

Dentistry for Patients with Special Needs and Dental education in Southern Brazil

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Abstract In dental education, a specific curricular component addresses issues related to Dentistry for Patients with Special Needs (DPSN). However, this is not a mandatory subject in undergraduate curricula, which leads to anxiety and insecurity among students and recent graduates due to their lack of preparation for treating these individuals. To identify and compare the characteristics of the content related to the care of people with special needs (PSN), a cross-sectional study using secondary data was conducted based on the curricular matrices of Dentistry programs in Southern Brazil. Information was collected from the official websites of higher education institutions. Out of 74 programs, 63 (85.14%) made their curricula available, but only 20 included the DPSN component - 7 in Paraná, 4 in Rio Grande do Sul, and 9 in Santa Catarina. Most Dentistry programs in Southern Brazil do not include the DPSN component in their curricular structure. There was no standardization regarding workload, course name, period offered, course type, or even the methodology adopted. It is concluded that the DPSN curricular component is rarely offered in undergraduate Dentistry programs in the Southern region of Brazil.

Descriptors: Dental Care for Disabled. Specialties, Dental. Students, Dental.

Odontología para Pacientes con Necesidades Especiales y educación odontológica en la Región Sur de Brasil

Resumen En la educación odontológica, un componente curricular específico aborda temas relacionados con la Odontología para Pacientes con Necesidades Especiales (OPNE). Sin embargo, este no es un componente obligatorio en los planes de estudio, generando angustia e inseguridad por parte de estudiantes y recién egresados por la falta de preparación para atender a estas personas. Para identificar y comparar las características de los contenidos relacionados con la atención a personas con necesidades especiales (PNE), se realizó un estudio transversal con datos secundarios, obtenidos de las matrices curriculares de las carreras de Odontología de la Región Sur de Brasil. La información se recopiló de los sitios web oficiales de las instituciones de educación superior. Del total de 74 cursos, 63 (85,14%) proporcionaron la matriz curricular, pero sólo 20 presentaron el componente curricular OPNE, 7 en Paraná, 4 en Rio Grande do Sul y 9 en Santa Catarina. La mayoría de los cursos de Odontología en la Región Sur de Brasil no tienen el componente OPNE en su plan de estudios. Se observó que no existe una estandarización de la carga de trabajo, nomenclatura, período de oferta, carácter de la disciplina o incluso metodología utilizada. Se concluye que el componente curricular OPNE rara vez se ofrece en las carreras de pregrado en Odontología en la Región Sur.

Descriptores: Atención Dental para la Persona con Discapacidad. Especialidades Odontológicas. Estudiantes de Odontología.

Odontologia para Pacientes com Necessidades Especiais e ensino odontológico na Região Sul do Brasil

Resumo Na educação odontológica, um componente curricular específico aborda questões relacionadas à Odontologia para Pacientes com Necessidades Especiais (OPNE). Todavia, este não é um componente obrigatório nos currículos, gerando angústias e inseguranças por parte dos estudantes e recém-formados devido à falta de preparo para o atendimento dessas pessoas. Para identificar e comparar as características dos conteúdos relacionados ao atendimento às pessoas com necessidades especiais (PNE), foi realizado um estudo transversal com dados secundários, obtidos a partir das matrizes curriculares dos cursos de Odontologia da Região Sul do Brasil. As informações foram coletadas nos sites oficiais das instituições de ensino superior. Do total de 74 cursos, 63 (85,14%) disponibilizavam a matriz

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curricular, mas apenas 20 apresentaram o componente curricular OPNE, sendo 7 no Paraná, 4 no Rio Grande do Sul e 9 em Santa Catarina. Os cursos de Odontologia da Região Sul do Brasil, em sua maioria, não apresentam o componente OPNE em sua matriz curricular. Observou-se que não há padronização de carga horária, nomenclatura, período de oferta, caráter da disciplina ou mesmo metodologia utilizada. Conclui-se que o componente curricular OPNE é pouco ofertado nos cursos de graduação em Odontologia na Região Sul.

