

Integrated curriculum for teaching dentistry: new directions for training in the field of healthcare¹

Ramona Fernanda Ceriotti Toassi^I, Claus Dieter Stobäus^{II}, Juan José Mouriño Mosquera^{III}, Samuel Jorge Moysés^{IV}

^IDepartamento de Odontologia Preventiva e Social, Faculdade de Odontologia, Universidade Federal do Rio Grande do Sul (UFRGS). Rua Ramiro Barcelos, 2492, Caixa Postal 1118. Rio Grande do Sul, RS, Brasil. 90.035-003. <ramona.fernanda@ufrgs.br>

^{II}Programa de Pós-Graduação em Educação, Faculdade de Educação e Pós-Graduação em Gerontologia Biomédica da Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS).

^{III}Programa de Pós-Graduação em Educação, Faculdade de Educação, PUCRS.

^{IV}Centro de Ciências Biológicas e da Saúde, Programa de Pós-Graduação Stricto Sensu – Área de Concentração em Saúde Coletiva, Pontifícia Universidade Católica do Paraná;

ABSTRACT

The present paper discusses the process of curriculum change for graduation in dental education in a university in the South of Brazil. A qualitative case study method was used and the data obtained was analyzed through the use of qualitative interpretive analysis technique. Three representatives of the management group of the University, 46 students, and 12 professors were interviewed. The results were grouped in four categories: 1) the curricular reform process – one possible proposal for changing graduation standards 2) process-related stress – differences between imagined theory and perceived truth 3) the development of the process and its steps and 4) the ongoing experience of an integrated curriculum – a continuous learning process and overcoming. We inferred that there is the need to rethink the whole process of curriculum reform, rebuilding this curriculum continuously and discussing specifically the changes in the pedagogical practices.

Key-words: Dental Education. Curriculum. Education and Health.

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Initial remarks

The 20th century, particularly its three last decades, witnessed the undeniable technical-scientific advance of Dentistry, which has become capable of offering sophisticated techniques to solve even the most complex oral health problems. However, this advance has not brought the expected improvements regarding a reduction in the indexes of oral diseases that are currently registered in the Brazilian population. Garrafa and Moysés (1996) have emphasized that Dentistry is technically commendable (due to the level of quality that has been undeniably achieved in many specialties), but scientifically questionable (as it has not showed competence to expand this quality to the majority of the population) and socially chaotic (due to the inexistence of social impact on initiatives of public and collective programs).

When, in February 2002, the *Diretrizes Curriculares Nacionais* (DCN – National Curriculum Guidelines) of the undergraduate Dentistry courses (Brasil, 2002) underlined that the professional to be trained in Brazil should have a generalist profile, and listed skills and competencies to be developed by the dentist, new paths were sought to respond to the proposed challenge. This included the construction of new pedagogical projects in the courses and curricular changes.

Masetto (1998) analyzed the Brazilian higher education model and observed that education is targeted at the job market, focusing on the technical and care provision training, with difficulties to create and universalize solutions that are adequate to the Brazilian social reality.

These issues point to the importance of analyzing how the social construction of the curriculum occurs, that is, identifying the agents – teachers, students, managers, directors, teaching committees, performance evaluation institutions – that contribute to the choice of the curriculum disciplines and of their contents (Nunes, Nascimento, Barros, 2010). The definition of these choices, allied with the form of teaching, still challenges university educators, both in undergraduate and postgraduate programs (Nunes, 2011). This difficulty can certainly be identified in the undergraduate Dentistry courses, which tend to follow fragmented curricular patterns. The student is responsible for performing the possible integration of contents, which emphasize knowledge of basic sciences and surgical techniques, but are limited concerning promotional-preventive and public health aspects (Ditterich, Portero, Schmidt, 2007). This fragmentation, according to Fagundes and Fróes Burnham (2001), not only strengthens the principles of educational ‘Taylorism’, whose predominantly technicist and instrumental view has characterized higher education, but also prevents the student from achieving a more comprehensive understanding of knowledge. Historically, the development of dental education in Brazil is still unequivocally influenced by the ‘Flexnerian model’, based on the elements of the classic Flexner Report (1910), commissioned by the Carnegie Foundation of the United States of America (USA) and prepared by the educator Abraham Flexner. This evaluation report was about the situation of many medical schools in the USA, and highlighted the formation of a

