


MEDICAL TRAINING FOR THE HEALTH OF TRADITIONAL AND INDIGENOUS PEOPLES: A STUDY OF PEDAGOGICAL PROJECTS IN THE CITY OF BELÉM-PA, AMAZON REGION

 <https://doi.org/10.56238/arev7n2-083>

Submitted on: 10/01/2025

Publication date: 10/02/2025

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ABSTRACT

The Course Pedagogical Project (PPC) is essential in the elaboration of teaching and learning in Medicine courses, the PPCs generally follow the National Curriculum Guidelines (DCNs), updated in 2022, which treat health as a right and act to ensure comprehensive care. Therefore, each social and cultural determinant must be directly related to the health of traditional and indigenous peoples. In the context of the city of Belém-PA, this responsibility becomes more significant, considering the cultural and ethnic richness of the people present in the region, which makes it necessary to promote medical care in line with the particularities of these communities. **Objective:** To investigate the pedagogical projects (CPP) of four medical courses of two public and two private institutions in Belém/PA.

Methodology: This is a quantitative-qualitative study, as it used quantitative and qualitative data from the PPCs of the undergraduate courses in Medicine at UEPA, UFPA, CESUPA, and UNIFAMAZ. From the keywords pre-defined by the authors, the frequency was evaluated and related to textual fragments of the (PPC), through documentary analysis carried out through semi-structured data collection instruments previously prepared by the authors. **Results:** It was difficult to find the primary keywords listed, with the absence of the words "Indigenous peoples", "traditional peoples" and "government programs". The search was expanded to broader secondary keywords. A survey form was created to investigate whether the PPCs addressed the health promotion of traditional and indigenous peoples. However, it was observed that none of the PPC mentioned government programs related to these peoples' health. In addition, incipience was noted on the part of the institutions, about integrative modules, training activities in the basic cycle, modules on indigenous culture and history, and rural internships during the internship. **Conclusion:** Therefore, it can be inferred that the pedagogical projects of the four undergraduate medical institutions in Belém/PA demonstrate weaknesses in terms of the preparation directed to the health care of traditional and indigenous peoples for the students of the course. With this, there is a need to update the PPCs of these institutions, with the inclusion of learning aimed directly at the specificities of these people.

Keywords: Indigenous culture. Curricular evaluation of medical schools. Health care.

INTRODUCTION

The Course Pedagogical Project (PPC) is the tool for the elaboration of teaching and learning of a course and presents characteristics of a project, in which the formulation of the course, structure, procedures for evaluating the teaching and learning processes and normative support instruments must be established (UNIVERSIDADE FEDERAL DE MINAS GERAIS). Normally, these PPCs of medical courses should be designed according to the National Curriculum Guidelines (DCNs) (MINISTRY OF EDUCATION, 2022).

In 2014, the Ministries of Education and Health joined forces to adopt reform measures in the medical training process in Brazil, establishing the new DCNs, which underwent updates in 2022 (FERREIRA, 2023). Thus, the DCNs treat health as a right and act to ensure comprehensive care. Therefore, each social, cultural, behavioral, psychological, ethical, and legal determinant must be understood, directly related to the health of traditional and indigenous peoples, aiming to reach all the nuances of the identity of these populations (BRASIL, 2014).

In 2013, Law No. 12,871 was sanctioned and published, which instituted the More Doctors Program (PMM) (BRASIL, 2013). The More Doctors Program is part of a broad effort to improve the care provided to users of the Unified Health System (SUS), taking doctors not only to urban centers but mainly to regions where there is a shortage or absence of these professionals, this is in line with the DCNs, which ensure the right of all to access health (BRASIL, 2023). However, medical education has few contributions to working in interethnic contexts, with rare experiences of cultural immersion and early insertion in indigenous lands, so much so that the Medical Education Association makes recommendations for the teaching of indigenous health, as a way to bring this reflection to medical courses and to adequate professional preparation in different realities (ABEM, 2020).

