories will be examined, allowing accurate description of the relevant characteristics of the content; and finally, the last phase, known as treatment of results, inference and interpretation, where the content analysis is an induction tool for research of the causes from the effects. Given the results obtained in the analysis, we expanded the study in order to find out the difficulties in the curricula to thus propose a better performance relating to the guidelines in the courses of healthcare of UFPR.

The development of the study took place in accordance with the ethical observances recommended by Resolution nº 466/12 of the National Board of Health CNS - MS, which guides researches involving human subjects and the ethical aspects set out in Chapter III - education, research and the technical-scientific production. The research project was submitted to the Research Ethics Committee Involving Humans, Health Sciences Center of the Federal University of Paraíba - CAAE: 09796313.5.0000.5188.

Respecting the anonymity of the surveyed teachers, we decided to identify them by abbreviations of their professional nuclei and sequential numbers that characterize them. For Nursing teachers there was - Enf 1, 2, 3, …; Physiotherapy - Fisio 1, 2, 3, …; Pharmacy - Farma 1, 2, 3…; Occupational therapy - TO 1, 2, 3 ….; Nutrition - Nutri 1, 2, 3 …. We believe that this way we can identify the subjects of the various courses easier.

The guiding questions sought to assess the views of teachers regarding curriculum changes of their courses, the answers allowed the construction of three categories: 1) the perception of the curriculum change process; 2) difficulties experienced in curriculum change; 3) contributions of curricular changes to the training process.

After the categorization of responses, the lines were organized, interpreted, analyzed and discussed in order to allow a comparative analysis between them.

RESULTS

Regarding the first category - perception of the curriculum change process, the Course of Physical Education, although it was the last among the courses surveyed to have its Curriculum Guidelines approved, demonstrated that curriculum change is being positive, as evidenced by the following speech:

*The changes were important in the sense of defining each step to be followed by the student, also important to future definition, with respect to the labor market. (EF1)*

It should be noted that in a line teachers highlight the new course conception:

*I find it interesting especially with respect to new conceptions of physical education towards a better quality of life. (EF 2)*

About the course of Nutrition, still in the category - perception of the curriculum change process, respondents felt it brought significant gains, as the following speeches:

*In general it was good, because it gave the contact with field of practices at the earliest moments in the course in relation to the previous matrix. (Nutri 2)*

*[… There were valid because the curriculum should follow the needs of the professional market / profession today. (Nutri 3)*

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[…] I believe that the changes made to the TO of course curriculum, although present contraindications, they were extremely needed […]. However, I believe that much remains to be done so that the course may actually move towards proposed by Pro-Health and SUS principles. The changes were of emergency, but already point to needs for adjustments and adaptations that need to be discussed and currently implemented […]. (TO 3)

[…] There was the need for curricular changes that sought to form a professional who was more linked and active in the Primary Health Care and that works also with the aim of Occupational Therapy, which is the occupation. In this sense, the curriculum changes were necessary in order to adapt the curriculum to the professional profile that one wants to form […]. (TO 7)

It is noteworthy that among the surveyed courses, the Occupational Therapy was the one which had not changed its curriculum but created because it is a new course, which began in 2010 from the REUNI. Still, it can be seen the lines that concurrently with its implementation, adjustments are being required to tailor it to what is provided for in DCN.

Regarding the physiotherapy course, changes were considered important because of the earlier inclusion of students in Primary Health Care, but some teachers have reported the need for further changes, according to the lines:

Timely and necessary, due to the need for integration of students not only in graduation activities, but also in extension activities and especially research. […] (Fisio 4)

They are being held through participatory discourse between the student and teaching body based on the curricular principles (guidelines) and local needs. (Fisio 5)

The curriculum change is extremely important in order to meet the demands of training a skilled professional to the needs of the health system and society. This change, however, is only consistent, if it really is carried out through careful and systematic evaluation of egress needs in face of the reality that find on schedule, content and skills of basic skills, pre-vocational and vocational. (Fisio 6)

I needed that there are urgent curriculum changes in the course of physical therapy of UFPE. […] (Fisio 1)

Regarding the categories - difficulties for the implementation of the new curriculum and the contributions of the course and the profession, teachers of the course of Physical Education did not comment on this.

However, the Nutrition course teachers point to originate difficulties from the new
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The Pharmacy Course teachers reported that the changes did not contribute in teaching practices, and cite as the main difficulties the dynamics stages, time, organization and content, according to the following lines:

[…] there were subjects who lost hours and won contents […]. (Farma1)

 […] Teachers need training and so far it has not. There’s no way to change the practice if teachers are not exploited for this. The institution has not given the necessary support for the proposed changes […]. (Enf 11)

 […] disciplines remain fragmented and in practice cannot view the curricular changes in fact. (Enf 13)

The Pharmacy Course teachers reported that the changes did not contribute in teaching practices, and cite as the main difficulties the dynamics stages, time, organization and content, according to the following lines:

[…] But in my opinion and in my course, these changes were restricted solely to changing content of the subjects and not the necessary revision of teaching practices. (Farma1)

