The process of developing and learning medical skills and knowledge involves a complex mechanism. From the early days of medical school, as well as during the daily practice of general medicine, the training of a specialist, and even the daily activity of a subspecialist, that mechanism must consider the imperative need for continuing education, as it will make it possible not only to meet the certification requirements necessary for all health professionals, but also to provide safe and quality care to patients. In this regard, this fundamental piece of the puzzle poses very interesting challenges, such as the one addressed below.

Those in charge of academic training processes in health sciences must be able to develop follow-up programs that go beyond the evaluation and grading of knowledge, even though both are always necessary to guarantee the quality of such training. The follow-up of the training process is only possible if very strong links are created between the technical knowledge, the aptitudes of the trainee, the empathy of the instructor (professor, mentor, tutor, or teacher), and the implementation of this whole process in the communities, because any impact that can be generated in these components will become highly relevant for public health.

In the midst of the ambitious National Plan for the treatment of congenital talipes equinovarus (CTEV), different stages have been designed to obtain economic, logistical and human resources, which have made it possible to train orthopedists who serve the child population in the major cities of different regions of Colombia, so that every person born in the country with this condition has access to adequate and timely treatment. This measure, whose impact is crucial for Colombian public health, is helping to prevent the effect of disability in children with CTEV, future productive adults, and in their families.

The mentoring model proposed by the Ponseti International Association (PIA) and applied in the National Plan for the treatment of CTEV, which has a synchronous, asynchronous, remote, face-to-face, and almost personalized training methodology that lasts several weeks and involves the creation of those longed-for bonds of collegiality and friendship, has allowed the rapid creation of several referral centers nationwide for the management of patients with CTEV. These self-sustainable medical centers meet the objective of treating children and adults with this condition according to the highest standards of quality and safety.

The program for the treatment of CTEV has been supported by a close, human, generous and unconditional follow-up process by highly trained personnel working in these medical centers. At the same time, these health professionals have received permanent retraining and updates in the Ponseti Method, as well as technical visits and scientific support, so that the various entities responsible for the operation of these reference centers work in a joint and fraternal manner. Thus, both constant follow-up and training result in better outcomes in terms of increasing the proportion of successful CTEV correction,
as well as decreasing the occurrence of complications, the proportions of deformity recurrence, the need for extensive and risky surgical interventions, and the costs of care in a health care system that already has enough difficulties.

In this way, as an academic and professional community in charge of the care of children, we come closer to fulfilling the desire to perform more biological, conservative, safe, predictable and sophisticated treatments that are complemented by a broad knowledge of biomechanics and are in accordance with the characteristics of a developing skeleton, always based on academia, basic sciences, and verified and quality information. Following this path, we seek to act as people with good intentions, service attitude and passion for compiling and transmitting information to become true experts, generating knowledge, researching and sharing our results with transparency, rigor, humility and generosity.

With the support of the scientific community in charge of the care of the musculoskeletal system, the Sociedad Colombiana de Cirugía Ortopédica y Traumatología (SCCOT), the Sociedad Colombiana de Ortopedia Infantil (SOCOIN), the PIA, and the Rotary International organization, the Colombian program for the treatment of CTEV is currently an example of theoretical and practical training, follow-up, retraining and dissemination of information on the advanced treatment of CTEV for the continent and even globally.

Errare humanum est, but to err and harm humans due to ignorance and lack of training is inhumane. In this sense, implementing follow-up programs in the care processes of patients with CTEV is fundamental to guarantee the quality of their treatment.

Figure 1. Retraining in the Ponseti method for the treatment of congenital clubfoot at the 68th SCCOT National Congress, held in Cartagena, Colombia, in May 10, 2023.
References

Recommended readings
• Boardman A, Jayawardena A, Oprescu F, Cook T, Morcuende JA. The Ponseti method in Latin America: initial impact and barriers to its diffusion and implementation. Iowa Orthop J. 2011;31:30-5.