

NEWSLETTERS

of the
Network of Community oriented Educational
Institutions for Health Sciences

No. 8 - Dec. 1987

No. 9 - July 1988

No. 10 - Dec. 1988.

ME-1392 of

newsletter



Network of Community-Oriented Educational Institutions for Health Sciences

Number 8 / December 1987

Editorial

No doubt this issue of the Newsletter will provide much information of interest to our readers! You will find announcements of forthcoming workshops, reports of meetings, reviews of books of interest to anyone involved in the renewal of professional health education, and many other topics.

To our deep regret **Dr. Ramon Villarreal**, one of the Network's founding fathers and a very dear friend, has died. We remember with respect and gratitude his many contributions in the early years. An obituary written by Dr. Mora Carrasco can be found in this Newsletter.

A major event this year was the **Fifth General Network Meeting** of member institutions in Pattaya, Thailand. Some of the important decisions taken include, the formation of a new Executive Committee, the establishment of an African Chapter of the Network and the awarding of honorary memberships. A concrete plan of action for the next two years, resulting from lengthy discussions in Pattaya, will be announced in the Newsletter's next issue, due in June 1988.

The Secretariat has undertaken two new activities:

the establishment of a new scientific periodical, "Annals of Community-Oriented Education", and the strengthening of its clearinghouse role.

To serve our readers on a more regular basis, the Executive Committee has decided to publish two Newsletters annually; in December and June.

Those who would like to share information with our readers should submit their contributions before April 30 and October 31.

A happy new year to you all.

Ine Kuppen and Henk Schmidt

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Published by the Network Secretariat
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Chairman's Column

The fifth biennial meeting of the Network has come and gone. I am sure that those of you who attended will agree that it was a most worthwhile gathering. My sincere thanks to all of you who worked so hard and participated so actively to make it a success. A summary report has been prepared by the Secretariat which will be sent to all participants and members. Extra copies are available, on application to the Secretariat. In this column, I want to highlight two points. First, a summary of the one "next steps" following the review at Pattaya of the discussion document "The Network in 1987 ...and beyond". Second, I would like to introduce the new Network Executive Committee team.

At the Thailand meetings, the representative of member institutions and other participants accepted the proposal that three important strategies should characterize the Network in the next few years. They are:

- 1 Relevance -Education for Health Professionals in Response to Community Health Needs.
- 2 Adaption to change
- 3 Links with Health Services

The Network Executive Committee and the Secretariat are now putting together a "plan of action" document which will specify the activities for the next two years to be carried out by the various participants in the Network; task forces; and special project groups. This plan will be finalized at the Executive Committee meeting scheduled for May 12-14, '88 in Geneva. We have asked leaders from member institutions to submit an outline of planned activities related to the three Network themes.

We have an almost totally new Executive Committee team. Let me introduce them to you:

Prof.Dr. Pablo Carlevaro is the dean of the Faculty of Medicine at the University of Montevideo in Uruguay. He is a widely recognized and active leader in Latin American medical education.

Dr. Arthur Kaufman of the University of New Mexico, Albuquerque, U.S.A., is the Director of the Primary Care Curriculum, and the Co-chairman of Task Force 1.

Dr. Toye Ogunbode is the Dean of the Faculty of Medicine, at the University of Ilorin, Nigeria. He has

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India

been a leading force in establishing an African chapter of the Network.

Prof. Dr. Ferd Sturmans is the Dean of the Faculty of Medicine of the University of Limburg. He is an epidemiologist with strong interests in links with health services. **Prof. Dr. Charas Suwanwela** is the Dean of the Faculty of Medicine at Chulalongkorn University in Bangkok, Thailand. He is a leader in medical education in Thailand, and is working with his colleagues in implementing a major curriculum change in his institution.

Supporting the Network will be a strengthened Secretariat. **Co Greep** will continue till the end of his 4-year term which is June, 1988. He will be succeeded by **Dr. Zohair Nooman** of Suez Canal University, who is a living example of profound and visionary leadership in health professions education. The Secretariat will remain at Maastricht, and I am delighted that **Henk Schmidt** has accepted the position of Associate Secretary-General. **Mrs. Ine Kuppen** will continue as the coordinating secretary of the Secretariat and the Executive Committee. These are exciting times for the Network with a renewed and re-focussed vision on the countries involved, a strengthened and a capable leadership team, and in particular much active participation in an increasing number of institutions who share our goals and are demonstrating these goals in specific activities. *Dr. Vic Neufeld, chairman.*

Activities planned in the secretariat

The Network Secretariat will intensify its role as a communications center among member institutions and between the Executive Committee and the members. In addition, its function as a clearinghouse for information useful to member institutions will be strengthened. The following action will be undertaken.

1. **The Newsletter**, the most visible part of the Network to the outside world and the medium for internal communication, will be issued twice a year in the future.
2. **A Network scientific periodical**. The field of health professions education is marked by many interesting new developments. Here, an assessment instrument for student performance during community postings is being created; there, alternatives to the traditional clinical clerkships are being pursued. The educators involved however, often do not take the time --or lack the experience-- to write about their endeavors.

Consequently, few references to aspects of community-oriented or community-based instruction are to be found in literature. The Network's Executive Committee has decided therefore to support the publication of a scientific periodical: "Annals of Community-Oriented Education". This journal will provide a forum for those actively involved in innovation in health professions education, an opportunity to exchange experiences, publish results of relevant research or just share good ideas. A small international Editorial Board will maintain a liberal policy with respect to topics to be addressed in the Annals. However, in addition to its forum function, the new journal will have an educational purpose. The editorial team will not judge, accept or

reject in the first place, but try to help authors improving on their manuscripts. The final product of these collaborative efforts may be the publication in the Annals or in another journal. The editorial staff at the Secretariat will consist of Henk Schmidt and Pauline Schoenmakers. The first issue of the Annals will be published in April or May 1988 and will contain some of the contributions from the Pattaya conference.

Additional contributions are still welcome. This first volume will also contain further details on editorial board and publication policy.

3. **Clearing House**. The Secretariat will systematize its collection of reports, articles, papers and other information of interest to member institutions. In addition, Tonja Mol, a former coordinator of Maastricht's primary care attachments program, has expressed her willingness to support our organization by building up an even more extensive collection. An attempt will be made to make this "data bank" available to the members as soon as possible. One of the media to be utilized will be a floppy disk, usable on IBM compatible computers, and updated once a year. This disk may contain extended bibliographies compiled by the Secretariat, the Task Forces, or by individuals. In addition, an inventory of experts in various domains, available for consultation to member institutions, will be prepared and made accessible to all institutions.

Recent Events

5th General Network Meeting : a successful and happy family reunion

September 28-29, 1987 PATTAYA, THAILAND

The meeting was attended by 150 participants, representing the full, associate and corresponding members. The only full member unable to send a representative was the Faculty of Health Sciences, Kumasi, Ghana. The World Health Organization was represented by Drs. Tamas Fulop, Jean Jacques Guilbert, Harmen Tiddens and Dr. Bisht; the World Federation for Medical Education by its President, Dr. Henry Walton and the Canadian International Development Agency by Dr. Kerry Kennedy. Participants had received the discussion paper on "The Network in 1987 and beyond" beforehand. This paper contained ideas, proposals and plans and suggestions for new avenues to pursue. The main objective of the general meeting was - to use this discussion document - to review the priorities for the future activities of the Network. In addition to plenary business sessions, members and observers were divided into small groups. These groups were to answer concrete questions and to respond to a number of suggestions included in the discussion paper. Group opinions and recommendations were reported to the General Meeting. One can say that the atmosphere during the meeting was superb. A real highlight was the poster-session, coinciding with the Network dinner. It was a pleasure seeing every institution presenting its curriculum : problem-community based or oriented, conventional or innovative. The summary report of the meeting

will be distributed in January, '88. Readers interested in obtaining a copy please write to the Central Secretariat. The Executive Committee is now working on a specific plan of action for the next two years.

The venue of the next General Meeting will be Maasticht, The Netherlands. This site has been chosen on the occasion of the tenth anniversary of the Network.

► Enthusiastic approval of African Network Chapter

At the General Meeting, **Dr. Toye Ogunbode** from the Faculty of Health Sciences, Ilorin, Kaware State, Nigeria, launched the proposal to form a functional group of African Network schools.

The objectives are :

- 1 To create linkages with Network schools in Africa
- 2 To strengthen existing links and create awareness of the Network objectives in medical schools where the programs have not been established.
- 3 To facilitate establishment of programs in new schools. The proposal met with great enthusiasm and was accepted unanimously.

As a first step towards the realization or achievement of the linkage objectives, Dr. Ogunbode is collecting the required information about periods of community based or other established components of innovative educational programs from each member school in Africa. The information received will then be disseminated among member schools to assist in devising an appropriate fellowship plan.

More information can be obtained from:

Dr. Toye Ogunbode

Coordinator African Group of Network Faculty of Health Sciences, Univesity of Ilorin, Ilorin Kwara State, Nigeria

► Honorary Membership

At the General Meeting it was decided to award honorary membership to a number of colleagues who have made outstanding contributions to the Network and its objectives :

The nominees were :

Dr. Tamas Fülöp

Director, Division of Health Manpower Development
World Health Organization, Geneva, Switzerland.

Dr. Jean-Jacques Guilbert

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

Dr. Cosme Ordóñez

Representative, Ministry of Public Health
Higher Institute of Medical Sciences, Havana, Cuba.

Dr. Moshe Prywes

Chairman, Center for Medical Education Faculty of
Health Sciences
Ben-Gurion University of the Negev, Israel.

Dr. Harmen Tiddens

Prof. of Health Care Organization
Chairman National Board for Continuing Medical
Education, The Netherlands.

and posthumously to

Dr. Ramon Villarreal

Former Dean, Faculty of Health Sciences
Universidad Autonoma Metropolitana Xochimilco,
Mexico City, Mexico

Their nominations were approved unanimously.

► Obituary

Dr. Ramon Villarreal

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 departure 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 the quality of his leadership was 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 the World Health Organization in Washington, USA (1959-1972), first as 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 (1979), he was a member of 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.

Dr. Fernando Mora-Carrasco

Division Director
Faculty of Health Sciences
Mexico D.F., Mexico

Progress and Challenges in Health Sciences Education

► the Pattaya Conference: an impression

September 30-October 2, 1987

Report by Irma Kokx*

In Pattaya, Thailand, the conference "Progress and Challenges in Health Sciences Education: an International Perspective" was held (Sept.30-Oct.2, 1987), organized by the Network in collaboration with Chulalongkorn University's Medical Faculty, in Bangkok. 224 participants from all over the world came together to exchange some of their research findings and to discuss innovation in educational programs at their schools. People came from Nigeria and Australia, from the USA and the Philippines, from Egypt and the Netherlands, from Chile, Cuba and Zimbabwe and of course from the host country Thailand.

The conference was organized around a limited number of formal presentations, several workshops and a poster session. A field trip was organized for early arriving conference participants and Network members to get an impression of the rural training sites of medical students of Chulalongkorn University's Medical Faculty. This field trip started with an orientation on the Thai Health Service System and Community-Based Education at the conference site. The slides of rural health centres alternated with tourist views of Pattaya in an amusing way. After a study tour at Banglamung Community Hospital, a health centre in the rural community was visited. Here the participants got the opportunity to talk with students about MESRAP (Medical Education for Students in Rural Areas Project), and their experiences in a rural health centre.

The students were sometimes asked very difficult questions about their motives for becoming physicians and their reasons for eventually returning to a rural health centre when their education was completed. Some of the participants seemed to doubt the honesty of the rather idealistic replies. But let's be frank: what would our students answer to such questions in such a situation. The real start of the conference was made by a presentation and discussion of Medical Education in Thailand: an overview of the development and present state of the medical education.

On the second day of the conference, the morning session consisted of formal presentations around two themes: "How to change a conventional curriculum" and "Is problem-based learning a necessary condition for the implementation of community-oriented education, or can the latter do without the former?".

In the first thematic session three schools reported about their attempts to change their existing curricula: their experience was useful for other schools with conventional curricula. For example: the experience of the Kebangsaan Malaysia University taught how important it was to involve all the staff concerned right from the start.

The panel discussion after the presentations around the second theme showed that a discussion about problem-based learning as a necessary condition for the imple-

mentation of community-oriented education still exercises many minds.

In addition to the concurrent workshops one can say that the contacts and discussions in between the presentations and in the breaks seemed more interesting than the papers themselves. The poster session also promoted an exchange of information and experience. New contacts were made, old ones renewed. All through the conference there was an atmosphere of friendliness. Two causes for this can be mentioned: perfect organization with a very helpful secretariat and comfortable accommodation.

The Pattaya conference will probably be remembered as very useful, very agreeable and well run.

*Irma Kokx is educational psychologist
Dept. of Educational Development and Research
University of Limburg
Maastricht, The Netherlands.

News from Network Member Institutions

► The Ilorin Faculty of Health Sciences Collaborating Centre of the world Health Organization

On September 24, 1987, The Ilorin Faculty of Health Sciences was designated as a W.H.O. Collaborating Centre in Research and Manpower Development in Community-Based Educational Programs. The Faculty, a full member of the Network, is regarded as the leading centre of the Network in Africa. It has played a leadership role in the encouragement of functional linkages between the Network Group of Schools. It has also assisted two new medical schools, Bayero University, Kano, and Zimbabwe University in Harare, in the development and implementation of their medical curricula.

The overall program of Ilorin was invited many favourable comments from all over the world. With the innovative approach, which is relevant to the health care needs of a vast number of Nigerians, the structure of the community-based program, the total commitment of faculty staff, and long term plans for priority health research activities and manpower development principally at the community level, its membership of the Network, Ilorin will continue to make important contributions to the development of health care delivery in this country in particular and in the world at large.

The Faculty of Health Sciences, University of Ilorin was established in 1977/78 session as an Innovative Medical School in response to the Federal Government order that New Medical Schools should train doctors and other health personnel sensitive to community needs and well able to deliver primary health care. Since its inception the faculty has been the foremost institution dedicated to the health needs of the population it serves in Nigeria. The faculty has maintained the precious legacy and historic educational philosophy based on four innovative components of the medical curriculum; integrated teaching, problem-based learning, student-centred learning which deemphasizes didactic lectures

while encouraging independent learning and community-based experience and services. The students are introduced to the community after 8 weeks of entry into the Medical School. Almost 23 weeks, appr. 10% of the medical training period, is spent in the community. In this respect the faculty perhaps has the highest community-based programs in Nigeria. One other outstanding feature of the faculty is the structure of the community-based programs. This is faculty based and run by a COBES Unit which has a coordinator who can emerge from any department of faculty. During the COBES posting the tutors are drawn from various departments and in rotation to allow all the teachers to be actively engaged in the programs. It has been found that these arrangements encourage faculty commitment and permit the system to endure. Today the faculty offers the Community Health Officers (CHO) program and engages in a number of collaborative service oriented research programs with the Teaching Hospital as well as the State Ministry of Health who are primarily service providers. Also established are joint international research programs with such bodies as John Hopkins University, UNICEF and Columbia University in the USA.

► **13th Anniversary of the Ben Gurion Medical School**
November 21-26, 1987, Beer Sheva, Israel
Report by Dr. Shimon Glick*

The Faculty of Health Sciences of the Ben Gurion University began its 13th year (Bar Mitzvah-coming of age in the Jewish tradition) by a reunion of 60 former visiting professors from abroad. These distinguished leaders of world medicine who had spent 4-6 weeks each at the Ben Gurion University as Dozor professors (in honor of the donor Mr. Harry Dozor), during the preceding decade, returned to see the changes and renew old ties with the Faculty. In four days full of activities, they heard about the history of the school and its impact on health in the community (in a visit to the Health facility in the Bedouin urban settlement of Rahat). They met with students and faculty and participated actively in small workshops on various aspects of the program. Graduates of the school presented papers in community projects as well as on clinical and basic research. Symposia were held in most major clinical subjects and on current areas of interest in medical education. Three major talks were given by guests: Professor Sheps, Professor of Social Medicine, University of North Carolina, spoke on "The Future of Medical Practice and Community Health Problems: Problems and Prospects"; Professor Donald Seldin, Chairman of the Dept. of Medicine, Texas Southwestern Medical School on "Conflicting Social and Academic Demands on the Medical School" and Professor Albert Solnit, Professor of Pediatrics and Psychiatry, Yale University spoke on "Behavioral Sciences in the Year 2000". The visit culminated in a gala Thanksgiving dinner which ended with a sound and light show about the Faculty. The visiting Faculty organized itself into a working organization to continue supporting the activities of the Faculty.

* Dr. Shimon Glick is Dean of the Faculty of Health Sciences of the Ben Gurion University of the Negev.

The Secretariat also received from Dr. Moshe Prywes* copies of:

1. A special booklet called **"The Beer Sheva Experiment: An Interim Assessment"**. It has been edited by Shimon Glick, Lechaim Naggan and Moshe Prywes and appeared as a special issue of the Scientific Israel Journal of Medical Sciences (Vol.23, Nos. 9-10, Sept.-Oct. 1987). It is intended as a presentation of concrete issues that in Beer Sheva has been defined as highly germane to medical education and health service delivery. The volume is divided in two parts: Educational Issues and Health Services. In part I consideration is given to a variety of educational problems that are intermediate between the overall ideology and its application to specific substantive matters. Part II is devoted to a consideration of what has happened in these 13 years to the health services in the Negev and how the changes are linked to the Ben Gurion Medical School.
- 2 A brochure by Dr. Shimon Glick, describing the history, goals and accomplishments of the Faculty of Health Sciences of the Ben Gurion University, Beer Sheva, Israel.

* Dr. Moshe Prywes is Founding Dean, Prof. of Medical Education and Chairman, Center for Medical Education, University Center for Health Sciences and Services, Ben Gurion University, Israel.

► **International Workshop On Community-based Education Incorporating Problem-based Learning**
December 12-17, 1987, Faculty of Medicine
Suez Canal University, Ismailia, Egypt

The workshop was organized by the faculty development group of the center of research and development in medical education and health services at the Suez Canal University. There were 18 participants from outside Egypt, including 3 from Khartoum and 2 from Gezira, Sudan, 2 from Bahrain and 1 from Karachi. The workshop introduced participants to the principles and practices of community-based education and problem-based learning and problems of introducing change in established schools. Each participant was requested to present his plan for change in his institution by the end of the workshop.

Forthcoming Events Network Institutions

► **Nigerian Network Schools of Health Sciences**
First Educational Workshop
February 9-12, 1988, Ilorin, Nigeria

Objectives of the workshop :

- At the end of the workshop each participant will be :
- introduced to a model community based medical educational program, its advantages and constraints.
 - informed on the value of introducing the student to community early in his training to diagnose and offer

service.

- able to distinguish between learning and teaching and understand problem based integrated student learning in all disciplines.

- able to evaluate his achievement from the workshop experience.

Participants :

The workshop is open to all participants in Nigeria and overseas who have interest in community based student centred, problem solving medical education with special reference to African experience.

For more information please write to :

Dr. S.K. Odaibo, Frcs

Chairman, Organizing Committee

First Educational Workshop

Faculty of Health Sciences

University of Ilorin

Ilorin, Nigeria

► **Ced Plans Short Course in Community Based Medical Education**

May 1988, Chicago, U.S.A.

CED faculty, in collaboration with seven international consultant faculty, are preparing a short course for health professionals on "preparing leaders for community based medical education". Tentatively scheduled for May, 1988, the program will be offered to health personnel in faculty or administrative posts who are interested in or responsible for leading community based medical education programs.

The course will be problem based, using a case study format. Participants will work through the problem analysis, curriculum design, and leadership strategy of an educational problem currently existent in an educational government or health services delivery organization. Primary mode of instruction will be small-group discussion along with faculty led seminars, independent study, and ample resource reading.

For further information please contact :

Dr. Thomas Telder

Associate Director for Educational Programs

Center for Educational Development

808 S. Wood Street (m/c 581)

Chicago, IL 60653, U.S.A. tel. (312) 996-3590

► **Introducing Problem-based Learning**

The University of Limburg Educational Workshops for the Health Sciences 1988

June 20-July 8, 1988, Maastricht, The Netherlands

- June 20-24, 1988

Introductory Workshop 1

This workshop provides an overview of the main features of the problem-based approach to health professions education, as elucidated in the folder.

