Health Care for the Person with Disability and the Initial Training of the Health Professional: what Is Between Us?[1]

Atendimento em Saúde à Pessoa Com Deficiência e a Formação Inicial do Profissional de Saúde: o que Há entre Nós?

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ABSTRACT: The process of training the health professional has changed in the search to educate professionals with an integral vision and who propose changes in the society. Within this context, the health of people with disabilities deserves to be highlighted, given that these people have more access barriers to the services provided by these professionals, such as communication difficulties, professional empathy, architectural, instrumental barriers, among others. Therefore, this study aims to analyze how two public universities discuss the health of the person with disability within the curriculum of the health professional. For this, we analyzed pedagogical projects of eight health courses. We concluded that the projects analyzed do not guarantee an integral training regarding the health care of the person with disability.

KEYWORDS: Professional qualification. Healthcare professional. Person with disability. Higher Education.

RESUMO: O processo de formação do profissional de saúde tem se modificado na busca de educar profissionais com uma visão integral e que proponham mudanças na sociedade. Dentro desse contexto, a saúde da pessoa com deficiência merece destaque, tendo em vista que essas pessoas têm mais barreiras de acessos aos serviços prestados por esses profissionais, tais como dificuldade de comunicação, empatia do profissional, barreiras arquitetônicas, instrumentais, entre outras. Logo, este estudo objetiva analisar como duas universidades públicas discutem a saúde da pessoa com deficiência dentro do currículo do profissional de saúde. Para isso, analisaram-se projetos pedagógicos de oito cursos de Saúde. Concluiu-se que os projetos analisados não garantem uma formação integral no que tange à atenção à saúde da pessoa com deficiência.

PALAVRAS-CHAVE: Formação Profissional. Profissional da Saúde. Pessoa com deficiência. Ensino Superior.

1 Introduction

There is an emerging discussion in Brazil about the education process of health professionals in an attempt to train these professionals with a holistic, humanistic and critical view, which, guided by ethical principles, are capable of reflecting on the economic, political, social and cultural development of communities. In addition, they must have the objective of

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professional performance to contribute to improving the quality of life and also the health of individuals and communities (Jurdi et al., 2017; Moreira & Araújo Dias, 2015).

The need to change the curriculum in Health courses became even more evident after the Sanitary Reform Movement, which started in the 1970s, culminating in the 8th National Health Conference in 1986. At the time, the theme that emerged was "health is the right of all and a duty of the State" (Ministry of Health, 2003), and, as a consequence, in 1988, the new Brazilian Constitution created the Unified Health System (called SUS), regulated by the Health Organic Law no. 8.080, of September 19, 1990.

With SUS, the need to implement new forms of care was identified, emerging from this context, a reorganization of health systems and a consequent differentiation in the professional training process, reinforced by the principle of integrality. Therefore, human resources in health are focused on the integration between teaching and service (Law no. 8.080/1990). In line with this need, the National Education Guidelines and Framework Law (Law no. 9.394, of December 20, 1996) was drafted, which brought, as a characteristic, a concern with the promotion of professional training appropriate to the reality and the desires of society.

In 2001, the National Curricular Guidelines emerged (Resolution no. 5, of March 15, 2011), as a way of making curricula more flexible and enabling universities to adapt to their needs and social changes. Still in the same year, Opinion no. 1.133/2001 was approved, which has as object of the National Curricular Guidelines for Undergraduate Courses in Nursing, Medicine and Nutrition, which allows

> the proposed curricula to build an academic and professional profile with competences, skills and content, within contemporary perspectives and approaches of training relevant and compatible with national and international references, capable of acting with quality, efficiency and resoluteness, in the Unified Health System (SUS), considering the Brazilian Health Reform process. (Opinion no. 1.133/2001, p. 4).

It is noticed, then, that there is an express effort for a curricular change. For that, it is necessary to integrate the educational system, in this case, universities, with health systems and services, in order to meet the needs of a contemporary society. In this way, the Course Pedagogical Master Plans represent a research tool of great relevance in this process, since they allow the approach of complex issues related to professional training. Pedagogical projects go beyond the professional scope, reaching human relationships, welcoming and the quality of life of workers (Ceccim & Ferla, 2008).

