South American Publishing

SAP Health and Policy. 2026;5:339
doi: 10.56294/shp2026339

ORIGINAL

# Addressing the Family in Family Medicine Postgraduate Training in Cuba: Historical Evolution and Contemporary Perspectives

## Abordaje de la Familia en la Formación de Posgrado de Medicina Familiar en Cuba: Evolución Histórica y Perspectivas Contemporáneas

**Julio Cesar Espin Falcón**[1]
**Niurka Taureaux Díaz**[1]
**Elisa Gasca Hernández**[1]
**Adriana Cardona Almeida**[2]

[1] Universidad de Ciencias Médicas de La Habana, Facultad de Ciencias Médicas Calixto García. La Habana, Cuba.
[2] Universidad de Ciencias Médicas de Matanzas. Matanzas, Cuba.

Submitted: 03-11-2025 | Revised: 08-01-2026 | Accepted: 10-02-2026 | Published: 12-02-2026

**Corresponding Author:** Julio Cesar Espin Falcón

**ABSTRACT**

Introduction: The concept of caring for the family, not just the isolated individual, is a cornerstone of Family Medicine. However, its application has evolved from a familistic biomedical model towards a more biopsychosocial and systemic one. Objective: To describe the historical evolution of the system of objectives and contents for addressing the family in the specialty's training programs, from its beginnings as Comprehensive General Medicine to its consolidation as Family Medicine in the 2023 program. Methods: A descriptive, educational research study was conducted. Theoretical and empirical methods were used for the bibliographic and documentary review related to objectives and contents concerning the family and family medicine in postgraduate training. Analysis, synthesis, and comparison of criteria were performed based on the reviewed materials. Results: The Comprehensive General Medicine specialty has undergone several curricula up to 2023. Contents related to the family and family medicine are positioned from the third program onwards, aiming to deepen and consolidate the skills necessary for both educational and therapeutic family intervention. The initial program lacked comprehensiveness, while the most recent redesign (2023) presents a curricular restructuring that organizes the content into 29 modules and 5 courses, conceptualized as a multidisciplinary didactic structure. Conclusions: The redesign of the Family Medicine Specialty Program (2023) strengthens the competencies, knowledge, and skills necessary for providing comprehensive, timely, and systematic care to the family, based on the biopsychosocial approach within the healthcare process.

Keywords: family; family medicine; postgraduate education.

**RESUMEN**

Introducción: El concepto de atender a la familia, y no solo al individuo aislado, es una piedra angular de la Medicina Familiar. Sin embargo, su aplicación ha evolucionado desde un modelo biomédico centrado en la familia hacia uno más biopsicosocial y sistémico. Objetivo: Describir la evolución histórica del sistema de objetivos y contenidos para abordar la familia en los programas de formación de la especialidad, desde sus inicios como Medicina General Integral hasta su consolidación como Medicina Familiar en el programa de 2023. Métodos: Se llevó a cabo un estudio de investigación descriptivo y educativo. Se utilizaron métodos teóricos y empíricos para la revisión bibliográfica y documental relacionada con los objetivos y contenidos sobre la familia y la medicina familiar en la formación de posgrado. Se realizaron análisis, síntesis y comparaciones de criterios a partir de los materiales revisados. Resultados: La especialidad de Medicina General Integral ha pasado por varios planes de estudios hasta 2023. Los contenidos relacionados con la familia y la medicina familiar se incorporan a partir del tercer programa, con el objetivo de profundizar y consolidar las habilidades necesarias para la intervención familiar tanto educativa como terapéutica. El programa inicial carecía de integralidad, mientras que el rediseño más reciente (2023) presenta una reestructuración curricular que organiza los contenidos en 29 módulos y 5 cursos, conceptualizados como una estructura didáctica multidisciplinaria. Conclusiones: La reformulación del Programa de Especialización en Medicina Familiar (2023) fortalece las competencias, los conocimientos y las habilidades necesarias para brindar una atención integral, oportuna y sistemática a la familia, basada en el enfoque biopsicosocial dentro del proceso de atención médica.

Palabras clave: familia; medicina familiar; educación de posgrado.

© 2026; The Authors. This Open access article is distributed under CC BY 4.0 licence.

