

## Strengthening the teaching-learning process of Family and Community Medicine in Iberoamerica

Fortalecimento do processo de ensino-aprendizagem da Medicina de Família e Comunitária em Ibero-américa

*Fortalecimiento del proceso de enseñanza aprendizaje de la Medicina Familiar y Comunitaria en Iberoamérica*

Fernando Coppelillo. Facultad de Medicina Universidad de Buenos Aires. Argentina. fernando.coppelillo@gmail.com (*Corresponding author*)

Humberto Jure. Facultad de Medicina, Universidad Nacional del Nordeste. Argentina. hjure2000@hotmail.com

Maria Beatriz Ciuffolini. Facultad de Medicina Universidad Nacional de Cordoba. Argentina. mcifiuffolini@hotmail.com

Diana Yuruhán. Universidad Católica Nuestra Señora de la Asunción. Paraguay. dyuruhan@hotmail.es

### Working Group

Aguilera Luis (España); Aleida Marlen (Honduras); Alvarez Sintes Roberto (Cuba); Araya Zamora Héctor (Costa Rica); Arias Castillo Liliana (Colombia); Astudillo Romero Xavier (Ecuador); Baza Ricardo (Costa Rica); Braida Julio (Uruguay); Buffa Gabriela (Argentina); Cabrera Haydee (Mexico); Casado Vicente Verónica (Spain); Cascante Gómez Alejandra (Costa Rica); Fernández Larrauri Milagritos (Peru); Fernández Gutiérrez Herrera Raúl (Mexico); Fernández Ortega Miguel Ángel (Mexico); Galván Barrantes Alonso (Peru); González Pantaleón Violeta (Dominican Republic); González Reyes Carolina. (Chile); Hooock Jennifer (US); Icaza Carlos (Costa Rica); León Jose Luis (Costa Rica); López Nancy (Chile); Luna Tellez Yossadara (Mexico); Mahecha Rivera Lina Maria (Colombia); Martínez Bianchi Viviana (US); Montalvo Johanna (Ecuador); Mussetti Gustavo. (Uruguay); Niz Clara. (Uruguay); Ramirez Gerardo (Mexico); Rodarte Alina (Mexico); Rojas Tenorio Nancy (Costa Rica); Rodríguez Sotomayor Jorge Jesús (Panama); Roselli Karina (Uruguay); León Salas Jose Luis (Costa Rica); Sánchez Monge Aurora (Costa Rica); Sandoval Gladys (Paraguay); Silvera Cristina (Panama); Suárez Sergio Ariel (Argentina); Upun Hi Teresa (Guatemala); Valle Jorge Alberto (Honduras); Valverde Juliana (Costa Rica); Vargas Mejía Carmen (Costa Rica); Vargas Patricia (Chile); Villaseca Silva Patricia (Chile); Ysmodes Yvonne (Peru)

### Abstract

The teaching-learning process in Family and Community Medicine is analyzed from the perspective of the professional cycle stages: the formation of university degree, specialization in graduate school and finally the permanent education service. For each of these stages the dimensions of the content and clinical abilities to be developed, the stage of the teaching-learning process and skills of teachers for each of them are analyzed. This analysis allows to guide the overall strengthening of specialists in family and community medicine with clinical practice of high quality, person-centered, family-oriented and community-based.

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Medicine  
Teaching Learning Process  
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## Resumo

O processo de ensino-aprendizagem em Medicina de Família e Comunidade é analisado a partir da perspectiva das fases do ciclo profissional: a formação de graduação, especialização em pós-graduação e, finalmente, a educação permanente em serviço. Para cada uma destas etapas se analisam as dimensões do conteúdo e competências clínicas a serem desenvolvidas, os cenários do processo ensino-aprendizagem e as competências dos professores para cada um das mesmas. Esta análise permite orientar o fortalecimento global dos especialistas em medicina de família e comunidade com uma prática clínica de alta qualidade, centrada na pessoa, orientada na família e baseada na comunidade.

