

Evolution and challenges of Public Health in School of Dentistry of Rio de Janeiro State University/UERJ

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ABSTRACT

Many changes occurred in these 50 years of the course of Public Health in the School of Dentistry of Universidade do Estado do Rio de Janeiro (UERJ), not only due to scientific advances but mainly because of the social needs of the population. These changes were guided by the various curriculum reforms of the Dentistry course determined by the Ministry of Education through the years. This study aimed to analyze the historical evolution of public health in the School of Dentistry of UERJ. To this objective, the evolution of public health was compared to the Ministry of Education guidelines and the Public Health Politics, and it was created a timeline correlating the offered courses and the clinical practice activities. Additionally, it was discussed the possibilities to provide teaching with more quality, to enable the egress to address the health of the community adequately. The methodology was a historical description, using the available data to find the articles needed to assess the memory of those who participate of the construction of the knowledge of the Public Health area in the School of Dentistry of UERJ. It was observed that we came from an extremely conservative model, where the technical level was predominant, to a thoughtful model that tries to attend the real population needs. Moreover, nowadays, the Oral Public Health course and other correlated activities performed at the School of Dentistry of UERJ have a relevant space in the educational scenario. The challenges observed are related to the constant follow-up of social changes as well as the population health pattern changes, to offer high-quality teaching, with the development of the needed professional skills to the full and integrated performance of the people and the society in which we live an act.

Keywords: Oral health; Higher education; Education measurement.

Introduction

The School of Dentistry of the Universidade do Estado do Rio de Janeiro (UERJ) was idealized at the beginning of the 1960s by a group of professors who thought that it was necessary to enlarge the Dentistry teaching in the Rio de Janeiro, at that time named Universidade do Estado da Guanabara (UEG).

Some years later, in May 1968, the activities started in the School of Dentistry of UEG, recognized by the Educational State Council in 1971 and by the Ministry of Education in 1972.

At that time, Public Oral Health was given in the last year of the graduation and was named Hygiene, Social and Preventive Dentistry, and Legal Dentistry.¹ Nowadays, this is given in the seventh and eighth periods of graduation.

In these 50 years of Public Health, many changes happened, not only due to scientific advances but mainly because of the social needs of the population. These facts highlighted the necessity of curriculum reforms to adequate the teaching through the years, filling not only the academic knowledge but mainly giving value to the patient's needs, which gradually let it be just a teaching object

The curriculum reforms were guided by the various proposals and guidelines for the high education developed by the Ministry of Education through the years.

This study aims to analyze the historical evolution of public health in the School of Dentistry of UERJ, compar-

ing it to the Ministry of Education guidelines and the Public Health Politics and creating a timeline correlating the offered courses and the clinical practice activities. Additionally, it will be discussed the possibilities to provide teaching with more quality, to enable the egress to address the health of the community adequately.

Material and Methods

The present study is a historical description and does not want to be meta-analytic, but only obtain official material in the form of laws, decrees and administrative rules, and literature related to the Dentistry teaching in the last 50 years.

It was used the available data to find the articles needed and also to assess the memory of those who participate of the construction of the knowledge of the Public Health area in the School of Dentistry of UERJ.

Results

The School of Dentistry of UERJ was created during the validity of the Law 4024 from 20th December 1961. This law provided the Guidelines and Basis of National Education² and advocated that the national education might be "inspired in the principles of freedom and ideals of human solidarity." The aims of this law were:

- a) the comprehension of the human rights, citizen, State, family and other groups that form the community;
- b) the respect to the dignity and the fundamental human

freedom;

c) the reinforcement of the national unity and international solidarity;

d) the integral development of human personality and its participation in the work of common good;

e) subject and society preparation to control the scientific and technological resources that allow to use and to win the difficulties of the environment;

f) the preservation and expansion of the cultural heritage;

g) the conviction of any unequal treatment due to philosophical, political or religious belief as well as any class or racial prejudice.

From this legislation, the Education Federal Council³ (EFC) had the responsibility to choose the minimum curriculum of the courses of high education, which should be completed in every School of Brazil. In the field of Dentistry, the EFC defined that the egress from the Dentistry courses should be a general professional, polyclinical and prepared to attend the community. However, to put this normative into practice, there was just a single course of Hygiene and Preventive Dentistry in the minimum curriculum of the courses of Dentistry, resulting in a workload relationship of 10% to social courses and 90% to technical courses, showing that the Faculties of Dentistry, overall, had a robust technical approach. Thus, despite its efforts, it was not possible to make the student sensible to work in the public health area, and the EFC definition of the student was only theoretical.

