

# Twenty-State Program for the Innovation of Mexico's Medical Social Service



## ▾ SUMMARY

In recent years, Mexico's Ministry of Health has developed various strategies to improve the quality of its health services. To complement efforts to launch a rotational community-medicine internship, Yo quiero Yo puedo, together with the Ministry of Health's General Directorate of Quality and Health Education and the National Autonomous University of Mexico, designed, piloted and scaled a model of quality care and comprehensive health promotion for medical interns and their mentors during the internship year. Between 2017 and 2018, the model was piloted in Morelos and then implemented in 20 states of Mexico and rigorously evaluated. **This case study offers a look at the program model, the results and key opportunities moving forward.**



RÍO ARRONTE  
FUNDACIÓN

## CONTEXT

As part of the Mexican Ministry of Health's strategy to improve the quality of its health care services, a deep reform of Mexico's mandatory one-year medical internship (Servicio Social Médico) was proposed and included the launch of a rotational community-medicine placement that is accompanied by academic support (Servicio Social Rotatorio con Enfoque en Medicina Comunitaria).

Yet even with these changes, medical student education still focuses on treatment of Mexico's main health problems; limited to no attention is given to the development of the soft skills that are needed to be a successful doctor. Mentors experience these same limitations and additionally are unprepared to take on their new role.



Yo quiero Yo puedo (Mexican Institute for Family and Population Research – IMIFAP) and the Ministry of Health recognize that soft skills are critical for prospective doctors to execute their medical responsibilities in a climate of empathy and quality. To address this, since 2016, the Ministry of Health has been working to develop an academic program to accompany the new rotational internship year, providing interns, who are on average 25 years old, with topic-specific expertise and a personal mentor. Yo quiero Yo

puedo, with the support of the Gonzalo Río Arronte Foundation, developed and piloted this program between 2017 and 2018 with interns from the National Autonomous University of Mexico (UNAM).

Life skills critical for doctors' improved relationship with patients and avoidance of burnout:

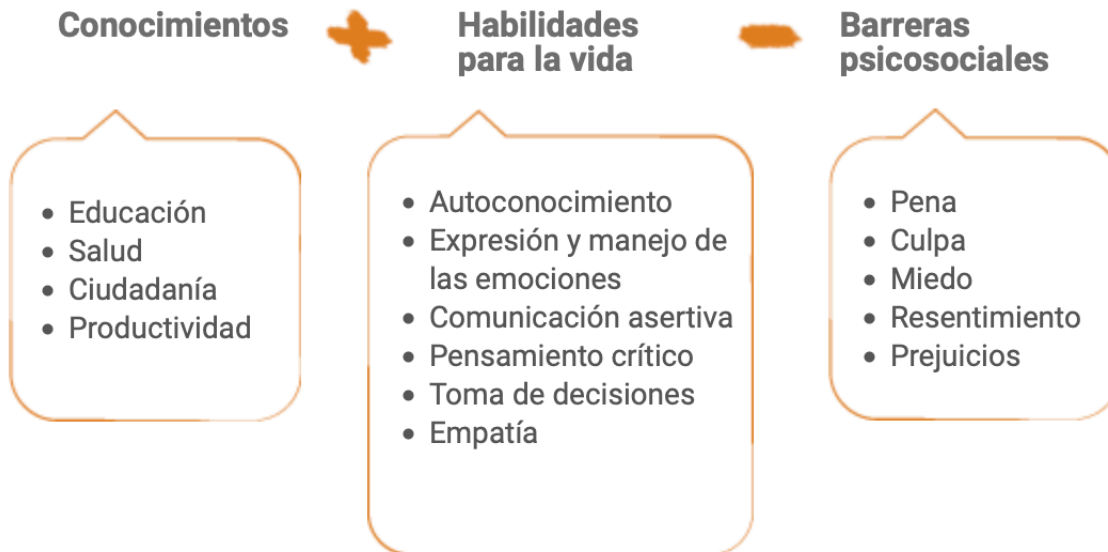
- Assertive communication
- Effective negotiation
- Management of emotions
- Stress management
- Dealing with social pressure
- Taking responsibility
- Decision making
- Self-knowledge
- Empathy

## SOLUTION

The Yo quiero Yo puedo pilot program aimed to improve the quality of treatment in primary health care. Specifically, contributing to the personal and professional development of medical interns and their mentors in order to reduce intern and mentor burnout, improve the relationship between interns, their mentors and their patients, increase the therapeutic adherence of patients and fundamentally strengthen the Servicio Social program structure.

## Theoretical framework

The program was built from the theoretical Framework for Enabling Empowerment (Pick and Sirkin, 2010). It is based on a human development approach that seeks to generate significant behavior changes.



### The program consists of four components:

1. **Training workshop for medical interns (11 sessions totaling 40 hours).** Targeting agency and empowerment, life skills applied to primary health care, participatory diagnosis, quality of care, doctor and patient rights, therapeutic adherence, patient-focused medicine, empathy, stress management, emotional first aid and gender.
2. **Training workshops for mentors (10 sessions totaling 40 hours).** Focused on enhancing the effectiveness of their role as mentors, workshops also explored the local health situation, stress management, development of empathy, prevention of burnout, quality of care, doctor-patient relationship, conflict management and problem solving.
3. **Encounters between mentors and interns (4 sessions totaling 20 hours),** in order to build a relationship of trust and co-responsibility between the two groups.