In the context of the city of Belém-PA, this responsibility gains even more significant contours, as this city is part of the Amazon region and should be considered the cultural richness and ethnic diversity of the traditional and indigenous peoples who live there and, as suggested by the "Declaration of Belém+30", it should be known worldwide (GOELDI MUSEUM, 2023). In addition, to date, there are no Brazilian studies that address medical training and health care for traditional and indigenous peoples, bringing as a reference the pedagogical projects of medical courses in Belém-PA.

Therefore, it is necessary to carry out a study that seeks to understand this educational process in medical courses and essentially to understand whether there is a promotion of a more effective, culturally sensitive medical education aligned with the peculiarities of traditional and Indigenous peoples. Therefore, this study aims to investigate the pedagogical projects of four medical courses in two public and two private institutions, in Belém-PA, with special attention to the incorporation of knowledge and practices during medical training, which prepare students and favor health care for traditional and indigenous peoples and to ascertain whether these projects are following what is recommended by the DCN.

METHODOLOGY

The study was developed from the analysis of 4 pedagogical projects of undergraduate medical courses (PPCs) in the city of Belém/PA, Amazon region, two public universities, and two private university centers. This is a quantitative-qualitative study, as it used quantitative and qualitative data from undergraduate medical PPCs. Based on the keywords pre-defined by the authors, the frequency in which they appeared was evaluated and related to the context of the PPCs in which it was inserted. In this sense, only pedagogical projects from undergraduate medical courses at the State University of Pará (UEPA), the Federal University of Pará (UFPA), the Center for Higher Education of Pará (CESUPA), and the Metropolitan University Center of the Amazon (UNIFAMAZ) were considered for the sample.

To understand health education in medical education applied to the Amazonian context, the discussions of the results were organized based on the frequency of keywords, such as programs, government programs, indigenous, indigenous peoples, traditional peoples, community, peoples, social groups, populations, ethnic-racial, cultural, culture, values and beliefs, Amazon, Pará, rural area, rural, municipalities in the interior, regional, region, interiorization, political, epidemiological and epidemiological projects, found in these political-pedagogical projects and simplified from their frequency in chart 1. Thus, the context and meaning in which these keywords are present in these PPCs were analyzed. Subsequently, a survey form was filled out with 10 questions, which appear in Chart 2, asked to the four medical institutions in Belém-PA, and the answers were taken from the PPCs themselves, that is, the answers were added with the numbering of the page where the term that corresponds to the question was found.

Descriptive data from the sample were used to assess whether or not there would be the presence or absence of teaching aimed at health care for traditional and indigenous peoples in the PCPs, compared to the publication of the 2022 DCNs. To begin with, a documentary analysis was outlined based on the systematization of the data, with the complete reading of the documents made available. This analysis sought to bring together the different components that appear in the matrices of these courses and compared them with the competencies and skills expressed in the 2022 National Curriculum Guidelines for the Undergraduate Medicine Course, in this way, it was verified whether what was proposed by the Union is being applied in the curricular bases of these institutions.

To this end, the pedagogical projects of UEPA, UFPA, and UNIFAMAZ were accessed through the website of each university, only to access the PPC of CESUPA, it was necessary to request the coordination of the course, and contact was made by e-mail, with the requirement to present the project of this research, so that only then we would have access to its PPC. The eligibility criterion for the present study was the full availability of each PPC. In this study, only the most recent and current versions of each institution were used.

As this is a documentary analysis of political-pedagogical projects of the medical course, it was not necessary to submit the present study to the Research Ethics Committee, since these documents are available on the websites of the respective educational institutions.

RESULTS

The study focused on a total of 4 PPCs of the medical course in Belém – one state (UEPA) one federal (UFPA) – and two from private institutions, both university centers (UNIFAMAZ and CESUPA). Regarding the date of update of the PPCs, it was identified that the PPC of UEPA was updated in 2015 and that it governs the medical course in the cities of Belém, Marabá, and Santarém, UFPA had the PPC updated in 2010, while the university centers presented more recent versions, being the PPC of UNIFAMAZ of 2017 and that of CESUPA of 2023.

