



Original article

Professional improvement in Contactology for the Graduate in Optometry and Optics Criteria that characterize it

La superación profesional en Contactología del Licenciado en Optometría y Óptica Criterios que la caracterizan

Aperfeiçoamento Profissional em Contactologia para a Pós-Graduação em Optometria e Óptica Critérios que a caracterizam

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Received: July 16, 2023

Accepted: January 3, 2024

ABSTRACT

The article addresses a latent problem related to the process of improvement in Contactology of the Graduate in Optometry and Optics. Its general objective was to determine, from the bibliographic search, a group of theoretical criteria that characterize the professional improvement in Contactology of the Graduate in Optometry and Optics of Pinar del Río. The research followed a qualitative approach with an explanatory character. The necessary information to respond to the objective was compiled from the bibliographic review, which allowed collecting information from previous theoretical results. In addition, other theoretical methods such as analysis and synthesis and induction and deduction were used during the construction of the theoretical foundations, as well as for their processing and interpretation. As a result, it was possible to make an approximation to essential theoretical elements for the studied process, such as: approach to the professional improvement category, professional improvement in health and the importance of professional improvement in the dynamics of the relationship between health care levels.

Keywords: primary care; vocational training; Advanced professional.

RESUMEN

El artículo abordó un problema latente en el sistema de salud cubano, relacionado con el proceso de superación en Contactología del Licenciado en Optometría y Óptica. Su objetivo general fue determinar, a partir de la búsqueda bibliográfica, un grupo de criterios teóricos que caracterizan la superación profesional en Contactología del Licenciado en Optometría y Óptica de Pinar del Río. La investigación siguió un enfoque cualitativo con un carácter explicativo. La información necesaria para dar respuesta al objetivo

fue compilada a partir de la revisión bibliográfica, que permitió recoger información de resultados teóricos precedentes. Además, fueron empleados otros métodos teóricos como análisis y síntesis e inducción y deducción durante la construcción de los fundamentos teóricos, así como para su procesamiento e interpretación. Como resultado fue posible realizar una aproximación a elementos teóricos esenciales para el proceso estudiado, tales como: acercamiento a la categoría superación profesional, superación profesional en salud y la importancia de la superación profesional en la dinámica de la relación entre los niveles asistenciales de salud.

Palabras clave: atención primaria; formación profesional; superación profesional.

RESUMO

O artigo abordou a latente problemática no sistema de saúde cubano, relacionado ao processo de melhoria em Contactologia da Pós-Graduação em Optometria e Óptica. Seu objetivo geral foi determinar, com base na pesquisa bibliográfica, um conjunto de critérios teóricos que caracterizam o aperfeiçoamento profissional em Contactologia do Pós-Graduação em Optometria e Óptica de Pinar del Río. A pesquisa seguiu abordagem qualitativa de caráter explicativo. As informações necessárias para responder ao objetivo foram compiladas a partir da revisão bibliográfica, o que possibilitou coletar informações de resultados teóricos anteriores. Além disso, outros métodos teóricos como análise e síntese e indução e dedução foram utilizados durante a construção dos fundamentos teóricos, bem como para seu processamento e interpretação. Como resultado, foi possível fazer uma abordagem de elementos teóricos essenciais para o processo estudado, tais como: abordagem da categoria aperfeiçoamento profissional, aperfeiçoamento profissional em saúde e a importância do aperfeiçoamento

profissional na dinâmica da relação entre o cuidado em saúde níveis.

Palavras-chave: atenção primária; formação profissional; Profissional avançado.

INTRODUCTION

Accelerated scientific-technological development induces transformations in all socioeconomic spheres. In this way, learning and permanent updating in any profession are inevitable and the concept of professional improvement acquires greater relevance.

In recent years, there have been various authors from different areas of knowledge [García (2017); Bernaza *et al.*, (2017); Lopez *et al.* (2017); Lopez *et al.*, (2019); Muñoz *et al.*, (2020); Bustamante (2021); among others] who have handled the concept of professional improvement, associating it with continuous training or continuous, continuing, permanent education, preparation and training, to refer to the permanent training of professionals.

As a regularity, these authors attribute to professional improvement the continuous training and systematic updating of university graduates; That is, it constitutes a pedagogical process of postgraduate activity that can improve the performance of work activities, while promoting personal growth.

In particular, when studying the process of professional improvement in medical education, Salas (cited by López *et al.*, 2019) considers that it represents a set of educational processes that allows the continuous improvement of the knowledge and skills necessary for superior performance, with relevance and quality, in relation to the responsibilities and job functions of university graduates. It

represents, in turn, a way to ensure relevance and quality in health systems.