professional elite, recommending the close-down of 124 of the 155 schools that existed in the USA. In these 124 medical schools, Flexner concluded, students had no previous preparation, there were no laboratories, no relationship between scientific education and clinical practice, the teachers did not have control over university hospitals, the curricula were not standardized, and teaching was commercialized. This model attempted to implement in medical teaching the postulates of the scientific paradigm that has influenced the knowledge areas in the USA and Canada (Nunes, 2010; Marsiglia, 1998). In the dental area, similarly to the Flexner Report, there is the less known Gies Report (1926), whose author, William J. Gies, was one of the founders of the Columbia University School of Dental and Oral Surgery and, also, an important protagonist in the creation of the International Association for Dental Research, in 1920. This Report, equally financed by Carnegie Foundation, detailed problems and insufficiencies of dental schools in the USA and Canada, producing deep transformations in dental teaching and influencing dental education also in Brazil (Moysés, 2008).

A study carried out by Narvai (1994) about the proposals and actions related to dental practice in Brazil in the period 1952-1992 confirmed the permanence of this model. The results showed the existence of a market dentistry, under the political-ideological influence of the project of neoliberal society, focusing on individualized dental assistance provided at the restricted clinical-surgical environment. In a subsequent study, Narvai (2006) reaffirmed that market dentistry has never lost hegemony in the Brazilian health system and that, at the beginning of the 21st century, such conception not only predominates in the private sector, but continues to influence strongly the majority of the Brazilian public dental services. Furthermore, what has been verified is that, exercising also a strong influence on the development of science and technology, market dentistry seemed not to respond well to the population's oral health problems, as it presented itself as a practice of high cost and low coverage, viewed as essentially curative.

Curricular practices gradually produced the subjectivity of the modern dentist and also of the clinic practiced by him/her (Warmling, 2009). In this perspective, the traditional non-resolving model of higher education in Brazil has been experiencing a process of exhaustion. Araújo (2006) emphasized the need to reframe the role of higher education to form human resources linked with the Brazilian health system. To achieve this, a reorientation of the relationship between academy and society becomes fundamental, with the education of a professional that is compatible with the reality of the social demands in the country. Brazil enters into the 21st century trying to consolidate a State policy for the oral health area and with important portions of the population that still do not have regular access to and continued use of oral health care (Miguel, Reibnitz Junior, Prado, 2007). Narvai and Frazão (2008, p. 127) have drawn attention to the

question of investments in the area, which “are inferior to what would be necessary to meet the needs of Brazilians, mainly adults.”²

As a health profession, Dentistry plays an important role in the process of transformation of public health policies in Brazil (Almeida, Alves, Leite, 2010). In spite of the DCN and of the advance represented by the inclusion of oral health in the Family Health Strategy, and despite the priority given by the current federal government to *Política Nacional de Saúde Bucal – Brasil Sorridente* (National Oral Health Policy - Smiling Brazil), these facts have not been enough to produce an expressive impact on undergraduate teaching in the country as a whole (Morita et al., 2007; Zilbovicius et al., 2011).

In view of these concerns, the present paper presents the results of an investigation that aimed to analyze, in a critical and reflective way, the process of curricular change in the undergraduate Dentistry course of a higher education institution in the South of Brazil. Within this theme, the paper attempts to discuss the perspective of the Dentistry students, of the teachers and of the University’s management team. The intention that moved this study emerged from the need to reflect on overcoming in the organization logic of health education curricula.