- June 27-July 1, 1988

Workshop 2: Learning Through Problems: Opportunities and Limitations

In recent years, the design of problems, suitable for stimulating self-directed learning has become an important issue. Until 1980, most new schools copied the McMaster approach, almost exclusively presenting their students with clinical problems. However, in particular in schools admitting students right from secondary school, experiments have been carried out with simpler problems, because these students often seem to lack prior knowledge to work on a complex clinical problem in a fruitful way. In addition, relying solely on clinical problems, it proved difficult to acquaint students with knowledge of the wider epidemiologic, socio-economic and psychological context, often defining the boundaries of health and disease.

Participants will learn the techniques of how to construct these problems, in a format emphasizing practical exercises, including testing self-made problems on students in small-group tutorials. In addition, this workshop will give much attention to the role of the tutor.

- July 4-8, 1988

Workshop 3: New Methods in Student Assessment and Skills Training.

In recent years, a wealth of new approaches to student assessment has been developed: Progress testing, OSCE, the use of simulated patients in assessment, SEMP, skills testing, and sophisticated observational methods, to name a few. Participants will have hands-on experiences with these methods. In addition, the experience of the Maastricht Skills Laboratory with the design of structured training programmes, both for clinical and interpersonal skills will be shared with the participants. As in the first two weeks, there will be lots of opportunities to apply the newly acquired knowledge and skills. The workshop will be given together with staff of the Center for Educational Development of the University of Illinois at Chicago and the University of Texas, Galveston. These Centers provide internationally recognized expertise in these areas.

In summary: You may choose one of these workshops; or pick two; or you may decide to join us here in Maastricht for three weeks. Make your choice!

For further information please phone, write or fax to Miss Willie Schipper, Workshop Secretariat
Faculty of Medicine, University of Limburg
P.O.B. 616, 6200 MD Maastricht, The Netherlands
Tel. (43) 888242, Telex: 56726.

► **A Celebration**

Ten Years of Innovative Medical Education

August 30-September 16, 1988

Newcastle, Australia

Invitation:

The Faculty of Medicine at the University of Newcastle in New South Wales cordially invites everybody with an interest in medical education and innovation to join it in 1988 for some or all of its celebration of its first ten

years. The program of workshops and meetings has been designed to offer something to everyone.

Background:

The Faculty of Medicine at the University of Newcastle was established in 1973, acquired its first staff in 1975, accepted its first cohort of students in 1978 and produced its first graduates in 1982. Students entered a program planned and developed by a small, innovative and educationally dedicated foundation staff under the visionary direction of the Foundation Dean, the late David Maddison.

The faculty accepts approx. 70 students a year. The admissions policy is founded on the premise that academic ability should not form the sole criterion for selection of future medical practitioners. Students are selected from a wider than normal academic pool, based largely on personal qualities assessments. From its inception, the school has aimed to achieve a socially relevant approach to medical education. The goal has been to create an educational experience congruent with the complex needs of contemporary society and the diverse roles required of a doctor. The course uses on the problem based approach, with an integrated curriculum in which small group activities and independent study are the predominant modes of student learning. The entire 5 year curriculum is organized around a sequence of clinical problems, and community issues are explored in relation to these problems. The faculty has quickly gained an international reputation. It is a founding member of the Network and is recognised as a centre of excellence and a place to visit for those interested in frontier developments in medical education.

Over the past ten years, a wealth of experience has been gained and many important lessons learned. These have already led to a major revision of the entire curriculum. The faculty is committed to continually evaluating and improving its effectiveness.

Diary:

- August 30-Sept. 2

Problem-based Learning : Education for the Professions

Four day inter-professional workshop

- Sept. 5-6

A Case Study in Innovation

Two day review of faculty and curriculum development over the past 10 years

- Sept. 7

David Maddison Lecture

A commemorative lecture from a distinguished guest

- Sept. 8-9

Comparison of Goals and Strategies in Innovative Medical Schools

Two day international seminar to compare innovative programs

- Sept. 12-16

Priorities for the Future

Concurrent one to three day workshops and seminars on key topics with implications for academic developments and student learning, e.d. medical informatics, health promotion education, sexuality, nutrition, palliative care and aboriginal health.

For more information please write to :

*Information Officer, Faculty of Medicine
University of Newcastle, New South Wales 2308
Australia, telex AA 28194 Telefax 61 49 676366.*

Limited support funding may be available to assist those who might be otherwise unable to attend.

International Symposium on the Role of Student Health Professionals in Community Health Education October 9-13, 1988, Beer Sheva, Israel

The symposium will cover the following areas:

- 1 Methods of activating health education in schools by medical and health professional students.
- 2 Methods of training students to carry out this task.
- 3 Methods of evaluating the student's activities and the project's efficiency.
- 4 Collaboration with other schools and educational institutions and their contribution to the project's success.

For further information please contact:

*Chaim Yosefy, Symposium organizer
Center for Medical Education, Faculty of Health Sciences,
Ben Gurion University of the Negev
P.O.B. 653, Beersheva 84105, Israel*

McMaster Workshops in Health Sciences Education Hamilton, Canada

Role of the Tutor in Small Group Learning Workshop

Dates offered:

May 17-20 and October 25-28, 1988

The overall goals of these workshops are: to provide participants with an orientation to the issues and skills in problem-based, self-directed learning in a small group setting.

These issues may include:

- 1 The definition and rationale of
 - problem-based learning
 - self-directed learning
- 2 Implications of this approach for
 - teaching
 - design of learning resources
 - evaluation
 - dynamics of the learning group.

Objectives:

- 1 To gain an understanding of the role of the tutor as an educational facilitator and evaluator of learning.
- 2 To experience the role through participation.
- 3 To prepare for the eventual undertaking of tutor roles in educational programs.

Visitors' Workshops

Dates offered:

June 6-9 and November 21-23, 1988

The Visitors' Workshops provide an overview of the approach to Health Sciences Education at McMaster University.

Goals: To gain familiarity with the educational approaches used in the Faculty of Health Sciences at McMaster, especially problem-based learning, problem-solving, self-directed learning, and small group learning, particularly as applied in our undergraduate medical program.

Activities: Small Group Tutorials - Self-Directed Learning - Elective Resource Sessions.

For further information and application forms contact:
Miss Annette Sciarra, Workshop Coordinator
Education Services, Room 3N51
Faculty of Health Sciences
McMaster University, 1200 Main Street West
Hamilton, Ontario, Canada L8N 3Z5

► **First Jerusalem Health Exposition**
October 10-13, 1988, Jerusalem, Israel

The Hebrew University - Hadassah School of Public Health and Community Medicine and the Minister of Health of Israel announce the first Jerusalem Health Exposition to be held at the Hebrew University. The program will deal with strategies for health promotion within the framework of Health for All in the Year 2000.

The goal is to gather health professionals manufacturers, distributors and consumers to exchange information and to develop effective programs for health promotion. International participation is invited.

Workshops are being planned in women's, health, nutrition, Aids education, health promotion policy in developing and developed countries and other subjects depending upon interest.

For further information please write to Atzeret zgb. Keren Hayesod Street
P.O.B. 3888, Jerusalem 91037, Israel

New Network Members

Full member institutions

Faculty of Medicine
University of Sherbrooke
Sherbrooke, Quebec, Canada

Associate member institutions

Faculty of Medicine
Office of Medical Education
Lund University
Lund, Sweden

Faculty of Medicine
Chiangmai University
Chiangmai, Thailand

Corresponding members

Dr. P.L. Petit, Consultant for Management of
Development Programmes BV (C.D.P.)
Johannes Worpstraat 5 - III
1076 BC Amsterdam, The Netherlands.

News from Network Students

International Workshop on Innovative Undergraduate Medical Curricula

June 1987, Harare, Zimbabwe
Report by Bill Bradley*

From June 22-26, 1987 I had the opportunity to attend the International Workshop on the Innovative Undergraduate Medical Curricula at Harare, Zimbabwe. I was invited to represent the student perspective from McMaster University Medical School in Hamilton, Ontario, Canada, a program which is philosophically supportive of community-based, community-oriented medical education. I participated in small groups and discussions with faculty from Harare as well as faculty from a few other Network programs. As well, I met a number of 1st, 4th and 6th year students in the Zimbabwe Medical School Program. Now I would like to share with you some of my impressions of the week-long workshop. The three main themes of the workshop I would like to comment on are (1) community-based, community-oriented medical education, (2) problem-based learning, and (3) evaluation.

Community-Based, Community-Oriented Medical Education

Zimbabwe is a country where 70% of the population lives in the rural regions, yet by far the majority of doctors practise in urban centres. This is often a problem even in (more) developed countries. As in these countries, the medical program in Zimbabwe trains(ed) their students in a tertiary care setting in the major city, Harare. Because of this tertiary training it has been found that graduates were not as well prepared as they could be before working in rural settings, nor were an adequate number settling in these after their medical education. In an attempt to address this, the medical program has decided to change its curriculum to a more community-based, community-oriented (CB/CO) approach with the hopes that the new curriculum would prepare grads at least as well as the past program for working in tertiary care centres, while at the same time ensuring that these new graduates will be much more capable and better prepared to work in the rural settings.

Often times during the workshop the idea was expressed either overtly or implicitly that the new curriculum would also address the issue of getting graduates to settle in the rural areas. While they agreed that a change in the curriculum would probably better prepare grads to work in rural settings, the students pointed out that curriculum change alone could not be expected to get graduates to actually settle there. If a program is going to train them and wants them to go to those settings, the students felt that there must be some kind of incentive. More importantly, the students frowned on the idea that getting doctors into the community would make an impact on the health status, that this was in fact naive and wildly expectant, just another example of the omnipotent attitude medical doctors have about themselves. It was the Zimbabwe students that stated "the issue is far more complex, embedded in a variety of socio-economic-

political conditions, and what will really improve the health status is improvement of the social and economic conditions in the rural areas". So, while the students believe the curriculum change was an important development, it has to be seen in perspective.

Problem-based Learning

A number of year one medical students from Zimbabwe attended the first day of the workshop, the one devoted to problem-based learning using an integrated curricula. They were very curious about the McMaster system and my experiences there. As they learned more about it, many of them found it understandably difficult to conceive how such a system could work. We learn in small groups of 5 or 6 students with a tutor acting as a facilitator, not an information source. There are few, if any, lectures and these are completely optional. We use patient problems as a catalyst for learning and material (anatomy, biochemistry, physiology, histology, etc.) is integrated focussing on systems (e.g. cardiology of gastrointestinal) rather than segregate into courses.

When I surveyed the students as to what they thought of lectures, most (including 4th and 6th year students) answered with: "A useful way to learn how to make up believable excuses for not attending", "I used to try to take notes but the lecturer talked so quickly and in so much detail I couldn't keep up or decide what was important. Now, I sit and listen (sometimes)" or, "usually it's some old fart that does research and comes in and tells us everything there is to know in his one area in incredibly useless detail (to us as student clinicians)". Not to belabor the point, or to single out the Zimbabwe school, but by far the majority of students there and at other lecture-based schools strongly dislike the lecture type system. Suggesting an alternative to lectures was very difficult for them.

That afternoon they had the opportunity to participate in a problem-solving exercise in front of the rest of the workshop delegates. Nervous though they were, I personally thought they did very well. Unfortunately, I think some people in the 'audience' left feeling the students didn't know or learn much during the exercise. Being only 3 months in medical school at that point they indeed didn't know much physiology, biochemistry, etc. As well, in a problem-based system, the student may spend only 4-6 hours per week in the group, with the remainder of their time spent seeking information how to explain the problem (physiology, biochemistry, etc.). I think one of the flaws in the workshop program was that the students should have been given a second group meeting 3 days later, and the time between used to do their information gathering. Had they done so, I think they would have surprised many people with their quality of understanding of the problem in only 3 days. Later while talking with the students about the experience they were unanimously positive, said they could understand better how a problem-solving approach worked, and said they felt as though they were "thinking during the exercise rather than feeling like a trash can that people keep dumping things into". So, while the 'audience' may have been neutral or negative about the experience, it was interesting that the students were positive about it.

During the actual workshop sessions on problem-based learning, the philosophy of using problems as a catalyst and learning by systems seemed very foreign to most participants. Initially a certain amount of scepticism was verbalized, and understandably so. Further into the sessions some people opened up to the ideas, but I sensed a larger degree of resistance and a return to suggestions of lectures. I can only begin to appreciate the origins of this resistance. Medical schools demand of their faculty huge time commitments for administrative duties, researching and clinical responsibilities. Beyond that they are expected to teach, but most have no formal training or practice in educating others than exposure to the traditional system from which they graduated. This is indeed a tall order, and a difficult one. Without the faculty understanding the conditions and forces motivating the change in curriculum, without them being involved in planning for it, and without them being trained (and given credit for this) in the delivery of that innovative curricula, their resistance is totally understandable.

Evaluation

This idea is inextricably tied to the third major theme of the workshop - evaluation. Our small group session on this topic was very similar to that on problem-based learning-scepticism, with a few people receptive to new ideas. I can't profess to be the definitive judge on anything, however, I did sense that what our group had written down on paper to present to the other workshop participants, while fairly progressive, did not have behind it the hearts of most of the people in our group. People seemed to go along with a couple of the more verbal members of the group. Again there was a large degree of resistance, and as I mentioned above, it is understandable.

Certainly one area in evaluation which met some resistance was student input into evaluation. The idea that students can evaluate themselves, their peers, their faculty and the program was often frowned upon at the workshop. Suggestions given for such a reaction included students not being capable or accurate. This may or may not be true. I would suggest however that if they are not accurate, it is in large part because they are not given the opportunity, and I think people would be most surprised at student's initial ability, and then how quickly they pick up the skills. One reason why their opinions may not be sought may be because they can be very incisive in their observations and comments, something which faculty or administration may not wish to hear. This, however, is probably the time they should listen most.

The Zimbabwe students who did speak were hesitant at first, not only about what they should say, but whether they should say anything at all. Too bad, because who could be a better judge of the process than the product itself, both during and after, especially if the product can speak to the owners and operators of the factory. Beyond this, by listening to student input and by including them on every committee in the faculty it provides them with early experiences that are necessary and will prove very useful when at some point in the future they are faculty members and perhaps even heads of those committees.

To close, I would like to thank the funding bodies of the workshop, the World Health Organization and Deutsche Stiftung Fur Internationale Entwicklung - as well as the organizing committee and attendees of the workshop. It was a most interesting week, and I sincerely appreciate the graciousness with which I was treated. Thank you.

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► Workshop of Medical Students

5th General Meeting

September 1987, Pattaya, Thailand

During the 5th General Meeting of the Network in Thailand, September 1987, a student workshop has been organized. The aim of this workshop was to discuss ways of achieving more fully-integrated student participation in the Network and to formulate a two year plan of action for this. Twenty-five students from the following countries participated: Thailand, Indonesia, India, Canada, Sudan, Israel and The Netherlands. In addition to 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 responded to the request of the IFMSA concerning their "Village Concept". The village concept is a project on elective periods in developing countries which enables students from both 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 give a brief summary of the results of the student workshop.

1. Expectations of students in respect of 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 systems;
- improving the student-teacher relationship;
- being exposed to a more critical and academic view on education and health sciences;
- providing exchange possibilities among Network institutions.

2. 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 as active participants in the Network;
- carrying out information on innovative education in the health sciences for students of traditional and innovating schools by the organization of 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 research relevant to students on issues concerning education and health sciences;
- cooperating with the Network in the realization of a computer network.

3. 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.

The nomination of all contact persons and the determination of the central secretariat's location will be fixed every two years during the General Meeting of the Network.

4. 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. for 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.

Recruitment of local contact persons in their region.

C. Local contact person.

- . 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 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.

5. 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 incurred 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. We also had a lot of fun. 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 after two years we will be able to conclude that our plan of action has been successfully implemented!

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

Address contact person:

Harro Spitsbergen

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The Network and Other Organizations

► World Federation for Medical Education

Report by Dr. Henry Walton*

I would like to inform readers about progress in the Programme of the World Federation, which sets out to reorient medical education worldwide (stated in detail in the "Six Major Themes" document).

The national conferences, where responses from countries to the 32 issues in the "Six Major Themes" were obtained, are now completed.

Six Regional Conferences will precede the World Conference on Medical Education. The Regional Conference for Europe took place in Dublin in September 1987. The Regional Conference for Africa was held in Brazzaville on 27-30 October, and the corresponding Conference for South-East Asia took place in New Delhi on 23-25 November 1987. The Regional Conference for the Middle East will be held at Amman on 14-17 February 1988. The arrangements for the Western Pacific Region are in progress; Dr. Mario Chaves of Brazil heads the Task Force planning the Regional component from the Americas under the auspices of PAFAMS (FEPAFEM).

It will interest the Network to hear that the European Regional Conference, which took place in Dublin in

September 1987, adopted 44 recommendations, and identified six further uncertain issues for intensive discussions prior to the World Conference on Medical Education. A follow-up European Regional Conference will be held in Lisbon in April 1988, to which the health ministers of Europe will be invited.

The Network will welcome confirmation that 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. An Implementation Phase will follow the World Conference to monitor the actions taken to promote the recommendations emerging from the World Conference.

In addition to the formal Programme, and apart from the National, Regional and World Conferences, specialist areas have been dealt with in preparation for the World Conference on Medical Education:

1. Assessment of clinical competence; two international conferences have been held in Canada (the Proceedings of the first Ottawa Conference have been published by WFME).
2. Medical manpower, unemployed doctors and over-production of doctors have been discussed at a Conference in Acapulco with the World Health Organization and the Council for International Organizations of Medical Sciences (CIOMS). Two publications are available.
3. Continuing Medical Education: a First International Conference was held in California (30 November-4 December 1986) and a Second International Conference on CME will be held, also in California, on 28 February-4 March 1988. Those wishing to attend should contact the WFME office in Edinburgh.
4. An Expert Group on Problem-Based Learning met in Dundee in September 1987. (Note: the President reported later at the Pattaya Conference on this PBL Expert Group).

I wish to conclude by emphasizing again how critically important the most active participation of the Network is in the World Federation Programme.

I want to repeat the good wishes of the WFME on the Network's achievements and emphasize the great benefits for both the Network and WFME in the continuing collaboration of our two organizations.

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► Health Services Management Centre

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 by Dr. D. White*

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Management in Medical Education?

As a new corresponding member of the Network I suppose my first duty is to correspond. This article raises the question "are the innovative medical curricula innovative enough in the management of health care?"

By 'management' in this context I do not mean the top level of any organisation's hierarchy, or a set of business techniques, but the various processes (organising work, communicating, managing human and material resources, etc.) involved in getting things done through people. Because managing can only be through people, at its heart is leadership - the capacity to mobilise the willing support of others to achieve worthwhile goals - which is the cutting edge of change. There is a great deal to change in our health systems and practice to reach Health for All. So how shall we get there unless managerial leadership is widespread at all levels, not least amongst medical doctors? Bearing in mind that, very soon after qualifying/registering, such doctors may well find themselves - at least in the developing countries where I work - in charge of a health centre of first-line hospital or a district family health programme, has their training prepared them to manage with confidence the difficult situations that will certainly arise?

Specifically, can they:

1. Manage themselves - their time, priorities, targets, standards? If they cannot do that they are unlikely to manage anyone or anything else.
2. Apply their problem-solving techniques to things that go wrong in their organisation (overcrowding, staff shortages, referral system breakdowns, etc.)?
3. Delegate safely; train, motivate, supervise and when necessary discipline any staff for whom they are responsible?
4. Conduct a meeting successfully and resolve disputes fairly? (these tasks will not wait for the doctor to become more senior).
5. Secure community participation and intersectoral collaboration, through skills of consultation and persuasion?
6. Control financial resources in their best use and develop cost-consciousness amongst all staff?

And so on. All these 'managerial' things and more are part of the day-by-day context in which the new doctor works, and must learn to manage. And good management requires good management training. Is this attained, or attainable, through your school's curriculum?

But would this training be too early in the evolution of the doctor?

Not if effective practice requires this kind of basic managerial competence soon after the doctor is launched from the medical school, particularly if you cannot rely on continuing education to remedy any deficiencies quickly enough. An appreciation of management needs to be absorbed steadily within professional education, not added on later as an afterthought.

