

ORIGINAL

Evaluation of the managerial competitions in the students of intensive medicine and emergencies

Evaluación de las competencias gerenciales en los estudiantes de medicina intensiva y emergencias

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ABSTRACT

Introduction: the scientific focus in the medical formation in the current society, constitutes a challenge for the universities in the world and in Cuba that you/they demand inclusion of the formation process in managerial competitions. He/she was carried out the investigation with the objective of evaluating the process of formation of managerial competitions in students of the specialty of Intensive Medicine and Emergencies Adults in the provincial hospitals of Pinar del Río.

Method: the general methodological design was sustained in the materialistic dialectical focus, with methods of the theoretical, empiric level, corroborated by descriptive statistic.

Results: were the determination of the broken into fragments character, asistémico and spontaneous of analysis from the educational perspective, with prevalence of visions reduccionistas determined in the applied instruments. The carried out diagnosis showed deficiencies from the program for the development of the managerial teaching, inadequate quality of the methodological preparations, lack of rigor in the control and evaluation of on the part of formation tutors and bosses of service.

Conclusions: it was evaluated with difficulties the process of formation of managerial competitions in the students of the specialty Intensive Medicine and Emergencies adults in the provincial hospitals of Pinar del Río.

Keywords: Managerial Competitions; Administration; Administration; Intensive Cares.

RESUMEN

Introducción: el enfoque científico en la formación médica en la sociedad actual, constituye un reto para las universidades en el mundo y en Cuba, que demandan inclusión del proceso de formación en competencias gerenciales. Se realizó la investigación con el objetivo de evaluar el proceso de formación de competencias gerenciales en estudiantes de la especialidad de Medicina Intensiva y Emergencias Adultos en los hospitales provinciales de Pinar del Río.

Método: el diseño metodológico general se sustentó en el enfoque dialéctico materialista, con métodos del nivel teórico, empírico, corroborados por estadística descriptiva.

Resultados: fueron la determinación del carácter fragmentado, asistémico y espontáneo de análisis desde la perspectiva educativa, con predominio de visiones reduccionistas determinadas en los instrumentos aplicados. El diagnóstico realizado mostró deficiencias desde el programa para el desarrollo de la enseñanza gerencial, calidad inadecuada de las preparaciones metodológicas, falta de rigor en el control y evaluación de por parte de tutores de formación y jefes de servicio.

Conclusiones: fue evaluado con dificultades el proceso de formación de competencias gerenciales en los estudiantes de la especialidad Medicina Intensiva y Emergencias adultos en los hospitales provinciales de Pinar del Río.

Palabras clave: Competencias Gerenciales; Administración; Gestión; Cuidados Intensivos.

INTRODUCTION

The scientific approach to the training of medical specialists is a challenge for universities throughout the world and in Cuba, as it requires the development of skills for the investigation and solution of health problems not only from the administrative and technological dimension but also in the field of professional ethics, interpersonal communication, professionalism, knowledge of the culture, and the norms of the health system in which they work.^(1,2)

Researchers and institutions have provided multiple definitions of competencies⁽²⁾, which generally coincide in their status as a set of knowledge, skills, attitudes, and values that are manifested in the work context for the solution of a specific problem in social practice, where various capacities are involved and are associated with quality, efficiency, effectiveness, relevance, responsibility, excellence and actions to achieve states of satisfaction.^(3,5)

Similarly, there are dissimilar denominations for administrative competencies: management, administration, direction, and governance, among others.

In this vein, Orejuela Urtado et al.⁽⁶⁾ recognize that managerial competencies provide the capacity for analysis, planning, organization, decision-making, and evaluation of objective achievement, as well as the control of courses of action, quality assurance, customer service, and organizational climate.