The 4 PPCs were submitted to reading by the authors of the article to initially search for the primary keywords listed by the authors, namely: "programs", "government programs", "Indigenous peoples", "Indigenous" and "traditional peoples". However, due to the difficulty of finding these keywords in the documents, the search was expanded,

generating the secondary keywords: "community", "peoples", "social groups", "populations", "ethnic-racial", "cultural", "culture", "values and beliefs", "Amazon", "Pará", "rural area", "rural", "municipalities in the interior", "regional", "interiorization", "political", "epidemiological" and "epidemiology", as shown in Chart 1.

This expansion of research provided a more comprehensive analysis of the PPCs, identifying the presence (or absence) of references to teaching aimed at health care for traditional and Indigenous peoples in the Amazonian context and interiorization, in line with the new National Curriculum Guidelines (DCNs) of 2022

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Table 1. Frequency of keywords in universities/university centers

PRIMARY KEYWORDS	UEPA	UFPA	CESUPA	UNIFAMAZ	TOTAL
Programs	54	14	43	38	149
Government programs	0	0	0	0	0
Indigenous	5	0	3	12	20
Indigenous peoples	0	0	0	0	0
Traditional peoples	0	0	0	0	0
SECONDARY KEYWORDS	UEPA	UFPA	CESUPA	UNIFAMAZ	TOTAL
Community	140	35	141	138	454
People	2	0	1	2	5
Social groups	7	0	0	6	13
Populations	6	1	12	3	22
Ethnic-racial	0	0	0	0	0
Cultural	16	4	15	29	64
Culture	39	13	55	69	176
Values and beliefs	1	0	0	2	3
Amazon	25	4	12	32	73
Para	5	2	2	2	11
Rural zonal	1	0	0	1	2
Rural	1	1	8	8	18
Municipalities in the interior	1	0	1	1	3
Regional	11	7	12	24	54
Region	21	11	20	64	116
Internalization	10	0	0	0	10
Politics	83	15	83	0	181
Epidemiology	43	2	69	4	118
Epidemiological	19	2	17	3	41

Source: Prepared by the authors.

As shown in Chart 1, of the four PPCs analyzed, only the primary keywords "programs" (mentioned 149 times) and "Indigenous" (20 times) were identified, and the

word "Indigenous" was found only in the PPCs of UFPA, CESUPA, and UNIFAMAZ, remaining absent in the PPC of UEPA. The keywords, "government programs", "Indigenous peoples" and "traditional peoples" were not found in any of the PPCs evaluated. That is why there was a need to look for more keywords that were more representative of the research.

Thus, among the secondary keywords, the following were the most frequent: "community" (total of 454 times), "policies" (total of 181 times), "culture" (total of 176), "epidemiology" (total of 118 times) and "region" (total of 116 times). The others appeared less than 80 times, with emphasis on the least mentioned: "ethnic-racial" (not once), "rural area" (total of 2 times), "municipalities in the interior" (total of 3 times), "values and beliefs" (total of 3 times) and "peoples" (total of 5 times).

To analyze whether the keywords were inserted in the context of the discussion proposed by the authors of the article, a research form was developed, presented in Chart 2, whose objective was to investigate whether the PPCs of the universities and university centers analyzed reflected the skills and competencies essential for the training of future medical professionals, with questions elaborated in the context of the promotion of the health of traditional and Indigenous peoples in the academic training of medical students in the city of Belém-PA.

Table 2. Search form used in the search.

1- Coherence of the PPC with the profile of medical training that promotes health for traditional and indigenous peoples.
UEPA - [...] to build basic knowledge for the understanding of the health-disease process and its relationship with the family and community and that are related to the cultural aspects of the peoples of the Amazon, including indigenous and Afro-descendants, in a humanized view... p. 131.
UNIFAMAZ - He was not mentioned.
UFPA - It was not mentioned.
CESUPA - [...] to know the Epidemiological Aspects of Health and the relationship with the Environment, with emphasis on Indigenous, riverside, and quilombola populations; p. 118.
2- Existence of themes that relate to or relate to the promotion of health to traditional and Indigenous peoples
UEPA - [...]produce, disseminate knowledge, and train ethical professionals, with social responsibility, for the sustainable development of the Amazon, providing conditions of permanence and qualified training aimed at effective social contribution and improvement of the life of Pará and Amazonian society. p. 17.
UNIFAMAZ - [...]training of medical citizens with ethical, ethnic-racial, gender, environmental, political and social commitment, with a view to the region, preparing them for the exercise of the profession, committed to the social transformation and well-being of this society; p. 6.
UFPA - [...]It is the commitment of the UFPA Medical Course to train competent medical professionals to solve individual and collective health problems, with a humanistic and ethical vision, capable of conducting health care, especially local and regional, to the excellence that the community deserves and yearns for. p. 12.
CESUPA - [...]The course aims to train a physician with a contextualized and interconnected global knowledge, of the student in action, through practice-reflection-action, seeking to articulate the foundations of biological, social, cultural, ethical, ecological, and humanistic knowledge in the