Is this plea for better management training in medical education simply exaggerated?

After all, management is really only common sense plus experience gained by trial and error. But of good management is only common sense why is it not more

common? Management has (like medicine) a science and art of its own, theoretical concepts requiring frequent practice under supervision and guidance. Mismanagement can be dangerous to your organisation's health....

Is there too little time for management in an overcrowded syllabus?

But the innovative schools in this Network have already shown how the problem-based approach can liberate the curriculum from over-structured timetables, by designing learning opportunities and materials for use as the students find the need and reason to relate their learning to the problems they are working on. If managerial abilities are amongst the required competencies of the trained doctor then they should and can be acquired in a similar way, using realistic management tasks and problems as the learning medium.

Is there a lack of suitable teachers/facilitators, materials and methods for this kind of training?

This would be credible, if only because schools of medicine and management have rarely collaborated closely. But these resources do exist, or could be developed if needed and wanted. There are numerous excellent training films and modules, case studies, structured exercises, readings and simulation games, all capable of adaptation or interpretation into particular settings. These questions have been raised most recently in my mind by attending the International Workshop on Innovative Undergraduate Medical Curricula towards HFA/2000 at the University of Zimbabwe Medical School, Harare, in June 1987. The solid achievements and further potential of some of the problem-based, community-oriented medical schools represented are very significant; and it seemed that the imagination and innovative power so obviously behind these developments could give serious consideration to the case for a more systematic integration of managerial considerations and competencies into their novel and still-evolving curricula.

I hope so. What should help towards serious analysis would be for Network members to see, preferably in the columns of this Newsletter, some account of their experience (good and bad) from those professional schools which have explicitly incorporated management into their curricula, especially if they have evidence or impressions of its effect, if any, on subsequent work performance.

No doubt it would be possible to achieve a systematic sharing, through the Network, of specific learning resources with institutions which want to take management more seriously into their curricula.

Thank you for reading this.

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A safe birth delivery kit

Introduction

Home deliveries are still very common in many countries of the world. Although WHO recommends that all births should be attended by trained birth attendants, this is often not the case and even where attendants have been properly trained, lack of supplies and poor transportation are examples of the kind of obstacles to safe, clean births. Poor birthing practices together with the lack of simple supplies can result in the death of a newborn from neonatal tetanus, an infection of the babies umbilicus.

WHO has produced written guidelines for safe, clean births. The three principles incorporated are: clean hands, clean perineum and umbilical cord care, and a clean surface for the delivery to take place. The guidelines stress the importance of all these principles and explain how to prepare delivery kits to ensure proper cord treatment during the birthing process. The kits contain only the basic items necessary for a clean safe delivery.

Questions that need answering

Since the guidelines are new they will need field testing. Are the instructions clear? What needs deletion and what has not been included? Can they be easily translated into other languages? These observations will help WHO in writing and updating the guidelines for future editions. The second set of questions which need answering regard the delivery kit itself. How easy is it to assemble and distribute? What are the costs involved and remuneration if any? How do the women and birth attendants accept the kits and are they used properly? What kind of educational materials could accompany the kit to assure proper use? Girl guides could help in assessing both the written guidelines and in assembling and distributing the simple kit in villages.

Mechanisms

The guidelines are presently being printed as a preliminary document for field testing. It will be distributed in bulk to various non-governmental organizations for further distribution to the field. Field staff, women's groups, girl guides, etc., will be asked to fill out an attached card if they desire to participate in testing of the guidelines by assembling and perhaps distributing delivery kits. During this introductory phase all information will be sought to improve the guidelines in their final form.

Organizations in the following countries may have a particular interest in these delivery kits because of the high incidence of neonatal tetanus: Bangladesh, Benin, Botswana, Indonesia, Lesotho, Malawi, Nepal, Pakistan, Sierra Leone, Somalia, Tanzania, The Gambia, Zambia and Zimbabwe.

Those interested in receiving a copy of the written guidelines and/or participating in the assembly and distribution of the simple delivery kits should contact:

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Book Reviews

► **"Innovative Tracks at Established Institutions for the Education of Health Personnel"**, edited by Martin Kantrowitz, Arthur Kaufman, Stewart Mennin, Tamas Fulop and Jean-Jacques Guilbert. Geneva: World Health Organization. Price: Sfr. 39.-

Only 1.5 percent of the medical schools in the world can be considered innovative in the sense that they deliberately attempt to deal with the challenges medical education will face by the year 2000: the radically changed health needs of the population at large and the information explosion. Most of these institutions have structured their curricula in a way that makes it quite difficult for existing schools to follow their example, even if the need were felt. For instance, thematic, multi-disciplinary education requires a degree of collaboration among Departments that is almost impossible to achieve in traditional schools. In addition, the change from a teacher- to a student-centered curriculum presupposes attitudinal changes, difficult to induce in a conventional context. An interesting approach to meet these problems is the establishment of a second, innovative track in a traditional school, parallel to the conventional curriculum. Since the beginning of the eighties, eight schools --four of them in the USA-- have pursued this possibility. According to the case studies collected in this book, the success of this approach is overwhelming. Not only are these programmes able to survive in an environment which, at best was indifferent to the innovation; they actually begin to influence their conventional counterparts.

This book is indispensable food for thought and a source of original ideas, not only for staff from traditional schools seeking way to renewal, but for all those involved in the business of education, development or research in the health professions.

► **"Workbook for Program Evaluation"**, compiled by Stewart Mennin and others. A Task Force 7 Production. Available at the University of New Mexico, School of Medicine Primary Care Curriculum. Price: approx. US\$ 23.-

This workbook is aimed at medical educators in innovative programmes. It may have particular relevance to those in community-oriented medical education programmes in developing countries. Its major goal is to stimulate interest in and facilitate the development of programme evaluation where it is needed most, in programmes seeking to produce doctors able and willing to address the health care needs of medically under-served populations. Some of the most important and least evaluated changes in medical education are taking place in developing countries. Most of the material available in this workbook has been obtained from schools in developed countries. The book contains sample evaluation methods and articles how these methods were and can be used. They are grouped into the following nine categories:

1. institutional self-assessment, 2. students' and graduates' knowledge, skills and attitudes, 3. faculty and student perceptions of the programme, 4. cost effectiveness of the programme, 5. impact of the programme on own and other institutions, 6. impact of the programme on community health, 7. relevance of the programme to health manpower needs, 8. consistency between the goals of the programme and clinical education, 9. consistency between learning experiences in medical education and the needs of the health services sector.

In other words, this book is a 'must' for anyone actively involved in evaluation programmes.

Have you read this?

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- Implementing a major curriculum change in an established medical school, Shahabudin S.H. et al., Univ. Kebangsaan Malaysia, Kuala Lumpur, Malaysia.
- Introducing students to problem-based community-oriented programs, Telder T. et al., University of Illinois, Chicago, U.S.A.
- The selection of working location in relation to selection of medical students, Vatanasapt V. et al., Khon Kaen University, Thailand.
- Program for new medical students, class of 1991 - 14th July to 14th August 1987, Zachariah A., Christian Medical College, Ludhiana, India.
- Summing-up of second semester of 1986 PCB class, You-Zhang Z. et al., Shanghai Second Medical Univ., China.
- Designation Ceremony of the Faculty of Health Sciences, University of Ilorin as a collaborating centre of the WHO in research & manpower development on community-based educational programs, University of Ilorin, Nigeria.

Copies are available at the Network Secretariat.

Advertisement

Specialist in Evaluation/Measurement in Medical Education

The Arabian Gulf University
College of Medicine & Medical Sciences
Bahrain

Applications are invited from suitably qualified applicants for appointment in the Division of Medical Education at the College of Medicine. The appointment will be on an annual contract which is renewable. The selected candidate would be placed at an appropriate faculty level depending on his/her qualifications and experience.

The curriculum of the College is innovative with problem-based, community-oriented learning. The predominant methods used in instruction are small group tutorials and self-directed study. Assessment is used for providing regular feedback to students and also for quality control and certification. A criterion referenced format with satisfactory/unsatisfactory outcome has been accepted by the University. Different instruments have been tried to assess student's cognitive ability at different levels with emphasis on problem-solving and clinical reasoning. A computerised Multiple Choice Question Bank is available. Computer simulations have been tried out to refine assessment methods in clinical reasoning. The College seeks an original thinker who is familiar with the assessment procedures in medical schools, who is able to guide all evaluation activities and to undertake and guide in research. The appointee will work in a team with members from basic and clinical science disciplines.

A medical qualification and experience in health professionals training would be an advantage, in addition to educational qualifications.

Monthly salary: From BD 1000.000 for Assistant Professor up to BD 2050.000 for a Senior Professor, plus 30% or 50% allowance (for practising physician) (1 BD = \$ 2.60).

Noteworthy benefits:

- Free return air ticket annually for faculty member and family
- Monthly transport allowance
- Relocation allowance
- End of service gratuity
- Free public medical care covering family

Interested applicants are requested to send their curriculum vitae, including the names of three referees, personal particulars, qualifications with dates, career history, teaching experiences, research accomplishments and appropriate clinical experience to:

Dr Ali Matar
Acting Dean
College of Medicine & Medical Sciences
Arabian Gulf University
P.O. Box 22979
Manama, Bahrain

AGENDA 1988

Workshops/Meetings/Courses

February 9-12, 1988

Ilorin, Nigeria
First Educational Workshop
Nigerian Network Schools of Health Sciences
Contact person:
Dr. S.K. Odaibo
Chairman, Organizing Committee
First Educational Workshop
Nigerian Network Schools
Faculty of Health Sciences
University of Ilorin
Ilorin, Nigeria

February 14-17, 1988

Amman, Jordan
Regional Conference on Medical Education
in cooperation with the World Federation for Medical
Education Contact person:
Dr. Kandil Shaker-Shubair
Director, Center for Educational Development for
Health Personnel University of Jordan,
Amman, Jordan

April 10-15, 1988

Westbury Wiltshire, Britain
Disability and Rehabilitation in the Developing World:
Residential Course

May 23-27, 1988

Westbury Wiltshire, Britain
Disability and Rehabilitation in the Developing World:
Non-Residential Course
Anyone who is working or is about to work overseas
with people with disabilities (including learning
difficulties) and those interested in work in this field -
education, health, rehabilitation, administration and
campaigning, is welcome. Practical and theoretical,
participatory sessions provide a forum for participants
and tutors to share their experiences, skills and ideas
and to look at some of the fundamental issues behind
Disability and Development. Emphasis is on working
with people as allies and on ways to improve com-
munication and training skills and encourage local
initiatives.

Contact person:
International Disability Education and Awareness
William House
101 Eden Vale Road
Westbury, Wiltshire BA13 3QF
Britain (Tel. 0373 827635)

May 2-13, 1988

Geneva, Switzerland
42th World Health Assembly
May 5-8, 1988: Technical Discussions

May 12-14, 1988

WHO Headquarters

Geneva, Switzerland

16th Meeting of the Network Executive Committee

Contact person:

Mrs. Ine Kuppen
Coordinating Secretary Network
Rijksuniversiteit Limburg
P.O. Box 616
6200 MD Maastricht
The Netherlands

May 17-20, 1988

Hamilton, Canada
McMaster Workshops in Health Sciences Education:
Role of the Tutor in Small Group Learning
Contact person:
Miss Annette Sciarra, Workshop Coordinator
Education Services, Room 3N51
Faculty of Health Sciences
McMaster University
1200 Main Street West
Hamilton, Ontario L8N 3Z5
Canada

May 1988

Chicago, U.S.A.
Course in Community-Based Medical Education
Contact person:
Thomas Telder
Assoc. Director for Educational Programs
Center for Educational Development
808 S. Wood Street (m/c 581)
Chicago, IL 60653, U.S.A.
(Tel. (312)996-3590)

May 26-27, 1988

Linköping, Sweden
Second General Meeting of the European Network for
Development of Multiprofessional Education in Health
Sciences (EMPE)
Representatives of institutions actively interested in
multiprofessional education at all educational levels are
cordially invited to attend.
Contact person:
Prof. Nils-Holger Areskog
Dept. of Clinical Physiology
Linköping University
581 85 Linköping, Sweden

June 6-9, 1988

Hamilton, Canada
McMaster Workshops in Health Sciences Education:
Visitors' Workshop
Contact person:
Miss Annette Sciarra

June 20-July 8, 1988

Maastricht, The Netherlands
Visitors' workshops
June 20-24: Introductory Workshop.
June 27-July 1: Learning through problems;
opportunities and limitations.

July 4-8:

New methods in student assessment and skills training.

Contact person:

Miss Willie Schipper

Office of the Dean, Faculty of Medicine

University of Limburg

P.O. Box 616

6200 MD Maastricht

The Netherlands

July 5-22, 1988

BLAT, BMA House, London, U.K.

BLAT/WHO Course on Modern Methodology for Teachers of Health Sciences

A 3-week intensive course. Instituted in 1978 at the request of WHO, the course provides teacher training and covers in a very practical manner a range of educational topics: curriculum design, lecturing, small group work, medical and health education. Participants are drawn from all disciplines.

Contact person:

Head of Information Services

BLAT Centre for Health and Medical Education

BMA House, Tavistock Square

London, WC1H 9JP, United Kingdom

Each academic year: Oct-Dec, Jan-March, April-June

BLAT, BMA House, London, U.K.

BLAT/Institute of Education of The University of London: Diploma in Primary Health Care Education

A three unit course on design, planning, and implementation, of health education programs. It is intended for all health professionals with field experience who are or will be teaching others, and who need to know more about primary health care and educational techniques. Topics covered include policy issues, appropriate technologies, changing patterns of health, planning for primary health care education, innovation and change. Students are encouraged to work on their own needs in a flexible manner.

For more information and application forms write to:

Head of Information Services

BLAT Centre for Health and Medical Education

BMA House, Tavistock Square

London, WC1H 9JP, United Kingdom

August 30-September 16, 1988

Newcastle, Australia

TEN YEARS OF INNOVATIVE MEDICAL EDUCATION: A CELEBRATION

August 30-Sept. 2: Problem-Based Learning: Education for the Professions.

September 5-6: A Case Study in Innovation.

September 7: David Maddison Lecture.

September 8-9: Comparison of Goals and Strategies in Innovative Medical Schools.

September 12-16: Priorities for the future.

Contact person:

Information Officer Faculty of Medicine

University of Newcastle

New South Wales, 2308

Australia

October 9-13, 1988

Beer Sheva, Israel

International Symposium on the Role of Student Health Professionals in Community Health Education

Contact person:

Chaim Yosefy, Symposium Organizer

Center for Medical Education

Faculty of Health Sciences

Ben Gurion University of the Negev

P.O. Box 653

Beer Sheva 84105, Israel

October 10-13, 1988

Jerusalem, Israel

First Jerusalem Health Exposition

Contact person:

Atzeret

29b Keren Hayesod St.

P.O. Box 3888

Jerusalem 91037, Israel

October 25-28, 1988

Hamilton, Canada

McMaster Workshops in Health Sciences Education:

Role of the Tutor in Small Group Learning Workshop

Contact person:

Miss Annette Sciarra

November 21-23, 1988

Hamilton, Canada

McMaster Workshops in Health Sciences Education:

Visitors' Workshop

Contact person:

Miss Annette Sciarra

More details about the Network activities can be found in the section "Forthcoming Events Network Institutions".

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newsletter



Network of Community-Oriented Educational Institutions for Health Sciences

Number 9 / July 1988

Editorial

We were pleased to receive so many positive and stimulating reactions to our last Newsletter. Thanks. This issue contains again interesting information about the Network activities, progress and plans for the future. There are special contributions from the "coming" and "going" Secretary General: Dr. Zohair Nooman and Prof. Dr. Co Greep. We would like to take this opportunity to express our gratitude to Co Greep for all he did for the development and establishment of the Network. We have often called him our "supertank" because he generated so much energy that it was sometimes difficult to follow him. Without him the Network would not have been where it is now.

We would also like to welcome to the Secretariat Dr. Zohair Nooman, who took over Co Greep's job as from July 1, 1988. We look forward very much to working with him.

A small Editorial Board has been appointed consisting of Prof. Dr. Charles Engel, Wellcome Tropical Institute, London, U.K.; Prof. Dr. Fernando Mora Carrasco, Universidad Autónoma Metropolitana-Xochimilco, México, and Miss Anne van Lammeren, 6th year medical student, Rijksuniversiteit Limburg.

Your contribution will be most welcome. Please send us information about programs, educational workshops, conferences and courses, interesting articles, publications, and educational activities at your institution.

Deadline = November 1, 1988!

Special thanks to Dr. Charles Engel for his "linguistic" support.

We look forward to hearing from you.

On behalf of the Secretariat "gang"

Ine Kuppen

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Chairman's Column

Again it is my pleasure to greet all members and friends of the Network on behalf of my colleagues on the Executive Committee. The Committee recently held its first meeting (in Geneva) since our September 1987 general biennial meeting in Pattaya, Thailand. Our discussions were featured by excitement about important developments in various parts of the world; and by the realization that we are in a time of transition. A comment about both features.

First, about transitions. At the end of June, Professor Jacobus (Co) Greep handed over the Secretary General responsibilities after eight years of service to the Network. During these years, the Network has grown and matured. Co's particular contributions have been his commitment to the Network's goals and values, and his seemingly boundless energy. Colleagues in many countries around the world will remember his visits and his presentations about the Network. All of us associated with the Network are grateful for his dedication and his service. And I am pleased to say that Co will continue his association with the Network as a senior consultant.

Those of you who attended the Pattaya meeting know that Co's able successor will be Dr. Zohair Nooman, who became our new Secretary General in July. The Network is most fortunate in having

a person of such experience, commitment and vision to serve us. Zohair was the founding dean of one of the most important experiments in medical education of the past decade - the Faculty of Medicine, Suez Canal University in Egypt. He is a past-chairman of the Network Executive Committee, and has travelled widely on behalf of the Network in many parts of the world.

At the Executive Committee meeting, we also said farewell and thank you to Dr. Tamas Fülöp, the Director of the WHO Division of Health Manpower Development. Tamas played a major role in facilitating the founding of the Network and has been a strong, often "behind-the-scenes" supporter and encourager of the Network since it began in 1979. We wish Tamas well in his further ventures in the health care field, as he steps down from his post in Geneva later this year.

The last six months have seen growing interest in the Network, and some remarkable developments. As an example, the Executive Committee received a report about the formation of a Middle East regional grouping of institutions who are working together on Network-related activities. These universities include the Universities of Gezira and Khartoum in the Sudan, Suez Canal University in

Egypt, and the University of Sana'a in the Yemen Arab Republic. A focus of activity has been a major transformation of the medical education program in Khartoum. Similarly, leaders in medical education from all eight medical schools in Thailand have been working together in a national effort for change in medical education to produce graduates whose competencies are more attuned to the health needs of the country.

The Executive Committee is just completing a "Plan of Action" document, which reflects the new directions of the Network (discussed at the Pattaya meeting) in terms of specific activities for the current two-year period, 1988-89. This document will shortly be distributed to all members (extra copies will be available from the Secretariat). Several member institutions have sent in written summaries of the Network-related activities within these institutions. I encourage all institutional correspondents to send these to us as soon as possible. Already, the available statements present a rich array of descriptions about how the goals of the Network are implemented as appropriate to the opportunities at each location. All are characterized by imagination, determination and a vision of what is possible.

Dr. Vic Neufeld, chairman

News from the Secretariat

The Network: A Retrospective View

by Dr. Jacobus Greep, Secretary General 1980 - July 1988.

At the time the Network was born in 1979, a birth in which the active father Dr. Tamas Fülöp helped as midwife and foster parent, nobody could have envisaged the fantastic growth and development that the Network would undergo over the eight years that were to follow. In the Secretariat, we fostered the baby with communication and coordination, and we conducted its activities. During meetings of the Executive Committee and the core of Network activities, the organization of the biennial meetings in Bellagio (1981), Havana (1983), Ismailia (1985) and recently Pattaya (1987), we have seen the baby grow up into an adult able to handle its own future, a future so eloquently laid down in a discussion paper by Vic Neufeld which was discussed and amended in Pattaya.

We also went frequently around the world to emphasize the nature of the Network. We have been actively involved in meetings from Japan to Mexico and from Linköping to Bahrain.