## INTRODUCTION

Postgraduate education aims to promote lifelong learning among university graduates and their systematic updating in their work environment, with the purpose of completing, updating, deepening, and reorienting them toward other fields or areas of knowledge and content, which are necessary to achieve better professional practice in line with scientific and technological advances, as well as with the needs of the entities in which they are developed. To achieve its objectives, its management follows a spiral approach and each of its components plays a fundamental role. It is therefore essential to achieve the effectiveness and capacity to fulfill its social mandate.(1)

In this regard, the specialty of Comprehensive General Medicine (MGI) emerged in Cuba in 1983, linked to the Cuban government's decision to develop the Family Doctor and Nurse Program (PMEF) to obtain scientifically qualified human resources to provide services in PHC (the first level of care) and, in turn, implement an SNS strategy that would have a wide network of polyclinics and Family Doctor and Nurse Clinics (CMF).(2)

The family is where values are learned and cultural appropriation processes are mediated. These include the value and culture of individual, family, and collective health care; and the adoption of healthy behaviors, whether related to hygiene, nutrition, sexuality, the ethics of family and human relationships, social norms and coexistence, or care for the environment.(6)

The family plays a fundamental role in shaping attitudes and behaviors related to health; it is involved in protecting health, in the onset and recovery from illness, in decisions about the use of professional services; and it constitutes the most powerful and effective support network in adjusting to social life and, especially, in the processes of health, illness, and death.(6)

The health sector and its professionals are responsible for providing comprehensive and preventive family health care, in line with the social and human essence of Cuban public health. (8)In this regard, it is essential to improve curricula in light of the challenges posed by medical education and the study of the family as the fundamental unit of society, as well as to update the knowledge and skills of MGI specialists in order to practice family medicine from a biopsychosocial perspective and through comprehensive health actions in PHC settings.

## METHODS

A descriptive and educational study was conducted at the Calixto García Faculty of Medical Sciences between June and September 2025.

A qualitative study was conducted, using theoretical methods based on a literature review on the following topics:

- postgraduate education in medical sciences,
- historical development of the training of specialists in MGI and their study programs,
- approach and evolution of the system of objectives and content proposed for the study of the family and family medicine, through the training programs of the MGI specialty in Cuba and the profiles included in the Model of the first-degree specialist in MGI.

The analysis, synthesis, and comparison of criteria were carried out based on the materials reviewed.

Among the empirical methods used was a document review guide (inclusion or exclusion of the system of objectives and content for the study of the family and family medicine), which explores its approach and evolution in each of the versions of the MGI specialty study programs in Cuba, up to the most recent(version 2023); and from the field of medical education.

This research is based on the article "The family and family medicine in postgraduate education in Cuba," published by the same authors.(9)

DeepSeek, an innovative artificial intelligence platform, was used as a tool for literature review and content analysis.

## RESULTS

**Chronology of curricular changes in the MGI specialty study plans.**

Based on a review of historical developments, it was determined that the PMEF began on January 4, 1984, in the community of Lawton, in the municipality of 10 de Octubre, in the province of Havana. This was based on an idea by the President of the Council of State and Ministers and Commander-in-Chief Fidel Castro Ruz,(10)who held meetings with students and teachers from across the country to analyze and discuss ideas about the necessary changes in Cuban medical education, with a new curriculum, a new medical specialty with a special code of ethics, and an increase in the network of higher medical education centers, which grew to 21 medical schools—at least one in each province of Cuba.(2)

The need to train comprehensive physicians for PHC led to the modification of undergraduate curricula, with the active participation of prestigious professors from Cuban medical education, based on a review of the best experiences worldwide up to 1981 and 1982. The new plan designed for this purpose was implemented in 1985, and the first version of the "MGI Specialist Training Program" was published by the Medical Sciences Publishing House in Havana, which produced a qualitative change in medical education in Cuba.

In this regard, the MGI specialty curriculum has undergone five training programs up to 2023. The first was called the "Specialization Program in Comprehensive General Medicine," with a three-year training process, one year of which was familiarization and lacked comprehensiveness.(11)

The second version was established in 1990, with the same name and training period as the previous program. It adopted a comprehensive and multidisciplinary approach and a modular system, with specifications for its objectives, skills, and integrated knowledge. Tutoring by teachers was introduced, and the training process was extended to educational and work institutions within the community.

