
Didactic conception of the medical visit as part of Medical studies

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Resumen: La formación del profesional de la carrera de Medicina es tarea priorizada por el Ministerio de Salud Pública, por eso, la educación en el trabajo como forma fundamental de la enseñanza y el pase de visita como su modalidad esencial precisa de habilidades, valores en los estudiantes, y conocimiento profundo de la Didáctica y la Pedagogía. Los referentes teóricos y las indagaciones empíricas posibilitaron precisar el estado actual del pase de visita en la Universidad Médica de Guantánamo. En tal sentido, se propone una concepción didáctica y un proceder con dos momentos para el pase de visita.

Palabras clave:

Abstract:

Training the medical professional is a prioritized task for the Health Ministry; in that major the on-the-job education has become a fundamental way of teaching, and visiting patients is seen as essential for acquiring abilities, moral values and deep knowledge of Didactics and Pedagogy by students. Theoretical referents and empirical investigations allowed us to determine the current status of the medical visits to patients at the Medical University in Guantánamo. In such sense, we recommend a didactic conception and we discuss an action with two steps for the visits.

Keywords: On-the-job education; Visit to patients; Didactic conception; Medical Higher Education

INTRODUCTION

Recently, the educational systems apply and continue searching for a model that compensates the demands in the training of competent professionals. In this sense, the quality in training the general doctor is a global problem because of its importance for the satisfaction of the population needs with respect to the services of health.

Because of that, the National Direction of Medical Superior Education in Cuba, ascribed to the Ministry of Public Health (MINSAP) assumes the challenge of graduating a general doctor prepared to solve problems of health through a comprehensive medical attention a

social demand that it is expressed in the actual plan of study of the Medicine Major. (MINSAP, 2013)

The studies carried out on this regard by investigators in Guantánamo (Creagh, 2010, 2014, 2015; Elías 2015; Cisneros, 2015, among others) reveals that it is very necessary to increase the preparation of the teachers so they can raise the quality in the education in the work in the Medical career, nevertheless, many people admit to have poor knowledge about the didactics applied to medical education, insufficiencies to articulate the assisting character of teaching with the investigation about visiting patients, a need of training about the didactic basics for visiting, so that the student develops modes of professional acting.

The previous leads us to take into account the dialectic relationship between the appropriation that the teacher needs of the didactic knowledge required for the execution of visits, the development of a way that helps reaching this preparation, and the acquisition of a favorable attitude towards its realization.

There is a demand and a need of Superior Medical Education in Cuba in the previous exposition, because of the importance of enhancing the efficiency of the teacher in the education of the work, in general, and the guide to visiting, in particular, in order to help students to apprehend the content of the programs of the major, for a better medical practice and also contributing to future social transcendence, above all if we take into account that the Model Professional (MINSAP, 2013) demands ability to solve the problem of health through an AMI.

The previous allow the delimitation as research objective the design of a didactic conception of the medical visit from the teaching and learning process (TLP) in Medical career.

DEVELOPMENT

When training the doctors it had been taken into account the International Standard for the Medical Education while undergraduates, the Declaration of the World Medical association in 2006 (AMM, 2006), the Standard of Doctor of the future (General Medical Council, 2009), the Declaration of Bologna in 2010 (Arcadi, et al, 2011), the Global Standard in Medical Education (WFME, 2012), and others.

In 2010 the ministry issued a new study plan, which was implemented with the structure of plan C (MINSAP, 2013) which defines in the Model of the professional in the AIM the

persons and the family in the communities, and indicates it as an objective in the carrier that the student, since the education for work, will apprehend the capacity of executing diagnostics, promotions, prevention, therapeutics, and rehabilitation actions for sustaining the application of the clinic and epidemiological method.