It is also common to find references to managerial skills based on three basic elements: know-how, which refers to knowledge acquired through training and experience; the desire to do, which relates to emotional and motivational aspects; and finally, the power to do, which refers to the position of the subject within the structure to be able to act.^(2,6,7)

In education, competency-based curriculum models and their current emerging components are being adopted by increasing medical specialty syllabuses. The response to this need is clear, and competency-based training contributes to the strengthening and developing teams in healthcare networks.^(8,9)

In the specialty of Intensive Care and Adult Emergency Medicine (MIEA), professional competencies were standardized by Dr. Pedro Véliz, who in 2016 validated a model identifying the specific competencies for care, teaching, research, and management without going into detail on how to develop them in a particular way in these services.⁽²⁾

The author himself, in his work presented at the ENSAP 2016 Conference⁽¹⁰⁾, refers to the fact that managerial competencies enable organizational support, monitoring, management, and control of care, academic and administrative processes, and activities so that the rest of the professional competencies can be evidenced in practice.

Training management skills in students of the MIEA specialty (PFCG-MIEA) also enable the planning and management of health projects with the capacity to administer budgets, analyze costs, and efficiently control and reduce expenses to improve the health and well-being of the population.⁽¹⁰⁾

In contrast to the manifest importance of the development of managerial skills, in the minutes of the academic committee of the specialty program, some inadequacies in the performance of the specialists are regularly pointed out, expressed in limitations of the leading role of the students in the management processes of the units of care for seriously ill patients, in difficulties in the measurement and evaluation of the final products of the care provided to the seriously ill patient due to its reliance on very general criteria for evaluating the effectiveness of the work, all of which leads to shortcomings in professional performance.

Based on this, a problematic situation was identified that justifies the research insofar as training managerial skills in MIEA students from provincial hospitals in Pinar del Río presents inadequacies due to being fragmented, systemic, and spontaneous. This limits performance in the comprehensive care of patients and in the solution of health problems that arise in the service.

Based on this idea, the author specifies a scientific problem: How can the process of training managerial skills in students of the specialty of Intensive Medicine and Adult Emergencies be evaluated?

This led to the recognition of the object of research: the process of training managerial skills in students of the specialty of Intensive Medicine and Adult Emergencies.

Consequently, the objective of the research is to evaluate the process of training management skills in students specializing in Intensive Care and Adult Emergencies in provincial hospitals in Pinar del Río.

METHOD

This research was developed from a general dialectical materialist approach that reveals the process's contradictory and developmental nature and makes it possible to establish relationships between its components. This approach enables the integration of methods from the theoretical and empirical levels, in addition to the statistical ones.

Definition of study population: all active students of the MIEA specialty, six department heads, a teaching coordinator, and those responsible for the management and introductory courses.

The diagnosis of the state of the process under study made it possible to characterize it in its context. To this end, the dimensions and indicators to be measured in correspondence with the established variable were determined, and the instruments to be applied were designed, which made it possible to verify the scientific problem identified and to determine the object's regularities.

Parameterization of the variable

To verify the initial state of the process of training managerial skills in the MIEA specialty through parameterization in the provincial hospitals of Pinar del Río, the two areas of content that emerge from aspects little explored in the theoretical study carried out were taken into account: cognitive and methodological, which are assumed as dimensions of the variable, clearly expressed in the distinctive features that make up its conceptualization.

Dimensions and indicators

Dimension 1. Cognitive

Mastery of knowledge, skills, indications, and regulations specific to the MIEA specialty that are consciously integrated for methodological work aimed at decision-making in managing comprehensive care for critically ill and severe patients.

Indicators

1. Level of knowledge about the structure, management, and organization of care units for critically ill and severe patients.
2. Level of development of the ability to use prognostic scales and quality indicators.
3. Level of mastery of the functioning of committees in ICUs.
4. Level of integration of managerial action in the academic, labor, and research components of the training process.

Dimension 2. Methodological

Teaching activities that personalize, organize, and coordinate what has been established at the level of institutional strategy for decision-making at the functional level, based on collective activity and the self-training of teachers and students.

Indicators

1. Level of planning according to the responsibilities and needs of the service.
2. The level of execution of actions is based on the objective of the organizational and functional management of the unit, which is to provide care for serious or critical patients.
3. Level of control over compliance with the programs established in the service.
4. Level of evaluation of learning in correspondence with professional performance results.