In the 1999-2000 academic year, the third version was published, "Curriculum and Program for the Residency in Comprehensive General Medicine," which maintained the three-year training program and the modular system with the corresponding objectives. The skills system was eliminated, while new modules were included, as well as promotion, prevention, and rehabilitation actions specific to each disease.(13,14)

The fourth version was presented in 2004, a curricular reengineering of the study program called "Curriculum and Program for the Specialty of Comprehensive General Medicine," which used the same modular system. In this version, the content was reorganized, new modules were introduced, and 61 specific skills were declared. A special function related to dealing with emergency situations was added to the professional model. At the same time, the training period was reduced to two years.(14,15)

In 2018, there was a new change in the study program (fifth version), the training period was modified to three years, and a comprehensive approach to medicine was considered as the focus of training, establishing the community-family-person relationship throughout the curriculum, without allowing the particularities of other sciences and disciplines to supplant its essence. This new curriculum structures its content into areas of training, consisting of courses, with full-time dedication to training in the CMFs, as well as other services at different levels of the SNS, in connection with the work, academic, and research components.

Once again, two redesigns of the program(2021 and 2023)are being carried out to improve and update it, while retaining all the positive aspects of the previous program. In 2021, the program addresses healthcare demands, the priorities of Cuba's public health system, and the regulations issued by the Ministry of Higher Education, with a duration of three years, updating the content according to the healthcare challenges and health situation in Cuba and the world.

In the 2023 redesign, taking into account international trends and the national context, it was decided to change the name of the specialty from Comprehensive General Medicine to Family Medicine, based on the following elements: the fundamental work program in PHC is the "Family Doctor and Nurse Program," the fundamental object of care is the family, with individual care based on family dynamics; the society that brings together specialists and residents in Comprehensive General Medicine in Cuba is called SOCUMEFA (Society of Family Medicine); the Ibero-American and International Society to which it belongs is Family Medicine; in all countries that develop primary care programs, it is called the specialty of Family Medicine.(16)Therefore, the name change is not just nominal; it aligns the Cuban specialty with universally accepted terminology, which facilitates international standardization.

In this regard, a broad discussion was held with PHC experts, professors, and officials from the Ministry of Public Health, and it was considered appropriate to change the name of the specialty to "First Degree Specialty in Family Medicine," without contradicting the principles or concept behind its creation. The name is only being adjusted to be more consistent for Cuba and the world, and the mission of being the "Guardian of Health" is maintained.(16,17)

**System of objectives and content on the family and family medicine in postgraduate studies**

The review of the versions of the "MGI Specialty Training Program" in Cuba allowed us to explore the system of objectives and content proposed for the study of the family and family medicine from the perspective of medical education:

The first version, "Specialization Program in Comprehensive General Medicine" (1985), lacked a system of objectives and content; and the thematic plan included the name of the topic, the form of teaching organization, and a list of procedures. Here, the family was addressed in topic 4; the content included almost exclusively care for the individual and lacked comprehensiveness.(2,11)

In the second version, "Specialization Program in Comprehensive General Medicine" (1990), its design was focused on five areas directly related to its purpose of work and study, derived from the guiding function of the system: medical care.

Each area was divided into sub-areas, which were further divided into several modules. The system of pedagogical objectives was formulated in terms of skills. The module design included the skills and knowledge corresponding to one or more teaching units, which were structured around an objective.

Module 2: "Family" was included in Area I "Fundamentals of Comprehensive General Medicine" and subarea Ia "Comprehensive General Medicine in the Community."

The system of objectives took into account initiating and completing the Family Health History (FHH), as well as identifying health situations that constituted a family problem; establishing the order of priorities for their solution; and drawing up the health action plan to be carried out by the team. These objectives did not comprehensively cover the proposed content.

The content system, which was very broad, included essential elements such as: definition of family, historical evolution, its functions, classification, family code, family life cycle, family dynamics, and family crises; among others that do not fully correspond to the topic, addressing aspects such as: communication theory, information processing, health culture, personal hygiene, the role of education in training and changing attitudes, as well as social participation and integration.

Area III, "Family Health Actions," and subarea IIIa, "Life Cycles of the Family and Its Members," included Modules 25 through 27, whose objectives were to identify in advance the different stages of the family life cycle and the transitional crises specific to each stage, as well as to carry out promotion and prevention actions. These objectives did not comprehensively cover the proposed content, so they were adjusted to focus on the study of the stages of the family life cycle and its key events.