understanding of the health-disease process of the community and individuals. p. 17.
3- Existence of training activities in the basic and clinical cycle of professional practices for the care of traditional and indigenous peoples.
UEPA - It was not mentioned.
UNIFAMAZ - He was not mentioned.
UFPA - [...]Displacement for teaching and learning activities of primary care skills in the DAGUA District and islands surrounding the university campus; p. 6.
CESUPA - It was not mentioned.
4- The existence of training activities in the basic and clinical cycle of professional practice to care that is related to traditional and indigenous peoples.
UEPA - [...] The GIESC will allow the student to carry out the person-centered approach, through the principles and tools of primary care and through working with community members, in the social, cultural, political, and economic aspects associated with the health-disease process. p. 92.
UNIFAMAZ - He was not mentioned.
UFPA - It was not mentioned.
CESUPA - MISC4; epidemiological aspects. Environmental health: concepts and interfaces. Legislation and public policies on environmental health. Environmental health education strategies (concepts and interfaces with urban and special populations (indigenous, quilombolas, and riverside dwellers).
5- Existence of modules integrating themes related to traditional and indigenous peoples.
UEPA - The modules offered during the first four years of the course constitute a priority space for the establishment of social, cultural, and health interactions in the community. Page 65.
UNIFAMAZ - Not mentioned
UFPA - Not Mentioned
CESUPA - Not Mentioned
6- Interrelationship of the PPC with government programs that promote health for traditional and indigenous peoples.
UEPA - It was not mentioned.
UNIFAMAZ - He was not mentioned.
UFPA - It was not mentioned.
CESUPA - It was not mentioned.
7- Interrelationship of the PPCs with government programs that are close to the promotion of health for traditional and indigenous peoples.
UEPA - Quality in health care, basing its critical thinking, which guides its work, on the best scientific evidence, on the active and singular listening of each person, family, group, and community and public policies, programs, strategic actions, and current guidelines. p. 44.
UNIFAMAZ - The Course is fully integrated with SUS services, contributing to the strengthening of the care network and the family health strategy, in addition to the increase of health programs, which contribute to the improvement of the quality of life of the population: page 142.
UFPA - The UFPA Medicine Course, [...] has established partnerships with the regional and local Unified Health System (SUS), through technical pedagogical cooperation agreements, these agreements facilitate the insertion of students and professors of the course in the three levels of health care, at all times foreseen for medical training, according to the complexity and degree of autonomy in its development. Page 14.
CESUPA - Comprehensive medical training also aims to prepare the professional for the various scenarios of care, especially in the Unified Health System, through an approach to the patient that values biopsychosocial care, comprising the cultural, affective, and spiritual dimensions. p. 25.
8- Internship services during the internship that promote training in care for traditional and indigenous peoples.
UEPA - It was not mentioned.
UNIFAMAZ - [...] The rural internship is contained in the area of collective health as a mandatory curricular component during the internship; p. 59.
UFPA - Extension programs and projects are formalized as: teaching-care integration, rural internships, complementary experiences, internships, field internships, and distance academic activity, among others... p. 47.
CESUPA - [...]Rural Internship, in the last semester of the Medicine course, is held in the municipality of Barcarena - PA, aiming to allow the student to experience health problems, in different scenarios, such as riverside populations, island dwellers, and other health problems. p. 314.
9- Existence of complementary academic activities related to the promotion and training of the

