Todosvacunados.com

**Keywords:** Vaccination- Public Health Education- Immunization- Vaccine- Preventable Diseases

**Authors:** Álvarez Pasquín, MJ; Mayer Pujadas MA; Morató i Agustí ML; Gómez Marco JJ

**Institution:** ATICSS Asociación de las Tecnologías de Información y comunicación en Salud y Sociedad

**Summary:** Todosvacunados.com is site dedicated to general public and health professionals, which provides information and formation about the management and use of vaccines with truthful information, with criteria of quality, according to patterns of international reference. It is of educational type and has an eye-catching home page. It is located in Metges on Line, COMB (Barcelona). The AAP Committee on Infectious Diseases has noted that the success of the US immunization program during the past 50 years has produced the ironic situation in which some parents are becoming more fearful of vaccine adverse events than of the diseases they prevent. The popularity of the Internet has been cited as a factor responsible for the rising concern regarding vaccines among some parents. Though in Spain the antivaccines movements are no so stark (one of them in Catalonia), there are some people who have become same fears about immunization. The site provides different services. Current issues of vaccine shortages and safety are discussed. Information about immunizations from the Spain government and autonomousites is provided. It includes links to related organizations as well as many national and international sites, including official sites from different countries. It also contained information on travel vaccines. The site also addresses current issues of vaccine safety. There is also the option to have experts answer questions via e-mail. Todosvacunados.com should be useful to primary care practitioners to provide resources for their own education and information, as well as for their patients.

**“Cultural expertise” or “cultural sensibility”?: A comparison of two ideal type models to teach “cultural diversity” to medical students**

**Keywords:** cultural diversity; educational models

**Authors:** Dogra, N.

**Institution:** University of Leicester

**Summary:** This poster presents an overview of two contrasting ideal type models (using Weber’s ideal type methodology) of pedagogy and curricula in the teaching of ‘cultural diversity’ to medical students identified by the author as the ‘cultural expertise’ and ‘cultural sensibility’ models. Each model is characterized by distinctive positions with respect to educational philosophy and policy, the educational process, educational contents and assessment. The presentation compares the two models, in these areas.

**The effect of teaching on the Anxiety Level Among Patients Undergoing Cardiac Catheterization in The Catheterization Center**

**Keywords:** Education, Anxiety, Patients, Cardiac Catheterization

**Authors:** Rahnama, S.

**Institution:** College of Nursing Midwifery

**Summary:** Introduction: This is a quasi experimental study to confirm the hypothesis that “proper education ineffective on the anxiety level of patients undergoing cardiac catheterization in the cardiac catheterization laboratory of Nemazee Hospital. Method: 79 patients with the participated and were divided randomly into either experimental or the control group with 40 and 39 subjects in each group, respectively. And also subject’s level of anxiety was measured by Hamilton Anxiety Scale. After giving the required information which consisted of showing a 14 minute video tape and distributing booklets to the experimental group, the anxiety level was measured in both group at 3 different stages i.e., before, during, and 15 minutes after doing the procedure. Accumulated scores of H.A.S. and 5 point-Likert Scale were the scales of measurement, also T-test, chi-square and Pearson tests were used to confirm the reliability of the significance of differences.

**Results:** Similar response was found in both groups with different socio-demographic variables and emphasized the usefulness of giving relevant education to the patients. Difference of the level of anxiety on a day prior to doing the procedure and before starting the procedure confirmed the hypothesis.

**Discussion:** Necessary information prior to catheterization will diminish the pain after the procedure and a significant difference was found between the groups. Also a significant reduction in the anxiety level of the experimental group given the necessary education was noted.

**Conclusion:** Proper information to patients with audio-visual methods will diminish the anxiety level prior to doing cardiac catheterization.

**Overseas doctors’ expectations and experiences of training and practice in the UK**

**Keywords:** International medical graduates; UK training

**Authors:** Grant, J.; Helen Jones; Sue Kilminster; Morag Macdonald; Mairead Masted; Brenda Nathanson; Heather Owen

**Institution:** Open University. Centre for Education in Medicine

**Summary:** OBJECTIVES Overseas doctors have always been an important sector in the UK NHS workforce and postgraduate training programmes. The study, commissioned by the Department of Health, was designed to:

- Describe and explain non-EEA overseas doctors’ expectations and experiences of training in the UK.
- Compare these with UK and EEA doctors.
- Make recommendations for improvements.

**DESIGN** The project consisted of 5 stages 1. Literature search 2. Interviews with the four key sub-groups of doctors at different stages of training 3. Interviews with those with special interests in overseas doctors in training 4. A national survey 5. Recommendations for a career guidance framework

**RESULTS** Overseas doctors’ overall training experiences do seem to be less satisfactory than those of UK doctors. However, in some aspects overseas doctors are more satisfied than their UK counterparts [study leave, post induction, objectives setting, feedback on performance, supervision, teaching away from the patient, clinical experience, approachability of seniors, satisfaction with current post, assessment], and sometimes non-EEA doctors are the most satisfied of all. Areas in which overseas doctors are currently particularly disadvantaged concern information seeking and applying for posts, gaining appropriate specialty training [and qualifications], the PLAB exam, language, culture and induction, discrimination and racism, and career planning [staying or leaving]. These require special responses to
maintain the reputation of UK medical training and to ensure that overseas doctors benefit fully.

**Relaxation and Physical Exercise Workshop: A Healthier Way of Life**

**Keywords:** None

**Authors:** De la Hae Caballero, M.; Rivera Ferruz, Maribel

**Institution:** Servei Català de la Salut

Summary: In our society, sedentary and inadequate nutritional habits, as well as associated pathologies have increased the anxiety level in people. Only 33% of Catalan citizens do physical exercise frequently. Women have more difficulties than men dedicating 30 minutes a week to physical exercise, according to the 2001-year survey on Health in Catalunya showed that 12.2% of adults had symptoms of anxiety. All these facts made us consider the need of organising a workshop on relaxation and physical exercise, as a basic tool to improve people’s quality of life.

**OBJECTIVES** To supply skills to enable people to deal with stressful situations. To learn to increase body flexibility and to reduce muscular tension.

**METHODOLOGY** A study carried out on people who attended GP’s Surgeries, the three Nursery basic areas and the Sexual Psychology Program. Inclusion criteria: People with anxiety problems and/or with other associated pathologies. Exclusion criteria: People with high physical or psychological invalidity. Variables: Age, sex, attendance and satisfaction degree with the workshop. Measurement: Survey about the satisfaction with the workshop and Goldberg’s test. Structure: Homogeneous aged people’s group, from 30 to 75 years old. Duration: 3 months, one hour per week. Techniques: Methods as Jacobson, Schultz, Caycedo, physical exercises and consciousness’ respiration, dynamic group games, auto massage exercises, meditation and visualization.

**RESULTS** In 2003, 148 people took part in the workshop (89% were women). Age average: 53.9 years old. 79% of the participants attended all the workshop sessions. 76% of them were very satisfied with the workshop. 64% of them noticed that their anxiety level decreased. 46% of them felt less depressed, and that was reflected in their guideline medication.

**CONCLUSION** The degree of anxiety decreased significantly. The participants in the workshop were highly satisfied with its development. The workshop was implemented in the sanitary centre.

**The Deaf Community and Sign Language. A course for understanding different socio-cultural groups**

**Keywords:** Social and communicative needs, misconceptions, deafness and deaf-blindness

**Authors:** Torres, B.; Vallés, A.

**Institution:** (1) Dpto. Anatomia Humana, (2) Dpto. Salud Pública. Facultad Medicina. Universidad de Barcelona

Summary: This is an experiential course to invite students to reflect not only on deafness and deaf-blindness, but on all groups who face inequality and have different social and communicative needs. A further objective of the course is to eliminate the misconceptions which condition students’ relationship with the communities under research, the end result being the dispelling of said misconceptions. The students are given two questionnaires during the course, one on the first day and the other on the final day. On the one hand, the aim of the questionnaires is to ascertain which misconceptions regarding deafness are present in the minds of the students at the start of the course and which have disappeared or are still present at the end of the course. A further objective is to collect students’ opinions regarding the course and the experiential aspect. It should be stressed that most of the misconceptions analysed have disappeared by the end of the course and that the students evaluate the experiential aspect very positively. Students highlight the fact that the course has helped them improve their understanding and knowledge of the world of deafness and deaf-blindness on both a personal (96.6%) and professional (94.9%) level, thereby increasing their ability to communicate. This is important for their personal life and will help them in their future professional career. We believe that the course manages to eliminate most of the misconceptions held by society in general and which may hinder communication between the Health Sciences professional and their patient.

**Focus Group on Strategies for Introducing Community Medicine (CM) in Undergraduate Medical Education in Catalunya**

**Keywords:** focus group, community medicine, undergraduate

**Authors:** Miller R, Visteta M, Martin C, Basora J.

**Institution:** Working Group in CM Training (WG), Institute for Health Studies of the Catalan Government (IES), Universidad de Reus, Universidad Autónoma de Barcelona.

Summary: Context: The IES formed the WG in 2003 to encourage CM in medical education in Catalunya. In 2003 the WG’s subgroup in undergraduate medical education held a focus group with primary care educators to query them on the obstacles and facilitative elements in introducing CM into the curriculum. Methods: One focus group, 2 hours long, with 5 Associate Professors in primary care, representing the 4 medical schools in Catalunya, and a professional moderator. The session was audio-taped, transcribed, and then analyzed. Data was presented in a CM conference which followed.

Findings: Obstacles for introducing CM included the low prestige of family doctors, undervaluing of CM on the national exams and school credit systems, lack of resources, little exposure to primary care in general, few examples of CM in practice, a high need for volunteerism, and resistance to change. Opportunities for introducing CM included that CM helps distinguish FP’s, students and the EU are requesting more ‘real world’ experiences, CM is something new and innovative, and the high number of providers and faculty knowledgeable about CM.

Conclusions: Establishing early student contact with patients and community groups outside of the hospital would be important steps to effectively introduce CM into the medical curriculum. The focus group is a first step towards this direction.

**¿Does Primary Health Care training received by students influence on choosing Family Medicine as speciality?**

**Keywords:** pregraduate, family medicine, speciality

**Authors:** Alberny M, Cots JM, Sanclimens J. Unitat Docent de Medicina de Familia i Comunitaria de Barcelona. ICS.

**Institution:** Institut Català Salut

Summary: Objectives: Value the influence degree of Primary Health Care pregraduate training over the choice of Family Medicine Postgraduate Training.

Methods: Descriptive study through a voluntary, self-administrated and anonymous inquiry to 83 Family Medicine trainees at the beginning of their training (2002 and 2003) Measurement of results: Descriptive statistics through ACCESS.

Results: There were 62 trainees who replayed the inquiry that represents 74.3% of total. Family trainees had done primary health care practice during pregraduate training by 78% and 34% of them had done theoretic training. Trainees thought that it’s necessary a postgraduate training to practise at Primary Health Care and they thought that it’s necessary a postgradu-
te training to practise at Primary Health Care by 84%. Trainees had included family medicine among the third first options of speciality election. The relation between preference order and Primary Health Care training received previously can be observed on the table below. (fig1) Trainees had chosen family medicine because primary health care was attractively by 63%, there wasn’t any vacancy in other specialities by 24% and for other reasons by 13%.

Conclusions: Primary Health Care Pregraduate training and overall practises done during this period exercise a positive influence to choose Family Medicine.

<table>
<thead>
<tr>
<th>% over N=54</th>
<th>MF as 1st choice</th>
<th>MF as 2nd choice</th>
<th>MF as 3rd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory pregraduate MF training</td>
<td>35.5%</td>
<td>32.2%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Practice at Primary Health Care</td>
<td>41%</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Practice at Primary Health Care</td>
<td>72.7%</td>
<td>95%</td>
<td>83.3%</td>
</tr>
</tbody>
</table>

The training process: a crucial point towards the professionals’ health care skills in future

Keywords: Training process, health care professionals, citizenry, relationship skills

Authors: Brugulat, P and Anía, O

Institution: Departament de Sanitat i Seguretat Social

Summary: To go deeply into the citizenry’s perceptions and opinions on the health care professions and to identify the significant aspects that must be taking into account in order to redefine the relationships of the agents involved in maintaining and improving health.

Methods: Qualitative research was carried out through five focus groups and thirteen depth interviews techniques. “Snowball or chain sampling” was used to select the participants of focus groups. The interviewees were selected as key informants. The sessions were recorded, transcribed and analyzed.

Results: The technical capacity of health care professionals is no questioned in our environment, although the citizenry demands that professionals be up to date in their fields. In addition, the qualities that citizens expect to find in them are associated with communication and relationships. They especially emphasize a series of qualities directly related to a receptive attitude, a pleasant manner, and a good communicative ability.

Conclusion: A solid scientific and technical training would have to be combined with the development of communications and relationship skills, along with an attitude that generates trust and feeling of security in patients. The training process is considered to be essential in order to adapt professionals to needs.

Wastage in Medical, Dentistry and Pharmaceutics’ students in Mashad University of Medical Sciences

Keywords: Wastage, Dentistry, Pharmaceutic, learning, education

Authors: Dr. Akbar Drakhshan, Talaat Khadijizadeh

Institution: Mashad University of Medical Sciences

Summary: Introduction: Wastage is one of the major issues of any educational system including medical education. Wastage rate index is in relation with education system efficiency and must be considered in each program of educational development. In this study the wastage rate index and its’ types were explored in medical, dentistry and pharmaceutics’ students, entered to university in 1992-1994.

Methods: In this descritto-analytic study data regarding the academic failures, dropping out, dispensing, abandonment, and personal characteristics was gathered by concise reviewing of educational dossiers. Findings: 414 medical, 137 dentistry and 135 pharmacutics’ students were entered to the university between the years 1992-1994. The rate of expelling, dispensing and being conditionally accepted are shown in table 1. Table 2 shows the frequency of episodes of failing. 24.06% of cases had been conditionally accepted at least one time in their academic life which highest rate was accrued in earliest years of academic period. All types of wastages were more common in male students (p=0.000). Quota (p=0.000), sex (p=0.000) and diploma points averages (p=0.000) were in high relation to all types of wastage.

Conclusion: The rate of failures, dropping out, dispensing and abandonment, were low in this study in comparison with previous studies on other disciplines. The most common risk factors for student wastage were diploma point average, quota and sex and most of failures were happened in basic sciences courses.

Assessing the needs and educational methods for general surgeons from participants viewpoints

Keywords: Needs Assessment, General Surgeon, CME.

Authors: Shirazi, M.

Institution: Tehran University of Medical Sciences

Summary: Introduction: In educational processes there is always direct contact and interaction between provider and user, and the quality of service/teaching and learning is partly determined by this interaction. One of the biggest challenges for continuing medical education (CME) providers is to plan CME activities that are innovative in educational design and format. At the same time, we must keep in mind the needs of the target population by conducting needs assessments and surveys periodically. These factors will eventually aid providers in assessing the outcome of specific CME activities.

Purpose: Determining the educational priorities and effective educational methods for General Surgeons with respect to their views and which selected topics would interest them most.

Method: A cross-sectional method was used. The Surgeons filled out valid and reliable auto run questionnaires during the planned programs and on receiving their temporary or final certificates, the data were collected. The SPSS computer program is used for the data analysis and p value was less than 0.05.

Results: 143 surgeons filled out questionnaires. Their average age was 56.4 years (SD=11.2) with an average of 24 years work experience. The dominant gender was male with 58.0% . The average work experience was 20 years (SD=11.9) work experience. The prominent gender was male with a number of 135 (94.4%). The most important educational needs based on the priorities in the questionnaire ranked were new method (22.4%), requested educational method was lectures accompanied by video (55.3%). The most appropriate continuing medical educational (CME) method was planned programs (39.3%). Conclusion: The surgeons’ educational needs (topics) were closely related to their work place. Lecture accompanied with question and answer was determined as their requested educational method. This preference could be derived from the lack of knowledge about other educational methods. So it was recommended to focus on other educational methods, regarding the introduction and use of them in future CME programs.

Teaching musculo-skeletal medicine to doctors in training for primary care

Keywords: Musculo-skeletal medicine, training, primary care

Authors: Dunbar, A.

Institution: Leeds University School of Medicine

Summary: Musculo-skeletal problems are common and increasing in primary care as a consequence of the aging, sedentary population. UK medical schools appear to be allocating less curricular time to this area of the curriculum. The result is that doc-
tors arrive in primary care lacking the knowledge skills and experience to deal with common musculo-skeletal problems. To address this deficiency we are using the skills of physiotherapists, chiropracters and podiatrists in the training of GP registrars.

Pre-Course Attitudes Towards a Marginalized Population

Keywords: homosexuality, hiv/aids, sexual medicine, homosexuality, sexual orientation

Authors: Bonzo, J.