 […] The curriculum changes of Pharmacy course need to undergo urgent changes to improve the course: content, time, organization and dynamics of stages. (Farma 4)

The difficulties experienced by teachers in Occupational Therapy Course were not due to the change of a resume that already existed but, because of the Pedagogical Project of the Course have been built by staff from other health formations, by the time of the creation of the course does not exist in the occupational therapists institution. As a result, the elaborate curriculum, although it ruled the National Curriculum Guidelines brought very strong characteristics of teachers of other health courses that built it. From its creation is that competitions for teachers were going on. After they had hired who make
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The Pharmacy teachers indicated as benefits to curriculum changes, advances in the field of public health for the formation of the pharmacist, and a more critical view, according to the speech: 

[…] We observe advances in the field of public health in formation of the pharmacist, as well as a more critical for forming. (Farma 2)

For teachers of Occupational Therapy, the PPC broke with the model and technical biologist, opening space for understanding the complexity of the health-disease process, as evidenced in the following speech:

[…] it broke with the technical and biologist model, opening space for understanding the complexity of the health-disease process, as well as of human occupation […]. (TO 2)

Contrary to what some professors of physiotherapy reported as difficulties, others pointed out as main contribution caused by the curricular change entering student early on primary health care, according to the speech:

[…] took the students to the APS from the 5th semester, whereas before we only had contact at the end of the course (9 and 10 periods) […] (Fisio 4)

DISCUSSION

Given the implementation of SUS there was a need to train health professionals turned to a more humanized way, turned to meet the population’s demands in full. According to this, higher education institutions together with the Ministry of Health and Education made it possible strategies for reorienting education in health, what culminated in the National Curriculum Guidelines.

Despite the efforts that have been made in recent years regarding the training of professionals for the SUS, it is noticeable the difficulty of practical application of concepts closely linked to the realization that health depends on the results of other levels of government, difficulty to be overcome, demands understanding, acceptance and the defense of the expanded concept of health. Allying themselves to this, comes the difficulty of changing the traditional teaching methods and the need that teaching is guided on the demands of the population, as an efficient method for the economic, social and cultural development of society with a view to allow the individual the effective exercise of his work, the conscious and critical participation in the labor market and society, as well as their effective self-realization.

It is noteworthy that all courses are surveyed with their PPC in full deployment. However, some aspects were considered in this analysis. As an example, the structure of the University centers divided into departments, becoming a factor that hinders multidisciplinary work; the small number of subjects (teachers, students and administrative staff) who is willing to work towards curriculum reform, and finally, the difficulty of teachers, especially those who have more teaching in the institution, in joining the proposed changes. However, we believe that these factors even though relevant, not imposed such changes happen effectively within the courses, given that the interviews employees admitted their importance to the training process, identifying the main contributors.

The DCN marked the need for health courses gather in their educational projects, the theoretical skeleton of SUS, to ensure contemporary training in accordance with national and international benchmarks of quality.

The DCN innovate when instigating the early and progressive inclusion of students in the SUS, which will allow them the knowledge and the commitment to the current public health policy in their region and country.

The PPC modification suggestion aims to strengthen training for a health care model in which the primary purpose is the user’s requirements, in consideration of the prevailing model, where the main obligation of the act of watching health is the production procedures. For this, the desired profile of the health professional includes a commitment to universality, equity and comprehensive care. The idea is that the training will enable the understanding of the care guarantee need that people need in all dimensions, of promotion and prevention activities, including those involving services with higher technological density. Finally, what aspires is a training to ensure the balance between the practical excellence and social relevance.

On the foregoing, the words of the teachers of the course of Physical Education are consonants with the affirmation of a historical review about the construction of knowledge, regarding the new design of the course, geared to improving the quality of life, in accordance to own travel guideline concerns:

Physical Education is an area of knowledge and of professional academic intervention that has as object of study and application the human movement, focusing on the different forms and types of physical exercise, gymnastics, playing, sport, the fight / art martial, dance, from the perspectives of preventing health injury problems, promotion, protection and
Regarding the course of Nutrition, respondents said that the curriculum change brought significant gains, among them, the better articulation between theory and practice and the monitoring of market needs. The above statements are supported by the National Curriculum Guidelines for Graduate Program in Nutrition in proposing that “the formation of nutritionists should include social health needs, with emphasis on the Unified Health System (SUS)”. Thus, it is concluded that the main market of a nutritionist is the SUS, so training should be geared towards this end.

For some nursing course the teachers change is still in experimental stage, has not yet been executed. However, some see it as positive, including citing improvements in the subjects. It was evident that there was a better harmony between theoretical content and practical, with earlier student inclusion in the fields of stages, and also the accession of the significant teaching methodologies, making the active subject of his student learning. The DCN of health graduate courses aim to achieve at the end of the course, the formation of a pro-citizen, critical and reflective, and this requires a change in traditional methodologies for the use of active methodologies. For the same allow meaningful learning, and not the isolated rote memorization.

In the course of Pharmacy, teachers cited as the best benefit of the changes, the general education for the pharmaceutical, confirming what determines the course itself guidelines: “The Pharmacy Graduate course has the profile of the trainee graduate/professional the Pharmacist with general education.”

