

Evaluation of the Health Promotion Graduate Profile, an Institutional Experience

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Abstract

This work examines the graduate profile of the bachelor's program in health promotion at the Autonomous University of Mexico City (Universidad Autónoma de la Ciudad de México (UACM, Spanish acronym)), which represents the university's perspective on training for this profession. The formulated graduate profile presented on the university's website is compared with the results from the evaluation of the students' internships and final projects. The purpose is to assess the consistencies and differences in the graduate profile as well as related challenges. The findings show that the university portrays an image of what the health promotion graduate "should be" but it lacks information about the actual profile of the students.

Keywords: professional training, graduate profile, health promotion, internship, final projects

Introduction

Curriculum design is an educational planning process involving the institutional formulation of training expectations for all educational spaces, from elementary school through post-graduate education. One of its components is the graduate profile (Díaz-Barriga, 1999), which has recently been substituted by the notion of a professional profile (Martínez, 2011). Both concepts are similar, and they establish the ultimate intention of academic training for a profession (Arnáz, 1981). Different proposals can be used to develop a graduate profile, from the original one proposed by Tayler and Taba (Tayler, 1950; Taba, 1976) to more recent profiles based on professional competencies (Maura and Tirados, 2008).

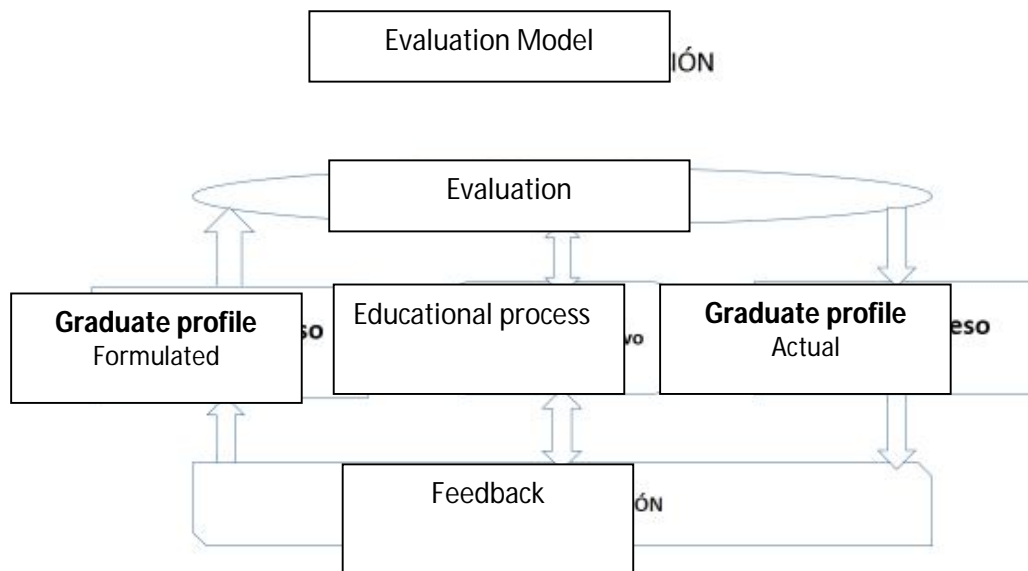
The concept of curriculum entails different conceptualizations, and thus Tanner and Tanner (1980) identified 20 different definitions. Some authors define it as similarities in the idea of content planning, for example, Caswell and Campbell (1937) who defined a curriculum as a set of experiences to be undertaken by students in a school. Nonetheless it also has been understood as a program with true, valid and essential knowledge which is systematically transmitted in order to develop the mind and train intelligence.

Those authors refer to a curriculum as a joint, planned effort by the entire school which is aimed at guiding the student’s learning process in order to attain pre-established learning outcomes. It is considered to be a structured series of objectives aimed at achieving the desired learning, since it determines (or at least anticipates) educational outcomes. The common denominator in all these definitions of curriculum is the structured planning by an institution for the purpose of achieving a training goal or ideal for a specific profession and thus it is a university function.

The commonality among the existing variations is to consider the graduate profile as a definition of a model, where a model is “...something found in the world. Something that is the world” (Chamizo, 2013:95). It therefore constitutes the university’s formulation for training professionals and returning them to society with the ability to competently work in the knowledge domains and practices that are fundamental to their profession. Frida Díaz Barriga and Hernández (1999) consider the graduate profile to be the same as the professional profile and include it in the curriculum design, with the following components: the basis for the professional career, determination of the professional profile, curriculum organization and structure and ongoing curriculum evaluation.