Besides the workload of the public health courses used to be reduced and almost theoretical, the few contacts with the patient occurred when there were visits to the community to sporadically campaigns for topical fluoridation. In that time, the model of health campaigns was very prevalent in Brazil.

In 1971, the Dentistry curriculum was redefined. However, according to Fernandes Neto⁴, there were no significant changes concerning the previous year. There was only a reorientation of the basic and professional contents. The course of Hygiene and Preventive Dentistry was renamed to Social and Preventive Dentistry, integrating the professional course. In the School of Dentistry of UERJ, the courses of Social and Preventive Dentistry I and II were created. In the Social and Preventive Dentistry I, it was given the basic content of the systems and politics of health, with no practical activity. In the Social and Preventive Dentistry II, the content of the program comprehended the preventive methodology related to dental caries, where there was a practical content in which the student of graduation performed dental caries surveys and topical application of Fluor in students of schools.

In 1975, the professions of Dental Hygiene Technician and Dental Office Attendant were regulated, being agreed on the workload of the courses and the content of work.⁵

These regulations were possible because of the initiative of a group of professionals that analyzed the situation of the dental attendance in Brazil and compared this to international models of work in public health services with the use of auxiliary professionals.

At a first moment, the conservative dental class feared that the Dental Hygiene Technicians could become a “practical dentist,” due to their expanded functions. Nevertheless, the group of Public Health of the School of Dentistry of UERJ started the studies to offer courses to training these categories of professionals. Thus, UERJ was the first University to offer the courses of auxiliary professionals, and the first class began in 1979. Nowadays, the auxiliary professionals have another designation: Oral Health Technician and Auxiliary in Oral Health, and we continue to offer the course.⁶

In 1980, occurred the Seventh National Conference of Health, where Dentistry was discussed for the first time. The group of debate considered the Dentistry practiced at that time as inefficient, disorientated, with a sparse distribution of human resources, low coverage, high complexity, curative focus, mercantilist, with the Dentist keeping the knowledge to himself with no sharing with the auxiliary professionals and clients and with no preparation in the training of human resources. The focus of the Seventh Conference was to offer the basic services to the population, and the Dentistry analysis showed that the profession was going to the opposite side. Regarding the training of human resources, it was highlighted that “the professionals are trained in disaccord to the real needs of the country, early sent to the specialties, and totally dissociated from the characteristics of the services where they will work. Also, that, in the auxiliary and technical level, insist on the use of the formal mechanism of preparation that has already been overcome by procedures demonstrably more agile and with less cost as the training or preparation in use.”⁷

The results of the Seventh Conference reflected strongly in the Dentistry teaching, creating new thinking on the characteristics of the egress and the national reality.

In 1982, from the Resolution 04/82 of CFE, new guidelines were presented to the Dentistry courses. In the area of public health, it was inserted contents of Social Sciences in the basic courses, with fundamentals of Anthropology, Sociology, and Psychology. In the professional course, the denomination of Social Dentistry persisted, with the recommendation of studies in the social area, dentistry, legal and professional orientation, mixing the contents of various courses. In the description of the egress, it was recommended a robust social content and of attendance to the community with extramural activities.⁸

The School of Dentistry of UERJ follow this new context, and we started new courses, the Social Dentistry I, II and III. The Social Dentistry III was designed for the students



of the period of graduation as an extramural activity. There was a scenario of practice in the UERJ preparatory School, with a clinic with six fixed equipment, available in a hexagonal model. Posteriorly, the School agreed with the Rio de Janeiro City hall, which provided transportation for the students of the graduation course and auxiliary professional course to attend in two public schools in the neighborhood of Ramos and Penha. This experience was not well succeeded because of the constant fails in the transportation and this last only one year.

In the next year, besides the clinic at the preparatory school, the extramural activity also started to be developed in the Municipal School República Argentina, which was beside the School of Dentistry, with no need of transportation for the team. Dentists of the Rio de Janeiro City Hall worked together to the group of UERJ performing procedures of basic care in cosmetic dentistry, Periodontology, Endodontics, and Surgery, with the social focus. The students of the auxiliary professional's course were involved in both scenarios of practice, instrumenting the graduate students of Dentistry.

