

The patient in the teaching-learning process at the Cuban medical university. Part I: Didactical perspective

El paciente en el proceso de enseñanza-aprendizaje en la universidad médica cubana. Parte I: Punto de vista didáctico

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To the Editor,

When starting a scientific project, it is impossible to imagine what will be the pitfalls to be faced at the theoretical level. This is what happened to the authors when addressing the issue of professional development in didactics of teachers in medical universities: one would never have thought that the theoretical basis for the use of patients in the teaching-learning process would become one of the controversial aspects to be defended.

A questioned aspect is the ethical connotation: the use of a person to teach/learn. The human being is more than a real object or a biological individual; he/she is a social being capable of deciding –even the family– not to agree to be used for such purposes. The conflict, however, is resolved by applying what is established regarding informed consent. However, that is not the purpose of this letter; rather, its aim is to reflect on another controversial

aspect of theoretical significance for didactics: what role does the patient play in the teaching of medical sciences?

In the Cuban medical university, the personal components of the teaching-learning process are the teacher and students, who interact with each other in the group and with the object of study: the patient, the family and the community. The direct interaction of the student with the object of study is gradual and always under the supervision of the teacher, who is in charge of directing and correcting it. This interaction occurs within the framework of specific organizational forms, such as education at work¹.

Non-personal components are those that, to be recognized, require a deep analytical characterization of the process. Most authors mention: objectives, teaching content, methods, teaching aids, evaluation and forms of organization. The teaching aids provide material support to the methods for achieving the objectives². The importance of using them can be explained from various points of view. Medical education states: “The teaching aids allow the functions of sensory organs to be used to a greater degree, and guarantees greater objectivity in teaching. Of course, learning will be more successful when the real object is used”³.

Our universities use the patient –in real or simulated situations–, the community and environment

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as teaching aids. Assuming the patient as a component of the teaching-learning process does not always imply direct interaction with him/her; on many occasions students learn with models, radiological images, audiovisual materials, laboratory analysis results or others, obtained from real patients. The equipment, instruments and materials used in health-care services should also be included, insofar as they favor the teaching-learning process.

From an epistemological standpoint, in education at work, which is the most commonly used form of organization in Cuban higher medical education, the following interactions stand out: between the teacher and the student, between the teacher and the patient, and between the student and the patient. The patient, sick or healthy, real or simulated, is the bearer of the object of study⁴; therefore, for the purposes of the teaching-learning process, the patient functions as a teaching aid (while still being a person); that is, the student learns with him while participating in his direct care.

The prominent pedagogue Carlos Álvarez de Zayas defines the teaching tool as the component "that allows the method to be expressed through different types of material objects: the words of the subjects participating in the process, (...), etcetera"⁵. In some situations, the student of medical sciences will not need to have physical contact with the patient or his relatives since he only uses his word that, here, is the material carrier of the method (...); and this is an irreplaceable teaching aid!

Labarrere and Valdivia's definition⁶ states "they are the resources for teaching and learning (...)" Today, some authors prefer to consider the patient as a "learning resource"⁷, perhaps to avoid the aforementioned ethical repercussion of using a person as a teaching tool. However, for those who use such terms –teaching aid and learning resource– mean the same thing.

Other pedagogical theories such as constructivism also recognize that: "The learner learns by different means, and any legitimate means is usable"⁸. The history of medical science education abounds with criteria in favor of the use of healthy or sick individuals for learning. More than a century ago, Sir William Osler –the Father of Modern Medicine– said, "The patient is the best textbook"⁹. Today, it is considered that the best teaching system is one that favors an early contact of students with patients and health problems in real scenarios⁴.

In the pedagogical model of Cuban higher medical education, the university is a conception and not

a building since it exists and develops in each scenario where the undergraduate and postgraduate training processes originate. It is not a university that is integrated into the health services, but rather exists in them, prioritizing pedagogical processes¹⁰.

When evaluating how the components of the teaching-learning process developed in our universities are manifested, the close interrelation that exists between them is confirmed, all depending on the fact that the objectives are based on the solution of the population's health problems, which implies considering the patient as the protagonist.

Although the new generations of students are "digital natives" and today's university is developed through new technological environments, if the real patient is dispensed with: how to ensure the necessary interaction of the student with the patient to achieve the objective? Could the clinical method be properly applied? Would education at work be the basic organizational form?

Readers are free to draw their own conclusions about patients as part of the teaching-learning process in medical universities. The undersigned consider them as a teaching aid. However, whatever the opinion may be, it is undeniable that a great part of the success of the Cuban model of training of human resources in the health sector is due to the use of real patients.

CONFLICT OF INTERESTS

None declared.

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Obesity in diabetes mellitus: a great danger to the heart and life

Obesidad en la diabetes mellitus: un gran peligro para el corazón y la vida

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To the Editor,

It is with concern and regrettable foresight that I turn to you, seeing that the comorbidity of obese patients is becoming an epidemic. It is no longer only obesity that is of concern, but also the changes of all kinds that take place in organ structure and function –including the cell– that pose a great danger to the

heart and life.

In an article referring to coronary microcirculation and the clinical-epidemiological variables found in 117 diabetic patients with myocardial infarction and normal coronary arteries, a significant prevalence of overweight (19.7%) and obesity (80.3%)¹ was observed. This takes place despite the new drugs available for glycemic control and the maintenance of acceptable, even normal, glycosylated hemoglobin parameters. The sodium-glucose cotransporter-2 (SGLT-2) inhibitors, empagliflozin and canagliflozin and the GLP-1 (glucagon-like peptide-1) receptor agonists, liraglutide and semaglutide; have decreased the risk of cardiovascular death, myocardial infarction and stroke, once they were added to the

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