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Rubén R. Sánchez-Ruiz Lucy Perla G. Cedillo Ramírez

Jaime Lama-Valdivia

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Rev. Fac. Med. Hum. 2022; 22(3):653-654. DOI: 10.25176/RFMH.v22i3.4885 LETTERS TO THE EDITOR

NEED FOR THE DEVELOPMENT OF COMPETENCIES IN PALLIATIVE CARE DURING THE UNDERGRADUATE OF THE MEDICAL CAREER

NECESIDAD DEL DESARROLLO DE COMPETENCIAS EN CUIDADOS PALIATIVOS DURANTE EL PREGRADO DE LA CARRERA DE MEDICINA

Rubén R. Sánchez-Ruiz^{1,2,a}, Lucy Cedillo-Ramirez^{3,4,b}, Jaime Lama-Valdivia^{3,5,a,c}

Dear. Editor

Palliative Care (PC) aims to improve the quality of life and alleviate the suffering of patients with serious and incurable conditions. With the aging of the population and the higher prevalence of chronic diseases, the number of people in need of this care has increased. PC is multidimensional and interdisciplinary; and can be provided at different levels of care by both general practitioners and specialists. Therefore, adequate training in this discipline must be required during the medicine degree to allow the development of the necessary skills for its application in medical practice.

The implementation of PC teaching represents a challenge. Until now, PC programs worldwide have had a varying content, generally consisting of elective courses and topics distributed throughout the curriculum ⁽¹⁾. Defining the PC skills that should be developed in undergraduate studies is still under debate. In the United States, a national survey of experts was conducted in 2012 with the aim of establishing basic PC skills for medical students and medical residents. Seven basic skills were identified, among them the following stood out: communication abilities, pain management and other symptoms, as well as care at the end of life ⁽²⁾. To achieve these competencies, different educational strategies have been used so far, such as: conferences, workshop seminars, problem-based learning sessions, role simulation, case discussion and guided visits to specialized units ⁽¹⁾.

Some authors have evaluated the benefits of teaching PC in medicine undergraduate. In a systematic review of 19 studies, it was shown that the inclusion of PC in the curriculum significantly improved students' knowledge on the subject, regardless of the teaching method used ⁽³⁾. However, the impact that such teaching could have on medical practice is not precisely known. In another systematic review of 30 qualitative studies published between 2013 and 2015, indirect evidence was found that associated the teaching of PC with the achievement of quality standards in clinical practice⁽⁴⁾.

In Peru, at the undergraduate level there are no specific PC courses due to the fact that its teaching is provided through some concepts distributed in various subjects and clinical rotations. This has resulted in scant preparation for PC in medical students, especially in topics related to symptom control, bioethical aspects, and communication skills with patients and their families. In a study carried out on medical students in their last two years of medical school, the predominant level of knowledge about PC was "low intermediate", nevertheless, more than half of those surveyed considered the inclusion of PC teaching as "very necessary" or "necessary"⁽⁵⁾.

^a MPhisician, Geriatric specialist.

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¹ Unidad Funcional de Cuidados Paliativos Oncológicos y No Oncológicos, Hospital Nacional Hipólito Unanue. Lima, Perú.

² Facultad de Medicina Hipólito Unanue, Universidad Nacional Federico Villarreal. Lima, Perú.

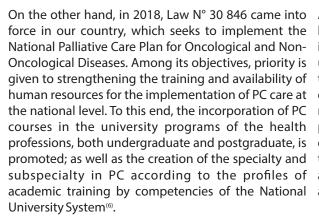
³ Facultad de Medicina Humana, Universidad Ricardo Palma. Lima, Perú.

⁴ Instituto de Investigaciones en Ciencias Biomédicas, Universidad Ricardo Palma. Lima, Perú.

⁵ Servicio de Geriatría, Hospital Nacional Hipólito Unanue. Lima, Perú.

[°] Phisician. [°] Phd Medicine.

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Although the precise impact that PC teaching could have on medical practice is not known yet, in a country in epidemiological transition like ours, the medical undergraduate programs should consider their teaching. International organizations have proposed developing undergraduate education in palliative medicine as a tool to improve the quality of care for patients and their families. According to this, the debate on what competencies to develop, as well as the strategies for their teaching and evaluation, should also be considered on the agenda of our college authorities.

LETTERS TO THE EDITOR

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Correspondence: Lucy Cedillo Ramirez. Address: Jr. Los Laureles 352, Santiago de Surco, Lima, Perú. Telephone number: (+51) 993093310 E-mail: lucvcedilloramirez.ti@amail.com

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