The Network has now become an adult institution, with help from changes in society, with help from the ever-increasing chorus of criticism about traditional medical education, with help from the rising international feeling that independent learning and problem-solving skills and the relevance of population-based teaching are of utmost importance and will create the doctors of the future. With the help of the ever-increasing groups of member institutions, we will be able to make the Network a strong one.

Many historic, educational highlights of the last eight years have helped to create an awareness of the need for a critical attitude towards traditional medical education.

New pathways have helped to change the medical education environment and new pathways will enable the Network to progress with confidence. The climate has become increasingly positive for this growing up. New aspects such as epidemiology, communication skills, medical management, and educational reward systems, have transformed the Network into a sophisticated and demanding teenager growing rapidly into adulthood.

In view of this, the role of the Secretariat and the Executive Committee has been one of encouraging and supporting these

developments. Innovative health science education is here to stay. One main concern today is how to keep the innovation impulses active, how to keep the educational enzymes flowing.

At our biennial meeting in Ismailia (1985) the participants made some recommendations about the activities of the Secretariat and the Executive Committee. A strong Network has to have a strong secretarial support.

As Secretary General I can assure you that many things have happened to the Secretariat since then. First of all, the WHO recognized our existence. In January 1987, the NGO status (Non Governmental Organization) of the World Health Organization was granted. Our midwife, foster parent and benefactor considered us an equal partner for life. The communication centre has grown up with a data base with increasing amounts of hard and software.

A brochure was written in 1987 with the basic information about the aims, objectives and activities, and the by-laws changed after Pattaya.

Many new institutions applied for membership, and today we have 100 full, associate and corresponding members.

Despite considerable financial problems we were able to enlarge the communication base with evaluation instruments, problem-based learning workshops, teacher training, manuals on how to innovate. Dr. Richards and Dr. Fülöp evaluated ten Network schools with a clearly positive outcome.

By using both telefax and telephone, we were able to improve our direct communication and telecommunication; interactive computer communication is around the corner. Traditional communication was maintained through Newsletters. The Newsletters 5 through 9 were published in the last two years.

Many monographs and books were published, and the Network has started its own Journal: the *Annals of Community-Oriented Education*.

As the membership grew the scope of communication between the institutions has grown. We are no longer an exclusive deans' club but a club with all sorts of communications between faculties in which interactive correspondence and communication between students play equally important roles. The columns of the Chairman and Secretary General and the reports of the many activities of Network schools have clearly shown that the aims of the Network and its Secretariat are being met.

We are strengthening membership institutions in the achievement of innovation in medical education and in promoting population concepts of health science in the curriculum. An ever growing number of institutions around the world is genuinely interested in change.

The Executive Committee met 7 times in the last 36 months, mainly in Geneva, Maastricht and, recently, in Pattaya. The Minutes of these meetings are available for your inspection.

New faculties, which want to start innovative curricula, have placed an ever-growing burden on the rather small resources of the Executive Committee and the Secretariat. The Network is actively involved with new institutions e.g. in Al Ain, Kano and Taipei; new schools that have decided on a problem-based curriculum.

The Secretariat has also played a very active role in many facets of change in medical education. The finances of the Secretariat and the Executive Committee remain a problem. The World Health Organization, the Ministries of the Dutch and Canadian governments, and the Rijksuniversiteit Limburg have helped us to stay alive on a low budget.

In the 8 years I have served as your Secretary General I have watched the Network grow and develop. Participation in this process has been extremely rewarding. Many problems in medical education and health science created the leadership and the resources to solve them. Through the activities of the Network, its members and the



Dr. Jacobus Greep

Dr. Zohair Nooman

Secretariat we have made innovative medical education productive. It is extremely rewarding for a veteran in the field like your Secretary General, to see the successful turnabout in medical education today, a turnabout that took barely a decade. The Network has gained a worldwide reputation due to the cooperation of its members, and the present phase of the evolution in medical education is highly promising. As a manager of the Secretariat I must say that thanks to a first-rate group of people in the Secretariat, we have already accomplished a number of our goals today.

By the middle of July I have served you on a voluntary basis for 8 years. Although the constitution allows me to serve yet a third term, I have decided, as manager of this team, to step down. Although thinking backwards is intuitive and suggestive, and forward thinking requires detailed information rather than intuition, I am very optimistic in my predictions of the future for the Network. Despite the many changes around us, I am confident that the Network is stable and will continue. There are, indeed, important changes occurring around us. This month Dr. Halfdan Mahler, our philosopher, has left the WHO and the Japanese leader Dr. Hiroshi Nakajima, his successor, has already supported the Network from his office in Manila. We congratulate Dr. Nakajima on his new prestigious position. We hope that despite his busy schedule he will help the Network in the same way as he has done in the past.

I am sure we will succeed in shaping the future in the knowledge that we can meet new goals, clearly above those we have already achieved. I am grateful to all who have surrounded me and who have helped the Network become a thoroughly international achievement. In the next paragraph my successor and friend, Prof. Dr. Zohair Nooman, will look into the future of the Network. I like to take this opportunity to wish him all the best in this challenging job.

I know that the Network Secretariat will be kept safe and stable in his capable hands.

Jacobus Greep

A Point of View on the Network's Plan of Action for the next two years

by Dr. Zohair Nooman, Secretary General from July 1, 1988

The mission of the Network

It is the prevailing notion in health personnel education (HPE) that it should be renovated to make it relevant and responsive to the health needs of the people. The assumption is that health care systems would be similarly reoriented and that the graduates of health personnel educational institutions would be instrumental in both effecting this re-orientation and satisfying its needs.

Community-oriented health personnel education is presented as the new pathway to which HPE should be directed to satisfy the above requirements. The Network is the gathering of the pioneering institutions that have adopted - or are adopting - community-oriented education (COE). The Network is therefore the spear head of the movement of innovating HPE along the lines of COE, the aim being that this movement would ultimately encompass HPE institutions world wide. The Network is in fact the instrument to effect this global change. This to my mind is the mission of the Network, and its fulfilment - if ever it could be achieved - represents the goal of the Network.

Considering the spread of the community-oriented educational movement since the formation of the Network in 1979, the progress has been satisfactory. However, the tasks that still need to be accomplished before actual change has involved the bulk of HPE institutions all over the world, are at least extremely challenging.

Areas of challenge

Community-oriented education is still a novelty. Although there are standing definitions of COE and Community-Based Education (Network, 1979, WHO, 1987), and although there are broad similarities in philosophy and approach between the various COE institutions, there is no standard acceptable model as yet. Practically, each COE institution has its own formula, and none of them has a convincing evidence that its graduates are superior to graduates of conventional programs in its own country or world wide. "Convincing" to the point of urging established institutions to undertake the tasks - often of considerable magnitude - implied by the proposed change.

>>>

The road to change

Even if established institutions are convinced by the rationale and superiority of COE, the road to change from conventional to innovative is not clear yet. Tracks represent a good idea, but its propagation world wide, particularly in most countries with meager resources, is difficult. Established medical schools in developing countries with limited economic and human resources, often with underdeveloped health delivery systems as well, have difficulties in maintaining a good quality educational program of any sort, conventional or innovative. This increases the complexity of the desired change. Two battles need to be won at the same time: the acquisition of resources and the orientation towards COE.

Two major sets of problems thus face the COE movement and its spear head, the Network.

Solving the problems of community-oriented education. What does it mean to be a community-oriented educational institution? What should the curriculum look like?

Solving the problems of introducing change in established HPE institutions will go a long way towards introducing change in established medical schools.

The Network is actively working to provide answers to some of those questions:

- Task Force 2 aims at working out how priority health problems, properly identified, would be utilized to construct a medical curriculum.
- Task Force 3 aims at elucidating how COE is being implemented in various COE programs, its different components, settings, problems of implementation and working out solutions.
- Task Force 4 addresses students' evaluation.
- Task Force 6 addresses program evaluation.

Problem of introducing change in established medical schools

Clarity of the content and methodology of COE, and demonstration of its decisive benefits over conventional curricula by evaluation of the programs and their graduates, are prerequisites for acceptance of change in other than pioneering situations. Lobbying is not enough. Task Force 5 is active in this respect and the "track" model is available. Specific conditions prevail in different countries and even in different schools, and it seems that in developing countries the challenges are different in nature than in developed countries. The objective being the development in suitable alternative strategies for re-orienting established medical schools; new avenues have to be explored by Task-Force 5.

I will end my first contribution to the Newsletter in my function of Secretary General with some words to Co Greep. For eight out of the nine years which constitute the age of our vigorously growing Network, Co Greep has been the Secretary General. A good deal of the global spread of the Network membership and ideas could fairly be attributed to the immense activity of Dr. Greep as he traveled all over the world to "spread the gospel". Together with my colleagues in the Executive Committee and the Secretariat, we feel assured with the continuity of Dr. Greep's contribution to the Network as Senior Consultant in the years to come.

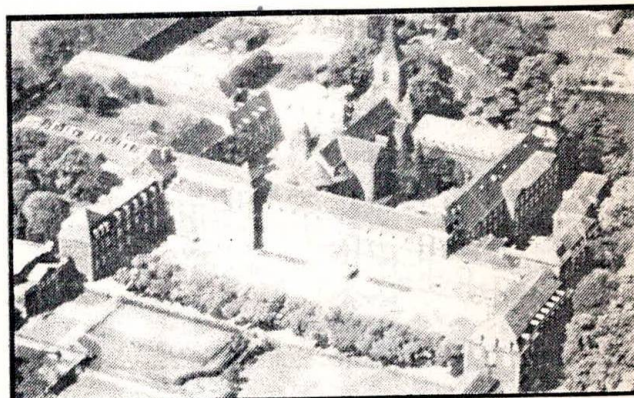
Zohair Nooman

The 1989 Network Conference

"Academic Institutions and Health Services as Partners in Health Care Development"

September 17-22, 1989

Rolduc International Conference Center
Kerkrade, The Netherlands



Air Photo Rolduc

The 1989 Network Conference will be held September 17-22, 1989. The meeting will be organized by the Faculties of Medicine and Health Sciences of the University of Limburg. Several international experts have been invited to join the Organizing Committee to assure a pertinent and attractive meeting. The venue of the Network General Meeting and the Conference will be the former monastery of Rolduc in Kerkrade, The Netherlands. Kerkrade is situated about 20 miles east of Maastricht, close to the border with West-Germany.

The 18th and 19th of September, Monday and Tuesday, have been reserved for the 6th General Meeting of the Network.

The Conference "Academic Institutions and Health Services as Partners in Health Care Development" will run September 20-22, Wednesday through Friday morning. On Friday afternoon an optional site visit of the Faculties of the University of Limburg will be organized. A social programme including Holland's neighbouring countries, West-Germany and Belgium, will be available for those accompanying Conference participants. The Organizing Committee recognizes the need to convince all of you that the expression "a Dutch treat" can have a generous meaning!

The Conference will focus on interactions of Health Services and Academic Institutions that are of mutual benefit and which may promote community-oriented health education. Attention will be paid to educational approaches most suitable to fit these interactive models of cooperation. Topics currently considered include:

- How to establish priorities in health care development.
- Translating (inter)national health policies into plans of action.
- Participation of Health Services and Academic Institutions in multi-disciplinary socio-economic development projects.
- Input by consumer organizations in health care policies.
- Ideas for bilateral partnerships with Network Institutions in strengthening District Health Systems.
- Educational strategies for training and evaluation of students in health care settings.

In general, the format of the Conference will be based on brief plenary sessions for keynote addresses and/or short panel discussions, followed by in-depth small group discussions. There will be ample space and time for the exhibition and viewing of posters. The first circular on this Conference, including a call for papers and a provisional subscription form, will be sent out in October 1988.

Please reserve the Conference dates in your next year's diary now !

Dr. Gerard Majoer, Conference Coordinator

Recent Events

First International Workshop on Innovative Medical Education

February 1988
Ilorin, Nigeria

Report by Dr. Toye Ogunbode*

The first international workshop by Nigeria Network schools was held in Ilorin, Kwara State, February 10-12, 1988 at the University of Ilorin. The meeting was organized by representatives from Bayero University, Kano ; Abofemi Awolowo University, Ile-Ife ; and the University of Ilorin.

The objectives of the meeting were :

- 1) To demonstrate the Ilorin model of community-based and service program (COBES);
- 2) To suggest guidelines for the establishment of community-oriented/based programs;
- 3) To discuss other components of innovative medical education : problem-based and student-centred learning;
- 4) To evolve an action plan, to facilitate the achievement of community-oriented medical education programs and relate to the Brazzaville October 1987 Conference proposals towards community-orientation by all African Medical Schools by the year 1992.

Participants

Mainly senior teachers in leadership positions of medical schools e.g. deans of medical schools, chief medical directors, coordinators of primary health care programs, or chairmen of community medicine departments. No less than 60 staff members attended.

Student activities

Students were very actively involved in the workshop. Participants visited the four COBES sites of Esie, Ganmo, Okelele and Shao. At each site, the students put the participants through a summary of their experiences on the sites. They explained entry to the community through courtesy call and explanation of their objectives to the village heads. Their interaction with the community health was also narrated. Then visitors were shown the students' residences in the villages and the communal way by which their activities are planned, developed, executed and coordinated. At the end of the tour students gave an account of the posting. The set objectives of the Faculty were listed and reports given, followed by presentation of optional projects, independently selected and carried out by students.

Outcome

- 1) A model of community-based medical educational program was demonstrated showing a great deal of student centred effort.
- 2) The staying together of participants in the same group throughout the discussion and field visits permitted personal

knowledge of each other and a free and extensive exchange of ideas.

- 3) Greater awareness of the relevance of community-oriented medical educational programs became evident.
- 4) Practical guidelines were determined to assist individuals and institutions interested in community-based programs.
- 5) Some difficult issues such as base of these programs ; post-graduate training and lack of or inadequate modern teaching aids were addressed and reasonable practicable suggestions offered.

The future

The Nigeria Network schools have planned biennial meetings to rotate through the various constituent medical schools. Bayero University will, for example, most probably host the 1990 workshop in Kano.

Participants were all convinced of the need to keep alive the awareness and conviction that one strategy for health for as many as possible is health delivery at the primary level. Two activity recommendations were made :

- 1) Schools of each country should aim at organizing a National workshop in 1989. Countries with 1 or 2 schools could organize a joint seminar with neighbouring countries.
- 2) Between the University of Ilorin, acting as coordinator and Moi University in Kenya, the holding of a workshop in Kenya in 1989 should be explored.

The summary report can be obtained from

Dean's Office
Faculty of Health Sciences
University of Ilorin
P.O.B. 1515
Ilorin, Nigeria

* Dr. Toye Ogunbode is dean of the Faculty of Health Sciences, Ilorin, Nigeria.

The University of Limburg Educational Workshops for the Health Sciences

June - July 1988
Maastricht, the Netherlands

Report by Irma Kokx * (group picture on page 16)

The format of the workshops in Maastricht, The Netherlands, consisted this year for the first time of three weeks, June 20 - July 8, 1988.

Introductory Workshop I: "New Ideas for Health Professions Education; the Maastricht Approach", dealt in short with the most important Maastricht aspects of problem-based learning.

25 Participants listened to small lectures and were involved in small group discussions and simulation sessions. Arrangements for individual visits were carried out.

The second Workshop had as main theme: "Learning through Problems: Opportunities and Limitations". The participants learned about the construction of didactic problems other than clinical ones. The selfmade problems were tested on students in small group tutorials. In the second half of the week attention was given to the role of the tutor. The total number of participants was up to 37. The sessions in which they could interact with students, were appreciated. Last but not least, **Workshop III:** "New Methods in Student Assessment and Skillstraining", attracted 31 subscriptions. The participants learned about new approaches to student

assessment. In addition, the experience of the Maastricht Skills Laboratory in the design of structured training programs was a topic in this week. Some colleagues from Chicago and Galveston joined the staff of the Maastricht medical school in the organization and execution of the workshop.

In general the participants were satisfied with the organization of the workshop. Suggestions were made, however, to bring back the format of the Workshops to two weeks instead of three.

** Irma Kokx is Educational Psychologist at the Department of Educational Development and Research, University of Limburg, Maastricht, The Netherlands.*

The Network Task Forces

Task Force 3: Students' Training in Community Health Care Settings

Report by Dr. Zohair Nooman, leader

The goals of task force 3 are

To develop guidelines for strategies for planning, implementation and evaluation of programs for students' training in community health care settings within the context of community-based education. Guidelines will be included in a manual which also describes examples from the experiences of various institutions.

To provide a forum for bringing together planners and implementors 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 information and learning from each other's experiences.

Steps achieved so far

-An extensive survey questionnaire was developed and mailed to 73 schools- Results of the preliminary analysis of responses were reported in Thailand in September 1987. -Further analysis has been carried out in preparation for a one week meeting in June 1988.

Subsequent plan of action

(June - August 1988)

-A joint Gezira-SCU Working Group meeting was scheduled to be held in Ismailia in June 1988 to finalize the data analysis. A narrative description will be prepared from each response and sent to each school for revision.

(September 1988 - February 1989)

- Narrative received from schools will be put into final form.
- Pending availability of funds, preparation for a meeting of some ten representatives of responding schools to share their views on:
 - Problems of implementation of COE
 - Students' evaluation in COE programs.

To be held in Ismailia in March-April 1989.

The final report will be presented at the 6th General Network Meeting, September 1989.

Task Force 7: Program Evaluation

Report by Dr. Arthur Kaufman, leader

Since the Network meeting in Pattaya, we have been very busy working to disseminate and expand upon the work of Task Force 7. A brief summary follows:

The University of New Mexico, School of Medicine, (UNMSOM) has been nominated by the WHO to be a Collaborating Center in problem-based and community-oriented learning. Program Evaluation will be a core component of our activities.

The UNMSOM has been funded by the W.K. Kellogg Foundation to disseminate its innovation in medical education worldwide. Program Evaluation, Task Force 7, and decision-linked research and analysis will feature prominently in this effort.

Dr. Walton, editor of Medical Education, has invited us to submit an editorial discussing Program Evaluation and Task Force 7.

Drs. Rezler and Mennin are submitting a proposal for a RIME symposium at the next AAMC meeting dealing with evaluation methods in problem-based curricula.

A paper will be submitted to the next AMEE meeting addressing Task Force 7 issues: innovations in medical education, program evaluation, and the change process.

Drs. Rezler, McGuire (CED), and Mennin have been corresponding in an attempt to expand the scope of Task Force 7 to include institutional collaboration with respect to research on Program Evaluation.

Dr. Boelen (WHO) has requested updates from each of eight schools which participated in the conference on innovative tracks held in Albuquerque, October 1986.

The UNMSOM has received a major grant from the Rockefeller Foundation and Pew Trust Fund to develop a social medicine program which focuses on medical education during the clinical years. A significant part of this effort will feature program evaluation, dissemination, and studies of the change process. The work of Task Force 7 will be expanded and integrated into this project.

News from Network Member Institutions

McMaster University Faculty of Health Sciences hosts a one day Mini-Workshop on Academic Leadership for Women in Health and Development

Report by Dr. Sharon Bearpark

In April 1988 the Network (through McMaster University) was given a financial contribution from the Canadian International Development Agency (CIDA) to help to promote the leadership of women health professionals within the Network as well as to educate Network members as to women's health care concerns.

The overall goal of the project is to "strengthen the capacity of women health professionals in Network schools in training, education and development". On June 2, 1988 McMaster University hosted a mini-workshop with three major goals:

- To bring together women in health care professions from both developed and lesser developed countries to share experiences and discuss their roles in health care.
- To discuss potential activities that the Network could carry out to promote women in health and development, and
- To identify next steps in carrying out this project of the Network.

Participants in the workshop included: Dr. Esmat Ezzat, Dean, Suez Canal University Faculty of Medicine, Drs. Aleya Hammad and Dumedha Khanna of the World Health Organization, Dr. Elizabeth Hillman, Memorial University, Faculty of Medicine, Newfoundland, and thirteen other women students and faculty members from the McMaster Schools of Medicine and Nursing.