Descritores: Assistência Odontológica para a Pessoa com Deficiência. Especialidades Odontológicas. Estudantes de Odontologia.

INTRODUCTION

Brazil, as the largest country in South America and the fifth most populous in the world, had an estimated population of approximately 212 million people in 2020, according to data from the World Bank. Regarding population characteristics, the 2010 census conducted by the Brazilian Institute of Geography and Statistics (IBGE) estimated that 45 million Brazilians - about 25% of the total population - had some form of disability. The appropriate term to be used, as recommended by the Salamanca Statement of 1994, is "persons with disabilities" (PWD).

In the context of dental care, it is essential to understand the number of professionals practicing in the country and how many are specialized in treating PWD. According to data from the Federal Council of Dentistry (CFO), Brazil has around 370,000 licensed dentists, but only 774 of them are specialists in Dentistry for Patients with Special Needs.

According to the National Curriculum Guidelines (DCNs) for Dentistry programs in Brazil, published in 2021, graduates must be prepared, as dental surgeons, to work at all levels of healthcare, based on a generalist, humanistic, critical, and reflective education. However, the generalist training provided by Dentistry programs may fall short of achieving this goal, considering that the competencies outlined in the DCNs require significant time to be effectively developed.

The DCNs, respecting university autonomy and regional diversity, allow each institution to define its own curricular structure, choosing both mandatory and elective courses. Although not limited to a single structural model, the curriculum—or curricular matrix - is widely recognized as the core of the Course Pedagogical Project (PPC). It establishes and organizes what students must learn, as well as the sequence of curricular components, which are structured into subjects, credits, workload, topics, and academic years or semesters.

In a study conducted in Malaysia and Australia, course coordinators reported that the main barrier to offering training in Dentistry for Patients with Special Needs (DPSN) in both countries was the lack of faculty experience in the area. However, it is during undergraduate education that students are introduced to the various fields of Dentistry, which later influences their choice of specialization. The absence of this curricular component may contribute to the relatively low interest in specializing in DPSN compared to more traditional areas such as Endodontics and Prosthodontics.

Most Canadian dental undergraduate schools do not offer specific courses dedicated to the care of people with special needs (PSN); instead, this content is integrated into other areas of the curriculum. The underlying assumption in the study by Sherman and Anderson (2010)³ was that training would lead to greater willingness among dentists to treat PSN. Some critics believe that educational programs raise awareness but do not increase the number of undergraduate students who treat patients with intellectual disabilities. However, research findings suggest otherwise, as dentists are increasingly seeking additional training due to a perceived lack of clinical skills related to special care³.

Therefore, a clear information gap exists regarding the curricular component of Dentistry for Patients with Special Needs (DPSN), highlighting a lack of studies on education in this area and justifying the need for further research. Moreover, introducing this topic during undergraduate education is more likely to yield positive outcomes - especially in fostering interest in the subject. Mapping the DPSN component across all Dentistry programs in Brazil could serve as a valuable source of data, providing a comprehensive overview and enabling the development of strategies for sharing experiences and approaches to the subject.

The earliest records regarding persons with disabilities (PWD) date back to ancient Egypt, which reported no discrimination and indicated that they were treated as equals in society, able to occupy any position - from pharaoh to slave. In ancient Greece, however, philosophers such as Plato and Aristotle viewed PWD as "malformed" individuals who should be eliminated. Described methods for doing so included exposure, abandonment, or being thrown from Mount Taygetus (a mountain range in Greece)⁴. With the rise of Christianity, such practices were condemned, and from the 4th century onward, the first charity hospitals began to emerge, offering shelter to the poor and to people with disabilities⁴.

The search for, above all, respect gave rise to a new debate: what is the most appropriate term to refer to a person with a disability? In the mid-1960s, after the two world wars, the term "handicapped" became widespread, even in mass media, referring to those who were "not capable"⁵. This terminology reflects the stigma and judgment imposed on PWD, based on the belief that any disability would eliminate or reduce a person's abilities in all aspects - whether physical, social, psychological, or professional.