The following is the evaluation scale for measuring the indicators established for each dimension.

| Table 1. Measuring the indicators established | | | |
|---|--|---|---|
| Dimensions | Good | Regular | Bad |
| Cognitive | When all four indicators are positively marked | When three indicators are positively marked | When up to 2 indicators are marked negatively |
| Methodological | When all four indicators are positively marked | When three indicators are positively marked and the rest negatively | When two indicators are marked negatively |

Methodology used in the application of the diagnosis

The following were used for the analysis of the object in the theoretical study:

Historical-logical method

It bases the study of the different stages of the object for the knowledge of its evolution and development in a theoretical-conceptual framework, establishing a logic of the universal, the particular, and the singular of the development of the object.

Systemic structural method

it possible to establish hierarchical relationships between the elements that make up the methodology.

Analysis-Synthesis

it made it possible to understand the phenomena present in the study of the process and that of systematization: it made it possible to identify the antecedents of the process for the construction of the theoretical research related to the object.

Empirical level methods

Document review

Verify the treatment given to managerial skills training in the normative documents that govern the training of specialists.

Observation

To characterize the process under study based on its manifestations in the training activities of students in academic, work, and research activities and of teachers in methodological preparation.

Student survey

To assess the criteria of students of the MIEA specialty, to find out the requirements of teachers on the process in general, and the managerial actions that contribute to the training of organizational skills in the different training activities.

Interview

With managers from the teaching department, the specialty coordinator, teachers from the Management and Introductory courses, and heads of critical care services to obtain reliable information on satisfaction levels with the process.

Statistical methods

Descriptive statistical procedures were used to organize and classify the quantitative indicators obtained in the measurement and to describe, visualize, and summarize data originating from the instruments applied to the selected population.

Instruments applied for the collection of information

The desk-based review method was used to compile, organize, and systematize the data obtained on how management skills are taught in information sources such as medical records, organization and procedures manuals, good practice guides, shift handover reports, as and joint case discussions, minutes of committees operating in the critical care units, department work plans, both of the head of department and the individual tutors, the analytical program of the MIEA specialty, hospital management course files and introductory course for students at the hospital level, hospital quality department minutes. The guide drawn up to comply with the method described is attached to the research.

Scientific observation was used to verify the knowledge and prioritization of processes in the units that care for seriously ill patients. Management-related processes were observed in the six teaching scenarios, making 20 observations (four in the emergency department, four in intensive care units 1, 2, 3, and four in the progressive care unit (ICU4)).

The methodological activity for teachers of the specialty of the Generalities course was observed to assess in practice the guidelines for acquiring managerial skills. The evaluation of the fulfillment of the organizational activity in 20 students of the specialty was also observed (six in the first year, four in the second year, and 10 in the third year). Eight teachers carried out the observation process with an average of 16 years of work experience and 14 years as teachers, six managers, four with the category of assistant, four with the category of auxiliary, and six with a Master's degree. An observation guide was drawn up.

The survey: The survey designed to comply with the method described is attached to the research.

Of the total population of active students (31), 100 % were surveyed. At the time of the survey, they had an average age of 27 years; 16 (51,61 %) were male, 15 (48,39 %) were female, 27 (87,09 %) were studying the direct route, only 4 (13,91 %) were studying another specialty, and 11 (35,48 %) came from the vertical internship.

The interview method involved interviewing heads of services in the serious and critical patient care units (emergency, ICUs 2 and 3, progressive care unit of the Abel Santamaría Cuadrado hospital), heads of services in intensive care units 1 and 2 of the León Cuervo Rubio hospital, and the coordinator of the specialty program. Interviews were also carried out with teachers of the courses Management and Introduction to the specialty. The guide drawn up to comply with the interview method is attached to the research.

DEVELOPMENT

Theoretical and methodological background to the process of developing managerial skills in students of intensive care and emergency medicine

The development and evaluation of professional competencies have been concerns for the proper performance of health workers, and in this sense, specialization has been favored by this model, mainly in intensive care units, where greater knowledge, abilities, and skills are required to provide quality care to all patients and families, with direct implications for the community and its support networks.

The managerial competencies that specialists acquire during their training are determined by the technical skills that are fostered through training and that of those they manage, which is achieved through the exercise of virtues because the job consists not only of doing better but also of being a better person and better able to fulfill one's responsibilities; these are the managerial competencies.^(11,12,13)

Managerial competencies have antecedents, origins, and evolution throughout history. Thus, in the 1980s, Boyatzis⁽¹⁴⁾ analyzed the competencies that influenced the performance of managers and concluded that there are a series of personal characteristics that leaders should possess but that there are others that only those who excelled in their responsibilities possessed, thus creating Boyatzis' management contingency model and performance theory, which stimulated the use of the term.

