Revista de Ciencias Médicas de Pinar del Río
ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(2026): e6897

BRIEF COMMUNICATION

The development of the skill to register and follow up individuals and families in primary health care

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Citación: Delgado Cruz A, Hernández Rodríguez IM, Ferro González B, Naranjo Ferregut JA. La formación de la habilidad dispensarizar a personas y familias en la Atención Primaria de Salud Rev Ciencias Médicas [Internet]. 2026 [citado: fecha de acceso]; 30(2026): e6891. Disponible en: http://revcmpinar.sld.cu/index.php/publicaciones/article/view/6897

Recibido: 23 de septiembre de 2025
Aceptado: 28 de marzo de 2026
Publicado: 11 de abril de 2026

ABSTRACT

Introduction: the process of systematic registration and follow-up (dispensarización) constitutes a fundamental component of Primary Health Care.
Objective: to assess the development of the skill to register and follow up individuals and families among medical students in Primary Health Care
Methods: a descriptive, cross-sectional study was conducted at the Luis Augusto Turcios Lima University Polyclinic during the 2024–2025 academic year. The universe consisted of 62 fifth-year medical students. Theoretical and empirical methods were used to obtain information, and the data were processed through descriptive statistics, calculating absolute and relative frequencies.
Results: all students acknowledged the importance of systematic registration and follow-up. A total of 83,9 % reported that other subjects contributed content to its development. 64,5 % considered that there were conditions and opportunities in the clinic to practice the skill, while 35,5 % rated them as scarce or absent. 100 % identified the lack of tutor time due to care overload as a difficulty. 96,8 % had applied systematic registration both in real and simulated situations, and 64,5 % perceived themselves as highly capable of performing it.
Conclusions: students recognize the importance of the skill to register and follow up individuals and families and have opportunities to apply it during their training. Difficulties were identified related to the planning of teaching activities, the tutor's available time, and the integration of content, making it necessary to strengthen the organization of education in practice to foster its development.

Keywords: Primary Health Care; Health Education; Medical Education; Students, Medical.

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(2026): e6897

INTRODUCTION

Primary Health Care (PHC) in Cuba has undergone a continuous transformation process aimed at strengthening comprehensive care for individuals, families, and the community. With the implementation of the Family Doctor and Nurse Program, systematic registration and follow-up acquired special relevance as part of the basic health team's practice and consolidated as an essential component for the organization, planning, and monitoring of population care.[1]

Systematic registration and follow-up is conceived as an organized, continuous, and dynamic process of evaluation and intervention on the health situation of individuals and families, led by the basic health team. Its development allows for the identification of needs and risks, the planning of actions according to individual and family characteristics, and the establishment of periodic monitoring. Therefore, it should not be understood solely as the classification of individuals into health groups, but as a process that promotes a comprehensive and systematic assessment of their health status.[2]

This process goes through different stages that include the registration of individuals and families, their comprehensive evaluation, intervention, and follow-up.[1] These actions require considering biological, psychological, and social factors involved in the health-disease process, allowing the physician to guide health promotion, disease prevention, care, and rehabilitation actions according to the identified needs.

The importance that systematic registration and follow-up acquires in the performance of the general physician makes it necessary for its learning to begin during undergraduate training. In this context, PHC constitutes a fundamental scenario for the training of medical students, as it enables direct contact with individuals, families, and the community. The development of the skill to register and follow up individuals and families requires that the student not only knows the theoretical foundations of the process but also progressively appropriates the actions and operations necessary to apply it under the specific conditions of professional practice.[3]

The development of this skill does not depend exclusively on a single subject. Throughout the degree program, different disciplines and subjects provide knowledge and experiences that contribute to understanding the health status of individuals and families from a comprehensive perspective. Therefore, it is necessary to promote the integration of this content and its application in PHC settings, so that the student can relate the acquired knowledge to the problems they will face in their future professional performance.[4] The approach to the family during the physician's training is an example of this necessary integration of knowledge, skills, and values in education-in-practice settings.[5]