The one day workshop proved to be very thought provoking and stimulated much discussion on "women's health issues" versus those of the family; the career tracks for women health professionals in different cultures and the role of leadership training for health professionals. The outcome of the day was a draft proposal for a project entitled: **Collaboration for change; Leadership Training for Health and Development.**

Further review of the proposal will be required to discuss the feasibility of carrying out a student and faculty exchange program for leadership training between Network schools. The WHO will collaborate on the development of this project and a follow-up report with details of the project will be circulated to Network member institutions later this year.

We would welcome suggestions from Network members as to how to facilitate collaboration between Network schools that focusses on both leadership development for health professionals and women's health issues. The workshop was able to come up with several recommendations, but we would welcome any contributions from other Network members. We will keep you informed of our progress.

Correspondence can be sent to :

Dr. Sharon Bearpark
McMaster University
Faculty of Health Sciences (HSC 2E16)
1200, Main Street West,
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Canada, L8N-3Z5

The Khartoum Initiative for Change

by Dr. Zohair Nooman*

The World Health Organization, East Mediterranean Office, assigned Suez Canal University, Ismailia, Egypt, for a consultancy visit to the Faculty of Medicine, Khartoum, Sudan. Consultants reviewed and evaluated the undergraduate curriculum, discussed with the faculty their plans for innovation and conducted workshops on community-oriented/based education and problem-based learning. The following "ten commandments" were developed during the workshops:

1. Integration of basic clinical and community health sciences;
2. Early exposure, clinical experiences;
3. Reduction of didactic teaching as far as feasible;
4. Increase of more effective learning methods with stepping up the active role of the student in learning as far as possible;
5. Priority health problems should constitute the core of the curriculum and the main medium and stimulus for learning;
6. Health settings in the community as close as possible to their prospective work settings;
7. Encourage learning experience that serves to build the competencies of the student in self-directed learning;
8. COE experiences should:
 - Constitute a sizeable part of the curriculum from beginning to end;
 - Be faculty-based (multidisciplinary);
 - Be used to trigger learning of basic, clinical and community health sciences;
 - Always include elements of serving the people;
 - Be tailored to be relevant to the objectives of the phases of the curriculum;
 - Subject to continuing and summative evaluation.
9. The wholistic approach should be always emphasized: e.g. whenever students are exposed to clinical experiences, the population and preventive aspects should be emphasized;
10. Evaluation should be appropriate to the learning methods and should address process as well as, or even more than, knowledge, and should address skills and attitudes as well as knowledge.

A tri-partite agreement between the Faculties of Medicine from Khartoum, Gezira and Ismailia is being developed, that will serve the immediate needs of supporting and facilitating the steps to innovate the curriculum in Khartoum with the least possible difficulties and set-backs. Financial support has been requested from the WHO/Emro.

**Dr. Zohair Nooman is Vice Dean of the Faculty of Medicine, Ismailia, Egypt*

Master of Sciences in Health Development in Thailand

by Dr. Charas Suwanwela *

The Master of Science in Health Development Program, Chulalongkorn University, is administered by the Faculty of Medicine, Chulalongkorn University, aiming at preparing health professionals for leadership roles in health research, health management and health professions education. The aim is to produce health professionals with the following attributes:

- An ability to use a wide range of processes of inquiry leading to accurate and creative analyses of problems and, therefore, appropriate action plans;
- An ability to use analytical skill in decision-making, leadership and self-directed lifelong learning;
- A vision about, and commitment to improving health care that has both breadth and depth and recognizes the interrelated economic, social, political elements of health and health development;
- A willingness to take calculated risks despite uncertainty; and
- Skills in motivating others to commit themselves to the achievement of improved programs and systems.

The program is heavily based on the problem-solving approach in the community and actual work in the real environment interspersed with teacher directed workshops. The collegial atmosphere between students and faculties is promoted. The program is developed in collaboration with many international agencies such as the University of Newcastle, Australia, and the British Council.

Chulalongkorn University, whose human resources are capable to assist in country wide development in all aspects, has a firm policy of contributing its resources for development of instruction, research and service at the regional and community levels. Throughout the years, many departments and institutions at Chulalongkorn University have accumulated strengths in various fields. For example, the Department of Obstetrics and Gynecology, Faculty of Medicine and the Institute of Health Research have wide international experience in human reproduction research. The Medical Education Unit, Faculty of Medicine, is the WHO Training Center in Medical Education. The Drug Dependence Program of the Institute of Health Research has been the collaborating centre of WHO for many years. Examples of other activities that have gained international recognitions include health economics and medical education innovative activities and research. The Faculty of Political Sciences, the Faculty of Mass Communication and the Faculty of Education have had a keen interest in population health and quality of life. Finally, the Clinical Epidemiology Unit, Faculty of Medicine, founded with partial assistance from the Rockefeller Foundation, has been assisting in the design, measurement and evaluation of health care programs at various levels; e.g. inter-faculty and national. Clinical Epidemiology Unit staff are conducting high quality clinical or field research in their respective areas of interests. The unit is accumulating resources and potential to become the Regional

Training Centre for Clinical Epidemiology. With its existing strength, the Faculty of Medicine, has worked towards the development of several international courses for foreign scholars to study in Thailand. The current Master Degree Program in Health Development represents one such activity. It is designed to develop, through innovative educational program health professionals to become leaders capable of applying new technologies to advance the quality of life of the people. There are several new technologies to achieve goal, but the most important in which the Faculty has the expertise are three new areas: 1. Health Research; 2. Health Program Management; 3. Health Professions Education.

- 1) Health Research is designed for health professionals who desire to become competent health researchers: students study in depth research methodology and research and practise skills which will enable them to find appropriate solutions for local health problems.
- 2) Health Development Program Management is designed for health professionals who are responsible for health development programs or projects. Emphasis is laid on health planning and new technologies in management of health development programs.
- 3) Health Profession Education is designed for leaders in health professions education. Students study in depth curriculum planning and its implementation, as well as skills in managing organizational changes and innovations.

**Dr. Charas Suwanwela is Dean of the Faculty of Medicine, Chulalongkorn University, Bangkok.*

Some Implications of the Teaching Activity in the Community: Montevideo, Uruguay

by Dr. Pablo V. Carlevaro*

Teaching in the community promotes the development of a new educational space, without which it is not possible to satisfy the basic objectives in the education of physicians and other health professionals.

The following are some implications of this process.

Performance of an integral education without amputation of the social content from the health problems. This substantially changes the traditional model, which is restricted to the clinical-biological aspects of the in-patient and the theoretical study of the pathology. Achievement of professional education is based on the real needs of the community. This makes it possible to:

- incorporate epidemiology as an essential instrument;
- generate a health perspective that gives real significance to promotion, prevention and rehabilitation;
- modulate and give priority, according to existing needs, to appropriate educational contents;
- develop the operational capacity of working not only in the community but also with local community, promoting education for participation and self-care in relation to the health problems, with emphasis on improvement through transformation and change.

The development of an educational activity intimately related to solving problems and to participation by the students in the achievement of specific tasks as members of the health team. These tasks will be geared to their level of training and will always be supervised by professionals. Students will be the most humble members of the team, but they will be a part of this team. This means that they will assume responsibilities that will contribute and benefit the health care the community. Their permanence in the health team

as well in the community must therefore be assured. The preceding statements express a concept of involving students which may be considered ambitious, but that is radically opposed to a "tourist" passage through the community. Also, effective service by students ethically legitimates this educational activity, and avoid that the community is only used for learning and that false expectations may be raised.

The installment of the educational program in primary health care centers regional or national health institutions, who are responsible for the health centers. Theoretically, good care is the best support for learning. The ideal situation is that both tasks, care and teaching, should centre on the same community group. The integration of members of the teaching staff and university students in the Primary Health Care Centers:

- will promote new ways of development of their activity;
- increases both quantitatively and qualitatively their operational capacity in program execution;
- will significantly contribute to raise the quality level of service given to the community.

Creating a new way for the relationship between the university and the community. Traditionally, this extension has happened in a one-way direction: from the university to the people. Frequently through massive communication media. There are few worthy examples of bi-directional interactions. If the teaching program attains the foreseen expectations, interaction of the community with the students and their teachers, will produce a remarkable change in the relationship of the university with the society. These changes do not have to be limited to education of health professionals.

The release of a complex process of changes and adaptations does not occur without difficulties. In fact, there exists an educational doctrine postulating the integral study of the biological, psychological and social dimension of man and health, but yet the old tradition limits teaching to illness and the hospital. The existence of a doctrine is not enough to transform the educational reality in all its aspects. For each situation, the convenience and need to constitute a new teaching group to educate in the community should be analyzed. Whatever the choice, it is necessary to prepare training activities; however it is also necessary to know that special skills are needed for education in the field and for evaluating process and outcome. The changes affect all those participating in the activity, (teachers, students, personnel of the health care team, community, etc. as well as institutions). A signed agreement is not enough to assure the desired integration. The agreement opens the doors for implementation but this involves difficulties that will only be overcome by transforming reality through action.

Last, but of great significance, education of health professionals in the community will contribute to an internal process of adoption of values that identify the student above all, with a social mission of service, as opposed to individualistic values such as the desire for personal profit. The teaching activity in the community will identify the students and their teachers with the need improve reality.

** Dr. P. Carlevaro is Dean of the Faculty of Medicine, University of Uruguay, Montevideo, Uruguay.*

The El Hosh project in Sudan

Report by Dr. Louis Boon *

As part of a "twinning" of the University of Gezira in Wad Medani, Sudan, and the University of Limburg in Maastricht, The Netherlands, these universities are planning to participate in a project aimed at upgrading the general living conditions in the health district



Former hospital El Hosh

of El Hosh, a provincial town situated in the centre of the Gezira, the irrigated area south of Khartoum.

The goal of the project is the establishment of a centre for the improvement of rural health care, education, agriculture and community development in the El Hosh district. The centre will be housed in the former hospital of El Hosh. The first step will be the rehabilitation of the iron frame that are all that is now left of the old hospital. We will try to raise funds to revitalise the project and to broaden its scope. One of the fascinating aspects of the El Hosh project is that it implies collaboration between several faculties of the University of Gezira, especially those of Medicine, Economics and Rural Development, Agriculture and Education. Close collaboration by these faculties is necessary to execute the intersectoral approach that is the essence of the project.

The centre will deal with problems as the product of networks of interrelated causal chains. It will not, for example, consider health problems in isolation, but look into the agricultural or cultural practices that are at the root of them. Health education is an important activity. However, this would be more effective if it were already introduced in the primary schools. For that purpose teachers have to be given extra training. Such training can be provided in the district, as a result of collaboration between the faculties of medicine and education.

A delegation of the University of Limburg visited Wad Medani last March, to discuss collaboration and to formulate the joint project. During our talks the determination of the various faculties to cooperate in the project was impressive. Discussions with the deans of the various faculties made it clear that the university is convinced that an integrated approach is necessary. The deans were eager to start the project. We also visited El Hosh to talk to local authorities and to inspect the site of the centre. We left with a positive impression of the viability of the project. The difficult task ahead is now to raise the necessary funds to build the El Hosh centre.

** Dr. Louis Boon is the Dean of the Faculty of Health Sciences, Rijksuniversiteit Limburg, Maastricht.*

Initiatives in Field Education in Nepal

by Dr. Madan P. Upadhyay *

Educational programs at the Institute of Medicine (IOM) are aimed to provide students with real life experiences. The Field Education Program assists students and faculty to meet this objective. While students gain appropriate field skills, the complaint is that the

community benefitted little from such students' interactions. Another problem associated with field programs has been its high cost. Therefore, it is now felt that it will be necessary to turn to the community to overcome some of these problems. If we can demonstrate that it is a beneficiary, the community will become a "resource" for our programs. Field education is to be made more community based, using community resources for the benefit of the community, and student learning into long term student' interaction to produce change in health status of selected communities. This will generate additional confidence in our students in their role as agents of change. This will also have the advantage of making the community more responsive. Such schemes, to be successful, must take into account both the "felt" and "observed" needs of the students, the community and the IOM. The series of workshops, currently being organized, are aimed at developing and sustaining community-based field education programs which would optimize student learning and meet community health needs on a long term basis.

** Dr. Madan P. Upadhyay is Dean of the Institute of Medicine, University of Kathmandu, Nepal.*

Forthcoming Events Network Institutions

Network Commemoration of WHO's 40th Anniversary

During the 41st World Health Assembly in May 1988 at WHO Headquarters, a solemn ceremony took place to celebrate the 40th Anniversary of the World Health Organization (1948-1988). Within the Network this Anniversary is also commemorated. For example: **The Sudan Faculty of Medicine**, Khartoum, has planned the following activities:

- Four three-day workshops for faculty members related to community-orientation and Health for All in the Year 2000;
- A workshop on community-orientation of the Faculty Curriculum;
- The Education Development Center will publish a quarterly Newsletter. The first issue will deal with the various activities of the World Health Organization in the Sudan in general and in the Khartoum Faculty in particular.

The Center for Educational Development (CED) and the University of Illinois College of Medicine Rockford (UICOM-R) are sponsoring a short course on preparing leaders for community-oriented health professions education.

Details of these and other commemorative educational workshops can be found in the "Agenda 1988-1989" and in this "Events" section.

International Symposium on the Role of the Student in the Health Professions and Community Health Education

October 10-13, 1988
Beersheva, Israël

This symposium will take place from October 10-11, 1988 in Beersheva, followed by two days in Jerusalem.

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The symposium is the outcome of the experience in Beersheva where, for the past 6 years, an extensive school education program has been carried out by medical and nursing students.

The Symposium proposes to bring together primarily students, but also physicians and other health professionals from different cultures and backgrounds, engaged in community health education, in the hope that the sharing of experiences and ideas will advance the field. The first two days will be held in Beersheva and will be devoted to the following topics:

- 1) Role of student in community-education.
- 2) Students as change agents in community health.
- 3) Methods of activating health education in schools.
- 4) Methods of training students to carry out this task.
- 5) Methods of evaluating the students' activities and the project's efficiency.
- 6) Collaboration with other schools and educational institutions and their contribution to these projects.
- 7) Research concerning health education as an efficient tool in reducing disease risk factors, such as smoking.

The third and fourth days of the Symposium will be held in Jerusalem in conjunction with the **First Jerusalem Health Symposium and Exposition: Developing Strategies for Health Promotion**. Featured that day will be school health education and W.H.O. programs for health communities, both of special importance to students and health professionals active in health education.

For more details please contact:

Dr. Chaim Yosefy, Coordinator
c/o Atzeret Ltd
P.O.B. 3888
Jerusalem 91037
Israel

Leadership Development for Community Oriented Health Professions Education

October 31 - November 11, 1988
Rockford, Illinois, U.S.A.

In commemoration of the Health Manpower Development movement, fostered by the World Health Organization more than twenty years ago, the Center for Educational Development (CED) and the University of Illinois College of Medicine at Rockford are sponsoring a short course in preparing leaders for community-oriented health professions education. CED, as a WHO Collaborating Center for Health Manpower Development, and the Illinois College of Medicine as a Network member school are pleased to be able to collaborate in this leadership development program for health care personnel, administrators and community leaders.

Audience

This program is for health care personnel in faculty or administrative positions who are responsible for, or interested in leading community-based health professions education programs.

Purpose

A growing body of knowledge based on theory, research and practice has coalesced relevant to the development and implementation of community-oriented approaches in health professions education. Together, the faculty and participants in this course will address the *why* and *how* of community-oriented education for health care personnel and take an important step toward addressing primary health care needs.

Course goals

This course will help participants to :

- Determine what community-oriented and community-based education means for health care personnel in their home setting
- Evaluate how problem-based learning may or may not contribute to community-oriented education
- Explore why and how an educational leader must articulate a vision that is informed by internal and external historical, social, economic, and political forces
- Plan, develop, and evaluate approaches for controlling the direction of educational reform so that it is relevant to the health needs of a given population
- Effectively use managerial skills such as communicating, conflict management, empowerment of others, coalition building, structuring decision-making systems, and the manipulation of reward systems
- Analyze, interpret, and adapt a health sciences school as a complex multitask, multifunction organization of professions
- Explore why and how to develop community-oriented primary care units for education and the delivery of services.

Approach

The approach to the course will be problem-based using a case study format. Participants will actually work through the problem analysis, curriculum design, and leadership strategy of an educational problem that currently exists in an educational government, or health services delivery organization. The focus on application and the shared experiences of participants and workshop leaders along with independent study will make it possible for participants to adapt the case model for use in their home institutions. Some of the problem work will be carried out in community health centers in the College of Medicine at Rockford. This will allow participants to observe the CHC program of primary care as it interfaces with the community.

Questions about the program may be directed to :

Dr. Thomas Telder

Ass. Director of CED for Ed. programs
Center for Educational Development
The University of Illinois at Chicago
Room 986, 808 South Wood Street
Chicago, Illinois 60612 U.S.A.

2nd International Seminar on Primary Health Care: Family physicians, a response to community needs

November 14-18, 1988, Havana, Cuba
International Conference Center

For the past 28 years the Ministry of Public Health of the Republic of Cuba has given top priority to development strategies for the national health care system. The results have allowed Cuba to reach the goals of the "Health for All by the Year 2000" program, 15 years ahead of the deadline set by the World Health Organization. The 1st International Seminar on Primary Health Care was successfully held in Havana in June 1986. The second seminar, 2 years later, will be held on the 40th anniversary of the founding of WHO and on the 10th anniversary of the Alma-Ata primary care meeting. Participants will have an opportunity to analyze and exchange experiences on the progress made in the implementation of the Health for All strategies.

Cuba has witnessed a revolution in the health sphere brought about by the development of new models of primary health care, community-based family physicians and specialists in comprehensive medical care.

Purposes of the seminar

Analyze Cuba's experience with family physicians;
Exchange experiences on the diverse models of primary health care and family medicine;
Analyze Cuba's experience in training specialists in comprehensive health care;
Analyze the impact of diverse primary health care models on the attainment of Health for All by the Year 2000.

Some topics

- Family physicians: Cuban experience;
- Integration of services, teaching and research in primary health care;
- Training physicians in the community;
- Community health problems and medical curricula design;
- Family physicians and health promotion;
- Epidemiology in the promotion of health;
- Active community participation in solving health problems;
- Family physicians as educators and "guardians of health";
- A systematic approach to the interrelationship among doctors' offices, polyclinics, hospitals, medical schools and research institutions;
- The role of nurses in the family physician model.

Pre-seminar workshops

On November 10-12, 1988 the following pre-seminar workshops will be offered:

- Epidemiology in health promotion;
- Community-Based rehabilitation;
- Community-Oriented Medical Education.

These workshops, conducted by well-known specialists, will take place in the Havana's International Conference Center.

All mail should be addressed to:

Prof.dr. Cosme Ordóñez, Coordinator
International Seminar on Primary Health Care
Palacio de las Convenciones
Apartado 16046, Havana, Cuba
Telex: 511609 palco cu
Fax: 20-2350

New Network Members

Full member institutions

Faculty of Medicine
Health University of Linköping
Linköping, Sweden

Medical Faculty
University of Tampere
Tampere, Finland

School of Medicine
Mercer University
Macon, Georgia, U.S.A.

Faculty of Medicine
Prince of Songkla University
Songkla, Thailand

Christian Medical College
Vellore, 632002
Tamil Nadu, India

Associate member institutions

Community Health Research & Training Unit
University of Western Australia
Claremont, Australia

Corresponding members

Dr. Julian Tudor Hart
The Queens
Glyncorrwg
West Glamorgan
Wales SA13 3BL, United Kingdom

Dr. Una V. Reid
WHO/Pan American Health Organization
Box 508
Bridgetown
Barbados, W.I.

Dr. Jones Koleade Bamgbose
Faculty of Health Sciences
Obafemi Awolowo University
1392
Ile Ife 040
Nigeria

News from Network Students

by Anne van Lammeren

As you all know, we organized a student Network workshop during the meeting in Pattaya, September 1987. Our main problem is to establish a student communication Network. To have a contact person is very important for the exchange of information. From the Network institutions which are not included in the list below, we would like to receive the name and address of the student correspondent as soon as possible. We also distributed a questionnaire to all Network institutions. This questionnaire contains questions about the faculty and the educational system. We are collecting these questionnaires in order to compile a handbook with relevant information about every faculty. We would like to stress the importance of the handbook and to urge everyone to return the questionnaire as soon as possible. Until now we received responses from:

- Faculty of Medicine, Suez Canal University, Ismailia, Egypt;
- School of Medicine, Gadjah Mada University, Yogyakarta, Indonesia;
- Christian Medical College, Ludhiana, India;
- Faculty of Medicine, Sherbrooke University, Fleurimont, Quebec, Canada
- University of Ilorin, Ilorin, Nigeria;
- Bayero University, Kano, Nigeria;
- Arabian Gulf University, Manama, Bahrain.

