

PROFESSIONAL CULTURE IN VETERINARIAN CLINICAL PRACTICE: the construction of an interdisciplinary object

Telmo H. Caria¹ (2008)

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Summary

This communication will have as its main goal to make known the investigative work of a team based in the North of Portugal, which is dedicated to the theme of the *Social Analysis of Professional Knowledge in Technical-Intellectual Work* (ASPTI). To this effect, I will take as an example the empirical work done on clinical-veterinarian activity and I will show, by focusing on the concept of professional culture, the several disciplinary contributions and the diverse dimensions of analysis that we have developed in this line of research. More specifically, the professional culture of veterinarian clinical personnel will be described and analyzed in its practical-cognitive dimension, in its identitarian-relational dimension and in its discursive-reflective dimension, emphasising an approach inspired by ethnomethodology, on the francophone concept of ergonomic activity, on the psychology of situated cognition and on a conjuncture vision of the practice, of Bourdian inspiration.

¹ Sociologist, Associate Professor of Social Sciences at the University of Trás-os-Montes e Alto Douro and Full-time Researcher for the Centre of Educational Research and Intervention (CIIE) at the College of Psychology and Sciences of Education of the University of Porto. For further information on the professional activity which I develop, go to the personal web page: <http://home.utad.pt/~tcaria/index.html>

1. ASPTI line of research

Since 1999 that a line of research has been developed in the North of Portugal around work and knowledge in professional groups, with the participation of researchers of varied institutional and disciplinary origins: (1) researchers with different backgrounds in sociology, education sciences, and in developmental sciences and in professional areas that use social sciences (nursing, agrarian extension and social service); (2) researchers from the University of Porto, the University of Trás-os-Montes e Alto Douro, the University of Minho, the Braga campus of the Portuguese Catholic University, the Bragança Polytechnic Institute and the Superior Schools (colleges) of Health and Social Services of Porto.

This line of research has been designated as ASPTI seminar. The acronym ASPTI synthesizes the encompassing theme that we have dedicated ourselves to until 2004: Social Analysis of Professions in Technical-Intellectual Work. From 2005 onwards, when we became the main instigators of this network of researchers (GP network__etc) and of this annual colloquium, we have had a more circumscribed object of research, describing it as a Social Analysis of Professional Knowledge in Technical-Intellectual Work.

As a consequence of this orientation, since 2007 the central nucleus of this line of research is based at the CIIE of the University of Porto (Centre for Educational Investigation and Intervention at the College of Psychology and Sciences of Education of Porto) as an autonomous research group dedicated to the theme of “ethnographies of professional knowledge”. To have an idea of the path that we have developed you may consult our Webpage and the document annexed to this communication.

2. General Contours of the object Professional Culture

The concept of professional culture has been transformed along time at the centre of our theoretical problem. I will not develop it here from a theoretical point of view: that has already been the object of other work (Caria, 2008; 2005a; 2001). My goal, in this communication, is to indicate its general contours and more relevant analytical dimensions and attempt to illustrate some of our hypotheses though data extracted from one of our research papers: on the clinical activity of veterinarian doctors. The communication that my colleague Berta Granja will make next on this panel, relative to social workers, will also be a good example of the research which we have conducted in this research group.

As a first general contour, we could say that the concept of professional culture aims to serve as a mediator and translator of the meaning between the logic of research connected to the sciences of education and the sciences of work and professions- from the macro and of a historical-structural tradition – and the logic of research linked to ergonomics, organisational analysis and cognitive sciences – from the phenomenological micro tradition. As a result of this research we have tried to avoid the excessive institutional limitations of Sociology, Social Anthropology and Cognitive Psychology when they separate the explanations of the collective work processes of the educational and cognitive processes.

The communication of our colleague Gonçalo Praça – our guest in this panel – intends to be an example of what could be the confluences and interceptions between our problem – that of professional culture- and some of the work being developed today in the Sociology of Science in which the technical-scientific ethnocentrism is questioned and the so are the relationships of power that the more qualified technicians develop with everyday citizens.

