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This issue of *Education for Health* is particularly notable for the types of educational models and strategies that are described by specific schools but with potential application to other health professions schools. This issue of *EfH* is also significant in terms of the number of manuscripts published from institutions in developing countries, including Pakistan, India, Kenya and Chile.

From Pakistan, Sadaf et al. in "Problem-based Learning: Enhancing Tutors' Facilitation Skills Using Structured Small Group Experiential Learning" present an innovative and experiential learning workshop to enhance tutors' skills in PBL. The workshop helps develop standard approaches within faculty for dealing with common, difficult situations in maintaining group dynamics within PBL student groups. Iqbal and colleagues, in "Revising an Objective Structured Clinical Examination in a Resource-limited Pakistani Medical School," report on the testing of a new format of the OSCE, one that is more dynamic and effective than an earlier one used at the school. The format was evaluated positively by both students and faculty, though it was viewed as labor intensive and time consuming. And in a final paper from Pakistan, "Making EBM Doable in Developing Countries: A Locally-tailored Workshop for Evidence-based Medicine in a Pakistani Institution," Zaidi et al. demonstrate that cost-effective and efficacious workshops in evidence-based medicine can be implemented in developing countries. They show significant gains by faculty in knowledge and understanding of EBM and report that the outcomes of their workshops have led to the formulation of a national platform for EBM.

Riquelme and colleagues present generally positive evaluations by students of a new curriculum in Chile. In "Measuring Students' Perceptions of the Educational Climate of the New Curriculum at the Pontificia Universidad Católica de Chile: Performance of the Spanish Translation of the Dundee Ready Education Environment Measure (DREEM)," the authors report on the results of major



curriculum reform, where students positively viewed the school's educational climate but expressed concern about student support programs. Importantly, the authors demonstrate the DREEM Spanish version to be a reliable and useful tool for assessing students' perceptions of the educational environment – a tool that can potentially be utilized in other Central and South American medical schools.

Further within the realm of educational models, Topps and colleagues from Canada, Australia and the United Kingdom present a model focused on timely feedback to learners. In “The One Minute Mentor: A Pilot study Assessing Medical Students' and Residents' Professional Behaviours through Recordings of Clinical Preceptors' Immediate Feedback,” the authors report on a method of using digital audio recordings for preceptors to provide feedback on students. The method shows early evidence for the potential to provide formative and summative assessments in a way that is feasible and acceptable to both students and evaluators. From the Netherlands, in “The Float Model: Visualizing Personal Reflection in Healthcare,” Aukes et al. present a model of personal reflection that is designed to reveal the interplay between various layers of clinicians' mental processes and their behavior. The model, which will appeal to our audience of educators and fishing enthusiasts alike, draws together for learners the concepts of clinical behaviour, clinical reasoning and judgment, scientific thinking and personal reflection.

From Switzerland, Perron and colleagues, in “Residents' Perceived Needs in Communication Skills Training Across In- and Outpatient Clinical Settings,” argue for the need to examine medical residents' perceptions of training needs and experiences related to the development of communication skills. In a study using focus groups and self-administered questionnaires, the researchers found that outpatient residents expressed the need for skills to structure the consultation and explore patients' perspectives in order to build therapeutic alliances. In contrast, residents training in the inpatient setting wanted more guidance in communication techniques to help them provide information to patients and break bad news, when necessary. Overall, outpatient residents' perceived needs in communication skills were more patient-centered than the needs perceived by inpatient residents.

This work by Perron et al. is particularly fitting as it reflects the ‘In the News!’ topic of this issue of *Education for Health*. Associate Editor Jan van Dalen provides an in-depth report on the scope and outcomes of the International Conference of Communication in Healthcare. The conference focus was on attending to the lack of a theoretical basis for communication in healthcare. This led to a line of activities ultimately leading to a theme issue in the journal *Patient Education and Counseling* (issue 74; March 2009), which van Dalen describes as “...a gem for anybody remotely interested in the field.” However, van Dalen also observes that the points addressed in this theme issue are uniformly based on work conducted in the Western European and Anglo-Saxon parts of the world. It remains to be seen how elements of communication and the healthcare communication process work elsewhere.

Finally, in this issue of *EFH*, there are two community-based studies. Dongre and colleagues in “Process Documentation of Health Education Interventions for School Children and Adolescent Girls in Rural India” provide a detailed description of two health education interventions focusing on tribal school children and adolescent girls. The approach they used was community-based and stimulated an action-experience-learning sequence for health educators and community members. The researchers report that the process has particular applicability to resource-poor settings.

In “Home-based Health Care (HBHC): Are Women Caregivers at Risk?” Onyango examined the risk factors to which home-based caregivers are exposed in two districts of Western Kenya. Data were collected using a combination of questionnaires, personal and key informant interviews and direct observations. Onyango concludes that there is a need for advocacy to improve the working conditions of home-based caregivers, principally women, by primary healthcare policy makers.



There is a lot presented and much to be digested in this issue of *Education for Health*. Thanks to all of our authors for their contributions.

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