For Bernaza *et al.*, (2017), this postgraduate pedagogical process for health professionals not only allows learning new things, but also enables the exchange in which best practices and experiences are adopted. These compensations generate future collaborations and inter-institutional networks, preparing the professional to carry out processes with a high degree of autonomy and creativity that appropriate the culture necessary to undertake and develop new professional projects.

Hence, in health services, professional improvement also means an instrument to coordinate care between different levels. Meanwhile, the improvement of primary health care professionals plays a very important role in solving many of the most common problems, streamlining and facilitating the dynamics of care processes and solutions, which contributes to raising the quality of care provided (Van der StuyftI and De Vos, 2008).

This topic acquires particular importance in Ophthalmology and, specifically, in Contactology, a subspecialty in charge of the treatment of some ocular diseases and ametropia, through the use of contact lenses, where there is a growing demand in recent years and it is only The service was designed for secondary and tertiary health levels (Muñoz *et al.* , 2020). The above generates limitations in access to the service and its systematicity, which in turn causes waiting lists, problems in patient follow-up, translating into an increase in complications and emergencies, as well as greater financial expenditure on the part of the patients. patients in the transfer from the municipalities, among others.

The previous insufficiencies seem to be related to a greater one, which corresponds to the fact that there is no clarity in the conception of the improvement process in Contactology to include and prepare Graduates in Optometry and Optics from all

health areas in this subspecialty. The above limits the idea of care from the first level of care that allows for systematic and comprehensive monitoring of the treatment of these patients and, thereby, improving the quality of service in the province of Pinar del Río.

Therefore, this research aims to determine, based on the bibliographic search, a group of theoretical criteria that characterize the professional improvement in Contactology of the Graduate in Optometry and Optics.

MATERIALS AND METHODS

The research was developed under the qualitative approach, with an explanatory nature. The method chosen to obtain the information was the bibliographic review (research, studies, articles, books, among others). Theoretical methods such as: analysis and synthesis and induction and deduction were also used during the construction of the theoretical foundations, as well as for their processing and interpretation.

95 articles published in scientific-pedagogical and medical science journals, indexed in recognized databases (Scopus, Scielo, DOAJ, Erisplus, Latindex), 17 doctoral research reports, five master's reports (Virtual Health Library- Infomed) were studied. and other virtual repositories), three ministerial resolutions, four books, among others. Academic search engines such as: Google Academic, Dialnet and Scielo were used. The words were used as search engines: professional improvement, professional improvement in health, professional improvement and its relationship with health care levels, professional improvement in Optometry and Optics and professional improvement in Contactology.

At the end of the search, an analysis was carried out that made it possible to work with information corresponding to more than 60% of the last five years, which

guaranteed updating; considering some important criteria located in previous dates.

RESULTS

The application of the aforementioned methods allowed us to obtain the following results:

Approach to the professional improvement category

The research carried out revealed that there are different expressions to refer to the improvement of professionals, such as: permanent training, continuous training, preparation, training, continuing education, recurrent, permanent, among others; Even conceptually, some differences are established, such as between professional development and training, fundamentally given by the technical or practical nature of the latter. However, in the Postgraduate Education Regulations of the Republic of Cuba (MES, 2019) it is declared that the training, improvement and postgraduate categories, of special state interest, have the same meaning. By assuming this legal criterion, the professional improvement category has implications for three essential elements associated with the development of professionals, they are:

- a) the contribution to achieving higher levels of production, productivity, efficiency and quality of production and services, in meeting the objectives and development of the entity in the short, medium and long term.
- b) the impact on preparation for the position and improvement of the work performance of managers and workers.
- c) its impact on the solution of problems of interest to the entity.

Likewise, the Regulations of Postgraduate Education in its Chapter II, Article 6, subsection d, establishes as an essential principle "(...) attention to the demands of improvement in correspondence with the requirements of society to create in professionals, capabilities in order to face new challenges" (MES, op . cit., p.1441).

While in Chapter IV, Second Section, Article 19, the objective of professional improvement is considered to be "contributing to the permanent education and systematic updating of university graduates, the improvement of the performance of their professional and academic activities, as well as as the enrichment of its cultural heritage" (MES, op . cit., p. 1443).