Institution: University of British Columbia

Summary: The purpose of this study was to establish whether homophobia (homophobic attitude) was present in a sample of the first-year medical and dental students prior to beginning a course on Sexual Medicine. A questionnaire consisting of questions related to students' demographics (age, gender, race, religion), sexual activity and orientation, attitudes towards homosexuality, and experience working with HIV/AIDS patients was administered to a sample of first-year medical and dental students prior to the Sexual Medicine course introduction. A composite index of the questions was used to determine an overall homophobia score. In order to assess the degree of homophobia, the results were compared with similar surveys from other medical schools. Based on the analysis, recommendations were made on how to address homophobia in medical education and improve methods of teaching about homosexuality in medical school.

Improving palliative decision making of internists

Keywords: palliative care, heart failure, educational activities

Authors: David Chicote, Francesc Formiga, Ramon Pujol.

Institution: Associació Catalana d’Educació Mèdica

Summary: Background: Patients admitted to internal medicine wards are progressively elderly and chronically ill. Heart failure is the first DRG in most of internal medicine departments in Spain. A specific training in palliative care is not included in the postgraduate training program of internal medicine. Educational interventions addressed to better manage end-of-life decisions should improve palliative decision making.

Methods: Review of 118 consecutive chart records of patients dying from heart failure in an internal medicine department of a tertiary teaching hospital was checked up looking for specific notes about 1) Do not resuscitate orders, 2) Gradation of therapeutic maneuvers, 3) Information to relatives, 4) Total withdrawal of supportive therapy and 5) Provision of palliative care. Later on, during a period of three months, two specific educational interventions were identified. These were used to develop a model for the joint protection, the respiration, the housing adaptation, the sleep habits, the constipation, the correct intake of medicines, and that can help to improve the autonomy of the person have been chosen. The ten chosen themes are: the urinary incontinence, the sleep habits, the constipation, the correct intake of medicines, the joint protection, the respiration, the housing adaptation, the postural hygiene, the access to the social resources, and the technical aids for the performance in the daily living activities.

Intervention: The workshop format has been proposed. One workshop per theme, the duration is ninety minutes, and it is developed at the Centre for Primary Attention, at Sant Hipolit de Voltregà (Barcelona), during the April-July 2003. Lecturers from the Universitat de Vic have implemented the workshops, with the Nursing and Social Services professionals of the Centre.

Sample: A group of 15 elderly.

Results: The users, the health professionals and the lecturers have valued the intervention as very positive. The program is applicable in the field of Primary Health Attention.

Conclusions: The proposal answers new social needs and develops health education activities in the field of the health services. The challenge: to evaluate what has been the contribution of the program in relation with the quality of life of the people. In this way we will be able to adapt and to ameliorate the proposal. This is the basis to create Health Education strategies for the training of the health professionals.

“A healthy ageing” workshops.

An educational intervention proposal directed towards the elderly

Keywords: healthy ageing workshops

Authors: Casas Baroy JC, Terricabras M, Bonafont Castillo A, Datziro M, Rusiñol Rodríguez J, Vidal M.


Summary: Goal: To design an educational intervention proposal that target the most important problems that affect the quality of life of the elderly.

Methodology: The main problems in our society have been identified. Those problems that can be target from an educational approach and that can help to improve the autonomy of the person have been chosen. The ten chosen themes are: the urinary incontinence, the sleep habits, the constipation, the correct intake of medicines, the joint protection, the respiration, the housing adaptation, the postural hygiene, the access to the social resources, and the technical aids for the performance in the daily living activities.

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A critical model for social accountability in medical education

Keywords: Social accountability, Critical theories

Authors: Cawston, PG.; Mann, SJ.; Morrison JM.

Institution: University of Glasgow

Summary: Introduction There has been limited discussion of the theoretical foundations for understanding social accountability in medical education. Educational theories provide one source for developing such foundations. ‘Critical pedagogy’ embraces a variety of critical theories and practices that have played an important role within educational debates over the past 40 years. It has emerged from a legacy of radical social thought and progressive educational movements that aspired to link schooling to transformative social action.

Methods: Original texts and anthologies of writers who are perceived to have been influential in the critical pedagogy movement were identified. These were used to develop a model for exploring the relationships between the ‘professional’ and ‘society’. A critical model The model builds on a dialectical theory of social relations. This sees ‘individuals’ and ‘society’ as distinct entities but forming a ‘relational whole’. From this perspective professionals simultaneously act upon and are produced by society. ‘Social accountability’ becomes an attribute of the dynamic processes by which professionals and society define one another. Four social processes in particular shape this relationship:

· Authority: the processes through which power is exercised
· Ideology: the production, consumption and representation of ideas
A novel ambulatory medicine course, integrating specialty clinic and family practice

Keywords: ambulatory care, family medicine
Authors: Muchistaedt, M.; Genzel-Boroviczény, O.; Christ, F.
Institution: Ludwig-Maximilian University Munich
Summary: In the past nearly all of the student-patient contact centered on the in-patient departments, however today's patient care is mainly conducted in outpatient setups. Taking this into account the University of Munich developed a compulsory two year ambulatory medicine course. It includes visits to specialty walk-in clinics and a continuous attachment to a general practitioner's office for the entire 2 years. These outpatient visits are enriched by seminars and lectures. In a seminar series each student will present two patients each semester, one from the GP's office and one from the specialty clinics, in a standardized way. This allows fellow students to experience the patients in a three step mode simulating real-life: 1) history of present illness, 2) physical exam & diagnostic tests and 3) diagnosis & treatment options. Each step is separated from the next by a group discussion led by the presenting student as tutor. The discussion focuses on necessary diagnostic tests and on possible diagnoses based upon the facts that have been revealed at that point. Finally, to introduce evidence-based medicine, the presenting student will critically present a recent publication concerning one aspect of the patients' diagnosis or therapy. In addition, lectures or seminars may cover subjects such as legal aspects, red flags, or common differential diagnoses in general medicine. The aim of the course is to teach the students to develop differential diagnosis within a short time frame utilizing diagnostically and economically reasonable means suitable for ambulatory care and to outline a therapeutic plan.

Evaluation of the educational workshops “A healthy ageing”. The users perspective

Keywords: educational workshops, evaluation
Authors: Isern Farrés O*, Casas Baroys JC*, Terricabras M, Montoriol J
Institution: Universitat de Vic
Summary: A health education program has been implemented, with 15 elderly women from Sant Hipolit de Voltregà (Barcelona) area, between April and July 2003. Which are those features that will determine guidelines, to ameliorate the design of interventions with the elder population as target? What has been our contribution to the quality of life of these people? Goal. To identify what are those meaningful elements to evaluate the impact of the educational program.
Methodology. An open individual interview with the participants developed 6 moths after having finished the workshops.
Results. It is evident that the participants have learnt how to identify the problems that they have and they have learnt new resources to deal with them. The knowledge arises in the teachers and in the group itself. The acquisition of new habits is detected, they have incorporated them into their lives and they have transferred them to their families too. The most useful workshops have been those that dealt with their concrete problems. The satisfaction was very high. The explanations were valued because they very understandable ant they were not to simple or superficial. The materials to be taken away, nor triptych, or videos. They asked for all the population to have access to the workshops. The CAP is an ideal and strategic place to develop the workshops. The duration of the workshops, ninety minutes, is considered to be ideal.
Conclusions. The evaluation method has to be an individual interview developed some months after the workshops. The classic evaluation methods are not pertinent. The benefits of the educational programs are evidenced. It is necessary to make them extensive to all the population in the context of the health primary attention. The professionals must develop skills and tools for the Health Education.

Medical Students Attitude Towards Culture and it’s Teaching: A Canadian Perspective

Keywords: culture, diversity, health, teaching
Authors: Clarke, M.
Institution: Queen’s University
Summary: The Canadian population is becoming increasingly more culturally diverse. The 2001 Census revealed that visible minorities constituted 13.4% of the population while 17.2% of the population reported a mother tongue other than English or French. In this multicultural environment, both patients and health care providers may be from different cultures, traditions, and languages. These differences may create barriers to effective health care and result in significant health disparities. The Canada Health Act (1984) states that all Canadians have the right to health care that is accessible, equitable and comprehensive. Culture is identified as an important health determinant. In this multicultural society, Medical Schools are challenged to ensure that the education of future physicians prepares them to work with diverse populations and provide culturally effective care. The teaching of cultural diversity and its impact on health care must therefore be an integral part of the undergraduate medical curriculum. A recent review of Canadian medical schools reveals that this has not yet been achieved. At Queen’s University, Ontario, we are beginning the process of developing a curriculum for teaching culture and diversity in the undergraduate years. Preliminary steps include a review of existing diversity curricula in the UK and the United States, and a survey of the attitudes of first year medical students towards culture and it’s teaching. We will report on the results of the reviews and the survey, and discuss options for the planned curriculum.

Health Care System and Economical Challenges - A One Week Module at the Reformed Curriculum Track at the Charité, Berlin

Keywords: undergraduate medical education, health care system, problem-based learning
Authors: Kiessling, Claudia; Rolle, Dagmar; Selim, Dagmar; Upmeier, Hendrike
Institution: Reformstudieng Medizin
Summary: Background: Medical students need to know and reflect on the many external influences - including political and economic on medical practice to deal with future developments and changes within the health service. Therefore, a one-week module in the ninth semester of a fully integrated, problem-based undergraduate medical curriculum was allocated to the topic “Principles of the Health Care System - Analysis and Current Solutions for Economical Problems”. Teaching and learning methods: Paper cases in the problem-based learning (PBL) process are normally based on patients' histories. This approach has some disadvantages for topics such as economics and health
politics because they focus on a population-related perspective which is difficult to highlight within patient-based paper cases. Hence, students' central task in the PBL process for the described module was to analyse political party platforms about health care issues. Students identified, analysed and discussed stated bottlenecks in financing and recommended solutions. Each small group had to handle a different party platform from the main political parties in Germany. To support students' enquiry, courses were provided about principles of the health care system, specific aspects like financing and regulations, and international comparisons. At the end of the week, students presented their results to their fellow students and experts. Evaluation and consequences: Students' presentations were elaborated and illustrative. Closing discussion and course evaluation showed that teachers and most of the students appreciated the format of the module. Therefore, it will be repeated in the future. Format and objectives of the module as well as results of the course evaluation will be presented.

Community Needs Based Continuing Medical Education

Keywords: Disease-oriented medical education, Clinical process, Continuing medical education, Evidence-based medical education, Community-oriented medical education

Authors: Salmanzadeh, H., Dr.; Ajami, A., MD.

Institution: Education & Developmental Center, Deputy of Education, Iran University of Medical Sciences

Summary: Introduction: One of the most important reasons of inadequacy of traditional medical education in training competent physicians is using a disease-oriented medical education method. There is no clear place for problem-oriented method in continuing medical education. For adapting continuing education with steps of clinical process it is needed to first determine the most common symptoms of general population and. Objective: To extract the general physicians' points of views of most common and important symptoms (evidences). Materials & Methods: This is a cross sectional study. The questionnaire was distributed among 5000 general physicians who were randomly selected from General Medical Council. Results: Number of physicians, and the relative frequency of physicians who were confronted with each common or uncommon symptom were described and the differences between them was studied by chi-square test. The difference between the most common symptoms and the male/female physicians, the duration of practice, the city/province of practice was tested. There was a significant meaningful difference in some of the common symptoms. Conclusion: It seems that the programs of continuing medical education should move to the innovative educational methods as evidence-based medicine. And based on the physicians' needs in the real world of practice (community-oriented medical education).

Communicating institutional mission and values to internal and external constituencies: the do's and don't for medical educators

Keywords: Mission, Management/administration, Communication

Authors: Professor Todd W. Ellwein; Julio Cesar Gomez Fernández M.D.; Pilar Tuluyo y Tenorio M.D.

Institution: Escuela de Medicina "Dn. Santiago Ramón y Cajal", Universidad Westhill

Summary: A school's mission and institutional purpose serve as the statement of institutional philosophy and should guide every aspect of the medical program. In order for the mission to be fully implemented and 'lived' at the institutions, it must be effectively communicated both externally and internally. For a medical school to be responsive to community health care needs, it is crucial to have effective means of communication with external constituencies. External constituencies include partner hospitals, prospective students, local health care providers, NGO's, state and federal ministries of health, and the local community. In addition, communication of the mission among administrators, faculty, staff, and students is essential for quality improvement; internal constituencies should serve as "ambassadors" for the medical school mission and objectives; The communication process at the Dn. Santiago Ramón y Cajal School of Medicine at Universidad Westhill in Mexico City, Mexico will be used as a case study. Methods for developing effective communication among internal and external constituencies will be discussed.

Supporting increasing numbers of medical students and reducing an increasing rate of attrition

Keywords: retention medical students

Authors: Popovic, C.

Institution: University of Birmingham

Summary: Over recent years the number of students studying medicine at Birmingham University has doubled. Over the same period the proportion of students failing first year exams has increased. In this project we identify the factors that contribute to this increase in failure and suggest recommendations to improve retention. Failed students were surveyed about contributory factors. Results were compared with those of a group who had passed. Secondly, new students were asked about their expectations and motivations for studying medicine. Findings were compared between those who subsequently failed the first year and those who passed. Key staff were interviewed. Although results were later anonymised, it was possible to compare later responses with initial ones. The questions asked about gender, ethnicity, family arrangements, living arrangements and financial situations. Other questions covered motivation and expectations, such as the amount of work and degree of difficulty that students anticipated at the start of the course. Thus we could identify specific groups of students who appear to be at highest risk of failure. On the basis of these findings recommendations were made which aimed to improve future student retention.

Neurolinguistics, Handedness and EFL

Keywords: Neurolinguistics, handedness, EFL

Authors: afghari, A.

Institution: Isfahan University

Summary: Neurolinguistics, Handedness and EFL. The structure and function of the brain might be a good source of ideas about cognitive architecture involved in pursuit and learning of any branch of science including learning of a foreign language. In this respect, the relationship between handedness and foreign language learning has been one of the controversial issues. Neurologists, linguists, etc. tend to link asymmetry of language function in the cerebral hemispheres with handedness. Sixty participants were selected from a population of 1500 normal junior high school students for this study. They were Farsi speakers who were distributed in terms of sex and handedness: right- and left-handed females and males. Two different measures were used to determine the relationship between the variables: 1. A handedness questionnaire as a measure of handedness patterns 2. The EFL score obtained by the participants as a measure of foreign language proficiency. The data were subjected to statistical analysis. The differences between the handedness groups showed that the results were in accordance with the neural network model. The data indicated that only when examining manual performance patterns within specific handedness populations did significant EFL differences emerge.
Widening access of female students to medical education at the University of the Free State: a case study

Keywords: access, gender equality, academic performance and support

Authors: Jama, M.

Institution: University of the free state

Summary: One of the challenges facing the South African higher education system is to redress past inequalities and transform the higher education system to serve a new social order, meet pressing national needs and respond to new realities. Higher education institutions are expected to establish equity targets with the emphasis on learning programmes that include female students. The programme mix requested by the Department of Education at each institution should be determined on the basis of its relevance and responsiveness to its location and societal needs. The University of the Free State (UFS) started a new curriculum called the Programme for Professional Medicine (PPM) in the year 2000. The curriculum is structured to meet the social needs of the South African population. The author of this paper conducted research to: monitor the access of female students in the PPM; monitor their academic performance; identify factors contributing to their academic performance and make recommendations regarding supporting them in order to meet societal needs. A quantitative approach was used to analyse the number of females selected in the PPM and their examination results. A qualitative approach was used to identify factors contributing to their academic performance. The results of the study indicated that the UFS is addressing societal needs by selecting more females; and their academic performance is high.

Assessing patients’ rights

Keywords: Patient’s rights

Authors: Cléries, X.*, Sarrao, J.F.*, Jovells, A.**, Martínez-Carretero, J.M.*

Institution: * Institute of Health Studies ** Library Josep Laporte Foundation

Summary: In the last 5 years the implication of the patients has grown in the processes of health decision making. This change, from a passive to an active patient is glimpsed in specific facts, such as the Declaration of Barcelona in which more than 50 Spanish patients’ organizations formulated the principal rights that they must have in health system. These rights were gathered in the so called Decalogue of the patients. In order to know the Catalan health professionals’ point of view with regard to the above mentioned decalogue, the following study has been carried out.

Subjects: Health professionals of healthcare system of Catalonia. Materials A questionnaire has been elaborated establishing a scale of Likert for each of the points of the decalogue. Procedure A Likert’s questionnaire has been sent by post to the principal health centers of Catalonia, in order to be distributed among the professionals and later be forwarded to us in an anonymous way once completed.

Results: In a pilot test we have informed 10 doctors, 21 nurses and 14 administrative staff. Questionnaire mean scores: doctors (3,8), nurses (4,4) and administrative staff (4,6).