The current study plan for the Medical carrier includes the Model of the professional, the main objectives and values that ought to be trained in the graduate, the different modes that the education of the work adopts as forms for organizing the TLP, and among them, the visits. Each mode for the education for work has specific functions, such as assistance, teaching and investigation, which constitute a system and fulfill the following objectives:

In any of the modalities in the education of the work, the student should know the theory of the clinic and epidemiological method, and reveal it every day in the medical practice. In this work it is assumed the contribution of Corona and Fonseca (2013) when they defined two stages: medical diagnostic, and operation. Contribution that Espinosa (2011), Corona and Fonseca (2013), Espinosa (2011), Elías (2015), Creagh (2014, 2015) certificate and recognize as procedures for the application of the clinic method, the identification of health problems or a motive for consulting or admitting a patient who requires help from the doctor through medical interview; the search of information via the interview or the physical exam of the patient to characterize the health problem; the formulation of hypothesis to approach a probable diagnosis through the evaluation of the evolution of the patient; the interpretation of the results of complementary tests or diagnostic procedures (in some occasions, it is necessary to take into consideration the therapeutic answer; all of it will contribute to an accurate and definitive medical diagnostic; to facilitate the medical examination, or to restart the process taking into account the results of previous stages, in order to accurately establishing a diagnostic of the patient. The medical examination to solve the health problem is then considered effective and necessary if the process must start again.

In Cuba, various researchers had revealed their interest for the quality of education in the work, in a concrete way for perfecting the visits to patients, among them we can find: Breijo (2010) who wrote about visiting in the community; Roca (2011), who proposed a methodology for visiting; Corona (2013), Alvarez and Gallardo (2000), and Hernandez

(2002), who conceived visiting as a teaching- assistance activity; Espinosa (2012) and Iglesias (1998) analyze the ethics and values and the education of those aspects during the visits; Fernández (2013) and Salas (2014) show the importance of visiting at the initial training of a doctor; Corona (2013) and Quintana (2012) highlight it as a pedagogical activity. In the consulted scientific literature we found several definitions of visiting. Quintana (2012) set out that visiting is:

A collection of activities that the student execute (...) with the direct advice of the teacher or tutor, with the propose of acquire the abilities, habits of work and research in the information that allow him to achieve the effective solution to the different problems of health (...) and the fulfillment of the objectives of the program of training and developing the professional practice (p. 239)

Visiting constitutes a medical act in which the teacher can show different steps for applying the clinic and epidemiological method, and to instruct the students didactically about the different actions and necessary operations for the execution of the diagnostic, and the operation, then one of the main objectives declared in the program of the subject of exercises of the profession shall be satisfied: that the student knows the sequences of the steps of clinic and epidemiological method.

This is the essential mode in the education of the work, that allow the didactic organization of the TLP of the subject about the exercise of the profession in the Medical carrier pointing out the guidelines of the teacher as a member of a Basic Group of Work (BGW), concrete actors in the education for medical practice at any level of cognitive and procedural knowledge, to determine the medical diagnostic and the medical examination assuming a positive attitude to solve the health problem of the patient. (Creagh, 2015)

In the visiting we could distinguish the subject that makes the activity, the object, the objective, the motive, actions, and the operations that are part of it, its assistance essentials and its formative intentionality. It also includes the intention that shall reach the student in the content of the subject (Know, Know-how, how to do it and how to be) to solve all the health problems by the MIA. It also contributes to the preparation of the student for an independent and creative acting in the transformation from the state of health- illness in harmony with the demand of the society in order to raise the quality in the health services.

Previous analysis allows deducing for visiting the following functions:

To develop actions, procedures and techniques in agreement with the promoting, preventing, diagnostic, therapeutic and rehabilitating actions for transforming the state of the patient's health; to produce a direct synergic interaction, immediate and constant among teacher-student- patient- family- scene- GBT; to homogenize the diverse points of view by the GBT taking into account the complexity of the patient and the process of medical attention, to boost the formative process in the carrier from the didactic and pedagogical vision with their current updating and its applicability in the higher medical education in the Cuban context.

The didactic modeling of visiting is protected by a philosophic, social and legal set of rules, fundamentals, as well as a psycho- pedagogical conception of the Medical Higher Education. Taking these elements as reference, we decided to assume the ideas of Valle Lima (2012) about the definition and structure of the conception so that it carries out a systematization of different terms around the issue.

The didactic conception of the visits in the TLP of the professional of the Medical carrier brings a new point of view, scientific ideas, objectives, categories, principles, characteristics, and a methodology procedure to organize and transform the visits. It makes possible the training of teacher to guide the TLP in the professionals for training the students to solve health problems.