We want to thank the contact persons of these faculties for taking the time to answer our questions. We hope that we will receive many more answers, so that we can compile the handbook.

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COMMUNITY HEALTH CELL
326, V Main, 1 Block
Koramangala
Bangalore-560034
India

018.52
R(ME)

Student correspondents

- Stefano Pirrelli and Paolo Gianninni, University of Bari, Bari, Italy;
- Antonella Lotti and Marina Metta, University of Milan, Milan, Italy;
- Zvi Klein and Zachi Ben Zion, Ben Gurion University of the Negev, Beer-Sheva, Israel;
- University of Zimbabwe, Harare, Zimbabwe;
- Mr. Suntorn, Prince of Songkla University, Songkla, Thailand;
- Ramathibodi Hospital, Mahidol University, Bangkok, Thailand;
- Tanaporn Komolvipat, Siriraj Hospital, Bangkok, Thailand;
- Top Buranas Smutharaks, Chulalongkorn University, Bangkok, Thailand;
- Patinya Photipatama, Prapokklao Hospital, Chantaburi, Thailand;
- Syfon Suvan and Pacharee Suwil, Khon Kaen University, Khon Kaen, Thailand;
- Chawamad Suibnugarn, Cholburi Hospital, Cholburi, Thailand;
- President of Havana FEO Cuba, Havana, Cuba;
- Detti Siti Nurdianti, Universitas Gadjah Mada, Yogyakarta, Indonesia;
- Bada Samuel Akin, University of Ilorin, Ilorin, Nigeria;
- Ron Balkissoon and Lisa Moore, McMaster University, Hamilton, Canada;
- Mohammed El Sanusi, University of Gezira, Wad Medani, Sudan;
- Sonjay Kalra and Puneet Sharma, Christian Medical College, Ludhiana, India;
- Sahar Dawidar and Sherien Shalby, Suez Canal University, Ismailia, Egypt;
- Anne Taylor, University of Southampton, Southampton, England;
- Student Consultative Committee, University of Newcastle, Australia.

A detailed list can be obtained from the Student Network Secretariat:

Anne van Lammeren
Lakenweversstraat 29 B 15
BK Maastricht
The Netherlands

Other Organizations

World Federation for Medical Education

"Program and strategy for world action in medical education: the World Conference"

by Dr. Henry Walton*

The Program

The World Conference on Medical Education will be held in Edinburgh on 8-12 August 1988. The progress of the Program of the World Federation, of which the World Conference is a key development, was reported at the Executive Committee of the Network in May 1988. The Planning Commission met again in June when the arrangements were confirmed. The progress of the Federation's Program can be mentioned briefly.

National Reports

Most informative and telling national reports were received from countries in response to the 32 issues raised in the Six Major Themes document. The document had been translated into most of the main languages.

Regional Conferences

The national reports have been analyzed, and regional discussion documents were compiled for further intensive consideration at the Regional Conferences. These critical components of the Program have been extremely productive and compelling. The European Regional Conference took place in Dublin in September 1987, the African Regional Conference at Brazzaville in October 1987, and the South-East Asian Regional Conference in New Delhi in November 1987. The Regional Conference for the Middle East took place at Amman, Jordan, on 14-17 February 1988. The Regional Conference for the Western Pacific was at Kuala Lumpur on 7-11 March 1988. The approach in the Americas is particularly intensive and systematic, designated as Project EMA, being conducted by a Task Force under the auspices of the Pan-American Federation of Associations of Medical Schools.

The extent of the documentation for the World Conference thus exceeds that anticipated. From the European Regional Conference, for example, 34 pressing recommendations have emerged.

The Federation has also explored a seventh theme, "The Medical School as a Social Organization", to investigate further the resistance to change of curricula which demonstrably are outmoded and otherwise inappropriate.

The Need for Ministerial Consultations

As so many of emerging recommendations have legal, legislative and statutory implications, there has been a crucially important further development in relation to the World Conference. Ministerial Consultations are being called at regional level, to be attended by the Ministers of Health, Ministers of Education, health-care administrators and medical educators. The Ministerial Consultation for Europe, for example, will be at the Gulbenkian Foundation, Lisbon, under the auspices of the Minister of Health, H.E. Leonor Beleza; the Minister of Education, H.E. Roberto Carneiro; the Regional Director of the WHO European Office, Dr. J.E. Asvall; and the President of the World Federation. The Minister of Health of Nigeria, Dr. O. Ransome-Kuti, will take a key initiative in the African Region, as will the Minister of Health of India, Mr. Morital Vora, for South-East Asia. Dr. Z. Hamzeh of Jordan and Dr. G. Soberon of Mexico will assist correspondingly in the Middle East and the Americas. The Western Pacific Ministerial Consultation will be assisted by Y Data Chan Siang Sun of Malaysia.

The Implementation Phase

The recommendations of the World Conference will be presented, as a Declaration, to the World Health Organization's Executive Board in January 1989, and to the World Health Assembly at its meeting in Geneva in May 1989. By then, the Implementation Phase of the Federation's Program will already be in progress. The Ministerial Consultations are an essential component of the Implementation Phase. The recommendations will then go to the World Health Assembly in May 1989. It is expected that the Edinburgh Declaration will have the influence in medical education which the Alma-Ata Declaration has had in the field of health care.

The World Conference

The World Conference will be based on the great volume and worldwide coverage of preparatory work already completed. The World Conference, as always intended, will be invitational, very definitely a working conference, charged to review intensively the Regional Reports and other pertinent documentation. The objectives which will be achieved on completion of the World Conference, therefore, are the following:

- Participants will have had an ample opportunity to express their views on the Six Themes, and other items which seem relevant to the formulation of broad policies for the conduct of medical education.
- These views will have been summarized and synthesized into a set of nationally relevant educational principles and practices that should characterize the program of medical education, against which individual institutions can judge their present status and future progress.
- A mechanism for worldwide dissemination of these policies and strategies will have been established.
- A follow-up plan will have been formulated, to promote the accepted practices which will have been incorporated into institutional programs over the ensuing 5 years, or incorporated in action plans for the subsequent decade.

Venue of the World Conference

The Old College, University of Edinburgh, South Bridge, Edinburgh EH8 9YL, Scotland, United Kingdom.

Secretariat

World Federation for Medical Education, The Medical School, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG, Scotland, UK; Tel. (031)226 3125; Telex: 727442 (unived g).

** Dr. Henry Walton is President of the World Federation for Medical Education*

Book review

"Innovative schools for Health Personnel"

by R. Richards & T. Fülöp.

WHO Offset Publication no. 102. Geneva 1987.

by Dr. Peter Bouhuijs

This book contains the results of a study launched by WHO to investigate ten schools belonging to the Network of Community-Oriented Educational Institutions for Health Sciences. The book is partially a follow-up of the studies reported by Katz & Fülöp in 1978 and 1979. At that time most programs described were in their early days, and hence it was hard to evaluate their outcomes. The general purpose of the current study was to determine to what extent these schools had undertaken community-oriented and problem-based medical education, and to ascertain in what ways and to what degree new approaches were affecting health care delivery, especially primary health care. The ten programs involved were Maastricht, Beer-Sheva, Yaoundé, Kathmandu, Tacloban, Newcastle, Mexico City, Hamilton, East Lansing, and Albuquerque, a truly international sample of Network schools. Data on each of the schools were collected by questionnaire, document analysis, and interviews during site visits.

The book contains short descriptions of the programs of each school and summarizes the outcomes in a number of Tables. In this way it is possible to gain a quick overview of similarities and differences in various programs. The outcomes seem to indicate that schools tend to be strong in either community orientation or a problem-based approach. The summary and comments section includes a number of observations on issues which are important for all Network schools: the role of leadership, the relation with the health care system, and the importance of program evaluation. The authors conclude that there is sufficient evidence that the schools in the study have an impact on health systems. A number of recommendations are formulated regarding the strengthening of the community component in

programs. Establishing links with the health care system and a sound faculty development program are seen as necessary strategies.

The text part of the book is only 65 pages, which indicates that the authors have tried to digest the wealth of material they had collected in this project. The obvious problem with a broad study like this is that it is hard for the reader to obtain a good view of source material on each program and it is not always clear from the text whether the outcomes represent the authors' view or the schools' view on a particular problem. The study will hopefully be the first of a series of in depth analyses on the impact of Network schools. As an introduction for those interested in outcome studies this book is highly recommended.

**Dr. Peter Bouhuijs is a member of the Department of Educational Development and Research, Rijksuniversiteit Limburg, The Netherlands.*

Articles / Reports / Newsletters

received by the Secretariat.

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- Report Conference University of Edinburgh, May 1987, Medical Education, 1988, no. 22, p. 67-77.
- Newsletter, Institute for Medicine, Kathmandu, Nepal, 1988, Vol. 3, no. 2.
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- Continuing the Education of Health Workers, a workshop manual, by F.R. Abbatt and A. Mejia, World Health Organization, Geneva, 1988.
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- Joint Medical Newsletter, Faculty of Medicine, Newcastle/Hunter Medical Association and Dept. of Health, N.S.W. Australia, No. 49, 1987.
- European Newsletter on Quality Assurance, Volume 5, Nos. 1 and 2, 1988.
- Outlook, Educational Commission for Foreign Medical Graduates, Summer/Fall 1987, No.3,4 and Winter 1988, No. 5.

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- The GME Correspondent, published by the Association of American Medical Colleges, Vol.1, No.1, March 1988.
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- Buletin Pendidikan Perubatan, University of Malaysia, May/June, July/August 1987.
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- Epidémiologie pour le Développement, Bulletin du Réseau No. 9, Mars 1988.

REMINDER

In case you have not yet paid your 1988 membership fee, we kindly request you to send a cheque with the amount due a.s.a.p but before September 1, 1988 to

Network Secretariat
att. Miss Ingrid Regout
Rijksuniversiteit Limburg
P.O.B. 616
6200 MD Maastricht
The Netherlands

MEDUCS

A NEW BULLETIN OF THE SWISS ASSOCIATION FOR MEDICAL EDUCATION

Target groups of MEDUCS are government bodies, teachers as well as students of medical and allied health professions. The main articles will be preceded by an abstract in English. The contributions themselves may be in German, French, Italian or English. To inform readers about educational developments outside Switzerland, MEDUCS would be glad to receive contributions. For the details about membership, subscription to MEDUCS, etc. please contact:

Dr. Juerg F. Steiger
Division for Instructional Media
University of Berne, Medical Faculty
Inselspital 38
CH-3010 Berne, Switzerland

Agenda 1988

August 8-12, 1988

Edinburgh, Scotland, UK
WORLD CONFERENCE ON MEDICAL EDUCATION
(by invitation only)
Secretariat: World Federation for Medical Education, The
Medical School, University of Edinburgh
Teviot Place
Edinburgh EH8 9AG
Scotland, UK
Tel. (031) 226 3125; Telex 727442

August 30-September 16, 1988

Newcastle, Australia
TEN YEARS OF INNOVATIVE MEDICAL EDUCATION
A CELEBRATION
August 30-Sept. 2: Problem-Based Learning: Education for the
Professions
September 5-6: A Case Study in Innovation
September 7: David Maddison Lecture
September 8-9: Comparison of Goals and Strategies in Innovative
Medical Schools
September 12-16: Priorities for the Future
Contact person:
Information Officer Faculty of Medicine
University of Newcastle
New South Wales, 2308
Australia

September 4-9, 1988

Marburg, West-Germany
17th EUROPEAN CONFERENCE ON PSYCHOSOMATIC
RESEARCH: PHYSICIAN IN THE 21st CENTURY: NEW
PARADIGMS TO COPE WITH SPECIALISATION AND TO
PROMOTE HEALTH
Contact person:
Prof.dr. Wolfram Schüffel
Psychosomatic Division, Centre of Internal Medicine,
University of Marburg
3550 Marburg, West-Germany

October 10-13, 1988

Jerusalem, Israël
FIRST JERUSALEM HEALTH SYMPOSIUM
AND EXPOSITION
DEVELOPING STRATEGIES FOR HEALTH PROMOTION
Organizers and Secretariat:
Atzeret Ltd.
29b, Keren Hayesod Street
P.O.B. 3888
Jerusalem 91037, Israël
Israël
tel. 02 - 247646, telex 25615, fax 02 248910

October 10-13, 1988

Beersheva, Israël
INTERNATIONAL SYMPOSIUM ON THE ROLE
OF THE STUDENT IN THE HEALTH PROFESSIONS
AND COMMUNITY HEALTH EDUCATION
For more details please contact:
Dr. Chaim Yosefy, Coordinator
c/o Atzeret Ltd
P.O.B. 3888
Jerusalem 91037
Israël

October 25-28, 1988

Hamilton, Canada
McMASTER WORKSHOPS IN HEALTH SCIENCES
EDUCATION: ROLE OF THE TUTOR IN SMALL GROUP
LEARNING WORKSHOP
Contact person:
Miss Annette Sciarra, Workshop Coordinator
Education Services, Room 3N51
Faculty of Health Sciences
McMaster University
Main Street West
Hamilton, Ontario L8N 3Z5
Canada
tel. (416) 525 9140, ext. 2714

October 31-November 11, 1988

Rockford, Illinois, U.S.A.
LEADERSHIP DEVELOPMENT FOR COMMUNITY-
ORIENTED HEALTH PROFESSIONS EDUCATION
Contact person:
Dr. Thomas V. Telder
Ass. Director of CED for Educational development
The University of Illinois at Chicago
Room 986, 808 South Wood Street
Chicago, Illinois 60612 U.S.A.
tel. (312) 996-7949, telex 4930122

November 14-18, 1988

Havana, Cuba
2nd INTERNATIONAL SEMINAR ON PRIMARY
HEALTH CARE: FAMILY PHYSICIANS,
A RESPONSE TO COMMUNITY NEEDS
Contact person:
Prof.dr. Cosme Ordóñez, Coordinator
International Seminar on Primary Health Care
Palacio de las Convenciones
Apartado 16046, La Habana, Cuba
telex 511609, telefax 202350

November 19-27, 1988

Kingston, Jamaica
MEDICINE AT THE UNIVERSITY OF THE WEST INDIES
THEN AND NOW
Contact person:
Prof. S.R. Wray
Dean, Faculty of Medical Sciences
University of the West Indies
Mona, Kingston, Jamaica

November 21-23, 1988

Hamilton, Canada
McMASTER WORKSHOPS IN HEALTH SCIENCES
EDUCATION: VISITORS' WORKSHOP
Contact person:
Miss Annette Sciarra

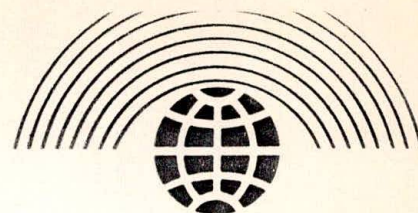
September 17-19, 1989

Rolduc International Conference Center
KERKRADE, THE NETHERLANDS
6TH. GENERAL NETWORK MEETING

September 20-22, 1989

SCIENTIFIC INTERNATIONAL CONFERENCE
ON ACADEMIC INSTITUTIONS AND HEALTH
SERVICES AS PARTNERS IN HEALTH CARE
Further details follow.

newsletter



Network of Community-Oriented Educational Institutions for Health Sciences

Number 10 / December 1988

Editorial

This issue of the Newsletter will reach you later than we had hoped. However, we intend to ensure that the two issues for 1989 will appear rather more punctually - in March and October !

With your help we hope to increase the amount of information in future issues, so that the Newsletter will become a major service to members of the Network. A larger number of copies will be sent to each member institution, so that the information can become directly available to each staff member. We also plan to distribute Spanish and French editions in 1989 !

The Annals, which will be issued in May 1989, will represent a further important service to members of the Network. Here, too, we hope to be able to post sufficient copies to each member institution for local distribution to the academic staff. We plan to enlarge the content of the Annals to include not only a preface and referred papers on community-oriented education, but also a set of invited papers on an important theme of topical interest, abstracts of papers published on medical education from member institutions, an overview of events in medical education across the world during 1988, and publications issued in 1988 in relation to medical education.

In this issue further information can be found about the Tenth Anniversary Conference of the Network which will be held in the Netherlands, 17-22 September 1989. The Scientific Conference is entitled Academic Institutions and Health Care Systems as Partners in Health Care Development, and will be preceded by the 6th General Network Meeting.

We look forward to your contribution !

With our very best wishes for 1989.

Ine Kuppen

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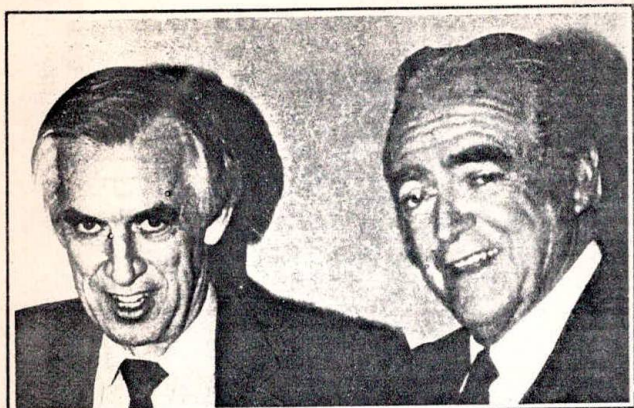
Chairman's Column

Since my last message to you (in the July 1988 Newsletter), there have been several important events which effect the Network. I will comment on two of these. As many of you know, an important conference, the World Conference on Medical Education, was held in Edinburgh in August 1988. It was organized by Professor Henry Walton of the World Federation of Medical Education. Many Network individuals and institutions participated in the preceding national and regional conferences leading up to the August Conference. At the conference itself, five members of your Executive Committee participated actively in group discussions and other deliberations. Many other members and friends of the Network did the same. The chief rapporteur was Dr. Jack Bryant, from a Network member institution, the Aga Khan University in Pakistan.

I believe that there were two particularly important outcomes. A statement called the "Edinburgh Declaration" was produced, which reinforces many of the ideas we hold to be

important in our work within the Network. The statement (reproduced elsewhere in this Newsletter) will be useful to many of you in your work with colleagues, government agencies and other groups. Secondly, the conference brought together representatives from agencies who do not normally meet to discuss the education of health professionals. These included the WHO (represented by the new Director-General, Dr. Nakajima), UNICEF and UNESCO. The conference recommended further interaction among these agencies, focussing on new initiatives in medical education.

I also want to report to you that the Network Executive Committee recently held its semi-annual meeting in Havana, Cuba, November 17-19. The meeting was held in conjunction with a large seminar on Primary Health Care. Your Executive Committee was provided with a particularly good opportunity to learn about current developments in health professions education in Latin America, and meet many of the key leaders.



Vic Neufeld, Chairman Network and Cosme Ordóñez, coordinator International Seminar

I am proud to tell you that one of our Executive Committee members, Professor Pablo Carlevaro of Uruguay, is one of these strong and highly regarded leaders. With the great help of Professor Cosme Ordóñez of Havana, we held a special "Network Day" on November 18, where we met with about eighty interested colleagues. It was clear to me that we have much to learn from the Latin American experience, particularly with respect to how the socio-political context affects health and health care; these factors have direct implications about the structure and process of health professions education.

I am sure I speak for my colleagues on the Network Executive Committee when I tell you that the Network continues to grow, struggle and mature. Several new full membership applications were approved. I was particularly impressed by how "global" we are -- we had reports of Network action from every part of the world. The Executive Committee focussed particularly on the concept of "institution strengthening", and are preparing a position paper on this important issue. I was very pleased to see evidence of the hard work and commitment of our new Secretary-General, Dr. Zohair Nooman, and of our colleagues in the Secretariat.

Finally, it is not too early to plan to attend our next biennial meeting in September 1989 in the Netherlands (more details can be found elsewhere in this Newsletter). I hope each institution is planning to send a strong team. My hope is that each member institution will be able to send at least three people, including one student.