health of traditional and indigenous peoples.
UEPA - It was not mentioned.
UNIFAMAZ - Extension [...]Studies and research on aspects of the local or regional reality and Latin American integration. p. 38.
UFPA - In December 2008, FAMED began the process of transformation and search for a Pedagogical Project aligned with the National Curriculum Guidelines for Undergraduate Courses in Medicine and focused on the health needs of the Amazonian population. p. 9.
CESUPA - In the scope of extension, the integration of CESUPA with the social environment is established through four distinct strands, which are: provision of specialized services; community actions (projects); academic-professional actions (courses, products, and events); and sports and cultural actions; page 11.
10- Contains disciplines or modules that cover and value the knowledge of the culture, religion, and history of traditional and indigenous peoples.
UEPA - It was not mentioned.
UNIFAMAZ -... as for the contents on ethnic-racial relations and the teaching of Afro-Brazilian, African, and Indigenous history and culture, they are addressed in the axes: AES-1 Introduction to the study of Medicine and HM1 ... p. 151.
UFPA - It was not mentioned.
CESUPA - Not Mentioned

Source: Prepared by the authors.

As presented in research form 1 (Chart 2), one of the facts observed was the absence of mention, in all the PPCs analyzed, of the interrelationship with government programs that promote the health of traditional and indigenous peoples. When it comes to the basic cycle of the medical course, only the PPC of UFPA addresses training activities and clinical practices aimed at serving these populations. In addition, regarding the integrative modules on topics related to traditional and indigenous peoples, only UEPA includes this theme in its PPC, and on disciplines or modules that cover and value the knowledge of the culture, religion, and history of traditional and indigenous peoples, only UNIFAMAZ alludes to this in its PPC.

However, in addition to what has been highlighted, the PPCs of UNIFAMAZ, UFPA, and CESUPA contemplate the offer of internships during the internship, known as "rural internship" or "rural internship", which allows the medical intern student direct contact with traditional and Indigenous populations. Only the PPC of UEPA does not deal with this type of internship during the internship.

Another important aspect is that, in the PPCs of UNIFAMAZ, UFPA, and CESUPA, there is a reference to the performance of complementary academic activities that are related to the promotion of the health of traditional and indigenous peoples, such as extension programs, research that address aspects of the local reality, provision of specialized services and community actions in vulnerable regions, which contributes to the training of doctors who are better prepared to work in these communities.

DISCUSSION

The research revealed a significant lack in the PCCs evaluated by the four universities of Belém-PA regarding the incorporation of knowledge and practices that favor the health care of traditional and indigenous peoples. The analysis revealed that, despite the occurrence of some mentions, there is practically no integration between theory and practice and in a superficial way or with a very general tangency to the theme, evidencing a limited approach, without marked differences between the types of institutions (public and private).

This gap is evidenced when the PPCs do not identify the primary keywords "Indigenous peoples" and "traditional peoples". Recent data from the IBGE showed that a large part of the country's indigenous people (44.48%) are concentrated in the northern region of Brazil (GOVERNO DO BRASIL, 2013). Adding these factors together, it is demonstrated that there is a population that needs medical preparation that values life, capable of overcoming the biomedical paradigm to incorporate other dimensions in health care, improving the health care of these people respecting their ethnic and cultural singularities and that the 4 universities could improve medical training in this sense.

Furthermore, among the universities analyzed, only UEPA and CESUPA refer, albeit superficially, to the promotion of the health of traditional and indigenous peoples in their PPCs. In general, the four universities analyzed touch on the theme more generically, without going into depth on the subject, which contradicts the National Curriculum Guidelines (DCNs) for Medicine courses. Which provides in medical education the importance of involving knowledge, experiences, and systematized reflections on human rights, ethnic-racial relations, and the history of Afro-Brazilian and Indigenous culture (BRASIL, 2014).

When examining the training activities in the basic and clinical cycle of professional practices aimed at the care of traditional and indigenous peoples, only UFPA contemplates programs that aim to train students to serve these populations. This lack of a specific approach compromises the preparation of students to deal with the needs and realities of these communities, neglecting the importance of cultural sensitivity and intercultural competence in the training of health professionals. This fact is in line with what Pereira and Biruel (2014) point out, who states that the ethnic and cultural diversity of patients offers an enriching opportunity for health professionals and undergraduate students to experience

and learn. Thus, the research points to the need for more activities, for a more qualified training of students.