Hence, in all the documents studied, professional improvement is conceived as a pedagogical process aimed at satisfying the needs of complementing, updating and deepening the knowledge of professionals related to performance. Likewise, in all cases the use of research results and scientific-technical advances based on current technological paradigms are considered, in order to generate appreciable changes and transformations in the formation of technical-professional competence in professional performance.

Likewise, in more than 95% the study showed the need for a permanent theory-practice link in professional improvement; since it goes beyond the teaching-learning process since it also includes processes linked to work activity and which, in turn, are related to the development of science and technology.

Professional improvement, under the criteria studied, renews and resizes knowledge in an innovative way from knowing how to do (knowledge and skills) to being able to do (knowledge, skills and personological resources). In this sense, collaborative learning and the formation of a comprehensive general culture in a dynamic and flexible way with a

multilateral development of personality have great impact.

Another important element is the changes produced in Higher Education, related to the reduction in initial training time. Under this concept, initial training (undergraduate) is basic and leaves the postgraduate to delve into certain specific contents that will be learned through professional improvement.

Among other systematized qualities is the procedural nature of professional improvement, recognized in 100% of the documents analyzed; seeing it as a systematic and gradual change, evolution or transformation of phenomena, whose stages follow one another in ascending order. That is, the process represents a systematic, gradual and successive change that pedagogical phenomena have and is developed in stages.

Likewise, the implication of this process in the training and development of professionals who improve is recognized; from carrying out varied and sufficient activities or actions so that under certain conditions and time the transformation of the student's personality occurs (educational process). All of this as a result of the interrelation of the rest of the categories of pedagogy: education, instruction, teaching and learning, aimed at preparing for life.

Furthermore, the response of this professional pedagogical process to the socio-professional demands that take place under certain conditions that characterize Cuban professional training is recognized. These conditions include the system of teaching, extra-teaching, extra-class, productive and research activities, which are developed in an integrated manner in the contexts that intervene in the training and improvement of a competent professional (shared university-work entity process); relevant judgment for this investigation.

The search results allowed us to synthesize some coincident elements around professional development that are useful for the study:

- It constitutes a systematic and gradual transformation that involves the interrelated pedagogical categories in the system of teaching, extra-teaching, extra-class, work and research activities, which take place in a shared way in the process.
- It begins in initial vocational training, extends through preparation for work (training) and continues permanently during working life, so there is a dialectical relationship between the three stages of vocational training.
- It involves pedagogical, production and service demands that, as internal and external forces, can facilitate or hinder the actions to achieve the objectives of the process.

Professional improvement in the National Health System

The study carried out, mainly in documents belonging to the medical sciences, indicates that the improvement of health personnel is identified with improving the competence and performance of health service providers to the population, present throughout the professional's career; It is conceived beyond a classroom, going beyond the framework of a school system. Likewise, it is distinguished by recognizing the educational functions carried out by other sectors, organizations and social agents. It is not limited to formal education through educational methods, but involves a whole variety of experiences.

It is also agreed that the proposals for professional improvement in health must take into account the needs of the job and of the professionals to perform healthcare, teaching, research and managerial functions.

Likewise, the work-research component in professional improvement is highlighted as a necessary function for medical care, since

it represents a feedback channel to reorient health processes, determine new problems and their solution.

In all cases, great importance is given to professional improvement from the professional context, based on the fact that it makes possible the search for the appropriation of knowledge from the perspective of group work in a collaborative environment. Jointly, it facilitates the active participation of the graduate and becomes a source for scientific-intellectual concern.

In this direction, education at work takes on special importance, as it enables professional development by constituting the ideal scenario for the appropriation of professional content.

From another perspective, of a sociological nature, all documents agree that professional improvement favors social development through the modes of action of health professionals; based on the fact that it develops the creative, innovative and transformative capacity of professionals, turning them into dynamic agents who intercede to raise the quality of life of the population, through the improvement of knowledge integrated into practice, through educational interventions.

The previous idea is summarized from some regularities found regarding professional improvement in health:

- It allows maintaining the programs established by the World Health Organization (WHO) to prevent and avoid diseases and seek solutions to health problems that have not yet been resolved.
- It reorients the education of professionals as a permanent process of a participatory nature, through learning, based on the fact that practice in services enhances academic-labor-research integration.
- It constitutes training oriented at work, by work and for work in the different

services, to improve the health of the population.

- It promotes organizational changes in the work process and allows greater social recognition of the profession, through the population's satisfaction levels with the quality of the service provided.

That is, according to the criteria studied, professional improvement in health can influence local development as a social innovation of university medical management; as it allows taking advantage of the technical-productive and service capabilities available in the community, such as: human capital and financial, material, technological and other resources; depending on the local development of the communities.