In this sense, education in practice offers particular conditions for the development of the skill to register and follow up, as it allows the student to learn through their participation in real care situations. The medical office constitutes a space where they can register, evaluate, intervene, and follow up on individuals and families under the tutor's guidance. However, participation in the care setting does not guarantee the development of the skill by itself; adequate planning, guidance, practice, and evaluation of the actions the student must perform are required.[3,6]

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(2026): e6897

From this perspective, the development of the skill to register and follow up individuals and families must be conceived as a systematic process in which the student integrates knowledge and modes of action while interacting with the problems inherent to the profession. The conscious practice of their actions and operations in PHC settings can favor the student progressively reaching the independence necessary to apply it in their future performance as a physician. Based on these considerations, the present research aimed to assess the development of the skill to register and follow up individuals and families in Primary Health Care.

METHODS

A descriptive and cross-sectional study was conducted at the Luis Augusto Turcios Lima University Polyclinic in Pinar del Río, during the 2024-2025 academic year. The universe consisted of 62 fifth-year medical students who carried out teaching activities in this setting. All students present during the study period who agreed to participate voluntarily in the study were included.

Procedures and techniques

Theoretical and empirical methods were employed. As a theoretical method, the historical-logical method was used, which allowed the analysis of antecedents and foundations related to the development of the skill to register and follow up in Primary Health Care. As an empirical method, a structured questionnaire (Annex 1) was applied to the students, aimed at obtaining information on the importance attributed to the registration and follow-up process, the subjects that provided content, the conditions and opportunities in the clinics, the possibilities of practical application, and the perception of their capacity to perform the activity.

Statistical analysis

The information obtained was processed using descriptive statistical procedures, utilizing absolute and relative frequencies for the analysis of the responses. The results were organized and interpreted in correspondence with the research objective.

Ethical aspects

The research was approved by the Scientific Research Ethics Committee and the Scientific Council of the Luis Augusto Turcios Lima University Polyclinic. Student participation was voluntary, and the confidentiality of the information obtained was guaranteed, as well as its exclusive use for scientific purposes. The study was developed in accordance with the ethical principles established for research involving human subjects.

RESULTS

All students considered the application of the systematic registration and follow-up process to be important. Furthermore, 83,9 % stated that other subjects in the degree program provide content that contributes to this process. Among the identified subjects were Introduction to Comprehensive General Medicine (100 %), Health Promotion (100 %), Health Prevention (100 %), Introduction to Clinical Practice (100 %), Public Health (96,2 %), Pediatrics (92,3 %), Gynecology and Obstetrics (84,6 %), Internal Medicine (76,9 %), and Clinical Propaedeutics (34,6 %).

Regarding the existence of conditions and opportunities in the medical office to practice the skill of registering and following up individuals and families, 64,5 % of the students considered that these existed, while 32,3 % rated them as scarce and 3,2 % as absent.

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(2026): e6897

Among the 22 students who considered these opportunities to be scarce or absent, all pointed out as the cause that the tutor did not have the necessary time to attend to the teaching process due to care overload. Additionally, 68,2 % identified deficiencies in the planning of activities in the clinic, and 45,5 % noted the coincidence of students from different subjects in the same teaching setting and at the same time.

Regarding the possibilities of applying the systematic registration and follow-up process with individuals and families during the Comprehensive General Medicine rotation in the fifth year of the degree, all students responded affirmatively. Of these, 60 (96,8 %) reported having done so in both real and simulated situations, while two (3,2 %) stated they had only done so in simulated situations.

Regarding the perception of their capacity to register and follow up individuals and families, 64,5 % of the students considered themselves highly capable of performing this activity.

All students (100 %) considered it necessary to pay greater attention to the systematic registration and follow-up process during the degree program. Among the suggestions to improve the development of this skill in education-in-practice settings in medical offices, 42 students (67,7 %) proposed a better structuring and planning of education-in-practice activities; 35 (56,5 %) suggested making the planning of work in medical offices more efficient; 23 (37,1 %) recommended dedicating more time to education in practice; and 12 (19,4 %) advocated for greater integration of subjects to contribute to the formation and development of this skill.

