

Faculty Development and Medical Education in Brazil: meanings, contradictions and reverberations of the Bologna Process¹

*Desenvolvimento Profissional Docente e Educação Médica no Brasil:
acepções, contradições e reverberações do Processo de Bolonha*

*Desarrollo profesional docente y educación médica en Brasil:
significados, contradicciones y reverberaciones del Proceso de Bolonia*

Patrícia de Sousa Oliveira²
Federal University of Catalão

Vanessa T. Bueno Campos³
Federal University of Uberlândia

Abstract: This article results of doctoral research carried out in a partnership between Brazilian and Italian public universities and aims to expand the discussion on the reverberations of the Bologna process (PB) in Brazilian medical education, especially regarding the didactic-pedagogical aspects that directly impact the teaching activity in the teaching and learning process and its relationship with faculty development. Established to meet the modernization needs of European higher education, PB aligns itself with the interests of capital and neoliberal ideology, investing in the design of professional training for skills, oriented to the demands of the labor market. This education model has emptied the social, cultural, value, and political dimensions related to training and teaching. Despite this, a new paradigm of teaching and learning and university teaching has emerged, anchored in more active forms of knowledge construction. To meet new demands, it is essential to promote teaching learning in genuine institutional spaces for faculty development.

Keywords: Bologna process; University teaching; Faculty development; Medical Education.

Resumo: Este artigo, oriundo de uma pesquisa de doutorado realizada a partir de uma parceria entre universidades públicas brasileira e italiana, tem como objetivo ampliar a discussão sobre as acepções, contradições e reverberações do processo de Bolonha (PB) na educação médica brasileira, especialmente quanto aos aspectos didático-pedagógicos que influenciam a atividade docente no processo de ensino-aprendizagem, e sua relação com o desenvolvimento profissional docente. Instituído para atender as necessidades de modernização da educação superior europeia, o PB se alinha aos interesses do capital e da ideologia neoliberal, investindo na concepção de formação profissional para competências, orientadas para as demandas do mercado de trabalho. Esse modelo de educação tem esvaziado as dimensões sociais, culturais, valorativas e políticas relativas à formação e ao ensino. Apesar disso, tem ascendido um novo paradigma de ensino-aprendizagem e de docência universitária, ancorados em formas mais ativas de construção do conhecimento. Para atender às novas exigências, torna-se imprescindível a promoção da aprendizagem da docência em espaços institucionais genuínos de desenvolvimento profissional docente.

Palavras-chave: Processo de Bolonha; Docência universitária; Desenvolvimento profissional docente; Educação Médica.

¹ Translator: Lisi Damaris Pereira Alvarenga, Recife, Brasil. E-mail: traducaociencia@gmail.com.

² PhD in Education from Federal University of Uberlândia (UFU). Pedagogue at Federal University of Catalão (UFCAT), Catalão, Goiás, (GO) Brasil. E-mail: patissoli@gmail.com; Lattes: <http://lattes.cnpq.br/4751421318243623>; ORCID: <https://orcid.org/0000-0001-6569-1031>.

³ Post doctorate in Education from University of São Paulo (USP). Associate professor at Federal University of Uberlândia (UFU). Uberlândia, Minas Gerais, (MG) Brasil. E-mail: ybcampos@ufu.br; Lattes: <http://lattes.cnpq.br/3108076655490154>; ORCID: <https://orcid.org/0000-0002-5542-0980>.

Resumen: Este artículo surgido de una investigación de doctorado realizada en colaboración entre universidades públicas brasileña e italiana tiene como objetivo ampliar la discusión sobre las reverberaciones del proceso de Bolonia (PB) en la educación médica brasileña, especialmente en lo que respecta a los aspectos didáctico-pedagógicos que impactan directamente la actividad docente en el proceso de enseñanza y aprendizaje, y su relación con el desarrollo profesional docente. Establecido para satisfacer las necesidades de modernización de la educación superior europea, el PB se alinea con los intereses del capital y la ideología neoliberal, invirtiendo en el diseño de una formación profesional para habilidades, orientada a las demandas del mercado laboral. Este modelo educativo ha vaciado las dimensiones sociales, culturales, valorativas y políticas relacionadas con la formación y la enseñanza. Pese a ello, ha surgido un nuevo paradigma de enseñanza y aprendizaje y de enseñanza universitaria, anclado en formas más activas de construcción del conocimiento. Para atender las nuevas demandas, es fundamental promover la enseñanza aprendizaje en espacios institucionales genuinos para el desarrollo profesional docente.

Palabras clave: Proceso de Bolonia; Docencia universitaria; Desarrollo profesional docente; Educación Médica.

Received on: August 8, 2024

Accepted on: November 21, 2024

Introduction

The Bologna Process (BP) consists of a regional treaty followed by subsequent conventions aimed at analyzing the challenges faced and giving directions for university education in Europe. Although the BP originated under the auspices of the European Union and has a direct impact on the educational systems of the member countries of this union, its meanings, contradictions and repercussions reach universities worldwide.

With the aim of modernizing the educational system and competing satisfactorily with international markets, especially that of the United States, the BP began to guide the paths of the reform of European higher education, transforming the financing, management, evaluation, structural organization and curricula models of universities. Such changes have affected the paradigms of the teaching and learning process and the university teaching career, since the new university model is based on professional training for the development of skills required by the job market.

In the field of Medical Education, the BP has influenced several dimensions related to the professional training of physicians in undergraduate medical courses, such as the organization of the curriculum, teaching and learning methodologies, teaching performance and student assessment.

In this context, new knowledge sets are required from teachers for them to be able to implement the changes imposed by the reform of the system. Thus, although there is criticism about the capitalist nature of the Bologna reform, the questioning of the traditional teaching model and the proposal of more active forms of learning have culminated in important movements towards the construction of a new medical teaching.

Based on these initial considerations, we organized the text into sections that begin with the analysis of the impact of the BP on the Brazilian Medical Education, especially regarding the didactic-pedagogical aspects that influence the teaching activity in the teaching and learning process and are oriented towards a critical reflection on the learning of specific sets of knowledge inherent to the teaching profession. Finally, we advocate that the learning of the teaching profession must be a requirement in order for the transformations intended by the reform or even the questioning such transformations to be made possible in the contexts in which teachers work.