Subarea IIIb, "Crises not related to the family life cycle," covered Modules 28 to 31, whose objectives were aimed at preventing and identifying early on any disturbances and dysfunctions in family dynamics caused by crises not related to the family life cycle. These objectives did not correspond to the proposed content system, which was adjusted to the study of crises not related to the family life cycle and the main events that shaped them.(12)

In the third version, "Curriculum and Program for the Residency in Comprehensive General Medicine" (1999-2000), the structure and content proposed for the study of the family remained the same as that stated in the 1990 program.(13)

In the fourth version, "Curriculum and Specialization Program in Comprehensive General Medicine" (2004), its structure was divided into three areas directly related to its purpose of work and study, derived from the guiding function of the system: medical care. Each area was divided into modules, which were conceptualized as the multidisciplinary teaching structure in which its content was expressed.

In Area I, "Primary Health Care and Family Medicine," Module 4, "Family Health," was included with the aim of identifying and assessing health problems affecting families and taking comprehensive action to resolve them.

The content presented includes the study of the family as a system; the principles and premises for comprehensive family care; the criteria for identifying, assessing, and intervening in family health problems, as well as for assessing family health (material living conditions, health of family members, and family functioning); while also proposing the study of tools for assessing family health: observation and tests of perception of family functioning.

Other aspects to consider as part of the content were: classification of the family according to family health, types of family intervention: educational and therapeutic intervention, the physician's management and intervention in response to key events in the family life cycle (pregnancy, abortion, growth and development of family members, adolescence, climacteric and menopause, retirement, and death), the impact on family health of the death of a family member, and the prevention of resulting psychological disorders.

In the fifth version of the "Curriculum and Specialization Program in Comprehensive General Medicine" (2018), the program content is divided into seven areas and further divided into courses, which are in turn divided into thematic units. The course is conceptualized as a multidisciplinary teaching structure.

Content related to the study of the family and family medicine is located in Area II: "Community and Family Health," through Course No. 3: "Family, Diagnosis, and Intervention."

The general objectives of the program aim to apply the dialectical materialist approach and scientific method to the development of comprehensive actions, with the purpose of preserving or improving the health status of the family, through the adoption of modes of action characterized by high competence, performance, ethics, and professional creativity; as well as integrating the methods, techniques, procedures, and skills necessary to carry out health assessment and intervention in the family.

To achieve these objectives, two thematic units are taken into account:

- Topic 1: Family health assessment. Family assessment tools.
- Theme 2: Family intervention. Educational and therapeutic family intervention.

The objective of topic 1 is to evaluate family functioning through the application and analysis of instruments, in full accordance with the content system, covering the evaluation of family health by addressing the functioning of the family, the material conditions of life, and the health of its members; in addition to the comprehensive assessment of family health, the FF-SIL family evaluation model, and the risk inventory.

Topic 2 aims to intervene in the family in an educational manner, taking into account the different existing techniques, and to identify families eligible for therapeutic family intervention, in accordance with the content presented, which includes family intervention and its types: educational and therapeutic.

## Update (2023): New contributions from the First Degree Specialty Program in Family Medicine in Cuba

The most recent redesign of the training program (2023) consolidates and significantly expands the approach to the family and family medicine in postgraduate medical education in Cuba. Under the new official name of "First Degree Specialty in Family Medicine," the curriculum has been restructured to organize the content into 29 modules and 5 courses, aligned with the five essential functions of the specialist: medical care, research, teaching, administration, and special functions. The courses are conceptualized as a multidisciplinary teaching structure.(16)

The authors emphasize that, unlike previous versions, where the family was mainly addressed in a specific, isolated course, the new program mainstreams and institutionalizes the family approach. The family is now a structuring axis that appears explicitly in key modules such as No. 1 (Primary Health Care and Health Situation Analysis) and reaches its maximum expression in Module No. 29 (Comprehensive Care for Families and Terminally Ill Patients at Home), reflecting a move toward more holistic care centered on the family unit, thus achieving vertical and horizontal integration that was absent in previous designs.