DISCUSSION

The results obtained show that all students recognize the importance of the systematic registration and follow-up process during their training. This result is consistent with the place this skill occupies in the performance of the physician in Primary Health Care, where care for individuals and families requires integrating health promotion, prevention, care, and rehabilitation actions. Systematic registration and follow-up therefore constitute a necessary tool to identify needs and risks and to organize interventions and monitoring according to the characteristics of each individual and family.[1,2]

The students' recognition of its importance may be related to their connection with PHC settings during the degree program and, particularly, with education-in-practice activities. This form of teaching organization allows relating acquired knowledge with situations typical of professional practice and favors the progressive development of skills necessary for the physician's future performance.[5,6]

Although 83,9 % of the students recognized that other subjects provide content to the systematic registration and follow-up process, there were important differences among them. The highest frequencies corresponded to subjects directly related to Comprehensive General Medicine, health promotion and prevention, and clinical practice, while others were identified to a lesser extent. This result could express difficulties in the integration of content during the formative process, as the comprehensive assessment of individuals and families requires knowledge from different disciplines and subjects. The development of professional skills precisely demands that the student can integrate this knowledge and apply it to the problems they encounter in real professional settings.[4]

ISSN: 1561-3194 **RNPS:** 1877
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In the authors' opinion, these results reinforce the need for the skill "to register and follow up individuals and0 families" not to be considered the exclusive responsibility of Comprehensive General Medicine subjects. The content received in Internal Medicine, Pediatrics, Gynecology and Obstetrics, Public Health, and other subjects can contribute to the comprehensive assessment of individuals and families. The articulation of this content from an interdisciplinary perspective would allow the student to understand systematic registration and follow-up as a process that integrates the different components of medical care, rather than as an isolated activity within PHC.[4,5]

Another result of interest was that only 64,5 % of the students considered that sufficient conditions and opportunities existed in the clinic to practice the skill, while the rest rated them as scarce or absent. The students' perception constitutes a useful source for identifying difficulties in the organization of education in practice. Fortún Prieto and Campo Díaz,[7] highlight the importance of considering students' criteria when assessing the quality of these teaching activities and their methodological preparation.

Among those who considered the opportunities for practice to be scarce or absent, all pointed to the lack of tutor time due to care overload. Deficiencies in the planning of activities and the coincidence of students from different subjects in the same teaching setting were also identified. These elements show that the existence of the clinic as a training setting does not guarantee, by itself, that all its teaching possibilities are exploited. The organization of the activity, the guidance the student receives, and the tutor's participation are essential to transform everyday care activity into a true learning experience.

In this sense, the pedagogical preparation of the tutor acquires particular relevance. The tutor not only participates in the care activity but must also organize conditions that favor learning and guide the student toward increasingly independent performance. Prieto-Peña et al.,[8] highlight the protagonist role of the tutor in the formation of professional knowledge and skills and the need for adequate pedagogical preparation to develop this function.

The planning of education in practice also requires systematic organization that allows defining what the student must learn, what actions they will perform, and how their performance will be evaluated. In Comprehensive General Medicine, the need to systematize this teaching activity to favor the fulfillment of its formative objectives has been pointed out.[9] From this perspective, the planning difficulties identified by the students constitute an aspect susceptible to intervention through the methodological work of teaching collectives.

