

The academization of primary care

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Dear Mr. Editor:

After reading with interest the editorial article entitled "The academization of primary care", written by Dr. Liz Hamui Sutton and Dr. José Halabe Cherem, we would like to comment on the experience we have in this regard at the Faculty of Medicine of the National Autonomous University of Mexico (UNAM).

In 1997, the Secretariat of Clinical Teaching and Medical Internship introduced seven primary care units in order for students to have the opportunity to develop their professional competences in safe and controlled environments according to the graduate profile for general practitioners. More have been gradually incorporating, and currently there are 31 permanent venues belonging to the Mexican Institute of Social Security (IMSS) and to the Institute of Social Security and Services for State Workers (ISSSTE). These medical fields enable the acquisition of skills associated with medical preliminary training, since

interrelations between students, teachers and patients occur naturally, and significant learning is acquired on both theory and clinical practice. In 2015, 15 of these venues were supervised. In these visits, an opinion survey was applied to the students, and both students and teachers were interviewed. In general, trainees expressed feeling satisfied with their learning, which is practically personalized and of a sound academic level. Faculty and authorities also stated feeling happy for having students that, mostly, were responsible and committed.

Through the Teaching Training Master program, the teachers of the primary care units have been trained.

Currently, we are working on a document where we delve into the obtained results.

References

Hamui-Sutton L, Halabe-Cherem J. La «academización» del primer nivel de atención. Gac Med Mex. 2016;152(1):5-6.

Answer to the letter sent to the editor

Dear Dr. Javier Alarcón, Dr. Patricia Vidal and Dr. Karem Mendoza:

We appreciate and recognize the effort the Secretariat of Clinical Teaching and Medical Internship (SECIM) of the Faculty of Medicine (FM) of the National Autonomous University of Mexico (UNAM) makes to incorporate fifth semester students and teachers in primary

care clinics, as we mentioned in the editorial. The proposal we presented goes beyond temporary rotation in the preparatory course of the clinical cycles. We consider that the required change is systemic, i.e., it involves the binomial of the National Health System with the country's medicine schools and faculties, as well as a rational distribution in the rotations of all undergraduate students. Although little by little the third-year fifth semester groups of the UNAM FM have

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increased to 31 at clinics of the Mexican Institute of Social Security (IMSS) and the Institute of Social Security and Services for State Workers (ISSSTE), and that both students and teachers feel satisfied with their academic experience, as the authors of the letter to the editor mention, the change we propose refers to the three and a half years clinical cycles last (seven semesters) and to a transformation of the organizational and working structure at the health units that

enables a learning environment according to the experience that as general practitioners they require for their professional practice. Hence, we continue to maintain the two proposals exposed in the editorial, that is, to regulate and academize educational spaces.

Yours sincerely,

*Dr. Liz Hamui Sutton and Dr. José Halabe Cherem
Mexico City, March 24, 2016*

Academy and assistance at first-contact care; a teaching binomial

Doctors Hamui-Sutton and Halabe Cherem¹ present an interesting editorial on primary care academization, based on a recently published article on the present and future of family medicine in Mexico². It is important to point out that first-contact physicians have been traditionally considered as the group with fewer possibilities to obtain a high-specialty update, which has been a mistake, since in other countries with universal social security they are a group of professionals that plays a preponderant role in the care of the population. General practitioners who do not aspire to pursue a specialty should be able to carry on with their continuing education through the numerous congresses existing at the national and international level within their field and other specialties. As it happens in other nations, they could train in diseases such as diabetes, HIV, heart failure, maternal-child health, high blood pressure, etc. These studies, with their respective certification, would not turn them into endocrinologists, infectologists, cardiologists, gynecologists, pediatricians and/or internists, but would elevate the prestige and recognition of their important work.

Well-understood and managed assistance is a magnificent scenario to reinforce medicine theoretical/practical concepts. "Patient-hours" should not be conceptualized as an obstacle to learning, since they are equally or more important than "classroom-hours" for an adequate practice of the profession.

On this occasion there is no need of a medical movement to achieve this goal³, because, with adequate planning and strategy, we might obtain satisfactory results on the mid-term.

Specialization in specific diseases by a first-contact physician would result in professional support by colleagues within the work setting where the so-called "difficult cases" most frequently occur, which would lead to better care for patients within that level of care.

References

1. Hamui-Sutton L, Halabe-Cherem J. [The academization of primary care]. *Gac Med Mex.* 2016;152(1):5-6.
2. Varela-Rueda CE, Reyes-Morales H, Albavera-Hernández C, Ochoa Díaz-López H, Gómez-Dantés H, García-Peña C. [Family medicine in Mexico: Present and future]. *Gac Med Mex.* 2016;152(1):135-40.
3. Gutiérrez-Samperio C. [The Medical Movement in Mexico 1964-1965: What's happening half a century later?]. *Gac Med Mex.* 2016;152(1):124-34.

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