Methodological Strategy

The methodology that was used was Case Study, in a qualitative analysis perspective.

The field of investigation was the undergraduate Dentistry course of a Community University in the South of Brazil (*Universidade do Planalto Catarinense*). The curriculum reform in the Institution, which proposed an integrated curriculum based on the DCN, took place in the first semester of 2007.

The choice of the research subjects was based on pre-established selection criteria. Dentistry students participated in the study, as well as their teachers from different areas and the University’s management team. Sampling was intentional up to saturation, that is, the researcher, understanding that new discourses have minor additions in view of the aims proposed by the research and that they become repetitive, decides to terminate the sampling (Turato, 2008).

Overall, 46 undergraduate students were interviewed, 12 teachers, the Coordinator of the Dentistry course, the Head of Department and the Teaching Provost of the above-mentioned University.

All the interviews were performed by one interviewer, following a flexible pre-established script that contained open questions defining the theme in study (semi-structured interview). They were carried out individually and recorded after the interviewee’s consent and the signature of a consent document. The participants’ discourses were transcribed, in the same way, by the researcher. Each interview lasted approximately 1 hour.

² All the quotations have been translated into English for the purposes of this paper.

The collected data were analyzed and interpreted following Bardin's (1995) content analysis method.

The research project was submitted to the Research Ethics Committee of the above-mentioned University and approved through the opinion no. 001-08.

Results and Discussion

The curricular reform in the perspective of its participants: what students, teachers and the management team said

The ideas, perceptions, feelings and evaluations of the students, teachers and of the management team of the Dentistry course in relation to the curricular reform process were grouped into four categories (emerging categories):

- The curricular reform process: one possible proposal for changing graduation standards.
- Process-related stress – differences between the imagined theory and the perceived reality.
- The development of the process and its advances.
- The ongoing experience of an integrated curriculum – a continuous process of learning and overcoming.

The paper not only describes the collected data, but apprehends what they revealed, in a constant dialog with the utilized theoretical framework.

The curricular reform process: one possible proposal for changing graduation standards

According to Grundy (1987), the curriculum is not a concept; it is a cultural construction, it is a way of organizing a set of human educational practices. Being a cultural construction, it will depend on the context in which it is situated and on the people who intervene in it. It is an intersection of diverse practices (Sacristán, 2000). Thus, the understanding of how and in what conditions this curricular reform process began and was established in the Dentistry course, based on the DCN (Brasil, 2002), is fundamental to understand this case study.

The construction process of the new curriculum was long (approximately two years). Initially, the project intended to reduce the number of hours to decrease the value of the credit for the students, as, in each semester, the classes became smaller and there were always unfilled vacancies.

The beginning of the proposal was a curricular change in the sense of attracting more students. The change did not emerge due to a need that came from the course, but from a marketing need, in a moment in which there were almost no students in the course and there was a proposal for the course to be more competitive in the market. In view of this, the disciplines were organized so as to propose, simulate, a new proposal to the course. [...] then the disciplines were joined with the integration proposal. (Interview 5 – Teacher)

Coincidentally, Brazil was undergoing a movement to restructure courses in the health area and the DCN induced to graduation changes, requiring a

curriculum that prepared professionals with ethical and scientific education, having an integral view of health in the collective and individual scopes, capable of dealing with simple or complex problems and who had, whenever necessary, advanced knowledge in biotechnology, computer sciences, new materials and technologies (Paula; Bezerra, 2003). The University in question, in turn, was also achieving, in this period after the DCN, many advances in terms of curricular restructuring, especially in the health courses, including the use of active methodologies and reflections on the theme. The curricular structure that has been adopted by the Dentistry course of UNIPLAC since 2007, when the new proposal was established, was based on modules that integrated disciplines that used to be individualized. The modules were organized in a logical learning sequence, integrated both vertically (in the semester) and horizontally (in the course). This was one of the forms that were thought to flexibilize and organize a curriculum centered on the student's learning and on the amplification of competencies, understood as professional knowledge that, pedagogically structured, responded to a stage in the education process. Each module presented an integrative discipline that was responsible for making intramodule integration, articulating the other disciplines of the module in the planning, execution and evaluation of the teaching and learning processes. Thus, the curricular structure, besides a number of hours that was already determined, focused on integration, preserving the disciplines, but with differentiated philosophy and pedagogical practice, which were still unknown by many teachers and students who were beginning the course at that period. This lack of knowledge was revealed in the teachers' discourse:

[...] at first I didn't understand very well what was happening [...].
(Interview 1 – Teacher)

When it started, the guidelines were not discussed, nothing was proposed to enhance the course [...] The collegiate didn't construct the proposal.
(Interview 3 – Teacher)

The process of elaboration of the new curricular proposal underwent moments of many difficulties, in many ways. There were many meetings and workshops until the collegiate lost motivation.

[...] We held countless meetings in which the 'quorum' was very reduced. At a certain point people got tired, because this continued for a very long time. Also, at the same time, it was possible to notice that people weren't mature yet to assume a more advanced proposal. So, the proposal that is there was the proposal that was possible based on what the collegiate proposed.
(Interview 4 – Teacher)

One of the biggest obstacles to the advance of the proposal was the difficulty in maintaining the teachers' adherence, as can be verified below:

[...] we developed it and suddenly it didn't go further. There was a delay and to finish the proposal within the deadline that was proposed, they sort of

finished it aiming at the vestibular³ [...] the great difficulty was gathering all the teachers together. Until today some teachers don't even know what this is. (Interview 11 – Head of Department)

When changes were made, it became necessary to re-evaluate the groups of interest, their concerns and motivations, as well as their capacity to accept challenges and assimilate strategies to overcome the obstacles. Without an adequate preparation of the soil, there would hardly be any significant changes in the end.

And changes like this, deep and structural, like the one that was being proposed at the investigated University, would need to be built based on an active and broad participation. Changes “are not built and are not sustained unless they are performed through the constitution of subjects, with critical views, capacity for action and proposition” (Feuerwerker, 2000, p. 23). More than arithmetic changes in credits and in their values, the necessary changes in the curricular reforms were related to issues that regard the intended content and the teaching and learning strategies.

In light of the fact that the curriculum is not built within just one logic and that it is not neutral knowledge (Padilha, 2004), a large part of the intensity of the discussions that took place in the above-mentioned Dentistry course and, consequently, of the initial difficulties that were found can be justified and is even pertinent to legitimize this integrated curriculum. After all, as Apple (1994, p. 59) highlighted, the curriculum “is a product of the tensions, conflicts and cultural and economic concessions that organize and disorganize a people”.

Likewise, this difficulty in understanding the new was reflected on the students when the curricular reform process was implemented. It was characterized in a special way in the students of the first class of the new curriculum, who expressed feelings of difficulty, doubt and insecurity, which were, in a certain way, expected within a context of change.

Although in an initial moment this curriculum generated many doubts, the students' evaluation about the integration method was positive across the different semesters of the course. Their accounts reinforced many of the ideas that were present in the DCN, emphasizing the importance of integration, the need to reduce the distance between theory and practice (interaction between basic and professionalizing areas) and the desire to receive a better professional preparation during the undergraduate course.

I believe that the teaching method adopted by the Dentistry course is making us, students, rethink and re-learn the ‘educating’ process. At the beginning of this process, we resisted a little, because the method is very different from what we were used to do at school. Today, at least to me, it's easier to understand the method and I believe that it has a huge validity, because the integration between basic disciplines and the course's specific competencies since the beginning makes us understand the importance of the union of these two types of knowledge. (Interview 9 – Student)

³ University entrance test.