Initially, the students struggled to use the simplified equipment, which was no conventional, and also to see the patient as an entire human being, and not as a teaching object. Supporting this thought, Rodrigues and Reis⁹ related that students considered the patient as being parts or fragments, and they did not understand the patients' full necessities to solve them, because their training was done through isolated courses wherein each semester it was learned only "part" of the Dentistry as it was a specialty. This observation reinforces the difficulties that we had in the first moment.

The dissatisfaction of professionals and patients with healthcare in Brazil was growing exponentially, which led to the movement named as "Reforma Sanitária" that orientated the creation of Sistema Único de Saúde (SUS), which was based on the guidelines of the Federal Constitution of 1988. Posteriorly, the Health Organic Law was regulated and affected the form as the institutions prepared the human resources to health.¹⁰

Regarding all this dissatisfaction, the School of Dentistry of UERJ started a study to adequate its curriculum to the new times. Thus, the team of public health began to discuss an approximation to the Municipal Secretary of Health and Education, resulting in the creation of the Oral Health Program for the Student, which was an extension of the activities that were done by the students of the eighth period of the graduation course as an extramural activity. In the beginning, it was tried to create a health program for the student. However, the Faculties of Medicine and Nursing did not allow their students to participate. Nevertheless, the Oral Health Program of the Student was able to establish a fixed clinic on the last floor of the school, with all the equipment needed for the complete patient care. The shared work

with the professionals of the municipality of the Rio de Janeiro allowed the attendance of all the community of the Municipal School República Argentina and decreased the prevalence of caries in the students substantially.

At the beginning of 1990s, we introduced another innovation in the teaching of Dentistry in Brazil, named "Internato Rural." The main objective was to offer dental attendance in the countryside. For 30 days, groups of students went to districts of Rio de Janeiro which had an agreement with UERJ. The districts provided housing and feeding to the students, who, in counterpart, provided attendance in the health units under the supervision of a Professor of the Dentistry School. Unfortunately, the project had not a long duration due to logistic issues of the city hall districts.

In 1996, through the Law 9394 of 20th December, the National Congress approved, and the President of Republic signed, a new Law of Guidelines and Basis (LGB) of National Education, which substituted the previous one. This Law stated that "the education, which is a duty of the family and the State, inspired in the principles of freedom and the ideals of human solidarity, has the objective of the total development of the student, his preparation to practice the citizenship and the qualification to work."¹¹

In 1998, after many discussions, the School of Dentistry of UERJ used the LGB from that time, which proposed a change in the teaching approach, to begin a new curriculum, and changed the current form of credits to the old seriated form to improve the quality of teaching. This change affected the public health course, which finally changed the name of Social Dentistry to Oral Public Health, and continued the search for new scenarios of practice, intensifying the negotiations to an effective act of the students in the units of the health of the municipality of Rio de Janeiro.

While this was not materialized, it was opened a possibility of multi-professional acting in Piquet Carneiro Polyclinic, which was part of UERJ, where, as the name suggests, we can find attendance in various areas of health. There, initially, part of the students of the eighth period of the course of Oral Public Health III started to treat adults and children patients. However, this new curriculum did not bring a social sensitization to the student, as highlighted by Pierantoni¹², when stated that "still there is a predominance of projects of training based in the scientific knowledge, with a curriculum that does not address the real problems. Additionally, when there is a thinking in the curriculum reform, it can be observed resistance to what is new, to what is different, indicating a necessity that the Universities adopt alternatives of knowledge organization, without addressing only the domain of the own knowledge, but to the existent demands."

Based on the LGB of 1996, the Ministry of Education started to work with specific questions of training of each

professional category with the advent of National Curriculum Guidelines (NCG's). Such changes are confirmed by Secco and Pereira¹³ that inform that the LDB/96 allowed the introduction of changes in the training of future professionals that contributed to effective thinking of the humanization of health and the real needs of the population health and not only to the logic of the market, what is very usual in Dentist training.

In the 4th March 2002, it was signed the Resolution that establishes the National Curriculum Guidelines to the Graduation Course in Dentistry, which guided the new curriculum reform of the School of Dentistry of UERJ. Part of the text made clear that "the Course of Graduation in Dentistry has as characteristics of the egress/professional the Dentist, with general training, humanistic, critical and thoughtful, to act in all the levels of healthcare, with the basis in the technical and scientific discipline. Trained to the exercise of activities related to the oral health of the population, based on ethical and legal principles, and in the comprehension of the social, cultural and economic reality of its environment, guiding its attention to the transformation of the reality to benefit society." Besides this, there is a focus in the Public Health because it clarifies the necessity of knowledge in planning, administration, and managing of health systems, as well as the using of Health Units of Municipality as a practice place.¹⁴

Since the NCG's to Dentistry graduation, it was clear that there was a necessity of readjustment of the curriculum offered by UERJ. Thus, it was started discussions on the creation of a new curriculum that could attend what was indicated. The School of Dentistry intensified the negotiation with the Municipal Secretary of Health of the Rio de Janeiro with the intention of enabling the participation of the students in the Health Units. At the same time, the first interventions of the Ministry of Health took place in the sector of training of human resources to the health, that later became the Pró-Saúde.

