

NETWORK of Community Oriented Educational  
Institutions for Health Sciences

FIFTH GENERAL MEETING - SEPT. 1987

SUMMARY REPORT.

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**Network of Community-Oriented Educational Institutions for Health Sciences**

**Summary Report**

**Fifth General Meeting of the  
Network of Community-Oriented Educational Institutions for Health Sciences**

**September 28-30, 1987  
Pattaya, Thailand**

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**Organized in collaboration with the Chulalongkorn University, Bangkok, Thailand**

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## Venue

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The 5th General Meeting was held in Pattaya, Thailand, September 28-30, 1987, in the Royal Cliff Beach Hotel. It preceded the International Conference on "Progress and Challenges in Health Sciences Education - an International Perspective". The meeting was organized by the Network Secretariat.

## Objectives of the meeting

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Participants had received a discussion paper, written on behalf of the Network Executive Committee, by its Chairman, Dr. Vic Neufeld, "The Network in 1987 ... and beyond". This paper contained a host of ideas, proposals and plans, and suggested new avenues for the Network to pursue. The main objective of the 5th General Meeting, using this discussion document, was to review the priorities for the Network's future activities. The agenda is attached as appendix A.

## Participants

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Attendance was very high. The meeting was attended by 150 participants. Representatives from most member institutions were present. The only full member, unable to send a representative, was the School of Medical Sciences, University of Science and Technology, Kumasi, Ghana, West Africa. The World Health Organization was represented by Drs. Tamas Fülöp, Jean-Jacques Guilbert and Harmen Tiddens. The World Federation of Medical Education by its President Dr. Henry Walton. The Canadian International Development Agency (CIDA), which sponsored a number of participants, was represented by Dr. Kerry Kennedy.

No less than 60 observers: students, additional representatives of Network schools, representatives of Thai schools and others attended the meeting. A list of participants is included as Appendix B.

## Format of the meeting

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In addition to plenary business meetings, discussions on the Neufeld paper were held. To that end, members and observers were subdivided into small groups, each with a rapporteur. The groups were to answer a series of questions and to respond to a number of suggestions provided by the discussion paper. Three "synthesizers", Drs. Ole Alausa, Elizabeth Alger, and Mohamed Roslani summarized group opinions and reported to the General Meeting. Their reports will be found in these Proceedings. Dr. John Hamilton then presented his views on the current status and future possibilities of the Network. A new feature, introduced into the meeting, was a poster session during which member institutions displayed information about their curricula. This poster session, organized in conjunction with the Network dinner, turned out to be quite successful.

## Proceedings

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### 1. Opening

The chairman welcomed all participants. He briefly reviewed the accomplishments of the Organization in the past, but stressed that answers given to old problems may not apply to new problems.

For him, the real strength of the Network lies in its adaptability to a changing environment. The goal of this meeting was to have a closer look at that environment, to formulate some tentative answers to new problems and to set out priorities. The meeting would be a success if the outlines of a plan of action for the next four years would become clearer.

The Secretary General, Dr. Jacobus Greep, summarized progress made since 1985. The Task Forces, through which the Network channels much of its activity, and in the past sometimes a source of worry, have become what they were intended to, namely groups of experts that feel a responsibility to stimulate actions in their domain. He was certain that the Task Force leaders' reports would bear witness of this statement.

Dr. Fülöp, on behalf of the World Health Organization, extended wishes to the meeting from the Director General, Dr. Halfdan Mahler, who followed the Network activities with much interest. Specific interest exists as to how the Network is promoting and supporting changes in established schools with traditional programs to help them make their programs more relevant to national Health for All strategies. In this context the World Health Organization is strongly supporting the Task Force on



"Change in Established Schools for Health Sciences".

He stressed that the concept of relevance of health sciences education to the real needs of the populations served by educational institutions is the cornerstone of the Network and should be the criterion against which the utility of all endeavours of the Network should be measured. In addition, he commemorated the contributions of the late Fred Katz, who did so much for the early survival of the Network.

Dr. Fülöp had a surprise for 3 participants, Dr. Vic Neufeld from McMaster University, Hamilton, Canada; Dr. Jacobus Greep from the University of Limburg, the Netherlands; and Dr. Harmen Tiddens, special consultant of World Health Organization to the Network, were awarded the **Health for All Medal** of the WHO, as a recognition for their many contributions to the world wide movement for the achievement of the goal of Health for All in the Year 2000.

Dr. Henry Walton brought warm greetings from the World Federation for Medical Education for the success of the milestone which the Pattaya Conference so conspicuously represents in the history of the Network. He informed the meeting about progress in the Program of the World Federation, which sets out to reorient medical education worldwide. Six Regional Conferences will precede the World Conference on Medical Education. The World Conference will take place in Edinburgh on the dates originally proposed, 8-12 August, 1988. The World Federation expects the Network to nominate medical teachers who have made major contributions to medical education and who particularly request participation in the World Conference. Such applications will be most favourably considered by the World Federation and its Planning Commission.

## **2. Minutes of the 4th General Meeting, September 7-8, 1985, Ismailia, Egypt**

The summary report of this meeting was distributed among all members in December 1985. The minutes were adopted without amendments.

## **3. Awarding Honorary Membership**

It was decided to award honorary membership to a number of colleagues who have made outstanding contributions to the Network and its objectives.

The candidates were:

### **Dr. Tamas Fülöp**

Director, Division of Health Manpower Development  
World Health Organization  
Switzerland

### **Dr. Jean-Jacques Guilbert**

Chief Medical Officer for Education Planning, Methodology and Evaluation  
Division of Health Manpower Development  
World Health Organization  
Switzerland

### **Dr. Cosme Ordoñez**

Representative Ministry of Public Health  
Higher Institute of Medical Sciences  
Cuba

### **Dr. Moshe Prywes**

Chairman Center for Medical Education  
Ben-Gurion University of the Negev  
Israel

### **Dr. Harmen Tiddens**

Professor of Health Care Organization  
Chairman National Board for Continuing Medical Education  
The Netherlands



**Dr. Ramon Villarreal †**  
Former dean Faculty of Health Sciences  
Universidad Autonoma Metropolitana  
Xochimilco, Mexico.

Their nominations were approved unanimously. Each candidate was presented to the meeting by another colleague. Presentations are summarized below.

**Dr. Moshe Prywes** (presented by Dr. Zohair Nooman):

"I am honoured to present Dr. Prywes to the General Meeting of the Network on the occasion of awarding him the Honorary Membership of the Network. For me he is not only an eminent medical educator, a founder of an internationally reputable medical school, but more important, he represents what we can call the spirit of the Network and what it stands for. In the spring of 1981, shortly after we had admitted the first calls to our school, we recognized that we were facing a problem in community medicine in the sense of not integrating community health sciences appropriately with the rest of the curriculum. We felt we were in need of help from experts who preceded us in the path of community-oriented education. I was deeply convinced that among the best who could advise us was Dr. Prywes, although both were aware of the challenging situation he and I would face. The difficulties between our countries are well known! So, some of our students and faculty had their own reservations and declared opposition to inviting one from across the eastern border. But I had no hesitancy because I knew the man, I knew of his international humanitarian spirit when it comes to science, medicine, students and education. He knew what he was up to face by accepting this invitation. He did come, he did make a superb job, he did receive the opposing group and graciously accepted their written protest. People embraced and the eyes went wet. Dear colleagues, this is the Man of the Network whom we are honouring today."

**Dr. Tamas Fülöp** (presented by Dr. Harmen Tiddens):

"It is with great pleasure that I propose to this meeting to award a Honorary Membership to Dr. Tamas Fülöp.

Looking at the usual characteristics of a career it is already clear that Tamas Fülöp is a remarkable man. After finishing his studies in medicine he acquired the certificate of specialist in hygiene and epidemiology at the Institute for Postgraduate Education in Budapest, Hungary. To this he quickly added a Ph.D. and a Certificate of specialist in public health administration and organisation of health care. The Hungarian Academy of Sciences underlined the scientific aspects of his career by awarding Tamas the Degree of Doctor of Medical Sciences.

It was already in 1956 that his potential was realised by the Department of Hygiene and Epidemiology of the University Medical School of Debrecen where he was appointed as Assistant, later Associate Professor. In 1963 followed his appointment as Full Professor and Head of the Department of Social Medicine of the same school. In 1968 he joined the World Health Organization, first as chief of the Post Graduate Education Unit, and later as the Director, Division of Health Manpower Development of World Health Organization's Headquarters in Geneva. His career is adorned by the publication of many books, manuals and scientific papers, in total more than 200.

All this is impressive but would in itself not warrant the proposal I am making. There are other aspects to his personality that play an important part in that proposal. Most of us know how devoted Tamas is to the "Health for All" movement. Some have experienced his interesting and sometimes conflicting contributions to his own health and happiness. I am alluding for example to the loud thumping noises produced in his hotelroom, in the very early morning, as the result of vigorous exercise. I am alluding also to an erratic but sometimes extremely high chocolate consumption although the health promotional aspects of this habit are less easily understood. His contributions to health care on a global scale are the result of strong devotion to the mission at hand, of intelligence and of a talent for detecting at a very early stage the trends and developments of crucial importance to health- and health-care development. For Tamas "relevance" became a key word and the development of education of health professionals the key issue in the promotion of relevance.

Long before others he saw the potential of the application of educational science to the field of health manpower development.

The global teacher training program was a result of that vision. He recognised the importance of the application of new concepts in education in new medical schools and was very much aware of all the factors that threatened such developments. That made him search diligently for ways and means in which he could support in particular those experiments that showed promise of relating in an effective way new approaches to health care and to education. I vividly remember how, in the sometimes difficult task of getting the Maastricht medical school started without compromising its basic philosophy, Tamas Fülöp provided strong and consistent support.



It was on the basis of his personal experience with a number of experiments that he used a romantic boatride on the Donau to sow the seed of the Network. In later stages he strongly supported its development. I do not hesitate to say that the Network would not be where it is today when it had not received this support.

I do not know a better candidate for Honorary Membership of the Network than Tamas Fülöp."

