

# MEDICAL CURRICULUM FOR INTEGRAL MEDICAL EDUCATION

## *Currículo médico para a formação médica integral*

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If I were the owner of Brazilian universities and bound to form the doctor for patients (particularly the ones of health insurance plans, SUS and miserable) - promoting or treating them - I initially would plant a tree. In it supporting the trunk, its possible to find the roots, were are located the mandatorily basic disciplines, Pathology, Semantic Medical, Legal Medicine, Pathophysiology, Ontoethics, Medical Problems and Forming Disciplines. In the latter, distributed among the six years, it can be found: Performing Arts, Fine Arts, Philosophy, Portuguese Language, Literature, Music and Poetry.

From the trunk leave the branches, represented by basic clinical areas: Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Emergency, Mental Health and Public Health, all focused on the assistance in medical office, ward and outpatient clinic (urban, peripheral and rural). Among these areas, would be engaged specialties, developed into two activities, ie, firstly, taking off from above areas only what is routine - simple and prevalente, in a such way that specialty would teach the student what is more common -, and secondly, the cast of specialties would offer electives disciplines for choices in the future, as elective disciplines (Figure 1).

From the main branches out others, called Internships in General Surgery, Internal Medicine, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Public Health (suburban). Complementarily to these internships are offered Freestyle Disciplines, ie, the student will choose training period by his own.

During the course two activities must be obliged: supervised shifts in the various sectors, and the presence in Living Center where they will talk, listen, discuss topics of formation pillars. They are Health Care, to educate; Performing Arts, to well represent; Plastic Arts, to look at the patient as a whole (holism); Philosophy, to learn reflections; Portuguese, for writing; Literature, to have something to talk to the patient; Music, to make the student more sensitive, and Poetry, to feel and train the power of synthesis.

Reading a newspaper once a week would put the student into the contemporary moments, creating an essay on spirituality and sharing. The theory, news and theoretical learning would take place at the library and on the internet (pilaster of information).

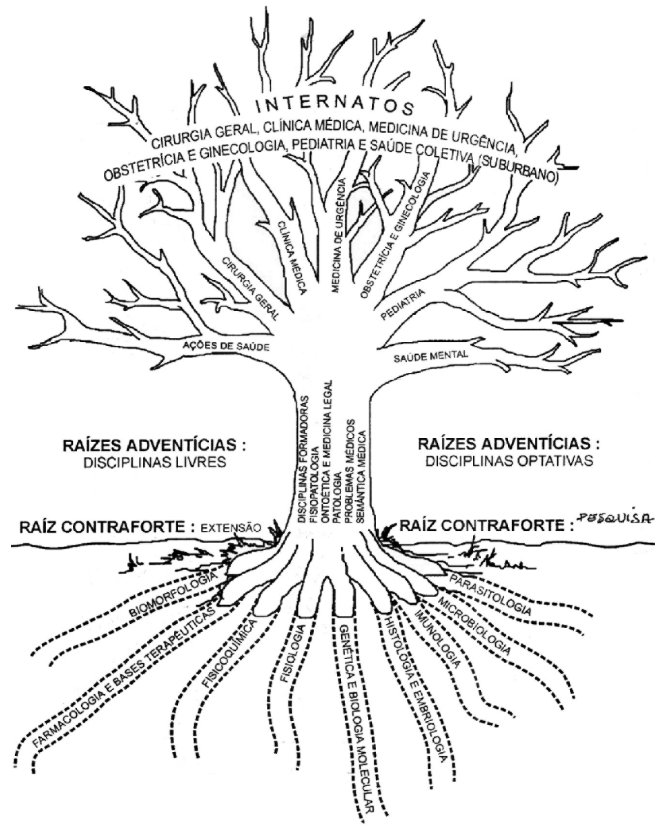


FIGURE 1 - Cultural Relations, Human, Environmental and Etiquette (RECHAE)

The trees have adventitious roots. Are extensions that shed branches to the ground to support themselves against the winds and adversity (specialties are offered and students will choose some in compatible number from the total time to be graduated). There are also buttresses roots surrounding the base of the trunk. If the student wishes to invest in basic research, he will devote more time to the basic laboratory to differentiate himself as a researcher or invest in corporate extension

The traditional six years are completed. We can not, however, put the newly graduated (not yet formed) doctor, to attend public patients in the rural areas, because the people that live there are humans, not guinea pigs. The school will organize as Rural Internship programs in clinical/surgical supervised programs for two years, through free teaching, technical visits,

telemedicine, references to the medical school when difficulties come.