A bibliographical research with a qualitative approach we performed supports our analysis and critical reflections. Based on the dialogue with theoretical references, we constructed our article hoping to contribute to broadening the discussion on the repercussions of the BP in Medical Education and its relationship with the professional development of teachers. Understanding the context in which the BP was established and the ideological bases that support its educational project is essential to implement the changes we need in the scenarios that are presented and to develop forms of resistance to the dominance of market interests, with the aim of promoting quality Medical Education committed to promoting the autonomy of individuals and transforming society.

From Europe to Brazil: the Bologna Process and the new teaching paradigm

With the end of the Cold War and the collapse of socialism in Eastern Europe and the former Soviet Union, the United States reaffirmed its political and military dominance worldwide, capitalism was consolidated as the hegemonic mode of production, and the neoliberal ideology began to increasingly exert ideological control over society. Technological advances facilitated the flow of information, goods, lifestyles, patterns of behavior and consumption, giving rise to the process known as globalization. During the 1980s and 1990s, this scenario led to increased competition among national markets (Setti, 2002).

In search of new forms of organization that could boost the economic development and the chances of surviving and standing out on the international scene, a movement of economic

association among neighboring countries started to take place. The European Union, created in 1992, is an organization of democratic countries that delegate part of their sovereignty to institutions common to the member states in order to unite their economic, political and social interests and achieve greater prosperity (Garcia, 2007). Political cooperation was the starting point that preceded the development of industries linked to new information technologies and the “reform in the spheres of professional training and production of knowledge and technological development” (Dias Sobrinho, 2007, p. 111).

Thus, with the Sorbonne Declaration in 1998, European integration in the field of Higher Education began and in 1999, 29 European states signed the Bologna Declaration (and its subsequent activities – the Bologna Process). With a view to creating a highly integrated and competitive European Higher Education Area (EHEA), the BP started a movement of convergence in the field of higher education. The goal was to apply the same guidelines and rules to educational systems so that internal competition would operate according to common and comparable criteria (Lima, Azevedo and Catani, 2008). Curricular structures, certification and evaluation systems are examples of dimensions directed and governed by these criteria (Xavier and Leite, 2023).

According to Almeida (2012, p. 132), “the regulatory mechanisms of the EHEA seek to provide the development and retention of ‘human capital’ in accordance with the dictates of the neoliberal economy”. There is therefore a need to adapt the curricula to the demands and characteristics of the labor market (Dias Sobrinho, 2007).

Higher education, from this perspective, is increasingly moving away from the ideal of critical, cultural and omnilateral training and closer to aspects such as productivity, excellence, competitiveness and the use of quantitative performance indicators, thus prioritizing the qualification of professionals tailored to the market and the supply of goods to be acquired, according to the capacity and merit of each one (Ferreira, 2010).

Mello and Dias (2011, p. 416) emphasize that for many, the BP represents “just an alibi to put into action the reforms that are not compatible with their own announced objectives”, such as the privatization of Higher Education and the prioritization of interests of the market. The main argument, in this sense, is based on the influence of policies recommended by the European Union, the World Bank and the Organization for Economic Cooperation and Development (OECD), organizations that are in tune with the interests of multinationals and financial capital and in favor of the definitive classification of higher education within the parameters of the General Agreement on Trade in Services.

No longer required to be maintained by the state and oriented towards meeting external quality criteria, according to Mello and Dias (2011, p. 420), the university must now

demonstrate “administrative competence and academic efficiency” in order to stand out in the free competition scenario and compete with other institutions with the same interests and purposes, relegating its social objectives to the background.

Almeida, Fávero and Tonieto (2015) stress this loss of the intellectual-cultural-social function of the university, which now assumes a more functionalist and entrepreneurial character, governed by commercial criteria and subjected to corporate control of the knowledge generated by academic science. Ferreira (2010) also highlights this change in the historical identity of the university, in which Higher Education is no longer a reference of public good and social rights but rather institution of an economic nature that, based on the discourse of guaranteeing employability, usability, flexibility, entrepreneurship and innovation, emphasizes pragmatism, competition and privatization.

Although the BP was designed and directed at the signatory countries, the influences of the Bologna reform have reached countries on all continents of the globe. Despite being the target of specific actions recommending educational reforms by multilateral organizations, such as the Regional Education Project for Latin America and the Caribbean (PRELAC) and the conferences of the Organization of American States (OAS), Latin America has been influenced by international actions such as the education projects for the 21st century by UNESCO and the World Bank (Shiroma, 2011), as well as transnational actions, such as the Bologna Declaration.

According to Mello and Dias (2011), Europe has historically had a significant influence on Latin America, especially because Europe represents a force of resistance to the sovereignty of the US. Based on this, the authors state that using this reference without the necessary criticism leads to the assimilation and reproduction of standards and guidelines that are not always appropriate to the Latin American context.

In an analysis of the Brazilian university reform (1995-2008) in parallel with the BP (1999-2008), Ferreira (2010) noted the existence of this transnational regulatory movement of Higher Education governed by the process of globalization and restructuring of capitalism, which aims to overcome national instances. He observed that, despite having different natures, the reforms that have been taking place in Brazilian and European universities are based on the same discourse of inefficiency and tend to aim towards the same function in society.

In Latin America, and particularly in Brazil, reforms in educational policies are anchored in the scope of social public policies, forged in a complex social process marked by external influences such as those of multilateral organizations, but also by the resistance and contradictions that emanate from the various groups and sectors of society (Shiroma, 2011).

Taking into account the due convergences and divergences, Iacobucci (2012) highlights what he considers to be the most remarkable aspect of the reform: the change in the teaching/learning process oriented towards the development of skills, meeting the new needs of the labor market and lifelong learning. According to the author, several Brazilian guidelines, produced within the scope of public educational policies, have followed this perspective.