Based on that context, the present work considers the graduate profile to be a set of characteristics and capacities that are properly certified by the applicable technical and legal entities and that enable society to recognize an academically trained person as a professional who is able to competently perform the tasks, activities and functions pertaining to a particular knowledge area, with its objects and practice domains. Formulating a graduate profile is crucial because it not only conveys the model image for professional training but it also serves as a reference for those who want to enter a profession, and it is key to evaluating the training, as can be seen in the following figure.

Figure 1



Source: Developed by the authors based on Díaz Barriga A, 1999, Díaz Barriga y Hernández, 1999

Thus, it is important to clearly present the graduate profile of a specific professional training since it reflects the university’s perspective regarding the professional training that it offers. It also serves as a key benchmark for accreditation organizations and provides the professional world with valuable information, particularly the social spaces that need these professional services, whether they be private, institutional, organizational or civic. And of course, the graduate profile also conveys important information for the students who wish to obtain a particular professional training (Hawes and Corvalán, 2004). The graduate profile of the health promotion bachelor’s program can be reconstructed based on different sources, including: the topics covered by the formal curriculum and the skills and knowledge taught in each one; the knowledge and skills that the students gain through each educational experience; the type of work and practice chosen after completing the curriculum; the final projects

produced by the students to demonstrate and certify their comprehensive training; and lastly, the work and/or professional practices performed during the final phase of their training or after graduating from the bachelor's program.

The official UACM website serves as the key reference for the formulated graduate profile, which states the aims as follows:

To educate health promotion and health education professionals with an interdisciplinary perspective, who will be able to **identify, design and develop models aimed at improving the quality of life of the population** through actions that raise the levels of health-related knowledge and skills and improve the structure of values and behaviors, based on:

- a) Scientific knowledge of the human body (chemistry, physics, cell biology, mathematics, anatomy and physiology, among others);
- b) Epistemological and socioeconomic theories for understanding social reality;
- c) Knowledge about the conditioning and risk factors that are involved in the comprehensive health of the individual and the community;
- d) Methodologies for social, educational and epidemiological research;
- e) Training pertaining to educational paradigms and technology as well as diagnostics, policies and planning related to needs and problems in comprehensive health.

As a complement, the UACM has designed informational videos (Bachelor of Health Promotion, UACM, 2010) for students who are interested in enrolling, which describe the Bachelor of Health Promotion as: a) a new degree program in the country, and one of the first in the world, because of the need which has emerged over recent decades for a new practice that is independent of public health, b) from a health perspective, respond to problems that are not addressed by other professions, c) the most important innovation is changing the meaning of health, given the conventional interpretation as the opposite of disease.

An important historical context for this work is an evaluation performed in 2009 by an academic group in the health promotion bachelor's program, seven years after it was founded. At that time, it was suggested that the graduate profile be evaluated based on several categories and points of analysis, which made it possible to identify the types of internships chosen by the students and the health promotion positions adopted by each one. In 2009, there was little student experience with internships and organizations working with the UACM tended to focus on governmental areas. The options have expanded since then and internships with organizations and community groups are now more available.

In order to evaluate the consistencies and, if applicable, possible differences in the Bachelor of Health Promotion graduate profile, as well as the related challenges, this work compares the profile presented on the UACM's website with the findings from the: a) evaluation of internship activities, b) perspectives presented in the final projects and c) internship experiences in governmental and non-governmental institutions.

Methodology

This work analyzes the discourses presented in various documental sources of information by grouping them according to emergent categories and comparing the different constructed objects. Based on that, the graduate profile formulated by the bachelor's program in health promotion is compared with the characterization of the operating graduate profile, with categorizing variables that identify the interests of the students, which are presented according to the topics covered. This work also characterizes the type of health interventions conducted during the internships.