It is worth mentioning that there are isolated initiatives that show a growing concern with the inclusion of cultural perspectives in medical education, such as the GIESC programs at UEPA and MISC4 at CESUPA. These initiatives show a latent concern with the inclusion of diverse cultural perspectives in higher education, especially in the context of health education. However, the limited presence of these programs compared to the absence of explicit formative activities in universities highlights a significant omission in the educational approach towards communities. This raises questions about the effectiveness and comprehensiveness of inclusion and diversity strategies in different higher education institutions, as well as the need to expand and strengthen initiatives that promote a more intercultural education that is sensitive to the realities of this collectivity. This panorama contrasts with the thinking of Ulisses E. C. Confalonieri, who states that universities have a crucial role in the training of doctors prepared to serve these populations, and the absence of a systematized approach compromises the integrality of care.

In addition, it is noted the deficient existence of modules integrating themes related to traditional and indigenous peoples in the educational institutions analyzed, since this topic was mentioned only in the PPC of UEPA, and the offer of these modules was placed in the first four semesters of the course, to establish cultural, social and community health interactions.

Thus, the lack of attention from medical institutions regarding the preparation of health care for these people is notorious. This context is corroborated by Luna et al when they state that the scarcity of approach to the traditional knowledge of these peoples compromises the integrality of health care, as it is necessary to understand the local context and beliefs to promote integrated, specialized, and humanized care for these peoples.

Regarding the interrelationship of the PPCs with government programs that promote health for traditional and Indigenous peoples, such as the "Guide of Guidelines for Comprehensive Health Care for Populations of the Countryside, Forest and Waters" (CFA) and traditional Peoples and communities (PCTs)", this aspect was not mentioned in any pedagogical project of the medical institutions included in the study. This shows that these institutions have not prioritized medical education involved with ethnic diversity, since there is minimal integration of programs aimed at the health of these people with medical

graduation, as expressed in the DCNs. Chaves et al highlight that although the Ministry of Health implements health actions aimed at these people, such actions promote few opportunities for broad dialogues about their specificities, thus being a theme that is worked on in a very small way in the undergraduate course of health courses, which generates insecurity for medical professionals in promoting the care of these peoples. Therefore, the gap in medical education, about the intercultural and interethnic approach, compromises the health promotion of these people.

In addition, in the seventh item of the research form, we discussed the connection between the PPCs and government programs that approach the health promotion of traditional and indigenous communities, and all universities mention the theme in their projects.

UEPA and UNIFAMAZ address only the existence of public policies, programs, strategic actions, and guidelines in force for healthcare care, without, however, specifying which ones they are and for which communities they are intended. On the other hand, UFPA and CESUPA do not mention the existence of these programs, but highlight the importance of the Medicine Course establishing partnerships with the Unified Health System (SUS), aiming to offer the community excellent care in local and regional health, and this includes the insertion of students and professors in the different levels of health care throughout their training.

In this sense, the need to incorporate government programs in the Pedagogical Projects of Medicine (PPCs) becomes evident, given the growing relevance of this debate in contemporary times. In 2006, at the 4th National Conference on Indigenous Health (DIEHL, E. E.; PELLEGRINI, M), the inclusion of the discipline of Indigenous Health in the medical curricula was addressed, which highlights the importance of future health professionals acquiring knowledge about specific issues related to the health of Indigenous populations since their academic training. In addition, the qualification of health professionals underscores the importance of a continuous approach throughout the professional career to effectively address the health needs of these communities, as it is necessary to understand and respect their traditional practices, which can significantly contribute to better interaction and delivery of culturally sensitive health care.