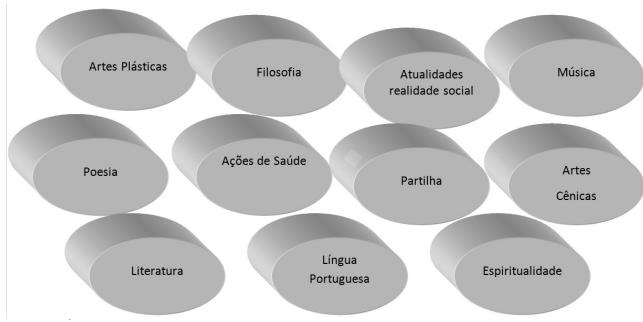


FIGURE 2 - Living Center to get sensitivity and interest of students in the areas

In both years the salary would be fascinating, time would count for evaluation and to obtain credits to post-graduate programs. The basic specialties would help to well-form general doctor. The family doctor, the general practitioner should be PHYSICIANS.

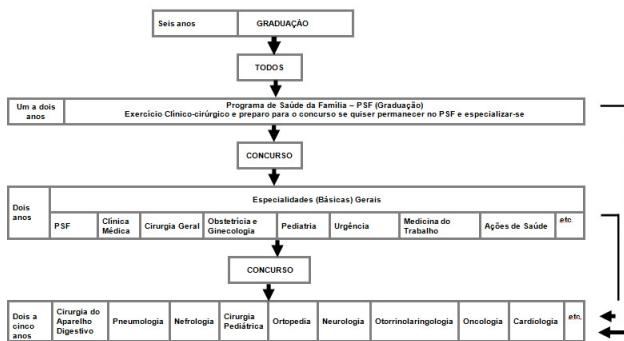


FIGURE 3 – Evolution of education after graduation

Why all this time and effort? To guide, educate and treat patients (and not only users) who will receive equal and safe care, since the highest executive till to the most miserable human being. Nobody would be guinea pig, all would be patients.

Lastly a detail. Why all this time and effort ? To serve patients regardless there positions into the society as a whole, because they are our Medical Problems. Doctors exist, because we have a problem: our patients. We conclude that, with this way of thinking, since the beginning, the student will have increasing contact with his focus: the patient. Everything converges to this discipline, which is mandatory.

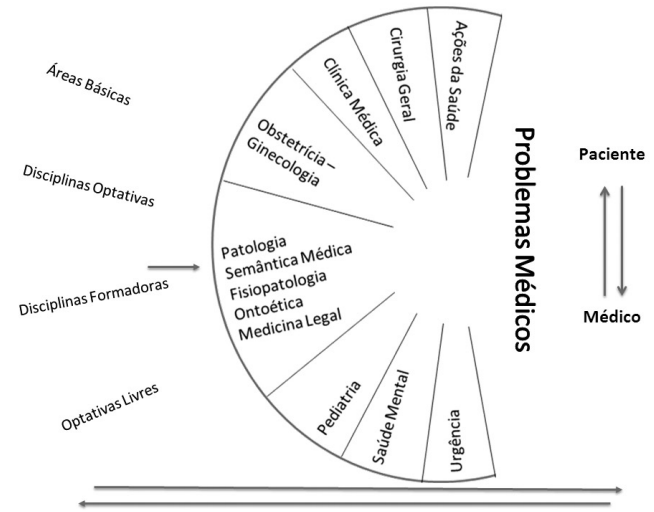


FIGURE 4 – Training to attend patients irrespectively

This conception is the nuclear curriculum, fundamental and inviolable. Before him, there must be attending school to develop RECHAE: Cultural Relationship, Humanistic, Environmental and Social Good Manners, taught by non medical teachers, putting themselves as patients.

In each region, university or school will put into the medical program what is more incident or prevalent or endemic, causing the core to support be better medical assistance.

I do not doubt, by the contrary, I'm quite sure that this will form a DOCTOR! No adjectives. Medical specialists realized, effective and well-paid.

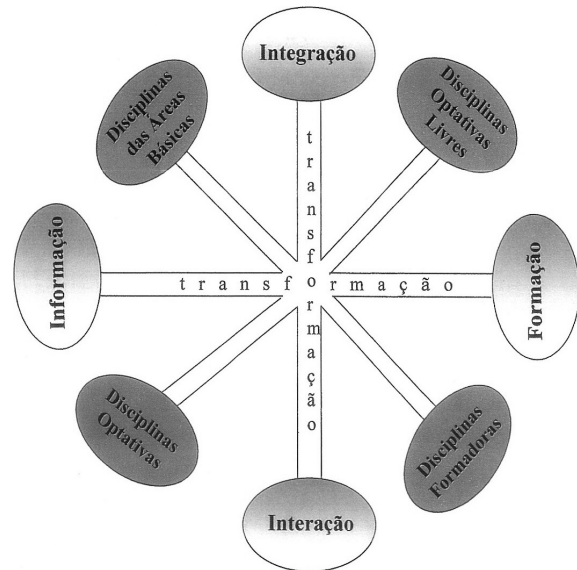


FIGURE 5 – Simplified scheme of medical education for today

With the mandatory participation of university or school, SUS can then manage with accuracy and efficiency to promote health to Brazilian people.