The UACM's official document about the health promoter describes the formulated graduate profile according to knowledge areas related to two disciplines, sciences (lower level courses corresponding to semesters 1 through 3) and the humanities (upper level courses corresponding to semesters 4 through 8), as well as the complementary informational videos. The operating graduate profile was constructed based on the topics, perspectives and theoretical references that the students considered as being important to their final projects, in addition to the activities, places and institutions where they carried out their internships. First, the operating graduate profile is analyzed based on the observed objects (internship activities, internship spaces and the final projects) in order to

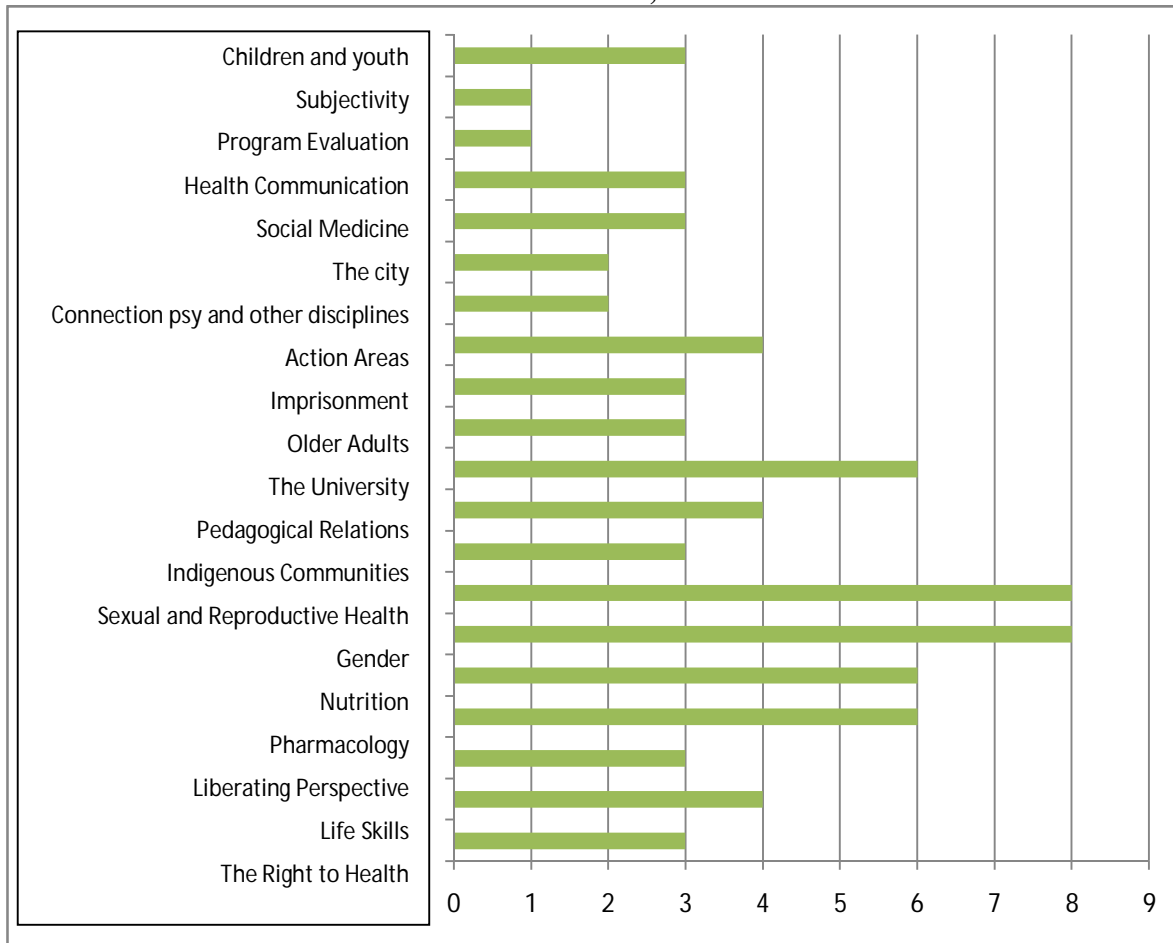
analyze their consistency and evaluate their use by the students for reflecting on their practices. Then, the consistency between the operating graduate profile and the formulated profile is evaluated.

Findings Related to the Final Projects

The first cohort of health promotion students graduated in 2008. Between then and the year 2015, a total of 77 final projects were submitted and approved by the UACM’s Certification Department.

These were grouped according to 20 categories based on the topics they covered, an expression of the students’ most common concerns upon completion of the study curriculum credits. Although the map is diverse, some topics were more frequently studied during this period.

Figure 2. Final project topics in the UACM Bachelor of Health Promotion, according to identified titles. Mexico, 2008-2015



Database from the final project by student Nancy Martinez (2015), Bachelor of Health Promotion, UACM.