Didactic-pedagogical dimensions and teaching in the Bologna Process

Based on the discourse about the need for professionals prepared to meet the demands and expectations of the labor market, one of the fronts defended by the reform seeks homogeneity regarding “the skills to be acquired, the content to be taught, the duration and types of courses to be offered as an important criterion for the free movement of professionals in the European space” (Dias Sobrinho, 2007, p. 116).

Based on the concept of competence as “the ability to face a family of analogous situations, mobilizing multiple cognitive resources in a correct, rapid, pertinent and creative way” (Perrenoud and Gather Thurler, 2002, p. 19), many authors defend the pedagogy of competences as a solution to the problems related to the training of professionals capable of meeting new social needs. For many authors, however, this model undermines the dimensions of human development and social transformation, intrinsic to the primary role of universities, by prioritizing meeting the interests of the market. For Araújo, Silva and Durães (2018, p. 16), this ideal of education aims at a type of utilitarian knowledge that subordinates learning to the demands of capital, transferring to the individual “the responsibility for his/her employability, conditioned to the development of general and specific skills translated into the most diverse qualifications”.

Speaking about the focus on meeting market demands, Rios (2002, p. 83) states that “it is not bad, in principle, to take a demand into account – after all, it is always necessary to consider the context in which professional training and practice are developed”. However, he calls attention to the risk of confusing the immediate demand, of production of labor force, with the social demand that expresses the concrete needs of society. When acknowledging that competence also refers to the theory and practice of doing something, Pimenta (2002, p. 42) talks about the importance of valuing knowledge in action, as long as, what is being done has a “vision of totality; a broad awareness of the roots, developments and implications of what is done beyond the situation; of the origins; of the whys and wherefores”.

According to Ramos (2001), the pedagogy of competencies subjects the dimension of cognition to action and, by highlighting the relationship between learning and the situations in which this learning will be useful, teaching methods begin to require priority attention in the teaching and learning process. Monteiro, Leite and Souza (2018) agree with this idea when they state that, in order to put the new teaching model into practice, the identification of competencies and the development of methodologies appropriate for their implementation have become challenges to be overcome by higher education institutions (HEIs).

Therefore, despite criticism, the new education model has made it possible to think about a new paradigm of education in which knowledge is as important as know-how, in which practice is a reference for the construction of knowledge in relation to theory, and which requires a movement of renewal of the pedagogical practices traditionally developed by teachers and institutions. The exercise of teaching and learning is now guided by a logic that aims to bring the students to the center of the teaching and learning process, stimulating their protagonism, their analytical, critical and reflective capacity, consequently developing their autonomy in the search and theoretical investigation of debated topics.

Based on the studies of Dewey (1959) and Schön (2000), the BP proposed a true paradigm shift in teaching and learning, from a passive model based on the acquisition of knowledge to a more active model based on the development of skills, with a focus on the experimental component (Monteiro, Leite and Souza, 2018).

The linear curriculum, referenced in cumulative content, gives way to the strategic curriculum, guided by learning skills for problem-solving (Pereira, 2011). This new curriculum concept required the reorganization of courses, the reconfiguration of teaching and learning processes, the contextualization of content and the development of educational projects that “imply new conditions for teaching capable of overcoming teaching practices focused solely on the content to be taught and memorized” (Leite and Ramos, 2014).

Xavier and Leite (2023) conducted a study in which they analyzed the pedagogical directions of the post-Bologna Process, mapping from the ministerial meetings that were at the origin of the Treaty to the subsequent conventions that produced new documents and recommendations. The authors identified 22 categories or pedagogical directions among the 14 documents that made up the process until 2020. The directions identified were: adequacy of study conditions in learning environments; adoption of pedagogical innovations; expansion of access to higher education; lifelong learning; meeting students' needs and personal development; student autonomy and the student-centered teaching process; increased completion rates; diversity of training programs; flexibility of the training itinerary; training in a cycle system; interdisciplinary training; training for

skills; inseparability of teaching and research; mobility; provision of pedagogical support services; active student participation; outreach practices; promotion by learning results; super-inclusive education systems; use of new information and digital technologies; appreciation of diversity; appreciation of different profiles.

In this context, the BP challenges the model of the university teaching traditionally established and rooted in history. The notion of teaching and learning focused on the content transmitted by the teacher to his disciples gives way to alternative forms, in which students have a more active participation in the process.

According to Xavier and Leite (2023), the pedagogical directions brought by the reform change the logic of traditional university teaching, seeking to break with the simple transmission of scientifically produced knowledge and with the passivity of the students in their training process. Almeida (2012) reiterates that this new logic centered on the development of students' autonomy and skills foresees other ways of planning and executing teaching and learning activities.

This new paradigm, when confronted with the traditional hegemonic teaching method adopted in universities, demands from teachers not only new tools, methodologies, teaching and assessment techniques and strategies, but also, and mainly, new knowledge sets that justify and anchor their choices. Almeida (2012) states that the aim is to convert the classroom into a space for training, study and reflection, where students can learn.

Despite the criticism regarding this education model that, by giving priority to market interests and the formation of 'human capital', empties the social, cultural, evaluative and political dimensions related to training and teaching, it is possible to perceive a break with traditional forms centered on the figure of the teacher and the passivity of the student. The rise of a new paradigm regarding the teaching and learning process, and with it, university teaching, anchored in more active forms of knowledge construction, has challenged teachers to meet new demands arising from the daily routine of their professional practice.

The challenge of implementing teaching according to this new paradigm, by requiring a break with the traditional teaching model, has exposed the difficulty teachers have in working in more horizontal models of knowledge construction, in which students have a more active role (Leite and Ramos, 2015). It is therefore necessary to provide teachers with conditions for training in order to change the paradigm guiding the teaching and learning process, which translates into guidance regarding objectives, methodologies, strategies, assessment systems, organization of resources, spaces and work times (Almeida, 2012).

Continuing teacher training at universities, from this perspective, has proven to be essential for the transformations intended by the reform proposed by the BP to meet its goals. Learning a form of teaching that supports a teaching practice consistent with its educational objectives, by strengthening professional identity and professionalism, also encourages resistance to the advance of reformist actions that aim to deny the political and social role of the university.