Guevara Henriquez ME et al.⁽¹⁵⁾ mention that the assumption of developing management skills (that is to say, the skills necessary to manage one's own life as well as relationships with others) is a never-ending task and that they are the same as a century ago as they are today. The basic behavioral principles that underlie these skills are timeless.

Kantis⁽¹⁶⁾ argues that public administration tends to be provided with a model and a set of methodologies and techniques designed to achieve the desired consistency and coherence between the government's strategic objectives and the plans of each agency. Specialists are trained to respond to problems on a scientific basis and with a consequent and real systematization of practical experience.

According to Marchan⁽¹⁷⁾, work success is related to a manager's performance. Similarly, Delgado⁽¹⁸⁾'s research objective was to determine the managerial competencies and job performance of health centre workers. He reached the following conclusions, demonstrating that communication, teamwork, strategic action, and self-management influence the job performance of health center workers.

Salazar⁽¹⁹⁾ concludes that managerial competencies relate to work performance. The systematization allows us to recognize a trend toward competency-based training as a reality from which Adult Intensive and Emergency Medicine (MIEA) does not escape. These have been investigated by several projects worldwide. In Cuba, the managerial functions of the intensivist, proposed by Véliz et al.^(2,10), were based on the premise of administration, which is the social science whose purpose is to achieve common objectives and goals through the planning, organization, direction, coordination, and control of the tasks carried out by the intensivist.

Similarly, the systematization carried out allows for the specification of some of the skills that the AEIC specialist needs to exercise in healthcare practice in the face of the multiple situations in which decision-making, teamwork, service organization, information processing, optimization of resources, and other factors permanently transform him into a healthcare manager so that he inevitably requires the development of professional managerial skills.

Adult Intensive Care Medicine is a complex specialty, but the human effort it demands constitutes a permanent challenge to be solved by everyone, where the teaching-care unit is essential. The units that care for seriously and critically ill patients are complex services that operate 24 hours a day, and only eight of them have an administrative assistant to monitor processes. Therefore, the rest of the time, the head of the shift assumes the managerial role and becomes the team leader: this is when the level of organizational competence broadly defines the results.^(2,10)

Véliz^(2,10), in work managerial, professional competencies of the specialist in intensive medicine and emergencies in Cuba, identified 16 elements that are grouped into three units of competencies and serve as a theoretical reference that precedes the present research:

Organizational and functional management of the unit for the care of the seriously or critically ill patient

1. Manages the organizational-functional structure of the unit to which they belong.
2. Uses the regulatory documents of the unit and institution where they work.
3. Applies the rules of admission and discharge in the work units.

4. Manages the care, academic, and administrative activities in the care process for seriously ill patients, using management elements.
5. Carries out internal audits of the service.

Administration of human capital and material resources to care for seriously or critically ill patients

6. Organizes care work in the unit according to their responsibility and the service's needs.
7. Manages material resources according to their responsibility and the needs of the service.
8. Supervises the work of nurses and other professionals and technicians working in the unit.
9. Controls work plans to comply with the programs established in the service.
10. Evaluate the competencies in the performance of the professionals.
11. Plan the unit's individual and collective professional development.
12. Participate in the strategies for selecting, training, and employing human resources.

Attention to the quality of care and safety of the seriously ill patient

13. Monitor the quality indicators of care for seriously ill patients.
14. Participates in quality committees, evaluating the results of healthcare activity.
15. Implements patient safety programs.
16. Ensures compliance with the patient rights program according to ethical principles.

Taking the above into account, the process of training in management skills in the adult MIEA specialty (PFCG-EMIEA) is defined as a system of stages in which the ability to integrate knowledge, skills, values, and attitudes for decision-making about objectives, actions, and material and human resources is developed, through planning, research, and creativity in managerial action, in favor of the continuous improvement of professional performance in the units that provide care for seriously and critically ill patients.

