



## EDITORIAL

### Co-Editors' Notes 23:1

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*Co-Editors, Education for Health*

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Every so often, it is important to review the mission of *Education for Health* in relation to the papers being published in the journal. There is no time like the present!

Our mission statement says that the journal will publish papers that report on:

1. innovative models for the community-based education of health professionals and research into the effectiveness of these models
2. models of community-based healthcare delivery and demonstrate the impact and effectiveness of these models
3. programs and research involving collaborations between academia and health care service providers, with the objective of community health improvement
4. multi- and interdisciplinary approaches to health professions education and service delivery
5. models and systems of education, research, and service delivery that link, and have implications for, both developing and developed countries

This issue of the journal addresses each of these objectives. Innovative community-based models, issues in community-based healthcare delivery, collaboration, and interprofessional development are all covered. Contributions come from Australia, Greece, India, Israel, Malaysia, the Netherlands, Saudi Arabia and the United States.

Lai and Nalliah, in "Information-seeking Practices of Senior Medical Students: The Impact of an Evidence-based Medicine Training Programme," assesses the effectiveness of an Evidenced-based Medicine (EBM) curriculum in fostering positive changes in students' EBM-related learning activities at the International Medical University, Malaysia. Senior medical students were evaluated on their information-seeking practices and confidence in handling clinical evidence before and after participating in clinically-integrated EBM training during their final six months of medical school. The authors expected that, following the



training program, students would more often seek answers to their clinical questions from higher-level evidence sources than journal articles alone and that the students would report more confidence in reading and critically appraising journal articles. While students expressed greater confidence in EBM after the training, there were not great changes in their information-seeking behavior. Students preferred single journals to medical databases, suggesting a tendency to opt for sources that could be found quickly to save time. The authors conclude that their students need more guidance to become aware of the limitations of single journals as information sources, and more encouragement and support to access clinical evidence using more comprehensive resources.

In “Validation of the Greek Translation of the Dundee Ready Education Environment Measure (DREEM),” Dimoliatis et al. report on the process and outcomes of translating and validating the DREEM questionnaire into Greek. The DREEM inventory assesses the educational environment, generating an overall score and five subscales regarding students’ perceptions of learning, of teachers, academic self-perceptions, perceptions of the learning atmosphere, and social self-perceptions. In the study, forward translations from English were produced by three independent Greek translators and then back translations by five independent bilingual translators. The Greek DREEM that was produced was then administered to undergraduate medical students at six Greek medical schools. The researchers provide what they describe as a reliable, valid, sensitive and responsive Greek version of the DREEM available for prospectively evaluating and monitoring the medical education environment that can be used to inform educational interventions and policy-making.

Hills et al. in their community-focused study, “Outcomes from the Trial Implementation of a Multidisciplinary Online Learning Program in Rural Mental Health Emergency Care,” address the issue of the preparedness of healthcare providers in rural areas who are often the first point of contact for people with acute mental health problems. They developed and implemented a ‘Mental Health Emergency Care (MHEC)’ online learning program and evaluated its impact on the knowledge and skills development of clinicians and support staff providing mental healthcare in rural Australia. The MHEC course was conducted online over 24 weeks, consisting of four sequential modules – each based on a clinical scenario that demonstrated a typical, acute mental health presentation to a general hospital emergency department. Hills and colleagues found that upon completing the program there was significant improvement in participants’ confidence in managing a range of mental health and related issues, as well as in their self-efficacy in dealing with aggressive client behaviors. They also report increased confidence in participants’ computer and information technology skills. This study, combined with the results from the Anshu et al. study in this issue of *Education for Health*, points to the positive outcomes associated with distance-learning targeted to health professionals.