Therefore, the course projects talk about themselves and their contexts, they have theoretical positions to support methodological strategies, while they create processes with the purpose of realizing their objectives, which are not isolated, since they follow well-defined training policies with the objective of enhancing SUS actions. They are still theoretically positioned to support their methodological strategies, create and manage processes seeking the realization of their objectives, which, in the case of this study, are not singular, since the programs are part of the bias of well-defined training policies in health, which have, as an objective, the potentialization of SUS actions and training of professionals in the perspective of integral health (Gomes, 2016).

In this context, it is observed that the training of health professionals must be based on the needs of the population. Even with this guarantee of rights, some recent studies have demonstrated an inefficiency in the care service of health professionals for people with disabilities (Baraúna & Sales, 2018; Gotado & Almeida, 2016; Martins, Costa, Rezende, Gomes, & Santos, 2015; Sousa & Almeida, 2017; Resende, Nóbrega, & Moreira, 2014). In this sense, one of the causes mentioned is related to the inadequate initial training of these professionals (Washington Institute of Medicine, 2007).

Recently, the Brazilian Inclusion Law (Law no. 13.146, of July 6, 2015) reaffirms that it is the duty of the State to ensure, to the person with disability, comprehensive care, at all levels of complexity, through SUS, with a guaranteed universal and equal access.

Considering the importance of the thematic discussed, as well as the scarcity of literature that carries out the evaluation of Health courses for comprehensive assistance to people with disabilities, this paper aims to analyze the Course Pedagogical Master Plans of initial health training courses at two public universities in the Sub-medium region of São Francisco, in the state of Pernambuco, Brazil, in the scope of health care for people with disabilities.

2 Method

Descriptive and exploratory research, of documentary character, was carried out, in which the Course Pedagogical Master Plans of the health area of two public universities in the city of Petrolina were analyzed. The choice for the referred scenario was due to the fact that these are the only public universities offering courses in the health area in that region.

For data collection, the Pedagogical Master Plans of the Nursing, Medicine, Psychology, Pharmacy, Physical Education, Physiotherapy and Nutrition courses of the two universities, identified as U1 and U2, were used as research instruments. The Pedagogical Master Plans were read in full and thoroughly appreciated. However, as a way to systematize the analysis, an instrument with five blocks of analysis was built, namely: (1) General description of the course; (2) Disciplines offered; (3) Professional skills; (4) Professional competencies; and (5) Discussion focused on health care for people with disabilities. Data collection and analysis took place between June 2017 and February 2018.

The information from the document analysis was assisted by the Content Analysis Technique (Bardin, 2011), and, in order to comply with the analysis procedure, the National Curricular Guidelines were used as support (Opinion no 1.133/2001); and, regarding policies related to the health of people with disabilities, Law no. 13.146/2015, Decree no. 7.612, of November 17, 2011; Ordinance no. 793, of April 24, 2012; Ordinance no. 1.060, of June 5, 2002. The research followed all ethical and legal precepts and, accordingly, it was approved by the Research Ethics Committee under Opinion no. 2.339.386.

3 Results and discussion

After reading and thematic analysis of the curricula of the current courses, three themes emerged: (1) The Health Courses in the *Vale do São Francisco*; (2) Skills and competences of future health professionals; (3) Disability and the training of health professionals.

3.1 Health courses at the *Vale São Francisco*

In this theme, the year of creation and curricular reform, the total workload, the profile of graduates and objectives were listed, through the Pedagogical Master Plans. Eight health courses were identified, five at a university identified as U1 and three at U2. The only common course at the two universities is Nursing, which will be identified as N1 and N2. The Pedagogical Master Plans were written between 2008 and 2013, with the Medical course document having the oldest reformulation (2008), and the N1 plan, the most recent (2013), as can be seen in Table 1.

Courses	University	Year of course creation	Year of the Master Plan analyzed	Master Plan availability
Nursing U1	U1	2002	2013	Website
Medical Course	U1	2004	2008	Website
Psychology	U1	2005	2010	Website
Pharmacy	U1	2008	2012	Course Administration Department
Physical Education	U1	2008	2012	Course Administration Department
Physiotherapy	U2	2006	2010	Website
Nursing U2	U2	2002	2011	Website
Nutrition	U2	2010	2013	Website

Table 1. Characterization regarding the creation of the Master Plan of Health courses at two public universities in the Sub-medium region of São Francisco (2018).
Source: Elaborated by the authors.

