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CURRICULUM CHANGES IN HEALTH TRAINING FROM HEALTH TRAINING REORIENTATION PROGRAMS

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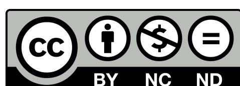

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Abstract: Health education courses are guided by the National Curriculum Guidelines and training reorientation programs. **objective:**To analyze the changes in the formation of courses in the health area and in tuniversityr curricula, from the implementation of the Program of Reorientation of the Formation in Health and the Program of Education through Work, in a federal public institution of superior education. **Method:** This is an exploratory strategic social research of a qualitative nature, carried out through the analysis of curricula and semi-structured interviews with coordinators of Nursing, Pharmacy, Medicine, Nutrition and Dentistry courses. The interviews were transcribed, and, like the CVs, they underwent content analysis, in the thematic modality. **Results:** When performing data analysis, five categories of changes emerged, world of work, practice scenarios, pedagogical guidance, teacher development and course pedagogical project. **Conclusion:** It was found that government programs were responsible for several changes in the teaching-learning process, curricula and teaching activities, contributing to the improvement of health training and, concomitantly, the quality of service in the health system and for the population.
Keywords: College education; Health Policy; Resume; Qualitative research.

INTRODUCTION

The National Curriculum Guidelines (DCN) aim to encourage teaching geared towards the specificities of users of the Unified Health System, associated with the use of general/specific training skills and abilities. The DCN have influenced the construction of the curricula of universities (BRAZIL, 2001).

The curricula established by the universities represent a social, political and historical construction that, at a given moment, insert a set of knowledge, practices and experiences deemed important and linked to reality and the confrontation of society's problems, in order to integrate the training process developed at the institution (MACEDO, 2013).

Faced with the difficulties of Universities to adapt to health education according to the DCN, the Ministry of Education and the Ministry of Health in Brazil, instituted programs to reorient health education, such as the Health Education Reorientation Program (Pro- Health) and the Education through Work Program (PET-Health), respectively (GONZAELEZ; ALMEIDA, 2010; BRAZIL, 2007; BRAZIL, 2008).

These programs were intended to legitimize the DCN, through proposals related to the integration of the teaching-service-community triad, which could have an impact on curricula and, consequently, on health education (BRAZIL, 2007; BRAZIL, 2008).

The scientific literature addresses difficulties for Universities to adapt tuniversityr curricula (prescribed and in practice) to the DCN and to train health professionals in health with a view to the current health service (BRAVO; CYRINO; AZEVEDO, 2014). Based on Pro-Health and PET-Health, this study sought to find out whether the transformations intended by the courses that adhered to the reorientation programs in health training took place.

Thus, this study proposes to analyze the changes in the formation of courses in the health area and in tuniversityr curricula, from the implementation of the Pro-Health and PET-Health in a federal public institution of universities.

METHODOLOGICAL ROUTE

It is a strategic exploratory social research with a qualitative approach (GIL, 2008; MINAYO, 2014). The research was carried out in federal Universities in the Midwest region

of Brazil, in the courses of Nursing, Pharmacy, Medicine, Nutrition and Dentistry, as these participated in programs for changes in health education at the university studied.

The five course coordinators of the mentioned courses were invited to participate in the investigation, considered key informants for the development of the research, since they were involved in all curricular activities, in the programs of reorientation of the studied health formation, in addition to teaching (MINAYO, 2014).

Immersion with the participants and access to the field occurred spontaneously, before the study was carried out, in which the researchers participated in meetings, courses and/or activities that provided the opportunity for such initial contact and approximation with the coordinators. The researchers had previous experience with a qualitative methodological approach. Thus, there was interaction and approximation with the coordinators to carry out the interviews, constructed in a semi-structured format, with guiding questions about the implementation of the Pro-Health and PET-Health programs (GIL, 2008; MINAYO, 2014).

Initially, the course coordinators were invited to participate in the study by email and, subsequently, the interview was scheduled in tuniversityr respective rooms at the university studied.

A documental analysis of the Course Pedagogical Projects (PPC) was carried out to deepen the understanding of the health education process at the university studied (MINAYO, 2014). The audios of the interviews were recorded, later transcribed and analyzed. For data analysis, content analysis was used in the thematic modality, which covered three stages: pre-analysis consisting of skimming reading, constitution of the corpus and formulation and reformulation of hypotheses and objectives; exploration of the material and treatment and interpretation of the results (MINAYO, 2014).