Dumont et al., in their paper “Implementing an Interfaculty Series of Courses on Interprofessional Collaboration in Prelicensure Health Science Curriculums,” report on a program that was developed in response to the Health Council of Canada’s expressed need for greater teamwork in Canadian clinical environments and improved interprofessional collaboration (IPC) through education and training. Through the cooperation of multiple health professions departments at the Université Laval, Quebec City, Canada, the ‘Patient-Centered Care: Better Training for Better Collaboration’ program was implemented – a 45-hour program offered each semester divided into three 15-hour courses given on weekends, to enhance accessibility. Dumont et al. evaluated the responses of students from varying disciplines following the courses to assess their satisfaction with the educational content. Results showed a significant increase from the students’ point of view in the knowledge and benefits to be gained from interprofessional collaboration training. The short-term results are promising. It will be interesting to hear about the long-term outcomes of this government-academic institution collaboration.



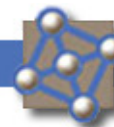
In “An Evaluation of ROME Camp: Forgotten Innovation in Medical Education,” Dongre et al. examine final year medical students’ perceptions of the ‘Re-orientation Medical Education (ROME)’ camp. The ROME camp, conducted through the Mahatma Gandhi Institute of Medical Sciences, is similar to Community-oriented Medical Education (COME), with a focus on population groups and community health needs in addition to individual health. According to students, the major strength of the camp was direct exposure to the community through visits that included hands-on experiences in survey administration and interaction with village-level healthcare providers. The authors conclude that the ROME scheme can be revitalized in all medical colleges in India, with some contextual modifications, as an effective and practical approach to public health teaching for medical students.

In the article “Group Dynamics and Social Interaction in a South Asian Online Learning Forum for Faculty Development of Medical Teachers,” Anshu et al. assess group dynamics and social interaction in an online environment for medical teachers in South Asia. Participants in a medical education fellowship program conducted by the Foundation for Advancement of International Medical Education and Research (FAIMER) Regional Institute at Christian Medical College, Ludhiana in India interacted on a listserv, the ‘Mentoring-Learning Web (ML-Web).’ The authors analyzed the content and process of discussions during one month of fellowship involvement. Comments within the email correspondence were categorized as reflecting ‘cognitive presence’ (dealing with construction and exploration of knowledge), ‘teacher presence’ (dealing with instructional materials and learning resources), and ‘social presence’ (dealing with administrative and support issues). They found one-third of all email communications addressed social issues between participants, a little over one-third fell into the cognitive category and one-quarter addressed teacher presence and the sharing of resources. The authors conclude that social posts are an inevitable part of online learning, promoting bonding between learners and contributing to better interaction and collaboration among program participants.

Bachner et al. in the paper “Further Confirmation of the Psychometric Properties of Responses to the Psychological Medicine Inventory – Student Version,” respond to the increasing emphasis in medical education on patient-centered or relationship-centered healthcare delivery. This emphasis has necessitated the development and validation of psychometrically valid instruments to assess medical students’ aptitude for empathy and effective interpersonal communication. To this end, the researchers test the use of the student version of the Psychological Medicine Inventory (PMI-S) to evaluate educational programs or courses aimed at improving the psychosocial abilities and competence of medical students. Results of Bachner and colleagues’ confirmatory factor analysis suggest that the PMI-S can be used cross-culturally to assess psychosocial competence and abilities of medical students, and to evaluate the effectiveness of psycho-educational programs aimed at improving students’ psychosocial abilities.

Agarwal and Agarwal in “The Practice and Tradition of Bonesetting,” report on the results of a literature review to explore the role of bonesetters in the developing world, their successes and failures and possible utilization of their services as part of the healthcare system of a country. Traditional bonesetters are defined as lay practitioners of joint manipulation, who take up the practice of healing without any formal training in accepted medical procedures. The authors point out that bonesetting has its benefits and limitations. However, the authors argue that with current socioeconomic conditions and the types of prevalent health needs of developing countries, it would be difficult to ‘abolish’ traditional bonesetting. Through training and education programs, Agarwal and Agarwal contend that bonesetters could be used to provide needed health services at the primary care level and be integrated into the existing healthcare system of a country – particularly in rural regions and developing countries.