The students' reflections showed maturity, lucidity and, mainly, the desire that the curricular proposal worked well. The criticism, which must exist and be stimulated, was followed by argumentation, which, to Tardif (2002, p.196), is the "[...] place of knowledge. Knowing something is not only issuing a true judgment about something (a fact or an action), but also, being capable of determining why this judgment is true". In other words, it is not enough to talk about the action, it is necessary to argue why one acts and thinks in a certain way.

The students felt that they were in a learning construction process with a new proposal of pedagogical practice, and started to see themselves included in a renewed professional practice, which can be carried out beyond the limits of the dental office. Thus, a gain was verified in this curricular change and this met the professional profile defined by the DCN.

We're learning to see things in a different way, not only inside a clinical office, but in the PSF (Programa Saúde da Família – Family Health Program), in day-care centers and healthcare units. The view of the entire reality outside is enlarging and is showing us the reality inside the Dentistry course. (Interview 6 – Student)

The capacity and technical skill to treat diseases cannot be the only objective in the health professionals' education. Besides meeting this demand it is fundamental that the professionals are capable of producing increasing levels of health in the population. For this to happen, the professionals' experience in all the spaces in which health can be produced becomes a requirement, especially if the objective is to educate professionals who are capable of working in primary healthcare (Morita, Haddad, 2008).

The students' impressions seemed to reinforce the tendency to accept the proposal of an integrated curriculum. In spite of this, although the idea is not to depreciate the importance of this finding, from the students' point of view, the tensions that marked the process were evident, and this worried them.

Process-related stress – differences between the imagined theory and the perceived reality

To Fernandes (2006), the curriculum has many meanings and dimensions. There is the proposed curriculum (normally designated as the official one), the taught curriculum (what is effectively put into practice by teachers and teaching institutions) and the learnt curriculum (what is effectively learnt by students). They should naturally be the object of a systematic and permanent analysis to guarantee quality standards which, in principle, should be defined in an explicit or implicit way in the proposed curriculum - the reference standard to be achieved.

[...] When theory is written and when you put into practice, the application is sometimes more complicated; one imagines what will happen, this is theoretically put into paper but then, in practice, it doesn't happen in this way. (Interview 12 –Teaching Provost)

It is also important to mention that the curriculum is a product of tensions, a 'field of battle' (Apple, 1994), where conflict is understood as refinement, revision, creation of ideas, problematization and prevention of the crystallization and dogmatism of a paradigm. Thus, far from being a neutral act, making a curriculum is an act of commitment (Pacheco, 2011).

These 'tensions' are understood as being determinant to the advance of the established curriculum. In this sense, the analysis of the participants' discourses showed restraining challenges that include lack of integration of contents and teachers, (lack of) preparation of the course's teachers (dentists-teachers or teachers-dentists), difficulty in evaluating students and the role of the course coordination. These issues were manifested, in a special way, in the teachers' discourses:

Our teachers are not teachers, they are dentists. They dedicate the largest part of their time to the office, to earning money (I've heard this from many of them) and little time to planning, integration, study, construction of proposals, of things in common. So, just the name is integrated. (Interview 1 – Teacher)

There's no integration. There's no integration, there's no planning, there's difficulty in the evaluation, difficulty even in the relationship with the students because one teacher says one thing, another teacher says another thing and at the moment you can't find a common denominator; each one says a different thing. And also the Coordination. The Coordination leaves a lot to be desired. (Interview 5 – Teacher)

The course's Coordinator also highlighted the problem of the teachers' situation and added:

"It's being very hard because the majority of the personnel do not work exclusively in the University. If you work here on Mondays and Tuesdays, on Wednesday you'll not participate in the meeting. The teachers are generally dentists. Are they going to leave the office to come to a meeting here at 4 o'clock in the afternoon? No. No one leaves the office to work out of hours. (Interview 13 – Coordinator of the Dentistry course)

In the same way, the teachers' difficulty in adapting to the new proposal was perceived in the students' accounts. It is legitimate to think about the meaning that the work the teacher is developing has to the students. But the students also perceive when the teacher does something that has no sense to him/herself, that does not stimulate him/her personally (Contreras, 1999).