The categories of analysis were inspired by the study by Lampert, Costa and Alves (2016) on the evaluation of changing trends in schools in the health area, using five axes of analysis to understand the transformations that have been taking place in courses in the health area: World of work, Practice scenarios, Pedagogical guidance, Teacher development and Course Pedagogical Project (LAMPERT; COSTA; ALVES, 2016).

The study was approved by the Research Ethics Committee of the researched institution, under the number 571.173/2014. The ethical principles and postulates were obeyed according to the Resolution of the National Health Council nº 466/2012 (BRAZIL, 2012), data collection took place after prior instruction of the research subjects and signing of the Free and Informed Consent Term and, in order to ensure the confidentiality of the information, the narrative excerpts were identified by the letter "E" for interviewees, followed by the numerical order of the interviews.

RESULTS AND DISCUSSION

Five course coordinators, all female, were interviewed and participated in the implementation and development of health training reorientation programs at the university. This participation took place in the preparation of proposals for public notices, meetings to discuss the progress of planned activities and/or acting in tutoring PET-Health.

The analysis of the PPC was presented according to the proposals advocated by the DCN and by the reorientation programs in health education.

For the analysis of the results obtained, the axes previously mentioned were taken to analyze the categories found and associated

with changes in the health education process (Table 1).

Category	Subcategory
world of work	Multiprofessional team work
Practice Scenarios	Practice locations student participation
Pedagogical orientation	Teaching methodologies Learning assessment
teacher development	
course pedagogical project	Interdisciplinarity and integration between courses Curriculum Assessment Change initiatives in theory to stay the same in practice

Table 1. Analysis of categories and subcategories found in the analysis of transcripts.

WORLD OF WORK

WORK IN A MULTIDISCIPLINARY TEAM

The students were able to develop a different view of multidisciplinary teamwork:

> *The main change was the issue of student participation in the field, with the multidisciplinary team (...). They are part of the family health teams and monitor the patient directly*(E1).

Teachers also developed multidisciplinary team work, based on training in teaching and evaluation methodologies, to provide effective health training:

> *I had students from different courses and tutors from different backgrounds. It was an amazing learning*(E2).

The improvement in the development of the multidisciplinary teamwork profile by students and professors corroborated with the objectives of the PET-Health program (BRAZIL, 2008) the insertion of students in the world of work, whether motivated by a strategy/program that induces health training or even by an institutional policy, has had a positive effect on students by placing them as participants in health services, interacting as a team with professionals and the community (CAPOZZOLO, et al., 2013; LEAL, et al., 2015).

The insertion of multidisciplinary teamwork is considered a challenge, since the lack of integration between health professionals has been a constant in academic training. However, as there are advances in teaching-service-community integration, students increase bonds and experiences, learn from each other and broaden tuniversityr vision of the whole, providing more formative learning (FEREIRA; FIORINI; CRIVELARO, 2010).

PRACTICE SCENARIOS

PRACTICE LOCATIONS

There was a report of an increase in the number of activities outside the hospital environment, such as in Basic Health Units (UBS), maternity and primary care actions in neighboring cities, a fact that enabled the inclusion of content aimed at primary care.

Although the other coordinators did not report on this increase in activities in primary care, this is a practice present in other courses and in tuniversityr curricula.

It was also reported the inclusion of students in practice since the beginning of training, the expansion of places for curricular internships and tuniversityr workload:

> *(...) since the first year, the student already has some experience with the practice. I think this reinforces learning a lot, improves training a lot*(E4).

> *(...) is a student who has another vision. (...) He is very active, he is a student who develops a lot this issue of skills, initiative, search for new knowledge (...) more critical, has a better global vision of policies, (...) participates a lot in college activities, develops a series of projects and research*(E4).

There was an increase in the practice sites

and early insertion of students in these spaces, which corroborated with a study carried out based on the reports of the PET-Health projects of the university, which demonstrated that the program sensitized the sectors of the university and health services and that from there was an improvement in initiative, teamwork, reflective thinking, among others (HORA, et al., 2013).

Government initiatives are important agents of change in students' way of thinking (MORAES; COSTA, 2016). After participating in some programs such as Pro-Health, PET-Health, experiences, among others, the students acquired a new vision of work in the health service, since many of them are conditioned only to the vision of the health system conveyed to the media. of communication, which is commonly discredited in its formative role (TEIXEIRA; COELHO; ROCHA, 2013; PEREIRA, 2017).