In this sphere, we can explain the second general contour of the concept of Professional Culture. It intends to account for two types of social phenomena, relative to the way in which the social actors in general, and more specifically, the professionals with a high schooling capital, live in social organizations and institutions within post-industrial capitalist societies (Beck, 1998; Bell, 2004; Boltansky e Chiapello, 1999; Castells, 2000) and how culture and reflexivity are developed in post-modern societies (Bauman, 2007, Giddens, 1992, Miranda, 2002; Alexander, 2000). These two phenomena are: (1) the relationship between the institutional role played by professional groups and the collective processes of identity construction, faced with the doubled difficulty in defining and legitimising the institutionalized professionalism and framing it within bureaucratic and corporate organizations (Dubet, 2002; Marinez et al., 2003; Freidson, 2001); (2) The need to mobilize different types of knowledge within the context of professional work, facing organisational and technological constraints and relational and environmental contexts which suppose a growing social demand for differentiated effectiveness, contextual specificity, innovation and evaluation for professional intervention, paired with growing uncertainty on the diagnosis/interpretation of the forms of organisation and of the situations that need professional action (Gadrey & Zarifian, 2002, Nowotny et al., 2003; Leicht & Fennel, 1997).

As a consequence of this orientation, we have centred the analysis of professionalism to the micro scale, attempting to see the impact of the processes of institutionalization and legitimization of professions in the forms of organisation of social interaction and the professional reflexivity between peers. To this effect we privileged the comprehensive methodologies and the ethnographic research strategies so as to more easily intercept the contextual analysis of professional work with the socialization processes and with the mobilization and use of abstract and practical knowledge in social interaction. I will make these orientations concrete in the description I shall make below, concerning clinical-veterinarian work.

3. Professional Culture (1): from practice to activity in veterinarian clinic

First of all, veterinarian clinic, as part of a professional culture, is conceived as a social practice. Practical, in the sense that Bourdieu gives to the concept: an automatic and unconscious social improvisation determined by an incorporated social structure generated by the social trajectory of each agent, regulated symbolically by a matrix of im(possibilities) (or system of dispositions) of perception, of anticipation and social appreciation (*habitus*) which inscribes the practice in a field of social relationships of unequal power ((Bourdieu, 1972: 157-200; com Wacquant, 1992: 71-115). From this point of view, against the objectivism and structuralism and against the subjectivism and cognitivism, the social power structures and the symbolic representations are

an integral part of the agents' practical sense when they have to improvise by using their competencies in a situation ((Pharo et al. 2003, Giddens, 1989; DiMaggio, 1997; Myles, 2004).

To obtain information on the practices of veterinarian clinic – and the lack of possibilities to develop an ethnographic strategy of investigation as we did with other professional groups (Loureiro, 2008; Granja, 2008; Pereira, 2008; Caria, 2000) – we built a research- training device which placed in an interview relationship, experienced veterinarians telling young veterinarians their processes of integration into the clinical professional path, be it with cattle and dairy production to provide human substance, or with the health protection of domestic animal companions. (Caria & Granja, 2008; Caria, 2006; Caria, 2005b:199-201).

The device took inspiration from a pragmatic and comprehensive reading of the ethno-methodology and symbolic interaction (Quéré, 1987; Quéré & Pharo, 1990; Dodier, 1993; Breton, 2004; Queiroz & Ziotkowi, 1997). It attempted to compare the organisation of everyday clinical diagnostic symbolic practices in the professional field with those that had been learnt by socialization in the university medium and that had, at their basis, the description and observation of pathologies in experimental, simplified or simulated situations. In this way, it was intended to understand the forms of professional actions which made intelligible and explicit, in the social interaction between peers, the practical conscience of doing and thinking veterinarian clinical practice throughout a career.

As we shall see, the compared descriptions of experienced have brought to our attention the existence of multiple disturbances and breaches of meaning between what was assumed as a natural attitude in the university field and in technical-scientific socialization and that which, *a posteriori*, was necessary to a competent practice in the professional field².

[At the beginning of a career we have] also that feeling that the practical training that we have, when we study, is a bit lacking. That practice is not the one we encounter in everyday life.

"I remember that my main difficulty was in taking responsibility for the situation. I had seen cases such as those lots of times and those situations too. When I was with the supervisor, I thought: 'a cow with the same thing again', and didn't pay attention! I thought that when it would be me, I would know what to do. And then it is completely different. We have the responsibility and we have to know if we are ready or not for the situation. [...]"