Pró-Saúde was then launched formally in 2005. It was a joint effort of the Ministry of Health and the Ministry of Education with the support of the Pan-American Organization of Health. Pró-Saúde aimed to provide answers to the various difficulties that the healthcare Faculties were facing to implement NCG's. The program provided financial and technical support for the institutions to redirect the teaching in healthcare. With this objective, it was launched a public notice for the institutions which want to participate in the Program of Reorientation of Professional Training. The general aim of the program was to integrate teaching and service, redirecting professional training with the integral approach of the process of health-disease with the focus in the basic care, promoting transformations in the process of generation of knowledge, teaching

and learning, and delivery of services to the population.

Among the objectives of the program, it was highlighted:

- the reorientation of the training of professionals of health to offer to society professionals capable of reply to the necessities of the Brazilian population and the work in SUS;
- to create mechanisms of cooperation between the managers of SUS and schools, aiming the improvement of the quality of care provided to the citizen, the integration of public services of health to the health professionals training in graduation and permanent education;
- to incorporate, during the healthcare training, the integral approach of the process health-disease, health promotion and the systems of referral and referral back;
- to expand the duration of the educational practice in the services of basic public healthcare, including the integration of the clinical services of the academy in the context of SUS.¹⁵

At the end of 2005, the Ministry of Health accepted the purpose of Pró-Saúde recommended by the School of Dentistry of UERJ. Then, in 2006, it was agreed with the School of Dentistry, Nursing, and Medical Sciences. In this same year, which was an intense year in the School of Dentistry, it was created the Commission of Curriculum Reform with the signature of the first agreement letter Pró-Saúde/Dentistry. The Oral Public Health team participated intensely in all the process, considering that the main guideline was the public health.

The three phases of Pró-Saúde were from 2006 until 2012. The pilot project aiming at the inclusion of the students of graduation in the municipality healthcare net (AP 2.2) started in the first semester of 2007. In the second semester, the students of the second, third, and eighth periods were included formally in the public net. The Table 1 shows the participation of Oral Public Health courses during the period of Pró-Saúde and Table 2 shows the public service where the appointments took place with the target audience and the procedures offered during the validity of Pró-Saúde.

Table 1. Participation of Oral Public Health courses during the validity of Pró-Saúde

Course	Place of action	Student body workload
Oral Public Health I (2nd period)	Escola Municipal República Argentina Net - PPC	30 hours
Oral Public Health II (3rd period)	Public service	60 hours
Oral Public Health III (8th period)	Public service	150 hours

Table 2. Public service where the appointments took place with the target audience and the procedures offered during the validity of Pró-Saúde

Public service	Target audience	Procedures offered
PAM Helio Pellegrino CMS Heitor Beltrão	Adults, children, older people	Health and clinic education
Municipal Hospital Jesus	Children until 12 years-old/patients with special needs	Health education, waiting room, hospital bed
IOC e CEO	Including patients with special needs	Observation

Analyzing the difficulties to implement Pró-Saúde in UERJ, PEREIRA explained that UERJ and SMS managers agreed that the late payment was the most critical factor, affecting the expected results negatively. Because of this, the Ministry of Health promoted some changes in the politics of pay to facilitate the program's implementation. However, the author also highlighted advancements as various discussion forums between University lectures, student body, and municipal managers, including a weekend class in 2010 to deep learning in the discussion on the new curriculum. Moreover, the author considered that "Pró-saúde played a role as a fomenter of the curricular changes, providing to school the addition of allocative resources through financial incentives and inclusion of new rules and patterns of professional training recommended by the Ministry of Health in partnership with the Ministry of Education."¹⁶

In 2011, the new Politic Pedagogic Project of the School of Dentistry of UERJ was approved in Department Council, in agreement with NCG's and Pró-Saúde. In 2012, it was initiated the bureaucratic formalities with the rectory to the implementation of the new curriculum. Finally, in 2015, after many adjustments and corrections, the first class began the course with the new curriculum. This curriculum covered a considerable area of Public Health, as follows:

- First period- Social Sciences and Oral Public Health I;
- Second period- Oral Public Health II;
- Third period- Psychology applied to Dentistry and Oral Public Health III;
- Fourth period- Ethics and Bioethics, and Research Methodology;
- Sixth period- Oral Public Health IV;
- Seventh period- Oral Public Health V;
- Eighth period- Legal Dentistry and Professional Orientation, and Oral Public Health VI.