RESULTS

Analysis of the instruments used for diagnosis

Results of the documentary review

It was possible to determine the existence of the services of the organization and procedure manual, which describes the processes and procedures that take place in the intensive care units. The document has no evidence of student participation in its preparation. Updating new processes or procedures in the units is necessary according to regulations. Therefore, this review is rated as fair. The same is true of the guidelines or protocols for the main serious illnesses admitted to these services, and this indicator is rated as poor.

Regarding the review of the patient's medical record, a lack of supervision in the evaluations carried out by the nursing staff was detected, as well as poor use of severity prediction scales. There is no record of evaluating patient management according to the guidelines or protocols of action. The results of committee meetings are not taken into account when deciding on treatment in the services, and sometimes tutors lack supervision of the assistance activities carried out by students, so it is assessed as fair.

Otherwise, in the minutes of on-call deliveries, the students' leading role in the joint discussions conducted by them is evident, as this is a key element in the managerial evaluation and is used as part of the state practical exam of the specialty. The review of the minutes of on-call deliveries and joint case discussions concludes with a good evaluation.

As for the minutes of committee meetings, partial participation is achieved only in some committees, such as sepsis, where students supervise the processes of taking cultures and therapeutic conduct, supervised by the tutor, which is not the case in other service committees, such as quality of the care process, transfusions, deaths, where a lack of systematicity predominates. Only in some ICU-1, ICU-2, and ICU-3 services do students participate, but only partially, in determining the degree of satisfaction of patients and relatives through the information process, with abysmal participation in meetings of companions that are established for that purpose, as shown in the reviewed minutes. In the minutes of the hospital quality committee dealing with the supervision of services, the problems of the services are not addressed in an educational way to improve the management training of the students. The evaluation of this document is also concluded as fair.

The specialty program's contents are very general and do not specify actions for the comprehensive care of seriously ill patients, so it is considered that the preparation for the process of training in managerial skills is deficient. In practice, their acquisition predominates in on-the-job training. The program's review is also rated as fair.

The program's focus on the management function specifies the skills to be developed. It only contemplates the interpretation and evaluation of quality indicators in seriously ill patients and the medical factors and circumstances that modify them to control them. The other skill refers to preparing work plans according to the available resources and in compliance with the health programs established in the care of seriously ill patients in our national health system.

Results of the observation

The following rule of decision was established for the interpretation of the results of the observation instrument:

- It is observed (SO) if the indicator is met in more than 60 % of the sample. Evaluation good (B).
- It is sometimes observed (SOAV) if the indicator is met between 30 and 59 % of the sample. Evaluation regular (R).
- Not observed (NOO) if the indicator is met in less than 30 % of the sample. Evaluation of bad (B).

The results obtained through the analysis of the data collected with the observation guide are expressed in the following table.

| Indicator | Resulted | By the hundreds | Categories | Evaluation |
|-----------|----------|-----------------|------------|------------|
| 1 | 12 | 60 | SOAV | R |
| 2 | 16 | 80 | SO | B |
| 3 | 3 | 15 | NSO | M |
| 4 | 12 | 60 | SOAV | R |
| 5 | 12 | 60 | SOAV | R |
| 6 | 4 | 20 | NSO | M |
| 7 | 6 | 30 | SOAV | R |
| 8 | 10 | 50 | SOAV | R |
| 9 | 12 | 60 | SOAV | R |
| 10 | 10 | 50 | SOAV | R |
| 11 | 4 | 20 | NSO | M |
| 12 | 6 | 30 | SOAV | R |

Note: SO: Se observa. SOAV: se observa a veces. NSO: no se observa

As can be seen, the results of the observation of the development of the processes that take place in the units caring for seriously ill patients about the acquisition of management skills by students with a Bachelor's Degree in Healthcare Management showed a greater inclination among the normotypes "se observa a veces" (sometimes observed) and "no se observa" (not observed) in the indicators measured. This highlights the shortcomings from a training point of view of the conception of the process of training in managerial skills, from its methodological preparation to its control and evaluation by tutors and heads of department, both in on-the-job training and in the teaching of the course related to the acquisition of managerial skills, as it does not allow for the dynamization and application of the contents and prevents the preparation of those involved to solve problems in educational practice.