A favorable finding was that all students reported having had opportunities to apply the systematic registration and follow-up process during the Comprehensive General Medicine rotation in the fifth year, and that 96,8 % did so in both real and simulated situations. The use of simulated situations can contribute to preparing the student for certain problems; however, for the development of a skill closely related to comprehensive care for individuals and families, contact with real situations is particularly valuable. Education in practice allows knowledge and actions acquired during training to be concretized in the setting where professional performance will subsequently take place.[6,10]

A total of 64,5 % of the students considered themselves highly capable of registering and following up individuals and families. Although this result reflects a favorable perception of skill mastery, it should be interpreted as a student self-assessment and not as an objective measurement of their performance. The development of professional skills requires the systematic practice of its actions and operations and the progressive assessment of the student's performance in practice settings.[3,10]

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It is significant that all students considered it necessary to pay greater attention to systematic registration and follow-up during the degree program. The main proposals were aimed at improving the structuring and planning of education-in-practice activities and the organization of work in medical offices. These results show that, even though students recognize opportunities to apply systematic registration and follow-up and a significant proportion perceives themselves as capable of performing it, they identify aspects of the teaching process that can be perfected.

These findings acquire special interest when compared with antecedents developed in the same Primary Health Care context. Previous research on the development of professional skills in medical students identified difficulties related to tutor preparation and the exploitation of education in practice for the development of these skills.[10] More specifically, Delgado Cruz et al.,[11] found insufficiencies in the preparation of tutors for the development of the skill to register and follow up individuals and families, which reaffirms the need to pay attention not only to the practice opportunities the student receives but also to the pedagogical preparation of those who lead this process.

In the authors' judgment, the improvement of the development of this skill requires strengthening the methodological work of teaching collectives, promoting integration among subjects, and organizing education-in-practice activities with greater formative intentionality. The elaboration of a system of teaching tasks oriented to the actions and operations that make up the skill to register and follow up individuals and families could contribute to the student progressively transitioning from guidance and practice to execution with greater independence in real PHC situations.

CONCLUSION

The results obtained allow us to consider that favorable conditions exist for the development of the skill to register and follow up individuals and families, expressed in the recognition of its importance, the opportunities for its application, and the favorable perception of a significant proportion of students regarding their capacity to perform it. However, aspects related to content integration, the planning of education in practice, and the possibilities for practice in clinics persist, which require attention from the educational process.

Funding
The research did not receive external funding.

Conflict of Interest
The authors declare no conflicts of interest.

Authorship Contribution
ADC: Conceptualization, investigation, methodology, formal analysis, original draft writing, review and editing.
IMHR: Conceptualization, methodology, supervision, validation, review and editing. BFG: Investigation, formal analysis, data curation, original draft writing, review and.
JANF: Investigation, validation, review and editing.

ISSN: 1561-3194 **RNPS:** 1877
Rev Ciencias Médicas. 2026; 30(2026): e6897

Use of Artificial Intelligence During the preparation of the manuscript, ChatGPT (OpenAI) was used as a support tool for reviewing and improving the wording of some text fragments and for verifying the adequacy of the bibliographic references format to the Vancouver style. The tool was not used to generate the results, data analysis, or study conclusions. The authors fully reviewed and validated the content and assume final responsibility for the manuscript.

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Anexo 1.

Cuestionario a aplicar a estudiantes de quinto año de medicina para valorar la formación de la habilidad dispensarizar a personas y familias en la Atención Primaria de Salud.

1- ¿Consideras importante la aplicación del proceso de dispensarización en la Atención Primaria de Salud?
Sí___ No____ Explique:
2- ¿Que asignaturas aportan contenidos que contribuyen al proceso de dispensarización? Enúncielas:
3- ¿Consideras que existen condiciones y oportunidades en los consultorios médicos para ejercitar la habilidad dispènsarizar a personas y familias?
Sí___ No____ Explique:
4- ¿Ha tenido posibilidades de aplicar el proceso de dispensarizacion a personas y familias en la estancia de la asignatura Medicina General Integral?
Sí___ No____ Explique:
5- ¿Cómo percibe su capacidad para dispensarizar a personas y familias?
6- ¿Considera que se debe prestar mayor atención a la dispensarización en la carrera?
Sí___ No____ Explique:
7- ¿Que sugerencias aportas para perfeccionar la formación de la habilidad dispensarizar a personas y familias?