**Dr. Jean-Jacques Guilbert** (presented by Tonny Bouts\*):

"I am very pleased and honoured that I am allowed to recommend you for Honorary Membership of the Network.

Dear Jean-Jacques,

The first time I saw you was three years ago during the General Assembly of the International Federation of Medical Students Association. Ignorant I attended this meeting and started with a workshop on "How to organize a workshop" with you as headmaster. I felt myself like going back to the elementary school. But I was amazed by your way of talking and joking. From that time I knew that I would never forget you, especially when you look over your pair of half-glasses. I don't know if I can organize a workshop now, but one thing is certain, you stimulated me in delving more into medical education.

Dr. Fülöp informed us that you were born in 1928, finished your medical training studies in Paris. Afterwards you did your residency training in the U.S.A., but went back to France to work in the field of medical education. You were the first to introduce the objective examination in France.

In the mid-sixties you joined the World Health Organization, first the African Regional Office with a special assignment for Education and Training of Health Personnel. In 1970 you got your Ph.D in education in Los Angeles. Subsequently you returned to the Headquarters of the World Health Organization in Geneva, where you have been responsible for educational planning, methodology and evaluation. You were the heart and brain of major study groups, among them the Studygroups on Community-Based Education and the Studygroup on Multiprofessional Education for the Future. You are a major promotor of a systematic approach to education of health personnel. You carried out hundreds of workshops to educate teachers to do their job in a way that would enable their students to grow not only as professionals, but also as human beings. You always felt very close to students and medical education. Which one you prefer most, the students or medical education, we don't know. Fact is that both fill your life, and both flourish under your attention. You are always good in explaining things in a systematical, practical and clear way, like the Handbook of Medical Education, the famous red book you wrote and all the meetings which were under your guidance. You will retire after this year, but you told me that you have already many commitments thus I think before you are really retired, it will take a long, long time. Dr. Guilbert, or better J.J., it was really a pleasure working with you all these years. Thanks a lot, merci beaucoup, for all you did and will do in the future. Nous ne t'oublierons jamais. Au-revoir."

\* Tonny Bouts is a 6th year medical student at the Rijksuniversiteit Limburg.

**Dr. Cosme Ordoñez** (presented by Dr. Vic Neufeld):

"It is a great personal honour to recommend Professor Cosme Ordoñez for Honorary Membership in the Network.

Professor Ordoñez was a "founding father" of the Network at its inaugural 1979 meeting in Jamaica, where he represented the University of Havana. Since then he has been a devoted, visionary and hard working participant in the Network. He is just completing a most productive term as a member of the Executive Committee.

So much could be said about Cosme's work in the Network. I will restrict myself to three brief stories that stand out in my memory. Each image reflects a particular aspect of Cosme's contribution.

He is first and foremost a respected and active leader in Latin American medical education. I have a vivid memory of a congress on medical education in Havana in June 1986. Here were well over 1,000 delegates from many Latin American countries working together on important questions about primary health care and the role of future physicians. The meeting was successful in large part because of Cosme's "behind the scenes" preparation, vision, and attention to detail.

Secondly, Cosme has a deep personal commitment to the improvement of the health of the people of the world, in the context of social development. My memory here takes me to Canada where a group of McMaster medical students were engaged in intense debate with this Cuban visiting professor about the future of health and health care, and the role which these students might play.

Cosme has also become a personal counsellor, friend and respected colleague. This is perhaps best captured by the memory of an evening in Geneva, where after an intense and exhausting two days' meeting, three of us found ourselves in a small Swiss restaurant. Here, over a bottle of fine French wine, this trio of unlikely colleagues, a Cuban, an Egyptian (Zohair Nooman) and a Canadian, reviewed the



events of the week. Cosme's role in that discussion (and in many others like it) was that of a shrewd tactician, philosopher, Network historian, and scientific analyst. Pervading the discussion was a deep sense of collegiality, commitment to a common cause, and mutual respect.

I am also delighted to say that Cosme will continue to contribute to the Network as an active participant in a Latin American team of medical education."

**Dr. Harmen Tiddens** (presented by Dr. Co Greep):

"I am honoured to present Harmen Tiddens for Honorary Membership in the Network.

Harmen A. Tiddens MD, PhD, began his medical career as a paediatrician, became head of a district hospital and then professor of paediatrics and associate director of the University children's hospital in Utrecht. There he led the reorganization of the hospital and founded and developed its department of nephrology. In the late sixties he became the Dean of Education of the Utrecht Medical School and headed a profound reorganization of its curriculum. Later he became the Founding Dean of the Medical Faculty at the University of Limburg and later Rector of that University. The University of Limburg in Maastricht is known internationally for its innovative approach to education including the linkage of education and research to the health care in the region where it is situated.

Since 1979 he serves as Professor of Health Care Organization at Tilburg University. He leads a national program for continuing education in health care management. In 1982 and 1983 he served temporarily as Chief Scientist Health Manpower Development, at WHO Headquarters in Geneva and also in this function he committed himself very intensively to the Network and its activities.

He was one of the "founding fathers" of the Network and has been attached to it ever since its start in 1979. In 1984 he was appointed as the Chairman of the National Board for Continuing Medical Education of the Netherlands.

Harmen Tiddens authored numerous texts in the fields of paediatrics, nephrology, medical education, health care management and health care research. He was the co-founder of the European Association of Paediatric Nephrology, served as the Director for Europe of the International Study of Kidney Disease in Children and chaired the European Association of Programs in Health Services Studies.

It is my hope that he will continue to support us in achieving our goals."

**Dr. Ramon Villarreal** (presented by Dr. Fernando Mora):

"Ramon Villarreal passed away on September 12, 1987. If the disappearance of any distinguished public person usually causes a sense of loss among those who worked with or were influenced by him, the death of Ramon Villarreal has generated a deeper sadness. Perhaps it was because his main attributes were related to a capacity for openness and fairness making him the sometimes unnoticed center of teams of intellectual workers who frequently held strongly conflicting views.

His perception of what was relevant at a given time made him an important figure in health education in Latin America. First at his post at the Pan American Health Organization as head of human resources development (1972 - 1974), then as the first Rector of the Metropolitan Autonomous University at Xochimilco (1974 - 1978).

But it would be wrong to assume that his leadership qualities were based only on personality characteristics. Underneath was a scientist and a physician, an author of more than 30 scientific articles. As a physician he graduated from the National University of Mexico in 1944, and did postgraduate work in physiology and clinical research at Illinois and Harvard. Later he developed an interest in social issues, obtaining an M.Ph. at John Hopkins University. As a promotor of the development of new ideas he served as Dean of the Medical Faculty at San Luis Potosi University (Mexico), then at the Regional Office of World Health Organization at Washington, USA (1959 - 1972), first Rector and Founder of the Metropolitan Autonomous University at Xochimilco (1974 - 1978), and then Executive Secretary of the Mexican Foundation for Health, until his untimely death.

Especially relevant to us, Ramon Villarreal was among the "founding fathers" of the Network, participated in its Executive Committee in the early years, and retained his interest in the Network to the end. Already ill, he attended the Havana June 1986 meeting, where many of us saw him for the last time."

On behalf of all the new honorary members, Dr. Ordoñez thanked the Executive Committee and the member institutions for the honour given to them. He stressed that the efforts of all nominees have always been directed towards the fulfillment of the important objectives of this Organization.



## **4. Reports on Network Activities 1985 - 1987**

### **4.1 Report of the Secretary General**

Who would have envisioned eight years ago in Kingston, Jamaica, when the Network was given birth, that it would grow at such a rate. In 1979, 20 schools for health professions education established the Network, fathered by Dr. Tamas Fülöp and Dr. Fred Katz of the World Health Organization. Here, in Pattaya, almost 100 members have gathered to discuss issues of common interest and make plans for the future. In the two years since our meeting in Ismailia, Egypt, 9 full and about 30 associate members were welcomed in our "family". You will understand that this increase of interest in the Network has put a heavy burden upon the Secretariat and its Secretary General, a burden we were glad to carry, because it contributed to the aims of the Network. I would like to provide you with an impression of the amount of interest that the Network seems to evoke and of the activities of the Secretariat in response to this interest. Since 1985, 573 letters asking for information or providing interesting news were received. In that same periode, 781 letters were mailed in response, or as a result of EC decisions. Three Newsletters were compiled and sent to 2000 addresses all over the world. Five EC-meetings were organized and supported. A brochure was written usefull as a first and informal introduction to the Network's aims and activities and the Network Secretariat assisted in the editing of the book arising from the Ismailia conference "Innovation in Medical Education" that will be published soon. The Secretary General made site visits to 27 schools "spreading the gospel" and assisting in the development of three new schools. And finally, I am proud to tel that the Network succeeded in becoming an NGO related to the World Health Organization (NGO = Non Governmental Organization). This means that the World Health Organization recognizes our contribution to the achievement of Health for All in the Year 2000. As your Secretary General, I served this organization for almost 8 years, and this fifth General Meeting is an excellent moment to announce that I have decided not to serve another four-year term.

The Network has grown up. It has become a strong organization, full of life and with a shining future. Its existence contributed to a continuous awareness around the world that community-oriented education can and should contribute to the well-being of people both in developing and so-called developed regions of the world. I believe that the Network in a new stage of its development needs new leadership. Therefore, I will step down but will of course serve this organization in other roles. The EC has asked me to continue playing my part as a special consultant.

I like to thank all of those who assisted me in the past years: Ine Kuppen, Henk Schmidt, the members of the EC and many others. In particular I would like to thank Tamas Fülöp and Jean-Jacques Guilbert for their trust and support.

### **4.2 Report of the Chairman on activities of the Secretariat and the Executive Committee**

"The purpose of this report is to highlight some of the key achievements and events of the last two years, since the Network Fourth General Meeting took place in Ismailia, Egypt in 1985. As the Chairman of the Executive Committee, I will give you my perspective on these events.

At our meeting two years ago, we focussed on three areas: the Secretariat and Executive Committee; the Task Forces; and the strengthening of member institutions. I will comment on each of these areas, then conclude with some general comments about other activities, including some surprises."