The first National Curricular Guidelines for Health courses were launched between 2001 and 2004. However, Medicine and Pharmacy courses updated their Master Plans in 2008 and 2012, respectively, and did not refer to the new National Curricular Guidelines, which are from 2014 and 2017. This fact reinforces, therefore, the need for periodic and permanent evaluation of the Master Plans as a strategy to overcome the identified gaps.

As for the objectives of the courses, the universities describe the ethical and generalist training, with a focus on the holistic view towards the individuals who need their assistance, as described below:

> Ensure that undergraduate students in Pharmaceutical Sciences have generalist training, enabling them to work at all levels of health care, with a broad and global vision, respecting the ethical and bioethical, moral, religious and socio-cultural principles of the individual and the community, with the objective of preventing, preserving and promoting individual and collective health. (Pharmacy Pedagogical Master Plan, 2012).
> Train professional nurses able to take care of the human being, family, groups and community in situations of health and illness, within the scope of management, administration, supervision and evaluation in the Unified Health System (Nursing Pedagogical Master Plan, N2, 2011).

> Training of a health professional able to work in an interdisciplinary team, with an emphasis on integrality in patient care (Physiotherapy Master Plan, 2010).
> Train nurses-citizens who use ethics and scientific technical knowledge to work in the various areas of knowledge and provide integral care to the health of the individual, family and community (Nursing Master Plan, N1, 2013).
> Train professionals able to critically analyze the social reality in which they live; ensure generalist, humanistic and critical training, qualifying academic-professional intervention, based on scientific rigor, philosophical reflection and ethical conduct (Physical Education Master Plan, 2012).
> Formation of an ethical and technically competent professional, without humanistic prejudice, and able to participate effectively in the social transformations of this region (Medical Course Master Plan, 2008).
> Train generalist nutritionists, capable of applying the science of Food and Nutrition to improve the health and quality of life of the population in the region and in Brazil (Nutrition Master Plan, 2013).
> Train critical, reflective and socially committed professionals, capable of building and contextualizing knowledge and practices, promoting and disseminating knowledge in a systematic way to communities (Psychology Master Plan, 2010).

During the stage of documentary analysis, it was noticed the commitment of universities to describe the importance of training an ethical professional, committed to the integrality of the health of individuals and the community. Thus, it is possible to affirm that the Master Plans of the courses studied are in conformity with the National Curricular Guidelines and, in this sense, reflect the real need of the population for good care. This commitment was also described in a study conducted at a *Universidade do Centro-Oeste*, in which it was observed that all the analyzed Master Plans met the general premises of the National Curricular Guidelines and the policies that induce health training (Moraes & Costa, 2016).

However, even with the Master Plan built with the concern to meet the National Curricular Guidelines, there is still a major obstacle to be faced: its implementation in practice. The proposed National Curricular Guidelines for the training of health professionals have achieved their goals and are on the path of building a culture of significant change. However, it is important to be aware that it is necessary to overcome this obstacle mentioned above (Keller-Franco, Kuntze, & Costa, 2012), in order to stimulate the most efficient actions and practices in the didactic formulation process of the Master Plans of the courses analyzed.

Another aspect that emerged during the analysis of these documents was the skills and competences that Health courses bring in their Master Plans, which will be described in the next topic.

3.2 Skills and competences necessary for professional training towards an effective service to people with disabilities

Health care for people with disabilities is identified as flawed, both due to ineffective communication (Batista, 2012), and due to architectural inaccessibility (Martins et al., 2015), as well as presumptions and perceptions about the disability, which can even cause threats to that person's health (Shakespeare, Iezzoni, & Groce, 2009).

One of the possibilities of minimizing these barriers to accessing health services would be educational organizations, which train future professionals, include these thematic contents in their curricula and that health services encourage the training of their professionals in order to acquire communicative skills. In addition, they should adapt the physical structure, so that the needs of these individuals, in the hospital environment, are met in an integral and humanized way (Martins et al., 2015).