This new curriculum shows the evolution of the public health in Dentistry, where, finally, we have a considerable number of courses as:

- the social and citizenship training (Social Sciences and Psychology applied to Dentistry);
- the scientific research training (Methodology of Re-

search applied to Dentistry and Bioethics);

- the Dentistry legislation training (Ethics, Legal Dentistry, and Professional Orientation);
- the training to act in the health systems (Oral Public Health).

The scenario of practice and the activities developed by the students begin in the first period, with the development of educational work. This work is based on scientific evidence in which the information about oral diseases are transmitted, as well as the preventive measures and focus in procedures of self-administration as diet control, and control of the microbe environment of the mouththrough the regular and daily hygiene as recommended by Medeiros.¹⁷

In the second period, the focus of the clinical practice is directed to Epidemiology, where the students are training their capacity of diagnoses based on indicators recommended by the World Health Organization. In this phase of their training, there is the first teaching that the planning of health services should be based on well-structured epidemiological and social diagnoses.¹⁸

In the third period, the clinical activity evolves to more effective intervention with the application of the knowledge of biosafety, clinical diagnoses of oral health and basic interventions of professional prophylaxis and topical use of fluorides.

In the sixth period, the clinical activity is expanded and comprehends, besides the previous ones, the application of basic care in oral health with interventions, principally, to the control of carious lesions, and periodontal disease as preparation to work in the municipality basic units of health.

In the seventh and eighth periods, the students have two scenarios of practice: The Polyclinic Piquet Carneiro of UERJ, and the basic units of the health of the Municipal City Hall of Rio de Janeiro.

The Polyclinic Piquet Carneiro was an old post of São Francisco Xavier Medical Assistance, which owned to the National Institute of Social Pension. The policlinic was given to UERJ after a well-succeeded five years partnership and became a relevant scenario of practice for some courses of graduation (as the Oral Public Health), post-graduation, extension projects and technical courses (Oral Health Technician, coordinated by the Oral Public Health team) of the School of Dentistry of UERJ. Importantly, the sector of Dentistry of Polyclinic Piquet Carneiro (PPC) acts in the level of basic care and medium complexity through the courses above mentioned, with the contribution of Dentists of the Ministry of Health.

The students of Oral Public Health of the old curriculum (which will finish in 2018), and the students of the new curriculum (which began in 2015), work in clinical practice (8th period) and Health Education (3rd period), using the Polyclinic Piquet Carneiro as the practice scenario.

The scheduled patients to the dentistry sector are those that already have records and are in treatment in any medical clinic of the policlinic or the Pedro Ernesto University Hospital. This service works using prioritization appointments conducted by lectures of the course of Oral Public Health and today is done by a professional of the Ministry of Health, according to our capacity, once the reception still is in the discussion. The return (maintenance) will be decided by the professional and scheduled according to the risk of each.

The students perform educational activities of oral health with patients of the clinics of nephrology, gynecology, Ophthalmology, vascular surgery, medical clinic, clinic of teenagers, man's health, hypertension, endocrinology, rheumatology, craniofacial anomalies, and plastic surgery, interacting not only with patients but also with professionals. The clinical activities focus on basic care, including the procedures of cosmetic dentistry, periodontology, and surgery.

The estimative of the number of appointments depends on the number of students present in each class, as well as the necessities of each to finish the treatment. In a survey from 2009 to 2015, we could see an annual average of 3.986 procedures performed by the students of Oral Public Health, as we can see in Figure 1.