The graduates from the health promotion program produced a wide variety of final projects. The topics show an enormous range of possibilities in the field, including: experimental laboratory work such as the biological and chemical variability in *camellia sinensis* infusions; the analysis of urbanism and public urban spaces; and the case of the urban corridor and health promotion in public spaces in Mexico City. The latter covers a range of topics and problems in health promotion and its relationship with other disciplines, such as: anthropology (health promotion and the Mixteca ballgame), sociology (the National Barzon movement as a strategy for indebtedness problems), pedagogy (symbolic violence in banking education practices), pharmacology (the possible polymorphic incidence of drugs using Pravastatin as an example), psychology (subjectivity and health), social medicine (work and health of taxi operators in Mexico City), environment (the construction of subway line 12, a socio-environmental analysis), nutrition (the dietary habits of school children and adolescents), gender (a health promotion proposal from the gender perspective for the Mayahuel women’s circle), law (analysis of the recommendations issued by the Mexico City Human Rights Commission in the area of health rights violations), communications (strategic association between Televisa and Genomma Lab for the distribution and sale of

“miracle” products) and sexuality (approaches to adolescent sexuality in the 21st century). When categorized by knowledge area, the disciplines covered by the final projects were: biology (22%), psychology (12%) and a diverse range of health promotion topics (37%). Of these, 7.8% can be considered to be closer to the sciences and 92.2% address problems and topics related to the humanities.

In terms of methodologies, 79.3% of the projects were qualitative, 11.7% used mixed methodologies and 9% used quantitative approaches. Given the wide variety of exercises for reflection, types of research, systematization of experiences and interventions proposed by the health promoters, the graduate profile can be described as complex and rich in knowledge, techniques and theories.

The following graduate profile can be identified based on the analysis of the titles and/or topics covered by the final projects between 2008 and 2015, and organized according to the categories and areas corresponding to the profile that is published on the UACM website:

- 4.3% of the final projects were related to scientific knowledge;
- 28.2% corresponded to epistemological and socio-economic theories for understanding the reality;
- 15.2% of the students’ final projects pertained to knowledge about the conditioning and risk factors involved in the health of the individual and the community;
- 21.7% of the projects belonged to the category of methodologies in social research, education and epidemiology;
- The largest proportion (30%) of students conducted projects that can be described by the category “diagnostics, policies and planning for comprehensive health needs and problems.”

Figure 3. Formulated and operating graduate profile of the Bachelor of Health Promotion, Autonomous University of Mexico City (UACM, Spanish acronym), Mexico, 2016.

| Formulated graduate profile | Operating graduate profile |
|---|---|
| Scientific knowledge | Evaluation of potentially toxic substances |
| | Study of pharmacological substances |
| Epistemological and socio-economic theories for understanding the reality | Understanding of notions about health that are different from traditional concepts |
| | Investigations of perception, social constructions and prejudices in a community |
| | Systematization of participant observation experiences |
| | Proposal of possible action areas in an indigenous community, with respect for cultural meanings |
| | Analysis of health-related discourses by participant interviewees |
| | Systematization of reflections on the right to health: protecting a consumer good and demanding the right to health |
| | Analysis of socio-economic changes in a region |
| | Creation of management proposals for a healthy public space |
| | Analysis of the health of recipients and consumers in communications media |
| | Characterization of the reality of health in specific communities |
| | Mapping of the health-disease process of a community |
| | Characterization of living conditions associated with health and work in a community |
| | Analysis of Human Rights Commission cases and non-conformance from a health promotion perspective |
| Knowledge about conditioning and risk factors involved in individual and community health | Identification of protective and risk factors involved in chronic illness |
| | Comparative study of rural and urban communities using a diagnostic framework |