Medical Education in Brazil: reverberations of the Bologna Process in teaching and in the professional development of teachers

Medical Education, since the beginning of the 20th century, followed the Flexnerian model based on the disciplinarization of the curriculum, separation between theory and practice, content-based learning, centralization on the knowledge of the teacher, and hospital teaching. From the mid-1960s onwards, however, medical education began to be influenced by Preventive Medicine, moving towards greater curricular integration and problem-based modular teaching.

The synthesis of this movement for change was established at the 1st World Conference on Medical Education held in Edinburgh in 1988, organized by the World Federation for Medical Education (WFME) with participation of international organizations such as the WHO, UNICEF and the Kellogg Foundation (Rocha, 2018). As a result of this conference, the Edinburgh Declaration guided changes in Medical Education worldwide based on several guidelines, among them: expanding the scenarios of Medical Education programs; ensuring continued education with an emphasis on active methods and self-directed study; building a curriculum and an evaluation system that guarantee the acquisition of professional competence and social values; training teachers as educators par excellence in Education; integrating theory and practice through the solution of clinical problems, having the community as the basis for learning; clarifying responsibilities and allocating resources for continuing medical education (WFME, 1988).

In the European scenario, medical education has echoed the discussions held internationally, redefining its guiding principles. Undergraduate medical courses now have their specific training objectives outlined both by general guidelines, represented in the BP and by specific guidelines expressed by the European Specifications for Medical Education developed by the Thematic Network on Medical Education in Europe (MEDINE) under the joint management of the World Federation for Medical Education (WFME) and the Association of Medical Schools in Europe (AMSE). All these guidelines highlight dimensions related to the students' leading role in the

learning process, competency-oriented training, teaching through evidence-based medicine and the use of active teaching and learning methodologies, curricular integration, a link with the health system, and the importance of behavioral, social sciences and medical ethics in professional training, and the promotion of teacher training and evaluation.

In Brazil, the movement of transformation of the national model of Medical Education towards training more generalist physicians gained momentum in 1960 with the creation of the Brazilian Association of Medical Education (ABEM) (Lampert, 2009). In the 1990s, the results of the investigation by the National Interinstitutional Commission for the Assessment of Medical Education (Cinaem) on Medical Education in Brazil and the impact of the new determinations for Higher Education contained in international documents and agreements culminated in the creation of the National Curricular Guidelines (NCGs) for undergraduate Medical courses in 2001. In these guidelines, we can see that, as Pereira (2011, p. 119-120) points out, “the vocabulary of skills and practices colonizes the Brazilian educational discourse and we see that, from the scope of committees of experts endorsed by the National Education Council, the National Curricular Guidelines for undergraduate courses emerge”.

The National Education Council (CNE/CES 67/2003) recommends that the development of guidelines should consider: a) the profile of the undergraduate individual/graduate individual/professional - depending on the course, the pedagogical project should guide the curriculum towards a desired professional profile; b) competencies/skills/attitudes. Furthermore, it leads to the formulation of curricular guidelines that conceive professional training “as a continuous, autonomous and permanent process, with a solid basic training (...) based on theoretical and practical competence; (...) of a professional in permanent preparation; (...) adaptable to new and emerging situations” (Brasil, 2003, p. 5-6).

The National Curricular Guidelines for undergraduate Medical courses (Brasil, 2001) bring the following contributions: generalist, humanist, critical and reflective training; general competencies and skills oriented towards decision-making, communication, leadership, administration and management, and continuing education; centrality of the student as a subject of learning; specific skills and abilities geared towards interdisciplinarity, comprehensive care, evidence-based medicine, articulation with the social context and integration of training with the national health system.

In 2014, new NCGs were published with a view to a policy of expanding vacancies in medical courses in the country: the Mais Médicos Program (Brasil, 2013). An important innovation brought about by the 2014 guidelines (Brasil, 2014) was the inclusion of the

Structuring Teaching Nucleus (STN) of the medical course (art. 33) and the Health Teaching Training and Development Program (art. 34).

At the same time, policies for the assessment of Higher Education were being outlined in all systems in order to ensure the implementation of the standards and guidelines prescribed by the regulatory bodies of medical courses and the institutions that host them. After all, as Dias Sobrinho (2003) points out, regulatory actions, as they have been applied, constitute a strategic part of the agenda of modernization and privatization of educational institutions due to the trans-nationalization and economic functionalization of education. Assessment, the author states, has been an instrument used by many governments to promote the regulation, modeling, adjustment and supervision of Higher Education.

In line with the course's curricular guidelines, the assessment instruments of the Medical School Monitoring Commission (CAMEM) (Brasil, 2018) monitor and track the implementation and satisfactory provision of undergraduate medical courses in HEIs. Among these instruments, we highlight: the description of competencies, learning experiences and expected student performance in the course's pedagogical project; active learning methodologies; a curriculum that includes flexibility, integration and interdisciplinarity; existence of a pedagogical support center and teaching experience; teacher professional development plan.

It is important to acknowledge the progress achieved with the inclusion of a center for professional development of teachers in the main guiding document for Medical courses in Brazil. In Europe, spaces for professional development of teachers were not the focus of the BP until 2018, when they were included in the Paris Conference (Xavier and Leite, 2023).

In a scenario in which teachers are called upon to take sides in relation to the educational objectives of Higher Education and their teaching practice, imposed both by the need to change educational practices and by following regulatory standards or as a form of resistance to the attacks of capitalist ideologies on the social function of the university, actions and spaces dedicated to the critical and reflective training of university teachers become essential.

Despite this, technical rationality and individualism still predominate in Medical Education as guiding elements in the actions of teachers, and questioning teaching is not part of their professional practice, while they focus only on its effective fulfillment (Costa, 2007). The absence of professional development programs for teachers or the provision of inconsistent training actions end up consolidating teaching pragmatism. For Costa (2007), the lack of opportunities for adequate construction of the

professionalization of teachers in Medical Education, by reinforcing the feeling of inability to develop skills specifically useful for teaching, encourages a conformism to the few demands of professional development.