#### **Secretariat and Executive Committee**

This has been a time of stock-taking and review. At the Secretariat itself, Ine Kuppen and her helpers have continued to work extremely hard, and have acted as the "friendly face" of the Network to many friends, colleagues and visitors. I'm particularly pleased that Henk Schmidt has come back to join the Secretariat team. We still have more to do with respect to streamlining the various functions of the Secretariat, in particular strengthening the system of financial accounting, and expanding the "clearing house" and communications function of the Secretariat. A key activity of the Executive Committee was the decision to launch a strategic planning exercise, with a special meeting in Geneva in May, 1987. This resulted in the discussion document: "The Network in 1987 .... and beyond", which will provide a basis for the group discussions at this meeting. One of the strategic recommendations will be to enlarge the Executive Committee with some regional representation and activity. I wish to personally thank those colleagues who have contributed to the Executive Committee and who are now completing their terms: in particular Cosme Ordoñez of Cuba and Gopal Acharya of Nepal.



### Task Forces

During the last two years, we established two new Task Forces: Task Force III: Clinical Training in Health Care Settings (led by Zohair Nooman of Suez Canal University); and Task Force VII: Program Evaluation (led by Arthur Kaufman and Stuart Mennin, of the University of New Mexico). All the Task Forces have been asked to focus on specific activities which will result in a "product" at the end of two or four years; this product should be of benefit to all Network institutions.

### Strengthening Member Institutions

The individual institutions continue to be the "heart" of the Network - this is after all a Network of like-minded institutions. It was very helpful, late in 1985 and early in 1986, to receive prepared statements from many member institutions, summarizing the plans for the institution (related to Network goals) and listing the individuals from those institutions who have been asked to be correspondents for Task Forces and other functions. Many of the institutions were visited by members of the Executive Committee, over these two years. Some institutions organized special national and international meetings (for example, the Universiti Sains Malaysia in July, 1986). It's clear that there are many important projects and activities going on in the member institutions. I know you will be interested to learn about them in the discussions and in the poster sessions.

### Other comments

Interest in the Network continues to grow, as evidenced by the number of applications for full and associate memberships. This is, of course, gratifying to see. Nevertheless, our primary aim should continue to be **active participation** by all member institutions towards Network goals; and not necessarily expanding the list of members.

There have been several important publications, facilitated by our colleagues in the WHO. In particular the "10 School Study" by Fülöp, Richards and others; and the "Innovative Track" conference proceedings. I would like to see our publications activity expanded still further.

An important achievement was the recognition by the World Health Organization, early in 1987, of the Network as an official affiliated "non-government organization" (NGO). This relationship will strengthen our links with the WHO, to our mutual benefit.

Through the work of the Finance sub-committee, chaired by Len Meiselas, we have been made aware of the realities and challenges of financing the Network. Some important initiatives have been proposed. Your Executive Committee will be studying these and acting on them as appropriate.

### Surprises

I would like to mention three things which have particularly pleased me, and to some extent surprised me:

1.

I believe the Network can make some distinctive contributions to the field of health professions education by developing, testing, and disseminating information about particular **models** of innovative education. An example here is the use of an "innovative track", as discussed in the October, 1986 Albuquerque meeting and published in the recently released book. We have the opportunity to develop other models and make important contributions.

2.

I have been pleased by the degree of international interest and representation at various Network events. Examples include the Task Force V meeting in Maastricht in March, 1987, and the Task Force IV conference on Student Evaluation in Beersheva in May, 1987. This combination of international experience focussed on specific problems and issues, in a format which facilitates discussion and exchange -- represents a powerful force for change.

3.

Finally, I have been pleased to see the natural emergence of functional groupings within the Network. Some of these are regional (for example, the groups of institutions in Africa and Latin America); some are focussed on models (such as the "innovative track" schools). I would like to encourage these functional groupings, not as formal organizations, but as opportunities for colleagues from like-minded institutions to work together, and learn from each other around some common interest and concerns.

Two years ago, my predecessor and past-chairman, Zohair Nooman, finished his Chairman's report with these words -- and I will use them again: "This ends my report, now let's go to work!"



### 4.3 Finances

Report of the finance Sub-Committee of the Executive Committee of the Network.

At the last biennial meeting of the Network in Ismailia, Egypt, a Finance Committee was appointed, chaired by Dr. Leonard Meiselas. Members were Dr. Co Greep and Dr. Tamas Fülöp.

Its task was:

To develop a financial plan that would guarantee the activities of the Secretariat and the Network for the future.

The Committee has met in the past two years on several occasions and has reported to the various Executive Committee meetings on its efforts.

#### Activities:

The Committee analyzed the expenses of the Network and particularly those of the secretariat by review of the expenditures of the last several years. Secretary General Dr. Greep, Dr. Schmidt and Mrs. Kuppen provided great assistance to the Committee by reviewing with the Committee the tasks and activities of the Secretariat.

The Committee also began discussions with external agencies to explore their interest in the Network e.g., foundations, various governmental agencies and Limburg State University.

#### Findings:

1.  
The contribution of Limburg the University of Limburg at Maastricht has been of utmost importance to the continued financial viability of the Network. For years Limburg University has contributed to the travel budget for the Secretary General, supported the office cost and personnel cost of the secretariat including assignment of space, telephone service, postage, heat and light, etc.... The University assigned Mrs. Ine Kuppen to the secretariat as a part time employee and also has supported an additional part time employee as an assistant to Ine Kuppen.

2.  
The contributions made by the World Health Organization have been equally consistent and significant. In particular certain Task Force activities such as Task Force V could not have been accomplished without the WHO grant.

3.  
The fees paid by member institutions for membership at best would only offset a small amount of the ongoing budget of the secretariat.

The fee schedule for full institutional membership is \$ 500; for those institutions from developing countries the fee may be as low as \$ 100. At the Ismailia meeting, there were 18 full institutional members. Associate membership is \$ 50, at Ismailia, 32 memberships were recorded. At the Executive Committee meeting in Geneva, May, 1987 - the Secretary General submitted a proposed budget of \$ 270,000 for years 1987 and 1988. Based on 1985 membership, full payment of dues would only realize \$ 21,200 of this budget.

4.  
In the absence of the World Health Organization or Limburg University support it will be impossible to maintain the secretariat unless funds are successfully sought from other sources.

5.  
The cost of travel for Executive Committee meetings, for Secretary General visits, or for support faculty attendance at the biennial meetings are of such a magnitude that either new policies would have to be developed to reduce the expense or additional sources of revenue must be tapped. Yet the biennial meetings are essential to the success of the Network. Following this analysis significant attempts were made to solicit foundation support for Network activities. Those efforts are summed up in the following:

Dr. Meiselas solicited the Ford Foundation on several occasions in order to determine the degree of



support that Ford would give to this organization. At best, since Ford supports some medical schools in Africa, it appeared that there might be an interest on part of Ford Foundation to pay for dues or for the exchange of faculty to the biennial meeting for those schools. However, this has not been successfully accomplished.

Dr. Meiselas, Dr. Neufeld and Dr. Kaufman separately and to some extent together have sought support of the Kellogg Foundation for an effort in Primary Care. At this writing there is a proposal by the University of New Mexico in Concert with PAHO to have Kellogg fund a Primary Care Educational Effort. Kellogg has supported Dr. Zohair Nooman through its International Fellowship Program.

Dr. Neufeld and Dr. Meiselas discussed with the Carnegie Foundation efforts in either Africa or Asia for support of Network activities but it is evident that because of other priorities financial resources of the Foundation cannot be assigned to the goals of the Network.

Dr. Neufeld has been successful in having the Rockefeller Foundation contribute to support Task Force II. This foundation also contributed to the costs of the Network Strategy meeting in Geneva, May 1987.

Dr. Greep has been in close communication with the Philips Foundation and is optimistic that they will contribute.

Governmental agencies have been contacted also to help support the Network and its focus on population medicine. The Dutch government is considering a proposal to fund an effort by the University of Limburg, to support the medical school at Montevideo, Uruguay. This initiative has been developed by the faculty at Maastricht and is congruent with Network aims. This model may be transferrable to other institutions that may be able to persuade government agencies in their country to help focus the institution's international interest on the aims of the Network.

Another example is the Canadian government's support of Task Force II, as well as some general Network costs.

As of January 1987, the following firm commitments are in place for the future funding of the secretariat: The University of Limburg will fund the secretariat with \$ 40,000.00 annually through 1991. This money will be applied to the travelling expenses of the Secretary General and the Dean of the Faculty of Medicine, the employment of Mrs. Kuppen and her part time assistant and also makes available on a part time basis to the Secretariat Prof. Dr. Henk Schmidt. However, it is uncertain that there will be any continuation of these funds past 1991.

The World Health Organization has pledged \$ 25,000.00 for two years (1987 and 1988) with no specific commitment to continued grants beyond those years.

The recognition that many institutions were in arrears on their membership fees has led to a concerted effort to require the institutions to bring their accounts into balance and additional moneys have been collected as a result of that effort. As of August 1987, \$ 5,000 representing membership fees for 1985 and 1986 have been received.

As of May 11, 1987, the audited financial statement revealed the following:

Balance in Task Force V account	\$ 6,000.04
In the Dutch Guilder account for Task Force V	F 56,582.90
In the dollar secretariat account	\$ 12,032.93
In the Dutch Guilder secretariat account	F 18,708.16

#### Recommendations:

It is evident that a continued concerted effort must be made to articulate operating procedures with financial resources.

The decisions to create Task Forces must include funding plans for those activities. Wherever possible Task Forces should seek partnership with other agencies and foundations interested in similar activities, thereby soliciting financial support. Whenever grants are awarded for field activities, the secretariat should receive a portion as administrative overhead.

The secretariat must be located in a host institution which is prepared to pick up its office expense.

An ongoing effort must be mounted to seek global foundation support.

An attempt must be made to minimize the expenses of the Secretary General as well as the Executive Committee, perhaps through use of telecommunications.

No special functions including the biennial can be expected to be mounted by internally generated funds but must be supported by either the participants or by an external agency.

Member institutions should take more responsibilities to obtain national or state assistance for Network

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related activities.

Member institutions should try to support Network activities through their own budget planning process.

