Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

CURRICULUM OF HEALTH COURSES UNDER THE OPTICAL OF TEACHERS

CURRÍCULO DOS CURSOS DE SAÚDE SOB A ÓPTICA DOS DOCENTES

CURRÍCULO DE CURSOS DE SALUD BAJO LA ÓPTICA DE LOS DOCENTES

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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. ***Conclusion:*** 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 Comitê 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 referem falta de capacitação para o enfrentamento das mudanças. ***Descritores:*** Educação Superior; Currículo; Atenção a Saúde.

RESUMEN

Objetivos: analizar la implementación de nuevos planes de estudio de los cursos de salud, identificar las dificultades y las contribuciones que experimentan los maestros. ***Método:*** un estudio cualitativo exploratorio descriptivo. 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 creen 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 la falta de capacitación para hacer frente a estos cambios. ***Descriptores:*** Educación Superior; Currículo; Atención a la Salud.

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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 biologicist 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.[1] 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.[2]

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.[3] 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.[4]

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.[5]

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.[6]

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.[7]

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.[8]

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.[8] 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 UFPB.

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.[7]

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 ....; Fitness - EF 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)*

[...] The curricular changes of the nutrition course were / are being beneficial. (Nutri 5)

[...] They brought the formation of a more reflective professional, humanized and with multidisciplinary experience that greatly enhances the learning process. (Nutri 6)

For the nursing program, the perception of teachers surveyed shows few effective changes in practice, as the following speeches:

[...] although they are still in the experimental phase, it can be realized improvements in the content of disciplines. [...]. [...] every change requires a period of adaptation [...] we are still experiencing this period [...]. (Enf 4)

They are positive changes, but mostly were not operationalized [...]. [...] in practice there are few effective changes in the teaching process and in the teaching and student practice, and consequently training. Fragile, disjointed theoretical concepts [...]. (Enf 11)

They were relevant, but in the course of development of the activities already show the changing needs [...]. (Enf 2)

In the course of Pharmacy, it is observed that the perception of curriculum change has been beneficial, because it brings a general education for the pharmacist, we have the following statements:

The changes were very important, because there were historical mistakes in the Pharmacy course that could be corrected with the implementation of a new PPC [...]. (Farma 1)

Very important, since the student can act in various areas of pharmaceutical activities [...]. (Farma 2)

The curriculum change in Pharmacy course aimed to train a generalist professional [...]. The objective was valid [...]. (Farma 3)

The curriculum changes of Pharmacy course must suffer urgent changes to improve the course [...]. (Farma 4)

About the course of Occupational Therapy, as apperception of curriculum change process, teachers report that the implementation of the curriculum is occurring in a positive way, with some exceptions for allowing the future professional get a profile linked and active in the Primary Health Care we have the following addresses:

[...] they are of great importance in the formation of human resources in health as a means of transformation of healthcare practices. I understand that this goes beyond a curricular process; every dimension is intrinsically linked to cultural and economic situations in the region [...]. (TO 1).

The Occupational Therapy course curriculum is still being implemented; however, has undergone changes in its original proposal.

[...] 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 UFPB. [...]. (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

curriculum, high workload in the early periods of the course, making it difficult to carry out activities such as research and extension, as evidenced in the following quote:

> *[...] in some initial periods of the course the students are too burdened with curricular activities, making participation in extracurricular activities, which are also important in differentiated education of the students. [...].* (Nutri 2)

Already in the nursing course, the difficulties faced by respondents are for lack of training and preparation of teachers for the changes imposed by the new curriculum implementation. Also highlighted how difficult the curriculum fragmentation and decreasing the workload of some disciplines, bringing harm to training as well as the increase in other content, considered by them as less important, let's look at the following addresses:

> *[...] there were subjects who lost hours and won contents [...]. (Enf 10)*
>
> *[...] 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 the PPC adjustments to tailor it the DCN of the course, as presented speeches:

> *The course of Occupational Therapy of the University was set up, initially, for non-occupational therapists that generated a profile of course characterized by principles of medical and specialty [...].* (TO 3)
>
> *The graduate programs in occupational therapy in Brazil traditionally have a curricular structure based on a reductionist, biomedical model and use of the activity as a therapeutic resource [...].* (TO 7)

Some teachers of Physiotherapy pointed out as one of the difficulties faced late insertion into the primary health care, lack of time for students to carry out further activities, and the lack of initiative of some teachers to change in accordance with the lines:

> [...] One of the main problems of the current curricular operation is that students are out of time available for complementary activities. (Fisio 2)
>
> [...] based on lack of initiative of some teachers [...]. (Fisio3)
>
> [...] We wish inclusion in Primary Health Care earlier. (Fisio 6)

Regarding the category: contributions generated by the change, Nutrition teachers report on the earlier insertion and the expansion of the various practical fields, leading to an improvement in learning, according to the following lines:

> *[...] there was a breakthrough, since incorporated content that expands the field of practice of Nutrition Sciences. (Nutri 2)*
>
> *[...] provided contact with fields of practice in earlier movements in the course in relation to previous disciplines [...]. (Nutri 4)*
>
> *[...] It expanded the surface of contact with the health services through the creation and implementation of practical disciplines. The course opened up a little more to the practical activity extending and diversifying the fields of stage [...].* (Nutri 5)

For teachers of nursing the contributions generated by the change are: improvement in academic training of the students, gains in some subjects and expansion of scientific expertise and therefore the quality of the course, let's see the speech of teachers

> *The curricular changes brought an improvement in the education of our students [...]. (Enf 5)*
>
> *It brought benefits to the students and teachers in order to expand the scientific expertise and the quality of the course. (Enf 10)*
>
> *[...] the fact that the students already at the beginning of course paying disciplines that go for community, having experience with social and health situation of people.* (Enf 13)

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 biologicist, opening space for understanding the complexity of the health-disease process, as evidenced in the following speech:

> *[...] it broke with the technical and biologicist 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.[9]

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.[10]

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,[10] 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*

> *rehabilitation of health, cultural, education and motor rehabilitation, physical-sport performance, the leisure, the project management related to physical, recreational and sports activities, and other fields that make opportune or will create opportunities to practice physical, recreational and sports activities.*[11:17]

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)".[12] 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.[13]

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."[14]

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.*[15]

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. [16]

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.[16]

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.[17]

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 perspectiver.[20]

FINAL 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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Submission: 2015/05/18
Accepted: 2015/07/12
Publishing: 2015/11/01

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