By the late 1950s, three main terms were used by society to refer to PSN: defective, disabled, and exceptional. The term defective referred to individuals with physical deformities; disabled encompassed those with any type of impairment - whether mental, physical, social, or other; and exceptional referred to individuals with intellectual disabilities. However, the latter term was ambiguous, as it was also used to describe individuals with high abilities or giftedness, making it unsuitable for referring exclusively to individuals with intellectual disabilities⁵.

Throughout the 1990s, several alternative expressions emerged to replace the term "disabled," including "special children," "special students," "special patients," and "people with special needs" (PSN). Initially, the term "patients with special needs" represented a new terminology; however, with the enactment of Resolution CNE/CEB No. 2, the definition of "special needs" was broadened to include not only individuals with disabilities but also those with temporary impairments. By the end of that decade and the early 21st century, numerous global events were led by organizations representing people with disabilities, although these were not sufficient to reach consensus on a definitive terminology⁵.

Persons with disabilities (PWD) present specific epidemiological profiles. In Dentistry, several studies have reported a high prevalence of alterations in the stomatognathic system, such as dental cavities, edentulism, trauma, and periodontal disease, often resulting from poor oral hygiene⁶. It is essential that dental surgeons understand the most common oral characteristics associated with each condition, as this knowledge facilitates clinical care. Additionally, establishing a strong rapport and conveying a sense of trust and comfort are crucial to providing quality care for patients with disabilities.

The specialty of Dentistry for Patients with Special Needs (DPSN) was officially recognized in 2001. Its objectives include: "the diagnosis, prevention, treatment, and control of oral health problems in patients who present biological and/or psychological and/or social complexities, as well as the ability to understand and act within a transdisciplinary framework alongside other healthcare and related professionals who work with the patient"⁷.

The procedures performed on patients with special needs (PSN) do not differ technically from those performed on patients without disabilities. However, differences arise in other aspects, such as the need for physical adaptations to the dental office to facilitate and ensure accessibility for all users. These modifications may include ramps, elevators, wider doors, among others⁷. Additionally, differences can be observed in the use of dental instruments, such as mouth props, as well as in the interaction with the patient's family and caregivers. In some cases, users are unable to perform tasks such as proper and effective toothbrushing, requiring assistance from others.

It is also important to consider that many PSN require dental care in hospital settings due to more complex needs, behavioral management challenges, or systemic health conditions⁷.

Regardless of diagnosis, the importance of using appropriate and comprehensible communication should be emphasized. Furthermore, priority should be given to addressing the patient directly, as adult patients may feel diminished or offended if the professional communicates solely with family members or caregivers. Initial appointments should focus on listening, dialogue, and helping the patient become familiar with the environment, promoting comfort and building rapport. Clinical procedures should only be performed at this stage in emergency

situations. The focus must remain on the patient as a whole, prioritizing their needs and respecting their age and individuality during treatment.

A study involving 208 members of the Michigan Dental Association - mostly general dentists - revealed that they did not believe their dental training adequately prepared them to treat patients with special needs⁸. The development of skills necessary for the care of this population must be systematically organized and monitored throughout dental education, ensuring that faculty, students, and patients feel supported during this process.

During training, some students may treat patients with special needs. A review of the literature indicates that the initial feelings experienced by students when treating PSN are fear, followed by insecurity and anxiety. Many report not knowing what to do or how to proceed. In reality, what differentiates the care of PSN from that of patients without disabilities is largely behavioral, as the technical aspects remain the same⁹.

The objective of this study was to identify and compare the characteristics of curricular content related to the care of persons with disabilities (PWD) in the Dentistry programs of Southern Brazil.

