

Interculturality in medical education at Universidad del Cauca

NELSON ADOLFO LÓPEZ-GARZÓN • CALI (COLOMBIA)

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Abstract

The intercultural perspective in medical education in Latin America and Colombia is an inclusive process which must conquer challenges and barriers. These must be overcome by designing intercultural understanding programs and public policies with new trends in the training of university medical students.

Instilling intercultural abilities in ethnic students within the healthcare sciences programs at Universidad del Cauca allows the visualization of a group of professionals with the skills to serve in their regions with social and cultural relevance, linking biomedical knowledge in a positive synergy with traditional medicine, building an alternative human and evaluative intercultural identity that cultivates the relationship between physicians and native and migrant patients. (*Acta Med Colomb* 2024; 49. DOI: <https://doi.org/10.36104/amc.2024.3302>).

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Dr. Nelson Adolfo López-Garzón: Internista-Cardiólogo. Magíster en Educación y Desarrollo Humano. PhD en Educación Universidad San Buenaventura. Cali (Colombia).

Correspondencia: Dr. Nelson Adolfo López-Garzón. Cali (Colombia).

E-mail: nelsonadolfolopez@gmail.com

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Introduction

This document seeks to raise awareness in different healthcare professionals on the importance of intercultural perspective training in our country, especially in departments with great cultural and ethnic diversity, like Cauca, recognizing the incorporation of interculturality in healthcare professionals' training, respecting ancestral knowledge and their cultural and linguistic worldview, and developing skills in intercultural dialogue with the various vulnerable ethnic groups.

Healthcare professional training, inclined as it is toward allopathic medicine, often ignores traditional medicine and the intercultural context of ethnic communities. Several universities in Latin America and our country, specifically, are incorporating intercultural knowledge in their medical school curricula, in a strategic paradigm opening to allow a respectful knowledge dialogue. This approach is applied in primary care health models according to the communities' sociocultural characteristics, strengthening human talent in health promotion, disease prevention and the care and cure of patients through interculturality without losing the scientific nature of the training of future professionals in the various healthcare fields.

Sociocultural diversity and the inclusion of interculturality in medical education

Over the last few decades at the beginning of this century, new configurations have emerged in the medical university setting (1). The socioeconomic and cultural changes, global

networks, and recent technological advances like artificial intelligence place new demands on university education, from which medicine is not exempt. The current educational environment is changing and, although academic and scientific information is easier to obtain, and social networks provide the opportunity for students and physicians from different cultures and ethnic groups to interact, this can also foster controversy, intolerance, interpersonal tension and social and racial discrimination.

University medical students' right to education implies a commitment to quality, optimal and equitable training that recognizes cultural diversity and interculturality in health. This is achieved through intercultural education programs at Colombian universities that are included in the curriculum with the participation of ethnically diverse students, families and patients, as well as professors who are interested in building fair health policies that respect the traditional customs of urban and rural communities throughout the country, including migrant populations, promoting better healthcare practices through interculturality.

Interculturality in Latin America

Interculturality, as an epistemic, political and social construct, emerged in Latin American countries with a large indigenous population and ethnic diversity, as a show of respect for the customs and knowledge of colonized ancestral communities. From a functional perspective, the goal is to recognize cultural diversity, initiating dialogues on knowledge and relationships with underserved populations

including indigenous peoples, people of African descent, mestizos and migrants.

Interculturality in Latin America began in South America, related to the bilingual education of indigenous populations. As a norm, it is an ethical-political project that makes intercultural dialogue a mobilizing utopia. As a project, it identifies a decontextualized functional interculturality in recognition spaces at both an interpersonal and group relations level, as well as a critical interculturality based on “cultural justice” that makes power and dominance relationships between peoples and cultures visible (2). Latin America possesses one of the best critical thinking traditions. Since the middle of the last century, its contributions to interculturality have been relevant in its member countries, with this type of thinking being one of the most far-reaching contributions in the global South, including proposal like “learning to go South” and “learning from the South with the South” presented by Boaventura de Sousa Santos. He states that, centuries ago, a dominant, universal theoretical knowledge was generated in the global North, which has been “blind” to the great thinking arising from Latin America over the last several decades, woven from various theories and praxes.