When analyzing the repercussions of the Brazilian National Curricular Guidelines on the pedagogical projects of new medical schools, Machado, Oliveira and Malvezzi (2021) found a great adherence to active teaching-learning methodologies in alignment with the 2014 National Curricular Guidelines, without, however, causing the same ruptures in the curricular matrices and educational strategies, which remained in the traditional or hybrid models.

In this regard, Perim et al. (2009) highlight:

Many schools have begun their processes of change, most of them, however, focused on specific curricular reformulations, with the introduction of active teaching methodologies in one subject or another, with small changes in scenarios and almost no investment in teacher training, with a very limited impact on the undergraduate training of physicians. To overcome the traditional model, more than this is needed. It is necessary to change the construction of knowledge, which is directly linked to the teaching practice of reproducing and transmitting knowledge. The role of the teacher must be understood no longer in his traditional function of teaching, of transmitting knowledge, but as a protagonist of the changes, which are urgently needed (Perim et al., 2009, p. 72).

On the global scenario, in their studies on professional development programs for teachers in Medical Education, Steinert et al. (2006; 2014) observed a concentration of actions on the goal of improving teaching, such as small group work methodologies, clinical teaching, effective feedback and student assessment, development of skills, meeting emerging educational priorities, curricular design and use of tools and technologies in teaching.

For Batista and Silva (1998, p. 35), it is important that the proposal of teacher training strategies is not restricted to “merely instrumental problems, in which the teaching task is limited to a correct choice and application of means and procedures”. Chiarella et al. (2015) advocate the adoption of guiding assumptions for teacher training processes, such as the conception of the act of teaching and the role of the teacher in medical education. According to the authors, “the mere instrumentalization of teachers with new ‘pedagogical techniques’, without the necessary reflection on this conception, could become extremely sterile and superficial” (Chiarella et al. 2015, p. 424). Sordi (2019) highlights that the scenario that demands reforms in education does not belong to the technical domain and that:

In the name of this conservative “innovation”, they introduce technological resources as signs of pedagogical advancement; they defend active methods as a motivational strategy for disinterested students, subverting their potential as resources for cultivating critical and multidimensional thinking. (p.151).

Another important piece of information concerns the types of activities offered. According to Steinert et al. (2006; 2014), the main activities carried out are short-term activities such as workshops, seminars and courses, indicating that, despite being implemented, the training activities for medical teachers have a discontinuous nature, lacking more systematized concepts to promote teaching learning.

As proposed by Imbernón (2016), teacher training should create scenarios and encourage reflections on the part of the actors about their own practice, so that they can examine the implicit theories, their processes and their actions; it should feed a constant cycle of self-evaluation of the practices carried out in coherence with the objectives to be achieved.

Training actions of a more lasting and reflective nature are necessary for such training. Steinert et al. (2016) observed an increase in longitudinal interventions, that is, development programs that extend over time. According to the study, the results include improved teaching effectiveness, networking and collaboration among participants. Furthermore, these programs show greater involvement in post-training educational activities, implying greater sustainability.

In Brazil, the experiences of implementing these bodies have proved to be “punctual and dependent on the sensitivity of managers who sometimes implement teams and programs in this sense, and other times deactivate these structures” (Cunha, 2014, p. 43). Xavier and Leite (2023, p.15) defend the importance of these “formally instituted spaces” in the university in which the learning of specific sets of knowledge about teaching emerges from the teaching and learning contexts, stemming from “planning, development, intentionality and continuity”.

According to Felisatti and Serbati (2014), “teaching and learning centers” are common conceptual spaces for construction and sharing among teachers to learn, develop, compare, experiment and document effective strategies to prepare students through a teaching and research culture. Also called by some authors as University Pedagogical Advisory (Lucarelli, 2007; Cunha, 2014; Xavier, Leite and Azevedo, 2018), it is characterized by being the:

the institutional sector that is responsible for supporting and advising university teachers in their teaching processes and in organizing

learning and assessment, it can promote training spaces that deal with the creation, reflection and sharing of knowledge specific to teaching (Xavier, Leite and Azevedo, 2018, p. 57).

Thus, in response to the needs imposed by social reality and the new guidelines that give directions to Higher Education and the training of medical professionals, the paradigm of teaching in Medicine has undergone ruptures, requiring a new *modus operandi* in which the institutionalization of actions and the implementation of a genuine space for the professional development of teachers at the university have become essential.

Conclusions

The guidelines of the BP, under the justification of modernizing European higher education by making it more competitive and fostering the development of the partner countries and employability of their citizens, have prioritized the capitalistic logic and neoliberal ideology. Regarding curricular reorganization, following the dictates of organizations in tune with the interests of multinationals and financial capital such as the OECD and the World Bank, the Process has invested in determinations that give preference to the concept of education as training for skills, oriented to meet the constant and flexible demands of the labor market.

Despite the criticism of this education model which, by giving priority to market interests and the training of 'human capital', empties the social, cultural, evaluative and political dimensions related to training and teaching, it is possible to perceive a break with the traditional forms centered on the figure of the teacher and the passivity of the student. The rise of a new paradigm of teaching and learning, and with it, of university teaching, anchored in more active forms of knowledge construction, has challenged teachers to meet the new demands arising from the daily routine of their professional practice.

In Medical Education, the pedagogical directions of the BP are evident in both the official documents that govern the professional training of physicians at the undergraduate level and in the instruments used by external evaluation bodies of the courses.

In this work, we defend the importance of learning the knowledge sets specific to teaching constructed from an institutional place of professional development of teachers, allowing them to find support to their practices, reflect on them, share experiences and think of different teaching strategies.

Based on the understanding of university teaching as a complex activity that does not end with a graduate degree, it is essential that spaces and moments for continuing education for teachers

be encouraged, planned and made available in the work environment of these professionals, where and when teachers are able to meet with the collective group and research their practice.

The university, as a legitimate locus for teacher training, cannot deny the responsibility of assuming teaching as the reason for its existence, nor can university professors deny that teaching is the main dimension of their professional activity. Thus, it is necessary to move away from the pragmatism of episodic and instrumental training and invest in longitudinal actions that promote dialogue between teachers, with reality and didactic-pedagogical theory.