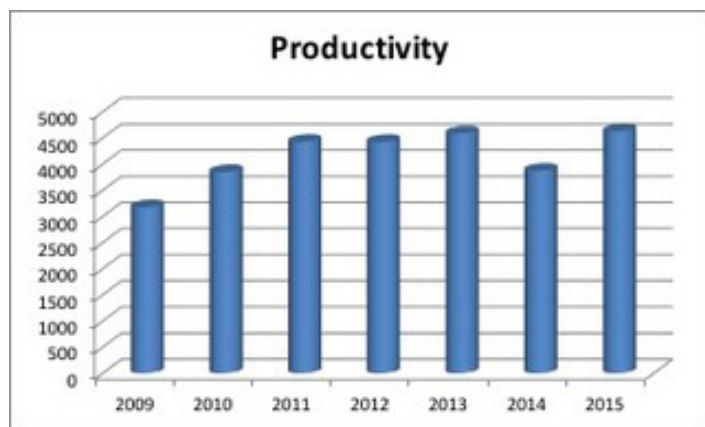


Figure 1. Graph is showing the productivity of students of Public Oral Health of UERJ from 2009 to 2015

We are always looking for the improvement of this productivity. However, we are working in a health unit that has the characteristics of assistance and teaching. Thus, we need to prioritize the assistance to the community as well as to the teaching of the students of the School of Dentistry of UERJ. As a result, our services focus on the quality of actions by being a field of training of human resources of health.

In the basic units of the health of Municipal City Hall of Rio de Janeiro, the students in their last year develop individual and collective actions in the clinic, in the unit and the territory, approaching the student to the reality of SUS. The basic units of Rio de Janeiro present characteristics of attendance in consonance with the Strategy of Health of the

Family (SHF) and are located in the region of Coordination of Primary Care in Health in the Area of Planning 2.2 (CAP 2.2).

The interventions follow the logic of promotion of health, developing educational activities, clinical procedures of dental urgencies, basic healthcare actions, collective actions in the unit of health and territory, reception, actions in the health of the student program, participation in health campaigns. The students are included in the system, accompanied by a preceptor of service and by the supervision of the lecturer of the School of Dentistry of UERJ.

Besides these activities, the Oral Public Health team (Table 3) has direct participation in other activities that aim the improvement of teaching. One of them is the Distance learning course.

Table 3. Oral Public Health team in 2018

Role	Name
General Coordinator	Urubatan Medeiros
Coordinator of SBC I	Celso Queiróz
Coordinator of SBC II	Andrea Lanzillotti
Coordinator of SBC III	Urubatan Medeiros
Coordinator of SBC IV	Renata Rocha
Coordinator of SBC V	Katlin Maia
Coordinator of SBC VI	Katlin Maia e Luciana Bastos
Coordinator of Ethics and Bioethics	Rafaela Andrade
Coordinator of Scientific Methodology	Rhita Almeida
Coordinator of Social Sciences	Celso Queiroz
Coordinator of Applied Psychology	Luciana Bastos
Coordinator of Legal Dentistry and Professional Orientation	Rafaela Andrade
Coordinator of the Public Health Clinic of Escola Argentina	Urubatan Medeiros
Coordinator of Teledentistry	Coordinator of the course Maria Isabel de Souza
Coordinator of UNASUS/ Dentistry	Marcia Rendeiro
Coordinator of the Technical course	Maria Isabel de Souza
Oral Health Technician	Maria Rita dos Santos

The approach of teaching through distance learning requires the presence of a professor in the elaboration of institutional materials as well as the planning of other strategies. This model permits a unique interaction between professors and students, which are in a classroom without walls, timeless, and that shred distances, where the contacts and information can be mediated for the new process (emails, chats, forums). Importantly, there is not only the approaching of the professor to the student reality in his extramural activ-

ities but also of the preceptors that help these students in the public net and that need a space to share contents.

This approach must be oriented for an academic leader, who operationalize his view in this direction, defining his goals and objectives, which should be worked pedagogically, with the concretization of a proper politic of the pedagogic and academic organization. The purpose is based on the necessity of articulation of theoretical orientation with the practical activities in the different levels of teaching (graduation, post-graduation, and extension), with the participation of the possible number of different areas.

In 2014, based on an innovative purpose for Dentistry, the Núcleo of Teleodontologia of the School of Dentistry of UERJ was created, with the coordination of the course of Oral Public Health. This project was contemplated with funds from Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro (FAPERJ). In the beginning, the primary activity was the purpose of a platform development (free software Joomla) to computers, using different technological tools of information technology in the learning process for graduation and post-graduation students of Dentistry. Nowadays, besides the integration of teaching, research and extension of the own Academic Unit, Teledentistry also participate in other activities of departments of UERJ. With a new mission of teaching in the area of Dentistry, the project looked for new paths that could help to think the education in its broad conception again. For this, there was the recommendation of actions directed at the transformation of the current educational system, leading to a process more opened and flexible, where the students and professors can be the mentors of the educative process.