Some international public policy events have had repercussions on diverse and intercultural education, like Convention No. 169 regarding indigenous peoples in independent countries promoted by the International Labour Organization (ILO) in 1989 (3), which reviews the guidelines of the 1957 Convention and recognizes the peoples’ right to take control of their own institutions, ways of life, economic and social development and equality in implementing human rights. Intercultural education in Latin America was based on the struggle to obtain recognition for diverse communities leading to educational and social proposals, especially in some countries like Mexico, Ecuador, Peru, Brazil and Bolivia, as they share mainly indigenous and Afro ethnic populations, stimulating intercultural educational practices and creating universities in an intercultural and bilingual context to recover the indigenous history: “the ethnic identity, respect for diversity and demand for an education of their own” (4). Throughout this century, education and health access for indigenous and Afro populations has increased, with projects that include bilingualism, cultures, ancestral and Western knowledge, as well as the emergence of new intercultural policies.

In the Ecuadorian context, interculturality is not just a concept, but also a wager and project coined by the indigenous movements, based on their ideology, which, since the end of the last century has sought to transform the country’s existing institutions. According to Catherine Walsh (5), South America is experiencing changes, innovations and historical ruptures as part of the action and struggle strategies of the ancestral movements, their political-epistemic insurgence that opens new horizons in a de-colonial shift. These countries, where ancestral differences persist, can

propose and work on the construction of a more just and equitable society, in which all cultures can be recognized and respected, renewing right to health policies in terms of cultural pluralism, in a hermeneutic setting of knowledge cooperation that redefines the sociocultural determinants of health, constructed through a dynamic and continuous exchange between culturally different people, knowledge, wisdoms and practices. This occurs in a space of coexistence, an exchange in which relationships, inequalities and power conflicts are not hidden but visible in their asymmetry and confrontation (6).

Generally, within the context of intercultural education in Latin America, there are trends related to Mother Earth, bilingualism and interculturality, originally associated with indigenous peoples. In the past century, indigenous and social movements and their leaders fought for their rights, achieving recognition of cultural diversity in each of their countries through pluri- and intercultural policies ratified in the political constitutions of the 90s and the creation of various indigenous and Afro educational institutions in different Latin American territories, within the context of identity, bilingualism and territoriality, articulating Western and traditional intercultural ethnic wisdoms (4). This has enabled an understanding of interculturality as a political, ethical and epistemic project in which intercultural education plays an essential role in transforming paradigms and imaginaries regarding development and nature (7).

Recognizing the importance of interculturality for education in Latin America presupposes giving visibility to an education that opts for training critical, ethical and political individuals in dialogue, questioning and problematization; people who will interpret the sociocultural reality and ways of life according to the worldviews of Latin American countries through epistemic and epistemological shifts set in their territories, customs and traditions (8).

Interculturality in Colombia

Intercultural education in Colombia began in social settings with social movements and figures like Manuel Quintín Lame (1880-1967), an indigenous leader who in 1939, after learning to read and write, questioned land rent and the right to cultivate one’s own land, eventually achieving recognition from the reservations. Manuel Zapata Olivella (1920-2004) was a predominant figure in the Afro-Colombian setting who achieved recognition from this culture through his literary works “Our Voice” (1887) and “The Rebellion of the Genes: American Mixing in Future Society” (1997). He rejected ethnic, social and cultural injustices and, through interculturality, recognized the differences with others, creating a multicultural knowledge dialogue in his books that made him a cultural reference for Colombia, America and the world. The social movements led to the creation of organizations like Consejo Nacional Regional Indígena del Cauca (CRIC) [Cauca Regional Indigenous National Council], which seeks recognition of

the indigenous and farming community, with the objectives of unity, cultural territory and autonomy. The 1991 National Constitutional Assembly, within the framework of a peace agreement, recognized the multiculturalism and cultural diversity within the nation, as a result of the social struggle of indigenous and Afro movements, reflecting the reality of a country with differentiated ethnic groups and communities. The 1991 constitution protects indigenous communities through Law 21 of 1991, and the cultural and territorial integrity of Afro-Colombian communities through Law 70 of 1993. Ethnoeducation, based on interculturality and decolonization, supports ethnoeducational projects (9), and was recognized in the General Education Law of 1994. The Chair of Afro-Colombian Studies was also established, incorporating African history into primary and secondary school education, as well as the historical process of Afro integration into the country's social, cultural and economic life. Beginning in the 90s, new educational initiatives related to intercultural education were proposed. In 2003, the CRIC created the Universidad Autónoma Indígena Intercultural (UAIIN) [Intercultural Indigenous Autonomous University] within the Sistema Educativo Indígena Propio (SEIP), [Indigenous Own Educational System], associated with educational autonomy and community and ancestral knowledge. The UAIIN is the result of more than 30 years of experience linked to the political and cultural purpose of the CRIC, vindicating educational and cultural rights and protecting the Cauca population, enrolling mostly indigenous students (10). The incursion of CRIC in Cauca, Colombia, has changed the story of the relationship between the indigenous peoples, society in general and the Colombian State, constituting itself as a political subject with its own identity, authority and government, economy and sociocultural development (11).