Movements of change are slow processes, intersected day after day in the way of acting and thinking, personal resistance and attitudes transform the health professional and the way of caring for people, with continuous awareness being necessary to advance in changes of the educational process (TEIXEIRA; COELHO; ROCHA, 2013; PEREIRA, 2017).

Despite the operational, structural and human resource difficulties present in primary care in Brazil, the student, when inserted in it, can achieve an understanding of health promotion, monitoring of the various life cycles, with the due dimension of individual problems and/or or collective, from attendance to teamwork and the complexity of interpersonal perceptions (CAPOZZOLO, et al., 2013; TEIXEIRA; COELHO; ROCHA, 2013).

The desired reorientation of health training as advocated by government programs will be implemented through the appreciation and understanding of primary care as the fundamental for health training in Brazil (BRAVO; CYRINO; AZEVEDO, 2014).

STUDENT PARTICIPATION

During the process of changing health education, an event was created to mobilize actions and results of research-extension, known as the Teaching-Service-Community Parceria Exhibition (MOPESCO). This event brought the studied courses closer together and expanded extension activities:

> *There was an expansion of the faculty itself. Today we have better articulated extension projects, (...) we have services for the community*(E2).

Throughout the process of restructuring health education at the university studied, students also had greater insertion in research:

> *Students today, in recent years, are much more involved in research*(E5).

The achievements discussed in the speeches of the course coordinators are the result of PET-Health, which had as the scope the improvement and specialization in service of health professionals, as well as the initiation to work, internships and experiences for students in the area, with encouragement for research under the Unified Health System - SUS (BRAZIL, 2008).

The experiences outside the walls of the university promoted, therefore, an approximation with the daily life of the service, the dynamics of work, the role of public policies, in addition to encouraging dialogue between students from different areas of health. These spaces guarantee practices and experiences that may or may not be experienced within the university, which reaffirms tuniversityr importance in student learning (CAPOZZOLO, et al., 2014; SILVEIRA; GARCIA, 2015).

PEDAGOGICAL GUIDANCE

TEACHING METHODOLOGIES

Changes in the scope of teaching methodologies were cited, such as the introduction of Problem-Based Learning (PBL), the insertion of the Moodle platform [Distance Education - EAD] and mentoring (follow-up in small groups of students).

The documentary analysis carried out on the course curricula showed that tuniversityr proposals proposed the use of active teaching methodologies. It was found that the prescribed curricula are becoming effective in practice, and that this change was possible through curriculum reform initiatives:

> *I see a faculty that has matured in terms of didactics and pedagogy over the last 12, 13 years, thanks to that stimulus*(E3).

ASSESSMENT OF LEARNING

When analyzing the types of learning assessment, a course reported the use of Objective Structured Clinical Examinations – OSCE, which aims to assess medical skills and competences based on the simulation of resolving real cases.

The other courses did not mention any particularity regarding the form of evaluation of tuniversityr academics, however, based on the documental analysis of the prescribed curricula, they addressed the concomitant use of summative and formative evaluation during the students' graduation.

The use of active teaching methodologies and learning assessment were identified in the speeches and in the prescribed curricula of the studied courses, being an important finding for health education, because, when its purpose is delimited, it stimulates protagonism, student autonomy and contributes to forming a creative, critical and independent professional, focused on problematizing contemporary health issues, being important instruments for changes in pedagogical practice within Universities (TEIXEIRA, COELHO, ROCHA, 2013; LIMA, et al., 2015).

The combination of summative and formative teaching assessment must be encouraged, both within the scope of the prescribed curriculum and at a practical level, its use is an important component in the training of students in the health area, as they leave the logic of memorized knowledge and start for constructed knowledge (ANASTASIOU, 2012; KLOH, et al., 2014).

TEACHER DEVELOPMENT (DD)

The training reorientation programs held didactic-pedagogical training workshops as training and awareness-raising actions for teachers to improve the teaching area:

> *The teacher feels that he needs to prepare himself (...) that technical knowledge alone does not guarantee competence for teaching. I see that (...) this has sensitized*(E2).
>
> *The college was concerned with bringing training to teachers: more active methodologies (...). The VERSUS-professor, because (...) I had not had this opportunity to know the whole process, the stages, from primary care to tertiary level*(E4).
>
> *In fact, I am another teacher (...) I am not just an intuitive teacher, I am more effective, I teach in a better way, I evaluate in a better way, I give feedback in a better way*(E3).