Teaching learning, which strengthens the professional identity of teachers, is an essential element for the transformations in pedagogical concepts and practices intended by the reform started by the BP to meet their objectives. Furthermore, the professional teaching development of teachers determines their qualification and strengthens the community to resist the advance of reforms that aim to deny the political and social role of the university.

References

ALMEIDA, M. I. *Formação do professor do ensino superior: desafios e políticas institucionais*. São Paulo, SP: Editora Cortez, 2012.

ALMEIDA, M. L. P.; FÁVERO, A.; TONIETO, C. A expansão do ensino superior no Brasil sob influência da declaração de Bolonha: primeiras aproximações. *Revista Internacional de Educação Superior*, Campinas, v. 1, n. 2, p. 182-198, 2015. Disponível em: https://www.researchgate.net/publication/345230771_A_expansao_do_ensino_superior_no_Brasil_sob_influencia_da_declaracao_de_Bolonha_primeiras_aproximacoes. Acesso em: 12 abr 2024.

ARAÚJO, C. V. B.; SILVA, V. N.; DURÃES, S. J. Processo de Bolonha e mudanças curriculares na educação superior: para que competências? *Educação e Pesquisa*, v. 44, 2018. Disponível em: <https://www.scielo.br/j/ep/a/d4HKLdssNVYKdgpDNHgwHMG/> Acesso em: 07 fev. 2024.

BATISTA, N. A.; SILVA, S. H. S. A Função Docente em Medicina e a Formação/Educação Permanente do Professor. *Revista Brasileira de Educação Médica*, Brasília, v. 22, n. 2-3, p. 31-36, 1998. Disponível em: <https://www.scielo.br/j/rbem/a/FhhMgcpyqybRy8SfyqKWvPs/?format=pdf&lang=pt>. Acesso em: 20 nov. 2023. DOI: <https://doi.org/10.1590/1981-5271v22.2-3-004>.

BRASIL. CONSELHO NACIONAL DE EDUCAÇÃO. Câmara de Educação Superior. CNE/CES 67/2003. *Referencial para as Diretrizes Curriculares Nacionais – DCN dos Cursos de Graduação*. Disponível em: http://portal.mec.gov.br/cne/arquivos/pdf/2003/pces067_03.pdf. Acesso em 30 mar 2024.

BRASIL. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. *Diretrizes Curriculares Nacionais para os Cursos da Graduação em Medicina* (DCN), Resolução n.4, CNE/CES de 7/11/2001. Institui diretrizes curriculares nacionais do curso de graduação em medicina. Diário Oficial da União. Brasília, 9 nov. 2001; Seção 1, p. 38. Disponível em: URL: <http://portal.mec.gov.br/cne/arquivos/pdf/CES04.pdf>. Acesso em: 30 mar. 2023.

BRASIL. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução Nº. 3 de 20 de junho de 2014. *Institui diretrizes curriculares nacionais do curso de graduação em Medicina e dá outras providências*. Diário Oficial da União, Brasília, 23 jun. 2014; Seção 1, p. 8-11.

BRASIL. Ministério da Educação. Secretaria de Regulação e Supervisão da Educação Superior. *Comissão de Acompanhamento e Monitoramento de Escolas Médicas (CAMEM)*. Instrumento de monitoramento dos cursos de graduação em Medicina. 2018. Disponível em: <http://portal.mec.gov.br/docman/junho-2018-pdf/89291-instrumento-monitoramento-medicina-14jun18-final/file>. Acesso em 30 mar 2024.

BRASIL. LEI Nº 10.861, DE 14 DE ABRIL DE 2004. *Institui o Sistema Nacional de Avaliação da Educação Superior – SINAES*. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2004-2006/2004/lei/l10.861.htm. Acesso em 30 mar 2024.

BRASIL. Lei n. 12.871, de 22 de outubro de 2013. *Institui o Programa Mais Médicos*, altera as Leis nº8.745, de 9 de dezembro de 1993, e nº6.932, de 7 de julho de 1.981 e dá outras providências. Diário Oficial (da) República Federativa do Brasil. Brasília, DF, 23 out. 2013d. Disponível em: <http://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&pagina=1&data=23/10/2013>.

CHIARELLA, T.; BIVANCO-LIMA, D.; MOURA, J. D. C.; MARQUES, M. C. D. C.; MARSIGLIA, R. M. G. A pedagogia de Paulo Freire e o processo ensino-aprendizagem na educação médica. *Revista Brasileira de Educação Médica*, v. 418-425, 2015. Disponível em: <https://www.scielo.br/j/rbem/a/jg9jPgnZRRqBy7WTDdrpFcn/?lan>. Acesso em: 03 mar 2024.

COSTA, N. M. S. C. Docência no ensino médico: por que é tão difícil mudar?. *Revista Brasileira de Educação Médica*, v. 31, p. 21-30, 2007. Disponível em: <https://www.scielo.br/j/rbem/a/4L7MsSwzrbRdWxbzNpqnL4h/?lang=pt&format=html>. Acesso em: 03 mar 2024.

COSTA, N. M. S. C. La formación pedagógica de profesores de medicina. *Revista Latino-Americana de Enfermagem*, v. 18, p. 102-108, 2010. Disponível em: <https://www.scielo.br/j/rlae/a/TTTWXzRGMbfV8QpjDXtsFhJ/?lang=es>. Acesso em: 03 mar 2024.

CUNHA, M. I. (Org.). *Estratégias institucionais para o desenvolvimento profissional docente e as assessorias pedagógicas universitárias: Memórias, experiências, desafios e possibilidades*. Araraquara: Junqueira & Marin, 2014. Disponível em: https://books.google.com.br/books/about/ESTRAT%C3%89GIAS_INSTITUCIONAIS_PARA_O_DESEN.html?id=zbV2DwAAQBAJ&redir_esc=y. Acesso em: 30 mar 2023.

DEWEY, J. *Como pensamos*. São Paulo: Editora Nacional, 1959.

DIAS SOBRINHO, J. Avaliação da educação superior regulação e emancipação. Avaliação: *Revista da Avaliação da Educação Superior*, Campinas, v. 8, n. 02, p. 31-64, 2003. Disponível em: <http://educa.fcc.org.br/pdf/aval/v08n02/v08n02a04.pdf>. Acesso em: 09 mai 2024.