The accounts show that the students agreed about the teachers' lack of preparation. It is not a question of technical preparation, of specific knowledge in the area – fundamental to the specificity of the profession – but of understanding what teaching is and how to teach in view of the proposal of an integrated curriculum.

The biggest flaw I notice is some professors that have difficulties in adapting to this new curriculum. They simply throw the information in slides, there is no communication. Sometimes each one says one thing, they take too much time to deliver the marks, this kind of stuff. (Interview 29 – Student)

I see this new teaching-learning process as a form of improvement to understand the content of the course. The proposal is valid, but I believe that there are still difficulties on the part of the teachers concerning reconciling the contents. [...] the subjects are mismatched. They're not being able to combine things. (Interview 9 – Student)

This situation in relation to teacher education does not happen only in Dentistry courses; it is a general challenge in the teaching of health. The idea that the one who knew how to do it also knew how to teach it supported the logic that knowing a subject well would be enough to automatically know how to teach and how to be a good teacher. However, he/she might be a teacher who does not master the basic teaching-learning relations or categories. More than being concerned about giving classes, in the sense of knowledge transmission, the teacher should also concentrate his/her attention on activities to follow the student up, on the form of supervision and tutorship, of coordination and integration of students into research groups, practicing teaching along with research (Foresti, 2001).

We agree with Cunha's thought (2000, p. 48) when this author argued that "there is no longer a place for the classic perception of the teacher as the main source of information, the depositary of truth and certainties, who, in front of the students, strives to transmit everything he/she knows."

Departing from the premise of the 'student as a blank page' and of the teacher as the owner of knowledge and skills, the pedagogical methodologies of transmission and conditioning stimulate passiveness and intensify competitiveness among students, being directly responsible for the lack of articulation and mobilization noticed not only among students, but also among the health professionals educated on this pedagogical basis (Bordenave, Pereira, 2008).

In a curriculum characterized as integrated, maintaining this way of thinking and acting has become a great frailty for its concretization.

The development of the process and its advances

The evaluation of the current moment made by the students showed mismatches among the teachers and the tendency to return to the fragmentation of contents, with integration difficulties.

They're asking us a thing that they lack, like, for example, motivation and integration. We've heard about a meeting that was held which only one teacher attended. How will there be integration with only one teacher? (Interview 9 – Student)

As Foresti (2001, p. 14) has warned, "more than thinking about a curriculum change, it will be necessary to change the logic that controls the organization of the curricula, based on knowledge transmission". This problem is enunciated below:

[...] With the introduction of more practical activities the process sort of stagnated. [...] this semester, I at least am not being able to find the integration. I haven't seen it yet, right? I think that the practical part leaves

this aside, but let's wait, who knows? I hope that in this semester the teachers really participate in the integrative seminar. (Interview 3 – Student)

It is believed that this fragility in curricular integration can be justified by two reasons:

Firstly, the teachers are not being able to make the integration between contents due to lack of qualification or even lack of knowledge of teaching-learning methodologies that can handle this integration. The Coordinator of the course talked about this issue:

We had to have a better training. We didn't have a qualification. And who's integrating today? How are they going to integrate? We don't feel integrality. The dentist only knows how to handle the clinic and doesn't know the theory, doesn't know how to integrate. [...] The biggest difficulty we have is teachers' integration. (Interview 13 – Course Coordinator)

Here, we go back to the issue of the health professionals' education and the education profile of the teacher who is working in the Dentistry course. In a general way, this education was historically constructed on the fragmentation of contents and organized around power relations, which gave to the specialist professor a position of centrality in the teaching and learning process (Albuquerque et al., 2009). This is a teacher who is characterized as a specialist in his/her field of knowledge and this is, in fact, the criterion for his/her selection and hiring; however, s/he is not necessarily an educator that masters the educational and pedagogical area, concerned about teaching the curricular contents that are necessary to the education of a health professional who is capable of meeting the population's needs (Rozeno *et al.*, 1999).