Dr. Vic R. Neufeld, Chairman

Visits by the Secretary General

Between 12 and 14 September 1988 Dr. Zohair Nooman visited Dr. Suchart Indaraprasit, Vice-Dean of Ramathibodi Medical School and Director of Ramathibodi Hospital. Students at this medical school spend six months in a provincial hospital during their three year clinical course. One month of this period is spent practising as a doctor outside the hospital. These and other community-based experiences were introduced some 20 years ago. At Chulalongkorn Medical School Dr. Nooman studied the recently introduced community-targeted and problem-based track for a small number of students who had already qualified with a Master of Science degree. The staff indicated that they lacked facilities for community-based experiences for their students. Siriraj Medical School, Mahidol University, is 100 years old, with a 2000 beds hospital, reminiscent of Cairo University Medical School. The newly appointed Deputy Dean of Education is keen to introduce change. The visit to Thailand concluded with a fruitful meeting with Dr. Dekhanom Muangman, Dean, Faculty of Public Health, Mahidol University and President, Asia-Pacific Consortium for Public Health, who grew keen to introduce problem-based learning in his curriculum.

During the period 21-28 September 1988 Dr. Nooman participated as a resource person at the Health Sciences Education National Conference and Workshop, organized by the Consortium of Health Sciences of the Directorate General of Higher Education of the Indonesian Government. He also visited the Faculty of Medicine, Gadjah Mada University at Yogyakarta. The four day workshop and conference in Jakarta was attended by all 24 Deans of Medicine or their senior representatives. All medical school have adopted the Core Curriculum. Many schools have a community-based program. While some departments at Gadjah Mada have introduced problem-based learning, a visit by Dr. Victor Neufeld appears to have stimulated interest at other schools.

The workshop was planned to develop problem-based learning for the whole curriculum. Dr. Esmat Ezzat, Dean at Suez Canal University, and Dr. Louis Branda of McMaster University also participated as resource persons. Additional visits were made to Gadjah Mada Faculty of Medicine in Yogyakarta (25-27 September) and to Dr. Theresia Sri Sukesti, Head of Community Health Services, St. Carolus Hospital, Jakarta (23 September).

**Contributions for the next issue of the Newsletter
should be sent to Mrs. Ine Kuppen,
not later than mid January, 1989**

News from the Secretariat

Change of address

On December 15, 1988, the Network Secretariat moved into another office:

Dr. van Kleefstraat 25
6217 JJ Maastricht
The Netherlands

Postal address:

Network Secretariat
Rijksuniversiteit Limburg
P.O. Box 616
6200 MD Maastricht
The Netherlands

Tel. 43-888303/313 (unchanged)

Telefax no. 43-437266

Telex no. 56880 fg rl nl

10th Anniversary Conference

of the Network on "Academic Institutions and Health Care Systems as Partners in Health Care Development"

September 20-22, 1989, in Rolduc Conference Centre,
Kerkrade, the Netherlands

Preceded by the Biennial General Meeting of the Network
September 18-19, 1989

By now you may have received the "Call for Papers" and registration form.

Topics

The 10th Anniversary of the Network provides an excellent opportunity for an in-depth discussion of one of the major objectives of the Network: to promote cooperation between Health Educational Institutions and Health Care Systems. In addition, educational strategies facilitating the pursuit of this goal will be highlighted.

Student participation and meetings

Students from Network schools are encouraged to join the meeting. Although funds for travelling should be provided by their home institution, students may apply for a special registration fee. Moreover, the Rolduc Monastery has a few rooms for up to 8 guests, which reduces the costs of lodging and breakfast to Dfl 29.00 per person per night. In addition to

filling out the registration form, please contact Mr. Harro Spitsbergen via the Conference Secretariat to announce your participation and to give your suggestions for special student meetings during the conference.

Registration fee

The conference registration fee is Dfl 400 until June 1, 1989 and Dfl 500 thereafter. Fee includes admission to all conference sessions, welcome reception, 3 dinners, 3 lunches, morning and afternoon coffee and tea, conference abstract booklet and proceedings.

Fellowships

Potential participants who have difficulty overcoming foreign exchange limitations should indicate so. A limited number of fellowships are available. These fellowships amount to a maximum of Dfl. 1500 (approx. US\$ 750) per participant. In addition, the registration fee may be waived for some participants. Please apply directly to the Conference Secretariat.

For more information please contact:

Conference Secretariat
Network 10th Anniversary Conference
Mrs Pauline Schoenmakers
University of Limburg
P.O. Box 616
6200 MD Maastricht
The Netherlands

Tel. (31) 43-888 313/303

Telex: 56880 fg rl nl

Telefax: (31) 43-437 266

FACULTIES OF MEDICINE AND HEALTH SCIENCES
UNIVERSITY OF LIMBURG, MAASTRICHT, THE NETHERLANDS
IN COLLABORATION WITH
THE NETWORK OF COMMUNITY-ORIENTED EDUCATIONAL
INSTITUTIONS FOR HEALTH SCIENCES

**10th Network
Anniversary
Conference**

"Academic Institutions and Health Care Systems
as Partners in Health Care Development"

ROLDUC, KERKRADE, THE NETHERLANDS
19-22 SEPTEMBER 1989

Preceded by the biennial general meeting of the network
September 18 and 19, 1989

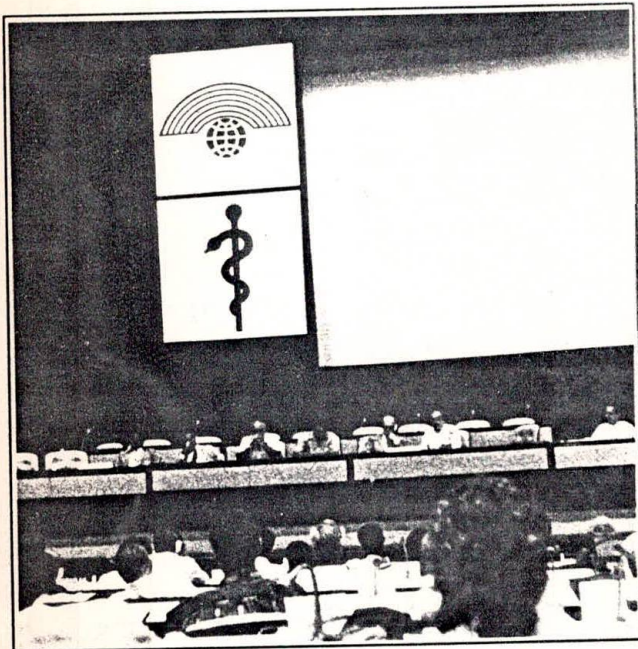
Recent Events

A Latin American Meeting for the Network linked to the Second International Seminar on Primary Health Care: Family Physicians - a Response to Community Needs

November 14-18, 1988, Havana, Cuba

Seminar

In 1988 36% of all Cubans had a family doctor providing their primary care. 72% of the family doctors are in urban areas, 5% in rural areas, and 15% in the mountains. The remaining are in schools and in industry.



It is expected that there will be 20,000 family doctors by 1995, with this number possibly being expanded to 25,000. The intent is that a family doctor will look after between 500 and 700 patients. There will also be family doctors in all schools and in all work places of any significant size. At the present time, over 1000 Cuban doctors are providing health care services in over 30 countries throughout the world.

The participants of the Second Seminar on Primary Care, which included some 1500 people from over 30 countries, were most encouraged by the progress of the Cuban family doctor concept. The Latin countries were particularly enthusiastic and saw it as a necessary development within their own countries.

Dr. Carl Moore of McMaster University has produced a full report which is available from the Secretariat.

Network Day

On November 18, 1988 a Network Day was organized in order to exchange information on the objectives, plans and activities of the Network in Latin America. The "Day of the Net-

work" was part of the Seminar on Primary Health Care. About 80 representatives from different schools in Latin America participated. Dr. Vic Neufeld, Chairman of the Network, opened the meeting and introduced the Network in general. Dr. Zohair Nooman, Secretary General, presented "Implementation of Community-Based Medical Education". Dr. Cosme Ordóñez reviewed "Innovations in Medical Education" in Latin America.

The Network is promoting a change in medical education that is inevitable: incorporation of the community as a natural setting for medical education. Each school has its own views and reasons for change in medical education. Each school has its own plans for the implementation of change. Participants actively exchanged experiences and ideas. It was proposed to organize regional meetings at a more regular basis. The first will be held in October 1989 in Montevideo, Uruguay, and the second in April 1990 in Havana, Cuba. For more information please contact Prof. Dr. Pablo Carlevaro, Dean Faculty of Medicine, State University of Uruguay, Montevideo, Uruguay.

Ten Years of Innovative Medical Education, a Celebration

*August 30 - September 16, 1988
University of Newcastle, Australia*

Over 700 participants from 20 countries attended the workshops and seminars organized to celebrate the first ten years of innovative medical education at the Newcastle Faculty of Medicine. Events were built around the themes of explaining the Newcastle approach, reviewing and evaluating its success and looking into future developments. Twenty separate events ranged from a multi media display that encapsulated the history and philosophy of the Faculty to a concert program performed by Faculty staff and students in Christ Church Cathedral.

The World Health Organization was represented by the retiring Director of Health Manpower Development, Dr. Tamas Fülöp and by his successor, Dr. Eric Goon. Representatives from other Australian medical schools and Newcastle's sister schools at McMaster in Canada, Maastricht in Holland and the Arabian Gulf University in Bahrain contributed to the discussions.

A meeting that focused on regional opportunities for initiatives in medical education saw the WHO representatives encouraging Newcastle to play a greater role in the Network of Community-Oriented Educational Institutions for Health Sciences. Important contacts were forged with medical schools and organizations in various countries including Nepal, Thailand, Malaysia, Indonesia and Fiji.

The second David Maddison Lecture, delivered by Dr. Donald Lindberg, Director of the National Library of Medicine in Washington D.C. addressed the issue of medical information systems and their management.

The students' Medical Society participated in the celebrations with a number of social events which included a dinner and the annual medical students ball. MEDSOC was responsible also for the organization of a seminar on Alternate and Complementary Approaches to Health at which a variety of practitioners including an acupuncturist, chiropractor and natural therapist, as well as general practitioners, interacted and contrasted their approaches to a patient's multi faceted health problem.

The celebrations reinforced the message that to continue its work, the Faculty of Medicine at Newcastle must remain innovative in its approach to medical education, maintain its strong links with the community which fought hard for its establishment and continue to promote its already significant international profile.

The Network Task Forces

Task Force 5: Change in Established Schools for Health Sciences

By Dr. J.M. Greep, leader

How to initiate change

How to implement change

How to sustain the survival of change

Until quite recently I was Dean of the Medical Faculty of Maastricht, a relatively small faculty. I am, therefore, well aware of a Medical Faculty - financial pressures, personnel problems, pressures to contribute to the health care of a population, pressures for more research, and, not least, pressures for change in the education that the faculty offers to its students.

We have our own views on the reasons why change in medical education should be considered. Each dean has his or her own plans for the change they would like to introduce in the curriculum of the Medical Faculty. It is here that I would value your help. I am the chairman of a Task Force in the Network of Community-Oriented Educational Institutions for Health Sciences, which has been given the task of considering the problems involved in changing medical education. Your thoughts, views and experiences and, indeed, your recommendations would be most valuable.

I appreciate the innumerable demands on your time, so that a few brief notes would be most welcome when you could find a moment. In return, members of my Task Force, and the insights and experiences of the member institutions of the Network in developed and developing countries may possibly be of assistance to you. The member institutions are widely distributed across the world, so that one of the members is likely to be in your region and able to assist you directly. However, you should feel free to contact us in the Network where you will find colleagues of our Task Force with similar problems and willing to share their experiences with you.

I would very much like to hear from you and I would greatly value your collaboration.

Contact address:

Prof.dr. J.M. Greep

Chairman Task Force 5 of the Network

Chairman of the Department of Surgery

Academic Hospital Maastricht

P.O. Box 1918

6201 BX Maastricht

The Netherlands

Telefax: (31)43-477 645

News from Network Institutions

External Formative Program Evaluation in Sherbrooke

September 18-21, 1988

University of Sherbrooke, Canada

*by Dr. Jacques E. DesMarchais **

In North America, every medical school is usually subjected to program evaluation for accreditation purposes. Less frequently, such evaluation is intended to stimulate improvement without making moral judgment.

The Faculty of Medicine, University of Sherbrooke, Province of Quebec, has changed its traditional curriculum to a problem-based and community-oriented program. September 1st, 1987, the first cohort of 100 students commenced the new program. Because Sherbrooke has become the first established medical school to initiate a complete curriculum change in the last 40 years, it was decided to subject the implementation of the first year to a formative program evaluation by external consultants.

From September 18 to 21, 1988, four medical educators were invited to review the strengths, weaknesses and the problems between the intended educational change and its current implementation. Dr. Jean-Jacques Guilbert, formerly at the World Health Organization, and Dr. Vic Neufeld, the Chairman of the Network, joined Dr. Gilles Hurteau, Dean of the Ottawa Medical School, Canada, and Dr. Robert Colvin, pathologist, engaged in the New Program at Harvard Medical School, U.S.A.; as external evaluators. Their visit was a golden opportunity for a core of internal change agents and developers to seek advice and consultation on difficulties encountered in the first year of implementation. The change was intended to solve many characteristics of the "Curriculum disease", "the coveritis syndrome", characteristic of the dedicated and responsible group of teachers who tried to transform their traditional course contents into problems for

problem-based learning. By and large, the visit was very helpful to crystallize results of the first year of change and to give those in charge an occasion for their first trial of criticism in a non-threatening atmosphere.



from left to right: Dr. Gilles Hurteau, Ottawa; Dr. Vick Neufeld, McMaster, both from Canada; Dr. Jean-Jacques Guilbert, Switzerland; Dr. Robert Colvin, Harvard U.S., and from Sherbrooke, Dr. Jacques E. Des Marchais, Dr. Bertrand Dumais, Dr. Guy Lacombe.

We would like to publicly congratulate our four visitors for their expertise and "esprit de fonctionnement". I consider this visit as a by-product of the Network Organization because its proposal evolved from contacts made at the Pattaya Meeting.

* Dr. Jacques E. DesMarchais is Associate Dean of Education at the University of Sherbrooke, Faculty of Medicine, Canada

McMaster University and Makerere University explore new areas of collaboration

From October 18th to October 28th McMaster University hosted Dean Raphael Owor and his wife, Mary. Dr. Owor is Dean of Makerere University, Kampala, Uganda and was in Canada to strengthen links with Canadian institutions and to gather information relevant to curriculum development in both Medicine and Nursing.

Mrs. Mary Owor, who is a nutritionist, works for UNICEF Kampala in primary school education. At the present she is very active in the initiative to teach, at a very early age, children about the facts about AIDS. Mary had just been to a conference in Mexico where she presented a paper.

Makerere University has a long tradition of community outreach. This leadership began in the 1960's and has continued through more than two decades of war, political instability and economic constraints.

Like most of the leading medical faculties throughout the world, Makerere University has recognized a need to change

its 16 year old curriculum to strengthen primary health care strategies and to emphasize medical education to ensure that doctors are able to actively participate in achieving Health for All by the Year 2000.

Dr. and Mrs. Owor were involved in meetings, discussion groups and in tutorial groups. During this time Mary Owor became a willing participant in discussion groups involving the School of Nursing and the Aga Khan Project.

As a result of these discussions McMaster University and Makerere University are exploring new areas of collaboration.

Medical Education in China for the 21st Century: the Context for Change

Drs. A. Kaufman and J. Hamilton from the University of New Mexico, U.S.A., and Newcastle, Australia, respectively were invited to participate with seven other temporary advisers in a national conference in Beijing on the subject "Medical Education in China for the 21st Century".

Their impressions and experiences in the winter of 1986 are recorded in their paper Medical Education in China for the 21st century: the context for change (1988). Medical Education, 22, 253-260.

The Christian Medical College and Hospital, Vellore, India

Dr. A. Joseph, Professor and Head of the Department of Community Health at the Medical College reported on the teaching program aimed at producing basic doctors who can function in any setting in his paper "Training doctors for primary health care: the Vellore Model (1985)". World Health Forum, 6, 118-121. This journal is available free of charge on application to: World Health Organization, Distribution and Sales, 1211 Geneva 27, Switzerland.

(Copies can be obtained at the Secretariat)

Survey of Education Projects with University-Government Community Linkages

A small planning grant has been received from the Rockefeller Foundation to develop the concept of universities collaborating with governments and communities in a defined region for the purpose of community-oriented health professions education (the "district focus" concept).

The first step is to look at the experiences of others who have

undertaken such initiatives. A formal literature search is under way, however, I suspect the most innovative work is to be found in local reports and ongoing efforts.

If you are now involved in such a project, or know of one that has been carried out, would you please send whatever information you have on it to the research assistant: Mr. Thomas Gassert, c/o Office of Education, C-662 MSB, UMDNJ-New Jersey Medical School, 185 South Orange Avenue, Newark, NJ, 07103-2757, U.S.A.

New Network Members

Full member institutions

School of Medicine
Southern Illinois University
Springfield, Illinois, U.S.A.

Medical School
University of Bari
Bari, Italy

Faculty of Medicine
Universidad de la Frontera
Temuco, Chile

College of Human Medicine
Michigan State University
East Lansing, U.S.A.

Faculty of Health Sciences
Rijksuniversiteit Limburg
Maastricht, The Netherlands

Faculty of Health Sciences
Obafemi Awolowo University
Ile-Ife, Nigeria

Faculty of Medicine
State University of Uruguay
Montevideo, Uruguay

Associate member institutions

Department of Medicine
Dayanand Medical College
Ludhiana, India

Community Medicine Development Foundation, Inc.
(COMMED)
University of the Philippines Manila
Manila, Philippines

College of Osteopathic Medicine
Michigan State University
East Lansing, U.S.A.

Faculty of Medicine
University College and Middlesex School of Medicine
London, United Kingdom

AMREF Training Centre
Dipl. in Community Health
Nairobi, Kenya

School of Medicine
University of Zambia
Lusaka, Zambia

Faculty of Medicine
University of Leon
Leon, Nicaragua

Faculty of Medicine
University Kebangsaan Malaysia
Kuala Lumpur, Malaysia

Gondar College of
Medical Sciences
Gondar, Ethiopia

Corresponding Members

Carlos A. Montoya
Hospital Infantil Universitario
Carrera 25, no. 49-48
Manizales, Caldas, Colombia

International News

Know your WHO Regional Offices better

A better understanding of the existing structure of World Health Organization Regional Offices and the support that they offer to member countries may be of help to Network member institutions.

The World Health Organization (WHO) is committed to the proper training and use of health professionals, so that they can meet the priority health needs of communities, families and individuals in the spirit of the primary health care approach. WHO supports Member States in these efforts by providing fellowships, advisory services and by facilitating meetings and the exchange of information.

WHO's support to Member States is planned every two years; the planning exercise is a joint effort of governments, the WHO Representative (when there is one), and the WHO Regional Office. The WHO staff member at regional level

who can best advise on ways to secure WHO support for education and training activities is the Regional Adviser in health manpower development. The addresses of the six Regional Offices, as well as the countries belonging to each WHO Region, appear below.

Any request for WHO's collaboration or support should be discussed first at national level with the responsible officer at the Ministry of Health and with the WHO Representative. It is very important that proposals be in accordance with national health policies and programs and that they outline a set of coordinated activities rather than a series of ad hoc interventions.

1. African region:

WHO/Regional Office for Africa
P.O.B. 6, Brazzaville, Congo

Countries belonging to the African region:

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaire, Zimbabwe, Namibia.

2. American region:

WHO/Regional Office for the Americas/Pan American Sanitary Bureau (PAHO)
525, 23rd Street, N.W.
Washington, D.C. 20037, U.S.A.

Countries belonging to the American region:

Antigua and Barbuda, Argentina, Bahamas, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

3. Eastern Mediterranean region:

WHO/Regional Office for the Eastern Mediterranean
P.O. Box 1517, Alexandria - 21511, Egypt

Countries belonging to the Eastern Mediterranean region:
Afghanistan, Bahrain, Cyprus, Democratic Yemen, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

4. European region:

WHO/Regional Office for Europe
8, Scherfigsvej, 2100 Copenhagen Ø, Denmark

Countries belonging to the European region:

Albania, Austria, Belgium, Bulgaria, Byelorussian SSR, Czechoslovakia, Denmark, Finland, France, German Democratic Republic, Germany, Federal Republic of, Greece, Hungary, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Spain, Sweden, Switzerland, Turkey, Ukrainian SSR, USSR, United Kingdom of Great Britain and Northern Ireland, Yugoslavia.

