Title: Integrating essential public health functions (EPHF) in the curriculum of medicine

Author: Marco Sosa, M.D.

What problem was addressed: In Colombia, the Social Security System had created new kinds of organizations as Health Promoters Enterprises, Delivery Health Services Institutions (Hospitals and Clinics, Laboratories, Health Centers), and Secretaries of Health for each town. All of them had been managed by physicians but their results had not been the best. One cause of this condition could be the lack of information and training in competences around Public Health and managed of health organizations that physicians had received when they were students of medicine. The Essential Public Health Functions (EPHF): 1, Monitoring, evaluation, and analysis of health status; 2, Surveillance, research, and control of the risks and threats to public health; 3, Health promotion; 4, Social participation in health; 5, Development of policies and institutional capacity for public health planning and management; 6, Strengthening of public health regulation and enforcement capacity; 7, Evaluation and promotion of equitable access to necessary health services; 8, Human resources development and training in public health; 9, Quality assurance in personal and population-based health services; 10, Research in public health; and 11, Reduction of the impact of emergencies and disasters on health, weren’t included inside the curriculum of medicine and are considered poor importance on this career. “From the educational point of view, the graduates of schools and faculties of health sciences do not generally have competences, profile, culture and attitude that are necessary for the provision of adequate health services. The curricula need to be changed, and the mission of training institutions needs to be redefined in order to increase their integral participation in the health development process.” [PAHO. Official document 296. Sept. 2001].

What was tried: According with this situation, the contents of Public Health that are inside the curriculum of Medicine of Fundación Universitaria San Martín was redesigned in two steps: 1. to integrate / align EPHF in the curriculum mandates, program contents and Methods of delivering an outcomes approach of public health component. 2. Once the EPHF were included in the curriculum, were include almost 8 EPHF inside the PBL cases of basic cycle (years 1 to 2) and professional cycle (third year) with the others contents of the curriculum (basic sciences, clinics) according.

As result of these two steps The Public Health courses of years One and Two were aligned with EPHF. The Cases (12) for PBL in basic cycle (two first years of career) were arranged according with contents and EPHF. These contents and cases are used actually all time for the teachers of first, second and third semester. There is not enough time to evaluate the results or competences but all tools to evaluate them had been created too and include MCQ, Essays, checklists that will be applied during this current semester (July to November 2011). Nevertheless for teachers from
basic sciences, clinics and public health, the integration of knowledge inside the PBL cases increase the opportunity that student correlate this kind of knowledge in one specific situation.

**What lessons were learned:** The pathway to integrate knowledge from different areas (basic sciences, clinics, public health and search) is easier when the learning process is supported by PBL cases.

To create an integrated program, is necessary to work with all kind of teachers, especially those of them that start and end the Cases.

Incorporate the knowledge of EPHF with another kind of knowledge that could be seen most attractive for the students, permit that the students create links between individual health - public health and social determinants.

**Bibliography:**