- Receiving confirmed information (3,5)
- Democratization of the health decisions (3,4)
- Improving knowledge of patients’ rights (3,7)
- Items with major agreement (administrative staff):
  - Professionals’ training in communication skills (4,9)
  - Democratization of the health decisions (4,9)
- Guarantee of fulfillment of patients’ rights (4,9)

Social Accountability: moving beyond the rhetoric

Keywords: Social Accountability

Authors: Hawkins, D., Woolard, R., Parboosingh, J., and Maskill, S.

Institution: Association of Canadian Medical Colleges

Summary: Canada’s federal Ministry of Health and its 17 medical schools embarked on a national project to enhance social accountability in these institutions beginning with a vision document (www.acmc.ca/issues.htm). It defined medical schools’ social contract as more than just education and research and focused on meeting the needs of the community. A country-wide working/steering committee was formed to translate the vision into action. Thus far the following actions have been taken. Each medical school dean was asked to identify a local academic leader/champion and this group has met. A poster has been created (copies available) to help disseminate the concept and proposed activities. The 2003 Annual Meeting of ACMC had social accountability as its centerpiece. Consortia of at least 13 schools have applied successfully to the federal Primary Health Care Transition Fund for two projects, one dealing with the health care of francophone minorities outside Quebec and the other with employment of continuing professional development as one of a means of ensuring quality health care (approximately $CAD 1 million each). In conjunction with our 2004 Annual Meeting a “Partners’ Forum” will be inaugurated as a permanent structure to bring together medical schools, governments, health care administrators, policy makers, professional groups and the community. Three task forces have been created to develop respectively: 1) an inventory of current medical school activities in this area, 2) methods for evaluating socially accountable programs (the “instrument” group) and 3) a communications strategy.

The Teaching Family – A Model for Ambulatory Residency Education

Keywords: reflection, self-assessment, postgraduate education

Authors: David G. Weismiller, MD, ScM, Kristen Springer Dreyfus, MA, Jerri R. Harris, MPH, and Jennifer L. Hodgson, PhD, LMFT

Institution: The Brody School of Medicine at East Carolina University, Greenville, North Carolina

Summary: Context: To help residents learn from their experiences, we must help them become reflective practitioners who routinely think about and assess their work. To incorporate these core skills of reflection and self-assessment into our university-based family practice residency program, we introduced a new educational model – The Teaching Family.

Objectives: 1) Describe how components of the model are integrated into a longitudinal residency curriculum; 2) Describe the design and implementation of faculty development programs needed for this different teaching style; 3) Discuss resident and faculty responses to multidisciplinary teaching sessions.

Development and Content: The Teaching Family was designed to promote a morphological change in learners’ development and application of clinical knowledge, skills, and attitudes that foster comprehensive, family centered care. The key element of the model is a small-group discussion of specific patient care issues, facilitated by multidisciplinary faculty members to model reflective, family-centered care. The curriculum includes selecting patients from resident panels for case discussion during the 3-year residency training program, multidisciplinary peer teaching sessions, and a longitudinal assessment of resident clinical skills in continuity and comprehensive care.

Evaluation: A 20-item questionnaire was used to assess the process and outcome of the peer teaching sessions. Questions were grouped into four domains: group preparation, group discussion,
feedback, and group process. Conclusion: The Teaching Family fosters two characteristics of an outstanding primary care physician: 1) The learner’s reflectiveness, which is a driving force for developing professionalism and ethical growth; and 2) the skill of effective self-learning and self-inquiry.

Networking regional medical schools

Keywords: social accountability, medical education, rural

Authors: Hays, R.

Institution: School of Medicine, James Cook University Townsville Qld 4811 Australia

Summary: Medical schools tend to be located in larger population centres, and their graduates tend to remain nearby rather than serving the health needs of the broader population. Poorer inner-city and rural communities are relatively poorly served, despite often having poorer health status, due to higher incidence of trauma, infectious disease, cardio-vascular disease and cancer. Hence there may be a substantial mismatch between the training of medical graduates and their deployment. This paper reports an attempt in one new medical school in northern Australia to be more socially accountable through producing medical graduates who understand and will work in the regional, rural and remote communities that need them. It is not the only such school in the world with such a mission. Others have followed a similar path, focusing on the following key themes: community involvement and support that is reflected in the mission and operational plan of the school; selection policy that improves access of local students into professional higher education; innovation in curriculum design and implementation; and ensuring that community enhancement happens through the development of locally relevant, but internationally high standard, research programs. Finally, the paper addresses the sustainability of socially accountable medical schools, in an environment where most of the drivers do not support these approaches, and the development of an emerging network of similar schools to provide peer support.

Medical students and their preference for a medical career in general practice in the Netherlands

Keywords: general practice career preference

Authors: Soethout, M.B.M. (1); Stalman, W. (2); Ten Cate, Th.J. (3); Van der Wal, G. (1)

Institution: 1) VU University Medical Center Amsterdam; Social Medicine Department, EMGO-institute 2) VU University Medical Center Amsterdam, General Practice Department, EMGO-institute 3) Utrecht Medical Center Utrecht, School of Medical Sciences

Summary: The Netherlands has, since many decades, a health care system dependent on family physicians in general practice for every inhabitant. However, a growing number of the Dutch will not have a family physician in the near future, simply because of a lack of general practitioners. One measure to tackle this problem is a government policy to increase the number of medical students, expecting a lot of them will choose for a general practitioner career. We investigated the interest among medical students for this career. As part of a semi-longitudinal study into the development of medical career preferences and their determinants, in 2002 all medical students at VU Medical Center Amsterdam and Utrecht Medical Center were asked to complete a questionnaire about career preferences. 75% of the medical students (N=2196) responded on the questionnaire. More female than male students have a preference for general practice and also more final year students (21%) than first year students (19%). We found no differences between medical schools, despite substantial differences in curricula. These results showed indications for a growing preference for general practice during medical school, hopefully leading to more general practitioners in the near future.

Relationship between communication skills and clinical knowledge

Keywords: communication, clinical knowledge

Authors: Laidlaw, T.

Institution: Dalhousie University

Summary: As part of a larger study on resident communication skills training, we examined the relationship between communication skills performance and clinical knowledge, exploring a widely held belief that providing time for communication skills training in a crowded curriculum may result in deficits in clinical knowledge. Seventy-eight first year residents across all departments at Dalhousie Medical School participated in a videotaped four-station OSCE presenting a range of communication and clinical knowledge challenges. Three expert raters evaluated the communication and clinical knowledge performance of the residents. Evaluation measures included all sub-section items of the Calgary-Cambridge Observation Guide (an evidence-based, patient-centred structural framework for the medical interview), global rating scores for each sub-section and overall performance, and a clinical knowledge checklist related to each case and constructed by physician members of the research team. The findings of the evaluators were then examined for inter-rater reliability. Significant relationships were found between overall performance on the clinical content checklist and the global and sub-scale expert ratings on the Calgary-Cambridge Observation Guide. The better the resident was at communicating effectively, the greater the resident's clinical knowledge pertaining to the case (r=0.58; p<0.000). Looking at each individual station, significant relationships held. Inter-rater reliability was high. The results indicate there is a significant relationship between communication skills and relevant clinical knowledge. Since past research has demonstrated that knowledge alone is an insufficient predictor of effective communication, our results point to the importance of incorporating communication skills training across the medical education continuum.

The effect of cultural diversity teaching on clinical practice

Keywords: evaluation; cultural diversity; effect on practice

Authors: Dogra, N.

Institution: University of Leicester

Summary: Very few programmes on cultural diversity have been subject to evaluation beyond subjective student feedback. The exceptions are Culhane Pera (1997), Majumdar (1999) and Dogra (2001) who all used pre- and post-teaching questionnaires. A systematic review of five interventions to improve cultural competence in healthcare systems including cultural competency training for healthcare providers was undertaken by Anderson et al (2004) concluded that the evidence was insufficient.

Study objective: To establish the views of stakeholders in medical education about whether or not cultural diversity teaching has an effect on clinical practice.

Method: Semi-structured interviews with 61 stakeholders in medical education including policymakers, faculty staff, teachers, researchers, users and students.

Analysis The transcripts were read first in their entirety to identify themes and then collated responses to each question were read to identify further themes (Miles and Huberman, 1984: 9).

Findings and discussion Many respondents felt that clinical practice was improved through ‘cultural diversity teaching’ and this was mostly through improved doctor-patient communication. Several different types of evaluation were suggested. Only
a few respondents were aware of the lack of evidence to support their views. Conclusion There is hope rather than belief that cultural diversity teaching makes a difference to clinical practice. There is a need to begin to critically review cultural diversity programmes and question whether they are delivering what they set out to do and follow up participants into their clinical practice.

**Standardized Families: Bringing to Life the depth and complexities in end of life care**

**Keywords:** Standardized Patients, End of life Care, Teaching

**Authors:** Knickle, K.; Laura Hauryluck MSc. M.D. FRCP CI

**Institution:** University of Toronto, Ian Anderson Continuing Education Program in End of Life care

**Summary:** Introduction: Faced with a dying loved one, families experience a maelstrom of emotions. Providing psychological, emotional and spiritual support to family members in different emotional states, is very challenging for all healthcare providers. The Standardized Family is an innovative dynamic teaching tool that can recreate the depth and complexity of real situations. It is an invaluable educational resource for teaching the intricate communication skills required in end of life care. Standardized Families also provide an opportunity for the learner to address and discuss the ethical and legal challenges specific to each situation.

**Description:** The development of educational objectives, the training of Standardized families and their use as a teaching/feedback tool will be described. A live simulation, and viewing of relevant teaching videos will stimulate group discussion and will allow participants to reflect on and problem solve around highly sensitive and emotional situations.

**Objectives**
- Reflect on complexities of the communication skills needed when talking with families and substitute decision makers.
- Gain knowledge to develop an educational program to improve the complex communication skills required when caring for patients and families at the end of life.
- Experience the use of Standardized families in teaching how to manage and discuss difficult ethical and legal dilemmas

**Conclusions:** Sophisticated communication skills are crucial for managing and discussing ethical and legal dilemmas specific to each situation. The Standardized Family is an invaluable educational resource for teaching the intricate communication skills required in end of life care. Standardized Families also provide an opportunity for the learner to address and discuss the ethical and legal challenges specific to each situation. The development of educational objectives, the training of Standardized families and their use as a teaching/feedback tool will be described. A live simulation, and viewing of relevant teaching videos will stimulate group discussion and will allow participants to reflect on and problem solve around highly sensitive and emotional situations.

**Teaching in the doctor’s surgery; does the presence of medical students affect the quality of general practice consultations?**

**Keywords:** medical student, consultations, quality, empathy, attitudes

**Authors:** Price, R.

**Institution:** University of Newcastle upon Tyne

**Summary:** Background: The doctor-patient relationship changes with the addition of a third party during a teaching consultation. There is some evidence that patients involved in teaching experience equal, if not greater, quality of care in comparison to patients seen in non-teaching consultations. Aim: To assess the outcome of consultations conducted with and without medical students, using two previously validated measures; the Consultation Quality Index (1) and the Consultation and Relational Empathy measure (2) to assess and compare consultation outcomes, and to explore patient’s attitudes to the presence of medical students.

**Method:** Sixty randomly selected practices teaching fourth and final year students from the University of Newcastle Medical School are participating. Each GP teacher will administer questionnaires to patients seen in both teaching and non-teaching consultations.

**Results:** At the time of submission, the pilot of the study is underway. Preliminary results support the hypothesis. By the time of the conference therefore we expect to have an interim analysis of the data, although the study will not be completed. We believe this to be an important study given the continuing increase in undergraduate teaching in general practice.

**References**

** Analysing a training plan for the health care of the immigrants in Catalunya**

**Keywords:** training plan, immigrants, primary health care teams

**Authors:** Guayta R, Balañà LL, Alonso E, Muñoz D, Martínez Carretero JM

**Institution:** Institut d’Estudis de la Salut

**Summary:** Analysing a training plan for the health care of the immigrants in Catalunya Guayta R, Balañà LL, Alonso E, Muñoz D, Martínez Carretero JM In 2001, Catalunya published the Interdepartmental Plan of Immigration. Between the objectives of the health scope, the training of the professionals for the health care to the diversity is prioritized. This training has to be considered from the understanding of the cultural diversity in its anthropological slope and values, to the clinical aspects related to the epidemiological reality and the use of the health resources for the immigrant populations. An advisory group, constituted by different organizations from the Catalan Health Administration, detected the training needs from the analysis of different instruments. From the result of this analysis, a modular training Plan was designed, addressed to the different professionals of the primary health care teams. The training model proposed was one of training the trainers, recruiting the educational ones between expert welfare professionals in care of the diversity. During 2003, 56 courses have taken place and 1022 professionals in all the territory have been trained. We present the evaluation of the process and the effectiveness of the activity with the analysis of a questionnaire of satisfaction from the professionals. The analysis shows a positive acceptance of the training Plan as well as its value as a useful instrument being space for discussion and consensus of the health care for the immigrants.

**When the Going gets Tough the Tough get a Coach**

**Keywords:** Coaching organisational change

**Authors:** Thomas, M and Atkins E

**Institution:** NHS Fife

**Summary:** If we want things to stay the same as they are things will have to change Giuseppe de Lampedusa The NHS is characterised by three defining features: range and diversity of stakeholders, complex ownership and resourcing arrangements, and professional autonomy of its staff. Continual technical, and organisational advances, many politically driven, mean that NHS services and organisations are intricate and dynamic. There is a need to manage significant change processes and many have responded by investing in becoming a &amp;#8216;learning organisation one that is continually expanding its capacity to create its future. Leaders and managers need a critical role in building any learning organisation and their emerging role in this setting is more like that of a coach than a traditional hierarchical role. This paper describes a pilot project to establish a coaching net-
work for managers within NHS Fife, Scotland. Over an 18-month period 130 staff attended a Coaching for Managers; workshop. Sixteen of these staff subsequently became involved in two coaching network groups (each of eight members). They were encouraged to note the impact of using coaching tools on their management practices, teamwork and strategies to promote change. Data has been gathered from significant events discussed in workshops and recorded in log books. Initial analysis of themes allows suggestions to be made concerning the future role for coaching tools as part of an organisational culture change management strategy.

Undergraduate clinical education in rural communities: success through symbiosis

Keywords: community-based medical education, rural, research, outcomes
Authors: Worley, P., Prideaux, D., Strasser, R., March, R., and Magarey, A.
Institution: Flinders University (except Strasser - Northern Ontario Medical School)
Summary: Introduction Recently published comparative examination performance data from Flinders University has shown that medical students undertaking a full clinical year based in rural general practice, perform better than their peers in a tertiary hospital setting. Why might this be so?
Methods: The authors conducted three sets of semi-structured interviews with all students in one academic year from the rural community program (six students), all students from a remote secondary hospital based program (10 students), and a paired comparison group of students from the tertiary hospital program (sixteen students). All interviews were analysed for themes using NUD*IST software.
Results: The rural community teachers were seen to be more accessible, less hierarchical, and developed valued mentor relationships with the students. The rural community students perceived greater access to patients with common conditions, maintained this contact with patients longitudinally, and learned all clinical disciplines in an integrated, rather than segregated, fashion. The rural community students reported a greater sense of participation and value in the care of their patients, and saw their work as part of the solution to the community's, the local health services, the community's and the governments perceived difficulties. Discussion These data provide empirical evidence from a student perspective that supports the importance of symbiosis in medical education. Further research is required from the perspective of the other participants in this environment, for example teachers and patients, to determine ways of enhancing these relationships.