"we have a good baggage of theoretical elements [...], but there's so much subject matter that it's natural that the information isn't completely defined. And i think that was the biggest problem when i started working. [In the beginning] it was necessary to abstract myself from all that potential of information we had acquired [to solve everything] and only focus on the clinic, [...] and now we only went to work with one or two things, in the beginning I solved the cases, but at the same time I would do revision on the subject matter: I restricted, I studied again, I reprogrammed, I would do the same summaries. I would try to understand what was most important and what was secondary, depending on the cases that would appear.

"Today [after 6 years of professional practice], what has mostly changed is the way to approach the cases. That is, in the beginning we have a tendency to be clumsy when diagnosing or to search for the clinical evidence of the disease. We don't really know, despite having been taught, we don't really know what the importance of each sign is. With time, you learn to determine what is really important and what is not.

It should be noted that we are discussing a course which has a high professional nature: there is practical training, there is practical teaching and there is direct observation. In fact, in this

² All of the underlined presented in transcriptions of reports intend to highlight the expressions that seem to be more analytically pertinent,

course there are very explicit and detailed prescriptions on the ways to think and act when faced with the situations and clinical cases, and in spite of that, the data presented, taken from reports on the organisation of the forms of clinical diagnostic, appear to tell us of a course without professional purposes, which supposedly would not have applied research that would serve it directly. Therefore, the data show that practice in the professional field is thought and described as having another logic, or epistemology, because even though it depends on socialization in the university field, the transference of its practical sense is not automatic for the professional field:

- The diagnosis practice that allows intervention with the animal is not the same which allows to explain and see the manifestations of the pathology;
- The relative importance of the signs of the pathologies does not coincide;
- The organisation of available information is not equivalent.

In synthesis, the theoretical-analytical value of scientific knowledge is reconfigured and re-described in such a way that it gains a interpretative-hermeneutic value (Theureau, 2004), making the diagnosis a part of the clinical interaction and not an end in of itself as it seems to occur in the university field.

This conclusion is in no way original. It meets the conclusions of other work on the relationship between formal and informal educational processes (Barbier, 1996; Schon, 1983; Courtois & Pineau, 1991) and on the characteristics of action and cognition in situation (Lave & Wenger, 1991; Schuman, 1987; Vera & Simon, 1993): the symbolic practices which have knowledge conception, abstraction and generalization purposes, as prescriptive and detailed as they can be about practice, are always lower than cognition and improvisation in the situation, because they have an hierarchical and linear organisation, which is simplifying and controlling of the process of thought and action, and inadequate to the development of experimental knowledge of the practitioners.

I will add to this theoretical consideration two others:

- The existence of a relationship of power between the symbolic dimension of diagnostic in the university field – organised through reference to the scientific community, typified practices and discursive training – and the practical which improvises in the professional field, can be conceptualised through Basil Bernstein's (1998) concept of recontextualization, although it is a professional recontextualization and we don't presuppose that this process, at the micro and socio-cognitive levels, is determined by the existing symbolic power structure³.

³ It is convenient to remark that in this way of analysing transference of meaning between different social fields that relate to the practical consciousness of the actors and the structures of knowledge, we distance ourselves from the approaches of Bruno Latour and Michel Callon, and therefore do not describe the socio-cognitive processes as a translation of network languages (Fornel, 1990; Grossetti, 2007).

- For professional improvisation in situation to develop as a professional culture, it needs to be actualised and explained by the elder practitioners so that it can be learnt adequately and competently by the younger practitioners, i.e. it needs the occurrence reports that make it intelligible to peers – through the practical consciousness that they develop in group interaction⁴ - to show the existence of a shared practical meaning or common forms of organisation.

But the practical meaning of professional practice may be increasingly reported and described as one is increasingly before a juncture where a significant historical displacement occurs – according to Bourdieu (1979:109-248; 1998: 137-144) a *hysteresis* or aging of the *habitus* – between the social structure embodied by the agent and the relationships of power that exist within a certain social field (Caria, 2008). In the case in we are analysing, the juncture displacement shown occurs in the biographical plane and originates – following closely the work of Dubar (1991) on professional socializations– originates, as I was saying, a dislocation between the inherited socialization processes, constructed by the autonomy of the self, and the processes of socialization defined by others and by the existing professionalizing social processes.