DIAS SOBRINHO, J. Processo de Bolonha. *ETD Educação Temática Digital*, v.9, p. 107-132, 2007. Disponível em: <http://educa.fcc.org.br/pdf/etd/v09sespecial/v09sespeciala09.pdf>. Acesso em: 12 abr 2024

FELISATTI E.; SERBATTI, A. Professionalità docente e innovazione didattica. Una proposta dell'Università di Padova per lo sviluppo professionale dei docenti universitari. *Formazione & Insegnamento*, 12(1), 137-153, 2014. Disponível em: <https://www.research.unipd.it/handle/11577/3179458>. Acesso em: 03 mar 2023.

FERREIRA, S. Reforma da educação superior no Brasil e na Europa: em debate novos papéis sociais para as universidades. *Anais da XXI Reunião da Associação Nacional de Pesquisa em Educação (ANPED)*. 2010. Disponível em: <http://www.anped11.uerj.br/reformadaeducacaosuperior.pdf>. Acesso em: 12 abr 2024.

GARCIA, F. B. Breves considerações sobre a união européia. *Revista Eletrônica Direito e Política*, Itajaí, v.2, n.2, 2º quadrimestre de 2007. Disponível em: www.univali.br/direitoepolitica - ISSN 1980-7791. Acesso em: 12 abr 2024.

IACOBUECCI, G. *O Processo de Bolonha: um modelo europeu de reforma do ensino superior? o impacto nas outras regiões do mundo (o caso da América Latina e do Brasil)*. 2012. 139f. Dissertação (Mestrado em Estudos Europeus), Universidade de Coimbra. Coimbra, 2012. Disponível em: <https://estudogeral.uc.pt/handle/10316/21396>. Acesso em: 12 abr 2024.

IMBERNÓN, F. *Qualidade do ensino e formação do professorado: uma mudança necessária*. São Paulo: Cortez, 2016.

LAMPERT, J. B. *Tendências de Mudanças na Formação Médica no Brasil. Tipologia das Escolas*. 2. ed. São Paulo: HUCITEC, 2009.

LEITE, C.; RAMOS, K. M. O exercício docente na sua relação com a Reforma Universitária decorrente do Processo de Bolonha: o que dizem professores da Universidade do Porto. *Revista Inter-Ação*, Goiânia, v. 39, n. 3, p. 593-609, 2014. Disponível em: <https://revistas.ufg.br/interacao/article/view/28578>. DOI: <https://doi.org/10.5216/ia.v39i3.28578>.

LEITE, C.; RAMOS, K. Reconfigurações da docência universitária: um olhar focado no Processo de Bolonha. *Educar em Revista*, n. 57, p. 33-47, jul. 2015. Disponível em: <https://www.scielo.br/j/er/a/cswgVc4dmSPHtWsJHX8BjzM/?lang=pt#>. Acesso em: 12 abr 2024.

LIMA, L. C.; AZEVEDO, M. L. N.; CATANI, A. M. O processo de Bolonha, a avaliação da educação superior e algumas considerações sobre a Universidade Nova. *Avaliação: Revista da Avaliação da Educação Superior* (Campinas), v.13, n.1, p.7-36, mar. 2008. Disponível em: <https://www.scielo.br/j/aval/a/sLRcDpTf78bbDW45wrW98Js/?lang=pt#>. Acesso em: 06 fev. 2024.

LUCARELLI, E. Pedagogia universitária e inovação. In: CUNHA, M. I. (Org.), *Reflexões e práticas em pedagogia universitária*. Campinas: Papyrus, 2007.

MACHADO, C.; OLIVEIRA, J. M.; MALVEZZI, E. Repercussões das diretrizes curriculares nacionais de 2014 nos projetos pedagógicos das novas escolas médicas. *Interface-Comunicação, Saúde, Educação*, Botucatu, v. 25, p. e200358, 2021. Disponível em: <https://www.scielo.br/j/icse/a/V3H87bcLY94p5dMFXPqQFKd/?lang=pt>. Acesso em: 30 mar. 2023. DOI: <https://doi.org/10.1590/interface.200358>.

MELLO, A. F.; DIAS, M. A. R. Os reflexos de Bolonha e a América Latina: problemas e desafios. *Educação & Sociedade*, v. 32, p. 413-435, 2011. Disponível em: <https://www.scielo.br/j/es/a/cTKTKhPRJMN9cq5CR6GjKLJ/?lang=pt>. Acesso em: 12 abr 2024.

MONTEIRO, A.; LEITE, C.; SOUZA, G. Docência no ensino superior: currículo e práticas 10 anos após a implementação do processo de Bolonha nas universidades portuguesas. *Educação Unisinos*, São Leopoldo, v. 22, n. 1, 63-73, 2018. Disponível em: <https://repositorio-aberto.up.pt/bitstream/10216/111728/2/262902.pdf>. Acesso em: 15 abr 2024. DOI: <https://doi.org/10.4013/edu.2018.221.07>.

PEREIRA, M. V. O lugar da prática na globalização da educação superior. *Educ. Rev.*, Belo Horizonte, v. 27, n. 03, p. 109-124, dez. 2011. Disponível em http://educa.fcc.org.br/scielo.php?script=sci_arttext&pid=S0102-469820110003000006&lng=pt&nrm=iso. Acessos em 12 abr. 2024.

PERIM, G. L.; ABDALLA, I. G.; AGUILAR-DA-SILVA, R. H.; LAMPERT, J. B.; STELLA, R. C. R.; Costa, N. M. S. C. Desenvolvimento docente e a formação de médicos. *Revista Brasileira de Educação Médica*, Brasília, v. 33, n. 1, p. 70-82, 2009. Disponível em: <https://www.scielo.br/j/rbem/a/mBBFyHz5wFXR8CVg3YfBfXL/abstract/?lang=pt>. Acesso em: 30 mar. 2023. DOI: <https://doi.org/10.1590/S0100-55022009000500008>.