METHOD

A cross-sectional and observational study was conducted^{10,11} using publicly available data. Initially, the names and general information of Dentistry programs in the states of Paraná, Rio Grande do Sul, and Santa Catarina were retrieved from the official website of the Brazilian Ministry of Education¹². Each institution's name was then searched using Google to locate the official website of each higher education institution (IES). Subsequently, the Dentistry program page of each IES was accessed, and the respective curricular matrix was reviewed to determine whether it included a course component related to Dentistry for Patients with Special Needs (DPSN).

The independent variables were the presence or absence of the DPSN component in the curriculum, the availability of the course's pedagogical project, and whether the program had graduated cohorts. The dependent variables included: the federal unit (state), administrative category of the institution (public or private), nature of the course (mandatory or elective), teaching methodology (theoretical, practical, or both), and the total workload of the program and the component.

Any curricular component that included terminology referring to the subject - such as "special people," "special needs," or related terms - was considered as addressing DPSN. Additionally, elective activities involving direct patient care, such as extension projects, were also included. Data collection was performed by the student researcher in July 2021, updated in March 2022, and subsequently reviewed by the advisor.

As this study involved secondary public data, ethical approval was not required in accordance with Resolution No. 466, dated December 12, 2012, of the Brazilian National Health Council¹³. For data analysis, descriptive statistics were used, with absolute and relative frequencies presented for categorical variables and measures of central tendency for quantitative variables. To assess associations between the presence of the DPSN component and the other variables, Fisher's exact test was applied, with a significance level of 5%.

RESULTS

Table 1 presents the characteristics of Dentistry programs in the Southern Region of Brazil, where a total of 74 courses were identified. Regarding the administrative category, 62 institutions were private and 12 were public. Paraná (PR) had 30 courses, Rio Grande do Sul (RS) had 23, and Santa Catarina (SC) had 22, with 7, 3, and 2 of these programs offered by public institutions, respectively.

Of the 74 courses, 11 (14.86%) did not have their curricular matrix available online. Among those that did, a significant difference between states was observed: 22 (29.73%) were from PR, 18 (24.32%) from SC, and all 23 programs (31.08%) from RS provided access to their curricular matrices.

Among the 63 courses included in the curricular matrix analysis, 7 (10.94%) from PR, 4 (6.25%) from RS, and 9 (14.06%) from SC offered the DPSN component. In RS, all four courses offering the component were from private institutions - two of which classified it as mandatory and two as elective. In SC, among the nine courses offering the DPSN component, one was from a public institution (mandatory), and eight were from private institutions, all

also offering it as mandatory. In PR, of the seven courses, one was affiliated with a public institution and six with private institutions - all offering the component as mandatory.

No statistically significant differences were found regarding the distribution of programs and the inclusion of the DPSN component across states, nor in relation to the administrative categories (public vs. private) of the institutions.

Table 1. Characteristics of undergraduate Dentistry programs in the states of Southern Brazil.

Variables		Paraná n (%)	Rio Grande do Sul n (%)	Santa Catarina n (%)	Total n (%)	p-value
Curricular matrix available online	No	7 (9.46)	-	4 (5.41)	11 (14.86)	0.025
	Yes	22 (29.73)	23 (31.08)	18 (24.32)	63 (85.14)	
Curricular component present in the matrix	No	16 (25.0)	19 (29.69)	9 (14.06)	43 (68.75)	0.096
	Yes	7 (10.94)	4 (6.25)	9 (14.06)	20 (31.25)	
Administrative category of the institution	Public	7 (9.46)	3 (4.05)	2 (2.7)	12 (16.22)	0.258
	Private	22 (29.73)	20 (27.03)	20 (27.03)	62 (83.78)	
Nature of the curricular component	Mandatory	6 (30.0)	2 (10.0)	9 (45.0)	17 (85.0)	0.857
	Elective	1 (5.0)	2 (10.0)	-	3 (15.0)	
	Theoretical	6 (33.33)	-	5 (27.78)	11 (61.11)	
Teaching methodology	Practical	1 (5.56)	1 (5.56)	1 (5.56)	3 (16.67)	0.111
	Both	-	1 (5.56)	3 (16.67)	4 (22.22)	

*Fisher's Exact Test, significant if $p < 0.05$.