Involving users in medical education: the benefits and costs perceived by users and students

Keywords: user involvement, medical education, user and student perceptions
Authors: Hudson JN & Rees CE
Institution: Hudson JN and Rees CE
Institute of Clinical Education (ICE), Peninsula Medical School, Universities of Exeter and Plymouth, UK
Summary: Introduction There is a move to encourage user involvement in medical education1. However, few studies have examined the costs or benefits perceived by users and students. This pilot study reports on users' and students' views on user involvement in student learning.
Methods: Four users of the health care system agreed to be involved in one of 2 life science sessions, to support 2 PBL cases, one on cystic fibrosis (CF) and the other on diabetes mellitus (DM). In each semi-structured session, users related their experience of living with CF or DM to groups of 8-10 students, and invited student questioning. After the sessions, 3 users (75%) and 47 students (37%) provided written feedback to several open questions. Their free-text comments were theme analysed and discussed by 2 independent analysts.
Results: Several issues emerged from the qualitative feedback. Users gained confidence from passing on their experiences of living with their disease, showing that often they were more knowledgeable than health care professionals. Students valued the holistic approach to CF and DM, although not all students saw patients as experts about their conditions. Users interpreted student reluctance to ask questions as lack of interest, while student reticence resulted from fear of upsetting "the patient" after their frank and personal account.
Conclusions: This pilot study has helped us identify that users and students have different perspectives on involving users in medical education. Further research using larger samples is needed to validate these findings.
Reference

Exploring stakeholders' views about what constitutes emotional intelligence in medical practitioners

Keywords: emotional intelligence; emotional competencies; medical practitioner
Authors: Lewis, N, Rees CE & Hudson JN
Institution: Peninsula Medical School, Institute of Clinical Education (ICE), Universities of Exeter and Plymouth, UK
Summary: Introduction Emotional intelligence (EI) is a popular topic. Few studies have explored the concept of EI in medical education. This study seeks to address this research gap by exploring stakeholders' views about what constitutes emotional intelligence in medical practitioners.
Methods: Thirty seven stakeholders involved in the education of our medical students (e.g. patients, medical educators, students and other healthcare professionals) have participated in 7 focus group discussions. Each discussion was convened with between 2 and 8 participants to explore their views about the emotional competencies of a 'good' doctor. The discussions were audiotaped, transcribed in full and the transcripts were thematically analysed by 2 independent analysts to enhance reliability. The interactive group process is also being analysed.
Results: Several themes are emerging from the group discussions and participants are identifying various emotional competencies as being important for effective medical practitioners. These include doctors having good communication skills, self-awareness, empathy, uncertainty management, honesty and openness. Initial analysis of the interactive group process is revealing some interesting findings showing that participants tend to value in their doctors the emotional competencies that they themselves possess and undervalue competencies that they do not possess. Conclusions: Initial results of this qualitative study have helped us to identify the range of emotional competencies that stakeholders value in medical practitioners. We are also gaining an intriguing insight into how peoples' attitudes may be influenced by their own competencies. We hope that completion of the interactive analysis will suggest areas for further research.
Family Violence: Bringing the Message Home

Keywords: family, violence, education, community, international

Authors: Starkey, C., Windrim T., Ghahri R

Institution: St George's Hospital Medical School, London, UK.

University of Toronto, Ontario, Canada Universiti of Brunei Darussalam, Bandar Seri Begawan, Brunei

Summary: Violence in the home is an increasing cause of both psychiatric and physical morbidity, yet most victims will have been abused 35 times before seeking help. Barriers to disclosure will be examined from the perspective of the abused and the professionals they approach for help. The survivor is not the only victim and violence is witnessed by over 80% of children involved, with well-documented medical and psychological consequences, sometimes causing a multigenerational vicious cycle. Family violence presenting in primary care provides unique opportunities for whole family based interventions. Participants will explore this issue as portrayed in literature and the media. Techniques which raise awareness among healthcare professionals, and provide the skills required to effectively deal with these problems, will be illustrated. Experience of presenting this material in a variety of educational settings in Europe, North America and Southeast Asia will be presented. Participants are encouraged to bring their own case-scenarios to the workshop. Techniques to facilitate disclosure and screening and case-finding tools will be available for experiential learning and problem solving exercises. Methods to enhance the participant’s skills in accessing appropriate community resources will be discussed. Clinical scenarios and experiences across a variety of gender, ethnic, cultural and socioeconomic groups will help dispel common myths associated with family violence and ensure that the material is appropriate to the educational needs of a variety of learners and the communities they serve. The Advocacy role of Physicians and other healthcare professionals in education of the community around this issue will be explored.

Community Health Training in Catalunya

Keywords: community medicine, working group, training, projects, activities

Authors: Víñeta M., Montaner I., Foz G., Miller R., Peña O.

Institution: Institut d’Estudis de la Salut

Summary: The Working Group (WG) for Training in Community Medicine was created under the auspices of the IES (Institute of Health Studies) in 2003 to address noted deficiencies in provider training and practice in community medicine (CM) in Catalunya. Objectives:

- To develop and implement CM training initiatives at the undergraduate, postgraduate and continuing education levels.
- To support projects that practice CM.
- To promote debate about the teaching and practice of CM at the national and international level.
- To promote research in training methodology and practical applications of CM.

Methodology: We have created a multi-institutional working group with the participation of: the IES of the Department of Health, Generalitat de Catalunya; the Catalan Society of Family and Community Medicine (SCMFIC), represented by its working group in APOC (Community Oriented Primary Care); the Teaching Programme in Family and Community Medicine of Catalunya; and the Novartis Cathedra of Research and Teaching in Family Medicine affiliated with the Autonomous University of Barcelona.

Action field: Medical teaching institutions, professional associations, governmental agencies in PC, public health, and health care administration.

Activities: Organized a conference on CM with internationally known speakers (publication of proceedings in process); held a focus group with medical educators on challenges of teaching CM; elaborated a statement of purpose and activities 2004-2006, including plans for further training courses and conferences.

Conclusion: The collaboration amongst teaching institutions, professional associations and governmental agencies can globally influence both training and incentives for practicing CM.

Conference on Strategies for Introducing Community Medicine (CM) into Primary Care (PC) in Catalonia

Keywords: conference, community medicine, primary care

Authors: Foz G., Miller R., Montaner I., Víñeta M.

Institution: Institut d’Estudis de la Salut

Summary: To integrate CM into PC, strategies from the perspective of medical education, service delivery, and health care finance and administration need to be coordinated.

Methods: The Working Group in Training in Community Medicine of the IES (Institute for Health Studies) organized a Conference in 2003 inviting professionals in health education, delivery, and administration. Speakers addressed each of the three themes: (1) Introducing CM into medical education, (2) Sustainability and Continuity in COPC projects, and (3) Incentives for the incorporation of COPC into the practice of primary care teams. After the presentations, participants divided into 3 discussion groups. Conclusions were presented to all participants and to Health Ministry officials, who also made comments. Proceedings were taped, transcribed and published.

Findings: Group 1 discussed obstacles and facilitating elements for introducing CM into the undergraduate and post-graduate curriculum, and prior experiences doing community activities. Group 2 discussed internal and external factors that favor project continuity and sustainability. Group 3 discussed experiences using financial and other incentives in Catalunya, and ways this could be more effective. Ministry of health representatives expressed agreement with the conclusions and pledged support for further collaboration. Conclusion: For true integration of CM into PC delivery to occur, various agencies must be involved, including pre and post graduate medical educational institutions, primary care centers, health care administration and policy makers. This conference provided an excellent starting point for such collaboration to grow.

Dialogue among health professionals & teachers for health education

Keywords: Dialogue, responsibility health professional & teachers in sanitary attention

Authors: Anton, MV., Millan, J., Hidalgo, C., Oriñano, Villanueva, C

University and Health Centers (Primary Health Care & Hospitals) representatives of the Comunidad de Madrid.

Institution: Agencia Lain Entralgo para la Formación, Investigación y Estudios Sanitarios. AFIES Consejería de Sanidad Comunidad de Madrid

Summary: The clinical practice education of health professions is involve in a quite important change period. On one hand, the increase in sanitary degrees with an important burden of practice in clinics, together with the unusual growth of universities, both public & private, with training in Health Sciences in Comunidad de Madrid, has forced a reorganization and redefinition of teaching resources in the sanitary system. On the other hand, the new perspectives in active & participative learning, the implication of the students in their own training have produced a redefinition in the syllabus, its development and the evaluation. And finally, the moral dilemma generated between the patients
Completing the circle - an education model which changes service delivery where inequalities are greatest

**Keywords:** Patient centered, inequalities, challenge service delivery

**Authors:** Anderson, E. & Lennox, A

**Institution:** Leicester University

Summary: We present the Leicester Model where over 200 students annually learn directly from patients' experiences of accessing health and social care. Students identify individual and community-wide gaps in service provision where inequalities in health are greatest. They respond by recommending to NHS Trusts changes to multi-agency service provision which better meet community needs. Students interview their patient, carer or family at home and then a range of involved front-line workers from statutory and voluntary sectors. The methodology enables students to progress through active learning and critical enquiry within a range of settings, listening and reflecting on the lives of disadvantaged people including refugees and disabled people. They learn about cultural, language and attitudinal barriers and the complexities of providing integrated care. They identify effective team-working and develop multi-agency solutions to provide an optimal quality of care. Facilitated by experienced community practitioners, students present their findings to health and social care managers and the local workforce. This reflective practice offers managers and workers up-to-date insight into operational issues and solutions to local problems. Outcomes include identifying new services, improving access and clarifying communication problems. Teaching settings include health and social centres, church halls, rehabilitation hospitals, special schools, care homes and hostels. Students consistently highly rate their educational experiences. The Department of Health externally evaluated the 'Learning from Lives' programme. Research into the impact of this learning on practice is planned. The programmes facilitate partnerships between academic educators and staff delivering health and social services. The resulting new career opportunities in teaching supports NHS staff recruitment strategies, particularly in challenging communities.

**Adherence to TB treatment, an evaluative focus on patient centered approaches in site B clinic, Khayelitsha**

**Keywords:** Adherence to TB treatment, patient centred approach

**Authors:** Isaacs, W.; Saunders, S.; Hussey, G.; Eley, B.

**Institution:** Child Health Unit

Summary: Adherence to TB treatment, an evaluative focus on patient centered approaches in site B clinic, Khayelitsha. Washiefa Isaacs, Sindiswa Saunders, Brian Eley, Gregory Hussey, Olivia N. Gwabes, School of Child and Adolescent Health, University of Cape Town, Dept of Infectious diseases, Department of Infectious Diseases Red Cross Children’s Hospital, Provincial Department of Health.

Introduction: During 1997-2000, TB programme reviews conducted in the Cape Metropolis region, have found that the Khayelitsha district remained one of the lowest cure rate districts. An important factor contributing to a low cure rate is poor adherence, according to the National TB Control guidelines.

Objective: To evaluate whether there is a relationship between adherence to TB treatment and a patient centred approach to care. Design and Methods A qualitative, descriptive and exploratory study design was used. Three types of data collection methods were used: Firstly, structured interviews were conducted with 7 cured patients and 6 treatment interrupters, secondly, focus group discussions with staff members from clinic and thirdly, a review of patient hospital records. Results: A good support system within the family structure was seen as common phenomena, which promoted adherence to treatment (Cured patients). A lack of food security was the common emergent theme for not adhering to TB treatment (Treatment interrupters). This patient expressed a common theme about education given, "They teach yes, but they did not say nothing about hungry pains and urine that turn orange". Conclusion: In conclusion, this qualitative study has not proven whether there is a direct relationship between a patient centred approach to care and adherence to TB treatment. It has however, revealed problems with inadequate communication, listening and educational, skills displayed by nurses. A larger intervention versus control study would be needed to reveal appropriate answers.

**Overseas Doctors Training in the United Kingdom - Hola or Adios!**

**Keywords:** Overseas Doctors Training

**Authors:** Sandhu, D.P.S., Cavendish, S., Gallen, D.D.

**Institution:** LNR Postgraduate Deanery

Summary: The UK National Health Service relies heavily on Overseas Doctors who make up 30% of the medical workforce. Such success in recruitment has resulted in a large number of overseas and EEA doctors competing for training posts in the UK and, for some, leading to unrealistic expectations. A questionnaire survey was undertaken to find out: Are Overseas Doctors provided with realistic information about postgraduate training? What support structure do they have? Are they satisfied with the training they receive? What is their reason for training in the UK? 241 Overseas Doctors took part in the study between 1998 and 2003. Their year of entry to the UK ranged from 1987 to 2003. A third of all doctors felt the quality of information about postgraduate training was poor, having obtained information mainly through personal contacts (66%). 80% of Overseas Doctors stated they were fairly treated by the General Medical Council in comparison with 64% by the Home Office. Half of overseas doctors sat the English language test in their own country. 48% reported they had great difficulty in obtaining a basic SHO training post while 80% found it extremely difficult to obtain a specialist training post in the UK. 59% thought they would return to their own country although 44% expressed an interest in obtaining a consultant post in the UK. Only 19% rated postgraduate opportunities in their own country as inadequate. Given their experience of hardship in the UK, 81% of Overseas Doctors would still repeat the experience.

**Teaching medical and nursing students to respond to a global society**

**Keywords:** International research; interdisciplinary; culturally appropriate research

**Authors:** Romero, C.; Guevara, Edilma e Dr PH, Caskey, Juanita, MA

**Institution:** University of Texas Medical Branch

Summary: Teaching medical and nursing students to respond to a global society. Globalization has brought about challenges to medical and nursing education. Physicians and nurses need to know how to identify and respond to the healthcare needs of patients from many countries and cultures besides their home country. One major challenge is to understand how to provide culturally competent healthcare to diverse populations. To
address this challenge, an eight-week interdisciplinary course involving academic and research experiences was developed by The University of Texas Medical Branch in collaboration with health officials in Mexico. Medical and nursing students have the opportunity to learn and integrate knowledge and skills in epidemiology, community health, and research. A participatory research approach is used to identify community health problems in rural Mexico. The student develops his own research question and uses collected data to create a research poster for presentation. Emphasis is placed on the importance of an assessment of community needs in order to respond appropriately to the healthcare issues and on the cultural appropriateness of the tools used during the research. This collaborative course has been offered for four years at this institution and has been well received by students, the Schools of Medicine and Nursing administrations, the four Mexican communities, and Mexican health officials. Participants will learn how this model could be used by their institutions to promote cultural competence and conduct community-based research using collaboration between schools, as well as with international communities.

Initial and recurrent licensing process in Georgia
Keywords: medical licensing, medical education
Authors: G. Lobianidze, K. Pruidze, N. Gaprindasvili, A. Surmanava
Institution: Georgian Medical Association
Summary: The process of licensing of physicians and medical institutions was initiated by Georgian Ministry of Health Care in 1995 and an appropriate legislative basis was prepared (laws on health care, medical practice and medical insurance). The ministry officials, but also the representatives of higher medical institutions, non-governmental professional organizations, various medical institutions and clinics became the members of a specialized board of medical licensing. Licensing covers 11 specialties, each area having its own examining board. 27500 Georgian physicians took the examination and 25700 (96%) passed it. Candidates and doctors of medical sciences (1000 specialists) were licensed examination-free in case of accumulation of the maximum amount of credit-hours. Georgian Medical Association worked out a package of legislative amendment. We consider that license management has to be step-by-step transferred to the specialized medical professional associations. Licensing board then should become a ministry-independent structure, and professional associations have to perform the whole spectrum of licensing-related activities (setting the rules of credit-hours' awarding and assessment, lowest and highest passing scores, license duration, etc.). The Georgian authorities positively met this idea.

Who should train our family doctors?
Recent changes to training for general practice in Australia
Keywords: vocational training, family medicine
Authors: Jones, B.
National Manager, Education Policy
Institution: The Royal Australian College of General Practitioners
Summary: In 1974, the Australian government funded the Royal Australian College of General Practitioners (RACGP) to provide postgraduate training for general practice. The resulting Family Medicine Program was one of the first such vocational training programs in the world. After 27 years of this program, the government decided to set up a separate body (General Practice Education and Training - GPET) to run general practice training via twenty two regional training consortia. Three years on, it is salutary to consider the effects this change has had, and lessons for other countries. Despite concerns with the cost of the previous program, the new program is far more expensive to administer. GPET acknowledges the RACGP as responsible for setting standards for training, but there have been different interpretations of what this means in practice, and many frustrations for trainees and trainers as a result. With the loss of the training program, the RACGP lost virtually all its education staff and expertise, limiting its ability to respond to the challenges of the new environment. Many of the new training consortia are rural, and have had difficulty attracting suitable staff, struggling to provide appropriate training and to attract trainees. These and other issues will be discussed, along with reflections on how similar mistakes could be avoided in the future.

KICS - An Innovative Model for Interdisciplinary Training from Health Professions
Keywords: interdisciplinary, rural; training; evaluation
Authors: Holt, T., Borders, K., Aud, R., Hoffman, C., Bledsoe, L., Mayer, L., & Maples, D.
Institution: Monash University
Summary: Purpose: The Kentucky Interdisciplinary Community Screenings (KICS) is an innovative interdisciplinary student education model in collaboration with schools of medicine, nursing, social work, dental and public health at the University of Louisville and five regional Kentucky Area Health Education Centers. The aims of this presentation are to:
- Present an innovative model of interdisciplinary training and practice in medically underserved areas
- Provide evidence of the effectiveness of the KICS program Methods: This paper will describe the model and report findings on the evaluation of the KICS program which is based on Kirkpatrick’s (1979) training outcome evaluation model. Both qualitative and quantitative data will be presented to address specific levels which include participants’ satisfaction with the program and a measure of the participants’ knowledge and skill gain.
Outcomes: Each of the 190 students from medicine, dentistry, nursing, social work, and health education have received 170 hours of training, 50 hours of didactic, and 120 hours of clinical interdisciplinary rural health training. This has led to the provision of clinical health screenings of approximately 3400 rural and medically underserved residents of Kentucky across 46 counties. The evaluation results indicate that KICS has:
- Improved students’ interdisciplinary clinical skills;
- Increased rural clients’ access to health care;
- Provided quality health screenings;
- Increased knowledge of the health needs in rural Kentucky;
- Gained respect for other disciplines;
- Planted seeds in the minds of students to consider rural practice.