The Chairman of the Fundraising Committee, Dr. L. Meiselas, added that in his opinion the Network appears to survive mainly on the generous support of the University of Limburg and the World Health Organization. In principle, this is not a healthy state of affairs. The Network should broaden its pool of possible resources.

Dr. F. Sturmans, Prof. M. Roslani and Dr. F. Mora Carrasco were appointed in the Financial Audit Committee.

The Internal Audit Committee checked the financial report and approved the administrative processing. The Committee, chaired by Dr. F. Sturmans, advised the meeting to accept the figures. However, the Committee agreed with the conclusions of the Accountancy Department attached to the financial report that:

an annual report of subsidies granted per activity should be formulated by the Executive Committee; the quality of vouchers, payment statements and other proofs of expenditures should be improved. It is suggested that the Executive Committee formulates a set of rules regulation expenditures.

#### 4.4 Task Forces

##### ► Task Force I: Community-Oriented Education (leader Dr. Cosme Ordoñez)

###### Introduction

As was stated clearly since the beginning of the network (HMD/79.4 WHO), community orientation means:

(1) the provision of clinical experience away from the university hospital; (2) the selection of curriculum contents on the basis of **perceived community health needs**; (3) the community as an ecological human laboratory for the study of population health problems; (4) programs oriented to solve community health problems; (5) integration or coordination of health services, teaching and research; (6) active participation of the community in the solution of its health problems (self-responsibility).

The main target of Task Force I has been the achievement to train and to educate health personnel at the community setting contributing to the commitment of HFA through PHC.

###### Its objectives were

(1) to re-orient education of health personnel to the HFA strategy; (2) to develop community-oriented education; (3) to analyze PHC models and its application in health personnel education; (4) to identify ways to interchange experienced and information on PHC and HMDP; (5) to develop bilateral cooperation between countries in the field of PHC and health personnel education.

It was stated at the Fourth General Meeting (September 1985, Ismailia, Egypt) that the "end product" of Task Force I could be the consolidation and leadership of innovative institutions, and the implementation of changes in the traditional ones.

###### Activities

Site-visits to institutions.

During the analyzed period we visited the following institutions:

- Metropolitan Autonomous University, Xochimilco, Mexico (Dr. Mora, Director) November 1985.
- University of Carabobo, Faculty of Health Sciences, Maracay, Venezuela (Dr. O. Feo, Dean) November 1985.
- School of Medicine, Panama, Paediatric Teaching Unit (Dr. R. Esquivel, Hospital Director) November 1985.
- Antioquia University, Faculty of Medicine and Faculty of Public Health (Dr. J. Cardona, Professor) November 1985.
- National University, Bogota, Colombia. November 1985.
- San Marcos National University, Lima, Peru (Dr. A. Mexa Cuadra, Professor) November 1985, March 1986.
- Georgetown School of Medicine, Guyana (Dr. R. van West, Minister of Health) October 1985.
- Faculty of Medicine, University of Montevideo, Uruguay (Prof. P. Carlevaro, Dean). November



- 1985, March 1986, November 1986, August 1987.
- National University, Faculty of Medicine, Buenos Aires, Argentina (Dr. Etchaverry, Dean) November 1985.
  - Faculty of Health Sciences, University of Quito, Ecuador (Prof. R. Yepez, Dean) March 1986.
  - School of Medicine, University of Sao Paulo, Brasil (Dean) March 1986.
  - Public Health School, Rio de Janeiro, Brasil (Director) August 1987.
  - Faculty of Health Sciences, McMaster University (Dr. V. Neufeld, Associate Dean) January 1987.

### **Funding**

All visits were funded by the Cuban Ministry of Public Health, except from Uruguay (July 1986, August 1987) which was funded by PAHO, and McMaster (January 1987) by McMaster Faculty of Health Sciences.

The Task Force members in Latin America and the Caribbean region are:

- Dr. F. Mora: U.A.M., Xochimilco, Mexico
- Dr. O. Feo: University of Carabobo, Maracay, Venezuela
- Dr. J. Fuenmayor: National University, Caracas, Venezuela
- Dr. R. Esquivel: Children's Hospital, Panama
- Dr. J. Cardona: Antioquia University, Medellin, Colombia
- Dr. R. Yepez: National University, Quito, Ecuador
- Dr. A. Meza Cuadra: San Marcos University, Lima, Peru
- Dr. P. Carlevaro: National University, Uruguay
- Dr. M. Harris: Georgetown School of Medicine, Guyana
- Dr. A. Guedes: Sao Paulo, Brasil
- Dr. C. Moore: McMaster University, Canada (North American Region)
- Dr. S. Obenshain: New Mexico University, USA

### **Workshops, seminars**

#### **A.**

Workshop on "Education on PHC". Montevideo, Uruguay.

November 17 - 22, 1986. Faculty of Medicine.

Participants: 200, representing the Ministry of Health, the Municipality, the Faculty of Medicine, the School of Nurses, the Faculty of Dentists, the School of Nutrition, the Faculty of Veterinary, and the University Council.

Funding: PAHO and Uruguay University.

#### **Results:**

The political decision of the Ministry of Health and the University to coordinate health services, teaching and research; the planning of a community-oriented curriculum; the implementation in July 1987 of the first cycle in the community.

#### **B.**

International Seminar on PHC: services, teaching and research. Havana, Cuba. June 9 - 12, 1987.

Ministry of Health, Cuba. PAHO, Network.

Participants: 537, from Latin America and the Caribbean; 463 Cubans.

Funding: Ministry of Health, Cuba; and Network: 5000 US \$.

The seminar was inaugurated by Dr. Carlyle de Macedo, General Director of PAHO, and the conclusions were made by Dr. Fidel Castro, President of the Republic of Cuba, who participated actively during the whole meeting;

Dr. V. Neufeld and Dr. J. Greep were "guest speakers" and members of the Presidium of the seminar. President Castro had a private talk with both;

During the meeting we had an important work-lunch session with the principal deans of the different faculties of medicine in Latin America about the Network objectives and perspectives.

### **Evaluation**

We could not implement the majority of the activities of the plan of action 1986-1987 because of shortage of funds.

Nevertheless we consider that a great effort has been done in spite of the financial constraints.

The "end product" of Task Force I activities could be measured by the following results: (1) The implementation of the new community-oriented curriculum in the Cuban 28 faculties of medicine; (2) The implementation of the new community-oriented curriculum in the Faculty of Medicine of Montevideo, Uruguay; (3) The implementation of the new curriculum in the Georgetown School of



**FINLAND - Tampere University**

Fellow: Dr. Mauri Isokoski

Dean: Prof. Amos Pasternak

- Beginning of systematic examination and revision of curriculum beginning in September 1987.
- Rewriting of portions of the curriculum syllabus.
- Introduction of an elective module in critical appraisal in September 1987.
- Plans to introduce problem based, tutorial learning methods, reduce number of lectures and examinations.
- Proposal for new integrated modules of priority problems in primary health care based on burden of illness.

**INDONESIA - Gadjah Mada University**

Fellow: Dr. Rossi Sanusi

Dean: Dr. Radjiman

- The Community Oriented Medical Education Program (7% of curriculum) continues throughout medical school providing students with problem solving experiences on paper and in the field which orient them to determining priority health problems, identifying risk factors, selecting efficacious interventions and planning health services.
- Task Force II activities contributed to:
  - Development of module handbooks for problem based learning.
  - Organization of tutor workshop to be held as a faculty development project in September 1987.
  - Invited colleagues from Network countries will participate in workshop.

**NIGERIA - Ilorin University**

Fellow: Dr. Mike Adedoyin

Dean: Dr. O. Ogunbode

- Community Based Experience and Service program for Medical Students occurs in 4 years of the 5 year curriculum assuring on site community experience in population health and individual patient care. Surveys done by the students become valuable sources of health information. Task Force II participation has consolidated plans to re-evaluate the curriculum content.
- Explore strategies for improving community based program.
- Examine means of improving educational process through tutor training workshop and learning resources development.
- Explore methods for following activities of graduates.
- Submission of a proposal to WHO for support for exploring strategies for foster collaboration of the Medical school and the Ministry of Health for developing reliable health related data base to facilitate monitoring and planning for improved health education and service.

**THAILAND - Chulalongkorn University**

Fellow: Dr. Pisonthi Chongtrakul

Dean: Dr. Charas Suwanwela

- Development of method for priority health problems. Developed list of priority problems to assist curriculum planning.
- Task Force II concepts introduced into Pharmacology education.
- Introduction of tutorial process in Pharmacology block.
- Use of computer technology and students to generate course materials.
- Task Force II association contributed to development of a new third medical school track
- CTPB (Community Targeted Problem Based) at Chulalongkorn University.

**Summary of general achievements**

In addition to the specific achievements at each institution listed above, the general achievements of the Task Force itself can be summarized as follows:

1. It is feasible to analyze existing health data, prioritize it for the purpose of educational planning, and change components of the curricula of medical schools using this approach.



2. A prioritization strategy, based on pre-determined criteria, and involving a critical appraisal of epidemiologic evidence, has been developed and used in several institutions.
3. A general "Priority Health Problems" model for designing education and training for health workers, has evolved; it requires further testing and refinement.
4. It has been possible to attract adequate funding for this activity, with some possibility of further support.
5. Our experience with the six participating institutions has made us realize that the original concept of the Task Force (that is, using health care data to plan undergraduate medical education) was somewhat limited. The possibilities for expanding the basic idea include the following elements:
  - The adaptation of the model to other health professional programs (e.g. Nursing, Continuing Medical Education).
  - The need or additional information, including trend analysis, the results of rapid and focussed epidemiologic surveys, and the systematic obtaining of opinions from community representatives. (At McMaster University, a special unit has been formed to carry out this function, called a Health Priority Analysis Unit, HPAU).
  - This information analysis and prioritization approach might be applied to other purposes, such as health research planning in an academic institution, health policy planning and decision making, and the education of community groups and agencies.
  - The need for a larger team (a "critical mass") to work with the original fellow; in some institutions this could include colleagues from a clinical epidemiology unit (CEU). This team might develop a capacity for new activities, such as a more extensive community-based education and research program, and the opportunity to function as consultants.
  - In some institutions, the introduction of changes into the undergraduate medical education program, has led to broader considerations of institutional adaptation to change. This experience has contributed, in some institutions, to the adoption of a broader mandate, to the concept of a national or regional Resource and Training Centre.
  - In the process of considering these possibilities, health sciences educational institutions have recognized that they can collaborate with other institutions and agencies who share the same goal; these include government agencies, non-government organizations (NGO); and institutions from sectors other than health.