The total workload of the Dentistry programs ranged from 3982 to 4860 hours in Paraná (PR), from 4000 to 5055 hours in Rio Grande do Sul (RS), and from 4000 to 4878 hours in Santa Catarina (SC), with standard deviations ranging between 322 and 351 hours (Figure 1). The specific workload of the DPSN curricular component ranged from 30 to 90 hours in PR, 40 to 80 hours in RS, and 36 to 126 hours in SC (Figure 2).

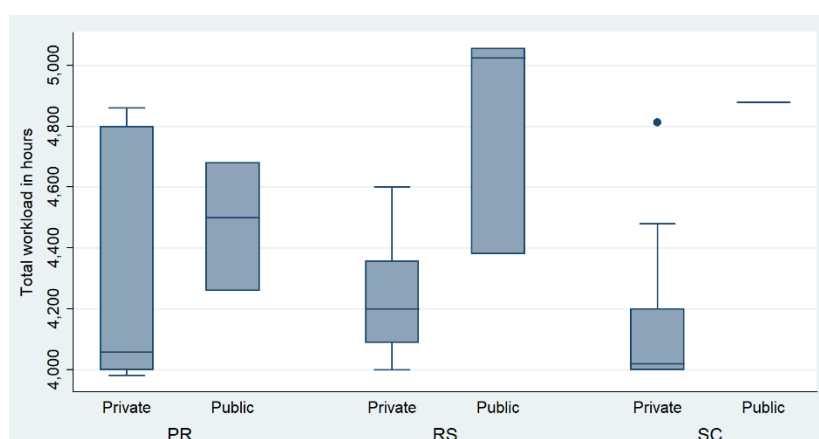


Figure 1. Variation in the total workload of Dentistry programs in the Southern Region of Brazil by state and administrative category of the institution.

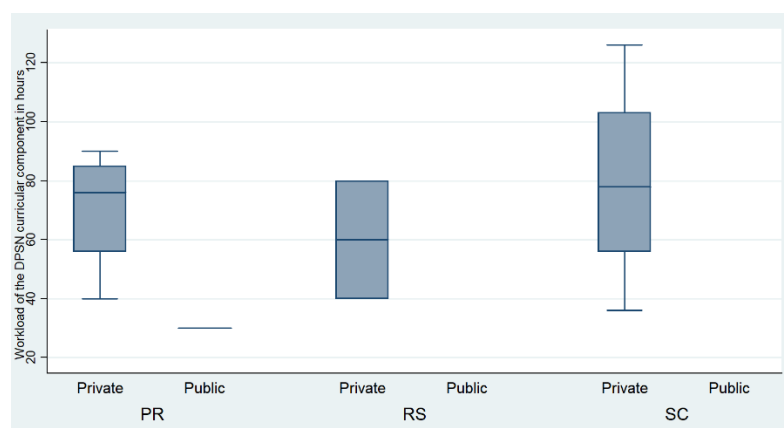


Figure 2. Variation in the workload of the DPSN curricular component in Dentistry programs in the Southern Region of Brazil by state and administrative category of the institution.

DISCUSSION

This was an observational study using secondary data that analyzed the curricular matrices of Dentistry programs in search of components related to Dentistry for Patients with Special Needs (DPSN). Considering that recognizing specific health conditions affecting PSN is essential for clinical management and therapeutic approaches, it is crucial that future healthcare professionals have opportunities to deepen their knowledge and skills through curricular components offered during undergraduate education. This contributes to expanding healthcare access and quality for individuals with disabilities.

When analyzing the presence of the DPSN curricular component in Dentistry programs in the Southern Region of Brazil, only 20 out of 74 programs offered this specific subject - two in public institutions and eighteen in private ones. Andrade et al. (2022)¹⁴, in a study conducted in the Northeastern Region of Brazil, observed a tendency for lower availability of this component in public institutions compared to private ones. Although this discrepancy is also evident in the Southern Region, where 83.78% of the programs are affiliated with private institutions, the difference was not statistically significant due to the relatively small number of public programs.

