

VIOLENCE DURING MEDICAL TRAINING

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Summary

The Health and Behaviour Group from the Medical and Health Sciences, had guided their research in the characterization about violence in the educational medical environment at institutional and national level. The present article makes reference about the findings made by studies with the bullying and gender violence thematic relation, and invites to a reflexion about the importance of apply such results on everyday's educational process, creating strategies to build a Healthy University.

Keywords: Medical Education. Violence. Human Rights. Social Politics. Gender.

Introduction

In Colombia the Political Constitution made reference to Education as a right to the person and a public service with a social function. Likewise, "this education must form the Colombian citizen the respect for human rights, peace and democracy..." (1). Meanwhile, 30th Law of 1992 It stated that higher education is an ongoing process and it is directed to the development of human potential comprehensively (2)

More specifically in the medical career, the World Medical Federation generated three basic documents on global standards Medical Education. With regard to student support, it turned his attention to the processes of academic counseling and social, which must be guaranteed through a system to facilitate access to support, advice and career guidance. This based on tracking progress in training, information about problems that may arise, and be addressed to meet the social and personal needs of the students council (3).

In 2011 the American Medical Association (4) held a meeting whose main objective was to discuss strategies for optimizing the learning environment, and deepened about the topic violence (*mistreatment*), defining it as willful behavior or not showing a lack of respect for the dignity of others and unreasonably interferes with the learning process. Examples included sexual harassment,

discrimination or harassment based on race, religion, ethnicity, gender or sexual orientation, physical or psychological punishment and the use of other forms of assessment and advice from a punitive way.

The Board presents results for 2010 and 2011, with a prevalence between 11 and 40% of abuse, consistent with earlier studies submitted in the United States and other countries (5-8). Which means that prior to the pronouncement of the American Medical Association, and Violence against students in undergraduate and graduate programs in medicine has been studied by several authors (9-11), who claimed that the professionals in medicine are likely to experience and likewise, perpetrate abuse and discrimination.

An example of this was the McMaster University in Canada (12), which in 1996 conducted a study on the prevalence of violence in medical students. Specifically for violence against women a prevalence of 71%, for secondary violence of their sexual orientation was presented by 10.2% for sexual harassment was found was reported in 92.2% and physical violence, a finding not expected by researchers, was 54%. This study proposed educational, behavioral and structural initiatives to incorporate into medical training programs to eradicate these practices.

Other studies have related the Gender-Based Violence (GBV) with the application of the scale and Maslach

Burnout Inventory Leymman psychological horror in medical postgraduate students (13), finding that these conditions are presented in the same way in men and women but there depersonalization greater in women than in men.

In 2003, a study of prevalence of GBV in medical students from six colleges in Japan (14) was performed, finding that 68.5% of participants reported some type of violence. In the case of GBV, for their womanhood, sexual harassment appeared in 51.4% of the students. Violence beliefs, sexual orientation or race is not explored.

From a different conceptual perspective, in 2007, the group health and behavior of the Faculty of Medicine at the University New Granada raised the national study of bullying or intimidation (15) with the participation of 22 medical nationwide school level. The results observed in this study confirmed the presence of episodes of bullying in the field of higher education and more specifically, students in medical schools of the country by 19.68%. This data was sufficient to give a voice alarm directives, teachers and students, showing that such phenomena are not a myth but a reality that is taking educational environments medical education in Colombia.

On the same line, the study characterizes the Gender-Based Violence in the students of the Military University Nueva Granada (16) identifying that this is a problem that is far from an isolated event took place or subtle. 94% of those who provided answers to the questionnaire and reported

having perceived Gender-Based Violence, went their sex, in this case, being female. Which it showed the importance of analyzing the conditions of violence against women in different areas.

At the same time, in recent years they have generated public policy (17) related to health promotion in educational settings. This strategy is called Healthy University or University Health Promoter. Which defined such institutions as those through the social distribution of knowledge, make strategic and sustained actions that promote comprehensive health (bio-psychosocial) and the active participation of the university community. This developing a culture of comprehensive health care, including the formation of healthy lifestyles and self-care, as well as opportunities and living environments, healthy work and learning, research and teaching within their substantive functions "(18).

The strategy is supported by international guidelines (see Table No. 1), taking as a starting point the Alma Ata Health for All, which made visible to health as a fundamental right and raised the need for level actions social and economic environment for achieving it, until the formation of networks of Health Promoting Universities that are developing great strides in this area. A nationwide network of Promoting Universities (RED CUPS), has managed to integrate higher education institutions and produced a framework document aimed at raising awareness and institutional support (19), just as they advised the construction of guidelines for policy nationally (20). The

Table 1. *List of national and international guidelines which support the Healthy University policies in Colombia.*

International Guidelines:

- Stockholm Declaration on the Human Environment 1972
- Alma Ata Declaration of Health for All, 1978
- Kyoto Protocol to the United Nations Framework Convention on Climate Change (CMNUCC) 1987
- Second International Conference on Health Promotion 1.988
- Ottawa Charter for First International Conference on Health Promotion November 21, 1986
- Declaration of the International Conference on Health Promotion, Santa Fe de Bogota 1992
- The Caribbean Charter for Health Promotion 1993
- Jakarta Declaration on Health Promotion in the Twenty - First Century 1,997
- United Nations Conference on Environment and Development 1992 and 2002
- Fifth Global Conference on Health Promotion 2000
- WHO Framework Convention Snuff Control, Resolution WHA 56.1. 2003
- The Bangkok Charter for Health Promotion 2005
- IV International Congress of Health Promoting Universities Report 2009

topics that are currently developing healthy eating, physical activity, cigarette-free, substance abuse, sexuality and inclusion. However, the presence of specific activities that are aimed at promoting the rights to physical and mental integrity are violated in situations of intimidation or in situations of gender-based violence is not evident.

Discussion

There are regional and national mechanisms aimed at promoting healthy and safe environments in the teaching of Higher Education, there are renowned for organizing educational institutions of higher education nationwide efforts. New Granada Military University as an institution actively involved in the network (Network of Health Promoting Universities). However, under carefully check their documents, its guidelines and projects, these are mainly focused on the healthy lifestyles (physical activity, prevention of use of psychoactive substances, discrimination and sexual and reproductive health) but do not address the issue of the right to a life free of violence as part of such lifestyles. What it is also reflected in specific activities or strategic actions.

Studies have been conducted to characterize the violence into medical school responding to the guidelines of the World Medical Federation and the American Medical Association, found that both intimidation or bullying as gender-based violence, are conditions in our context.

All this presents a challenge for integration from the Public Policy Health Promotion and inclusion of specific activities to to promote the right to live without violence in academic communities.

Conflict of interests

The authors declare that they have, directly or indirectly, any conflict of financial, academic and business interests that may jeopardize the validity of this study.

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