

Educating Well-rounded Physicians for the 21st Century


To the Editors:

In *MEDICC Review*,^[1] Natalia Orihuela presents her four-year journey at the Latin American School of Medicine (ELAM), Havana, Cuba, describing her didactic coursework and community rotations in vulnerable communities where access to healthcare is a major priority. Using a team-oriented approach, ELAM's educational program focuses on the value of primary care, where medical students strengthen their clinical knowledge and skills through community interactions with patients. As such, applying these insights to other nations can provide a framework about communities serving as learning powerhouses and their significant contribution to medical training.

As a fourth-year medical student in the Dominican Republic (DR), I have experienced the value of community-based medical education (CBME), which encourages future physicians to immerse themselves in diverse social contexts.^[2] These direct patient interactions promote the biopsychosocial approach, examining patients' illnesses from within their communities. By understanding the social determinants that influence patients' health, hand in hand with the development of clinical skills, these environments can provide strong learning opportunities.

During my medical education, I have served as an active leader in the Dominican Medical Students Organization (Organización Dominicana de Estudiantes de Medicina–ODEM), a non-governmental organization that represents DR medical students within the International Federation of Medical Students' Associa-

tions (IFMSA) network. By serving as a platform that promotes health education, medical training, scientific research and community service, ODEM fosters teamwork principles and empowers medical students to develop community health campaigns for vulnerable populations. Through my ODEM participation, I have observed first hand how multidisciplinary health teams in community settings contribute to collaborative and comprehensive healthcare service delivery that focuses on a multidimensional approach for disease management.

My active involvement in CBME and ODEM has provided me with an essential global vision of doctors “*de ciencia y conciencia*” (“*with science and a conscience*”). As future health leaders, we should acknowledge health as a public good and human right; conceive medicine as a profession ruled by humanism and altruism; and deliver high-quality health services in our communities. The community-centered learning programs and activities described can strengthen medical education and training, with potential to enhance healthcare delivery and doctor-patient communications. 

1. Orihuela N. A US student reflects on her Cuban medical education. *MEDICC Rev.* 2018 Jan;20(1):52.
2. Yoo JE, Hwang SE, Lee G, Kim SJ, Park SM, Lee J-K, et al. The development of a community-based medical education program in Korea. *Korean J Med Educ.* 2018 Dec;30(4):309–15.

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