Regarding the curricular matrices, considerable variation was observed in how the component was presented. The most common difference was in the course title, such as Supervised Clinical Internship for Patients with Special Needs, Treatment of Special Patients, and Dentistry for Patients with Special Needs, among others. Additionally, in some cases, the DPSN component appeared integrated with Geriatric Dentistry. In 70% of Canadian undergraduate Dentistry programs, DPSN-related curriculum is delivered by faculty from the Department or Division of Pediatric Dentistry, with or without support from other departments³.

In Brazil, 775 specialists in Dentistry for Patients with Special Needs (DPSN) are registered with the Federal Council of Dentistry. Considering that approximately 45 million people have some form of disability, it appears impractical for PSN to have adequate access to specialized dental care. It would be highly beneficial for DPSN curricular components to be taught by specialists, thereby complementing the academic training of general dental practitioners, given the country's unmet demands and the comprehensive nature of health care.

When considering the profile of graduates as generalist, humanist, ethical, conscious, and engaged with social, cultural, economic, and environmental policies¹⁶, curricula and experiences focused on DPSN can broaden these new professionals' perspectives on the health-disease process. An education that highlights the importance of Continuing Education as a means to "learn how to learn" would bring benefits to faculty, students, and the wider community, including groups who face various barriers to accessing health care.

It is worth noting that retrieving curricular matrices initially appeared to be a straightforward task, with the expectation that all institutional websites would provide complete and accessible information. However, this was not the case in practice; the search required persistence and resilience. Furthermore, the project's data collection began mid-2021, and between then and May 2022, the number of offered courses, curricular matrices, and institutional websites changed,

affecting the information obtained. Some programs that previously included the DPSN component no longer offered it at the time of the latest search.

Limitations of this study include the exclusive reliance on curricular matrices, which may have limited data acquisition. Most matrices lacked detailed syllabi for DPSN components, hindering categorization and understanding of the pedagogical parameters underpinning these components. Additionally, changes to institutional websites during the data collection period may have introduced bias in estimating the availability of DPSN components, as some were no longer present in updated curricular matrices.

Practical experience in providing care to PSN during undergraduate training offers numerous benefits and should be encouraged as a pedagogical objective for general dental education. Exposure to diverse clinical scenarios may initially cause apprehension and insecurity in students; therefore, introducing new clinical workflows during the undergraduate period can help demystify outpatient care for PSN.

The National Curriculum Guidelines (DCNs) establish a series of rules and standards that Dentistry programs should follow and comply with; however, they do not specify a standardized format for pedagogical projects or curricular matrices. Nevertheless, the availability of this information - which is a legal requirement¹⁶ - presented clearly and in a standardized manner is essential both for data collection during research and studies, and to inform prospective students interested in the program. Considering that the curricular matrix was available on most institutional websites, documental standardization regarding syllabi and credit hours for curricular components is important, through better characterization of these components and their pedagogical foundations.

Since a large proportion of private universities in the Southern Region already include these components as mandatory in their curricular matrices, it is important to discuss how this experience can benefit professional training in public universities, aiming to disseminate knowledge and expand the provision of more inclusive health services for the population. Thus, it is believed that explicit pedagogical objectives and the mandatory offering of this specific component constitute a latent need, which seems to address the shortage of specialists available to meet the demands present in the Brazilian context.

CONCLUSION

A total of 74 Dentistry programs were identified, of which 63 (85.14%) made their curricular matrices available online; however, only 20 included the DPSN curricular component. Most Dentistry programs in the Southern Region of Brazil do not offer the DPSN component in their curricula. It was observed that there is no standardization regarding workload, nomenclature, semester of offering, course status, or teaching methodology. It is concluded that the DPSN curricular component is scarcely offered in undergraduate Dentistry courses in the Southern Region.

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