



# EDUCATION FOR HEALTH

## EDITORIAL

### Co-Editors' Notes 23:2

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*Co-Editors, Education for Health*

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We trust that within this issue of *Education for Health* you will find articles of interest and applicable to your work. Manuscripts are presented from a variety of emphases and continents.

Macnab and colleagues describe the adaptation of a successful health promotion school initiative from Canada to Uganda, involving a partnership between Makerere University in Kampala and the University of British Columbia. The health promotion program – 'Brighter Smiles' – is a community-based learning experience designed to benefit both the local community and dental students. The team of Ugandan and Canadian trainees and faculty planned the program, recruited four local schools, obtained ethics consent and then baseline data, initiated the Brighter Smiles model with its daily at-school tooth brushing and in-class education and recruited a cohort of students to receive additional bi-annual topical fluoride. Despite hurdles and challenges described by the authors, an effective international partnership was formed which resulted in: a new community-based learning experience for the dental students; quarterly team education, evaluation and service delivery visits; and improved oral health, knowledge and practices in school children.

In another community-based initiative, du Toit et al. in "The Development of Competency-based Education for Mid-level Eye Care Professionals: A Process to Foster an Appropriate, Widely Accepted and Socially Accountable Initiative" address the dearth of trained eye care providers and training programs, and the large and increasing eye health needs in the Western Pacific region. Their goal was to ensure that regional eye health needs would be met through an iterative process combining the literature with information from consultations with local stakeholders from various fields. This information, in turn, was used to develop a list of competencies to set quality standards for educational outcomes. A framework for social accountability was used to evaluate the proposed educational initiative and the subsequent eye care service that graduates could provide. The authors found that existing human resource development and deployment is inadequate to protect and restore ocular and visual health in the region and that some of these needs could be met by task-shifting from conventional health professionals to appropriately trained mid-level



personnel. A competency-based curriculum was developed to meet the eye care needs and define this new cadre of mid-level professionals in relation to other professionals. Overall, this initiative met the relevance, equity, cost effectiveness and quality criteria for social accountability. The authors feel this consultative process - where local experts and stakeholders contribute to locally-appropriate solutions - could be replicated in other regions that wish to develop initiatives for new cadres of healthcare professionals.

In “Determinants of Effective Clinical Learning: A Student and Teacher Perspective in Saudi Arabia,” AlHaqwi et al. explored the perceptions of students of the College of Medicine at King Abdul-Aziz Bin Saud University for Health Sciences (KASU-HS), Riyadh, Saudi Arabia, of the features of effective clinical rotations. Twenty-four medical students, divided into three focus groups and one group of five faculty, were asked to respond to the question: “*Which experiences or activities in your opinion have contributed to the development of your clinical competence?*” Transcriptions of tape-recorded group interviews were analyzed using a framework analysis approach. Students identified five major themes of the things they perceived as affecting their clinical learning: provision of authentic clinical learning experiences; good organization of the clinical sessions; issues related to clinical cases; good supervision; and students’ own learning capabilities. Faculty identified three principal themes: organizational issues; appropriate supervision; and providing authentic experiences. The authors conclude that these themes need to be incorporated when planning and developing medical curricula effective in students’ clinical learning and competency-building.

Eley examines physician learning and socialization in “Postgraduates’ Perceptions of Preparedness for Work as a Doctor and Making Future Career Decisions: Support for Rural, Non-traditional Medical Schools.” The author explored Australian junior doctors’ perspectives on the transition from student to doctor roles, their preparation as medical undergraduates within either traditional metropolitan schools or smaller, rural programs and the educational environment they experienced in their internship. She used semi-structured interviews of postgraduate year one and two junior doctors in teaching hospitals in Queensland, Australia, focusing on preparedness for hospital work, undergraduate training, building confidence and career advice. Junior doctors who spent undergraduate years training at smaller, non-traditional medical schools more often mentioned being confident and prepared for their internships. More hands-on experience as students, more patient contact and a better grounding in basic sciences were pointed out by the interns as ideal for building confidence. The junior doctors indicated a general lack of career guidance in both undergraduate and postgraduate teaching environments to help them with the transition from the student to junior doctor roles. The findings are particularly important within the context of the serious shortage of doctors in rural and remote Australia, and in other countries facing similar workforce challenges. Eley concludes that there needs to be a better understanding of how these smaller, non-traditional medical programs build confidence and feelings of work readiness in graduates, and that career advice should become a more regular part of the medical education continuum.

In “Factors That Affect Implementation of Web-based Faculty Evaluation Forms: Residents’ Perspectives from a Developing Country,” Ibrahim and colleagues piloted a web-based evaluation system for residents to provide feedback on faculty of the Aga Khan University, Pakistan, prior to institution-wide implementation. Specifically, the investigators conducted a study to examine variations in participation rates by residents of four different programs, where less than 50% of forms were turned in by residents of three programs while more than 70% of forms were submitted by the residents of the fourth program. As with other studies in this current issue of *Education for Health*, focus group discussions were conducted to identify reasons for the varying participation rates with a view to improving the evaluation system. Group participation was voluntary but involved residents from all years who were divided into three groups of eight to ten residents each. The authors found that technical issues in completing and submitting the forms online were perceived to be the main deterrents to completing the evaluation forms. Lack of accessibility of a resource person for resolving technical problems with software and the burden of taking time out to complete the forms were also seen as



limiting factors by many residents. The authors recommended a focused orientation session to the new system within each department. If web-based evaluations are going to work, these orientations are important along with reinforcement of the importance of evaluation, reminders to turn in the forms, assurances of confidentiality and continuing attention to avoiding technical glitches in completing and submitting evaluations.