The didactic conception has the following characteristics: flexibility and openness, adjustability to different contexts and contextualized for the didactic categories of the TLP according to the demands of the professionals, and in a year, it will achieve a superior qualitative change in the functionality of the integrative general discipline (General Integral Medicine). It is a methodological proposal made for the teacher to enhance the didactic direction of the visiting in the TLP in the subjects of the exercise of the profession, it also makes easier to reveal the relations between the laws, principles and didactic categories in the higher medical education. Besides, it is interdisciplinary because it orientates the teacher in a didactic way for the integration of the contents to enhance the work of the member from the GBT and the integration of each of them in taking collective and consensual decisions. The didactic conception for visiting should be structured according to the previous ideas in two components: theoretical and methodological.

Theoretical component**I- New point of view**

It is placed in the treatment to visiting from the didactic perspective in the TLP of the subjects in the exercise of the profession, it allows revealing the objectives, content, method- procedure, means, evaluations, categories, forms of organization, the two structural moments of it execution, and a system of teaching task orienting the student, through techniques of learning, guidelines for the teacher and the GBT, it will apprehend the mode of acting of the doctor in a collaborative and consensual decision making for the diagnostic and the procedures for solving health problems of the patients.

II- Main ideas that support the didactic conception

1. It is conceived as an essential mode in the education in the work that allow to join administrative actions, assistance, investigation and teaching for organizing the TLP with a productive, problem solving, systematic, participative, interdisciplinary and developing focus of the subjects for the exercise of the profession.
2. It has a double character: medical (assisting and investigative), allow the student to participate as a member of the GBT in the process of medical attention; the teaching act that allow the teacher to teach the student the application of the system of the knowledge that are in the program of the subject about the exercise of the profession, the clinic and epidemiological method, professional skills (diagnostic and to take part), and the values of the profession.
- 3 It shall boost the development of learning from training based on the student's comprehension, training, and individual and group exercising, in the solution of real cases (patient) in a way that systematizes and incorporates all the knowledge.

III- Categories and relations of the didactic conception of visiting in the TLP of the subjects for the professional in the medical carrier.

The system of the fundamental concepts that are raise in the didactic conception that generates a system of relation between them and allow the see the integration between what and how:

- 1- Visiting is an essential mode in the education in the work of the subjects in the exercise of the profession.

2- Object of learning: the process of health-illness of the patient that the teacher assigns to the student.

3- Didactic categories of visiting: has as objectives to contribute to the didactic organization of the TLP in the subjects of the exercise of the profession for the execution of the visiting pass in the medicine carrier; to show methodologically the way of acting in function of the diagnostic execution and the medical examination. The content: the system of knowledge-abilities and values that are in the program in the subjects of the exercises of the profession; Method: clinical and epidemiological, Means: patient, diagnostic means, and the Operation, teaching and learning means.

IV- Principle for the functioning of the didactic conception of the visiting pass

Visiting is activated by the principle of the synergetic interaction between the teacher, the student, members of the GBT and the patient in the familiar and social context, in the execution of the visiting pass.

Methodological component

1. The methodological procedural in the didactic conception presuppose to reveal in first place its own parts and relations regarding the theory, but also in the way in which the work is methodologically organized, to be displayed latter in the pedagogical practice.
2. Objectives: they allow making wider the didactic conception in its relations with the Ministry of public health about the education in the work, the formative objective in the Model of the professional, and the programs of the profession so it shall contribute to perfecting the visits.

General plan

1. *Previous conditions for the implementation of the didactic conception.*

It is assumed as a special condition the support to visiting in the method of workshop as a way to socialize the conception itself, to appreciate the results of its application in the pedagogical practice and its influence in the organization of the work in the members of the GBT for the attention to the patient. Next, the actions and methodological indications will be explained.

2. *Didactic organization of the TLP in visits. Actions of teachers and students.*

The objectives of visiting are determined from the didactic and pedagogical point of view, so they allow the fulfillment of the objective system from the subjects in the exercise of the profession, so they can particularize the specific professional skill that the student needs to satisfy the demands of the professional model: comprehensive characterization from the clinical and epidemiological point of view of the patient and his illness for determining the diagnostic and the operations to follow, to take medical, assistant, and didactic and methodological decisions for the diagnostic and the operation in the patients with health problems; to establish good relations between the members of the GBT, the family and the community for reaching an agreement in the group in order of achieving the diagnostic and the comprehensive operation of the patient.

