Author's response to reviews

Title: Changes in medical course curricula in Brazil encouraged by the curriculum changes incentive program (PROMED)

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Version: 2 Data: 17 de junho de 2008

Author’s response to reviews: see over
Reviewer’s Report

MS: 1463278301200495

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Versão: 2 Data: 17 de junho de 2008
Avaliador: Kristi Ferguson

Reviewer's report:
Major Compulsory Revisions

The authors describe a quantitative as well as qualitative study, yet the results are all qualitative. This is acceptable, but it needs to be noted somewhere that the quantitative results are not discussed here or include a reference to other published work that includes them.

- Introduction: included on page 3

The World Health Organization recommends 1 doctor for every 1000 inhabitants (1:1000), the average in Brazil being 1:594. However, there is a considerable regional difference with the North and Southeast regions having ratios of 1:1190 and 1:432, respectively. It can be observed that the total of 81 institutions which taught medicine courses in 1995 increased to 125 institutions in 2003. In 1995 there were 8,246 places offered and 7,622 enrolments in that year, and in 2003 the number of places was 12,081 with 9,113 enrolments, the number of places increasing in 10 years by more than 20% and the number of enrolments by 15% 8.

- The role of a course coordinator needs to be spelled out, as the term that most people know is course director. Is this person a faculty member? Who gets assigned that role? Are they compensated for performing it?
Metodology: The 19 coordinators of the medical schools in which the PROMED project was implemented were interviewed using a questionnaire containing 12 questions for qualitative analysis.

- On page 9, the authors talk about a transformation of the role of the faculty member to one of an advisor and partner in the learning process. The new view of teaching is not centered on the professor, who becomes a supervisor of the student participating in the teaching process, in which the student will learn through practice.

Results page 10: Another component of interest was the community-service interaction. One of the main guidelines of PROMED is the diversification of practical scenarios as a strategy in training a professional acting in primary health care, in this case after their graduation acting as general practitioners in the health system. The partnership between the university and the health unit is an agreement between the university and the municipal council where the schools are located. The students can begin their activities from the first phases in the health units of the district/communities, with knowledge of the territory, their customs, the service carried out in the health units, and the profile of the population. The students carry out the activities supervised by tutors contracted by the university, and they also participate in the activities of attending the patient during the course, gaining knowledge of the real demands of the assistance provided, experiencing the everyday life of the health professionals in the community in which they attend the users of the health service. Efforts to integrate the teaching process with the network of health services are being sought, including offering professionals at the local health units post-graduate courses in strategic areas or in areas lacking professionals trained by SUS. Although essential for medical training, this involves various problems, which, although reported in the other components, deserve further emphasis: problems with relationships, lack of funding, cultural differences, training, etc.
• This needs to be described in more detail. We also need additional description of exactly what this curricular change means. For example, several of the quotes refer to a greater partnership with the community. What exactly was mandated in the reform? This might offer some insights to other countries considering reform. Likewise for the teaching-service relationship. How exactly does that work in Brazil?

Results

The partnership between the university and the health unit is an agreement between the university and the municipal council where the schools are located. The students can begin their activities from the first phases in the health units of the district/communities, with knowledge of the territory, their customs, the service carried out in the health units, and the profile of the population. The students carry out the activities supervised by tutors contracted by the university, and they also participate in the activities of attending the patient during the course, gaining knowledge of the real demands of the assistance provided, experiencing the everyday life of the health professionals in the community in which they attend the users of the health service. Efforts to integrate the teaching process with the network of health services are being sought, including offering professionals at the local health units post-graduate courses in strategic areas or in areas lacking professionals trained by SUS. Although essential for medical training, this involves various problems, which, although reported in the other components, deserve further emphasis: problems with relationships, lack of funding, cultural differences, training, etc.
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The text was regularly revise and translate (from Portuguese to English) for teacher. She revise and translate papers in the areas of biochemistry, biology, chemistry, dentistry, engineering (chemical, electrical, environmental, food, mechanical, production), mathematics, medicine, nutrition, and physics.

She degree in ecology from Kings College, University of London, and a PhD in environmental chemistry from Imperial College London. I have lived in Brazil for 10 years working as a reviser/translator of scientific texts.