#### **Recommendations at the June 1987 invitational conference**

At the June 1-3, invitational workshop (which included colleagues from other institutions, consultants, and McMaster students and faculty members not directly involved in the Task Force), the following recommendations were made:

- The Task Force II activity should continue for at least another year, to collectively explore some of the possibilities listed above.
- Some of the anticipated changes are just now beginning to become evident in some of the institutions; these institutions (and particularly the original Task Force Fellows) require ongoing support, in the form of assistance with workshops, project development, site visits, and materials. Where possible, these should be arranged.
- A special project involving telecommunication linkage among Task Force institutions, should be explored.
- The Task Force should consider adapting the Priority Health Problems (PHP) approach to education programs, other than undergraduate medical education.
- It is apparent that several other institutions are developing a similar approach to curriculum planning; these schools should be invited to become regularly participating institutions. The institutions include the University of Sherbrooke (Canada), the University of Medicine & Dentistry of New Jersey, New Jersey Medical School (USA), and possibly the University of New Mexico (USA).
- Consideration should be given to a more systematic evaluation of the results of the project activity in each participating institution; the results could be presented to a meeting of deans and fellows sometime in late 1988.
- It is timely and important to write up the experience to date in the form of a monograph (including institutional case studies), and publications in the scientific literature.
- The possibility should be considered of developing a special educational program (perhaps in the form of a 3-month course, with adaptable modules), for new institutions. In addition, some consultants felt that there was a continuing need for training "health information system" specialists, to



work in academic institutions and government agencies; extension of Task Force II activities to cater to this need was urged.

#### **Plan of action**

The following activities are planned or under consideration for the next two years (years 3 and 4 of the project).

#### **Year 3: (October/87 - September/88)**

##### **Workshops**

Workshops organized by Task Force II fellows and involving Network colleagues are planned for:  
Chulalongkorn - September/87  
Gadjah Mada - October/87  
Ilorin (Nigeria) - February/88

##### **Site-visits**

Repeat site-visits are planned for Tampere (October), and Suez Canal (November) by McMaster faculty members.

##### **Report writing**

This will include:

- a) a monograph, including institutional case study reports;
- b) scientific publications.

##### **Study block 3**

This is under consideration, for 5-6 weeks in May/June 1988 at McMaster University. The objectives might include:

- a) continued facilitation of institution-specific projects. This may include assisting some institutions to develop a longer-range program of community-based education and research;
- b) designing a prototype Priority Health Problems training program.

If interested, a small number of additional institutions could be invited to send a fellow. The study block would again include a 3-day Invitational Conference, where the work to date would be presented and refined.

##### **Review conference**

It may be timely, later in 1988 or early 1989, to convene the Dean, fellows and Task Force members, in a conference which would review 3-years of experience with the project. This event would be helped by a report from an evaluation team (say 2 people who have not been directly involved in the project), who would review the work to date, conduct site visits, and present their finding.

#### **Year 4**

Plans for this year are not yet formulated and will depend on the decision of whether to proceed with some of the Year 3 activities listed above.

One possibility would be to design and implement a 3-month course on "Health Priority Analysis", for additional fellows from the original schools, or for colleagues from new institutions.

The "end products" of 4 years of work would then have been:

- Six institutions with experience and expertise in Priority Health Problems Analysis and educational planning. This expertise could be accessed and shared with other national or regional institutions.
- Several publications (as noted above).
- A "Priority Health Problem" analytic model which will have been tested in several different programs and countries around the world.
- Possibly, a training program, with educational modules and materials. These materials could be widely disseminated.

#### **► Task Force III: Students' Training Community Health Care Settings** (leader Dr. Zohair Nooman)

Task Force III was launched during the 4th General Network Meeting under the title of "Clinical Training in Community Health Care Settings" which was subsequently changed to the current title.



### Goals:

1.

The main goal is to develop guidelines for strategies for planning, implementation and evaluation of program for students' training in community health care settings within the context of community-based education. Such guidelines will be included in a manual which also describes examples from the experiences of various institutions.

2.

To provide a forum for getting together **planners and doers** of community-based educational programs who are actively involved in setting up and implementation of students training in the community - in a manner that would facilitate their sharing of informations and learning from each other's experiences.

### The plan

Two alternative plans were prepared. Plan A is being followed at present and will continue so long no extra funds are available. Still we hope to adopt elements of Plan B when extra funds become available.

#### Plan A:

1. Literature survey;
2. Preparation of a survey questionnaire to be directed to all community-oriented educational institutions for health sciences;
3. Review of the feed-back of the questionnaire;
4. Wider discussion of the results of the questionnaire in a special section of the General Meeting of the Network in September in Thailand;
5. Task Force members would decide on publication during the General Meeting.

#### Plan B:

Steps 1 and 2 the same as in A;

3. Workshops and working group meetings will be held to address specific aspects of the theme of the Task Force;
4. Publication of a book, contributors would be the Task Force members.

### The Task Force membership

1. Chairman, Dr. Zohair M. Nooman, Faculty of Medicine, Suez Canal University, Ismailia, Egypt.
2. Coordinator, Dr. Adel M. Mishriky, Lecturer, Department of Community Medicine, Faculty of Medicine, Suez Canal University.
3. Members,
  - a. Faculty of Medicine at Suez Canal University: Members of the Unit of Community-Based education, Center of Research and Development in Medical Education and Health Services (partially funded by Kellogg's International Fellowship Program in Health).
  - b. Faculty of Medicine, University of Gezira, Wad Medani, Sudan: Dr. M. Awadallah Saleh (Coordinator).
  - c. From other Network Medical Schools: All member institutions of the Network were requested to nominate a key person or persons to represent the institution in the membership of the Task Force.

### Nominated members should:

- be leading or sharing major active responsibilities in the community-based educational program in the institution;
- represent the institution in correspondence related to the Task Force activities including the response to the questionnaire;
- represent the institution in meetings and activities related to the Task Force as outlined in the Plan;
- be acknowledged as contributor(s) to any published documents including the book.

### By September 30th, 1987 the following activities have been achieved:

1.

The questionnaire has been developed in several steps which included Identification of topics by a working group in Ismailia "The Group on Community-Based Education of the Center of Research and Development of Medical Education and Health Services"; Further definition of the topics during a workshop held on November 3-8, 1986 in the Faculty of Medicine in Ismailia and attended by a five members group from the Faculty of Medicine, Gezira,



Sudan and the Egyptian group;

The questionnaire was compiled and reviewed by some experts from the Network and WHO;  
In its final form the questionnaire consisted of five sections and 113 questions.

2.

The questionnaire was mailed to 73 schools including all the Network full and associate members.  
A pre-letter preceeded the questionnaire.

3.

So far, responses from 20 medical schools have been obtained. We are still encouraging the rest to respond.

4

Analysis of responses is underway, the preliminary findings will be presented during the workshop on the theme of the Task Force in Thailand.

#### Subsequent steps

- A proposal has been submitted to Kellogg's International Fellowship Program in Health to support meetings on specific problem areas in CBE that would come out of the analysis of the questionnaire and the compilation of all the data gathered in a book. So far the proposal has not been successful, although not absolutely rejected.
- In case no further funding is available, the remaining funds will be just sufficient for the costs of analysis and review of the results by a regional group followed by publishing the results in a suitable publication. This will take place within six months from now.

#### ► Task Force IV: Student Evaluation (leader Dr. Dan Benor)

The following plan of action has been discussed and decided upon in the first meeting of the Task Force, which was held in May 28, 1987 in Beer-Sheva, Israel. It was understood that each participant intends to go on working with the group. However, if for some reason any participant would not be able to carry on this commitment, it is the absolute responsibility of the participant to identify another colleague who is capable and willing to commit him or herself. It is also the responsibility of the quit- ing member to take the necessary steps for approval of the participation of the new member by the Faculty authorities. The plan of action includes several phases and several meetings as follows:

1. Preliminary phase (May-September 1987)
  - Each member will submit a brief definition of community-orientation (c.o.) as this term is perceived by and practiced in his or her institution. For this the member will consult with colleagues and students, as well as with the school's authorities.
  - Each member will submit a detailed list of the evaluation measures which are used in the institution for assessing c.o. This list should include methods and procedures, but, of course, also the objectives which are evaluated by the described method.
  - Each member will provide his or her preliminary thoughts on how the evaluation of c.o. should be done (principles, strategies, methods). This should not be a comprehensive document, but rather a preliminary exchange of ideas. The preliminary phase will be summarized in the Thailand meeting.
2. Preparatory phase (October-March? 1988)
  - Operative definition of c.o. will be finalized in a way which will:
    - describe specific behaviours (possibly include critical incidents);
    - include criteria; relate to both process education and outcome.
  - A descriptive definition which is common to all the institutions will be established.
  - The operative definition of c.o. will be validated through field studies, using faculty members, students and practising physicians, both graduates and non-graduates of the school.
3. Creating the instrument(s) (April? 1988-???)
4. Validating the instrument(s) (???-September 1989)



► **Task Force V: Change in Existing Schools**  
(leader Dr. Co Greep)

The Task Force organized, in collaboration with others, two conferences in 1987:

A.

Working Conference "How and Why to Change in Health Professions Education" held in Maastricht, the Netherlands, March 17-19, 1987.