Societal needs and social accountability: A study to identify communication training needs for health professionals working with patients from diverse linguistic and cultural backgrounds
Keywords: Communication training, linguistic, cultural, diversity
Authors: Was S., Roberts C., Jones R., Sanrangi S., Mos B
Institution: University of Manchester School of Primary Care
Summary: Background: In UK healthcare, communication training is often based on patient centered approaches modelled on
local English speakers. Learning may not address the societal needs of inner city patients from increasingly diverse backgrounds.

Aim: To identify how patients with limited English and culturally different communication styles consult with primary care doctors, in English, and to develop training strategies from both good practice and observed misunderstandings.

Method: Routine and emergency surgeries of nineteen inner city GPs were video recorded and ethnographic details of patients noted. All videos were independently viewed by two discourse analysts. Key consultations, across a wide range of English ability, were selected and transcribed to analyse misunderstandings (resulting from language/cultural differences).

Results: Of the 294 patients approached, 232 (79.8%) consultations were filmed. 71 (31%) of these contained clearly identifiable misunderstandings. Of these, 73% (52/71) were with patients with limited English and/or culturally different communication styles. 95% of misunderstandings were based on linguistic not cultural issues. Four main categories of patient ‘talk’ contributing to misunderstandings were identified: (1) Pronunciation and word stress, (2) Intonation and speech delivery, (3) Grammar, vocabulary and lack of contextual information, (4) Style of presentation. A communication training video was developed using examples of these misunderstandings and highlighting good practice.

Conclusion: Over 20% of all consultations studied were with patients with limited English and contained major, often extended, misunderstandings. Health workers need specific training to consult with patients with communicative styles different from their own. Strategies for identifying these problems and preventing / repairing them in the consultation are essential.

Assistant professor, psychiatry and public health sciences

Keywords: cultural competence, university-community collaboration

Authors: Meier, R.

Institution: University of Toronto

Summary: The Ethnoracial Seniors project of the Division of Geriatric Psychiatry of the University of Toronto was undertaken to address barriers encountered to access to health/mental health services. Findings from focus groups pf seniors, family members, community service workers and general practitioners were presented to a Consensus Conference for discussion by groups of policy makers, agency elders and educators. The findings were also discussed in a series of Community Conferences, following presentation in drama form. Collaboration with community members, facilitated by the study Coordinator for that community, led to intergenerational participation of a play which illustrated the study findings. This is hoped to form the basis for a video to be used in public education, to provide knowledge and change attitudes towards mental illness, particularly stigma. The findings have led to the establishment of a Wellness Centre, to provide culturally responsive and linguistically accessible entry to services, with health/mental health education and community outreach approaches. Medical education in cultural competence has been approached in pilot projects for Psychiatry Residents and senior medical students, with community members serving as Consultants and giving feedback on the videotaped interviews. As in research, university-community partnerships are needed for collaboration in fostering appropriate education for health professions to meet the needs of society, with community members also having the benefit of public education.

A new approach to teaching cross cultural skills to medical students

Keywords: cross cultural medicine, clerkship, teaching

Authors: Weinreb, B.

Institution: Faculty of Health Sciences, Ben Gurion Univ., Israel

Summary: A new approach to teaching cross cultural skills to medical students J. Rosen, E. Spatz, H. Abramovitch, B. Weinreb, N.S. Wenger, C. Z. Margolis. The need for cross-cultural training (CCT) increases as physicians encounter more international patients. However, most medical schools relegate this topic to non-clinical years, hindering skills development. In 1988, Ben Gurion University (BGU) of the Negev’s Joyce and Irving Goldman Medical School in collaboration with Columbia University’s Health Sciences Division established the MD Program in International Health and Medicine, a four year medical degree program aimed at preparing graduates with special skills in international health and medicine. The curriculum includes introductory lectures in cross-cultural medicine in year one and an international clerkship in year four. The current project began as a student initiative to incorporate CCT into the clinical years. A committee comprised of 2 physicians, 2 medical students, and a medical anthropologist/clinical psychologist was formed to develop a workshop to teach cross-cultural skills to third-year medical students. A 2-day workshop incorporating didactic, group discussion and teaching OSCE components taught medical students cross-cultural awareness, interviewing skills, working with a translator, attention to complementary treatments and consideration of culture in treatment and prevention. Six standardized patient cases introduced various cultures and ethical and clinical aspects of cross-cultural care. Student evaluation of the workshop was positive concerning educational value, skills advancement and pertinence to their clinical activities. Survey of students before and after the workshop demonstrated improvement in cross-cultural interviewing skills and translator use.

Gender Bias in Medical Care

Keywords: gender bias, undergraduate education, role modelling

Authors: W Cover, B.

Institution: Faculty of Health Sciences, Ben Gurion Univ., Israel

Summary: Gender Bias in Medical Care. An innovative study in Medical Education. B. Weinreb, N. Wenger, R. Gal. In the era of anti-discrimination education and when women’s health topics are on the daily agenda, special attention is addressed to the issue of gender bias in medical care. Studies published concluded that there is a base for the claim of gender bias. Most of the studies published have looked into this issue through the prism of cardiovascular diseases, with the inevitable conclusion that there is bias. Since most of the studies have addressed the questions of differences between women and men, there are three major questions to be asked: Is the bias gender specific or disease specific? If there is a bias, when does it start? - at the data gathering stage or at the decision making stage? Is the bias training dependent? - already at the undergraduate stage based on experience and role modelling? Using OSCE examinations in Internal Medicine for 4th and 6th year medical students - the questions asked by the examinees and their physical examinations and management plans were recorded. Each class was divided, with half a class being evaluated separately. The first half was presented with clinical cases portrayed by simulated patients while the second half was presented with same cases but instead of male patients we used females and vice-versa. The data shows that if there is a bias - it is minimal, it is not disease specific and that it exists already at the undergraduate stage.
Public health literacy and social responsibility of tomorrow's doctors: How does a population perspective on health (in a problem-based curriculum) fit into medical students' career view?

Keywords: problem-based learning, population perspective, perceptions, public health, epidemiology, learning approaches, student motivation, questionnaire survey

Authors: Lead author: Maudsley, Gillian
Other contributors: Williams, MI, Evelyn; Taylor, CM, David*

Institution: The University of Liverpool

Summary: Medical students have conventionally struggled to appreciate the relevance of public (population) health education to their future role, reinforced by its traditionally marginal position in their curricula. Liverpool's 5-year MBChB curriculum underwent problem-based transformation in 1996. Problem-based learning (PBL) became the mainstay for learning core knowledge, integrated across four themes: basic science, behavioural science, population science, professional development. Evidence about students' perceptions of learning a population dimension in this way (and links to other expectations and motivations) is scanty. Such perceptions may well be crucial to the future medical workforce's sense of social responsibility.

Aim: To explore students' perceptions of the relevance of a population perspective to their future career (linked to their stage, learning approach, motivation, and career intentions).

Setting: Liverpool MBChB curriculum. Participants: Two cohorts of medical students, 2001/02: 279 end-Year 1; 204 mid-Year 3.

Design & outcome measures: Two cross-sectional studies, with self-completion questionnaires, both involving, for example:
- Entwistle learning approach; career intentions
- open-ended question (inductive analysis): relevance of learning Population Perspective to future career [An earlier study (at entry) of the Year 1 students obtained their reasons for choosing Medicine.]

Results & Discussion: The overall response rates were 71.0% and 77.9%, respectively. Students revealed a generally positive insight. Both cohorts highlighted appraising evidence critically (moreso by Year 1), and appreciating issues such as: the 'bigger picture'; disease distribution; community health care needs (inequalities, etc.); and how health systems work (moreso by Year 1). The implications are explored related to students' approaches and expectations.

The RRSS: A New Admissions Evaluation Instrument to Assess Rural and Remote Suitability for Education and Practice

Keywords: admissions; rural

Authors: J Bates; D. Voaklander; G Deagle; D Rutledge; V Frinton; H Thommasen

Institution: University of British Columbia

Summary: Students learn confusing models that mean that partnership with patients is seen as adding to their burden of care, rather than sharing it. Recognising the capacities of patients and their contribution. Simulated patients now ring further focused the instrument, which was then pilot tested with groups of residents who had selected urban or rural residency training sites. The RRSS instrument has been applied to an applicant pool of 1300. Inter-rater reliability, item factor analysis and key correlations have identified the RRSS as a potential tool to address urban medical schools' social responsibility to admit and educate medical students in under-served areas.

Don't Stop Taking the Prozac! Expanding Undergraduate Medical Education in British Columbia within a Socially Responsible Framework

Keywords: rural; geriatrics; social accountability

Authors: Bates J., Snadden D., Casiro O., Toule A.

Institution: University of British Columbia

Summary: Who would be crazy enough to double the size of an undergraduate medical program at the same time as distributing the program to two new university partner sites and engaging local health authorities in the venture? University of British Columbia (UBC) is doing exactly that, in collaboration with University of Northern British Columbia (UNBC) in northern British Columbia and University of Victoria (UVic) in the west. In order to engage in expansion of medical education in a socially responsible manner, UBC determined to focus on addressing the needs of the population of BC. Rural and northern areas of BC and Canada suffer physician shortages which are expected to become more severe with increasing national physician shortages. An aging problem places a similar responsibility on the medical school. UBC is doubling the size of its undergraduate program and distributing the program to the collaborating universities and adjacent health authorities to ensure that a cohort of students learn in the context of northern and rural medicine, at UNBC, and a second cohort learn in the context of an aging population at UVic. While the outcome for all streams is a generalist education that prepares the student for entry into any postgraduate program, we expect that the students in the two distributed sites will become both sensitized to and comfortable with the context in which they are educated.

Learning to work with patients and the community

Keywords: partnership, involve, validate

Authors: Morris, P; Armitage A; Dalton E; Ewart B; Kilminster S; O'Neill F; Reed J; Roberts T.

Institution: University of Leeds

Summary: Doctors and nurses both struggle with sharing decisions, management and care with patients, despite the growth in communication skills teaching in healthcare education. Students learn confusing models that mean that partnership with patients is seen as adding to their burden of care, rather than sharing it. Recognising the capacities of patients and the community, not only their deficits, is necessary for attitudes to change. At Leeds University, a programme to involve local people in the teaching and assessment of consultation skills is being developed as a consistent model of sharing understanding and acknowledging patients' contribution. Simulated patients now mark all medical students during OSCEs. Diverse groups from the local community, already visited on their own ground by students, are working with faculty to develop and evaluate further input into the curriculum: e.g., mental health service users are validating simulated patient roles for medical student assessment, while Muslim women are working as a group of simulated
patients. Nursing and medical faculty have developed good practice guidelines for public involvement and work together with patient groups to validate simulated patient roles and other contributions to expanding inter-professional learning. A linked development is led from the African American community in Chicago: medical students attend the community high school for their consultation skill practice with local school students as simulated patients. Different models for patient and community participation in health care education will be explored and core principles generated.

Community-based clerkships in communities: Sherbrooke response for populations to be served

**Keywords:** Community-based education, clerkship, distributed medical education

**Authors:** Grand’Maison, P.

**Institution:** Univ. of Sherbrooke

Summary: Authors: Grand’Maison, Paul, MD, MSc, FCFP; Kenny, Brendan, MD, FRCISI. Due to a significant expansion and student enrolment (from 92 in 1998 to 160 in 2004), Sherbrooke Faculty of Medicine has developed a five-year plan to implement compulsory clerkships in all disciplines in community sites. By 2006, the objective is that all clerks will complete more than 40% of their clerkship in training sites outside of the University Hospital. Out of the more than 20 already planned new sites, the first 10 ones (covering all major disciplines, receiving 2 clerks for each rotation and functioning continuously all year round) were implemented in the last two years. Partnership with major stakeholders, government, health professionals, health administrators and communities, was basic to the process. Administrative and educational quality standards were developed and translated to the sites through extensive administrative support and faculty development in order to ensure standardization and quality of training. These developments of distributed medical education for all learners reinforce the Faculty’s social accountability; it confirms its long term commitment to respond to the needs of the wide variety of communities it has to serve and its mandate of graduating physicians able to work in all types of communities. A follow-up study will assess, in the next few years, the impact of the present approach on the recruitment and retention of physicians graduating from Sherbrooke in peripheral, rural and even remote communities.

**Integrating Cross Cultural Education in an Undergraduate Medical Curriculum**

**Keywords:** undergraduate medical education, medical curriculum, cross cultural diversity

**Authors:** Kukaswadia, S. and Clarke, M.

**Institution:** Queens University

Summary: Awareness of cultural issues is important for delivering good quality health care. The undergraduate medical curriculum at Queen’s University, Canada, provides very little formal training in cross-cultural issues. To meet the challenge of raising awareness and educating medical students on various aspects of culture and health care, we developed an elective for undergraduate medical students at Queen’s University. Topics were chosen based on universal applicability, and to reflect some of the local cultural groups that students would encounter during their Medical School training. Elective objectives:

* Define what is meant by culture
* Enhance awareness of the issues surrounding health and health care in various cultural settings
* Identify the challenges facing physicians and other health care professionals in communicating effectively with patients, and providing health care that encompasses their personal health beliefs
* Develop lifelong skills that will enable physicians to understand their patients’ health beliefs, and ensure the provision of health care in a culturally appropriate manner. The elective consisted of ten sessions. Content was presented in a combination of didactic teaching, case scenarios and interactive discussions. Presenters included physicians, other health care professionals, community members, clergy, and clients from different cultural groups. A pre-elective survey was administered to assess the attitudes and expectations of students. A post-elective survey evaluated the impact of the elective on these attitudes and expectations. These results will be reported.

**Social accountability of health professional schools (Plenary V)**

**Keywords:** Health systems, Education, Partnerships, Accreditation

**Authors:** BOELEN, C.

**Institution:** International consultant in health systems and personnel. Former coordinator of the WHO program of human resources for health

Summary: To what extent do health professional schools (medical schools, schools of public health, other schools of health personnel) fulfill their social mandate? With the general quest to improve the performance of health systems in meeting priority health needs of a nation, health professional schools, like any other health institutions, are being increasingly challenged to provide the evidence of their contribution. A socially accountable school is one that is concerned in ways by which its “products”, be it graduates, research findings or service guidelines, are being used to serve people’s priority health needs and to make a significant difference in the improvement of quality, equity, relevance and cost-effectiveness of health care. The main challenge for such a school is to widen its scope of interest beyond educational activities and share a responsibility in facilitating career choices of graduates; partnership building with other health actors; formulation of health policies and strategies to ensure a proper use of their graduates. The main opportunity for such a school is to obtain from political and funding agencies a recognition of its leadership role in health development and greater credibility for its current achievements in education and research. Systems of accreditation of medical schools (and other schools), which mainly focus on process indicators rather than outcome and impact indicators, should be reviewed and incorporate elements measuring social accountability.

**Analysis of current medical practice from society’s viewpoint and the point of view of physicians**

**Keywords:** professionalism, social perspective, qualitative research, medical profession analysis

**Authors:** Dalmases, M.; Gual, A.; DeNadai, J.

**Institution:** Institut Universitari Parc Taulí

Summary: This study aims to analyze the medical profession from different perspectives: that of the physicians; of the general population; and also that of a representative panel of determinants of social change. Three different studies, each using a different methodology, were carried out to ascertain the perspective of the groups analyzed. A Mini-Delphi survey was conducted on a group of 243 medical specialists; a survey was given to 800 ordinary citizens; and sessions with three debate groups comprising 17 agents of social change corresponding to different sectors of society were held. The integrated conclusions of the three studies show that there are discrepancies between the physicians’ perspective and that of society in general. Along these lines, it is noteworthy that physicians believe that their status is lower than it in fact really is; that physicians feel overwhelmed by their
workload (burn out), whereas, contrarily, other citizens do not perceive a difference in this respect between the medical profession and other professions; and that physicians believe that it is important for diagnosis and treatment to be based on scientific evidence. On the other hand, there are other aspects about which ordinary citizens and physicians concur: the need for reform in undergraduate studies; the need to establish mechanisms for recertification of professional competence; and also that the medical professionals need to improve aspects related to communication with patients, orienting patients, and managing medical technology. Regarding final conclusions, elements of consensus and disagreement with respect to the areas analyzed are emphasized, as well as the paradoxes observed in the three studies.

PUPUK: an innovation in University-Family Partnership in Malaysia  
**Keywords:** PUPUK, partnership  
**Authors:** Ali, O.  
**Institution:** Universiti Malaysia Sabah  

Summary: The Universiti Malaysia Sabah School of Medicine (UMSSM) is a newly established institution. It aims to train medical professionals of the highest standard in an effort to meet the needs of Sabah, in particular, and Malaysia in general. Our graduates will also, as a result of our evidence based socially driven medical education course, be able to practice globally with the skills acquired in the school of Medicine. In the 5 years curriculum, the students will be taught a comprehensive healthcare to patients, their family and the community, based on their needs. At the family level, student will be allocated to the foster family for the whole period of a medical study. They will make a necessary arrangements to visit a family, learn the family dynamic and life events and make an appropriate intervention to uplift the standard of living and alleviate the medical and social problems. Through these families, the partnership within the community will be established and, community development and education will be promoted. This innovation as we called it PUPUK (meaning “nurture”) is expected to nurture the students leadership in caring and at the same time promoting the health of the community.