Secondly, and whose solution is much more complex: the moment that the curricular reform process of the Dentistry course is undergoing. Without adequate payment for meetings of semester planning and monitoring, and working in the system of 'hour-class', which has not been modified with the curricular reform, the teachers show signs of lack of motivation and low adherence to the integrated curriculum. Clearly, their discourses reflect these feelings in relation to the progress of the curricular reform process.

[...] the teacher comes here discouraged because his number of hours has been reduced and he hasn't been qualified for that. My feelings in relation to the new curriculum are the best possible ones, but I see myself as a grain of sand in a sea of mud, in the good sense. In the way the curriculum is going, it won't work. [...] in fact, teachers should attend a qualification course and it should be "obligatory" to create a profile of teacher. (Interview 11 – Head of Department)

The ongoing experience of an integrated curriculum – a continuous process of learning and overcoming

Although the course and the University as a whole have been undergoing moments of many tensions, the teachers' feelings in relation to 'what to do' expressed the need of a responsible conduction of the curricular reform

process. The sensation of doubt and insecurity in relation to the future has been very present.

In this context, the students' co-participation in the process of construction of the integrated curriculum is fundamental, constituting a collective process of critical reflections.

According to Anastasiou (2005, p. 52), the globalizing, integrated curricula, like the one that is being analyzed here, "have the students and their educational needs as the center". Thus, the curriculum is centered on the principle that the student must build knowledge using a relational content approach.

In addition, a new society has presented itself. A new learning society requires that education fosters in students the self-management of knowledge so that they can face the professional challenges and uncertainties that await them (Pozo, 2006). In the specific case of Dentistry in Brazil, we would like to highlight that with the significant increase in the number of universities, the number of young dentists has become proportionally higher; "they constitute a generation formed and directed at the need of constant scientific enhancement, and, in general, they are avid for new knowledge and state-of-the-art technology" (Garrafa, Moysés, 1996, p. 8).

With these perspectives, there is no more space for historical setbacks. The integrated curriculum is already a reality. As the Teaching Provost stated:

[...] we have to overcome the difficulties because it's a thing that must be done. You have to be adequate according to the guidelines and that's it. It's not a question of being able to do it or not. Some things are difficult to implement in practice, but I think we're going to have good results. [...] We have to insist a lot. (Interview 12 – Teaching Provost)

Nowadays, many Higher Education Institutions have been concerned about integrating the curricula without changing, however, their logic (Anastasiou, 2005). It is necessary to take into account that the curricular reform process in the Dentistry course has not been an easy construction. The clash between inertia and the demands of the future must happen in the present. Thus, many difficulties and disagreements have marked this moment. Such disagreements cannot be seen only as problems; rather, as procedural aspects of curricular thought. In certain conjuncture situations, denser impasses have become more visible. The question is: are they prepared (institution, teachers, students and coordinator) for a new curricular approach committed to thinking, reading, doing and feeling the integrated curriculum?

It is necessary to create a common basis of dialog and discussion. If the teacher feels committed, ethically and professionally, s/he may be involved in change processes, with all probabilities of being successful (Toledo, 2006). Thus, also the specific question of the teacher's pedagogical education is gradually constituted by the organized form of labor.

I believe that the pedagogical view is gradually constituted not so much through the theoretical view, but based on the encounters, on the planning, on

the evaluation instrument, on the discussion among teachers, at the moment in which they are all together. (Interview 10 – Teacher)

According to Feuerwerker (2000), for people to start moving, willing to construct alternative practices, it is necessary that they feel ‘uncomfortable’ in their present situation.