A competency-based assessment system is also incorporated, with a detailed list of 78 practical skills, including the completion of family medical histories, educational and therapeutic interventions, and caregiver training, with minimum quantitative goals that guarantee training based on performance standards. which shifts the training of the family physician from the theoretical to the practical level and ensures that the resident not only "knows" but also "knows how to do," with minimum goals that ensure a standardized clinical and community experience.

This program also reinforces the explicit ethical-humanistic profile of the specialist, with an emphasis on values such as humanism, responsibility, and sensitivity to the pain of others, and recognizes participation in extracurricular activities such as publications and scientific events through a system of academic credits.

The authors consider that, based on the professional profile, the redesign (2023) simultaneously strengthens the specialist's management and administration function by preparing them to coordinate the EBS and carry out intersectoral coordination, a critical need in modern PHC.

At the same time, they add that, in relation to the updating of content and scenarios, it responds to the new epidemiological and social challenges in Cuba by incorporating formalized rotations in intensive care and emergencies and giving specific weight to the care of the elderly, cancer patients, and the terminally ill in their family environment, topics that did not have specific modular development in previous programs.

## DISCUSSION

Postgraduate education involves one or more training and development processes, not only in teaching and learning but also in research, innovation, artistic creation, and others, which, when harmoniously coordinated, ensure its feasibility and relevance. Emphasis is placed on collective learning, integration into networks, and the development of research, technology, culture, and art, in pursuit of high professional and innovative competence.

In this regard, the authors consider that postgraduate education is the ideal setting for addressing the study of the family, and in the medical sciences specifically, from a biopsychosocial perspective, by ensuring that, based on the Health Situation Analysis (ASIS) as a scientific-methodological tool that allows us to identify the health problems of populations and plan actions to resolve them, these problems are also considered from a psychological and family perspective, in line with comprehensive, timely, and systematic community health care coverage.

In Cuba, a strong point in family care policy is the PHC and PMEF, which provide nationwide coverage accessible to the entire population and are geared toward protecting and restoring health in the community. In these programs, the Basic Health Team (EBS) and the Basic Working Group (GBT), which work in PHC, carry out health activities with families, conduct research, and participate in human resources training as part of their daily work.

The Pan American Health Organization (PAHO) recognizes that one of the key challenges to advancing PHC is to provide health systems with sufficient and trained human resources to respond to the needs of their populations.(19)

Cuba has a total of 30 222 doctors dedicated to family medicine, of whom 24 204 are specialized in family medicine.(20)

The polyclinic is the main institution of the SNS, responsible for promoting, protecting, and restoring the health of the population in its health area. Tothis end, it provides comprehensive health care services to individuals, families, groups, the community, and the environment, with a biopsychosocial approach that combines teaching, medical care, hygiene, epidemiology, microbiology, and research as inseparable elements of the same process.

Berenguer et al.(22)highlight in their study that one of the premises of the Cuban National Health System is to provide comprehensive care to the family, due to the close relationship between health and the type of family in which one lives, its dynamics, its functioning, and the social determinants of health.

Therefore, addressing the family in postgraduate training in family medicine provides these doctors, who are the bastion and backbone of our healthcare system, with knowledge and diagnostic tools that enable them to make an assessment of certain problems at their level and detect early changes in family dynamics or structure, allowing them to provide appropriate guidance, if within their means. Based on their assessment and the severity of the problem, they will, of course, be able to make a better referral to the nearest family therapist.

They are also provided with some useful tools to serve as intermediaries in certain cases. Family medicine specialists are the healthcare professionals who are closest to and know best the families they care for, which gives them clear advantages in handling certain situations more successfully than others who have a lot of technology but lack this emotional closeness.(23)

They are also provided with some useful tools to serve as intermediaries in certain cases. Family medicine specialists are the healthcare professionals who are closest to and know best the families they care for, which gives them clear advantages in handling certain situations more successfully than others who have a lot of technology but lack this emotional closeness.(23)

The “basic trust” that families have in their doctor, when reinforced by the doctor’s dedication, is sometimes more therapeutic than even the best techniques. If we also consider that, in some specific communities, the doctor is sometimes the only person to whom families can turn for help and whom they trust, then this success is confirmed.(23)

When analyzing the family, it is important to make clear that it represents an active and mediating element in individuals’ relationships with society. It is the smallest structural component of society, but one of vital importance, as it is here that the process of shaping the individual begins, preparing them for their multifaceted development and active and creative transformation. Society must therefore guarantee the material and spiritual conditions that enable families to fulfill their social role.