Interculturality in Colombian higher education

More than 80 indigenous groups live in Colombia, speaking more than 65 native languages and function in their own territories, such as reservations, occupying almost 30% of the country's total land area. Indigenous groups make up approximately 2% of Colombia's total population and are distributed in different areas of the country. The historical process of intercultural education in Colombia is similar to that of other Latin American countries, with limited access to basic education and even more limited access to higher college education. Law 30 of 1992, or the Higher Education Law, envisioned some particularities for indigenous communities. Despite the lack of more inclusive public policies, some mechanisms have been instated for indigenous or Afro people's access through special quotas, as occurs at Universidad del Cauca. At the beginning of this century, the National Ministry of Education began inclusive higher education, aimed at the permanence and pertinence of communities in the educational systems. Subsequently, ethnoeducation

programs appeared, aimed at university ethnic training, and research groups related to interculturality and diversity in the educational setting were fostered (12).

Regional Centers for Higher Education were created in 2003 for ethnoeducation, sharing financial, human and infrastructure resources, with a focus on social inclusion centered on community economic development. In 2007, the National Commission for Work and Education Agreements for indigenous peoples (Contcepi) was created, and the SEIP was designed as an organism to facilitate the Colombian indigenous people's own education policies, opening opportunities and spaces for the inclusion and entry of indigenous and Afro peoples into formal university education (13).

There are many tensions facing intercultural education today, such as incorporating the intercultural fabric in the present, with a sense of harmony in the human-nature-cosmos triad, strengthening the coexistence of modern worldviews in critical intercultural education, and the resolution of societal conflicts. The expressions of globalization, numerous migratory movements through Latin American countries, multiplicity of messages on social networks, and ethnic factors in politics and communication systems challenge these processes. Today, culture is no longer molded by education, but rather education is questioned by culture, establishing new forms of culturally decentralized citizenship that challenge the prevailing educational systems, including the emancipating intercultural experiences that serve the social needs of indigenous, Afro, mestizo and white communities, favoring critical thinking.

Interculturality should be considered in any university educational setting, designed within the framework of a flexible intercultural curriculum included in the educational policies of basic, intermediate and university education. It should also include all indigenous, Afro, and other ethnic groups both in rural and urban institutions, in a sociocultural exchange process that shares meanings, symbols, worldviews and wisdoms from different cultures.

Colombia is a socioculturally diverse country, and the need for critical education values the local nonscientific wisdoms, restores and vindicates the autonomy of its epistemic experiences and legitimizes the intracultural and intercultural rights of populations (14). Intercultural education as a curricular strength stimulates learning as a reasoned and ethical happening, a product of intercultural dialogues favoring equity, justice and inclusion of vulnerable ethnic subjects within university settings, as occurs at Universidad del Cauca.

African American culture studies support intercultural education as knowledge superimposed on the curricular framework, supported by sound dialogic processes (15), with programs like the university social responsibility program with an intercultural focus at UNIMINUTO's Barranquilla campus. The community of San Basilio de Palenque in the department of Bolívar, Colombia, which has linked aca-

demia to the social and cultural communities, recognizing the worldviews in this community's social life to improve their quality of life (16). The field of Afro-Colombian studies of the Colombian Pacific and the black communities, in the context of the Peace Agreement, reflects on the ongoing internal armed conflict and violence in Afro-Colombian territories, as well as forms of social-territorial struggle and re-existence to make visible and articulate resistance initiatives through the ancestral ways of life and territories of the black communities (17). After the Andean diaspora, in an epistemic construction to strengthen the intercultural process in the city of Cali, Colombia, which entails a memory burden and adaptation to intercultural dialogue formulated by migrants and Cali natives that constitute intercultural mixes that defend the diasporic process (18).