Another activity with the direct participation of the team of Oral Public Health is the National Program Telessaúde Brazil and the Open University of SUS (UnA-SUS), both using the technologies of distance learning.

The Ministry of Health purpose the creation of the Pilot Project of Telessaúde, structured in nine states, through the decree 35 from 4th January 2007. One of the centers was the Rio de Janeiro State, with the objective of support to the teams of Family Health, using the Technologies of Information and Communication to develop an educational and assistance process by distance (Teleducação, and Telediagnóstico).¹⁹

In 2011, through the decree 2.546²⁰, the program was renamed to “Programa Nacional de Telessaúde Brasil Redes,” expanding its scope to consolidate the nets of healthcare. Nowadays, the Program is working in 22 states, bringing together around 6.000 points of Telessaúde, installed in Basic Units of Health (BUH) of 2.600 municipalities and 50.000 professionals of teams of basic care/health of the family with the possibility of access to the services of Telessaúde.²¹

Initially, the project integrated the areas of Medicine

of Family, Dentistry, and Nursing. Next, other areas were incorporated as Physiotherapy, Nutrition, Geriatrics, and Management. The Public Health assumed the responsibility of Dentistry actions in Telessaúde Brasil Redes, offering opportunities in Teleducação e Teleassistância, with the production of courses, conferences, presentations, synchronous and asynchronous. Besides these, we performed the Teleconsultory with the opportunity of discussion of cases and clinical doubts of professionals, who act in the basic care with the University lectures of Public Health.

The open University of SUS (UNA-SUS), generate the Program UNA-SUS/UERJ, begins with inducing politics to the training and permanent education of human resources in the health area.

UERJ was invited because of its history and pioneering in various initiatives in the educational and health area, its expertise in distance learning, in Residence courses, specialization and management in health of the family, participation in Pró-Saúde, Telessaúde, besides the manifested interest in the project of the Rio de Janeiro State Secretary of Health.

The School of Dentistry was invited to be part of the Program through the Oral Public Health, with the participation of its lecturers as follows:

- to manage the Program, management of Courses, and production of contents;
- to offer various courses of specialization and extension as the Course of Specialization in the Health of the Family in EaD model, to Rio de Janeiro and Espírito Santo, Course of Specialization in the Health of the family to PROVAB and MAIS MÉDICOS;
- to offer self-learning courses to Priority Politics as LGBT population, Man’s Health, Nutritional Health, Hearing care, and Cardiovascular Risk.

The Program UNA-SUS/UERJ trained, until now, 4.193 healthcare professionals, of which 645 are Dentists in the Courses of Specialization in the Health of the Family. The Self-learning Courses trained 41.245 healthcare professionals.

Discussion

From all that was reported in this study, we can describe a timeline that shows the evolution as well as the future challenges of the Oral Public Health in the School of Dentistry of UERJ in these 50 years. We can observe its evolution and future challenges. We came from an extremely conservative model, where the technical level was predominant, to a thoughtful model that try to attend the real population needs. Based in a military speech of modernization of the country in the 1960s, MOREIRA highlighted that this technician model guided the educational purposes of that time persisted for many years with the focus on the professional training instead of the population needs.²²