### Palavras-chave:

Medicina de Família e Comunidade  
Processo Ensino Aprendizagem  
Ensino Universitário  
Especialização  
Educação Permanente em Serviço

## Resumen

El proceso de enseñanza aprendizaje en Medicina Familiar y Comunitaria es analizado desde la perspectiva de las etapas del ciclo profesional: la formación de grado universitario, la especialización en el posgrado y por último la educación permanente en servicio. Para cada una de estas etapas se analizan las dimensiones de los contenidos y competencias clínicas que se deben desarrollar, los escenarios del proceso enseñanza aprendizaje y las competencias de los docentes para cada una de las mismas. Este análisis permite orientar al fortalecimiento global de los especialistas en medicina familiar y comunitaria con una practica clínica de alta calidad, centrada en la persona, orientada en la familia y basada en la comunidad.

### Palabras clave:

Medicina Familiar y Comunitaria  
Proceso Enseñanza Aprendizaje  
Docencia universitaria  
Especialización  
Educación Permanente en Servicio

*“To teach is not to transfer knowledge but to create the possibilities for its production and construction. Whoever teaches learns in the act of teaching, and whoever learns teaches in the act of learning”*  
Paulo Freire

## Introduction

The strengthening of the learning-teaching process (LTP) of family and community medicine specialists (FCMS) in the region constitutes a key objective in health systems to assure access to quality care centered on people. Developing family doctor's clinical competencies should be the main goal in human resources policies.

We have decided to structure the document following a family doctor's training process from their medical studies at university to their specialization, and finally their permanent training once they are working as physicians. To give it a systemic perspective, we have included teacher's training in order they can adapt to the content and processes currently required by the systems.

## Objectives

The purpose of this work is contributing to the learning-teaching process (LTP) in FCM strengthening within the region to guarantee clinical competencies and quality care in the communities.

The objectives were:

- Analyzing the right training scenarios, the curricular content in each of the training stages and the characteristics of teacher's training in FCM.
- Evaluating the FCM development level at university, teacher's training and specialization certification processes in their countries.

## Methods

After consulting experts three dimensions for each of the learning-teaching process stages in FCM were developed Dimensions: 1. The contribution of Family Medicine in the University. 2: Contents for learning-teaching processes 3: Right scenarios for the learning-teaching process. 4: FCM teacher's training. A semi structure survey was designed

and distributed to WONKA-Ibero-Americana CIMF Scientific Societies. A total of 20 FCM teachers completed the survey, three editors surveyed independently the preliminary document and key indicators were identified. During a second stage there was a focus group where the previous job was analyzed and final indicators established.

In a second part, the teachers participating in the first stage were asked to qualify the indicators in a Lickert scale from 1 to 10 (in which 1 is no development and 10 is great development). The aspects analyzed were development of family medicine within universities in their countries, teacher's training and specialization certification processes. An average was estimated for each aspect.

## Results

### Family and Community Medicine (FCM) contribution for the development of Clinical Competences in under graduate level at Medicine Schools

Some decades from now, educational systems around the world foster the innovation of curricular and educational models and the incorporation of FCM to undergraduate levels. It is in this context that the FCM teacher is responsible for the permanent incorporation and the eventual success of such innovations, bringing about changes in several teaching scenarios. Nevertheless, the incorporation of FCM educational proposals, requires a deep reflection, that considers among other aspects, threats coming from educational policies, the economic system, social movements, administration styles and organizational culture from our universities, mostly supported by the biomedical paradigm and centered on hospital care.

FCM incorporation to undergraduate levels allows pupils to acquire the following competencies:

- Comprehensive and continuous approach to healthy patient's problems;
- Focus risk application on the most frequent ailments;
- Learning on immunization management and epidemiological watch;
- Health education;
- Family approach;
- Patient and family communication.

This allows a more anthropological medical training for students, where they can learn and find interest not only in the psychological and social aspects of their patients but also in biological ones.

Undergraduate levels must emphasize PC (Primary Care) so that graduates, independently of their later specialization, can understand the logics of a health system not centered on hospitals.