In item 8 of the research form, we sought to analyze which universities offer internship services during internship aimed at training in the care of traditional and indigenous peoples. It is observed that UEPA is the only institution that does not have this

contact, the other universities include these internships as a mandatory curricular component for professional training. At UNIFAMAZ, the rural internship is integrated into the collective health axis, to expand the experiences of students, enabling them to immerse themselves in regions both near and far from the municipality, to obtain a deeper understanding of the local reality. Similarly, at UFPA, the rural internship is formalized through an extension program, which establishes a connection between the university and the community through interdisciplinary activities, aiming at the integral formation of the student and the dissemination of knowledge. At CESUPA, the rural internship takes place in the last semester of the course, allowing students to have contact with various health scenarios, including riverside populations, residents of islands with limited mobility, and rural communities far from urban centers.

Thus, it is evident that meaningful experiences during graduation, such as rural internships that involve the community, are effective for the development of a socially responsible curriculum, as health needs in rural areas differ from urban ones, requiring the presence of properly trained family physicians or generalists to provide essential care. On the other hand, the absence of adequate support for newly graduated health professionals can discourage the search for careers in this area and harm patients in these communities (KUMAR, R). It is essential to emphasize that these populations depend on trained professionals to ensure comprehensive care, considering the limitations of local resources. It is important to say that the consolidation of rural internship programs is a challenging issue due to pedagogical, logistical, bureaucratic, and administrative elements. Despite its importance recognized by students and professors, few medical schools in Brazil offer professional experience in rural or remote areas, which can result in a discrepancy between the curriculum of medical schools and the health needs of the population (LACERDA R DE, L.; APPENZELLER, S).

In addition, during the reading of the PPCs, it was also possible to realize that not all universities carry out activities aimed at traditional and indigenous peoples. We researched the existence or not of complementary activities that were related to the promotion and training of Indigenous health, after researching and reading the PPCs, we concluded that there is no promotion of these activities, which is not consistent with the reality of a city located in the Amazon region where it is surrounded by diverse population groups, such as traditional and Indigenous peoples, and it is also not consistent with the reality of a country that has an indigenous population of 370,000 people (NATIONAL HEALTH FOUNDATION).

With this, it is worth emphasizing the importance of studies and activities aimed at ensuring the health of these people who need special care, respecting their singularities and ways of life in their communities.

Finally, when we searched the PPCs to verify if there were modules that contemplated and valued the knowledge, culture, religion, and history of traditional and indigenous peoples. We found that during the undergraduate course of medicine, not all pedagogical projects discuss cultural appreciation, which is a reflection of a society that devalues and underestimates the cultural knowledge about these populations that, even before medicine, already contributed significantly to the health promotion of their peoples, through their vast knowledge about herbs, plants and traditional medicine (FERREIRA, LO).

Regarding the limitations of the study, it is worth noting that the documentary analysis does not allow a consistent assessment of the negative impact of these deficiencies on medical education. In addition, studies with a larger sample, including other regions of the country, should be carried out to obtain more robust results. Furthermore, because this study was carried out with data collection through a survey form, they may not have been able to investigate all the important aspects of the topic. Another highlight is that the lack of updating of PPCs is also a challenge since it is not clear whether universities are effectively following what is described in their official documents.

CONCLUSION

Therefore, it can be inferred that the pedagogical projects of the four undergraduate medical institutions in Belém/PA present significant weaknesses in the preparation of future doctors to meet the specific demands of traditional and indigenous peoples, through deeper and practical approaches aimed at the health of these populations, contributing to the training of health professionals in a context that requires cultural sensitivity and intercultural competence.

With this, there is a need to update the PPCs of these institutions, with the inclusion of learning aimed directly at the specificities of these people. The inclusion of modules that integrate themes related to the cultures and needs of traditional and indigenous peoples, as well as the insertion of internships that enable practical experience in the care of these communities, are essential measures for the training of doctors capable of offering safe, specialized and humanized care, considering the knowledge and health practices of these

peoples, since the health care offered to these populations should be more comprehensive and of quality, reducing disparities in access to adequate and respectful care.

Finally, it is essential to recognize the limitations of this study, which is based on documentary analysis and, therefore, does not allow for a consistent assessment of the negative impact of these deficiencies on the training of these medical professionals. More comprehensive studies, with larger samples collected in different Brazilian states, are needed to obtain more conclusive results. In addition, it is important to consider that PPCs are subject to updates, which may impact the effective implementation of the guidelines described.

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