Afro-Colombian studies and their educational teaching practices promote the value and knowledge of, and respect for, ethnic and cultural diversity. However, the results of interculturality and visibility models indicate little interest in promoting ethnoeducational teaching strategies that recognize the value of Afro-Colombian culture, weakened by professors' resistance to making adjustments in the curricular design (19).

Interculturality in Colombian and Caucaan health

Epistemic interculturality must be constructed in the health field in new social and cultural dimensions, through new knowledge and primary health paradigms, creating true academic knowledge appropriate for the ancestral environments. This will help overcome the absorbent perspectives of allopathic medical knowledge through functional interculturality that incorporates the ethnic diversity within the social determinants of health, within the framework of new political and epistemological projections in line with the linguistic and pluricultural spiritual beliefs of the ethnic communities that have been overlooked and excluded by the State power structures. Thus, the voices of ancestral patients and their knowledge would be recovered through ethical, pedagogical and bioethical changes based on a transforming and liberating intercultural philosophy for the oppressed ethnic groups in our country.

Recognition of the historical injustices in medicine, including indigenous Americans, due to racism against these ethnic groups throughout centuries of dispossession, wars, subjugation and impoverishment persist today (20). Training medical professors and healthcare workers in interculturality is a critical process that should help reorganize the profession and social context, creating conditions in which the universities assume responsibilities in this training and, at the same time, commit to intercultural social and cultural projects. Since the Flexner Report, medical education has progressed in training new medical professionals adapted to the technological advances in networks and virtuality during the COVID-19 pandemic, which has limited their

clinical practice with patients and artificial intelligence in the various branches of medicine.

One of the challenges for intercultural education and medical care is the migrant population, especially the Venezuelan migrants in Colombia and Latin America. This has a social, demographic and economic impact, with the arrival of new immigrant users to the various public healthcare systems. In this intercultural context, the doctor-patient relationship is focused on the patient's recovery, valuing diversity and the right to differing perspectives to contribute to solving the health care inequities experienced by the immigrants, straining the existing medical education and care (21).

In other countries, like Mexico and Colombia, projects have been developed to train medical students in intercultural proficiency. One example is Universidad del Sureste, in Mexico, where an educational intervention was carried out using problem-based projects to generate a community diagnosis, taking cultural differences into account. At the end of the experience, 56% of the students stated that they had improved their generic skills, as well as their use of virtual libraries (22). There have been other experiences in Colombia, like that of Universidad del Norte in Barranquilla, with 100 first and sixth-semester students. This project evaluated an intercultural skills training program and found significant differences in the areas of cultural sensitivity development as well as the development of understanding and respect for the differences and diversity among first and sixth-semester medical students. This suggests a strong need to incorporate intercultural training into the educational experience of medical students in Colombian universities (23).

In a multicultural country like Colombia, ethnoeducation also has an impact on health. Developing intercultural skills in health sciences students will allow future professionals to practice their profession with the proper cultural relevance, respecting the values, traditions and history of the communities (24). The participation of these communities improves the quality of life and reduces the morbidity and mortality of ethnic patients. Ethnocultural diversity immersed in the clinical activities (where the pairing of interculturality and health is a weakly implemented area within academic medical faculties) and through multidiverse polyphonic voices, is essential in healthcare education that is fragile due to a lack of cultural socio-humanistic training (25).

Interculturality in health involves a wide variety of actors who give interculturality in health a life of its own and are aware of the challenge involved in solving the healthcare problems of ethnic minorities, including indigenous peoples in a dialogue on intercultural knowledge, within the context of their culture, social environment and historicity (26). The indigenous struggles for the fundamental right to their own and intercultural health in Colombia, mainly those belonging to the CRIC, have arisen as a challenge to the asymmetry of powers and wisdoms between the dominant development models and Western medicine, aimed at living well,

ancestral wisdom and collective political activity based on the indigenous peoples' law of origin and own rights (27).

Given the greater morbidity and mortality of indigenous peoples, it is important to consider interculturality as a bridge between Western culture and medicine and indigenous culture and traditional medicine, since the health of these populations depends on their habits and their harmony with nature, the spirit, divinity and their community. Some studies support intercultural health and its inclusion in public policy to improve community health through political will, adapting the structure of health services and emphasizing the importance of training healthcare professionals in interculturality throughout their technical, technological, professional and graduate studies, to provide quality health care that respects cultural differences (28).