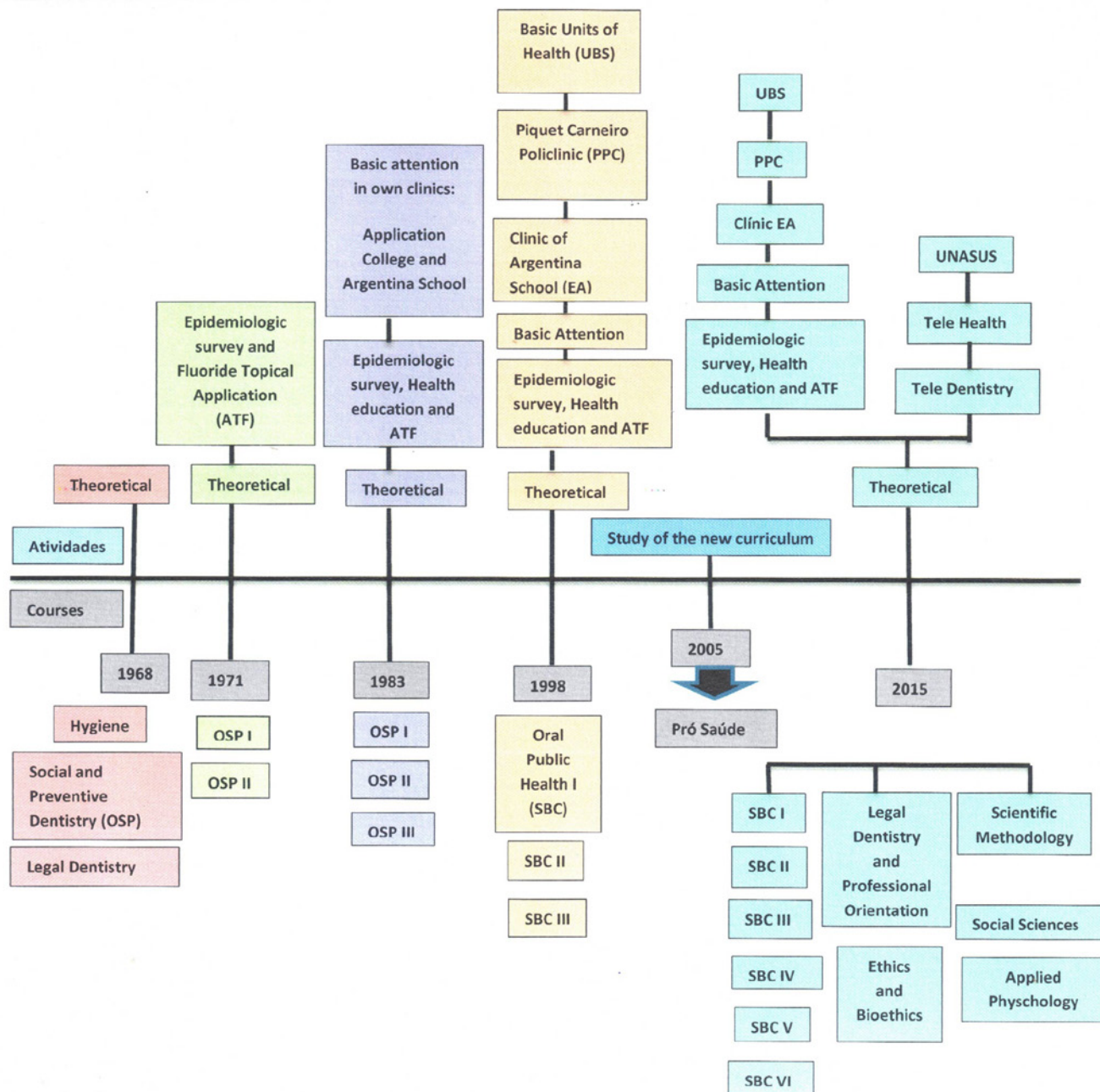


Figure 2. Timeline is showing the evolution of Oral Public Health between 1968 and 2015

The paradigms of Dentist professional training were changing throughout the years, following the social changes and the discussions from the most representative forums of health in Brazil. Regarding this, FERRARI, ARAUJO, and DIAS²³ consider that the form used nowadays to define a curriculum was not determined separately, but it was the result of a historical process that considers various hues in its composition. They observe that the teaching deficiencies cannot be attributed to the current legislation, which contemplates the fusion between teaching and service, but to the paternalist form delivered to the student, almost always

not stimulating the research, but only permitting the student to learn what is transmitted by the professor.

Finally, we could observe an exponential evolution of Oral Public Health at UERJ from 1968 until nowadays. We started with three courses with no clinical practices activities in 1971, going to 11 courses and 25 clinical practices activities in 2015. These results showed an increase of 267% in the number of courses and 734% of clinical practices activities offered by Oral Public Health from 1968 until 2018, highlighting the changes in the training of dentists with more care to the population needs and the public service.



Conclusion

Regarding our initial considerations, the purpose of the study and the available literature, we can conclude that the Oral Public Health started its trajectory in UERJ with extreme low valuation because of the technician teaching system existing at that time, with reduced or no focus in the population care. Besides this, the Conferences and other representative forums indicated the necessity of change in the professional profile of Dentistry, what was followed in the various curriculums implemented through the time.

In addition to this, we started with two courses in the Public Health area in 1968 going to 11 courses and other correlated activities as the areas of technical training, teledentistry the effective iteration with the sector of public services, and the participation in UNASUS. As a result, the challenges that we can see are the constant follow-up of the social changes and in the health profile of the population, to allow us to offer to teach with quality to training a professional with an integral and integrated view of the patients' needs.

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