



LETTER TO THE EDITOR

Multidisciplinary College Camp for Services and Research (CUMIS) in Colombia: Experience and perspectives



Dear Editor,

Sufficient data exists to support community interventions and research activities as a fundamental part of the integral formation of medical students.¹ Recently, the medical students' associations worldwide have begun to integrate research and social work in interventions on target populations. In Latin American countries such as Peru, Colombia, Bolivia, Panama, Paraguay and Venezuela, this kind of work has been promoted by Scientific Medical Student Societies from different universities related to the health sciences and based on four main areas: education, social projection, research and health care.^{2,3}

In the specific case of Colombia,⁴ the country's major medical association, the Colombian Medical Student Association of Scientific Societies (ASCEMCOL) in its 27 years of experience has integrated students from 33 medicine faculties in activities of a scientific and social character. Since 2010, the Multidisciplinary College Camp for Services and Research (CUMIS) has been conducted annually, with successful previous results in 6 different rural communities of Colombia.⁵ This year, the experience has been led by the Scientific Association of Medical Students of Risaralda (ACEMRIS), belonging to ASCEMCOL, with the support of the Latin American Federation of Medical Students' Associations (FELSOCEM), in the municipalities of Santa Cecilia and Pueblo Rico in the Department of Risaralda, from the 2nd to the 6th of July.

Risaralda is located in the west central area of Colombia and has 14 municipalities. Pueblo Rico has a population of over 12,000 inhabitants, of whom 9658 live in the rural area. Santa Cecilia has a population of about 3000 inhabitants and approximately 60% of these have no education. Both municipalities are in the settlement of the *Emberá-Chamié* indigenous community. Although Risaralda has similar or better demographic indicators than the national average, Pueblo Rico and Santa Cecilia are the exception, with high unsatisfied basic needs and mortality rate indexes. There is a low life expectancy, even lower than the Choco Department, which is the least developed zone of Colombia.⁶ Due to this,

the precarious situation in which they live is reflected in the low quality of life and a large number of infectious diseases, such as malaria, leishmaniasis and tuberculosis.

A total of 300 people participated in the event: 16 health care professionals, 20 medical students from the organizing committee and 264 medical student members of ASCEMCOL and FELSOCEM. Attendees were divided into 15 teams, each one with a health care professional in charge of a group of 17 students, who were divided into extramural teams (rural villages) and local teams (municipalities). Medical interventions were conducted in rural and urban zones, drugs were delivered according to the patients' clinical diagnoses, and education campaigns were performed regarding hygiene, lifestyles, sexual health, promotion and prevention issues.

Our experience demonstrates again, that these events are beneficial for disadvantaged communities, and also for the medical students involved, who have had the opportunity to develop competencies and skills in: public health, primary health care, research, doctor-patient relationships and teamwork. Clearly, more interventions such as the CUMIS are needed in our country, especially in the less developed areas. For that reason, the medical students belonging to ASCEMCOL are determined to make a bigger positive impact on public health in neglected communities every year.

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D.M. Bados-Enriquez^{a,b}, D.E. Arboleda-Prado^{a,c},
A.F. Rincón-Zapata^{a,d}, Y. Ortiz-Martínez^{a,e,*}

^a *Asociación de Sociedades Científicas de Estudiantes de Medicina de Colombia (ASCEMCO), Cali, Colombia*

^b *Facultad de Ciencias de la Salud, Universidad del Tolima, Ibagué, Colombia*

^c *Facultad de Ciencias de la Salud, Unidad Central del Valle del Cauca, Tuluá, Colombia*

^d *Facultad de Ciencias de la Salud, Universidad Cooperativa de Colombia, Medellín, Colombia*

^e *Facultad de Ciencias de la Salud, Universidad de Sucre, Sincelejo, Colombia*

* Corresponding author at: Facultad de Ciencias de la Salud, Universidad de Sucre, Sincelejo, Colombia.
Tel.: +57 3017124908.

E-mail address: yeimer10@hotmail.com (Y. Ortiz-Martínez).