Faced with this “juncture of dislocation”, we can say that practice needs – to be adequate to the situation and so that the agent can see his competence recognised- it needs, I was saying, to be made subjective by social and socialized interaction in the comparison between situations and ways of organizing action, the concept of *activity*, used by the ergonomic and francophone research tradition (Schwartz, 2007; Clot & Faïta, 2000; Champy-Remoussenard, 2005), shows itself to be useful in this case, because, without questioning the orientations that we have enunciated above, as related to the concept of practice, allows us to deal with the collective subjectivities of work and the specificity of socialization and professional development junctures (Clot, 2004).

4. Professional Culture (2): from activity to the institutionalization of veterinarian clinic

Professional culture has a second dimension for analysis: a construction of identity. Associated, generally, to identity forms of the community type, and/or the status-institutional type (Dubar, 2000). It allows limiting a practical and symbolic territory which defines relationships of belonging/exclusion to the group or reference/mobility to the group, i.e. the production of a local meaning for the activity (Appadurai, 2004:237-281).

In the case of a community identity form it will be necessary that a work collective exists between professional peers, where the older and the younger actualize in mutual presence the inherited *habitus*, making the past identity (expression of an incorporated social structure) and the identity projected in the present(result of multicultural relationships and new power conditions) (Lahire, 2003). On a previous ethnographic research about elementary school

⁴ In this way, the regulatory role of *habitus* in the production of social improvisation is displaced to social interaction (Caria, 2004; King, 2000).

teachers we were able to describe and analyze a professional culture that developed itself in this mode of identity construction, (Caria, 2000; 2007).

In the case of a status-institutional identity form it will be necessary that the legitimacy of power in the current institutional system is sufficiently systematic and coherent to give stability and predictability to social relationships: to correspond positions with stances and to allow the easy conversion of capital and power between different social fields. In this way, the institutional system will have the ability to develop the functional individualized socialization of younger professionals within a consistent system of social roles and status and to propel the necessary action routines for the amplification of action and cognition situated in wider institutional systems (Giddens, 1989).

In the research device we have developed for the veterinarian clinical work we did not have the opportunity, as I have mentioned, to develop any ethnographic research strategy, nor did we have the possibility of, via interview relationship, find reports on the interactions within work collectives. Thus, the questions on the identification of the professional culture in veterinarian clinic were circumscribed to the status-institutional form, using for this effect data related to two dimensions of analysis: the interactive interpretation of the professional role; the construction of interaction routines.

As it pertains to the interpretation of the role in interaction, let's look at a few examples:

"The fear of failure is one of the great initial difficulties. It's the fear of one doing badly or not doing do well in the clinical acts...that isn't due to one not knowing what one is doing but to the lack of ease with which any professional comes face to face with when starting the professional life. And the other big problem, which creates difficulties in our initial attitude, is that one feels a certain lack of confidence on the part of the client... thinking that he is thinking one is...one is too young and that perhaps one does not know what one is doing."

"In the beginning it is mainly a question of beginner's self-confidence and most of all while talking to the clients, not as much in the veterinarian part. I had some obvious difficulties at the start of my career, but most of all in the way of approaching the client. [...] Being at ease... the ease during consults has changed a lot; and that is what makes one feel self-confident."

The data show that the re-contextualizing of clinical activity does not occur only in the practical-cognitive dimension. The start of the career demands that the re-contextualizing of veterinarian activity occurs as well in the identity-relationship plane, as an important power ambiguity occurs: the professional authority in the early years of a career lacks validation by the "other", even if he is a layman, as the professional understands his condition as a beginner obliges the client to participate in a judging of his competence. The feelings of insecurity develop up until the moment when the young veterinarian realizes, in the reciprocity of the interaction with his client, that his social status is recognised and is stabilized: his practice is institutionalized, and therefore, he stops feeling that his professional identification is under threat.

As a consequence of the interactive recognition of professional authority, a routine of clinical activity will be created. Let's see:

"[...] self-confidence is reinforced through time. But then the clinic gets to be a bit of a routine. Everyday cases repeat often and we start to get a complete grasp of them, although one or other will always demand greater study."

"We are faced with a few typical situations that lead us to always suspect. When those evidences appear, we always suspect a certain diagnosis. Often perhaps, if we went beyond, we would find... find other evidence that would lead us to another type of diagnosis. But we stick to the first symptoms, the more routine ones."