Results of the survey of students specializing in MIEA (Integrated Medical Education Approach) in the provincial hospitals of Pinar del Río. A total of 22 questions were asked. The information processing made it possible to evaluate the responses to questions in response to the knowledge of the indicators in the students surveyed. The main results are summarized in responses to the identified indicators and are represented by tables or figures.

| | Yes | No | Sometimes | Total | Evaluation |
|---------------------------------|---------|---------|-----------|-------|------------|
| Evaluation of Management Skills | 16 | 5 | 10 | 31 | R |
| | 51,61 % | 16,13 % | 32,26 % | 100 % | |

When asked, 51,61 % of the students responded that their management skills are evaluated by their department head or tutors. However, a high number of students (48,39 %) are only sometimes evaluated or do not have these skills evaluated at all. Therefore, we consider that more rigorous work should be carried out, from the methodological guidelines on the subject to the evaluation of management skills in students of the specialty. The response was rated as average. Figure 1 shows the work with normative documents

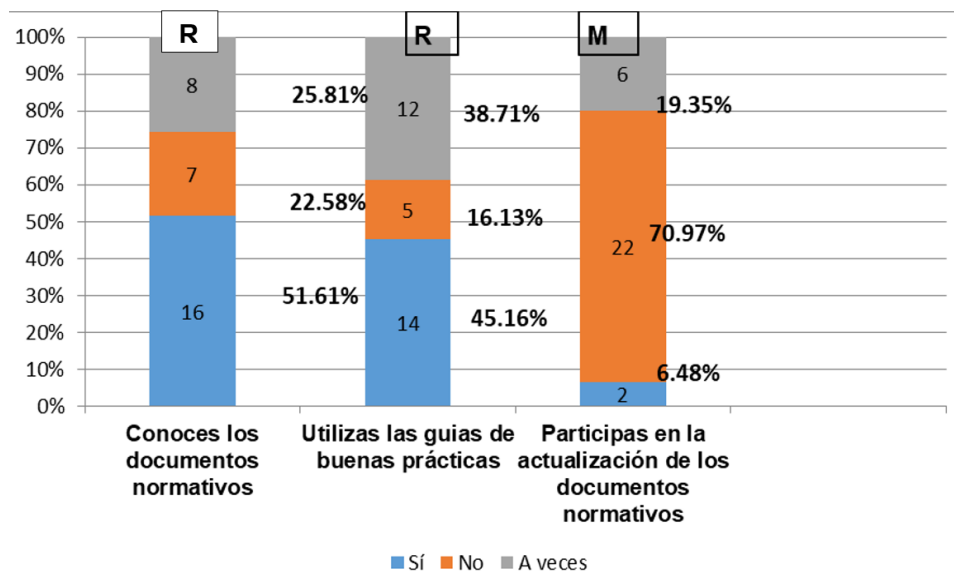


Figure 1. Working with regulatory documents

Regarding knowledge of the existence of regulatory documents in the services of the serious, it was found that 51,61 % of students are aware of the existence of regulatory documents (organization and procedure manual and good practice guides), and a significant number, 48,39 %, are only aware of some or are not aware of their existence; the question is rated as fair. Only 45,16 % use the good practice guides, and it is worrying that 54,84 % only use the guides sometimes or do not use them at all, which could lead to deficiencies in the health teams, influencing the quality of the service; the question is evaluated as regular.

As for the updating of regulatory documents, 70,97 % do not participate in updating these documents, which could be a way for students in training to constantly prepare and master this skill. The question of bad is evaluated. In figure 2, we represent the knowledge and debate on quality indicators for critically ill patients.