Enabling the community in health action research: Bridging cultural health action research: Bridging cultural gaps  
**Keywords:** Action research, Community empowerment  
**Authors:** Asefzadeh, S.  
**Institution:** Qazvin University of Medical Sciences  

Summary: Qazvin University of medical sciences are responsible for delivery of health services to the defined populations. Qazvin University of medical sciences covers 1,050,000 people (64% urban & 36% rural). There has been observed a gap between the community’s health needs and the research activities of the academics. In 2003, we reoriented our research policy targeting the real health problems of the people. This reorientation took place by participation of all main stakeholders as well as the community representatives. To bridge the cultural gap between the community and the academics we organized meetings and action research workshops. The housewives who are mostly community health volunteers participated in the workshops to be empowered in solving health problems as well as participating in the academic community based health research projects. After six months, the health volunteers defined 14 health problems and conducted interventions to solve them. They are also capable of problem finding and analysing, data collecting, data processing, and examining intervention. It is concluded that bridging the cultural gaps can mobilize research resources.

A survey of junior medical student’s attitude toward medicine and its future  
**Keywords:** Attitude students  
**Authors:** Amini, M., Rezai, R., Saber, M.  
**Institution:** Jahrom medical university, Jahrom, Iran  

Summary: Introduction and Aims: Medical student’s attitude toward their future profession can significantly affect the quality of education. Material and methods: 54 junior students, entering the medical school in 2001 were selected. A questionnaire was designed including questions about their attitude toward medicine’s social status, financial aspect of this profession, its future, etc. Results: 48.1%, have selected this major knowingly and 48.1%, believed that this major would provide them with future welfare. Only 39.6% of medical students stated that they were willing to work in every part of the country after their graduation. Conclusion: In general, medical students are suspicious about social status and their comfort in this field the evidence revealed that about two thirds of the medical students are not willing to work in every area of the country. It is hoped that our country reduces the admissions to medical field so that the improvement in the quality of education is guaranteed.

Measurement of knowledge of medical school graduates about polio eradication in Shiraz and Jahrom medical schools  
**Keywords:** Knowledge polio medical school graduates  
**Authors:** Amini, M.  
**Institution:** Jahrom medical university, Jahrom, Iran  

Summary: Introduction: According educational curriculum with health requirements has been as one of the major aims of medical education. The major aim of this study is to determine the success of medical education program on teaching medical students about national programs like polio eradication. Methods: 850 general practitioners that was graduated from Shiraz and Jahrom medical schools selected. A questionnaire was designed based on diagnosis, treatment, vaccination and national program of polio eradication and completed by physicians. Results: The results showed that the information of physicians in diagnosis, treatment, vaccination and national program of polio eradication specially reporting acute flaccid paralysis cases was not favorable. Knowledge of male physicians was better than females (p<0.05). Conclusion: Medical schools should pay more attention on teaching national and universal health programs to medical students and medical graduates.

The attitudes of the receivers of health care services in Fars Province as to the physicians, educational, therapeutic and consultative role  
**Keywords:** Health care services, physicians, consultative role  
**Authors:** Bazrafkan, L., Saberfirozi, M., Dehbozorgian, M., Saber, M.  
**Institution:** Shiraz University of Medical Science  

Summary: Introduction: Considering the fact that real customers of health services are people/clients, this study was conducted to have a survey of the attitudes of Fars province. Community concerning physicians’ services, thereby taking positive actions in necessary alterations in medical education curricula. Methods: This is a descriptive study and the subjects comprise the receivers of health and treatment services. Based on the results of the pilot study, the final questionnaire was prepared. The validity of the contents of the questionnaire was assessed.
using the experts’ views and its reliability by test- pretest. The data were analyzed using spss statistical package. 

Findings: The results of this study reveal the distribution of diseases in the community, the relationship between people’s life style and diseases and the people’s attitudes toward educational, treatment and consultative services by physicians in Fars Province.

Discussion and Conclusion: The results of this study indicate that, The physician’s educational and consultative roles in medical education curricula must be reviewed and reinforced. Extensive education for the community as to health, and essential modifications in attitude and behavior in relation to health seem to be necessary.

Sex and the Surgery: Students’ attitudes and potential behaviour as they pass through a modern medical curriculum

Keywords: ethics education, outcome evaluation

Authors: Goldie, J, Schwartz L, Morrison J.

Institution: Glasgow University

Summary: Design: A cohort study of students entering Glasgow’s new medical curriculum. Methods: Students’ pre-and post-year 1, post-year 3 and post-year 5 responses to the “attractive patient” vignette of the EHCI were examined quantitatively and qualitatively. Analysis of students’ multi-choice answers enabled measurement of the movement towards professional consensus opinion. Analysis of written justifications helped determine whether their reasoning was consistent with professional consensus and enabled measurement of change in knowledge content and recognition of the values inherent in the vignette. Themes on students’ reasoning behind their decision to enter a relationship or not were also identified.

Results: There was no significant movement towards consensus found at any point in the curriculum. There was little improvement in students’ performance in terms of knowledge content and their abilities to recognise the values inherent in the vignette. In deciding to enter a relationship with the patient the most frequently used reasoning was that it could be justified if the patient changed doctor.

Conclusions: Teaching on the subject of sexual or improper relationships between doctors and patients, including former patients, requires to be made explicit. Case-based teaching would fit into the ethos of the problem-based, integrated medical curriculum.

Need assessment on family planning counseling skills in personnel of health centers Mashad, 2003

Keywords: counseling, skill, family planning

Authors: Khadizvadeh, T, Navaiian, A

Institution: School of Nursing and Midwifery

Summary: This study was conducted to determine the need of personnel of mother and child health units of health centers on counseling skills in Mashad, in year 2003. In this descriptive research, 100 sampled. Data about each person's counseling skills was gathered by observation through a session of counseling with a client. Data about demographic characteristics was gathered by interview. The mean of working experience years was 12±7.8 years. In 54% of observed cases, only the suggestion of one family planning method was happened. The performances of 62% of them in communication and greeting the clients, and performance of 18% in history taking and physical exam and asking client needs, was good. 74% of health workers introduced only 2 methods to clients, 54% of the clients made decision about the family planning methods by own and 28% asked for more counseling with their husbands. 46% of health workers had good performance in explaining the selected methods, 68% of them hadn’t any suggestion about additional visits on occurrence of side-effects of selected method. The client privacy was considered in 18% of cases and the mean of duration of counseling was 4 minutes. Family planning counseling satisfied 32% of clients.

Considering the importance of counseling in efficacy of family planning programs, a plan of instruction of family planning counseling skills to health workers is designed.

Todosvacunados.com

Keywords: Vaccination- Public Health Education- Immunization- Vaccine- Preventable Diseases

Authors: Álvarez Pasquín, MJ; Mayer Pujadas MA; Morató i Agustí ML; Gómez Marco JJ

Institution: ATICSS Asociación de las Tecnologías de Información y comunicación en Salud y Sociedad

Summary: Todosvacunados.com is site dedicated to general public and health professionals, which provides information and formation about the management and use of vaccines with truthful information, with criteria of quality, according to patterns of international reference. It is of educational type and has an eye-catching home page. It is located in Metges on Line, COMED (Barcelona). The AAP Committee on Infectious Diseases has noted that the success of the US immunization program during the past 50 years has produced the ironic situation in which some parents are becoming more fearful of vaccine adverse events than of the diseases they prevent. The popularity of the Internet has been cited as a factor responsible for the rising concern regarding vaccines among some parents. Though in Spain the antivaccines movements are not so stark (one of them in Catalonia), there are some people who have become same fears about immunization. The site provides different services. Current issues of vaccine shortages and safety are discussed. Information about immunizations from the Spain government and authorities is provided. It includes links to related organizations as well as many national and international sites, including official sites from different countries. It also contained information on travel vaccines. The site addresses recent issues of vaccine safety. There is also the option to have experts answer questions via e-mail. Todosvacunados.com should be useful to primary care practitioners to provide resources for their own education and information, as well as for their patients.

The comparative study on the planning and management of community oriented medical education in medical schools of Iran and the world

Keywords: community, medical school, education

Authors: Yadavar Nikravesh M, PhD; Jassbi A, PhD; Tabibi S J, PhD; Shams B, MD; Amin A, MD; Akbari M E, MD; Mahmoodi M, PhD; Biabangardi Z, PhD Nikravesh, M.

Institution: Iran University of Medical Sciences

Summary: Introduction: The last three decades revealed that traditional methods of teaching in medical sciences could not longer meet the demands of communities. This has led to most newer medical schools and many older ones to try and adapt to needs of the people move toward more community oriented medical education (COME) Objective. To determine and compare planning and management of COME in medical schools of Iran and the world.

Material and Methods: This was a comparative study .10 medical schools from 6 WHO regions and 12 medical schools from 3 main regions of Iran were randomly selected. Richards and Popy's questionnaires was modified and used for data gathering. EPI6 & SPSS software used for the analyzing data.
Results: There was a significant relationship (p<0.05) between medical curriculum of medical schools of Iran and the world in regard to: a) the emphasis of community orientation b) student's activities as part of medical education c) dominant teaching methods used.

Conclusion: changing medical curriculum to develop and implement COME in medical schools of Iran is recommended.

**The teaching of cultural diversity in medical schools in the UK and Eire**

**Keywords:** cultural diversity; undergraduate medical education  
**Authors:** Dogra N, Conning S, Gill P, Spencer J and Turner M  
**Institution:** University of Leicester  
Summary: There has been an increasing emphasis on teaching ‘cultural diversity’ in the medical undergraduate curriculum since the publication of Tomorrow's Doctors (General Medical Council, 1993 and 2002). However, there is little clarity about what is being taught under this heading, how it is being taught and received. Study objectives:  
1. To identify the extent to which ‘cultural diversity’ is being taught in medical schools in the UK and Eire.  
2. To compare staff and student perceptions about what is being taught.

Method: The use of a structured postal questionnaire with some open-ended questions sent to all UK and Irish medical schools to be completed by the head of medical education or an individual with responsibility for ‘cultural diversity’. The same questionnaire has also been sent to the BMA student representatives for each medical school in the UK. It has been suggested that those completing the questionnaire seek advice about completing the questionnaire or forward it if they are not best positioned to complete it.

Results: Response rate of staff 98.2% and students 92.3%. Teaching has been developed in this area but appears rather fragmented. Great deal of uncertainty about what makes up diversity teaching. The presentation compares the two models, in pedagogy and curricula in the teaching of ‘cultural diversity’ to medical students identified by the author as the ‘cultural expertise’ and ‘cultural sensibility’ models. Each model is characterised by distinctive positions with respect to educational philosophy and policy, the educational process, educational contents and assessment. The presentation compares the two models, in these areas.

“Cultural expertise” or “cultural sensibility”? A comparison of two ideal type models to teach “cultural diversity” to medical students  
**Keywords:** cultural diversity; educational models  
**Authors:** Dogra, N.  
**Institution:** University of Leicester  
Summary: This poster presents an overview of two contrasting ideal type models (using Weber's ideal type methodology) of pedagogy and curricula in the teaching of ‘cultural diversity’ to medical students identified by the author as the ‘cultural expertise’ and ‘cultural sensibility’ models. Each model is characterised by distinctive positions with respect to educational philosophy and policy, the educational process, educational contents and assessment. The presentation compares the two models, in these areas.

**Medical Education to insert physicians into the labour market (1994-2002)**

**Keywords:** Medical Education, Needs Assessment, Marketplace Demand, Unemployed Physicians, Impact, Outcomes.  
**Authors:** Ramos, A.  
**Institution:** College of Physicians of Barcelona  
Summary: Introduction: In the last decades a high number of physicians without speciality was graduated in Spain, who could not join the labour market, promoting unemployment and labour precariousness. The College of Physicians of Barcelona (CPB) carried out an initiative to palliate the situation among the involved members, by means of training oriented to their labour insertion.

Material and method: Between 1994 and 1995 the labour demands for physicians were analyzed (from The Employment Office of CPB and La Vanguardia newspaper). From 1996 to 2002, 10 courses were made (8 subsidized) and 171 students without previous training, unemployed or with labour precariousness participated in them. Between 3 and 6 months after finishing the courses a questionnaire was sent to them to know their situation. The impact (labour insertion) of the training intervention was studied with pre-post evaluation.

Results: The needs and the courses were mainly focused on the Monitoring of Clinical Trials (6 courses), Geriatrics (2), Pharmaceutical Marketing (1) and Management of Surgeries (1). From the 51 (63.3%) participants who answered the questionnaire, 52 (47.7%) labour insertions were obtained, being most of the inserted students (82.7%) in the Monitoring area. The 69.8% of labour insertions in this area were directly due to the training interventions.

Conclusions: The courses designed from the training needs, detected through the study of the labour demands for physicians, have shown to be a useful tool and a valid strategy to promote the professional development and the labour insertion of unemployed physicians or with a labour precarious situation.

**Developing empathy in medical students**

**Keywords:** empathy, medical education, medical humanities  
**Authors:** Jotkowitz, A., Kohen R, Fadlon J.  
**Institution:** Ben-Gurion University of the Negev  
Summary: Introduction: In our first year medical interviewing course developing our students sense of empathy is one of our curricular Objectives. We postulated that hearing patients, families and doctors talk about illness, rehabilitation and death might heighten our students sense of empathy.

Methods: Medical journals were reviewed for essays that dealt with aspects of the doctor-patient relationship. Essays were grouped by topic and distributed to the students at the beginning of the course. The essays were required reading before each two-hour session of the class and served as a springboard for discussion of that day’s topic. The Jefferson scale of attitudes toward physician empathy was given to the first year students at the completion of the course and to second year medical students at our school who did not receive the course. Results 86% (18/21) of the first year students and 73% (22/31) of the second years completed the survey. While there was no overall difference between the groups on the twenty question survey, the first year students had a trend towards a higher score on questions dealing with the importance of a patient’s personal experience, the importance of their personal lives, the role of emotion in medical illness, empathy as a clinical skill, the importance of the emotional status of the patient and the importance of a physicians ability to think like their patients. Discussion In this study we have demonstrated how to successfully introduce personal narratives into a medical interviewing course with positive results.

**Educación Médica 2004**
The effect of teaching on the Anxiety Level Among Patients Undergoing Cardiac Catheterization in The Catheterization Center

Keywords: Education, Anxiety, Patients, Cardiac Catheterization

Authors: Rahnama, S.

Institution: College of Nursing Midwifery

Summary: Introduction: This is a quasi experimental study to confirm the hypothesis that proper education is effective on the anxiety level of patients undergoing cardiac catheterization in the cardiac catheterization laboratory of Nemazee Hospital. Method: 79 patients with the participated and were divided randomly into either experimental or the control group with 40 and 39 subjects in each group, respectively. And also subject's level of anxiety was measured by Hamilton Anxiety Scale. After giving the required information which consisted of showing a 14 minute video tape and distributing booklets to the experimental group, the anxiety level was measured in both group at 3 different stages ie., before, during, and 15 minutes after doing the procedure. Accumulated scores of H.A.S. and 5 point Likert Scale were the scales of measurement, also T-test, chi-square and Pearson tests were used to confirm the reliability of the significance of differences.

Results: Similar response was found in both groups with different socio-demographic variables and emphasized the usefulness of giving relevant education to the patients. Difference of the level of anxiety on a day prior to doing the procedure and before starting the procedure confirmed the hypothesis.

Discussion: Necessary information prior to catheterization will diminish the pain after the procedure and a significant difference was found between the groups. Also a significant reduction in the anxiety level of the experimental group given the necessity education was noted.

Conclusion: Proper information to patients with audio-visual methods will diminish the anxiety level prior to doing cardiac catheterization.

Patient Reference Group – did it make a difference?

Keywords: patient involvement; user involvement; GP appraisal

Authors: Caron Walker, Rachel Adams, Di Jelley, Jan Illing, Tim van Zuylenberg

Institution: North Tyneside Primary Care Trust

Summary: Background: The NHS Plan for England and Patient and Public Involvement in the new NHS calls for greater public involvement. For research this means involving the public as active participants rather than subjects.

Study Aims: In a research study looking at GP appraisal, a Patient Reference Group was established to inform the direction of the study, with the aims of:

• providing a patient perspective to the study;
• inform the questions to be explored with GPs about appraisal;
• provide patient feedback on the issues raised within the study.