"Before I would spend ten minutes chatting with them, before I would even look at the cow (...) Nowadays I include that chat a lot more in the clinical exam: I'm performing the clinical exam and I ask them about this, and that, about this, that and the other... that is, so that I don't waste a lot of time and to fit everything together, while I do the clinical exam I will ask: for how many days hasn't it eaten; so what does it eat and what doesn't it eat; is it giving milk or not; has its production lowered or not [...]. While you're checking the temperature, you're watching the respiratory movements; while you see all that, the mucus membranes and all that, you flip the cow upside down and you ask this and that. That way it's much easier."

As is evident through the last description, the components of diagnosis, of intervention/manipulation of the animal and of communication with the client cease to be pointed out and isolated as problems with the activity. The practice and cognition in the situation, the relational involvement and the identification with the activity, make an organised whole which gives form to the action: a professional culture.

5. Professional culture (3): from institutionalization to uncertainty in veterinarian clinic

But the professional culture of veterinarian doctors takes on dimensions of greater complexity. The re-contextualizing of scientific knowledge in the action and routine of the interaction isn't sufficient to describe this professional culture, because, in the social plane as in the cognitive, the institutional system is not always reported as sufficiently stable and predictable.

"The uncertainties are never overcome, because there are always new diseases and medicine. We wonder if we wouldn't have a quicker response if we had used a different treatment. Sometimes we apply the same treatment and a cow won't react. Each animal is an animal, each organism is a different organism, so we can't say that to treat a mastitis [...] you always do it a certain way. Not all [animals] react the same way to the same medication."

"[...] after having already done the clinical exam and having managed to gather something from the owner, we move on to the phase of differential diagnosis. Here the uncertainties return, because there are many causes for one or two symptoms. And we, sometimes, also question ourselves as to whether there isn't another diagnosis, something we are missing and we can't think of. Ultimately it's knowledge that makes us have a lot of uncertainties: the fact that we are alert to the many possibilities [which] we don't control."

The data show, therefore, that clinical uncertainty comes from acting on biological systems and that a profound scientific knowledge can, perversely, be a source of greater doubts in professional intervention. The fact that the biological systems in question are inscribed and dependant on human and social framings seems to further increase the clinical uncertainty.

So, the clinical-veterinarian professional culture seems to have a format that supposes risk management, given the partial lack of control that exists over the validity of diagnoses and over therapeutic effects. But the perception of acting in the framework of an uncertain institutional system is not consensual and so generates some "bad conscience" and even an individualistic social representation of the activity:

"[...] as i was saying, the clinic is a bit routine. Often we sit at the desk, while the owner is talking, and we've already reached a diagnosis. We fall into the temptation of not even standing up from our desk to look at the animal and sometimes we can make a mistake."

"Sometimes we work everyday, we see animals everyday, and we get certain vices in certain therapies. And many times we lack the time to study, to read new articles. And I speak for myself; I don't want to make the mistake of five years from now, working in the exact same way that I work now, as many people I know do. But I have a feeling that may happen, whether I want it to or not."

The exploratory work we have realised allowed us to pose the hypothesis that this perception of uncertainty in the institutional system is unequal between the members of the group, faced with the most recent changes in the positioning of the profession in the field of animal health: the older ones in the profession (on average with a 14 year career) have developed an identity within the profession through a relationship with a market of animal farmers, with low cultural capital, living in rural mediums, in which the legitimacy and the authority of the institutionalized profession was unquestionable; the younger ones (on average with an 8 year career, always more than 3 years and graduated from university in the last ten years) seem to show a less authoritarian identity and a more attentive one to the need to develop a reflexivity about the complexity of situations, leading to an easier integration of clients in the decision and clinical information processes, originating from having as a main work market domestic and company animals, located in an urban setting and more exposed to a greater diversity of biological species, with owners that have medium and high cultural capitals.

