National Program of Integral Community Medicine, Venezuela

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Objectives: To describe the development and preliminary results of the National Program of Education in Integral Community Medicine in Venezuela, implemented by the Ministry of Higher Education in 2005.

Methodology: Descriptive analytical.

Results: The author reports that at the beginning of 2005 the Ministry of Higher Education in Venezuela shaped a National Commission to develop and oversee the National Program of Education in Integral Community Medicine. This committee began its task with the identification of six fields for action:

1) The program aims to educate and train doctors to ensure coverage of primary care in the general population. The principles aim to base its activities on solid scientific fundamentals, clear clinical skills and values such as responsibility and social commitment. Its general design incorporates two key actions: the implementation of the curriculum in the Barrio Adentro clinics with community participation and the formation of teacher’s staff with the contribution of Cuban doctors.

2) Leadership, development and implementation of the National Program of Integral Education in Community Medicine is supervised by the National Academic Coordinator, headed by the Vice Chancellor of the University College "Francisco de Miranda", the Ministry of Health, six Venezuelan universities and six Cuban health educators from Barrio Adentro. This organizational pattern is accredited by the National Universities of Venezuela Council.

3) The selection of students is achieved through five steps: call through the media, application review and recommendations, personal interviews and finally the selection, with support for students with low income.

4) The design of the curriculum contains essential elements that contribute to the promotion, preservation and restoration of health of the general population with skills that are developed in basically on three areas: health team, patient care and administration.

5) The teacher’s staff is trained on three aspects: a) content of medical training, b) training in education and pedagogy, and c) systematic methodology for developing and evaluating the teaching faculty.

6) The evaluation of the curriculum is done in three areas: academic, institutional and external.

Thus, the authors present the following preliminary outcomes of the program: the existence of a minimum essential infrastructure; the acceptable implementation of training certificates and graduate degree program; and the student satisfaction. Before these results, the challenges of the program are threefold: the selection and retention of students, the use of specialists as teachers and the articulated development of the Barrio Adentro program.

Conclusions: The authors note that the National Program of Education in Integral Community Medicine is based on an approach to primary health on universal and equitable care, sustained by the health care of Barrio Adentro. For them, the program was made possible thanks to international cooperation and the commitment of the designers of the curriculum.