FCM widens the framework of the clinical approach; going from sickness analysis to people's approach as a whole within their family context (who will share the patient's health management) and their community (whose determinants will ease or obstruct peoples' health management). Family Medicine changes the clinical analysis standpoint considering people inside their context.<sup>1</sup>

### Undergraduate Family Medicine Contents

FCM should provide contents related to the History of the specialization involving the needs and the social context where it was developed.

An interdisciplinary group must develop the subject matters with a wide range of theoretical and practical contents:

- Initially the group must know the relevant sociological and anthropological process at a world and national level to have a biological, social and psychological (comprehensive) approach of the human being.<sup>2</sup>

- They will also know the approach for social health determination and risk social management.
- The group will deepen on environmental health for an ecologic view.
- Knowledge and deepening of the core of FCM itself (most prevalent and/or serious health problems) that allow increase the capacity to solving about 90% of the health problems presented at the community's scenario.
- Community participation development in health care, together with the tools that enable a social diagnosis.
- Encouragement of interdisciplinary activity with other health areas. Curricular working places can be created jointly with other similar curricular activities (nursing, social work, psychology, anthropology, pharmaceuticals, physical therapy, etc).
- Quaternary Prevention.
- Evidence based decision making.
- People's comprehensive health approach as a savvy and efficient health activity that tackles the fragmented, uncoordinated and inefficient view of patient's health.
- Family health approach, knowing their living context (rather than making background analysis), knowing the risk and health problems they share and suggesting and reaching health care to overcome them.

Contents should be reviewed and updated according to health systems needs within countries in the region where there is a possibility of family medicine level available. FCM contents must be dynamic and adaptable to countries' needs.

## Scenarios and methodology for clinical competences development in undergraduate levels

Ideal scenarios are the primary health care centers, implemented or in agreement with Universities, with shared resources for health care and teaching. Regarding methodology, clinical tutorial is the first choice, although exhibition classes, small groups seminars, problem based learning, conceptual maps, observations and clinical simulations are also options. Having undergraduate content as a basis, practice sites should be guided to community development where the student can follow the community during his studies. They will approach people to learn about their story of life. Later, they will analyze their environment with a social approach and afterwards with family medicine tools. The student will be able to make a comprehensive, systemic approach at an individual, family or community level. For this to be possible there must be a strong interaction between the University and the Health Sector.

Inside the classroom, basic concepts can be addressed with a participative, educational methodology. This will make pupils analyze and think by means of real clinical cases. Actual interdisciplinary practice scenarios would be ideal. At this point, integrating curricular spaces should be considered, common for various health sciences degrees by means of problem solving cases teaching method.

Consultation with the Family and Community Physician will provide them with the chance of directly meeting patients, their main health problems and the person/family centered approach.

The development of face to face and distance tutorials are meant to promote critical reflection and complex thinking. The methodologic proposal contemplates individual and group activities for problem solving. This is meant to bring back previous knowledge that learners have from a constructive standpoint in the learning - teaching process.

## FCM teachers' training

FCM teachers must have training with an approach by competencies so as to contribute with the learners when they must challenge problems in context. Knowledge integration (cognitive, procedural and attitudinal) allows them to identify, argument and solve them. Family Medicine teachers should elaborate a concept and methodology that enables observation, analysis, comprehension and design of meaningful interventions in the community.

Undergraduate and post graduate levels must share resources for the unification, congruency and agreement in knowledge building and to make teaching processes administration sustainable as well as teaching management efficient. Family Medicine teacher's training must be broad enough so as to deploy abilities in different knowledgeable frameworks, a wider one (specialized training) and a more specific one (undergraduate) although training remains the same.

Teachers' training must be continuous, recertified and compulsory. Thus a possibility must be presented for teachers to choose for an update that ensures quality education. They must have a teaching/education university degree. From this standpoint, the abilities a teacher must develop are: personal commitment to be updated and their ability to adapt to different scenarios and environments. Undergraduate teachers must carry out team works with interdisciplinary approaches where nurses, anthropologists, public health doctors and health agents among others can interact too. Teachers must know how to elaborate a clinical tutorial and how to feedback pupils. They must have training on observation/evaluation guidelines and teaching methods, written question making and curricular coordination. They must have basic teaching training (pedagogy and didactic) among others such as PHS and FCM specific continuous updating and new didactic teaching techniques.