3. The previous objectives allow to determine the main contents (previous system of knowledge that the student should know for the diagnostic and the medical examination) that operate in this didactic conception, which are related in a direct way with the essential contents, general or specific, the different programs of the major and the objectives of the academic year that shall be attended while visiting, and should be characterized by a better methodological organization.
4. It also recognizes that in this content they must systematize other precedents such as the Comprehensive General Medicine, Human Morphology, Medical Psychology, Clinic Pharmacology, X Rays and Ultrasound, Clinical Laboratory, Microbiology, among others sustained in the ethic of the profession. In the organization of the didactic conception methods, procedures and means that were include in their respective categories will be applied, boosting the clinical and epidemiological method, and the methods and procedures (techniques) of the TLP. For a better organization of the conception, to support these methods, the procedures that will be applied must be carefully chosen, and this shall be built regarding the learning techniques for the TLP. The teaching task allows the fulfillment of the didactic categories in the system of the didactic conception that are offer themselves a way for the formation and systematization of the medical diagnostic and operation skills, so they had being device the learning task.

Moments for the didactic implementation of visiting

At this point the paper presents a practical implementation of the didactic conception. To reach this purpose it is considered necessary the following actions: to specify the factors that determine the execution of visiting: premises and requirements of the health service; potentialities of the service health as a scenery for the pedagogical practice; a possibility for the patient; determining the actions that will be developed by the teacher and the students in every moment of the visit.

First moment: purpose of the strategy on the diagnostic of the health problem and the operation for its solution with the methodological actions and indication correspondence. They assign the student one or more patients in a room, so he can realize the medical interview, physical exam, to determine the diagnostic and orientate the confirmation with diagnostic means and plan the actions of the operation for its solution, so it can be approved in agreement with everybody. It is recommended that it starts at 8:30 am until 10:00 am, and no one should interfere with other activities during the medical service.

Objective: To design a proposal about the strategy for the diagnostic of the health problem and the medical examination.

Example.- Case analysis seen in the visiting pass

Scenery: 5th A Room, Internal medicine, Subject: Internal Medicine (3rd year. Semester no. 6)

Objective: To make the diagnostic and the medical examination of a patient with inflammatory pneumonia from the analysis of the clinical histories of different hospitalized patients.

Content: Inflammatory pneumonia. Previous mean knowledge: steps of the clinical method.

Basic skills: to examine, to observe, to palpate, to auscultate, to indicate and to interpret the diagnostic means, human anatomy, microbiology and pathology anatomy, epidemiology, to fill the clinical history, the communication between the doctor and the patient, medical ethic, team work (GBT)

Ability to develop: To apply the clinical and epidemiological method for designing the clinical diagnostic and the medical examination of a hospitalized patient.

Values to be taught: medical ethics, responsibility, professionalism, humanism, solidarity.

Teaching methods: Cooperative construction, independent work, partial heuristic search, clinical and epidemiological method.

Procedures: Learning techniques, questions.

Means: sick patient, clinical history, diagnostic means, board.

Type of activity: Workshop

Teaching task: To analyze the situation, to make the diagnostic and a strategy of medical examination with the application of the technical model by questions when visiting, found in the content of the program of the Internal Medicine subject (3rd year)

Problematic situation: (It is based in what the student could find in the first moment of the visiting pass)

Patient in bed number 5, 72 years old, APP: AHT for the one who is on treatment with hydrochlorothiazide. He come because has a strong pain in the front part in the right side of the thorax, start sudden accompanied with difficult in the breathing, the second day has a cough, first dry then humid. To the physical exam it is registered a strong auscultation in the right pulmonary base.

Model questions techniques

1- The doctor diagnostic is inflammatory pneumonia.

a) Which are the semiographic data that had being taken from the clinical history that allow saying this diagnostic?

b) Which other data from the interview and the physical exam require to be investigated to have a comprehensive vision of the patient?

c) What other cognitive aspects should be considered?