Objectives: dramatic changes in the kind of health problems presenting themselves to physicians and other health professionals can be observed, both in the industrial countries and in the developing world. In response to these changes, many schools for health professions education all over the world feel the urge to bring about changes in their curricula, in order to become more sensitive to the health needs of the populations they serve and to the educational needs of their students. No doubt, these schools will be confronted with problems, resistance and even active opposition, both from within the institutions and from outside. The conference was organized to provide an opportunity for these schools to become acquainted with the experiences acquired by the Network of Community-Oriented Educational Institutions for Health Sciences in this respect. The participating schools were asked to formulate a list of activities ('plan of action') to bring about the desired changes in their curricula. This plan of action would then take the form of a contract in which the Network binds itself to support the school's plan with its resources. The following questions were asked in order to provide a structure of this conference:

1. The case for change: Why is change of existing medical education so necessary?
2. Which problems can be expected or are already encountered, that may impede attempts at change?
3. Which solutions to these problems are known, and more importantly: to what extent are these solutions applicable to the participants' problems?
4. To what extent have these solutions already 'proved their mettle' in Network schools?
5. What can the Network do to support innovations in the participants' schools?

Participants: participation was upon invitation. Approximately 100 participants worked on their own and each other's plans in seven regional groups.

Funding: the funds for travel and lodging were provided by the University of Limburg on the occasion of its 10th anniversary.

Results: the number of concrete proposals submitted was relatively small in comparison with the pile of papers containing general considerations, program descriptions, progress reports or reports of visits submitted by participants.

The requests for help, information or moral support fell into two categories: those stated in general terms, without specific reference to workshops, issues to be handled or consultancy visits of a specific nature, and those who do.

The second group concerned among others plans of a school in Ludhiana, India, the Gadjah Mada University Medical School of Yogyakarta, Indonesia, Otago Medical School, Dunedin, New Zealand, Unilorin Faculty of Health Sciences, Ilorin, Nigeria, Bayero University, Kano, Nigeria, and a cooperation agreement between Montevideo and Maastricht. The University of Limburg decided to support some of the more promising plans by the establishment of a "Maastricht Fund for International Cooperation". The execution of other plans is pending additional funding.

B.

A workshop on "Innovative Undergraduate Medical Curricula". This workshop has taken place in Harare, Zimbabwe in June 1987. It was organized by the local medical faculty's Prof. Evangelos Petropoulos and Dr. Peter Runyowa, in collaboration with Prof. Henk Schmidt of the Network Secretariat.

Objectives: the participants were confronted with a number of new ideas in the area of health professions education that may be of relevance to their own situation. 2. The workshop was intended as a real "work"shop. Emphasis was on participants' active involvement. 3. The community-based program of the University of Zimbabwe's Medical Faculty was the focus of much of the discussion. In fact, the workshop was partly held to support the plans of the University of Zimbabwe's Medical Faculty to put more emphasis on health needs to the population at large in its new curriculum. Its plans include extended rural community postings by students of all levels of expertise. 4. Time was to be spent on a presentation and discussion of the curricula of the other African schools present.

Participation and funding: international participation was made possible by the WHO Regional Authorities in Southern Africa and the "Deutsche Stiftung für Entwicklungshilfe", so that most medical schools from the region were present, including representatives from Tanzania, Malawi, Zambia, Kenya,

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the Sudan, Nigeria and Uganda, in addition to 60 local staff.

Program: the program, consisting of small-group discussions, presentations and demonstrations, made the participants acquainted with new concepts in medical education, like integration of the basic sciences into the clinical sciences (introduced by McMaster's Prof. George Sweeney), problem-based learning (Prof. Henk Schmidt), community-based education (Prof. Zohair Nooman from Suez Canal University, Egypt) and student-assessment (by Maastricht's Dr. Tjaart Imbos and Dr. Yvonne van Leeuwen). The perspective of the student was represented by a McMaster student" Bill Bradley.

In addition, the Task Force contributed to a meeting held in Albuquerque, New Mexico. Subject was the utility of alternative tracks as a means of changing existing schools. A report can be found elsewhere in these Proceedings.

Task Force V also assisted with the establishment of a new medical school in the United Arab Emirates, Taiwan and Nigeria. In Al Ain in the United Arab Emirates, a selected group of experts in the field of education were gathered in view of the establishment of a new College of Medicine and Health Sciences. Many aspects were discussed, such as: definition of goals, curriculum planning, graduation requirements, faculty, equipments and staff recruitment.

A meeting with some selected students now enroled in a science faculty program was a highlight of the meeting. The young students defended problem-based learning in an elegant way. Extensive discussions were devoted to the planning of the new curriculum. The final outcome was an innovative, balanced curriculum with community-orientation combined with a rigorous scientific orientation. Finally, a series of short workshops were organized by Task Force V, in particular for medical schools in Thailand (Chulalongkorn University, Sonkhla University), introducing community-oriented, problem-based education.

#### ► Task Force VII: Program Evaluation (leader Dr. Arthur Kaufman)

This Task Force was established in May of 1987. Its planners have worked under the following assumptions:

- that program evaluation needs are highly varied from school to school;
- that there is an urgent need to share/disseminate a variety of evaluation strategies and instruments;
- that there is far too little cross-comparison of program evaluation between schools;
- that the traditional focus of program evaluation (test scores, attitude scales, etc.) have less impact on program success than do less quantitative factors such as the personal attributes of the innovators and the political environment in which change is proposed;
- that some of the most important but least evaluated changes in medical education, especially in the realm of community-based learning, are taking place in developing countries that have scant resources for program evaluation and
- that the role of Task Force VII should be to complement rather than to duplicate the excellent program evaluation activities already taking place at the different medical schools.

With the support and counsel of the Network Executive Committee Task Force VII decided to focus its attention, during its first operating year, on three key areas of program evaluation:

1. Evaluation of **established health science institutions** attempting to create change by a community-oriented and/or problem-based **innovative track**.
2. Evaluation of the effectiveness of a **national call for curriculum reform**.  
The People's Republic of China would serve as an excellent model for such an evaluation.
3. Establishment of a **clearinghouse for program evaluation resources**. It is easier to employ or adapt existing program evaluation instruments or strategies than to create them de novo.

To fulfill the objectives we completed the following activities during the first year:

1.  
Innovative Tracks in Established Health Science Institutions.  
In October 1986, the University of New Mexico hosted a Network-sponsored and WHO-supported International Conference to evaluate the efficacy of the innovative track strategy for curricular reform (community-oriented and/or problem-based) in established schools. Eight sample medical schools that have instituted the track strategy participated in this important meeting - the University of the Philippines, Shanghai Second Medical University, the National Autonomous University of Mexico, Chulalongkorn University, the University of New Mexico, the University of Michigan, Harvard University and Rush Medical School. Many international observers who are experts in medical



education attended the conference. The four-day workshop was preceded by considerable preparation by each school.

Representatives from each program wrote 1) a lengthy document including the political setting for change, rationale for changing, reasons for selecting an innovative track approach, forces supporting and resisting change, influence of the innovation on the established track and future plans, and 2) completion of a detailed questionnaire about each aspect of the innovative program.

The conference was conducted both in small groups and in plenary sessions. The goal was to identify common findings and to make recommendations to other established health science institutions, world wide, concerning the "track" strategy.

The WHO supported the conference (travel, room and board, staff support) with a grant of \$ 38,000.

Drs. Mennin, Kaufman, and Kantrowitz of the University of New Mexico and Drs. Fülöp and Guilbert of WHO subsequently organized and edited the outcomes of the conference into a book:

Kantrowitz, M., Kaufman, A., Mennin, S., Fülöp, T., Guilbert, J.J.,

**Innovative tracks at Established Institutions for the Education of Health Personnel: An Experimental Approach to Change Relevant to Health Needs.** World Health Organization, Geneva, 1987.

The Network and WHO each contributed \$ 4,000 to Task Force VII towards the preparation and publication of this book.

## 2.

Change in Medical Education in the People's Republic of China - a model of change at a national level. Dr. Kaufman and Dr. John Hamilton, Dean of Newcastle (a founding Network school) were invited by WHO-Western Pacific Office as expert advisors to a conference in Beijing entitled "Medical Education in China for the 21st Century". Deans and Presidents of most of China's medical schools were in attendance. The conference was the culmination of a two year study, on changes in medical education needed in the world's most populated nation. It was supported by the World Bank and the Chinese Ministry of Public Health. Drs. Kaufman and Hamilton presented the approaches of many Network schools, then recorded the responses of the participants. The analysis of this conference as a step in a national change process appears in an upcoming Network Newsletter or Journal.

One of the only models for significant change in medical education in China presented at the Beijing conference was the new, problem-based, community-oriented program established at the Changhai Second Medical University. The program was developed with the assistance of the New Mexico program but has developed a number of innovative variations more relevant to the Chinese context. A preliminary program evaluation of their first year of planning and implementation appears in the WHO book on Innovative Tracks, and a further update will be presented at the Pattaya Workshop on Program Evaluation.

Finally, following the biennial Network meeting in Thailand, a team from Network, Task Force VII will consult in Xian China. They will be guests of the Ministry of Public Health and Xian Medical University (one of China's 13 "key" schools). They will help establish a program evaluation of China's newest attempt to address rural health care needs - the establishment of three year medical schools based in rural communities for rural-bound physicians.

The Ministry plans that the curriculum of these new schools should be community-oriented and problem-based. This program evaluation effort is therefore just beginning. The Network has been of assistance in travel support of the Task Force VII team to China.

## 3.

**Program Evaluation Clearinghouse.**

In November, 1986, several of the principal Task Force VII members met at the Association of American Medical Colleges meeting in New Orleans. They sought to determine the format and organization of a workbook on program evaluation. Their goal was to develop a workbook which could be more widely available to medical schools seeking methods of evaluating their educational innovations.

Over many months Network schools all over the world were consulted for their input and sample instruments they use to evaluate results of their innovative programs were collected and reviewed. These were edited and organized into nine sections:

1. Institutional self-assessment
2. Students' and graduates' knowledge, skills and attitudes
3. Faculty and students perceptions of the program
4. Cost effectiveness of the program



5. Impact of the program on own and other institutions
6. Impact of the program on community health
7. Relevance of the program to health manpower needs
8. Consistency between the goals of the program and clinical education
9. Consistency between learning experiences in medical education and the needs of the health service sector.

One hundred copies of the workbook have been produced. Twenty copies were brought to Thailand for review by Network members. It is intended that this first edition will serve as a stimulus for its improvement and expansion with newer and better program evaluation materials from different Network schools.