When considering the target public is under graduate, teachers must be ready to use youth and adult teaching techniques and be able to use information technology or communication techniques that these age groups are familiar with. Problem methodology is crucial so that learning is generated according to students' previous knowledge using talking techniques and knowledge building. It would be great if teachers shared FCM clinical activities.

Teachers should know how to analyze the kind of students they have in the classroom and the various learning processes they feel comfortable with.

FCM teachers must have interdisciplinary training on educational projects developed in a specific action context (Community Health Care Space). These are meant for discussion, analysis and sharing of previous experiences that allow significant and relevant knowledge from a comprehensive point of view. Active citizens' participation must be promoted as a right that will impact on social health determination processes.

## FCM contents in Post Graduate Education (Residency or Specialization)

The content of FCM specialist training program could be outlined as follows:

- a) Patient Care: doctors under the specialization process must be capable of providing compassionate, appropriate and effective health care to patients so as to find solutions to their health problems and promote it as well. They will provide necessary clinical care for patients in the ambulatory or hospital environment regarding technical proceedings exclusive to family doctors according to the community needs within their working area. They must also understand how to take care of healthy individuals. They will prioritize prevention to assistance, offer continuous individual help considering it a priority by means of Problem Oriented Clinical History, with clear and precise information that allows continuation under their responsibility. They must include patients who require continuation of the treatment at home, will offer continuation of health care to hospitalized patients. They will also home visit the elderly, disabled, terminal or socially risky patients. They will coordinate and integrate each patient's care to keep their responsibility over their patients in every environment. They must also be able to deal with patients from different ethnic groups.<sup>3,4</sup>
- b) Medical Knowledge: They have to state their knowledge of established or developing concepts on sciences such as biomedical, clinical, epidemiologic, social and behavioral, applying them to patient, family and community care. Analytical and inquisitive thinking is required to approach patients in: population groups such as teenage and children's health, women's health, adult' and elderly health, mental health, human

behavioral science, community medicine and health system management. They must be aware and apply support and basic sciences related to FCM and will apply community research methodology principles including situation diagnosis applying intervention and participation techniques.

- c) Practice based learning: They must show their research and evaluation capacity to take care of patients and their family, deepening and analyzing scientific evidence. They should set learning goals and practice improvement. They must systematically analyze practices using quality improving methods. They will find, evaluate and assimilate scientific evidence related to health problems in patients, their families and communities. They will use information technology thus supporting their own learning process. They will have an active role in patients, family and community, resident doctors and members of the primary health team training.<sup>5</sup>
- d) Interpersonal communications skills: Resident doctors must be capable of showing interpersonal communication abilities resulting in the effective information exchange as well as establishing a team relationship between the family, patient and the health professionals. They will internalize a verbal and non - verbal language communication methodology.<sup>6</sup>
- e) Professionalism: Resident doctors must show their commitment to carry out professional responsibilities and fulfill with ethical principles. They must show humanism, compassion, integrity and respect for the others and provide patients, their families and communities with answers overcoming their own personal interest. They will respect patients and families' privacy and autonomy. Must be sensitive and have the response capacity to diverse populations without any conditioning on genre, age, culture, race, religion, disability or sexual orientation. They must have University Teaching and provide students with the experience acquired.
- f) Health Services Management: Resident doctors must show conscience and response capacities to the health system biggest context being able to selectively claim the resources to the systems to provide the best service. They will efficiently work in health care within the different environments (hospital, health centers, at patient's homes, etc) They will coordinate patient and family care within the system and practice health care having the in mind the cost effectiveness relation and resources distribution so that quality and equity are not at risk. They will know how to merge with health care managers and providers, to evaluate, coordinate and improve the service knowing how these activities can affect the system's running. They will know how to apply PHC service provisions and will incorporate access and availability concept.
- g) Family Approach: The family must be the research goal integrating a series of abilities typical of family management. Families as the research goal for family doctors must be understood as a social institution. They must recognize family types, family and couples evolution cycles as well as couples functionality and dysfunctionality. They must use tools such as Genogram and concept approaches such as General Systems Theory, General Communication Theory. They must acquire abilities for decision making before critical family events and get training at the different levels of prevention, information counseling, guidance and family therapy. They must have abilities to interfere with other disciplines facing couple problems, intra family violence, addictions, poor school performance, migration or any other situations that alters family wellbeing.<sup>7</sup>

