

A little bit of history...

- Year 1991: approval of the course by the National Curriculum Accreditation and Adventist Accrediting Agency.
- Year 1994: start of academic activities with the first students.
  - Characteristics of the first curriculum:

    - The initial curriculum followed a traditional subject-based model, taught in a staggered system of learning organized by quarters.

      The focus of the program was on providing excellent professional training with strong ethical and moral values, emphasizing primary healthcare and preventive medicine.

      The program aimed to contribute to the institution's mission and vision, which stated that "UAP is established in society with the mission of providing competent, ethically responsible professionals who promote and practice love and service to God and their fellow human beings, based on the Christian worldview that supports the Seventh-day Adventist Church.

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# A little bit of history (II)...

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- Year 2000: The curriculum maintained the traditional curriculum model, organized into four cycles: basic, pre-clinical, clinical, and mandatory
  - In the clinical cycle, a group of intensive courses corresponding to different medical specialties was added, giving them a significant presence in the
  - Adittionally, the subjects began to be taught annually or quarterly.
- Year 2007: curriculum review process was initiated to update the content and incorporate competencies for each curricular activity, though there were no changes to the structure of the curriculum.

A broad change is coming...

- Years 2000 to 2010: a Curriculum Design Review Commission operated to monitor the implementation of the curriculum and propose improvements for a future curriculum modification.
- As a result of this work, the following proposal for a curriculum plan was developed, considering the institutional mission and vision's core components. The pioneers of the program's principles and values were also reviewed, continuing to inspire current generations
- To construct the new proposal, recent trends and models in medical education were analyzed, as well as the community's current needs, emphasizing a holistic approach to the patient, encompassing their physical, mental, social, and spiritual dimensions within their context.

### A new curriculum arrives

- After the analysis, a modification to the former curriculum plan was deemed necessary to develop a program that fosters comprehensive learning. This is achieved through a spiral approach to the content and reliable professional activities (APROCs).
- The new curriculum aims to provide ample opportunities for critical thinking, practical and participatory training, prioritizing the right to health, quality of care, and patient safety, based on the values of the Christian worldview that underpin the institution.

# New curriculum: main characteristics

- There is a reduction in the total hours of the curriculum, in line with National Accreditting Agency's recommendation.
- It is considered to be an improvement over the current plan by reducing fragmentation, increasing the number of integrated curricular activities and electives, including a cross-cutting approach to research and outreach throughout the program, increasing student practice time, and promoting creativity, innovation, self-care, and independent learning.
- The curriculum plan is organized in seven areas of education across the program.

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### New curriculum: areas of education

- Structure and function
- Health promotion and research
- Ethics and legal medicine
- Religion and spiritual education
- · Mental well-being
- Clinical medicine
- Clinical surgery

The health promotion and research area directly links to the institution's mission and vision.

# **Purposes and Objectives of the Program**

- Stimulate the acquisition of competencies for health promotion and disease prevention.
   Create opportunities for student participation in research and extension projects to develop scientific thinking and serve th
- Foster a close relationship with the community, providing opportunities to understand their needs, respecting their socio-cultural characteristics and diversity, and delivering quality healthcare.
- Provide opportunities for the development of communication skills with patients, their families, their team, and healthcare organizations.
- Offer spaces for creativity and initiative development, as well as for establishing compassionate and healthy relationships both
  in the doctor-patient relationship and with others in the environments in which they operate.

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# **Graduate profile**

A UAP graduate in Medicine will be a competent professional to practice medicine as a vocation of service, always seeking a higher level of excellence. Excellence in medicine is understood as the ability to do the greatest good for health with the available means.

Aspires to continuous development of knowledge, skills, responsibility, honesty, humility, selflessness, and a spirit of service out of love, as the foundation of professional excellence.

Applies their professional capacity to promote health as well as prevent, diagnose, treat, and rehabilitate illness.

Uses the scientific method and teamwork for their healthcare, teaching, and research tasks.

Understands the divine origin of human life and cultivates a constant sense of wonder at the miracle of life, respect for its sacredness, and selfless service to the needs, weaknesses, risks, diseases, and sorrows that affect human life.

Acts as an educator and agent of change both in the doctor-patient relationship and at the community level, proposing through precept and example a lifestyle in harmony with the divine laws upon which the health and happiness of humanity depend.

# Reserved professional activities

A Medical graduate will be qualified to perform the following reserved professional activities:

- Prescribe, perform, and evaluate any diagnostic, prognostic, and treatment procedures related to human health in individuals and populations.
- Plan and prescribe, within the scope of their professional practice, actions aimed at promoting human health and preventing diseases in individuals and populations.

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# Subjects by course and area

## Some conclusions

- This new curriculum represents a substantial improvement in the student's teaching and learning process.
- It is necessary to systematically collect information to evaluate the development of the proposal, which allows correcting the aspects to be improved and strengthening the points that were successfully implemented.
- ¡We thank God for his guidance and company in this challenging process!

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