As a systematization, professional improvement in health, due to the characteristics mentioned so far, is manifested and influences health professionals and institutions. This study adds its influence on the dynamics of health care across different levels. All of this is supported by the virtue of professional development to prepare professionals with a culture and a comprehensive vision of health processes, allowing the integration of care, management, teaching and research.

The dynamics of the relationship between health care levels. Importance of professional improvement

The systematization carried out showed that the National Health System (SNS) is composed of three levels for medical care: the primary or Primary Health Care (PHC), the secondary or Secondary Health Care (ASS) and the tertiary or Tertiary Care of Health (ATS). In this system, people must receive, with efficiency, efficacy and effectiveness, a continuum of health services over time, according to their needs and according to the technological and social historical moment, through the

different levels and according to their characteristics.

Hence the importance of achieving coordination or relationship between levels that makes it possible to act on the same process in a synchronized manner, without conflicts or entropies occurring in the achievement of a common objective. This coordination or dynamic of operation is an essential component in the continuity of care and in comprehensive care in addressing health problems.

Additionally, as a regularity, it is agreed that the possibility of quality care and follow-up from the first level ensures personalized assistance depending on the state of the disease (relationship between primary and specialized care). To guarantee this dynamic, the authors studied agree that coordination between levels is needed, in which health services use various instruments such as: shared clinical practice guides, standardization of results, expert system, continuing training, among others; the latter having special interest for research. The above decisively influences the behavior of indicators, among which are: social, human and economic indicators.

In all the cases studied, professionals with sufficient skills are required from the APS, who help solve many of the most common problems, speed up and facilitate the dynamics of assistance processes and solutions. Such is the significance of the functions of the first level within the SNS, that the PHC, as a regularity, is considered a care model in itself, because it can solve a large part of the health problems satisfactorily and maintain the keys for the management of an efficient health model.

Meanwhile, professional improvement for the majority of specialists must be weighted based on the development of competencies of PHC professionals, as the entry point to the system and the main person responsible for the comprehensive treatment of the patient and its follow-up during their transit. for the rest of the

levels. Hence, these competencies must not only be technical and professional, but must include, first of all, customs, traditions and communication in a climate that facilitates acceptance and trust on the part of patients and family members.

However, the results of the systematization carried out reveal that secondary level thinking has continually prevailed over community work, with excessively hospital-based services provided. The lack of preparation of PHC professionals, among others, has always been cited as justification for this way of thinking. In this sense, according to the criteria studied, they ensure that there must be a necessary rapprochement between improvement and specific health practices (theoretical-practice relationship), an issue that is resolved if improvement is carried out from, in and for the professional context.

As a generalization, professional improvement must allow the appropriation of professional performance algorithms, the development of self-management of knowledge, research, group work and the search for information, enhancing professional performance scenarios and their relationships (APS , ASS, ATS).

The systematization carried out up to this point allows us to see professional improvement in the relationship between levels of care from two positions: through the improvement of PHC professionals and through contextualized and differentiated improvement at the different levels of medical care. This differentiated professional improvement, determined by the technology, resources and functions of each level of care, makes it possible to establish a bidirectional relationship from an interdisciplinary and multidisciplinary approach, depending on the context of action. Regardless of the form, both contribute to raising the quality of services.

DISCUSSION

The results of the search carried out allow us to establish a group of traits that typify professional improvement. It is agreed with the authors studied that it is a process of postgraduate education that leads to professional development and human improvement; It is oriented towards the expansion, improvement, updating and complementation of knowledge, skills, abilities and values that favor performance and has a profound educational, systemic, permanent, developmental and transformative nature.

Bernaza criteria are also assumed *et al.* (2017) that professional improvement must start from the guiding activity of the university professional: work activity (work).

It is agreed that initial vocational training, although it enables one to start a job and serves as a basis for professional life, does not guarantee ideal professional practice throughout life; task that corresponds to professional improvement, thereby increasing the undergraduate-graduate relationship (Alfonso Mejía, cited by López *et al.*, 2017).

These previously systematized qualities give a general character to the professional improvement category. However, when carrying out the analysis from the perspective of Professional Pedagogy, the recognition of the characteristics of the training process and technical and professional development of workers should not be ignored. Under these concepts, professional improvement is also understood as a pedagogical process that takes place in the dialectical unity of the professional training process and the productive and/or service process (Mena and Mena, 2020).