A portion of the Network budget for Task Force VII supported the clerical help, duplication purchase of notebooks and assembly of the manual.

## 5. Proposal for changes in the Network Constitutions

The Executive Committee proposed to the General Meeting to carry out a number of changes in the constitution. The two main changes were that:

1. no member of the Executive Committee shall serve in the same role form more than two successive terms of 4 years;
2. the Executive Committee will be expanded with an Associate Secretary General.

The discussion about these proposals raised some further questions regarding needed revisions in other sections of constitution and by-laws. The amendments were accepted and the Executive Committee was given mandate to carry out necessary additional changes in the appropriate sections of the constitution and by-laws.

## 6. Report of the Nominating Committee

**Dr. Cosme Ordoñez**, chairman of the Nominating Committee, proposed to expand the Executive Committee in view of the increase of Network membership, workload and regional representation. The proposed candidates were:

Dr. V. Neufeld (chairman)  
McMaster University  
Hamilton, Canada

Dr. P. Carlevaro  
State University of Uruguay  
Montevideo, Uruguay

Dr. A. Kaufman  
University of New Mexico  
Albuquerque, USA

Dr. T. Ogunbode  
University of Ilorin  
Ilorin, Nigeria

Dr. F. Sturmans  
Rijksuniversiteit Limburg  
Maastricht, the Netherlands

Dr. C. Suwanwela  
Chulalongkorn University  
Bangkok, Thailand

As incoming Secretary General (beginning July 1, 1988):  
Dr. Zohair Nooman  
Suez Canal University  
Ismailia, Egypt



As Associate Secretary General:  
Dr. Henk Schmidt  
Rijksuniversiteit Limburg  
Maastricht, the Netherlands

Dr. Co Greep will continue as the Secretary General till June 30, 1988. He will then be succeeded by Dr. Zohair Nooman on July 1, 1988.

The proposal was accepted unanimously.

The chairman expressed his appreciation to the retiring members of the Executive Committee: Dr. Cosme Ordonez and Dr. Gopal Acharya; and to Dr. Leonard Meiselas for his assistance as chairman of the Finance Committee. For their many contributions to the work of the Network, the chairman conveyed words of gratitude to Dr. Tamas Fülöp and Dr. Jean-Jacques Guilbert.

## **7. The Formation of a Functional African Chapter of the Network**

Dr. Toye Ogunbode from the University of Ilorin, Nigeria, proposed the establishment of a Network African Chapter in order to attain two objectives:

1. to provide mutual support among African Network members who struggle with the same problems;
2. to spread ideas about medical education as exemplified in numerous Network publications in their region.

The proposal met enthusiastic approval. Several speakers considered the idea proposed as a model for other regions. However, some voices warned against excessive regionalism and the spilling up of resources. In their view the Network is and should continue to be a global endeavour.

## **8. Student Workshop in Thailand**

During the 5th General Meeting of the Network in Thailand, September 1987, a student workshop has been organized. Aim of this workshop was to discuss ways to realize a more structural student involvement within the Network and to formulate a two year plan of action for this. Twenty-five students of the following countries participated: Thailand, Indonesia, India, Canada, Sudan, Israel and The Netherlands. Besides this we and the other students represented participated in the General Meeting and the Symposium "Progress and Challenges in Health Sciences Education". Among other things we presented a student point of view on Dr. Neufeld's report "The Network in 1987 and beyond". Also we reacted on the request of the IFMSA concerning their "Village Concept". The village concept is a project on elective periods in developing countries which enables both students from Network and traditional schools to gain some experience in community medicine. IFMSA would like to cooperate with Network schools which already have similar programs running in order to avoid an overlap in activities. Below we will give a brief summary of the results of the student workshop.

### **Expectations of students towards their involvement within the Network**

- learning about the different concepts of innovative medical education;
- giving feedback on education to faculty members;
- motivating students at home institutions for innovative medical education;
- giving mutual support as an international organization to students at the individual institutions in their efforts to improve their educational system;
- improving the student teacher relationship;
- being exposed to a more critical and academical view on education and health sciences;
- providing exchange possibilities among Network institutions.

### **Possible activities for students within the Network**

- strengthening relationships with students and faculties concerned with education at our own and other institutions;
- participating in the planning, realization and evaluation of Network meetings;
- organizing parallel student sessions during Network meetings;
- participating in the Network task-forces;
- recruiting students for becoming active participants in the Network;
- carrying out information on innovative education in the health sciences towards students of traditional and innovating schools by the organization of, for example, workshops, site visits, students exchanges, etc.;
- promoting student exchange and electives at Network schools;



- promoting the "village concept" in cooperation with the IFMSA;
- stimulating, coordinating and publishing of research relevant for students on issues concerning education and health sciences;
- cooperating with the Network in the realization of a computer network.

#### **Communication between Network students**

One contact person at each member institution will be recruited. This local contact person will coordinate all local Network activities and communicate with the regional contact person and the central Network students secretariat.

A regional contact person will act as an intermediate between local and central levels. There will be one contact person for each of the following regions:

1. America,
2. Africa and the Middle East,
3. Asia and the West Pacific,
4. Europe.

All contact persons and the location of the central secretariat will be appointed every two years during the General Meeting of the Network.

#### **Plan of action for the following two years**

##### **A. Central Network students secretariat**

For the following two years Maastricht has been chosen as the location of the central Network secretariat. It will be concerned with the following activities:

- collecting names and addresses of local and regional contact persons;
- sending information on the structure, implementation and (financial) consequences of their students participating within the Network to the staff of all member institutions;
- editing a handbook, which will contain information on names, addresses, educational programs, electives, student exchange, research, participation in task-forces, etc. of all schools;
- assisting as much as possible in the realization of the IFMSA "village concept";
- preparing a budget for the next General Meeting;

##### **B. Regional contact persons**

Recruiting of local contact persons at their region.

##### **C. Local contact persons**

- contacting deans or other responsible staff members involved in Network activities in order to improve cooperation;
- promoting Network objectives among students and student organizations involved in planning, implementation and evaluation of education;
- stimulating student participation in the task-force allocated to their institution;
- distributing the Newsletter among students;
- taking care of entries for the Newsletter;
- finding a staff member who can act as a major link between Network students and staff and provide some continuation in the local student activities;
- making a half yearly report on all local Network student activities which will be sent to the secretariat;
- organizing activities in order to inform students at traditional schools on innovative medical education;
- collecting all the necessary data for a Network student handbook.

#### **Funding**

The secretariat will rely on the resources of the general Network secretariat for their expenses during the next two years. Local contact persons should be able to rely on the resources of their own institutions for expenses made mainly by copying, mailing, etc. At the next General Meeting we will discuss the possibility of having a budget of our own.

Looking back on our meetings, we think we may conclude that our workshop has been a very successful and fruitful event. Besides that we had a lot of fun also. We would like to thank all participants for their enthusiasm and valuable contributions and the Network as a whole for making this workshop possible. Hopefully we will be able to conclude after two years that our plan of action has been successfully implemented!

The central Network students secretariat,  
Tonny Bouts, Hanneke Hamers, Anne van Lammeren, Harro Spitsbergen.



## 9. Venue of the 1989 Network General Meeting

Seconded by Dr. Evangelos Petropoulos, University of Zimbabwe, Dr. Toye Ogunbode of the University of Ilorin proposed Maastricht as the site of the next General Meeting because in 1989 the Network will celebrate its tenth anniversary. In addition he proposed to organize the 1991 Network Meeting in Ilorin, Nigeria.

## 10. The Network in 1987 ... and beyond": Recommendations:

The recommendations made by the ten discussion groups were summarized by three synthesis reports as follows:

Synthesizer: E. Alger (group 1, 2, 3)

### Key Ideas

- Network document is excellent, and serves Network needs well
- A strength of the Network is in the development of models
- Flow of information should be from underdeveloped to industrialized countries
- Urban populations should be included in the definition of 'community'
- There is need to support greater involvement in postgraduate and continuing education
- There is need to promote lifelong learning at all levels of training
- There is need to promote teaching skills at all levels of training
- There is need to promote:
  - . academic recognition of students' community-oriented activities
  - . faculty reward for research in health services and health education
  - . change in health services delivery

### Recommendations

- Strengthen regionalization through:
  - . demonstration projects
  - . collaborative studies
  - . representation on Task Forces
  - . resource centers

Regionalization should not be overemphasized, however, because of the importance of global model-building.

- Improve publicity by:
  - . sending the Newsletter to libraries, faculty and students
  - . preparing another newsletter on Network activities for local dissemination (e.g. to medical societies, Ministries of Health)
- Actively encourage multiprofessional involvement in the Network - More effectively organize and develop resources for consultancy and training, both global and regional
- Re-examine the role and product of Task Forces. The Network Executive Committee should mandate each Task Force to present models developed during their activities to the Network, so the Network can promote/disseminate these through publications, high-quality consultants, and resource centers. These models need to be limited to ones that are well-conceptualized and tested, but may include small yet-to-be-evaluated projects.
- Promote more effective student participation in the Network by:
  - . encouraging inter-institutional student exchange programs
  - . encouraging all member institutions to send at least one student as an official representative to the General Meeting
  - . devoting a session at the General Meeting to a discussion of students' evaluation of the activities at their institution.
  - . holding the General Meeting in sites - such as universities - where students can be accommodated cheaply
  - . encouraging regional meetings prior to the General Meeting so more students' views could be represented
  - . devoting part of the Newsletter to students, possibly through a two-page insert.