As perceived, the minimization of these barriers demands an inclusive and integral training so that the future health professionals can develop the aptitude in the care of all individuals who need their care. However, what is noticeable in the training of professionals, in general, is that there is an empty space, especially with regard to training in the context of health care for people with disabilities (Costa, 2015). There is, then, a dichotomy between what is expected in the face of integral care and the effective training of health professionals. For this reason, it is necessary to understand that competencies and skills are being described by universities and how educational institutions influence the integral and universal care of subjects with disabilities.

Table 2 describes the general skills and competences that health professionals should have, according to the analyzed Master Plans.

	Health courses							
Skills and competencies	**Nursing 1**	**Medical course**	**Psychology**	**Pharmacy**	**Physical Education**	**Physiotherapy**	**Nursing 2**	**Nutrition**
Health care	x	x		x	x	x	x	x
Decision making	x	x	x	x	x	x	x	x
Communication	x	x	x	x	x	x	x	x
Leadership	x	x		x	x	x	x	x
Administration and management	x	x		x	x	x	x	x
Permanent education	x	x	x	x		x	x	x
Interaction with society					x	x		
Consciousness of the needs and social reality	x			x	x			
Ensuring integral care	x	x	x	x		x		x
Multidisciplinary performance	x	x	x	x	x	x	x	x

Table 2. General skills and competencies of the health courses analyzed.
Source: Elaborated by the authors.

In view of the competencies and skills presented, it is clear that decision-making, communication and multi-professional performance were the competencies common to all health professionals.

A pilot study conducted by Castro, Rowe, Andrade and Cyrino (2017) showed that generalist skills, such as those found in this research, can also be used to train health professionals who meet the health needs of people with disabilities. Kirshner and Curry (2009) were more specific and proposed six essential skills for disability-related training: (1) Framing disability in the context of human diversity throughout life, within the social and cultural environments; (2) Disability assessment training and the real consequence of health conditions; (3) Training for behavioral care when interacting with people with disabilities; (4) Learning about other health professionals, to form integrated teams; (5) Understanding the legal aspects along with the principles of universal design; and (6) Customer-centered care approach, including their perception of quality of life. Some of these competencies corroborate those found in this research. In this sense, it is expected that professionals have sufficient skills and abilities to serve people with disabilities.

To reinforce this training, with a view to the health of people with disabilities, the disciplines and discussions about their health in the Master Plans were also evaluated, and the results are presented in the next category.

3.3 Disciplines offer and discussions related to the health of persons with disabilities in the master plans of health courses

In view of the process of training health professionals supported by the literature, it is important to analyze how these professionals are being trained for the health care of people with disabilities. From this perception, we sought to identify which courses offered Brazilian Sign Language as an optional or compulsory discipline; whether they mentioned, in their bibliographic references, the National Health Policy for Persons with Disabilities (2008, 2010) in its two versions, in addition to disciplines that described, in the course syllabus, the content related to the care provided to people with disabilities. The results are shown in Table 3 below.

Courses	Offer of Brazilian Sign Language	Health Policy Reference
Nursing (U1)	No	No
Nursing (U2)	No	No
Medical course	No	No
Psychology	No	No
Pharmacy	Yes	No
Physiotherapy	No	No
Nutrition	Yes	No
Physical education	Yes	No

Table 3. Analysis of the Master Plans of the courses studied in relation to the offer of Brazilian Sign Language and reference to the National Policy of People with Disabilities in the health courses of the Sub-medium region of São Francisco.
Source: Elaborated by the authors.

In the case of teaching Brazilian Sign Language in the health courses surveyed, 62.5% of the Master Plans do not have Brazilian Sign Language as an optional discipline, and none of them presents it as a compulsory one. This result is contrary to Decree no. 5.626, of December 22, 2005, which establishes that, in teacher training courses for the exercise of teaching, at High School and Higher Education, and, in Speech Therapy courses, sign language must be inserted as a compulsory discipline and, in the other Higher and Professional Education courses, it must be optional.

There is divergence when observing the teaching of Brazilian Sign Language and the proposal of the National Curricular Guidelines, in which one of the competences and skills that must be guaranteed in the training of the health professional is communication. All health courses analyzed, except Physical Education, have, in the National Curricular Guidelines, the following text:

> **Communication**: health professionals must be accessible and must maintain the confidentiality of the information entrusted to them, when interacting with other health professionals and the general public. Communication involves verbal, non-verbal communication as well as reading and writing skills; mastering at least one foreign language and communication and information technologies (Opinion no. 1.133, 2001; Opinion no. 3, 2001; Resolution no. 5, 2001; Resolution no. 4, 2002; Resolution no. 5, 2011; Resolution no. 3, 2014; Resolution no. 6, 2017).