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| | Development and presentation of a community health diagnostic |
| | Evaluation of dietary practices and estimation of the risk of developing chronic illnesses |
| | Anthropometric measurements to evaluate risk factors |
| | Investigation of the relationship between substances and the prevention of particular pathological symptoms |
| | Systematization of data on a particular topic from publications |
| Methodologies in social, educational and epidemiological research | Design of interactive learning strategies for working with groups |
| | Systematization of experiences with intervention groups or communities |
| | Conduct participatory workshops using horizontal pedagogical frameworks |
| | Creation and design of contemplative learning spaces |
| | Identification of the experience of communities based on life history |
| | Identification and investigation of the normalization of emotional abuse in pedagogical relationships |
| | Connecting health promotion with cooperative processes |
| | Working with women based on a gender perspective and popular education approach |
| | Investigation of social representations |
| | Use of SPSS probability software to support epidemiological data |
| Diagnostics, policies and planning for comprehensive health needs and problems | Identification and evaluation of programs offered by health centers and government institutions |
| | Evaluation of the application of services provided by official programs |
| | Comparative investigation of two health programs created by contradictory social policies |
| | Analysis of health intervention programs and practices |
| | Critical analysis of some of the instruments that official health institutions use for programs and treatment |
| | Analysis of health education curriculums and curriculum in secondary education |
| | Identification of the experiences of a community using a group interview methodology |
| | Evaluation of public policies |
| | Documentation of the sexual and reproductive health needs of a population |
| | Identification of health needs |
| | Evaluation of the efficacy of a treatment |
| | Proposal of tools to support rehabilitation work |
| | Analysis of the notions about health and health promotion presented by government programs and government publicity |
| Evaluation of health promotion practices | |

Source: Developed by the authors based on the graduate profile published by the UACM Bachelor of Health Promotion and the emergent categories from the final projects. Database by the Certification Department and 2008-2015 registration.

Observations Regarding internships

At UACM, the internship options are as broad as the health promotion field itself, ranging from more traditional spaces such as the Ministry of Health to civic organizations in the city and every state in the country, as well as many departments within the UACM with a need for committed interns who think critically and assume responsibility for social needs.

In 2015, a total of 103 cumulative internship programs were registered, 18 of which were internal UACM programs in which 80 students participated between 2007 and 2015. These 80 students reported having been able to: design and implement prevention workshops; administratively assist students with their enrollment in health services, such as the IMSS; compile information from primary and secondary sources; acquire knowledge about waste recycling processes; visit and interview activists from indigenous organizations; attend internal council sessions and participate in related work; compile material for tracing information pertaining to historical memoirs; promote healthy diets and physical activity among diverse groups; provide guidance and advice about disease prevention; search for information about recommendations published in the Official Journal of the Federation (Diario Oficial de la Federación); analyze final projects about key topics (environmental sanitation) in order to understand the interests of the students who are taking the courses; edit electronic texts for the audio book system for visually impaired students; analyze information on health published by the press; exchange material with other institutions to expand the UACM's digital archives; design didactic material for university programs; participate in experimental laboratory research on metabolic syndrome; and lastly, develop activities that support the various schools in the UACM.

Professional Practice Spaces

In terms of the type of institutions where the students chose to conduct their internships, 84% were government institutions and only 16% were civic groups of different types in Mexico City and several states. The activities performed in both types of spaces were very similar and were highly focused on health education and disease prevention through educational workshops on hygiene and the prevention of risk factors. The internship activities conducted within the university show that, for the final projects completed, 68.8% of the students had advisors from upper level courses (humanities), while the majority of the internship programs where these same students conducted their practices corresponded to lower level courses (natural sciences).