The origin of the malady studied obeys only to the infection process. Which are the arguments to sustain or to refuse this affirmation? Is the age a danger for the patient? Why?

Can you imagine how strong does auscultating reveal the disease? Describe it.

2.- What consequences does the anatomic and clinical presentation of the inflammatory pneumonia has in the patient?

a) Which other data has diagnostic value?

b) Can we say that the clinic evolution of this patient depend of the cause? Why? What kind of alterations could be find?: humoral, in the microbiology studies or ultrasound? Describe it.

d) Establish the link between the humorals alterations, ultrasound, anatomy-pathologic, of microbiology in function of the patient integrity.

3-. Tell the basics of the medical examination.

a) Explain, in a general way, which are the basis of the treatment that can be applied.

b) Which aspects of the patient can be useful to establish the basis of the treatment? What is it about?

c) How long will you apply the antibiotic? Which is the dosage?

d) Which other aspects are necessary to know in the drug vigilance in the use of antimicrobial?

e) Explain all the factors that you consider have a determinant influence in this illness.

Methodological orientations

1. For the development of this workshop in the week, besides visiting the medical consult, it is also assigned the study of the topic on the Internal Medicine textbook of Reinaldo Roca Goderich et al (4th edition. Ecimed, 2002): Topic: Intense inflammatory pneumonia not caused by tuberculosis, page 150, to summarize the main aspects about this pathology.

2. Meet with your group, which should not have more than three partners, then read carefully the problematic situation offered in the form, there you will find the questions that should be answer for each team from the Model questions techniques.

3. Answer properly the questions following the logic in the exposition and reveal the application of the clinical and epidemiological method. In the answers the teacher will take into account the adjustment to the topic, the synthesis in the information, the integration of knowledge with the medical procedures and the argumentation from the specialist literature used.

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4. In the first moment of the visit, the student will hand out the task that was previously assigned in an individual way or in a team (of no more than three students). The work will be in the workshop type; the first 30 minutes will be to reconcile the ideas of the answer of each question and then will be the discussion. In the meantime the team is making the exposition the other will be listening and taking notes, because they can ask, complete, argue, exemplify, always respecting the ideas of their partners and without use words that could hurt the opponent or the sick person. Each team will propose their self-evaluation and the others will make a proposition also. Then, the teacher will give a final mark according to the previous propositions in a reconciled way.

Second moment: Cooperative construction of the diagnostic and medical examination project.

1. The student shall bring the preconceived ideas oriented in the task for the first moment, and then, by the conciliation of the GBT get to conclusions about the diagnostic and the medical examination. It is recommended to start at 10:00 am and finish at 12:00 am. It might also be considered the medical assistance in the hospital. This must not be interfered by other medical services.
2. Objective: to socialize in the GBT the diagnostic and medical examinations projects written by each member with the aim of building a collective project to solve the health problem of the patient in the familiar and community context.
3. From the didactic point of view it is interesting how the previous content is applied, via a teaching task that allows it concretion in practice. It takes an example for one of the subject in the exercise of the profession. The teaching task could be assigned in a class as an independent work, but also, before starting the second moment of the visit, so the students could have the answer in time for the execution of the second moment, but if there is no much time available, then the discussion could be after the visit.

Evaluation of the didactic conception

This stage is very important and cannot be violated, to determine if there was any influence in the transformation of the problem, to find out if it had or not advanced in the fulfillment

of the objectives from the didactic conception to reach the desired stage, so it is considered necessary to value the fulfillment of the objective by evaluating the study plan.

CONCLUSIONS

From the theoretical systematization made, it can be found that visiting has been discussed as an assistance activity and as a way of organizing the education for work, but the authors of this proposal did not find works that address the issue from the didactic perspective for the TLP in the subjects of the exercise of the profession in the medical carrier.

The treatment of visiting from a didactic perspective is the result in the harmony of philosophical, sociological, legal, psychological, pedagogical and didactic referents and its focus from that point of view results from the integration of two dimensions and their respective sub-dimensions and indicators.

The new didactic conception recommended has a new point of view, objectives, categories, principles and a characterization of the things that should be changed, and methodological orientations for its application in the TLP on the subjects of the exercise of the profession in the medical carrier.

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