The Piraguas Group is one of the healthcare education experiences of the Emberá indigenous group in Chocó. It is made up of research professors from the Universidad Pontificia Bolivariana Medical School in Medellín, who created a knowledge dialogue between modern and ancestral medicine, promoting healthy habits within the indigenous community. This improved their health practices and guided the communities in preventing infectious and chronic diseases, through practical sessions in Spanish and the indigenous dialect, with the help of a translator to clear up questions in the educational process, recovering humanism and an integrated approach in medical care, recovering and recognizing the dignity of patients and the practice of medicine (29).

The right to intercultural health allows access to and respectful interaction between several cultures, through respectful dialogue with an epistemic justice focus to promote public policies for primary care and health promotion, disease prevention and health care actions aimed at providing an intercultural perspective through horizontal dialogue and interaction in the various social spheres (30). Some studies of indigenous populations in Colombia, like the Emberá-Chamí in Cristianía, have found an increase in cardiovascular risk factors with changes in eating habits, physical activity patterns and the adoption of Western lifestyles, avoiding smoking and alcoholism and promoting their own cultural values (31).

In light of the struggle for recognition of the rights of indigenous peoples, healthcare authorities should articulate their public policies with the indigenous system of own and intercultural health, according to their needs, ensuring their rights to nutrition, quality primary care, and health education, for the wellbeing of indigenous communities (32). To accomplish this and overcome the healthcare access barriers in line with the ethnocultural and constitutional legal requirements, healthcare professionals must be trained with a focus on interculturality in the medical curriculum, recognizing the ethnic cultural context, customs, language, dialect and worldview in an intercultural dialogue by professors, students and healthcare staff, without losing the scientific

essence of medicine, coordinating health and interculturality into medical students' teaching and practice.

Interculturality and health in internal medicine in Colombia and Cauca

The Society of Internal Medicine was founded in Colombia on September 14, 1949, (nine years before the creation of the Colombian Association of Internal Medicine [ACMI, in Spanish]), coinciding with the beginning of modern scientific internal medicine, with more of a professional than scientific nature. Dr. D'Achiardi provides a complete historical tour of the Association's first 50 years of existence, as well as the creation of ACMI's chapters and congresses and the development of the *Acta Médica Colombiana* journal (33).

Medical education has an impact on countries' social and cultural development, and its historical development is framed within two important paradigms: the "Flexnerian" and "critical" paradigms, and a third, new, important figure, technology (34). It is important within the curricular approach for training autonomous and critical internists in Colombia, with a deontological identity that recognizes their reason for being, their duty and their commitment to patients as subjects rather than objects, as well as families, society and the nation, harmonizing various professional skills. The university is responsible for planning and implementing comprehensive training beginning at the undergraduate level and, even more, during graduate training in internal medicine, with a renewed social, humanistic, pedagogical and political curricular perspective based on learning and developing core professional skills (35).

Health research, especially related to clinical research, helps increase competitiveness and the development of new medical knowledge (such as intercultural knowledge), framed within different projections and analyses. Curricular reforms are needed in undergraduate and graduate internal medicine programs across the country to train more competent healthcare professionals with an emphasis on clinical research and critical analysis of the literature (36).

The perspective of interculturality in health must be incorporated into the curriculum of Colombian universities, that are associated with great ethnic diversity in the different health fields like medicine, nursing, physical therapy, nutrition and other specialized health fields. This should be done under the ethnic norms in emerging inclusion policies, supporting alternative models that include traditional indigenous and Afro medicine with alternative strategies that will result in communities' improved health and quality of life.

The future medical professionals should acquire "intercultural" skills and abilities in their practical training to help them effectively interact with diverse ethnic cultural groups, providing respectful care according to the patients' different cultural identities and characteristics. The medical and healing practices for the typical cultural syndromes in these types of populations should also be respected, modifying the "cultural barriers" and building new models that are

more pertinent to their healthcare needs, with an intercultural perspective. Medical training requires a critical perspective, training human resources with intercultural skills that meet the needs of their societies (37).