On the other hand, the importance of the Arteaga and Hatim criteria, cited by García (2017), is recognized; Lopez *et al.*, (2019); among others, on professional

improvement in health. It identifies some elements such as:

- Professional development is conceived beyond a classroom, going beyond the framework of a school system.
- It is distinguished by recognizing the educational functions carried out by other sectors, organizations and social agents.
- It is not limited to formal education.

However, from Professional Pedagogy, they are contradictory, given that the research assumes professional improvement in public health as a professional training process and, therefore, is based on this science. According to this approach, professional development is developed both at the university and in the assistance units, the latter being within the school system. In this sense, the pedagogical context of care and the health professionals who act as teachers are part of the training process and intervene in formal education (Mena and Mena, op . cit.).

Despite this, we agree with these authors that:

- Professional improvement is not an end, but a means to obtain better performance from workers for the benefit of the population.
- Its content must be closely related to the problems of professional health practice.
- The teaching-learning process, through innovative pedagogical strategies, links the world of work and the profession, at the same time integrated with health services and scientific, biomedical, medical-social and educational research.

Likewise, it is agreed that proposals for professional improvement in health must take into account learning needs, defined as: "real deviation between the practical performance of the individual and that which the health system has planned for that function or position." work, whenever

this difference is due to lack of knowledge, preparation or training" (López *et al.*, op . cit., p. 209).

On the other hand, the work-research component is highlighted as essential in the development of professional improvement in health. For Izquierdo (cited by García, op . cit.) it constitutes a necessary function for medical care, in which "(...) scientific methods must be applied to solve problems and are based on the analysis of the situation of health as the main diagnostic mechanism for the solution of health problems" (p. 22).

In this sense, Álvarez *et al.* (2017) recognizes the possibility of this component to express the integrative nature of professional knowledge and skills. However, it is inevitable to highlight that these components are supported by the academic; which at the same time is enriched by the experiences that students acquire in direct contact with reality. In the same way, it allows the necessary foundation for the conscious appropriation of the theoretical and methodological substrate, in order to not convert the process into a mechanical reproduction of actions. Therefore, Bernaza and Lee (2005) emphasize that it is not about highlighting some of these components, but rather about understanding the multi-process nature of postgraduate education, where teaching is one of its most important processes, but not the only one. .

It coincides with García's criteria (op . cit.) on the importance of professional improvement from the professional context. García, Menéndez and Durán, cited by García (op . cit.) state that in the current medical university "(...) the educational teaching processes are developed in work practice, since the university exists in services, where the main challenge and fundamental perspective is to achieve quality education at work" (p. 26).

However, it is necessary to point out, based on the previous approach, two elements

that are not clear from the approach of Professional Pedagogy: the integrated or shared nature (University of Medical Sciences-care institutions) of the professional training process and that education At work it is part of the pedagogical process where the student has the possibility of integrating and transferring the professional content learned when facing the problems of health practice. The university, due to its corporate purpose, has the leading role in the process, and health care services are part of the training (Mena and Mena, op . cit.).

Hence, the integrated character declared by the Regulations of Postgraduate Education is assumed, in its Chapter II, article 9: "Postgraduate education emphasizes collaborative work and integration in networks between academic and research institutions and other entities. sectors, (...)" (MES, 2019, p. 1441).

On the other hand, the role of education at work in the improvement of health professionals is recognized. In this regard, the Pan American Health Organization (PAHO) conceives professional development as:

(...) an invitation to the development of new proposals in the education of health personnel, on a continuous and inclusive basis, where healthcare activity is the central core, in which the university graduate presents deficiencies in the knowledge they require health services (Bustamante, 2021, p. 14).

Professional improvement is also recognized as an added value, not only promoting quality in services and labor productivity, but also the possibility of expanding and extending them at different levels of care. That is, professional

improvement can energize change and social transformation.

In this sense, the training of professionals must be focused on the logic of the functions of each level and their importance, with emphasis on PHC; to then guarantee good organization in the services, in which the APS has greater responsibility. Therefore, it is essential to establish "adequate and functional health levels (...)" as "(...) a necessary condition to ensure universal access, equity, effectiveness and efficiency, and the sustainability of a health system" (Van der Stuyft I and De Vos, 2008, p. s/p), where the APS has the functions of:

- Being an entry point to the system, which allows reducing (over) demand at the ASS and ATS levels, while requiring sufficient competence to solve many of the most frequent health problems.
- Facilitate and coordinate patient flow within the system (or specific professionals at this level). It allows ensuring the monitoring of the continuity of comprehensive care during the treatment of a disease.
- Ensure the integration and synthesis of problems, diagnoses and treatments for the adequate management of the patient, based on the leading role of the family doctor or other PHC professionals with their patient(s), their family and the ecosystem. in which he lives.