It is clear that, in order to analyze the family, it is necessary to combine the interrelationships of indicators at the macro- and microsocial levels, as well as its group characteristics, which cannot exclude those of its members as interconnected individuals. Therefore, its study becomes complex and involves many branches of human knowledge, which makes it necessarily interdisciplinary, holistic, and integrative, according to current trends in the study of the human sciences.

The authors highlight the highly relevant curriculum redesign of the sixth and current version (2023) for the First Degree Specialization in Family Medicine, as it represents a crucial step in the evolution of postgraduate training in Cuba and responds in a more coherent and operational manner to the historical demands of the National Health System and international standards for the specialty. The authors add that this is not a mere update, but a qualitative evolution that closes historical training gaps, consolidates the professional identity of the specialist, provides practical tools for their performance, and places the family unquestionably at the center of their work, fulfilling the social mandate of being a true “Guardian of Health” in contemporary Cuba.

The changes shown in this research and based on the article “The family and family medicine in postgraduate education in Cuba” position it as an updated and relevant contribution that not only documents the evolution and/or historical development of the objectives and content related to the approach to the specialty, but also analyzes the current and future state of training in Family Medicine in Cuba.

## CONCLUSIONS

The Family Medicine Specialty Program (2023) represents the most coherent evolution, aligned with international practices in the training of Family Medicine specialists in Cuba, by strengthening the competencies, knowledge, and skills necessary for comprehensive, timely, and systematic care for the family from a biopsychosocial approach in the health care process in primary care settings.