Some intercultural programs in Cauca train community health promoters, as in the indigenous village of Jambaló, Colombia. Five promoters (two program coordinators and three community leaders) were interviewed, using a phenomenological approach, and a document review was conducted. This group of subjects defend the right to health and are able to provide primary care with an intercultural perspective, strengthening health programs and prevalent disease surveillance, recovering cultural practices and mobilizing the community to manage health determinants. This program includes community and institutional participation and recognizes traditional indigenous medicine (38).

Universidad del Cauca is one of the standard bearers in Colombia in terms of training students from the different health sciences programs (like medicine, nursing, speech therapy, and physical therapy) in the intercultural context. Beginning in the first semester, health sciences students attend on-site practicums with traditional indigenous and Afro doctors in the different Cauca regions, supported by professors from various disciplines including anthropology, education, nursing, pathology, etc. Some of these professors have doctorates in education with an emphasis on interculturality, as does the director of medicine in the Health Sciences Faculty. Some generating factors have also been considered for *constructing a teaching identity* in health sciences in 29 professors from the four health programs within the faculty, using a qualitative approach with a hermeneutic perspective, based on grounded theory. They found that the teaching identity is constructed based on the opportunity of being a professor, facilitated by experience, supported by the calling and transformation of the subject in four main variables: opportunity, experience, vocation and motivation (39).

Finally, intercultural health skills in this age of technological advances and artificial intelligence, are a necessity in medical student training in primary health care, given the ethnic diversity, sociocultural diversity, migratory movements and socio-cultural construction of the Western medical system (40). Students in the different health sciences must be taught these intercultural skills so they can provide holistic health care with a comprehensive, interdisciplinary and formative perspective, to benefit individuals, families and communities.

