

ISSUES ON CURRICULUM CHANGES: ARE THEY UNIQUE TO ARGENTINA?

Dear Sir,

Through conferences and regional meetings, medical educators worldwide have come to a common understanding and consensus on curriculum reform in medicine. In Argentina, we face many barriers in the implementation of curricular changes, but paradoxically, we have been overrated in our effectiveness. These problems include:

1. The complexity, heterogeneity, and fragmentation of the Argentinean healthcare system drive postgraduates to pursue specialist training rather than generalist careers for better professional placement and job security. In fact, medical students think about specialisation from the very beginning of their studies;^(1,2)
2. Many medical schools give greater emphasis to the undergraduate curriculum itself than to the prestige of professors, research relevance and the quality of postgraduate studies, which constitute three of its essential foundations;⁽³⁾
3. A significant number of professors and graduates are persuaded that the cornerstone of a medical career is exclusively based on the student selection process. Although this system may not be undervalued since our lack of a college system facilitates a massive, straight entry of students from high school to the university, it is far from being the only important issue in curriculum change. In this regard, a study performed in our medical school about the proficiency of a well-selected population of medical students evidenced no significant differences when compared with a non-selected cohort;^(4, 5)
4. Argentinean medical schools often disregard George Miller's proposal that changing the evaluation system, without modifying the teaching programme and/or the pedagogic procedures, has a higher impact on the nature and quality of learning than with accompanying modifications in the teaching methods;⁽⁶⁾
5. Beyond the standard pathways through which medical competencies may be acquired by undergraduates, the problem-based learning curriculum seems to be, at present, the preferred format. By moving away from this trend, most medical schools are far from fulfilling the basic conditions required for medical education reforms.⁽²⁾

The worrying question arising from these inconsistencies is whether this paradox remains restricted to Argentina, or it is also extended to other developing countries.

Yours sincerely,

Alberto Enrique D'Ottavio

Faculty of Medical Sciences
Rosario National University Research Council
Rosario
Santa Fe
Argentina
Tel: (54) 341 455 6101
Fax: (54) 341 480 4555
Email: aedottavio@hotmail.com

REFERENCES

1. D'Ottavio AE, Miguel JC. Postgraduate specialization of Argentinian medical students in the 1960s and 1990s. *Acad Med* 1998; 73:1029-30.
2. Carrera LI, Tellez TE, D'Ottavio AE. Implementing a problem-based learning curriculum in an Argentinean medical school: implications for developing countries. *Acad Med* 2003; 78:798-801.
3. Carrera LI, Barragán J, Díaz A, D'Ottavio AE. [Professional teaching in higher education. An exploratory study in the health area]. *Educative Context* 2005; 35:20-5 [online]. Available at: contexto-educativo.com.ar/2005/2/nota-05.htm. Accessed November 24, 2004. Spanish.
4. Santhiá MA, D'Ottavio AE, Nazer R, et al. [Exploratory study on opinions and references of medical students about aspects related with the undergraduate and postgraduate formation (Part 1)]. *Med Soc* 1985; 8:206-12. Spanish.
5. Santhiá MA, D'Ottavio AE, Nazer R, et al. [Exploratory study on opinions and references of medical students about aspects related with the undergraduate and postgraduate formation (Part 2)]. *Med Soc* 1987; 10:58-61. Spanish.
6. Miller GE. The assessment of clinical skills/competence/performance. *Acad Med* 1990; 65(9 Suppl):S63-7.