The DD was present in the proposal ofPro-Health (BRAZIL, 2007), and PET-Health (BRAZIL, 2008), and meant an opportunity for teachers to invest in the development of tuniversityr pedagogical practice, through technical-scientific updating, improvement of the interrelationship with the health service, training in management, in addition to the improvement of didactic-pedagogical aspects. For this, it is necessary both the personal will of the teacher, as well as investments and institutional policies for the DD to

occur satisfactorily (CARDOSO; COSTA; MORAES, 2016).

There are also pedagogical weeks at the university studied at the beginning of each semester, so that professors can plan tuniversityr activities and there is also a teacher training policy for permanent professors when they enter the institution (UFG, 2017). This is an important stimulus from the university for professors to organize themselves regarding the methodologies, assessments and planning needed at the beginning of each semester. The institutionalization of teacher training is highlighted as a positive point, but it is recommended that it be carried out periodically, and not just when entering the university via public tender.

There are teachers who are resistant to qualifying (LIMA, et al., 2015), whether it is the devaluation of teaching activities and the supremacy of research, the lack of professional teacher identity, the deficiency in pedagogical training and professional individualism (COSTA, 2007).

The university studied provided courses, training, experiences (such as VERSUS-Teacher) and insertion in different practice scenarios to mediate the learning and experiences of professors, which contributed to promote a new way of performing teaching.

DD must be assumed as a continuous need for the training institution and by the teachers themselves. (KLOH, et al., 2014; SILVEIRA; GARCIA, 2015), even when inserted in prescriptive curricula, teachers can include innovative teaching practices in tuniversityr subjects. The health training reorientation programs during its term provided the DD and these initiatives must be fostered by continuous institutional policies.

COURSE PEDAGOGICAL PROJECT

INTERDISCIPLINARITY AND INTEGRATION BETWEEN COURSES

The actions made possible by the programs that induce the reorientation of training in health enabled the construction of curricula with greater integration and articulation between the courses participating in the reorientation of training programs:

> *In this new curriculum, there was all this care with the concern to integrate disciplines*(E4).
>
> *Many successful experiences were built and there was progress, a very close approximation of the members (...) the courses in dentistry, nursing and even courses that did not participate in the first public notice [Pro-health], such as nutrition, pharmacy, physical education and music therapy* (E2).

Interdisciplinarity is assumed as the connection/engagement between the various disciplines/contents that, working together, operate in the search for the consolidation of common objectives. (LIMA; FEUERWERKER; PADILHA, et al., 2015). It was noticeable in the speech of the coordinators that the interdisciplinarity and integration of the courses are being more articulated with the training incentive programs.

The DCN state that health training must be based on interdisciplinarity, integrated knowledge, teamwork, curriculum plurality, among other aspects, reinforcing tuniversityr importance for training (BRAZIL, 2001; BRAZIL, 2014). However, these are not easy to implement in practice, despite being often included in prescribed curricula, as in some situations there is a power struggle, lack of articulation between course areas and between different courses, among other obstacles, which makes interdisciplinarity and integration unfeasible (MORAES; COSTA, 2016).

CURRICULUM EVALUATION

Changes in the evaluative scope could be noticed, in the curriculum and in the teaching/learning process. There was investment in curricular self-assessment processes, with the application of the Group Method, which evaluates courses in the health area in relation to 5 axes: world of work, pedagogical project, pedagogical approach, practice scenarios and teaching development, in addition to meetings with a view to discussing, when necessary, themes related to the curriculum.

Curriculum evaluation at the studied UNIVERSITY showed to be an advance, however, there were difficulties in establishing criteria and periodicity of this evaluation. The difficulties were in assessing innovative curricular changes and tuniversityr progress, which prevents educational reforms in tuniversityr entirety (CAPOZZOLO; IMBRIZI; LIBERMAN, et al., 2013; KLOH; REIBNITZ; BOEHS, et al., 2014).

The university must always make efforts so that the changes are not just specific or curricular, but that there are changes in paradigms, in the way of thinking, in the actions, in the practice of the curriculum, in order to be effective and train professionals who are committed and anchored in the health system current.

INITIATIVES TO CHANGE THEORY TO STAY THE SAME IN PRACTICE

The PPC of the courses studied were prepared based on the content of official documents and programs for the reorientation of professional training in health, the prescribed curricula were aligned with the set of guiding documents:

> *The PPC of our course is well articulated, when we read what is written, we see that it really has an articulation, that it is aligned with all these policies*(E2).