5. South-East Asian region:

WHO/Regional Office for South-East Asia
World Health House, Indraprastha Estate
Mahatma Gandhi Road, New Delhi-110002, India

Countries belonging to the South-East Asian region:

Bangladesh, Bhutan, Burma, Democratic People's Republic of Korea, India, Indonesia, Maldives, Mongolia, Nepal, Sri Lanka, Thailand.

6. Western Pacific region:

WHO/Regional Office for the Western Pacific
P.O. Box 2932, 1099 Manila, Philippines

Countries belonging to the Western Pacific region:

Australia, Brunei Darussalam, China, Cook Islands, Democratic Kampuchea, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, New Zealand, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Vanuatu, Viet Nam.

World Conference on Medical Education of the World Federation for Medical Education

Edinburgh, August 1988

'The Edinburgh Declaration'

The aim of medical education is to produce doctors who will promote the health of all people, and that aim is not being realized in many places, despite the enormous progress that has been made during this century in the biomedical sciences. The individual patient should be able to expect a doctor trained as an attentive listener, a careful observer, a sensitive communicator and an effective clinician; but it is no longer enough only to treat some of the sick. Thousands suffer and die every day from diseases which are preventable, curable or self-inflicted, and millions have no ready access to health care of any kind.

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These defects have been identified for a long time, but efforts to introduce greater social awareness into medical schools have not been notably successful. Such facts have led to mounting concern in medical education about equity in health care, the humane delivery of health services, and the overall costs to society.

This concern has gathered momentum from national and regional debates which have involved large numbers of individuals from many levels of medical education and health services in most countries of the world, and has been brought into sharp focus by reports which followed from the six regions of the world and which address the basic issues. It also reflects the convictions of a growing number of doctors in teaching and clinical practice, other health professionals, medical students, and the general public.

Scientific research continues to bring rich rewards; but man needs more than science alone, and it is the health needs of the human race as a whole, and of the whole person, that medical educators must affirm.

Many improvements can be achieved by actions within the medical school itself, namely to:

1. Enlarge the range of settings in which educational programs are conducted, to include all health resources of the community, not hospitals alone.
2. Ensure that curriculum content reflects national health priorities and the availability of affordable resources.
3. Ensure continuity of learning throughout life, shifting emphasis from the passive methods so widespread now to more active learning, including self-directed and independent study as well as tutorial methods.
4. Build both curriculum and examination systems to ensure the achievement of professional competence and social values, not merely the retention and recall of information.
5. Train teachers as educators, not solely experts in content, and reward educational excellence as fully as excellence in biomedical research or clinical practice.
6. Complement instruction about the management of patients with increased emphasis on promotion of health and prevention of disease.
7. Pursue integration of education in science and education in practice, also using problem solving in clinical and community settings as a base for learning.
8. Employ selection methods for medical students which go beyond intellectual ability and academic achievement, to include evaluation of personal qualities.

Other improvements require wider involvement in order to:

9. Encourage and facilitate co-operation between the Ministries of Health, Ministries of Education, community health services and other relevant bodies in joint policy development, program planning, implementation and review.
10. Ensure admission policies that match the numbers of students trained with national needs for doctors.

11. Increase the opportunity for joint learning, research and service with other health and health related professions, as part of the training for teamwork.
12. Clarify responsibility and allocate resources for continuing medical education.

Reform of medical education requires more than agreement; it requires a widespread commitment to action, vigorous leadership and political will. In some settings financial support will inevitably be required, but much can be achieved by a redefinition of priorities, and a reallocation of what is now available.

By this Declaration we pledge ourselves and call on others to join us in an organized and sustained program to alter the character of medical education so that it truly meets the defined needs of the society in which it is situated. We also pledge ourselves to create the organizational framework required for these solemn words to be translated into effective action. The stage is set; the time for action is upon us.

followed by:

Ministerial Consultation for Medical Education in Europe

Lisbon, 31 October - 3 November 1988

'The Lisbon Initiative'

Delegations of the Ministries of Health and Education and other authorities in charge of higher education and health of the Member States of the European Region of WHO, meeting in Lisbon in November 1988, expressed their wish for a re-orientation in medical education relevant to health needs.

The Ministerial Consultation recalls that all Member States of the European Region adopted in 1984 a joint Health for All policy and that in 1987 the Regional Committee requested the European Office of WHO to consider the implications of this HFA policy for health personnel development and to submit it back in 1990. It also welcomes the important process started by the World Federation for Medical Education through its Edinburgh Declaration. The Consultation is also encouraged by the support given by UNESCO through WHO to improve medical education in Europe.

In line with this philosophy and based on the statements of the delegations and discussions in the working groups, the participants of the Ministerial Consultation in Lisbon propose that action should be considered by all European countries on the following principles:

1. A national medical education policy should reflect a clearly defined national health policy stemming from the European HFA strategy;
2. Clear and effective mechanisms should foster close cooperation between health and educational sectors in the establishment of policy and programmes in the field of health professional education;

3. Educational programmes in individual universities and medical schools reflect the above-mentioned national policies;
4. Mechanisms and resources should be promoted for continuing education as an essential feature of medical education in cooperation with professional societies;
5. All phases of medical education should take place in appropriate settings which reflect all aspects of health and health services.

The Ministerial Consultation welcomes the educational innovations undertaken in many countries and institutions. The progress of such innovations should be monitored and assisted by WHO Regional Office, UNESCO and associated scientific bodies such as AMEE and AMDE as required. The World Conference on Medical Education has proposed an International Collaborative Programme on Reorientation of Medical Education. Close collaboration should include the interchange of advice and exchange of expertise between all countries at both institutional and national levels.

The Ministerial Consultation was most encouraged by the strong decision taken by the Ministers of Education and Health of Portugal to take immediate steps to start the process for ensuring change in line with the Edinburgh Declaration and the European HFA strategy. The Ministerial Consultation proposes that all other countries should consider to follow this example.

Panamerican Federation of Associations of Medical Schools (PAFAMS)

In 1987 the Panamerican Federation of Associations of Medical Schools, celebrated its 25th anniversary as an independent, non-governmental, non-profit, educational organization dedicated to bettering health service by improving education in the medical and biomedical sciences. Its members are the national and regional associations of medical schools (as well as a few individual schools) in North, Central, South America and the Caribbean. 325 medical schools, a majority of the medical schools in the Americas, are represented in PAFAMS.

PAFAMS investigates educational problems, joins in the search for solutions and organizes programs for an ongoing exchange of information in medical education through its Information and Documentation Center in Health Services and Education (CIDEMS).

PAFAMS' programs over the past decade reflect the response to the health needs of the community:

- A study of the training and use of the family practitioner in Latin America and implementation of undergraduate family medicine programs;

- The study and development of teaching-service integration programs, PROAIDA;
- The Latin American Program for the Development of Medical Education, LAPRODEME;
- Medical Education in the Americas, EMA, reexamines the priorities and strategies of medical education in the 21st century, coordinated by the Brazilian Association of Medical Education;
- The Panamerican Consortium for the Development of Health Policies is a joint program with the Department of Community Medicine, Mount Sinai School of Medicine, City University of New York promote the exchange of experiences, technology and expertise in primary care and medical education between South, North and Central America and the Caribbean.

*Dr. Pablo A. Pulido M., Executive Director, FEPAFEM
Apartado Postal N. 60.411, Caracas 1060-A, Venezuela*

News from and to Network Students

International Symposium on the Role of the Student Health Professional in Community Health Education

*October 10-13, 1988
Beer Sheva, Israel*

*Report by Alison Diamond & Danusia Kanachowski **

We, a nursing and a medical student, had the opportunity to attend the International Symposium on the Role of the Student Health Professional in Community Health Education, in Beer Sheva and Jerusalem, Israel. We represented students from the Faculty of Health Sciences at McMaster University in Canada. Our primary reasons for attending the symposium were to network with students from other health science education institutions and to learn from their experiences in community health education.

Participants included 16 students and 1 faculty member representing Network and other institutions from Sweden, Germany, Holland, Zambia, the United States and Canada. The majority of participants were medical students although nursing, dentistry and pharmacy were sparsely represented. The presentations included a diversity of topics drawn from the Israeli experience and several from the experiences at two American (non-Network) universities. During the symposium, the scheduling of more discussion time might have provided a better learning experience since many people appeared to have little or no prior involvement in community health education. An evaluation on the final day would have

been valuable to provide the organizers with feedback. This information would have been useful to the participants in the planning of future activities and events. Our Israeli hosts were very hospitable and provided a number of opportunities to learn about their history and experience their culture. At our request, visits to both an urban and a rural (Bedouin) health care clinic were organized. This was one of the highlights of our trip, as we experienced health care in a different cultural setting.

The fact that an international symposium organized by and for student health professionals was conceived and occurred is both positive and exciting. It was disappointing to a number of participants, including the organizers, that so few Network institutions and countries were represented. This might reflect: a lack of awareness, interest, financial resources, or other logistical and political impediments. In the planning of future Network student activities these are vital considerations. Another important consideration is the encouragement of diverse representation from the health professions to reflect the concept of working together as a community health care team.

** Alison Diamond & Danusia Kanachowski are students at McMaster University, Canada*

Have you read this?

* Learning Together to Work Together for Health.

Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach. WHO Technical Report Series, No. 769, ISBN 92 4 120769 8

This report presents and explains the concept of multiprofessional education as a strategy for improving the competence of health professionals, particularly concerning their ability to provide health and medical care relevant to real health needs. The report opens with a definition of multiprofessional education as a training process by which students of different health professions learn together the skills necessary for solving the priority health problems of individuals and communities that are known to be amenable to team-work. Readers are then given an explanation of the rationale and purposes of multiprofessional education, including its relevance to community needs, its place in strategies for achieving health for all, and the appropriateness of its team-work approach in view of the many health problems having socio-economic as well as medical determinants.

* Innovative Schools for Health Personnel.

Report on Ten Schools belonging to the Network of Community-Oriented Educational Institutions for Health Sciences, by R. Richards and T. Fülöp in collaboration with J. Bannerman, G. Greenholm, J.-J. Guilbert and M. Wunderlich. WHO Offset Publication, No. 102, ISBN 92 4 170102 1.

* Escuelas Innovadoras para Personal de Salud.

Informe sobre Diez Escuelas de la Red de Instituciones de Formación Comunitaria sobre Ciencias de la Salud; R. Richards y T. Fülöp en colaboración con J. Bannerman, G. Greenholm, J.-J. Guilbert y M. Wunderlich. OMS Publicación en Offset, No. 102, ISBN 92 4 370102 9.

This book reports the findings and observations of a study focused on ten medical schools that have undertaken community-oriented and problem-based education. The study, which included schools located in Australia, Cameroon, Canada, Israel, Mexico, Nepal, the Netherlands, the Philippines and the U.S.A., was designed to uncover differences in the ways these schools have evolved while also establishing standards for measuring and comparing the extent of their success in meeting stated objectives. Apart from recording the results of a major cross-institutional review of educational changes, the book also succeeds in identifying a number of fundamental questions, component methods for achieving objectives, and potential areas of impact where the success of these methods can be effectively measured.

* Innovative Tracks at Established Institutions for the Education of Health Personnel.

An Experimental Approach to Change Relevant to Health Needs, by M. Kantrowitz, A. Kaufman, S. Mennin, T. Fülöp and J.-J. Guilbert. WHO Offset Publication, No. 101, ISBN 92 4 170101 3.

This book provides a highly practical and instructive guide for educators seeking to reform programs and methods of teaching at established medical schools. Focused on practical problems, the book describes an approach to change involving the establishment of an innovative curricular "track" as a curriculum distinct from, but running parallel with, the already existing curriculum. To facilitate understanding of how the strategy works in real situations, the book draws upon ideas, experiences and discussions presented during a conference attended by educators at eight institutions that have used the track approach as an agent of change, some for as long as 15 years.

* Community-Based Education of Health Personnel.

Report of a WHO Study Group, WHO Technical Report Series, No. 746, ISBN 92 4 120746 9.

This book contains a detailed explanation of the meaning of community-based education, including its objectives, conceptual foundations and relationship to current theories of education and methods of teaching. The report, which is addressed to the directors, deans and faculties of medical and other health-related schools, opens with a discussion of trends that have created a demand for health personnel capable of responding more effectively to community needs. Trends in both industrialized and developing countries are considered.

COMMUNITY HEALTH CELL

326, V Main, I Block

Koramangala

Bangalore-560034

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*** Continuing the Education of Health Workers. A Workshop Manual**

by F.R. Abbatt and A. Mejía. WHO, Geneva, 1988. ISBN 92 4 154220 9.

This learning package is designed to help decision-makers and planners develop a well-conceived system for continuing the education of health workers. Recognizing the need to stimulate broad-based interest and support, the book advocates use of a workshop, attended by policy-makers and people with influence in the health care system, as a starting point for the assessment of needs and formulation of plans. To this end, the book doubles as an introduction to the components of effective continuing education and a practical how-to manual for organizing and conducting a workshop.

Articles / Reports / Newsletters

received by the Secretariat

- Medical Teacher, Vol. 10, No. 1-2, 1988.
- WHO Report, 41st World Health Assembly, Geneva, May 1988.
- Escuelas Innovadoras para Personal de Salud, R. Richards, T. Fülöp, et al., ISBN 92 4 370102.
- Coexistence of Tradition and Change, Moshe Prywes M.D.
- Learning together to work for health, WHO, Techn. Rep. Series, No. 769.
- Emirates Medical Journal, Volume 6, No. 2, August 1988.
- Joint Medical Newsletter, Faculty of Medicine, Newcastle/Hunter Medical Association and Dept. of Health, N.S.W. Australia, No. 51, 52, 53, 54 (July, Sept., Nov. 1988).
- Outlook, Educational Commission for Foreign Medical Graduates, Spring/Summer 1988, No. 6-7.
- Pafams Update, Panamerican Federation of Associations of Medical Schools, Volume 5, No. 1-2, Jan.-June 1988.
- Federación Panamericana de Asociaciones de Facultades de Medicina, Volumen XXIV, No. 1, Enero-Abril 1988.
- Fepafem Informa, Julio-Agosto 88.
- Newsletter Health for All 2000: Alma-Ata Ten Years After, WHO Division of Strengthening of Health Services, Spring 1988.
- NGO-WHO Newsletter No. 3, Partners in Health, World Health Organization, Geneva, June 1988.
- World Health, Magazine of the WHO, August-Sept., Oct. 1988.
- Horizons Health/Santé, International Federation of Pharmaceutical Manufacturers Associations, Sept. 1988, No. 5.
- European Newsletter on Quality Assurance, Vol. 5, No. 3, 1988.
- Images, Institute of Medicine Newsletter, Kathmandu, Nepal, Vol. 3, Nos. 8 and 9 (August, Sept. 1988).
- Journal of the Institute of Medicine, Kathmandu, Nepal, Vol. 9, No. 4, Dec. 1987.
- Buletin Pendidikan Perubatan, Universiti Kebangsaan Malaysia, Nov./Dec. 1987.
- Padayon, a publication of Philippine Youth Health Program, Vol. II, No. 1, June 1987.
- the GME Correspondent, AAMC, No. 1, 1988.

International Events 1989

MEDICAL EDUCATION WORKSHOP SERIES:

January 12-14, 1989

Springfield, Illinois, U.S.A.
Performance-Based Assessment

April 2-7, 1989

Springfield, Illinois, U.S.A.
Visitor's Workshop

April 26-29, 1989

Monterey, California, U.S.A.
Problem-Based Learning

June 6-9, 1989

Springfield, Illinois, U.S.A.
Training and use of Simulated Patients

June 19-22, 1989

Springfield, Illinois, U.S.A.
Tutorial Skills

All workshops are hands-on, skill acquisition sessions taught by Southern Illinois University faculty and other prominent medical educators.

For further information contact
Janet Allison
Office of Continuing Education
Southern Illinois University
School of Medicine, P.O. Box 19230
Springfield, IL 62794-9230 (217/782-7711), U.S.A.

March 13-15, 1989

Caracas, Venezuela

MEDICAL EDUCATION IN THE AMERICAS PROGRAM TASK FORCE MEETING

Contact persons:
Dr. Mario M. Chaves, Program Coordinator
Brazilian Association of Medical Education (ABEM)
Rua Leopoldo Bulhões
1480 3er andar
Manguinhos, 21041
Rio de Janeiro, Brazil
Tel. 260-6161
or:
Dr. Roberto Rondón Morales
Program Director, PAFAMS
Apartado Postal No. 60.411
Caracas, 1060-A, Venezuela
Tel. (58-2)939064 or 938979
Fax: (58-2)936346
Telex: CMDLT-VC 24627

May 14-17, 1989

Montreal, Canada

XII PANAMERICAN CONFERENCE ON MEDICAL EDUCATION: CRITICAL ISSUES IN MEDICAL EDUCATION

Contact persons:
Dr. de Guise Vaillancourt
Executive Director
The Association of Canadian Medical Colleges
151 Slater St.
Ottawa, Ontario, Canada K1P 5H3
Tel. (613)237-0070
Fax: (613)563-9745
or:
Dr. Pablo A. Pulido M.
Executive Director
Panamerican Federation of Associations of Medical Schools,
PAFAMS
P.O. Box 60.411
Caracas 1060-A, Venezuela
Tel. (02)939064 or 938979
Fax: (58-2)936346
Telex: CMDLT-VC 24627

June-July 1989

Maastricht, The Netherlands

VISITORS' WORKSHOPS:

June 26-30, 1989:
Learning through problems: opportunities and limitations
July 3-7, 1989:
New methods in student assessment and skills training

More information can be obtained from:
Miss Willie Schipper
Faculty of Medicine
Rijksuniversiteit Limburg
P.O.B. 616, Maastricht
The Netherlands
tel. 043 - 888643
telex no. 56880 fg rl nl
telefax no. 43 - 437226

July 4-12, 1989

London, United Kingdom

BLITHE/WHO ANNUAL COURSE IN MODERN METHODOLOGY FOR TEACHERS OF THE HEALTH SCIENCES

Intended for all teachers in the health sciences, who wish to improve their existing teaching skills and learn new ones, for example, problem-solving, group work, lecturing, critical incident. The course is highly participative and practical, including educational visits to other establishments.

August 7-18, 1989

London, United Kingdom

**BLITHE/WHO COURSE ON MANAGING A
HEALTH RESOURCE CENTRE**

The course will provide a basic training for anyone faced with the problems of managing and developing a resources collection. Although the subject content will be orientated towards health, the basic techniques may be of interest to people from other disciplines.

Contact person:

Mrs. Bernadette s. Carney

Head of Information Services

British Life Insurance Trust for Health Education

BMA House, Tavistock Square

London WC1H 9JP, U.K.

September 18-19, 1989

Rolduc Conference Centre, Kerkrade, The Netherlands

**6TH BIENNIAL GENERAL NETWORK
MEETING**

September 20-22, 1988

Rolduc Conference Centre, Kerkrade, The Netherlands

**10TH ANNIVERSARY CONFERENCE OF THE
NETWORK ON ACADEMIC INSTITUTIONS
AND HEALTH CARE SYTEMS AS PARTNERS
IN HEALTH CARE DEVELOPMENT**

January 8-12, 1990

Maastricht, The Netherlands

INTRODUCTORY WORKSHOP:

New ideas for health professions education; the Maastricht approach

**Contributions for the next issue of the
Newsletter should be sent to Mrs. Ine Kuppen,
not later than mid January, 1989**

NEW in 1989

Teaching and Learning in Medicine

An International Journal

Editor: *Terrill A. Mast, Ph.D.*

Associate Editor: *Howard S. Barrows,
M.D.*

Southern Illinois University School of Medicine

Teaching and Learning in Medicine will serve as an international forum for scholarly state-of-the-art research on teaching and learning processes as they relate to the education of medical professionals. Published quarterly, it will address practical issues and provide the analysis and empirical research needed to facilitate decision-making about medical education at all levels.

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Volume 1, 1989 (quarterly)
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