There was no way out. This change had to happen [...] I think that the way is that of commitment, qualifications and bearing this beginning. I think that, after this initial phase, everybody will see that it’s not a monster and that you’re able to adapt. I think that many people won’t adapt and will end up choosing not to be here. (Interview 3 – Teacher)

In a process of curricular reform, it is necessary to count on the concrete action of the teachers so that, in the end, the project is materialized and curricular development happens. Therefore, the dialog with the teachers is fundamental.

According to Gonçalves (2005, p. 1):

[...] many times, the proposals for Higher Education approach the teacher without him/her being heard. Reforms are proposed in the national level, or even in the Higher Education Institutions, and their main actors – teachers and students – are not called to participate. One institution is the result of what its members think and of how they act. It is in the human aspect and in what it represents that the great difference lies.

As Education professionals, teachers cannot continue to merely execute or receive the pedagogical innovations produced by others. Their emancipation, their professional development, must undergo adjustments in the working conditions, supported by the commitment of the management team of the institution where they work and by the formation of permanent work groups, which will collaborate in the definition and development of dynamic curricula, proposed, taught and learnt, guaranteeing excellent quality standards in the education of professionals with a profile that is adequate to the social needs of Brazil. Thus, the teachers can become professionals who are aware of their knowledge, actions, strengths and weaknesses, and also intellectuals, investigators of their own practices (Fernandes, 2006). Yes, it is important to know about learning, about the curriculum, about pedagogy and didactics, about the concepts that structure the disciplines they teach and about a range of alternatives to evaluate students. This is the only way in which there can be an interaction between the relations of investigation, education and practice.

Final Remarks

It is necessary to understand that curricular changes happen within a process, that is, some time must pass before the expected results emerge and are able to transform the educational scenario where they are by means of the adaptation of their members.

Understanding the curriculum as a program that guides academic education, and in view of the instabilities presented and discussed in relation to an integrated curriculum in Higher Education in Dentistry, we suggest that the integrated curriculum is revisited since its historical construction, being continually rebuilt. It is necessary to deal, specifically, with the change in the pedagogical project and in the curricular practices.

The curricular change processes should be conducted in an organized way, with the existence of a conducting team and the teacher's commitment to collaboration so that it is possible to advance in the perspective of construction of a high quality educational practice, which creates possibilities of critical intervention. Planned strategies and actions should be developed so that the curriculum is strengthened. It is high time for the articulated action of those who aim at change and this involves the institution's management team, its teachers and students.

We argue, here, about the need of a shared and collective management in the University, of a change in behavior that will affect the institution's universe as a whole, leading to the re-analysis of strategies and goals of the integrated curriculum and to a discussion about how learning should be evaluated in the Dentistry course.

The context is favorable to changes. But it is necessary to act in an organized way to potentialize the possibilities that are emerging, neutralize resistances and reorient the process. Only a critical attitude can help to view the situation in a more comprehensive way, and this also involves the awareness-raising and the mobilization of all who need to participate in the concretization of the changes.

Finally, it is important to highlight that, as this is a qualitative and exploratory research, the proposal was to describe the reach of the answers given by students, teachers and by the management team of the analyzed Dentistry course in view of the proposed objectives, in order to understand the studied phenomenon. However, the results that were found can be significant and can signal that care should be taken in situations of curricular restructuring in higher education, so as to avoid the utilization of old practices with new names.

Collaborators

Toassi is the author of the Doctoral dissertation that served as reference for the construction of the paper and is responsible for writing it. Stobäus supervised the dissertation and is responsible for revising the manuscript. Mosquera and Moysés collaborated in the analysis of the categories and in writing the paper's results.

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ⁱ Address: Departamento de Odontologia Preventiva e Social, Faculdade de Odontologia, Universidade Federal do Rio Grande do Sul (UFRGS). Rua Ramiro Barcelos, 2492, Caixa Postal 1118. Rio Grande do Sul, RS, Brasil. 90.035-003.

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