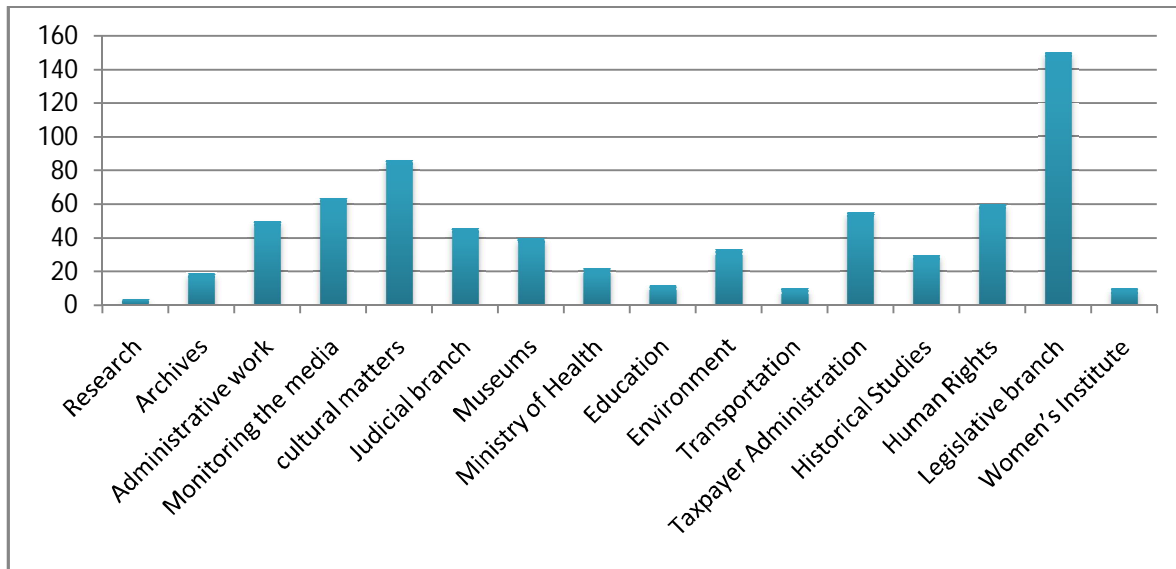
The students who chose internship programs in the UACM participated in tasks and activities related to research projects, with a strong trend towards problems involving the natural sciences and experimental laboratory research, while students performing internships outside the university were involved in activities related to prevention and psychosocial interventions, with a wider range of disciplines and activities. In terms of the activities performed by the students registered on research projects conducted by professors in the bachelor's program up until 2015, these were mostly focused on: measuring changes in human body activity related to certain behaviors; assisting patients who were seeking medical services; managing human tumor cell lines; performing anthropometric evaluations using a bioelectrical impedance scale; training in blood counts; learning to handle hazardous laboratory waste; conducting ethnobotanical studies of plants in the university; developing demographic studies to identify problems that could become medical emergencies; performing ergonomic evaluations of posture; measuring noise levels; conducting *in situ* hybridization studies; and evaluating lamellae using confocal microscopy.

The students performing internships outside the UACM reported having performed fewer laboratory activities. They participated in: conducting workshops and psychosocial interventions; promoting citizen participation; handling medical waste; epidemiological projects; assisting with processes involving children and youth living on the streets and conducting research on this phenomenon; promoting children's rights; intercultural projects in indigenous regions; programs that teach science and math and proposing pedagogical strategies; working with midwives and as natural birth educators; educational programs; a workshop on the critical consumption of mass media; and education on peace and non-violent conflict resolution. Also with regard to institutions outside the university, the largest number of requests for health promotion interns between 2004 and 2015 were received from those involved in public policies (the Legislature) and the humanities (culture and art).

External Internships

It is noteworthy that the city government (Mexico City Legislative Assembly) was the entity with the greatest demand for health promoters. They were sought for functions that supported legislation and social regulations related to the wellbeing of residents of Mexico City, and as parliamentary assistants in the House of Representatives.

Figure 4: Institutions requesting health promoters for internships



Source: Database from the Academic Internships and Professional Practicum Department (Coordinación Académica Servicio Social y Prácticas Profesionales), 2015

The next largest number of requests for health promoters came from the institutions for cultural and artistic development, for activities such as: assisting with cultural development at Mexico City’s Ministry of Culture; making integral connections between the University of Tlatelolco Cultural Center and the community; assisting with the management, promotion and dissemination of cultural projects offered by the UNAM; and helping to promote and disseminate art activities. Agencies that promote human rights had the third largest number of requests, along with taxpayer and communications institutes. Surprisingly, very few requests were received from Mexico City’s Ministry of Health, and those that were made focused on two activities in particular, namely preventing and responding to risks and working on health reform at the Ministry of Health. This agency requested 2.8% of the total health promoters sought by institutions.

The various agencies considered health promoters to be able to perform a wide and diverse range of functions, tasks and skills. In no way have health promoters been perceived as a limited “medical” category, since they have been viewed as being capable of participating in activities involving the legislative (19.7%), culture and the arts (11.3%) and communications and monitoring media (8.4%), as well as human rights (7.8%), the taxpayer administration (7.2%), the judicial branch (6%), museums (5.2%) and the environment (4.3%), and even historical studies (3.9%), urban infrastructure (2.6%) and organizing historical archives (1.3%).

The Actual Expression of Professional Practice

The published graduate profile of the bachelor’s program was designed from the perspective of its curriculum, that is, skills and objectives corresponding to courses (lower and upper levels), subject matter and seminars. The graduate profile published in the official documents describes what the students “should” learn upon completing all the courses and receiving certification. Thus, the institution currently has an image of what the graduate in health promotion “should be” but it lacks information about the feelings and thinking of the students, with results that are expressed through the daily activities involved in the various practices.