References

- Cárdenas Rodríguez R, Terrón Caro T. Presentación. Diversidad cultural e inclusión Socioeducativa. *Pedagogía Social. Revista Interuniversitaria*. 2017; (29):21-23. Disponible en: <https://www.redalyc.org/articulo.oa?id=135049901002>
- Tubino F. Los sentidos del interculturalismo latinoamericano y la utopía dialógica. *Cuyo Anu Filos Argent Am*. 2016;33:69-77.
- Organización Internacional del Trabajo. Convenio sobre pueblos indígenas y tribales, Convenio C169 de la OIT. 1989;169.
- Calderón Rojas AP. Revisión de estudios sobre educación intercultural en Latinoamérica: movimientos sociales, políticas y propuestas educativas. *Ciudad*
- Paz-Ando. 2022;15:90-103. doi: <https://doi.org/10.14483/2422278x.19612>
- Walsh C. Interculturalidad, plurinacionalidad y decolonialidad: las insurgencias político-epistémicas de refundar el Estado. *Tabula Rasa*. 2008;131-52. doi: <https://doi.org/10.25058/20112742.343>.
- Wences Simón MI. Interculturalidad crítica y decolonialidad epistémica. Propuestas desde el pensamiento latinoamericano para un diálogo simétrico. *Methaodos Rev Cienc Soc*. 2021;9:152-65. doi: <https://doi.org/10.17502/mrcs.v9i1.448>.
- Albán A. A, Rosero JR. Colonialidad de la naturaleza: ¿imposición tecnológica y usurpación epistémica? *Interculturalidad, desarrollo y re-existencia. nomadas* [Internet]. 2018 [citado 23 de septiembre de 2024];(45):27-41. Disponible en: https://editorial.ucentral.edu.co/ojs_uc/index.php/nomadas/article/view/2467
- Hernández Díaz, J, Pozzer A, Cecchetti E. Migración, interculturalidad y educación: impactos y desafíos. *Salamanca*. Ediciones Universidad de Salamanca; 2019, pp 41-58.
- Díaz RMB, Maestre MCV, Torres YB. Interculturalidad y decolonialidad: fundamentos teóricos de la etnoeducación. *Revista de Filosofía*. 2021;28(99):558-569. doi: <https://doi.org/10.5281/ZENODO.5630665>.
- Mato D. Universidades Indígenas en América Latina: experiencias, logros, problemas, conflictos y desafíos. *Revista ISEES*. 2014;14(12):17-45.
- Urrego-Rodríguez JH. Las luchas indígenas por el derecho fundamental a la salud propio e intercultural en Colombia. *Salud Em Debate*. 2020;44:79-90. doi: <https://doi.org/10.1590/0103-11042020s106>.
- Castillo Guzmán E, Caicedo Ortiz JA. Interculturalidad y justicia cognitiva en la universidad colombiana. *Nómaditas* [Internet]. 2018 [citado 23 de septiembre de 2024];(44):147-65. Disponible en: https://editorial.ucentral.edu.co/ojs_uc/index.php/nomadas/article/view/2493
- Carrera CA. Educación superior indígena en Latinoamérica: aproximación a los casos de México, Bolivia, Ecuador, Argentina, Chile y Colombia. *Repositorio Institucional de la Universidad Pontificia Bolivariana* [Internet]. 2020 [citado 23 de septiembre 2024]. Disponible en: <http://hdl.handle.net/20.500.11912/8104>.
- Oses Gil A, Cabeza Herrera OJ, Flórez Pabón CE, Botero Urquijo DA. Educación intercultural crítica: una alternativa para la construcción del posconflicto colombiano. *Análisis*. 2022;54. doi: <https://doi.org/10.15332/21459169.7579>.
- Del Carmen Jaimes Morales J, Ligardo YAM, Gómez RJM. Oportunidades y retos sociales de la educación intercultural como recurso pedagógico de los estudios afrocolombianos 2021. *Revista de Filosofía*. 2021;38(99):657-671. doi: <https://doi.org/10.5281/ZENODO.5687020>.
- Gómez Rivera AY, Castro Molineros SP, Buelvas Almanza KP, Ruiz Cabezas MR, Ahumada Villafañe I. Responsabilidad Social Universitaria con Enfoque Intercultural: Perspectiva Comunidad Afrocolombiana de San Basilio de Palenque. *Revista Científica Profundidad Construyendo Futuro*. 2024;20:86-94. doi: <https://doi.org/10.22463/24221783.4355>.
- Olaya Requene AY. El pacífico colombiano y las comunidades negras en el contexto de la firma del acuerdo de paz : aportes al campo de los estudios afrocolombianos. *Tabula Rasa*. doi: 2022:11-9. <https://doi.org/10.25058/20112742.n41.01>.
- Pérez Rengifo JM. Tras la diáspora andina. Una construcción epistémica para fortalecer el proceso intercultural de la ciudad de Cali, Colombia. *Análisis*. 2021;54. doi: <https://doi.org/10.15332/21459169.6938>.
- Campos M. Afrocolombianidad, interculturalidad y prácticas pedagógicas educativas en Colombia. Revisión sistemática de literatura. *RevEducien*. 2023;27:e15324. <https://doi.org/10.19053/0120-7105.eyc.2023.27.e15324>
- Jones DS, Abdalla M, Gone JP. Indigenous Americans - the journal's historical "Indian problem." *N Engl J Med*. 2024;390:1-7. doi: <https://doi.org/10.1056/NEJMp2307311>.
- Urrutia-Arroyo RH. Educación Médica Intercultural: Desafíos de la Atención Médica en Contextos de Población Inmigrante. *Búsqueda*. 2019;6:402. doi: <https://doi.org/10.21892/01239813.402>.
- Muñoz-Cano JM, Maldonado-Salazar T, Bello J. Desarrollo de proyectos para la formación de la competencia intercultural por estudiantes de medicina. *Scielo* [Internet]. 2014. Disponible en: <https://scielo.ieci.gov.br/pdf/fem/v17n3/original4.pdf>
- Alonso Palacio LM, Cepeda Díaz J, Castillo Riascos LL, Pérez M, Vargas Alonso A, Barreto C. Interculturalidad in the formation of health students: A Colombian experience. *Horizonte Sanitario*. 2017;16(3):175-182.
- Roldán Tabares MD, Hernández Martínez A, Cuatrecasas Agudelo YS, Herrera Almanza L, Martínez Sánchez LM. Etnoeducación: educación para la salud desde la diversidad cultural. *Medunab*. 2021;24:80-91. doi: <https://doi.org/10.29375/01237047.3899>.
- Carrascal Fuentes JA. Interculturalidad en Salud: Resignificando los horizontes en la Educación Médica. *revVISUAL*. 2022;9:1-8. doi: <https://doi.org/10.37467/revvisual.v9.3630>.
- Eroza Solana E, Carrasco Gómez M. La interculturalidad y la salud: reflexiones