## REFERENCES

1. Vialart Vidal MN, Rodríguez López EI, Véliz Martínez PL, Suárez Cabrera A, Morales Cordovés E, Zelada Pérez Md, et al. Tendencias actuales de programas de estudio de pregrado y posgrado con orientación a la Atención Primaria de la Salud. Educ Méd Super. 2016 [acceso 15/06/2025];30(3). Disponible en: https://www.ems.sld.cu/index.php/ems/article/view/839
2. Lemus Lago ER. Correspondencia entre teoría y práctica de la formación del especialista de medicina general integral [Tesis en opción al grado científico de Doctor en Ciencias de la Educación Médica]. La Habana: Universidad de Ciencias de La Habana; 2014.
3. Espín Falcón JC, Taureaux Díaz N, Gasca Hernández E, Pérez Martín Y, Ceruto Machado M. Actualización sobre los contenidos de actuación y responsabilidad médico-legal en atención primaria de salud. Educ Méd Super. 2020 [acceso 15/06/2025];34(1). Disponible en: http://www.ems.sld.cu/idex.php/ems/article/view/2181/934
4. Ministerio de Salud Pública. Plan de Estudio y Programa de Medicina General Integral. 5 versión. La Habana: MINSAP; 2018.
5. Louro Bernal I. Familia en el ejercicio de la Medicina General Integral. En: Álvarez Sintes R. Medicina General Integral. Salud y Medicina. La Habana: Editorial de Ciencias Médicas; 2014(II):59. p. 533-54.
6. Louro Bernal I. Campo de la salud familiar. En: Álvarez Sintes R. Medicina General Integral. Salud y Medicina. La Habana: Editorial de Ciencias Médicas; 2014(II):60. p. 555-68.
7. Comisión Nacional de la Especialidad de Medicina Comunitaria. Ministerio de Sanidad y Consumo. Programa de Medicina Familiar y Medicina Comunitaria. España; 2005 [acceso 15/06/2025]. Disponible en: https://www.observatoriorh.org/sites/default/files/webfiles/dialogos/dgo_medf am/VeronicaCasado.pdf
8. Louro Bernal I. Enfoque e intervención familiar en la atención sanitaria integral. En: Álvarez Sintes R. Medicina General Integral, Salud y Medicina. La Habana: Editorial de Ciencias Médicas; 2014(II):61. p. 569-82.
9. Espin Falcón J, Taureaux Díaz N, Gasca Hernández E, Cardona Almeida A, Vega Castaño A. La familia y la medicina familiar en la educación de posgrado en Cuba. Educación Médica Superior [Internet]. 2021 [acceso 20/06/2025]; 35 (2) Disponible en: http://www.ems.sld.cu/index.php/ems/article/view/2783
10. Pérez Díaz TC, González Cárdenas LT, Presno Labrador MC, Hernández González B, Guerrero Chacón SE. Evaluación de la formación de profesionales de la especialidad de Medicina General Integral. Rev cuba med general integr. 2017 [acceso 20/06/2025];33(1). Disponible en: http://www.revmgi.sld.cu/index.php/mgi/article/view/436
11. Ministerio de Salud Púbica. Plan de Estudios de la Residencia de Medicina General Integral. 1 versión. La Habana: MINSAP; 1985.
12. Ministerio de Salud Púbica. Plan de Estudios y Programa de Especialización de la Residencia de Medicina General Integral. 2 versión. La Habana: MINSAP; 1990.
13. Ministerio de Salud Púbica. Plan de Estudios y Programa de la Residencia de Medicina General Integral. 3 versión. La Habana: MINSAP; 2000.
14. Ramos Hernández R, Díaz Díaz AA. Propuesta de perfeccionamiento de tarjeta de evaluación de residentes de Medicina General Integral. Educ Méd Super. 2015 [acceso 20/06/2025];29(3). Disponible en: http://www.ems.sld.cu/index.php/ems/article/view/492
15. Ministerio de Salud Pública. Plan de Estudios y Programa de Medicina General Integral. 4 versión. La Habana: MINSAP; 2004.
16. Ministerio de Salud Pública. Programa de Especialidad de Primer Grado en Medicina familiar. La Habana: MINSAP; 2023.
17. Ministerio de Salud Pública de Cuba. Resolución No. 202/2024. Plan de estudios y Programa de la Especialidad de Medicina Familiar. La Habana: MINSAP; 2024.
18. Espín Falcón JC, Acosta Gómez Y. Diseño de curso metodológico para la confección del Análisis de la Situación de Salud. Educ Méd Super. 2019 [acceso 20/06/2025];33(3). Disponible en: http://www.ems.sld.cu/index.php/ems/article/view/2123
19. Hernández Rincón EH, Muñoz Abril YC, Avella Pérez LP. Rol del médico familiar en el nuevo modelo integral de atención en salud en Colombia. Rev cuba med gen integr. 2019 [acceso 24/06/2025];35(3). Disponible en: http://www.revmgi.sld.cu/index.php/mgi/article/view/466
20. Ministerio de Salud Pública. Dirección de Registros Médicos y Estadísticas de Salud. Anuario Estadístico de Salud. La Habana: MINSAP; 2024.
21. Lemus Lago ER, Borroto Cruz R. Atención Primaria de Salud, Medicina Familiar y médicos de familia. En: Álvarez Sintes R. Medicina General Integral. Salud y Medicina. La Habana: Editorial de Ciencias Médicas; 2014(I):71. p. 61-76.
22. Berenguer Gouarnaluses MC, Pérez Rodríguez A, Dávila Fernández M, Sánchez Jacas I. Determinantes sociales en la salud de la familia cubana. MEDISAN. 2017 [acceso 24/06/2025];21(1). Disponible en: http://medisan.sld.cu/index.php/san/article/view/680
23. Martínez Gómez C. Tratamiento a la familia. En: Álvarez Sintes R. Medicina General Integral, Salud y Medicina. La Habana: Editorial de Ciencias Médicas; 2014(II):62. p. 583-97.
24. Conceptualization: Julio Cesar Espin Falcón, Niurka Taureaux Díaz.
25. Data curation: Julio Cesar Espin Falcón, Niurka Taureaux Díaz.
26. Formal analysis: Julio Cesar Espin Falcón, Niurka Taureaux Díaz.
27. Research: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
28. Methodology: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.

29. Project management: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
30. Resources: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
31. Software: Julio Cesar Espin Falcón, Niurka Taureaux Díaz.
32. Supervision: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
33. Validation: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
34. Visualization: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
35. Original draft: Julio Cesar Espin Falcón, Niurka Taureaux Díaz.
36. Revision and editing: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.

## FUNDING

No financing

## CONFLICT OF INTEREST

None

## AUTHORSHIP CONTRIBUTIONS

Drafting – original draft: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.
Writing–review and editing: Julio Cesar Espin Falcón, Niurka Taureaux Díaz, Elisa Gasca Hernández, Adriana Cardona Almeida.