### Scenarios and methodology for FCM clinical abilities development in Postgraduate (Residency and Specialization)

It should mainly be developed in PHC, inside the community, patients homes and in general, in all those scenarios that allow direct contact with their patients and where they can evaluate their pathology.

The proposal is to work with methodologies that facilitate the meaning and reorganization of knowledge, values, attitudes, skills that enable the comprehensive approach to health problems inside the community scenario. There

is a need for prioritizing innovative methodologies aiming to progressively generate competencies in the different areas contemplated in the program which require interdisciplinary activities that together with self reflection brings positive aspects and the ones to be improved in every problematic situation.

FCP must deploy their services in different scenarios from hospitals or clinics to emergency rooms or doctor's offices but they must also develop abilities from different health care angles such as home - visiting, day hospitals, and interdisciplinary team work for future multiple pathology approach.

## Scenarios and methodology for permanent training in favor of Family and Community Medicine Specialists.

Permanent Health Training is an educational and methodological strategy encouraged by PAHO since 1995 for human resources development and institutional capacities that allow a quality improvement of health care. Licensed Practitioner Cristina Davini defines it as: "An institutional - pedagogic intervention strategy oriented to achieving efficiency and effectiveness when providing medical services (quality assistance, and customer satisfaction) towards the improvement of work processes within the health team and towards worker's individual and group promotion. According to this model FCP strengthen interdisciplinary practices.<sup>1,8</sup>

Thus, Permanent Health Training (PHT) suggests inserting health staff training deep inside team works. They meet to analyze and solve problems from everyday life trying to improve attitudes, knowledge and abilities.<sup>9</sup>

This methodology is practiced inside the work environment, analyzes team's institutional mission and the working process one deals with technical aspects, relations and human processes, users and institutional ones as well. It is mainly people centered from the official to the user. It identifies and analyzes, in the right context, the concept of Health Care Network. There should be a different scenario per health area and lead to certification and recertification processes of professional competencies.<sup>10</sup>

## Experts qualitative evaluation on FCM training development within the region

There was a wide variability of the development perception of the studied dimensions and there is effort to be made in the region to improve those aspects. (Chart 1) (Graphics 1, 2, and 3)

**Chart 1.** Average score (0 to 10) of the dimensions subject to evaluation.

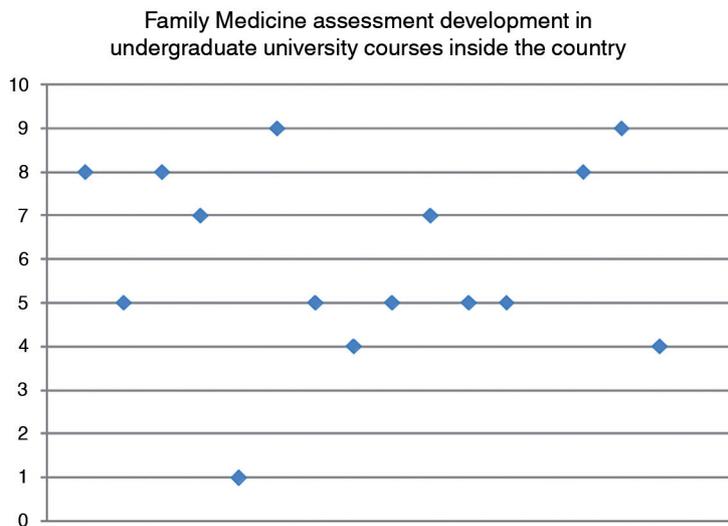
Dimension	Average
Family Medicine Development at University	5.6
Family Medicine Teachers' training	5
Specialization Certification Development	5.2