4. **Accompaniment:** Through more than 3,000 accompaniment sessions, Yo quiero Yo puedo facilitators visited interns, observed their patient appointments and provided personalized feedback.

*"These sessions have the purpose of working with ourselves so that we are better able to **serve patients with quality and humanism.**" (Medical intern)*



## RESULTS:

Using a 0-10 scale, interns rated the quality of the “I want to, I can” program as 9.18 and mentors rated it 9.52. **Ninety-three percent** of interns and **94%** of mentors indicated being either satisfied or very satisfied with the training.

Program impact was measured through a pre-post quantitative methodology with control group, with interns, mentors, patients and Ministry of Health staff.



**Interns:** After the program, interns were providing higher quality patient care, both from the patients' and the evaluators' perspectives. Apart from expected standard practices, like asking the patient's name and examining the patient, the interns have built interpersonal bonds with patients as a result of new strategies, including employing greater empathy and strengthened decision making.

*“Both for ethics and professionalism, I do not have to criticize, judge or advise patients to think like me; **my role is to give healthy recommendations and the patients will be those who make their own decisions.**” (Medical intern, 24)*

*“I now know how to make a change to **improve the Medical Social Service** for the new generations”  
(Medical intern, 23)*

*“My social service **allowed me to ... improve my clinical practice**”.  
(Medical intern, 25)*

**Mentors:** Mentors provide high quality patient care. They possess sufficient levels of life skills needed to be a good doctor, compassion towards patients and relationships with their interns. They all now indicate knowing that they have an intern whom they supervise and most know their name and have given them advice.

*“**This makes us change the way we do things a little, and even the way in which we see the patient.**” (Female mentor)*

*“My job is to teach them that there is more, that **being a specialist is being a good human being, helping, healing, the place does not matter.**” (Female mentor, 54)*

*“To **take care of myself** is my commitment.”  
(Male mentor, 44)*

**Patients:** Patients rated the quality of care and the relationship with their doctor higher than those patients who were seen by doctors who did not participate. Patients also showed higher levels of therapeutic adherence, more often following the advice of their doctor in terms of medication and diet, which reflects doctors' increased effectiveness.

*"I feel good because the intern is an attentive person. She listens to what hurts. She doesn't rush or want to get it over with. She pays attention." (Patient)*

### Key program impacts:

- Increased quality of care provided by interns, up **51%** as assessed by the evaluator and up **30%** from the perspective of the patient.
- Increased intern satisfaction with the care they provided, by **9%**.
- Improved patient assessment of the doctor-patient relationship by **11%**.
- Increased patient satisfaction with the medical service by **10%**.
- Increased patient self-efficacy for taking prescribed medicines and consuming healthy foods, following prescribed medical treatment and undertaking follow-ups.

The program reached **805** medical interns and **492** mentors.



## CONCLUSIONS AND OPPORTUNITIES

Improved quality of care as well as increased adherence to treatment as a result of the "I want to, I can" program shines light on the value of institutionalizing the model within the Servicio Social program nationally. The program addressed critical gaps in medical students' training, including on assertive communication, negotiation, problem-solving and emotion management skills –all of them key to delivering good quality service to patients.

Interns highlighted the importance of improving the intern-mentor relationship and enhancing the quality of their life and emotional health through self-care. For interns to stay on track with all the responsibilities they face while living under challenging conditions in marginalized communities, strengthening their personal agency and empowerment remains imperative.

The evaluation also identified the lowest rates of self-efficacy to be among patients in Veracruz, Oaxaca, Chiapas and San Luis Potosí, making this program an urgent priority to improve health outcomes in those states.

Moving forward, the following key opportunities would enable maximum program impact and sustainability:

- **Strengthen the role of mentors:** **The need for mentors to support their interns more and better is evident.** Interns require detailed and structured guidance with respect to their behavior during a consultation. Both technical and professional aspects, as well as interpersonal aspects such as emotional support and use of an appropriate language, need to be addressed. Mentors should accompany their intern during at least one patient consultation.


- **Keep patients at the center despite rotations:** Most patients express a preference for the interns to stay in the same health center during their entire year of service. This highlights the importance of sensitizing patients on the advantages of rotating interns so that this rotation does not compromise patient satisfaction. Related, is the need to ensure therapeutic adherence even when doctors are rotated.
- **Structure long-term sustainability. Partnerships with universities to engage additional students and interns, and with states to secure continued funding, is critical for the future implementation of the program.** Training medical teaching staff as trainers of the “I want to, I can” methodology would also enable the sustainable replication of this program to future classes, as would integrating life skills into the standard intern training curricula.




*Since our creation in 1985, we have designed, implemented and evaluated programs with the aim of fostering personal development and reducing psychosocial barriers so individuals become agents of change in their own lives as well as in their families and communities.*

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