Al-Moamary et al., in their paper “Innovations in Medical Internship: Benchmarking and Application within the King Saud bin Abdulaziz University for Health Sciences,” summarize practices in different parts of the world related to medical internship (MI). MI, established in the 1940s as a transitional period for newly graduated doctors starting their careers, has traditionally taken the



form of a one-year supervised period spent in different clinical placements ranging from major medical specialties to elective areas. The authors state that there has been justified concern that the increasing number of physicians-in-training in Saudi Arabia with a lack of coordination of MI training posts and a lack of national standards for the MI may be detrimental to educational outcomes. As a result, the College of Medicine at King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) undertook an initiative to create the 'Framework for Medical Interns' Competencies' (FMIC), a competency and performance-based curriculum that sets guidelines for the supervision, organization, evaluation and development of the MI at the University. The authors describe the FMIC and its implementation, concluding that the FMIC could serve as a nationwide framework for standards and guidelines in medical schools – and could be applied not only in Saudi Arabia, but in other countries as well.

In their review article, "Stress and Coping Strategies among Arab Medical Students: Towards a Research Agenda," Elzubeir et al. focus on a student population not often described in the medical education literature: students in the Arab world. The authors' objective is to provide a systematic review of studies reporting on stress, anxiety and coping among Arab medical students and to identify implications for future research.

The authors conducted a PubMed search of peer-reviewed English-language studies published between January 1998 and October 2009, which resulted in eight articles that met specified inclusion criteria. Of note, only three of 22 Arab countries were represented in the eight publications. Future research questions include: Is there a relationship between perceived social support from friends and family and medical students' stress? Do Arab medical students have higher levels of healthy self-reliance skills in dealing with stress than students of other countries? And to what extent is spirituality a positive moderator of stress among Arab medical students? The authors also point out that there are recently developed culturally-sensitive instruments that might be of use in attention to these research questions. Overall, this review raises some interesting questions regarding medical education issues in the Arab world.

Ostrovsky, in "Global Health is 'the New Pink,'" presents a medical student's view of global medicine and the path to practicing it. To prepare doctors for effective global service, Ostrovsky contends that, ideally, medical school, followed by a primary care-based residency program in global health, would incorporate most of the requisite skills for global service into one 'cohesive pathway.' There are numerous experiences available that fall short of this goal. On the other hand, Ostrovsky points to a number of opportunities for appropriate global health training in the United States, ranging from certificate to degree-granting programs. Importantly, Ostrovsky makes the case that programs in global health should utilize 'systems thinking,' for understanding the impact of a health intervention in the context of financial, social, political, healthcare and individual inputs. The author points to the student section of the Health Systems Action Network (HSAN) as one forum that may inform global health training as it pertains to strengthening health systems. So, read this paper to see Ostrovsky's view for turning global health from the 'new pink' - something popular but not likely to remain so - into a more enduring 'little black dress.'

In his Personal View, one of our associate editors, Jan van Dalen, gives us 'food for thought' on the role of the Humanities in health professions education. Being human is an intrinsic value and must be part of health professions education. Humanities in medical education and the health professions should be subject to critical review and justification. The case is made that the Humanities are not on the fringe of healthcare and healthcare reform, but need to be integrated and evaluated on their scientific contribution to education and healthcare delivery.



Finally, and certainly not least, we would like to reiterate our thanks and appreciation to our 72 peer reviewers over the past year. You help strengthen the science and delivery of every paper published in *Education for Health*. Your work and dedication are so very appreciated!

Reviewers are an integral part of any journal's success, ensuring that the papers published are of the highest quality. *Education for Health* is seeking to expand its team of reviewers. If you are interested in reviewing articles for our journal, please send an email message to the journal office at: [efh@network.unimaas.nl](mailto:efh@network.unimaas.nl) indicating your interest in becoming a reviewer for *Education for Health*.

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