- desde la experiencia. *LiminaR Estud Soc Humanist*. 2019;18:112–28. doi: <https://doi.org/10.29043/liminar.v18i1.725>.
27. **Urrego Rodríguez JH**. Las luchas indígenas por el derecho fundamental a la salud propio e intercultural en Colombia. *Saúde Em Debate*. 2020;44:79–90. doi: <https://doi.org/10.1590/0103-11042020s106>.
 28. **Aguilar Peña M, Blandón MFT, García Perdomo HA**. Salud Intercultural y el modelo de salud propia indígena. *Rev Salud Pública*. 2020;22:463–7. <https://doi.org/10.15446/rsap.V22n4.87320>.
 29. **Calle Estrada MC, Hernández Sarmiento JM, Ospina Jimenez MC, Herrera Almanza L, Roldan Tabares MD, Martínez Sanchez LM**. Enfoque intercultural de salud en la población indígena que vive en territorio colombiano. *Rev Fac Cienc Salud Univ Cauca*. 2021;23:23–31. doi: <https://doi.org/10.47373/rfcs.2021.v23.1515>.
 30. **Rodríguez CD**. El derecho a una salud intercultural. *Rev Filos Teor Política*. 2021:e032. doi: <https://doi.org/10.24215/23142553e032>.
 31. **Cataño Bedoya JU, Duque Botero J, Naranjo González CA, Rúa Molina DC, Rosique Gracia J, García Pineda AF, et al**. Prevalencia de factores de riesgo cardiovascular en indígenas embera-chamí de Cristianía (Jardín), Antioquia. *IATREIA*. 2014;28:5–16. doi: <https://doi.org/10.17533/udea.iatreia.18535>.
 32. **Vélez-Álvarez C, Arias-Giraldo VA, Orozco-Castillo L, Jaramillo-Ángel CP**. Propuesta metodológica para la gestión del sistema indígena de salud intercultural. *Cult Educ Soc*. 2021;12:147–64. doi: <https://doi.org/10.17981/cultedusoc.12.2.2021.09>.
 33. **D'Achiardi R**. Conferencia Lombana Barreneche: La medicina interna en Colombia. Relevancia de la Asociación Colombiana de Medicina Interna. *Acta Médica Colombiana* [Internet]. 2009;34(1):42-47. Disponible en: <https://www.actamedicacolombiana.com/ojs/index.php/actamed/article/view/1660>
 34. **Pinzón CE**. Los grandes paradigmas de la educación médica en Latinoamérica. *Acta Médica Colombiana* [Internet]. 2008;33(1):33-41. Disponible en: <https://actamedicacolombiana.com/ojs/index.php/actamed/article/view/1750>
 35. **Pinilla Roa AE**. Propuesta curricular para la formación de médicos internistas en Colombia. *Acta Médica Colombiana*. 2017;41(4):248-258. doi: <https://doi.org/10.36104/amc.2016.751>.
 36. **Molina De Salazar DI**. Retos en investigación. *Acta Médica Colombiana*. doi: 2019;43:6–8. <https://doi.org/10.36104/amc.2018.1378>.
 37. **Camejo Ramos LP, Fernández Díaz DF, Valdés Sierra I**. El diálogo intercultural y la formación de médicos en la Escuela Latinoamericana de Medicina. *Revista Panorama Cuba y Salud*. 2020;15(1):48-54.
 38. **Penagos Y, Arrivillaga M**. Programa intercultural de promotores de salud comunitaria: sistematización de experiencia en el municipio indígena de Jambaló, Colombia. *Gerenc Políticas Salud*. 2021;20:1–22. doi: <https://doi.org/10.11144/javeriana.rgps20.pips>.
 39. **Bohórquez Góngora FF, Valdéz Fernández AL, Guevara-Agredo A**. Factores generadores en la construcción de identidad docente en ciencias de la salud. *Magis Rev Int Investig Educ*. 2023;16:1–24. doi: <https://doi.org/10.11144/javeriana.m16.fgci>.
 40. **Veliz-Rojas L, Bianchetti-Saavedra AF, Silva-Fernández M**. Competencias interculturales en la atención primaria de salud: un desafío para la educación superior frente a contextos de diversidad cultural. *Cad Saude Publica*. 2019;35:e00120818. doi: <https://doi.org/10.1590/0102-311x00120818>.