According to some interviewees, the changes in the curriculum were not able to generate an impact in its entirety, the actions had repercussions individually or only for a group of teachers who actively participated in the movements and/or some students:

> *(...) how does this [pro-health and pet-health] affect the course? The curriculum I think it doesn't affect, I think it doesn't affect* (E5).

> *One of the functions of PET-Health is to create experiences that can be used within the course and modified, and we haven't seen that. I think it clearly changes the student, (...) the professor, but in terms of impact on the course, I cannot see*(E2).

Some course coordinators did not realize in practice, in tuniversityr day-to-day lives, the changes intended by Pro-Health and PET-Health. This fact evidenced a contradiction between the perceptions of the course coordinators, which may portray the difference between the vision of the moment and the vision of the whole. For these actors, despite the objectives being change and the existence of planned actions, the true curriculum change did not happen.

This statement became clear when analyzing the two reports commented by the same course coordinator in this subcategory. Initially, the coordinator agrees that the health training reorientation programs and the DCN modified the prescribed curriculum, however, they did not have practical effectiveness of the curricula and there was no significant change in the academic community (management, administrative technicians, teachers and/or academics).

Curriculum reformulations are procedural, demand time and institutional and individual investment (MORAES; COSTA, 2016). Despite the existence of course coordinators with different perspectives on the effectiveness of the health education policy in the university studied, it cannot be inferred that there was no influence from it, since changes and advances

in other subcategories found were clear, such as the curricular reforms of this institution.

A study carried out at a Brazilian federal university that aimed to identify the perception of students from the Nutrition, Psychology, Social Work, Physical Education and Pharmacy courses on thePro-Health II Program, found that the university was concerned with reformulating its curricula, to meet the expected demands of the health training reorientation programs (Pro-health and PET-Health) and the DCNs, however, according to the students' speech, the changes were not perceptible in the (day-to-day) practice of the curricula of the studied courses, not corroborating the findings of this study (COSTA, 2007).

There are some ways to understand these results, aspects such as evaluation and curriculum reformulation must be understood to improve the quality of training because, when these aspects are imposed, disregarding the reality of the UNIVERSITY, the academic community and the health service, there is a process called (dis)finding of practice (SILVEIRA; GARCIA, 2015).

The university needs to conceive what are the real possibilities of improving the execution of its curricula and, consequently, of training, in order not to provoke this (mis) finding of practice. Universities can change tuniversityr curricula to meet a curricular reformulation based on the imposition of federal and international bodies, or based on the integrated evaluation of the academic community based on the construction of a real curriculum, capable of being implemented according to the reality found in each UNIVERSITY (KLOH; REIBNITZ; BOEHS, et al., 2014; TONHOM; COSTA; HAMAMOTO, et al., 2014)

The UNIVERSITY needs, therefore, to understand the reasons for the reformulation of its curricula as an initial step towards its implementation in practice and by the subjects participating in this process, being the greatest difficulty for coordinators not to be able to see real changes, evidenced throughout this research.

There is a scarcity in the scientific literature of research dealing with curricular reforms and health training policies, which used more than one source of investigation and was carried out with several courses in the health area. The limitation of this study refers to the perception of other members of the academic community, such as students and professors, to obtain a global view of the process of curriculum reform in health. Interdisciplinary studies in the area of training are suggested, with the aim of recognizing the difficulties and seeking solutions and potential for the development of teaching in the area of health in an integrated way.

CONCLUSION

This study demonstrated the difficulty of the courses studied at the university to implement the prerogatives of the DCN. In addition, it was possible to observe potential advances in health education, such as changes in teacher development, PPC, pedagogical approach and student performance within the health service.

Understanding changes in health education is a complex task. Health training reorientation programs were and continue to be important for the process of changing professional training and health curricula.

From this study, it was possible to find several changes that occurred in the teaching-learning process, curricula and in the performance of teachers, helping to build a new school that, learning and apprehending with the mistakes and successes, tries to promote a health education that responds to the desires of the health system and the needs of the population.

The role of the academic community in the curricular reform process is highlighted, as a key element for the effectuation of the changes desired by the DCN and by the reorientation programs in health education. Curriculum reform must have the scope, in addition to serving national and international bodies, to improve health education, which is based on praxis and emancipation of the future professional.

Unfortunately, there is a current governmental devaluation of health training reorientation programs, however, this study demonstrated the importance of these investments in improving the quality of education and training of these professionals. It is expected that these initiatives will soon be assumed as a public policy.

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