Synthesizer: O. Alausa (group 4, 5, 6)

- Improve communications within the Network
  - present newsletter is not enough for this purpose
  - the idea of electronic Network is good, but it seems unrealistic in developing countries where there are presently a number of emerging Network institutions
  - there is a need for periodic publication of important Network activities
  - there is no need yet for an International Journal for the Network
- Regular updated list of resources within the Network
  - distribution of information regarding available expertise, both at the individual and institutional levels
  - distribution of practical teaching modules and distant learning materials
- Regular reports from Network Task Force groups
  - these should be a time limit to individual Task Force activities, so that a final report could be submitted
  - the reports should be printed and distributed to member institutions
- Seek more financial support for exchange and resources
  - there is a suggestion for the employment of a finance development officer at the Secretariat for the purpose of fund raising for the Network
- Improvement in student participation in Network activities
  - every member institution should work out a program for better students' involvement in the Network activities, e.g. more student electives and exchange programmes should be worked out
- Proper criteria (on national basis/institutional basis) for student recruitment and selection for CBE
- Explore the role of the Network in management of leadership development
- Multisectoral approaches to institutional student training

Synthesizer: M. Roslani (group 7, 8, 9, 10)

The strength of the Network is its identity. It provides a sense of belonging and is also to provide support to members and those interested in its philosophy. Unfortunately, its existence is not known outside the "family circle". The Groups believe that there are traditional schools wanting to change but do not know where to look for assistance.

#### Recommendations

- That the Network make itself known especially to governments. This is readily done through WHO networks.
  - The combined resources of Network members are not being adequately tapped. Even among members, it is felt that the expertise available and the strong characteristic of the member institution have not been adequately projected.
- That a comprehensive register of its members be made available to all, and in particular expertise in Staff Development Program. The three priority areas of the Network represents the spirit of a collective endeavour. In as much as collective effort enhances its role as a change agent, caution must not be thrown to the wind. This approach may result in the Network being rigid in all their deliberations and actions.
- That the Network institute both internal and external evaluate its performance.
- That technology that is efficient and cost-effective be utilised for dissemination of information.
- That the Network re-emphasises the Health Care Team approach and the utilization of students as a major agent of change.
- Task Forces are established for specific purposes and as such is product-oriented. It is recognised that, due to financial and geographical constraints, there may be constraints in the product utilisation subsequently. New areas need to be looked into, while some of the "old" Task Forces will need to end.
- That a Task Force is formed with a time frame.
- That a Task Force is formed to devise an instrument to measure the effectiveness of graduates.
- That continuing and postgraduate education be addressed.
- That the financial health of the Network be stabilised and improved.



## **Fifth general meeting of the Network of Community-Oriented Educational Institutions for Health Sciences**

September 28 and 29, 1987

The meeting takes place in the  
Royal Cliff Beach Hotel  
Pattaya Beach Resort Thailand  
Tel: 418344, 418513-5, 418612-6  
Telex: CLIFFEX 85907 TH  
Cable: CLIFFPATTAYA  
Fax: 66-038-428511

### **Objectives of the Meeting**

The aims are to assess the current health of the Network, to explore new opportunities and consider together what the different distinctive contributions of the Network should be in the next several years.

**Sunday, September 27, 1987**

18.00 - 20.00      Welcome reception and registration, in the Panorama Room

**Monday, September 28, 1987**

### **Agenda**

- |               |  |
|---------------|--|
| 09.00 - 12.30 | 1. Opening Remarks<br>Dr. V. Neufeld, Chairman of the Network<br>Dr. J.M. Greep, Secretary General of the Network<br>Dr. T. Fülöp, Director, Division of Health<br>Manpower Development, World Health Organization,<br>Geneva, Switzerland<br>Dr. H.J. Walton, President, World Federation for Medical<br>Education, Edinburgh, Scotland |
| NO-314-85     | 2. Minutes of the Fourth General Meeting of the<br>Network, Egypt, September 7-8, 1985   |
|               | 3. Awarding of Honorary Membership   |
|               | 4. Membership fee<br>Proposal will be available at the time of the meeting<br>See also list of member institutions   |
| NO-240-87     | 5. Reports on Network activities, 1985 - 1987  |
|               | 5.1. The Secretariat/Executive Committee,<br>by Dr. J.M. Greep and Dr. V. Neufeld  |
|               | 5.2. Finances  |
| NI-389-87     | - Overview Financial Accounting (report will be<br>sent to you by separate mail)   |
|               | - Report by the Chairman of the Fundraising Committee,<br>Dr. L. Meiselas  |
|               | - Appointment of Financial Audit Committee   |
|               | 5.3. Task-forces   |
|               | I. Community-Based Education; Dr. C. Ordonez   |
|               | II. Priorities in Health Problems in Medical Education;<br>Dr. V. Neufeld  |



III. Clinical Training in Health Care Settings;  
Dr. Zohair Nooman

IV. Student Evaluation; Dr. D. Benor

V. Change in Established Schools for Health Sciences;  
Dr. J.M. Greep/Dr. H.A. Tiddens ,

VII. Program Evaluation; Dr. A. Kaufman

12.30 - 14.00 Lunch

14.00 - 16.00 "The Network in 1987 ... and beyond."

This afternoon and the next will be spent on small-group discussions concerning the future of our organization. You have received the report prepared by Dr. V. Neufeld. The secretariat will compile the most urgent issues raised. This paper could be used as an agenda for the small-group meetings (to be distributed at the time of the conference)

16.00 - 17.00 This afternoon's session in review:  
reports from the group and synthesis by Dr. V. Neufeld

19.00 - 22.00 Dinner Buffet and Poster Session

Members are requested to present important issues in the development of their curriculum in a poster format (see for information on how to present a poster: the program booklet of the subsequent conference).

**Tuesday, September 29, 1987**

## **Agenda**

Continuation of the business meeting

- |                            |   |
|----------------------------|---|
| 09.00 - 10.30<br>NI-388-87 | 6. Proposal for changes in the Network by-laws<br>Introduced by Dr. Zohair Nooman                           |
|                            | 7. Report of the Nominating Committee, chaired by<br>Dr. C. Ordonez and election of Executive Officers      |
| NI-390-87                  | 8. The formation of a functioning African Chapter<br>of the Network   |
|                            | 9. Venue of 1989 General Meeting  |
|                            | 10. Any other Business  |
| 11.00 - 12.30              | Small-group discussions continued   |
| 12.30 - 14.00              | Lunch   |
| 14.00 - 15.00              | Small-group discussions continued   |
| 15.00 - 17.30              | Plenary session<br>Reports from the groups and plan for the next two years.<br>Synthesis by Dr. V. Neufeld. |
| 17.30                      | Closing session   |
| 19.00                      | Farewell dinner   |



N.B.

Coffee and tea will be served every day at 10.30 hrs. and  
15.30 hrs. in the Ballroom Lobby.  
Lunches will be served at 12.30 hrs. in the Panorama Room.

Conference Secretariat will reside in the Sapphire C-Room

IK/HvW-NO-262-87  
September 1, 1987

1851  
MP-130  
COMMUNITY HEALTH CELL  
326, V Main, I Block  
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India



## Appendix B

### Network General Meeting September 28 and 29, 1987 Pattaya, Thailand

#### List of Participants

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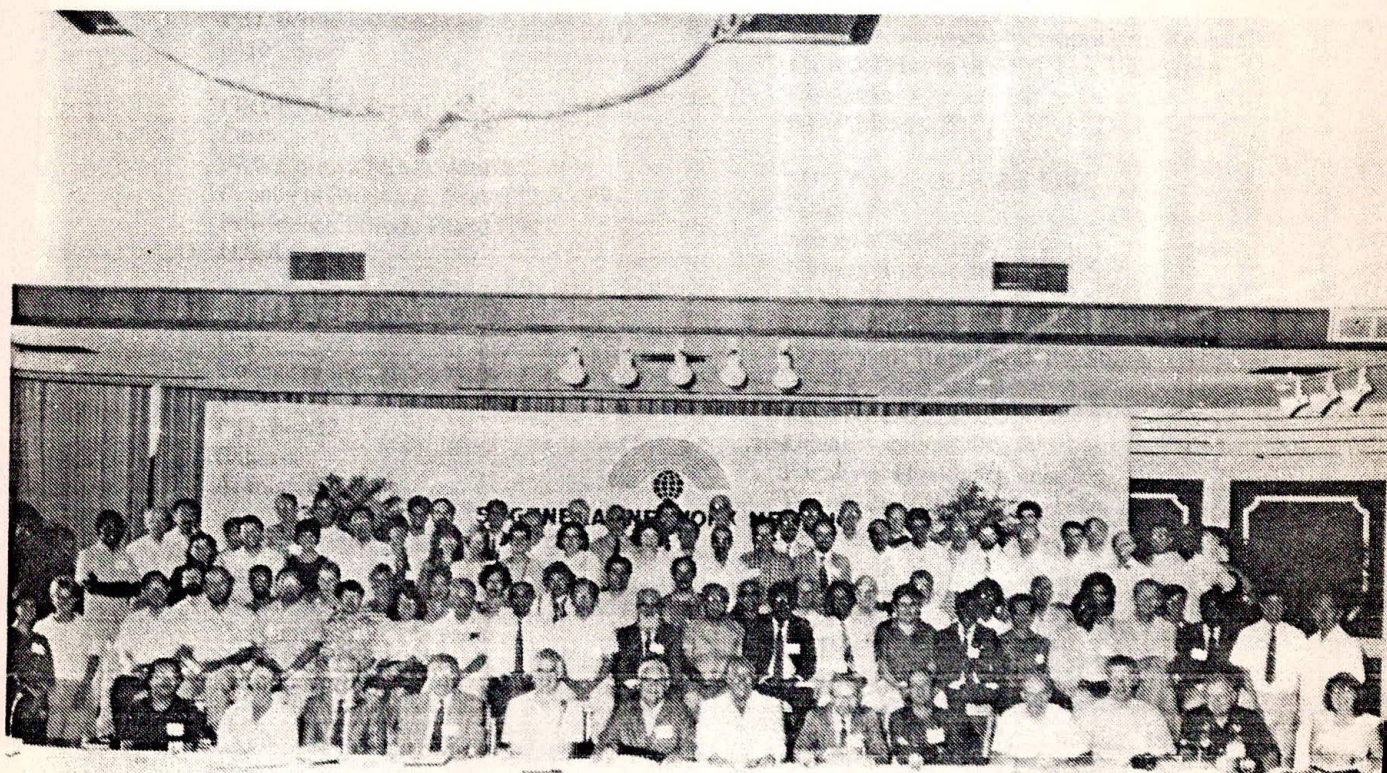
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