In referring to teachers of the course of Occupational Therapy, they reported that the implementation of the curriculum is occurring in a positive way, for allowing the professional future get a linked and active profile in Primary Health Care. The teachers emphasized that the settings are necessary to adapt it to what is provided for in DCN, as it includes that:

The formation of the Occupational Therapist must meet the current health system in the country, the integral attention of health in the regionalized and tiered system of reference and counter-reference tiered and teamwork.

Regarding the physiotherapy course, changes were considered important because of the earlier inclusion of students in primary health care. We know that physical therapy professional is increasingly present in primary health care. In this sense, the current curriculum meets the search which is set out in its Guidelines.

When questioned about the difficulties encountered in the implementation of the new curriculum, as well as on the contributions of these to the course and the profession, we observed that the teachers of the course of Physical Education did not comment on this. The researchers inferred that, because it is a new and recent experience, the teachers have yet to have a critical awareness of these issues, preferring not to give an opinion.

The Nutrition Course teachers point to originate difficulties of the new curriculum, high workload in the early periods of the course, making it difficult to carry out activities such as research and extension. This fact is verified in another study we have the assurance that the high student workload harms in various ways. The student does not have enough time to study at home and reduce their extramural activities of the University.

Corroborating our findings in this study, it points out another study conducted at the Federal University of Goiás, where some of the teachers said that the reduction of hours of courses increase in other led to a superficiality of the contents, beyond the resistance to change of some teachers.

The Pharmacy Course teachers report that the changes did not contribute in pedagogical practices; it may therefore infer that there is resistance from teachers in experiencing the changes. As observed in a study of leaders, teachers and students of medical schools and local SUS managers, the main difficulties regarding the change was the resistance from the faculty, beyond the conflict between traditional teacher training and the need to assume a new role in a new curriculum model was named as one of the reasons for the resistance.

The survey revealed that the main difficulty experienced by teachers in Occupational Therapy Course was related to the curriculum, which is founded on a reductionist model, biomedical and use the activity as a therapeutic resource, as this is the currently prevailing model in the country.
As well as nutrition and nursing teachers, Physiotherapy point as one of the difficulties the lack of time for students to carry out further activities such as extension and research, and the lack of initiative of some teachers to change. Another study corroborates this, criticizes the increased curricular workload because it represents a burden on students and the lack of commitment of some teachers to the course was also emphasized.16

With regard to contributions arising from the change, nutrition and physiotherapy teachers report the expansion in surface contact with the health services leading to an improvement in learning. The National Curriculum Guidelines innovate to instigate early and gradual integration of the student in SUS, which guarantees him knowledge and commitment to the health reality of his country and his region.9

For Nursing faculty, contributions arising from the change are: improvement in academic students, gains in some subjects and the expansion of scientific expertise and consequently the quality of the course. At the same time, another study brings contributions when it says that the main advantages of the new curriculum are: tailoring teaching to the reality of public health; early introduction to the practice; best academic training; and for discussion expanded the teaching-learning process.16

The Pharmacy teachers indicate how successful the benefits curricular changes, advances in the field of public health in the formation of the pharmacist. It is expected to train professionals qualified to meet the needs of the population and the operation and the qualification of SUS, seeking a committed egress with their principles.18

Teachers of Occupational Therapy consider the PPC is breaking with biologicist and technical model, making room for understanding of complexity of the health-disease. One of curriculum change of focus in healthcare is to train professionals for forming a model of health care centered in the user.19

It is worth mentioning that a study conducted in a general hospital in the Rio Grande do Sul emphasizes importance of projects that integrate students from various courses in the health area, in view of the need for the training of future professionals working in a multidiscipline perspective.20

REFERENCES


FALL NOTES

It is observed that teachers of the now researched courses, know about the needs of curricular changes, and believe that these are positive, but many find themselves in a period of adjustment of this new way of teaching, where the student participates in the training process to be active, linking theory and practice in the face of reality, more humane and reflective way. Thus, the proposed curriculum favors the formation of a general professional for assistance in SUS, which is critical, reflective and investigative of its practice.

It is perceived that the proposal in the pedagogical projects of the Health courses is backed by the National Curriculum Guidelines, and knowledge of teachers. They are considered in this process of change, but some difficulties to let go of a pedagogical practice more traditional and hegemonic lived until then, for not being prepared, or ignorance. In this sense there is a speech about the lack of training to face the changes imposed by the new curriculum, a fact which they justify by no institutional support.

The speech of teachers also points to the need for courses to organize more emphatically regarding their pedagogical practices, which should be reviewed the dynamics of the issues of the stages, content, time, disciplines and other factors so that are consistent, the pedagogical do not hegemonic with the practices and shared knowledge.

It is extremely important that all actors involved in this process understand the importance of such a change so that there is greater commitment and finally a consistent training with the doctrinal principles of SUS.

It concludes that the curriculum changes although they are, mostly, consistent with that recommends guidelines, and much remains to be done so that these changes are implemented in full.


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