Methodology: 8 patients were recruited from local voluntary organisations working with patients. The first session provided information on appraisal and members raised general concerns and issues relating to GP performance. The second session involved members formulating questions through discussion in smaller groups. A third session will be held towards the end of the study, to incorporate members' input to the final report.

Points of interest: Although initially some research team members were unsure about the practicalities and value of a Reference Group - given patients' likely lack of knowledge around GP appraisal - the benefit of such an approach had a significant impact on our subsequent approach to the study. Data from the Reference Group allowed us to identify the essence of the project from the perspective of group members, in particular the influences around internal and external appraisals. Members also placed importance on the relationship between the appraiser and appraisee, the appraisal setting and the appraisal process itself.

Overseas doctors’ expectations and experiences of training and practice in the UK

Keywords: International medical graduates; UK training

Authors: Grant, J.; Helen Jones; Sue Kilminster; Morag Macdonald; Mairead Mastert; Brenda Nathanson; Heather Owen

Institution: Open University Centre for Education in Medicine

Summary: Objectives Overseas doctors have always been an important sector in the UK NHS workforce and postgraduate training programmes. The study, commissioned by the Department of Health, was designed to:

- Describe and explain non-EEA overseas doctors’ expectations and experiences of training in the UK.
- Compare these with UK and EEA doctors
- Make recommendations for improvements.

Design The project consisted of 5 stages

1. Literature search
2. Interviews with the four key sub-groups of doctors at different stages of training
3. Interviews with those with special interests in overseas doctors in training
4. A national survey
5. Recommendations for a career guidance framework

Results. Overseas doctors’ overall training experiences do seem to be less satisfactory than those of UK doctors. However, in some aspects overseas doctors are more satisfied than their UK counterparts [study leave, post induction, objectives setting, feedback on performance, supervision, teaching away from the patient, clinical experience, approachability of seniors, satisfaction with current post, assessment], and sometimes non-EEA doctors are the most satisfied of all. Areas in which overseas doctors are currently particularly disadvantaged concern information, seeking and applying for posts, gaining appropriate specialty training [and qualifications], the PLAB exam, language, culture and induction, discrimination and racism, and career planning [staying or leaving]. These require special responses to maintain the reputation of UK medical training and to ensure that overseas doctors benefit fully.

Child massage experience and its repercussion in the family context

Keywords: None

Authors: De la Hoz Caballero, M.; Rivera Ferraz, Maribel

Institution: Servei Catala de la Salut

Summary: Introduction Child massage is an ancient tradition used by civilizations found in Africa or India, among others. It was rediscovered and introduced in Western countries in the year 1973 by Doctor Vimala Schneider. Massage promotes physically, psychologically and emotionally balanced state of body and mind to babies as well as to parents. It creates a strong family union, enabling work on jealousy in elder brothers/sisters, for instance. This was the main reason why we implemented the massage practice in our local centre.

Objectives To establish a link between the baby and the family.

To ease colic pains which appear in babies.

To supply skills related to family health and to diminish the anxiety level.
Development. We trained 2 groups per week: 8 to 10 parents/babies; 6 sessions of 120 minutes. 4 different techniques: Hindu tradition, Swedish methodology, feet reflexology and relaxation with some stretching exercises. Place: An educational classroom in the sanitary centre. Material: Mats, cushions, oils, music and an informative dossier, which had an initial and a final evaluation test (Goldberg’s Test) which checked the anxiety level, the satisfaction with the course and with the written information provided.

Conclusions: Courses were implemented openly from October to June. The family anxiety level was brought down (in 72%) and mothers increased their self-esteem (in 93%). Quick ease of colic pain and constipation in babies.

**Relaxation and Physical Exercise Workshop:**

**A Healthier Way of Life**

**Keywords:** None

**Authors:** De la Hoz Caballero, M.; Rivera Ferraz, Maribel

**Institution:** Servei Català de la Salut

Summary: In our society, sedentary and inadequate nutritional habits, as well as associated pathologies have increased the anxiety level in people. Only 33% of Catalan citizens do physical exercise frequently. Women have more difficulties than men dedicating 30 minutes a week to physical exercise, according to the The Catalan Society of Family and Community Health. The 2003 year survey on Health in Catalonia showed that 12.2% of adults had symptoms of anxiety. All these facts made us consider the need of organising a workshop on relaxation and physical exercise, as a basic tool to improve people’s quality of life. Objectives: To supply skills to enable people to deal with stressful situations. To learn to increase body flexibility and to reduce muscular tension.

Methodology: A study carried out on people who attended GP’s Surgeries, the three Nursery basic areas and the Sexual Psychology Program. Inclusion criteria: People with anxiety problems and/or with other associated pathologies. Exclusion criteria: People with high physical or psychological invalidity. Variables: Age, sex, attendance and satisfaction degree with the workshop.

Measurement: Survey about the satisfaction with the workshop and Goldberg’s test.

Structure: Homogeneous aged people’s groups, from 30 to 75 years old. Duration: 3 months, one hour per week. Techniques: Methods as Jacobson, Schultz, Caycedo, physical exercises and consciousness’ respiration, dynamic group games, auto massage exercises, meditation and visualization.

Results: In 2003, 148 people took part in the workshop (89% were women). Age average: 53.9 years old. 79% of the participants attended all the workshop sessions. 76% of them were very satisfied with the workshop. 64% of them noticed that their anxiety level decreased in the same centre. 46% of them felt less depressed, and that was reflected in their guideline medication.

Conclusion: The degree of anxiety decreased significantly. The participants in the workshop were highly satisfied with its development. The workshop was implemented in the sanitary centre.

**The New Consultant Entry Scheme - converting SpRs to Consultants in the UK**

**Keywords:** new consultants, personal development, educational support

**Authors:** Duff, H., French-Wollen, L., Grout, C. and Shelly, M.

**Institution:** North Western Deanery, Greater Manchester Strategic Health Authority and Cumbria and Lancashire Strategic Health Authority

Summary: Hundreds of consultant posts lie vacant in the UK, around 130 of these in the North West alone at present. The New Consultant Entry Scheme (NCES) a joint initiative between the Department of Health, NHS Professionals, Postgraduate Deaneries and Strategic Health Authorities attempts to match these vacancies to qualified doctors for 6 months in the first instance. The North Western Deanery, Greater Manchester Strategic Health Authority and Cumbria and Lancashire Strategic Health Authority were among the early implementors of NCES during 2003 and early 2004 and found it to offer many benefits to both NHS Trust and doctor. Traditionally, little support is offered to new consultants in their first post. Anecdote suggests that it is often the non-clinical areas of work where doctors may have the most difficulty making the transition from trainee to consultant, for example management skills. A major feature of the NCES is that educational support is offered to the new consultants for the first time. This package includes a designated mentor and two protected planned activities a week as part of a personal development plan agreed with the Deanery following appointment to the scheme. This piece of work will focus on the challenges to the Deanery of providing this new support to consultants and the difference that educational back-up like this will make to consultants on the scheme. We will evaluate the benefit to the new consultants by means of a short assessment tool administered both before and during their six month appointment.

**Internet and patient’s information needs**

**Keywords:** Internet, information, patient, knowledge

**Authors:** Blanc-Arjat, S and Jovell A. J.

**Institution:** Fundació Biblioteca Josep Laporte

Summary: Rising educational standards and the information revolution have led to the emergence of a more informed user, keen to be more involved in decisions about treatment. The Observatory of Women & Health (www.obsym.org) has been designed to cover the informative needs of the female population that wishes to get relevant quality information structured in four basic subjects: social issues, health information divided in fourteen clinical areas, patient’s associations and services aimed at helping interaction. OBSYM also carries out specific research studies, such as an information analysis survey, a Spanish women’s associations map and a bibliometric study in health and women research. Webpacientes (www.webpacientes.org) has specific contents for patients based on the spirit of the Declaration of Barcelona (2) and structured in several thematic areas, such as needs for information of the patients, communication and relationship between patient & physician, accessibility of the patient to the sanitary assistance, participation of patients in the sanitary policies and patient’s rights.

OBSYM and Webpacientes has created their own je-journals RESYM (e-journal of Women & Health) and e-patients. Clikasalud (www.clikasalud.com) is an initiative promoted by AGBAR & ADESLAS destined to encourage a healthy behaviour in the teenage population through the access to an innovative information, which facilitates the choice of a healthy way of life. The results (Table 1) show an audience interested in receiving quality information and gaining access to reliable health resources. The consequence has been the creation of a virtual community that uses the sites as an information and knowledge platform.


<table>
<thead>
<tr>
<th>OBSYM</th>
<th>WEBPACIENTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2002 - February 2004</td>
<td>December - February 2004</td>
</tr>
<tr>
<td>Visits</td>
<td>113,504</td>
</tr>
<tr>
<td>Users</td>
<td>99,327</td>
</tr>
<tr>
<td>Hits</td>
<td>3,965,262</td>
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<tr>
<td>Downloaded files</td>
<td>64,112</td>
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<td>Subscriptions</td>
<td>3,315</td>
</tr>
</tbody>
</table>

Table 1: Web reports for OBSYM and Webpacientes.
Focus Group on Strategies for Introducing Community Medicine (CM) in Undergraduate Medical Education in Catalunya

Keywords: focus group, community medicine, undergraduate
Authors: Miller R, Váteta M, Martín C, Basora J.
Institution: Working Group in CM Training (WG), Institute for Health Studies of the Catalan Government (IES), Institut Catala Salut, Universidad Autónoma de Barcelona.

Summary: Context: The IES formed the WG in 2003 to encourage CM in medical education in Catalonia. In 2003 the WG's subgroup in undergraduate medical education held a focus group with primary care educators to query them on the obstacles and facilitative elements in introducing CM into the curriculum.

Methods: One focus group, 2 hours long, with 5 Associate Professors in primary care, representing the 4 medical schools in Catalonia, and a professional moderator. The session was audio-taped, transcribed, and then analyzed. Data was presented in a CM conference which followed. Findings: Obstacles for introducing CM included the low prestige of family doctors, undervaluation of CM on the national exams and school credit systems, lack of resources, little exposure to primary care in general, few examples of CM in practice, a high need for volunteering, and resistance to change. Opportunities for introducing CM included that CM helps distinguish FP's, students and the profession.

Conclusions: Establishing early student contact with patients and community groups outside of the hospital would be impor-
Socio-economic status of the patient and doctor-patient communication: does it make a difference?

**Keywords:** socioeconomic health differences, physician-patient communication, communication training

**Authors:** De Maesschalck S., Willems S., Deveugele M., Derese A., De Maeseneer J.

**Institution:** University of Ghent

Summary: In a systematic review we explored the relation between patients’ socio-economic status and doctor-patient communication. Results reveal that patients from lower social classes receive less positive socio-emotional utterances and a less participatory consulting style, characterised by significantly less information giving, less directions and less socio-emotional and partnership building utterances from their doctor. Doctors’ communicative style is influenced by patients’ communication: patients from higher social classes communicate more actively and show more affective expressiveness, eliciting more information from their doctor. Patients from lower social classes are often disadvantaged because of the doctor’s misperception of their desire and need for information and their low ability to take part in the care process. These differences add to the already existing boundaries to health care utilisation by patients from lower SES. Physicians need to become aware of the existing differences in consulting with patients from lower social classes as well as of the underlying causes. Communication skills and attitudes training can be an important tool to improve these defaults. In the new medical curriculum we focus on socioeconomic health differences (SEHD) in the first and the third year during the “Health and Society” blocks: tutorials, interactive classes, workshops and a COPC (Community Oriented Primary Care) week in which students work actively to raise questions and find answers about SEHD.

Wastage in Medical, Dentistry and Pharmaceutics’ students in Mashhad University of Medical Sciences

**Keywords:** Wastage, Dentistry, Pharmaceutic, learning, education

**Authors:** Dr. Akbar Drakhshan, Talat Khadizvadeh

**Institution:** Mashhad University of Medical Sciences

Summary: Introduction: Wastage is one of the major issues of any educational system including medical education. Wastage rate index is in relation with education system efficiency and must be considered in each program of educational development. In this study the wastage rate index and its’ types were explored in medical, dentistry and pharmaceutics’ students, entered to university in 1992-1994. Methods: In this descripto-analytic study data regarding the academic failures, dropping out, dispensing, abandonment, and personal characteristics was gathered by concise reviewing of educational dossiers. Findings: 414 medical, 137 dentistry and 135 pharmaceutics’ students were entered to the university between the years 1992-1994. The rate of expelling, dispensing and being conditionally accepted are shown in table 1. Table 2 shows the frequency of episodes of failing 24.06% of cases had been conditionally accepted at least one time in their academic life which highest rate was accrued in earliest years of academic period. All types of wastages were more common in male students (p=0.000). Quota (p=0.000), sex (p=0.000) and diploma points averages (p=0.000) were in high relation to all types of wastage. Conclusion: The rate of failures, dropping out, dispensing and abandonment, were low in this study in comparison with previous studies on other disciplines. The most common risk factors for student wastage were diploma point average, quota and sex and most of failures were happened in basic sciences courses.

Assessing the needs and educational methods for general surgeons from participants viewpoints

**Keywords:** Needs Assessment, General Surgeon, CME

**Authors:** Shirazi, M.

**Institution:** Tehran University of Medical Sciences

Summary: Introduction: In educational processes there is always direct contact and interaction between provider and user, and the quality of service/teaching and learning is partly determined by this interaction. One of the biggest challenges for continuing medical education (CME) providers is to plan CME activities that are innovative in educational design and format. At the same time, we must keep in mind the needs of the target population by conducting needs assessments and surveys periodically. These factors will eventually aid providers in assessing the outcome of specific CME activities.

Purpose: Determining the educational priorities and effective educational methods for General Surgeons with respect to their views and which selected topics would interest them most

Method: A cross-sectional method was used. The Surgeons filled out valid and reliable auto run questionnaires during the planned programs and on receiving their temporary or final certificates, the data were collected. The SPSS computer program is used for the data analysis and p value was less than 0.05.

Results: 143 surgeons filled out questionnaires. Their average age was 56.4 years (SD=11.2) with an average of 24 years (SD=11.9) work experience. The dominant gender was male with a number of 135 (94.4%). The most important educational needs based on the priorities in the questionnaire ranked were new method (22.4%), requested educational method was lectures accompanied by video (57.3%). The most appropriate continuing medical educational (CME) method was planned programs (38.3%).

Conclusion: The surgeons’ educational needs (topics) were closely related to their work place. Lecture accompanied with question and answer was determined as their requested educational method. This preference could be derived from the lack of knowledge about other educational methods. So it was recommended to focus on other educational methods, regarding the introduction and use of them in future CME programs.

Recommendations of the Canadian Taskforce on IMG Licensure

**Keywords:** International Medical Graduates; physician resources; equity; social accountability; Canada

**Authors:** Cratcher, R. *1; Dauphinee, D. *2

**Institution:** University of Calgary *1; Medical Council of Canada *2

Summary: Physicians are global resource, broadly acknowledged to be in short supply. In spite of such shortages, it is ironic that in some jurisdictions - including Canada – there are physicians who are unemployed or underemployed. In Canada, the number of such physicians is not known, but is estimated to be in the thousands. Although licensed IMGs constitute 23% of the current Canadian physician workforce, many other IMGs resident in Canada have been unable to obtain licensure. Within this context, ‘Integrating IMGs into the Canadian physician workforce’ was a challenge issued to attendees at the 2002 Association of Canadian Medical Colleges meeting. In response to this challenge the Canadian Taskforce on International Medical Graduate Licensure was created. The mandate of this taskforce was to develop recommendations for the Conference of Deputy Ministers regarding the integration of qualified IMGs into physician supply in Canada. The taskforce has concluded it’s work. The recommendations have received broad support. In this poster we outline taskforce recommendations and highlight an implementation plan. We will summarize progress made to June
2004 in stakeholder implementation of taskforce recommendations. We will prioritize current challenges in addressing societal needs and social accountability in an IMG context. Dialogue with conference attendees is invited.

**Teaching musculo-skeletal medicine to doctors in training for primary care**

**Keywords:** Musculo-skeletal medicine, training, primary care

**Authors:** Dunbar, A.

**Institution:** Leeds University School of Medicine

Summary: Musculo-skeletal problems are common and increasing in primary care as a consequence of the aging, sedentary population. UK medical schools appear to be allocating less curricular time to this area of the curriculum. The result is that doctors arrive in primary care lacking the knowledge skills and experience to deal with common musculo-skeletal problems. To address this deficiency we are using the skills of physiotherapists, osteopaths, chiropractors and podiatrists in the training of GP registrars.