The formulated graduate profile contains six general aspects that convey an objective image of the health promotion training, nevertheless these are so general that the particular characteristics of the training and its

consequent evaluation in the curriculums cannot be more clearly established, an aspect mentioned years ago by Follari and Berruezo (1981). Even after categorizing the emergent categories in the final projects according to those six aspects, inconsistencies can be seen and the same titles could undoubtedly be included in another categorization. In practice, this means that the formulation of the graduate profile does not adequately serve as a guide for the curriculum and educational experiences (Aréchiga and Vázquez, 2002). Since internship experiences could be an indication of the actual expression of the professional practice (Salinas and Jarillo, 2012) of any profession, it is important to characterize these activities and the institutions where they are carried out. Based on the diversity and heterogeneity found, two hypotheses can be proposed: a) the identity of health promotion is still in development and therefore a graduate profile cannot be identified or b) institutional demands are dependent on the institution's need to have an impact through programs and projects and should therefore be taken into account in the formulation of the graduate profile. Both options need to be evaluated according to the early work by Glasman and de Ibarrola (1987).

The findings herein make it possible to better determine what the students actually do, in practice, based on their final projects and their internships. These two research objects enable determining the type of health promoter that the UACM educates, in practice. Over half of the research is presented from the perspective of health promotion as "alternative," that is, based on questions and issues more closely related to the social sciences (social medicine and community health). In general, these investigations tend to distance themselves from "preventions" (Castro, 2016) and experimentation, both epidemiological and in the laboratory. It is important to mention that the majority of the final projects address topics that can be categorized by five explicit action areas stipulated in the Ottawa Charter for Health Promotion: build healthy public policy, create supportive environments, strengthen community actions, develop personal skills and reorient health services (Ottawa Charter, 1986). This constitutes a significant strength for the development of this bachelor's program.

Finally, the graduate profile is a necessary and indispensable component of the curriculum design. No academic training can be excluded from having a practice curriculum as part of their institutional framework, as was described in detail by Gimeno-Sacristán (1998).

Conclusions

A fundamental objective of the UACM is to offer bachelor's programs that are related to the challenging situations and needs of the residents of Mexico City, in order to train professionals who are able to respond to those types of demands with innovative proposals and who can work with others who are trained under traditional profiles. Therefore, a considerable portion of the bachelor's programs use novel theoretical and methodological approaches, including the Bachelor of Health Promotion. The UACM's Bachelor of Health Promotion is aimed at responding to the needs of the health field, where health is a polygenic concept addressed by different disciplines. This complexity is also present in the health promotion field, especially when it is traditionally considered to be a public health strategy. Therefore, the construction of the graduate profile and curriculum should take into account the historical development of health promotion in terms of practice as well as knowledge areas. This undeniably creates tensions stemming from the institution's organization (lower and upper level courses) which is expressed in the educational interventions that are aligned with that model, with their different disciplinary fields and theoretical and methodological approaches.

The Transdisciplinary nature of health promotion is crucial to the design of the curriculum and especially to the formulation of the graduate profile, as is the diversity of the theoretical and methodological approaches and internship activities. The faculty and their areas of research are aspects that were not included in this work and likely have a determinant influence since the majority is from disciplinary fields other than health promotion. It can be inferred that the students follow the research areas of their professors, or that from the perspective of the training received in their fields the professors participate in the topics proposed by their students, often without clearly knowing the difference between the practices in which they were trained (psychology, anthropology, biology, chemistry, physics, etc.) versus those in the health promotion field. Nevertheless, it is important to recognize that most of the topics and approaches in the final projects at least corresponded to the action areas contained in the Ottawa Charter for Health Promotion.

It is also necessary to address the challenge of combining the interdisciplinarity of the health promotion field and the academic training of the faculty in the bachelor's program, so that the topics in the final projects and the internship programs are consistent with the graduate profile formulated by the institution. The topics in the final

projects should reflect the graduate profile and provide evidence of the learning acquired through the bachelor's program. A more detailed and thorough analysis would be expected to result in the incorporation of the authors and theoretical and methodological perspectives reviewed during their training.

Finally, a process for reflection and collective work by the participants in this bachelor's program is indispensable, so that the graduate profile can be reformulated and academic criteria for selecting internship programs can be established.

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