This excerpt shows the importance of communication in the training process of these professionals and intensifies the need to attend, not only to the National Curricular Guidelines, but also to the process of integrality and humanization of care, since the communicative process is one of the main challenges for humanization of health (Deslandes & Mitre, 2009). About this, Dias, Coutinho, Gaspar, Moeller and Mamede (2017), in a study, explained that the difficulty of establishing the doctor-patient relationship generates frustrations and also infrequency of patients to health care services.

It is noted that public institutions of Higher Education are not offering opportunities for teaching Brazilian Sign Language to their students in health courses. This results in a flawed communication process and consequent damage to the health of deaf people. Therefore, this article reinforces the importance of teaching Brazilian Sign Language as a compulsory discipline and not as optional in the curricula of health professionals, corroborating previous studies (Ramos & Almeida, 2017; Souza & Porrozzi, 2017).

As for the teaching of the National Health Care Policy for People with Disabilities, it is evident that there is no concern with the discussion of this theme in health courses, since no course from the researched institutions placed it in the references to be worked with future health professionals. This leads to their lack of knowledge about the specific needs of this population group.

Of the Universities surveyed, only two disciplines were found among all health courses, as shown in Table 4.

Course	Discipline	Courseload	Discipline workload	Modality
Medical course	Introduction to Medicine	7320 hrs	30 hrs	Compulsory
	General and child medicine I		60 hrs	Compulsory
Physical Education	Physical Education for people with special needs	3200 hrs	60 hrs	Compulsory
	Brazilian Sign Language		60 hrs	Optional
Psychology	Psychology and people with disabilities	4045 hrs	60 hrs	Optional
	Brazilian Sign Language		60 hrs	Optional
	Integrative Practices		60 hrs	Compulsory
Pharmacy	Psychology and Human Relations	4800 hrs	30 hrs	Compulsory
Nutrition	Brazilian Sign Language (basic)	3510 hrs	30 hrs	Elective
Nursing (U1)	No discipline	4530 hrs	-	-
Nursing (U2)	No discipline	4100 hrs	-	-
Physiotherapy	No discipline	4000 hrs	-	-

Table 4. Specific disciplines that work with the theme and that describe in the curriculum the health care to the people with disabilities in the health courses of the São Francisco sub-medium region.
Source: Elaborated by the authors.

It is beyond the scope of this research to identify disciplines that diagnose disability or refer to it as a pathology. The objective presented here is the discussion of policies and actions that improve the access of these individuals to health services, that weave discussions, in order to favor the humanization of care, in the social perspective of disability. Of the eight Master Plans analyzed, only 25% brought a specific discipline that discusses the health care of people with disabilities, which are: Psychology and people with disabilities and Physical Education for people with special needs. The others were identified for having content on the health care of people with disabilities within the syllabus to be addressed during the discipline.

When assessing the course load of these disciplines, it is highlighted that the health courses of the studied Universities reserve only 1.1% of their workload, ranging from 30 to 60 hours, for discussion about the health issue of people with disabilities. A study conducted with medical schools in Australia (Trollor et al., 2016) describes that these colleges reserve about 2 hours and 55 minutes of content on intellectual disabilities. The article also emphasizes that only a small number of Universities offer this theme in its compulsory content (Trollor et al., 2016).

This insertion of disciplines/contents has already been discussed since Ordinance no. 1.793, of December 1994, which recommends the inclusion of content related to the "Ethical-political-educational standardization and integration of the person with special needs" in the group's courses of Health Science.

One possibility for discussing health care for people with disabilities in health courses would be to involve the context in a transversal way and/or to include disciplines that focus on health care for people with disabilities. However, these possibilities are also not absorbed by the Universities studied, considering that only one nursing course reports that the theme will be transversally worked. However, in the text of the Master Plan, the failure of the referred transversality is already described: "It is admitted the need to deepen these discussions so that more initiatives are adopted in the modules in order to integrate more and more the nuances of the care for persons with disabilities" (Nursing Master Plan, 2013, p. 128).