## Discussion

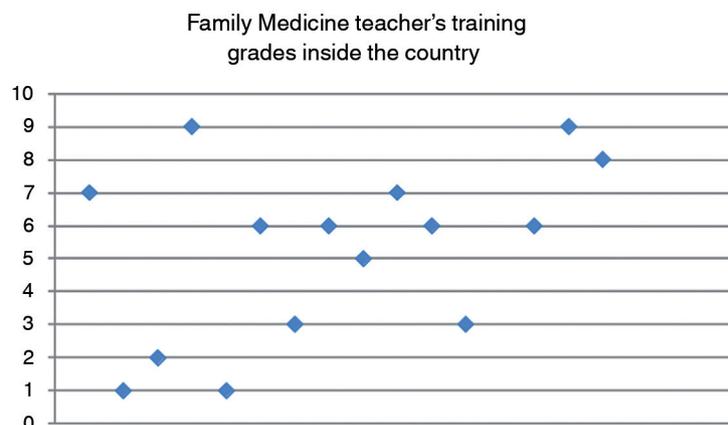
Making a comprehensive approach on Health - Illness Care Process requires in the first place to re think our own practice and understanding this "way of doing things" feeds on a certain concept of health and its care, and to a certain comprehension of the person and his/her family or community environment; and to some knowledge building and health teams practice.<sup>2,3</sup>

In a Learning-Teaching educational process - in order to make the complexity of the Health Illness Care Process understood - comprehension and approach devices must be assured to evidence the relation between society general processes, different lifestyles within groups and special conditions in people's lifestyles.<sup>4</sup>

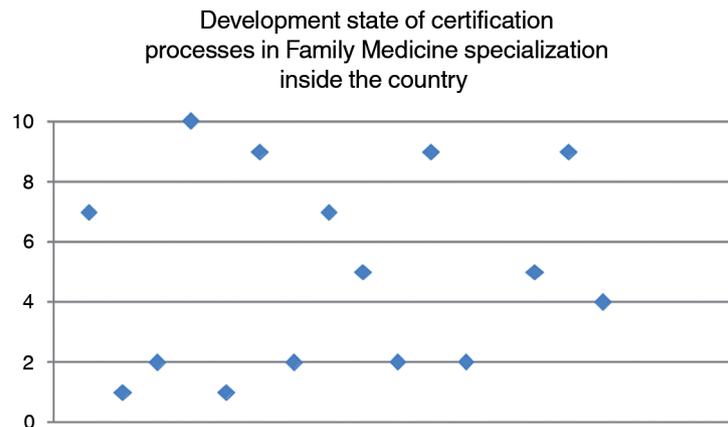
We must begin then from the sickness concept as one that does not result from the external action of an aggressive environmental agent or the internal reaction of a susceptible host, but from a total process of pathological



**Graphic 1.** Family Medicine assessment development in undergraduate university courses Inside the country - Lickert Scale - 1 is no development and 10 is great development.



**Graphic 2.** Family Medicine teacher's training grades inside the country - Lickert Scale - 1 (bad) - 10 (very good) qualification.



**Graphic 3.** Development state of certification processes in Family Medicine specialization inside the country - Lickert Scale - 1 (bad) - 10 (very good) development state.

effects and understand health as a constant in permanent tension and conflict in search of a better quality of life. This process is conditioned by the potentialities, capabilities and limitations that people, families and communities face when handling available resources.<sup>8,9</sup>

## Conclusions

1. Training contents are oriented towards acquiring professional competencies that ease a comprehensive and holistic approach of the illness-disease-health care process. This must be supported by a social view that fosters the capacity of solving health problem with the biggest incidence on our population, during all stages in life.
2. Introducing educational proposals on Family and Community Medicine requires deep thinking that consists, among other aspects, of threats coming from educational policies, the economic system, social movements, administration styles and organizational cultures that prevail in our Universities mostly supported by the biomedical paradigm.
3. The ideal training scenario is the Primary Health Care Center. Regarding methodology, tutorials should be used mainly, although other options are recommended as well: FCP office's follow up, classroom workshops, role play, Gessell Camera, student's videos during consultation, problem solving based learning and case studies.

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