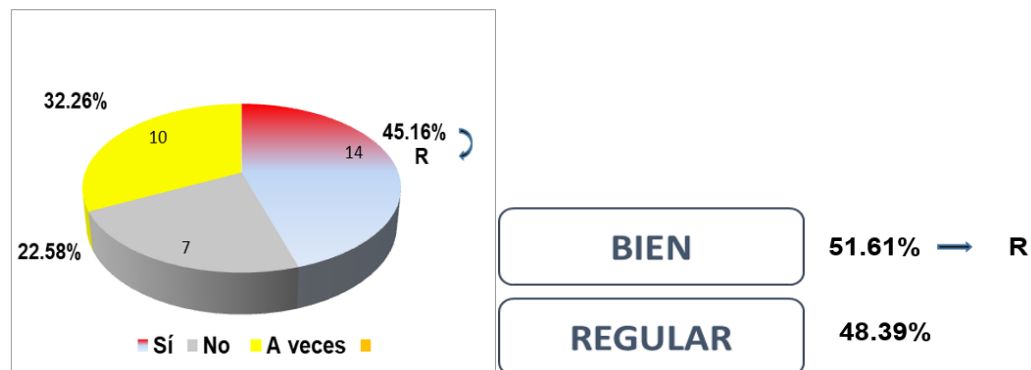


Figure 2. Knowledge and debate of hospital indicators

In the answers to questions 10 and 11, it was possible to determine that the highest percentage, 54,84 % of the student's answers to the debate on the services of the hospital indicators, they think that they are not debated or are discussed only sometimes, this is related to the high percentage 48,39 % of answers rated as regular, given the knowledge that they have about quality indicators, both questions are rated as average. Knowledge of indicators and the regularity of their analysis express the services' quality. From the above, the acquisition of managerial competence is not adequate among the students surveyed. Figure 3 deals with participation in the committees that serve seriously and critically ill patients.

In the figure, we represent the participation of the students in the committees that function in the serious units. It can be seen that the great majority do not participate in the functioning of the committees 52,94 % and 19,35 % participate sometimes, figures that denote difficulties with teamwork and, therefore, in the training of the student, since the analysis of the committees is also an indicator of quality of care, it enables us to receive feedback on the activity carried out in the service, as well as allowing the team to draw up strategies to improve the way it operates, this question was evaluated as poor. Table 3 shows the students' opinion on the need to consider acquiring managerial skills as regulators that enable academic, work, and research integration.

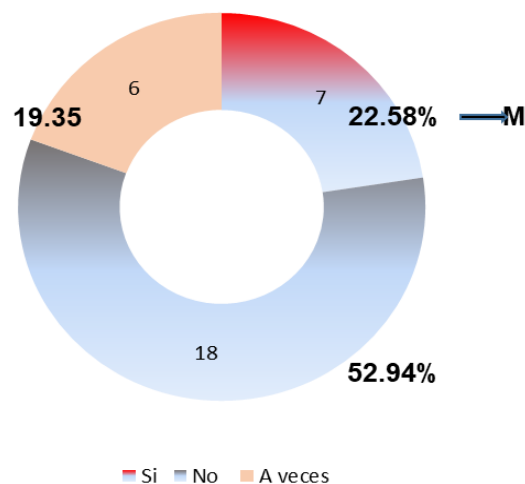


Figure 3. Student participation in the committees that operate at UCI

| | Yes | No | Sometimes | Total | Evaluation |
|--------------------|---------|--------|-----------|-------|------------|
| Education Academic | 25 | 1 | 5 | 31 | B |
| Research | 80,64 % | 3,23 % | 16,13 % | 100 % | |

About this question, 25 students (80,64 %) answered affirmatively to the inclusion of management aspects in academic training as an incentive to research work for work in the labor world, thus reflecting motivation for the preparation in managerial competencies for the achievement of their professional training, so the answer is evaluated as good.

Finally, in figure 4, we represent the level of satisfaction with the methodological activities that prepared them for acquiring managerial skills from the interaction between the University and the training organizations.

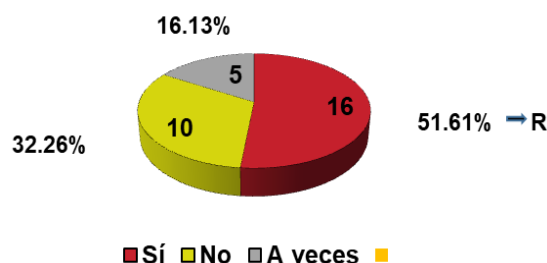


Figure 4. Level of student satisfaction with activities related to the acquisition of management skills

The figure shows the level of student satisfaction with the activities associated with the acquisition of managerial skills that they develop during their training in the relationship between the University and other training organizations, where (51,61 %), are not satisfied, or only sometimes, which shows a lack of exploitation of the potential of the interaction between the University and the training organizations to share experiences in the orientation of management activities associated with comprehensive care for seriously or critically ill patients from the regulations of the study program. The response is rated as fair.