This need has been endorsed by PAHO, which insists on the education and training of health professionals, in general, to "strengthen the capabilities of future doctors to better understand their role in the face of the growing needs of people and contribute to the development of health systems based on PHC" (Franco-Giraldo, 2015, p. 420).

On the other hand, the systematization carried out made it possible to verify professional improvement in the relationship of care levels from the improvement of PHC professionals and the

contextualized and differentiated improvement at the different levels of medical care. Both positions contribute to raising the quality of services, as they depend, according to López *et al.* (op. cit.) of the level of competence and performance of its workers in the fulfillment of their labor and social functions. Therefore, the motivation of human resources to improve their performance and assume permanent professional improvement as a lifestyle in order to satisfy the mandate of our society and internationalism, is not only important, but vital for any health system.

At the center of attention of these two factors is professional improvement.

In relation to the specialty of Ophthalmology, a group of authors such as García *et al.* (2010) approve the interrelation between the different levels of care (office-polyclinic-hospital), to avoid dissatisfaction, given that the majority of patients with ophthalmopathies are treated and operated on in hospital centers. For these specialists, consultation in the PHC should allow early and timely diagnosis (active ophthalmological investigation) of many ocular conditions that, due to the lack of trained specialists, are today diagnosed and followed up at the hospital level (ASS).

They also argue that a good ophthalmological service in the PHC makes it possible to solve basic visual problems of the residents of their respective areas and only refer, with their consequent follow-up, to the ASS level the patients who require it to guarantee quality in the care. attention, which depends on:

- The degree of satisfaction of the population with the services received.
- The proper use of existing resources.
- The scientific-technical knowledge of professionals, acquired through continued professional improvement, as well as the conscious application of ethical and moral principles.

However, these authors state that the ophthalmological consultation provided in the PHC is very general, so consultations with existing subspecialties (Cornea, Glaucoma, Refractive Surgery, Retina, Neuro-ophthalmology, Low vision, Pediatrics, or others) are usually requested. In the SSA, whether due to clinical or surgical aspects, thereby causing impacts on social, humanitarian and economic factors.

Consequently, they ensure that professional improvement allows for better preparation and contributes to the improvement of PHC as an entry point to the system, since as appropriate diagnoses are established, reliability in the process on the part of patients and family members will further increase; With which they will not have to travel long distances or wait too long for it to be completed.

The topic deserves a separate reference from Optometry and Optics, where professional improvement in the PHC should allow improving performance in order to raise the quality of these services, so that they become true centers of quality of life. To do this, it must elevate the investigative, healthcare, managerial and humanistic scientific categorization (Tocabens *et al.*, 2021).

Due to the importance of this professional in the PHC, some countries advocate the integration of the optician-optometrist into the SNS. Accordingly, they reflect the possibility of assuming referrals to Ophthalmology, representing a fundamental link for the coordination between levels of care in the service. Hence, the effective performance of this professional in the PHC implies a reduction in health expenditure and waiting lists for ophthalmology services, since the optometrist would carry out follow-up checks for already diagnosed eye conditions, representing an improvement in system efficiency (Mendiluce *et al.*, 2020).

On the other hand, the systematization carried out expressed the need for permanent professional improvement that allows Optometry and Optics professionals to perform according to the functions of the APS, based on technological development and the material and human resources of the different healthcare scenarios. This would allow contextualized and differentiated care to be provided to patients who require the service from a routine Optometry consultation, which in turn would serve as an entry point to the SNS.

Taking into account this criterion, Muñoz *et al.*, (2020) defends the possibility of incorporating the Contactology service into the PHC for the monitoring and control of these patients. However, it criticizes the shortcomings of the professional development managed by the University of Medical Sciences in relation to professionals in this area of medical care. For this author, differentiated and contextualized professional improvement can generate quality service in the PHC, which today is the heritage of the ASS and the ATS.

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Conflicts of interest:

The authors declare that they have no conflicts of interest of any kind.

Authors' contribution:

The authors participated in the design and writing of the work, and analysis of the documents.

Cite as

Muñoz Lazo, A., Mena Lorenzo, JA, Rodríguez López, M. (2024). Professional improvement in Contactology for the Graduate in Optometry and Optics Criteria that characterize it. *Mendive. Journal of Education*, 22(1), e3602.
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