Gonzalez and colleagues, in the paper “Academic-Community Partnership: An Orientation for Employees of a Community Mental Health Agency to Its Research Program,” contend that community agency employees’ interest and involvement in academic-community research partnerships are keys to successful collaborations, but employees know little about research and this can sometimes be a barrier to success. Existing models for conducting community-based health research emphasize the importance of shared goals, mutual acceptance of research and respect between partnering organizations. A strategy for improving inter-agency communication is for university researchers to systematically educate staff at community agencies about research, addressing topics like ethical conduct of research, project development, grant writing, research methods and statistical analyses. The authors report data on an “Orientation to Research” program for community agency employees to improve knowledge about research in general and that specific to the agency. They developed an intranet website for agency staff, a ‘scavenger hunt’ to facilitate learning through the intranet research website and a 10-item quantitative knowledge assessment tool. Significant improvement in post-test scores was observed for employees after completion of the program. Informal feedback about course content and the academic-community partnership was positive.

In the manuscript “Helping Students Become the Medical Teachers of the Future – The Doctors as Teachers and Educators (DATE) programme of Barts and The London School of Medicine and Dentistry, London,” Cook and colleagues respond to the recommendations of the General Medical Council of the United Kingdom that learning how to teach should be an integral part of the undergraduate medical curriculum. The authors point out that, often, implementing this aspect of learning presents a challenge to curriculum organisers in terms of content, timing and student interest. The Doctors as Teachers and Educators (DATE) program was set up at Barts and The London School of Medicine and Dentistry in 2007, with over 900 graduates thus far. The two-day program offers an introduction to educational theory and teaches expectations for junior doctors in training. The program’s methods include lectures and group work within plenary sessions, followed by small group micro-teaching sessions. The authors elicited students’ feedback on the program through a combination of questionnaires and the Nominal Group Technique. Almost 100% of students reported through the questionnaire that they had gained confidence in teaching. In the nominal groups, students indicated that they had gained insight into educational principles like student-centeredness, and they gained an appreciation for the nature of educational evidence and scholarship. They also challenged curriculum organisers to achieve an appropriate balance between theory and practice. The authors state that a program about teaching can be well-received by undergraduate medical students and the DATE model could be readily adapted to other international contexts.

Mirza and Hashim from the United Arab Emirates address issues of language and communication in “Communication Skills Training in English Alone Can Leave Arab Medical Students Unconfident with Patient Communication in their Native Language.” English is often the language of choice in medical schools globally, often because so much of the medical literature appears in the English language. The authors of this paper posit that it is assumed that after learning communication skills in English, doctors will be able to communicate effectively with patients in their own language, who will constitute the bulk of their practice in their careers. A questionnaire was distributed to third year Emirati students of the Faculty of Medicine and Health Sciences, UAE University, to assess their confidence in interviewing patients in Arabic after receiving communication skills training in English. Nearly three-quarters of the students said they felt confident in taking a history in English, while just 28% expressed confidence in taking a history in Arabic. At the same time, one-half of the students anticipated that after their training they would be



communicating with their patients primarily in Arabic, but only 8% would be communicating with future patients in English. Mirza and Hashim conclude that communication skills training only in English can leave Arab medical students ill-equipped to communicate with patients in their own communities and tongue.

Hashim et al. in “What Community-based Preceptors Want in Teaching Medical Students: Findings from a Mixed Methods Study” address issues related to the trend for clinical clerkships in medical schools to increasingly rely on teaching by community physicians in ambulatory clinics. The authors looked at the attitudes and perceptions of community physicians affiliated with the United Arab Emirates University. Focus group discussions revealed that community physicians had concerns and expectations related to the need for clear learning objectives, continuity, feedback, ongoing communication and planned placement of students. The physicians also expressed the view that the presence of medical students resulted in added value to the community clinics. The authors recommend that community clerkship coordinators ensure ongoing communication with community preceptors around these issues as well as offer recognition of teaching contribution and opportunities for professional development.

With “Tips for Better Visual Elements in Posters and Podium Presentations,” Zerwic and colleagues offer guidance to healthcare educators for effectively communicating through posters and podium presentations using appropriate visual content and style. The authors present the experiences of their multidisciplinary publishing group, whose background and collaboration, combined with the published literature, provide an understanding of what works and how to achieve success visually in presentations and posters. They recommend that any presentation should address visual consistency, alignment, contrast and repetition. Presentations should also be consistent in font size and type, line spacing, alignment of graphics and text and size of graphics. The authors also provide advice on contrasting light background with dark text (and vice versa), standardized formatting, and using a minimal number of colors (four at most) to help an audience read text more easily. Overall, this paper provides a useful summary to help healthcare educators effectively share information with audiences through their poster and podium presentations.

Finally, Jan van Dalen, Associate Editor, provides valuable insight in his “Feelings about Students’ Emotions” commentary. He discusses the strengths, and challenges, of experiential learning with medical students. He describes an incident with a student that has helped him to better appreciate the intensity of experiential learning. Dr. van Dalen states that since this episode he has “...been more careful to not assume that all students can always deal with the stress that can arise from this type of teaching.” In a reflective way, we are reminded about the risk of mistreating medical students. As van Dalen concludes “One of the greater lessons we want to teach is that we would never provide false information to our patients, and one of the ways to get that message across is to not give false information to our students.”

Please enjoy these papers, and let us know what you think in letters to the editor.

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