Interview results

The individual interview was applied to 8 managers, including the six heads of service of the units of attention to severe patients, the teaching coordinator of the specialty, and the teaching manager of the introductory and management courses at the hospital level.

100 % of the managers interviewed believe that the planned methodological activities do not always have the quality required for the successful development of the course. In organizing teaching, more weight is given to teaching in on-the-job training, which means that not all subjects are analyzed in depth or with the same rigor in all teaching scenarios—poor use of new technologies to teach and evaluate content.

The general opinion of those interviewed is that the objectives are not met because of deficiencies in

content and management processes, where students should be the protagonists.

The specialty program's teaching coordinator states that the current program lacks an analytical sequence. Therefore, the Academic Committee decided to incorporate the analytical sequence of the program edited in 1999, with the respective suggestions for updating it to achieve uniformity and comprehensiveness in the graduates.

Most managers (87,5 %) state that the results of the work aimed at improving some indicators are addressed, but training in the search for and comparison of indicators, even between units, should be intentional as a guarantee of quality.

Managers, who make up 75 % of those interviewed, think that, as a general rule, from the beginning of work in the units, the importance of normative documents (organization and procedure manuals and good practice guides) and working with and updating them is explained. However, during supervision, difficulties are always detected with handling these documents, which are the weapons that regulate the work and serve as a shield against control and inspection processes. They serve as a shield against control and inspection processes.

The heads of the department and the program's teaching coordinator (87,5 %) believe that processes should be more rigorously evaluated using an ethical approach, which would prevent dissatisfaction with the services.

All the managers (75 %) state that the students play a leading role in the services but that there is room for improvement in terms of compliance with established standards that the students should make more use of case discussions, form part of committees, participate actively in scientific updates and improve their research work.

All interviewees believe that the degree of student satisfaction with teaching the general module related to the acquisition of management skills is not measured, which negatively influences the improvement in acquiring these skills.

DISCUSSION

Once the results of the methods, techniques, and instruments applied in verifying the problem had been analyzed based on the evaluation carried out on each of the indicators used: the documentary review, the observation, the student survey, and the interview with managers and teachers, it was possible to verify that both dimensions are affected, that is, both the cognitive dimension and the methodological dimension. The main strengths and weaknesses identified are summarized below.

Main strengths identified

- The recognition by teachers and managers of the need to combine the content of teaching activities and that acquired in on-the-job training with the need for comprehensive training of students, providing them with management skills as a guiding principle in the process of skills training to improve their performance in the world of work.
- Mastery of the structure and organization of services, as well as the developed processes and procedures.
- Role of students in the information process and degree of satisfaction of patients and family members with a preventive approach to events in the services.

Main limitations identified

- The MIEA course program lacks an analytical sequence of the contents on management activities, which results in inefficiencies in fulfilling the objectives of comprehensive student training.
- In the methodological activities, the orientation towards the contents of the care activity predominates, leading to a lack of integration of academic, research, and work actions in management activities.
- Students have a limited role in the preparation, updating, and working with the organization and procedure manual and the good practice guides for the services.
- Limited preparation of teachers due to insufficient links between the University and training organizations that provide guidance on services for the care of seriously ill patients, the training of managerial skills.

CONCLUSIONS

The results of the methods, techniques, and instruments applied in the diagnosis made it possible to characterize the current process of managerial skills training in MIEA students from provincial hospitals in Pinar del Río and, consequently, to identify how these professionals act comprehensively. It was possible to verify that reductionist views have predominated in this regard, revealing its systemic, fragmented, and not very integrative character, as it is not oriented towards the training of managerial competencies as a guiding principle that guarantees job performance and excellence of services.

The evaluation of the methodological activity identified deficiencies in the specialty program, such as the inadequate quality of the methodological preparations for the development of management teaching and the lack of rigor in the control and evaluation of the competencies to be developed by training tutors and service managers.

Therefore, training in managerial skills lacks integrated knowledge, skills, and values as key elements, which justifies the need to design a new methodology in the training process.

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CONFLICT OF INTEREST

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