PERRENOUD, P.; GATHER THURLER, M. *As competências para ensinar no século XXI - formação dos professores e o desafio da avaliação*. Porto Alegre: ArtMed, 2002.

PIMENTA, S. G. Professor reflexivo: construindo uma crítica. In: PIMENTA, S. G.; GHEDIN, E. *Professor Reflexivo no Brasil: gênese e crítica de um conceito*. São Paulo: Cortez, 2002. p. 17-89.

RAMOS, M. N. A pedagogia das competências e a psicologização das questões sociais. *Boletim técnico do SENAC*, v. 27, n. 3, p. 26-35, 2001. Acesso em: 12 abr 2024.

RIOS, T. A. *Compreender e ensinar: por uma docência da melhor qualidade*. 3ª ed. São Paulo: Cortez: 2002.

ROCHA, V. X. M. *Reformas na educação médica no Brasil: estudo comparativo entre as diretrizes curriculares nacionais dos cursos de graduação em medicina de 2001 e 2014*. 2018. 178f. Dissertação (Mestrado em Saúde Coletiva). Universidade Católica de Santos. Santos, 2018. Disponível em: <https://tede.unisantos.br/bitstream/tede/4441/2/Vinicius%20Ximenes%20Muricy%20da%20Rocha.pdf>. Acesso em: 30 mar. 2023.

SCHÖN, D. A. *Educando o profissional reflexivo: um novo design para o ensino e a aprendizagem*. Porto Alegre: Artmed Editora, 2000.

SETTI, G. A. M. A hegemonia neoliberal e o capitalismo contemporâneo. *Revista Urutagua-Acadêmica Multidisciplinar*, 2002. Disponível em: http://www.urutagua.uem.br/005/04eco_setti.htm. Acesso em: 12 abr 2024.

SHIROMA, E. O. Redes sociais e hegemonia: apontamentos para estudos de política educacional. In: AZEVEDO, M. L. N.; LARA, A. M. B. (org.) *Políticas para a educação: análises e apontamentos*. Maringá: Eduem, 2011. p. 15-38.

SORDI, M. R. L. Docência no ensino superior: interpelando os sentidos e desafios dos espaços institucionais de formação. *Educar em Revista*, Curitiba, v. 35, p. 135-154, 2019. Disponível em: <https://www.scielo.br/j/er/a/FqhqcdddyYScYqDg5p3vGR/?lang=pt>. Acesso em: 30 mar. 2023. Acesso em: 30 mar. 2023. DOI: <https://doi.org/10.1590/0104-4060.67031>.

STEINERT, Y. Faculty development in the health professions: a focus on research and practice. *Springer Science & Business Media*, 2014. Disponível em: <https://link.springer.com/book/10.1007/978-94-007-7612-8>. Acesso em: 03 nov 2022.

STEINERT, Y.; MANN, K.; ANDERSON, B.; BARNETT, B. M.; CENTENO, A.; NAISMITH, L. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. *Medical teacher*, v. 38, n. 8, p. 769-786, 2016. Disponível em: <https://www.tandfonline.com/doi/abs/10.1080/0142159X.2016.1181851>. Acesso em: 03 ago 2022. DOI: <https://doi.org/10.1080/0142159X.2016.1181851>.

STEINERT, Y.; MANN, K.; CENTENO, A.; DOLMANS, D.; SPENCER, J.; GELULA, M.; PRIDEAUX, D. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. *Medical Teacher*, 28 (6), 497-526, 2006 Disponível em: <https://doi.org/10.1080/01421590600902976>. Acesso em: 03 ago 2022.

UNIÃO EUROPEIA. *Directiva 2005/36/CE* do Parlamento Europeu e do Conselho de 7 de Setembro de 2005. Disponível em: <https://eur-lex.europa.eu/legal-content/PT/TXT/PDF/?uri=CELEX:02005L0036-20160524&from=SL>. Acesso em 30 mar 2024.

UNIÃO EUROPEIA. *Comissão Grupo Europeu de Alto Nível para a Modernização do Ensino Superior*. 2013. Disponível em: <https://op.europa.eu/en/publication-detail/-/publication/fbd4c2aa-aeb7-41ac-ab4c-a94fee9eb1f>. Acesso em: 03 mar 2024.

UNIÃO EUROPEIA. *Critérios e Diretrizes para Garantia de Qualidade no Espaço Europeu de Ensino Superior (ESG)*. Aprovado pela Conferência de Ministros em maio de 2015. Disponível em: https://www.enqa.eu/wp-content/uploads/filebase/esg/ESG%20in%20Spanish_by%20ANECA.pdf. Acesso em: 30 mar 2024.

WFME. World Federation of Medical Education. *Edinburgh Declaration*. Edinburgh, Scotland. United Kingdom, 1988. In: <http://wfme.org/projects/wfme-publications/99-the-edinburgh-declaration/file>. Acesso em: 30 mar. 2023.

WFME; AMSE International Task Force. *WFME Global Standards for Quality Improvement in Medical Education European Specifications for Basic and Postgraduate Medical Education and Continuing Professional Development*. University of Copenhagen • Denmark • 2007 ISBN 978-87989108-6-2 Disponível em:

<https://www.educacionmedica.net/pdf/documentos/bolonia/especifeuropeo.pdf>. Acesso em 30 mar 2024.

XAVIER, A. R. C.; LEITE, C. Sentidos pedagógicos do processo de Bolonha: uma análise a partir de documentos de constituição do espaço europeu de ensino superior. *Currículo sem Fronteiras*, v. 23, e1962, 2023. Disponível em: <https://repositorio-aberto.up.pt/bitstream/10216/152681/2/640515.pdf>. Acesso em: 06 fev. 2024.

XAVIER, A. R. C.; LEITE, C.; DE AZEVEDO, M. A. R. Assessorias Pedagógicas Universitárias e o lugar da formação pedagógica docente na mudança de paradigma do ensino superior: do ensino à aprendizagem. *A diversidade como oportunidade: contributos teóricos e práticos*, 2018. Disponível em: <https://repositorio-aberto.up.pt/bitstream/10216/125869/2/381708.pdf>. Acesso em 30 nov. 2023.