In the first case the individualistic social representation reappears, associated with naturalistic representations of the activity, where the routine as well as the contingency of the institutional system are surpassed by “intuition”, “faith” and “façade behaviour”:

“I think some people are born with a clinical eye. Some things go unnoticed, but some people have this “clinical eye”, or vocation or intuition, that is inbred, and it’s natural in people that wanted to be veterinarian doctors. I think this is present in the beginning and it never dies. And that is what solves our uncertainties [...]. people may be able to relax a little more and let the routine of each job carry, being used to what they are doing, carry them. And after all it isn’t that, because there is something different and the person didn’t notice it at the time, relaxed a little, but their clinical eye, if they have it, would have made them wake up, and not make the mistake or even find the right way within their own doubts.”

“[...] it’s a bit complicated to tell people that you don’t understand a case. That is, a lot of the times you have to go “chest out and God help you”, because that’s the way things go well, normally. If not, if you go in there a bit undecided, showing doubts, if things go well people will say it was chance, if it goes wrong it’s because the doctor didn’t know what he was doing. So an individual has to go in with a certain amount of confidence, showing that he knows, otherwise you run the risk of having your work under scrutiny.”

In the second case, of younger veterinarians working in urban settings with small domestic animals, the uncertainty is managed in the situation with the client, still affirming their professional authority, because it’s still this that gives status identification:

“I explain everything, all the causes, all that it could be, the different diagnoses that can be made, and when I don’t know I say so, really, that I don’t know. It’s no use making things up and deceiving people. I think this is half way to earning the client’s trust, because if we start making things up the person can tell. If you’re sure of what you’re saying, people also can tell you know what you’re talking about.”

“Usually, what is done to get the participation of the owner and to give him the notion of my situation on that pathology, is to expose the uncertainties that you have. Almost like: “he has diarrhoea, but he is this old, so it could be this, this and that”; he changed his diet, etc. I mean: show that you have uncertainties, but that those uncertainties are founded on a technical way [of acting]. I think that when we show uncertainties...from my point of view, if I show uncertainties I have to show that they are those of a person with scientific knowledge, because the other uncertainties are shared by the client.”

In both cases, the professional culture is evident in a new dimension of analysis: a discursive reflexivity that expresses itself in social representations and in significations about the

institutional system that frames the professional practice and identity. Using Pierre Bourdieu's terms, these are stances in the professional field that appear to participate in a legitimacy conflict between professionals.

6. Discursive Reflexivities and professional culture (?)

But there is a very significant difference between the discourse of the older group of veterinarians and that of the younger ones. In the first case, the individualistic and naturalistic social representations develop within the framework of a system of significations where there is the search for apparent control over the institutional system, presenting it as regulated by non-social factors or by the manipulation of the client. It is, therefore, a set of significations that has the effect of disqualifying the professional's and the client's reflexivity and developing a discourse that makes the social interaction between them irrelevant to the management of the existing uncertainty. On the other hand, in the case of the second group, of the younger ones, the significations have the reverse effect: they promote the reflexivity of the professional and of the client, because they direct the discourse towards enhancing the conscious action, making the management of the clinical uncertainty at the centre of the social interaction.

So, we can say that the social representations of the older ones' practice have become an obstacle to the development of the professional culture because they take the reflection of social forms of organisation of action in the locale out of context. In the second case, the representations are significations of the practice which enhance the development of professional culture because the discourses summon the social agents to use reflexivity in social action so that they know how to manage the uncertain, and, therefore, to better know how to describe and explain what they do and what they think differently when they observe the occurrence of contingency in the situation.

The final conclusion is that the development of professional culture always supposes a contextualization of discursive reflection into knowledge able to organise practice and identity in conditions of institutional uncertainty i.e., in new junctures. Thus, representations and significations that, on the other hand, remove from context the reflexivity of professionals cannot be considered as part of the professional culture object.

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ANEXO

Trabalhos e recursos disponíveis da equipa ASPTI

1- Ver na internet:

<http://home.utad.pt/~tcaria>

<http://home.utad.pt/~aspti/>

<http://br.groups.yahoo.com/> (fazer busca no servidor Yahoo em grupos com a palavra “GP_etc”)

2- Trabalhos teóricos e metodológicos sobre culturas profissionais

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3- Trabalhos da equipa de maior pendor empírico

Caria, Telmo H. (2007), "A Cultura Profissional do professor de ensino básico em Portugal: uma linha de investigação a desenvolver?", *Sísifo. Revista de Ciências da Educação*, 03 [<http://sísifo.fpce.ul.pt>].

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