This type of transversal discussion is what is desired to happen in all courses; however, a more in-depth study is needed to know how the theme is being inserted and discussed, since, in the analysis of the Master Plan, the content was not found either in the curriculum or in its references, which leaves a gap about what is actually being discussed in the aforementioned course. It should be emphasized that, for the best health care for people with disabilities by professionals in the area, it is necessary to go beyond the sporadic insertion of disciplines, as the theme must be discussed and worked on in the daily lives of professionals being trained.

An example of this was the study conducted by Symons, Morley, McGuigan and Akl (2014) that compared the formation of two groups of medical students: one group, whose course used a longitudinal curriculum for the care of people with disabilities; and another without that specificity. The results show that the longitudinal curriculum led to a significant improvement in several factors related to the comfort and attitude of the students involved in the research, future professionals, towards these people (Symons et al., 2014).

The research done by Sullivan and Mendonca (2017) compared the contact of students of occupational therapy with the person with disabilities through lectures or in fieldwork. The authors concluded that direct contact (fieldwork) significantly improved students' attitudes towards people with disabilities (Sullivan & Mendonca, 2017). Thus, specific practices – such as lectures - may not have the desired effect on changing the paradigm and attitudes of health professionals towards people with disabilities. In this sense, attention is paid to the importance of contact with people with disabilities as a trigger for changes in health care for this public. One of these contacts can be experienced in the curricular internship. However, during the analysis of pedagogical projects, none of the universities studied reserves specific hours within the internship proposals, nor does it describe that this service will be included in the internships already established.

In care service, previous contact causes changes in attitudes. The experience of the internship can reveal the lack of familiarity with the reality of the person with disabilities and the encounter with differences (Araujo, Santos, Rosa, & Gomes, 2014). The internship can reduce the negative aspects, in a way that allows the reduction of previous conceptions that give rise to the stigma and the breaking of a unique social vision and make it possible for the student to see the individual's possibilities and not the misfortunes. It brings, in addition to personal values for human training, incomparable professional resources, with a view of integrality (Araujo et al., 2014).

In this context, the need to rethink the training of health professionals is unquestionable. The need was also highlighted in the first World Report on Disability 2011 (World Health Organization [WHO], 2011), which made it explicit that health professionals

need adequate knowledge and skills on the conditions of comorbidities associated with the subject's disability, as well as how to manage the health care needs of people with disabilities. It focuses on two objectives: meeting the health needs of people with disabilities and understanding that adequate care for these people is a human right. In addition, discriminatory attitudes and implicit misunderstandings are actions that need to be challenged (Shakespeare & Kleine, 2013).

Even so, it is evident that the public universities studied, even with a Master Plan emphasizing the commitment to the formation of a professional committed to the integrality of the health of individuals and the community, do not discuss the health care of people with disabilities and neglect the care to this huge portion of the population. Therefore, it is expected that there will be an update, not only of the Master Plans, with a view to complying with laws and decrees, but that there will be a change of thoughts and attitudes of the academic community, that the discussion will be continuous for the formation of professionals who are, in fact, prepared for health care for the entire population.

4 Conclusion

The Health courses studied do not have specific curricular components in their Master Plans that guarantee integral and universal training when it comes to health care for people with disabilities. In this sense, it is necessary to reformulate the Master Plans in search of an interface of this knowledge and that health professionals know the health demands of people with disabilities, ways of communication and that this knowledge breaks the stigma, in order to generate positive attitudes and, consequently, improve the health of this population.

This study points out that teaching about disability should not be limited to offering isolated disciplines; it is necessary in fact that it is something longitudinal, that is, throughout the course, but that this requirement is also expressed in the Master Plan. It is also noticed that teaching Brazilian Sign Language should be a compulsory component for health professionals, in view of the importance of communication in the health process and in the performance of these professionals.

This research will make it possible for Universities to not only carry out an analysis of the health curricula in use, but also to promote a reflection on changes, enabling integral care and favoring health care for people with disabilities. One of the limitations of this study was not to assess the impact and attitudes that these students have towards people with disabilities, as well as not to evaluate other research and extension activities that may be developed in universities. In view of the small number of studies carried out in Brazil on the theme described, it is necessary that more analysis be carried out and that these researches are accompanied by curricular changes for the effective training of an integral professional.

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