**Post Shipman - the role of public in health professionals’ education**

**Keywords:** Shipman, Medical Practitioner, Cause of Death, Restore Confidence

**Authors:** Prof M Memon*, David Brigden, Prof R Gupta, Mr M A Memon *Preston PCT-NHS, Bolton Institute, University of Central Lancashire, UK

**Institution:** Correspondence Professor M Memon, Preston Primary Care NHS Trust Preston Business Centre Watling Street Road Preston PR2 8DY - England email: jayne.a.dixon@prestonpct.nhs.uk

Summary: Post Shipman – the role of public in health professionals’ education In the aftermath of Shipman saga the medical profession has come under the magnifying lens of the lay people and press. Dame Janet’s inquiry into this matter will lead to new professionals’ education. The result is that doctors arrive in primary care lacking the knowledge skills and experience to deal with common musculo-skeletal problems. To address this deficiency we are using the skills of physiotherapists, osteopaths, chiropractors and podiatrists in the training of GP registrars.

**Pre-Course Attitudes Towards a Marginalized Population**

**Keywords:** homosexuality, HIV/AIDS, sexual medicine, homophobia, sexual orientation

**Authors:** Bonzo, J.

**Institution:** University of British Columbia

Summary: The purpose of this study was to establish whether homophobia (homophobic attitude) was present in a sample of the first-year medical and dental students prior to beginning a course on Sexual Medicine. A questionnaire consisting of questions related to students’ demographics (age, gender, race, religion), sexual activity and orientation, attitudes towards homosexuality, and experience working with HIV/AIDS patients was administered to a sample of first-year medical and dental students prior to the Sexual Medicine course introduction. A composite index of the questions was used to determine an overall homophobia score. In order to assess the degree of homophobia, the results were compared with similar surveys from other medical schools. Based on the analysis, recommendations were made on how to address homophobia in medical education and improve methods of teaching about homosexuality in medical school.

**Improving palliative decision making of internists**

**Keywords:** palliative care, heart failure, educational activities

**Authors:** David Chivite, Francesca Formiga, Ramon Pujol.

**Institution:** Associació Catalana d’Educació Mèdica

Summary: Background: Patients admitted to internal medicine wards are progressively elderly and chronically ill. Heart failure is the first DRG in most of internal medicine departments in Spain. A specific training in palliative care is not included in the postgraduate training program of internal medicine. Educational interventions addressed to better manage end-of-life decisions should improve palliative decision making.

Methods: Review of 118 consecutive chart records of patients dying from heart failure in an internal medicine department of a tertiary teaching hospital was checked up looking for specific notes about 1) Do not resuscitate orders, 2) Gradation of therapeutic maneuvers, 3) Information to relatives, 4) Total withdrawal of supportive therapy and 5) Provision of palliative care. Later on, during a period of three months, two specific educational meetings and some palliative comments made at the meeting rounds were implemented. Six months later a second assessment was done in 90 consecutive patients dying of heart failure. Both samples were analysed following student-t and chi-square tests.

Results: Comparison between before vs. after educational activities: DNR orders (32% vs. 36%, p=0.02); Gradation of therapy (10% vs. 25%, p=0.003); Information to relatives (25% vs. 46%, p=0.004); Supportive withdrawal (16% vs. 34%, p=0.01); Palliative care (22% vs. 56%, p=0.0005). Conclusions: A specific training in palliative decision making at the end-of-life is able to improve the competency of internists.

“*A healthy ageing*” workshops.

An educational intervention proposal directed towards the elderly

**Keywords:** healthy ageing workshops

**Authors:** Casas Baroy JC*, Terricabras M**, Bonafont Castillo A*, Datzira M*, Rusiñol Rodríquez J*, Vidal M.

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**Area Bàsica de Salut de Sant Hipòlit de Voltregà.

Summary: Goal: To design an educational intervention proposal that target the most important problems that affect the quality of life of the elderly.
A novel ambulatory medicine course, integrating specialty clinic and family practice

Keywords: ambulatory care, family medicine
Authors: Muehlstaedt, M.; Genzel-Boroczscény, O.; Christ, F.
Institution: Ludwig-Maximilian University Munich

Summary: In the past nearly all of the student-patient contact centered on the in-patient departments, however today's patient care is mainly conducted in outpatient setups. Taking this into account the University of Munich developed a compulsory two year ambulatory medicine course. It includes visits to specialty walk-in clinics and a continuous attachment to a general practitioner's office for the entire 2 years. These outpatient visits are enriched by seminars and lectures. In a seminar series each student will present two patients each semester, one from the GP's office and one from the specialty clinics, in a standardized way. This allows fellow students to experience the patients in a three-step mode simulating real-life: 1) history of present illness, 2) physical exam & diagnostic tests and 3) diagnosis & treatment options. Each step is separated from the next by a group discussion led by the presenting student as tutor. The discussion focuses on necessary diagnostic tests and on possible diagnoses based upon the facts that have been revealed at that point. Finally, to introduce evidence-based medicine, the presenting student will critically present a recent publication concerning one aspect of the patients' diagnosis or therapy. In addition, lectures or seminars may cover subjects such as legal aspects, red flags, or common differential diagnoses in general medicine. The aim of the course is to teach the students to develop differential diagnosis within a short time frame utilizing diagnostically and economically reasonable means suitable for ambulatory care and to outline a therapeutic plan.

Developing a partnership to improve the health of the community

Keywords: Health Promotion, Ethnic Health
Authors: Gupta, R.; Brigden, D.; Memon, I.; Gupta, A.
Institution: Lancashire Teaching Hospitals NHS Trust and Bolton Institute

Summary: Preventative medicine remains an important aspect of health care delivery reducing morbidity and mortality within the community. Health education of the general public empowers them to make informed decisions about their health. Certain diseases such as hypertension, stroke, Diabetes Mellitus, coronary artery disease and renal failure are more prevalent in south east Asian communities. These diseases are potential killers yet to a great extent are preventable. Access to health services both within the primary and secondary sector is lower than expected by this ethnic group as is the uptake of other preventative measures such as smoking cessation, vaccinations, family planning and cervical cytology clinics. A Health Users Forum was formed to improve health awareness and develop partnerships amongst the public, health commissioners and providers with some of the following aims:
1. Ensure that services are developed and organised in a user friendly manner.
2. To encourage a greater and appropriate use of health care services.
3. To develop partnership between the Health Care Users, Providers and Social Services.
4. Raise the general health of the South Asian communities by empowering them to adopt healthy living life styles.
5. To understand the importance of non medical environmental factors which affect health.
6. To provide comments on policy and strategies impacting the health of South Asian Communities.
This paper will discuss the formation and function of a health users forum and how to develop partnerships between health care sectors and the community.

**Evaluation of the educational workshops**

**“A healthy ageing”. The users perspective**

**Keywords:** educational workshops, evaluation

**Authors:** Isern Farrés O*, Casas Baroy JC*, Terricabras M, Montoriol J

**Institution:** Universitat de Vic

Summary: A health education program has been implemented, with 15 elderly women from Sant Hipolit de Voltregà (Barcelona) area, between April and July 2005. Which are those features that will determine guidelines, to ameliorate the design of interventions with the elder population as target? What has been our contribution to the quality of life of these people?

Goal. To identify what are those meaningful elements to evaluate the impact of the educational program.

Methodology. An open individual interview with the participants developed 6 months after having finished the workshops.

Results. It is evident that the participants have learnt how to identify the problems that they have and they learnt new resources to deal with them. The knowledge arises in the teachers and in the group itself. The acquisition of new habits is detected, they have incorporated them into their lives and they have transferred them to their families too. The most useful workshops have been those that dealt with their concrete problems. The satisfaction was very high. The explanations were simple or superficial. The materials to be taken away, nor triptych, or videos. They asked for all the population to have access to the workshops. The CAP is an ideal and strategic place to develop the workshops. The duration of the workshops, ninety minutes, is considered to be ideal.

Conclusions. The evaluation method has to be an individual interview developed some months after the workshops. The classic evaluation methods are not pertinent. The benefits of the educational programs are evidenced. It is necessary to make them extensive to all the population in the context of the health primary attention. The professionals must develop skills and tools for the Health Education.

**Public health medical doctor: academic perceptions vs daily practice**

**Keywords:** Public Health; Curricula Medical Faculties.

**Authors:** Fonte, R. and Prudencio, C.

**Institution:** Escola Superior de Tecnologia da Saúde do Porto

Summary: Using as a reference the area of Communitarian Health, it is intended, more than to simply suggest solutions for the impact of the educational program.

Academic preparation and the real practice in the public health domain. To this extent, the main question of this paper is enunciated: What is the connection between the academic curricula in pre and post graduation of the public health domain and the daily tasks attributed to the public health doctor? The myriad of phenomena with which every doctor will, unavoidably, come across in their relationship with the community, should be taken into account as one of the emerging concerns in their formation. Students should learn early on how to face health as a result of promotional actions, prevention, maintenance and recovery, therefore developing the ethical conscience of their role as responsible citizens. Firstly, some extracts of official documentation (W.H.O.) and Portuguese legislation concerning the profile and mission outlined for a public health doctor were analyzed, and the respective frameworks in a conceptual theoretical way were sketched. Secondly, the constitution of the public health curricula in pre and post graduation of two medical faculties in Porto, and their relationship with the public health doctors’ practice of that region were concretely pointed out. Finally, epidemiological data of the more prevalent pathologies in the region with the curricula of the pre and post graduate formation that aim to prepare future professionals in the area were compared.

**Medical Students Attitude Towards Culture and it’s Teaching: A Canadian Perspective**

**Keywords:** culture, diversity, health, teaching

**Authors:** Clarke, M.

**Institution:** Queen’s University

Summary: The Canadian population is becoming increasingly more culturally diverse. The 2001 Census revealed that visible minorities constituted 13.4% of the population while 17.2% of the population reported a mother tongue other than English or French. In this multicultural environment, both patients and health care providers may be from different cultures, traditions, and languages. These differences may cause barriers to effective health care and result in significant health disparities. The Canada Health Act (1984) states that all Canadians have the right to health care that is accessible, equitable and comprehensive. Culture is identified as an important health determinant. In this multicultural society, Medical Schools are challenged to ensure that the education of future physicians prepares them to work with diverse populations and provide culturally effective care. The teaching of cultural diversity and its impact on health care must therefore be an integral part of the undergraduate medical curriculum. A recent review of Canadian medical schools reveals that this has not yet been achieved. At Queen’s University, Ontario, we are beginning the process of developing a curriculum for teaching culture and diversity in the undergraduate years. Preliminary steps include a review of existing diversity curricula in the UK and the United States, and a survey of the attitudes of first year medical students towards culture and it’s teaching. We will report on the results of the surveys and the survey, and discuss options for the planned curriculum.

**Medical Students' Attitudes about Research as a Career**

**Keywords:** Research Careers, Medical Students

**Authors:** Hodgson, CS and Wiener-Kronish, J

**Institution:** Univ. of Calif., San Francisco

Summary: Background Investigations have shown a decrease in the number of physicians entering research careers. Methods First-year students (class of 2006) were invited to participate in the study. Volunteers were given an informed consent and a questionnaire (time 1). Students completed a similar survey at the beginning of their second year (time 2). Permission to conduct the study was approved by the institutional review board. An ANOVA was completed with the “positive research attitudes” scale at time 2 as the outcome and pre-med research experience, med school research experience, and intention to become a physician researcher as independent variables, with “positive research attitudes” at time 1 as the covariate. Relationships between gender, ethnicity, and debt to research attitudes were tested with chi-square tests. Results Students’ attitudes about physician research careers did not change between their first year of medical school and the beginning of their second year even though 46% of respondents did complete a research summer project and 13% completed an elective on research during their first year. Of those students who completed a summer research project 27% indicated that they...
“strongly disagreed” or “disagreed” with “My summer research experience increased my interest in pursuing research as a career.” Their interest may have stayed the same or decreased. ANOVA results indicated only time 1 “positive attitudes” were significant. Gender, ethnicity, and debt were not related to attitudes. Discussion. Some students have misconceptions about physician research careers. Students’ attitudes do not change as a result of research or curricular experience.

Health Care System and Economical Challenges - A One Week Module at the Reformed Curriculum Track at the Charité, Berlin

Keywords: undergraduate medical education, health care system, problem-based learning
Authors: Kessler, Claudia; Rolle, Dagmar; Selin, Dagmar; Ungerer, Hendrike
Institution: Reformstudeng Medizin
Summary: Background: Medical students need to know and reflect on the many external influences - including political and economic - on medical practice to deal with future developments and changes within the health service. Therefore, a one-week module in the ninth semester of a fully integrated, problem-based undergraduate medical curriculum was allocated to the topic “Principles of the Health Care System - Analysis and Current Solutions for Economical Problems”. Teaching and learning methods: Paper cases in the problem-based learning (PBL) process are normally based on patients’ histories. This approach has some disadvantages for topics such as economics and health politics because they focus on a population-related perspective which is difficult to highlight within patient-based paper cases. Hence, students’ central task in the PBL process for the described module was to analyse political party platforms about health care issues. Students identified, analysed and discussed stated bottlenecks in financing and recommended solutions. Each small group had to handle a different party platform from the main political parties in Germany. To support students’ enquiry, courses were provided about principles of the health care system, specific aspects like financing and regulations, and international comparisons. At the end of the week, students presented their results to their fellow students and experts. Evaluation and consequences: Students’ presentations were elaborated and illustrative. Closing discussion and course evaluation showed that teachers and most of the students appreciated the format of the module. Therefore, it will be repeated in the future. Format and objectives of the module as well as results of the course evaluation will be presented.

An Introduction to Medical Studies and First Aid: Strengthening first year medical students’ vocation

Keywords: Medical studies, First Aid
Authors: Altamirano Valencia, P; Santander, Gema, Salem, Cristian; Podestá, Loreto, Yilorm, Yasna
Institution: Medical School, Universidad austral de Chile
Summary: This course introduces first year medical students to the practice of Medicine through integrating models and problem solving. Moreover, they are taught theoretical and practical first aid subjects as a response to the necessity of making students know and appreciate the doctor’s job. By the ending of this course, students will be acquainted with basic skills regarding doctors and patients’ relationship, group work, medical literature reading, basic and applied research. They will also be able to develop self-handled learning abilities, problem solving and diagnosis reasoning. In the same way, they will be trained to deal with first-aid basic procedures. Methodologically speaking, the course is divided into two groups of twenty-eight students each. These classes are taught at the same time but while a group attends the Introduction to Medical Studies Module the other one does the first aid Module during 8 weeks and then they exchange modules for other eight weeks. We can point out that the contents of both modules use modern methodologies that help students with their self-learning process and necessary information search. (See Modules Table of Contents) The evaluation includes a Quiz before the class, cumulative evaluations once the Modules are over and a final oral exam, thus obtaining a global grade. The students have graded this course with a 6.5 (scale from 1 to 7). Some positive and outstanding experiences are: the early contact with medical lexicons, with clinic doctors, the chance to interact with patients and the possibility to early acquire the necessary skills to deal with first aid in their career. This helps students to identify themselves with the field of Medicine, achieving this way entirely the objectives for which this subject was intended.

Service learning through community based research

Keywords: service learning, community based, research, partnership
Authors: Couper, I.
Institution: University of the Witwatersrand
Summary: As part of the new Graduate Entry Medical Programme at the University of the Witwatersrand, Johannesburg, students in the first two of the four years of study are required to do 12 half day and 4 full day community site visits, interspersed between PBL-based activities. These site visits are designed to highlight a number of important aspects especially around the community doctor, patient doctor and personal and professional development themes which are threads through the curriculum. All the site visits focus on experience and activity, rather than simply visiting. One of the 4 rural sites is a district based research centre located about 110 km from the medical school. Students visiting this site are introduced to basic concepts around community based research and then have an opportunity to be involved in data collection, together with volunteers from the community, as part of an ongoing research project. The project is a community based survey on knowledge of and attitudes to HIV/AIDS. Data from the project is fed back to the students. Significantly, this research was requested by the local clinic, and has the full support of the local government structure in the village where the survey is being conducted. This programme is not only a good example of service learning but also an exciting model of partnership between an academic institution, an independent research centre, the local health service, and the local community.

Preparing to Care for the School Aged in their Community: School Based Health Clinics

Keywords: school-based health; community health; curriculum development; pediatrics
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Institution: 1 New York University School of Medicine
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4 New York University Division of Nursing
Summary: School-based health centers (SBHCs) provide comprehensive primary health care to children who might not otherwise have access and improve health outcomes. In addition to nurse practitioners and physicians, SBHC staff often includes dental and mental-health providers. Despite the obvious advantages of this unique environment for children and their families, medical stu-
dentists and residents are not formally prepared for this type of practice. At New York University School of Medicine, using a systematic needs based approach, we developed and implemented such a curriculum. We formed a multidisciplinary steering committee consisting of physicians, dentists, and a school nurse practitioner. Resulting from a targeted needs assessment, we identified the following eight core competencies for School Based practice: Health Care Delivery Systems; Advocacy; Health Assessment, Risk Reduction, and Health Promotion; School Health and Education; Legal & Ethical Issues; Oral Health; Interdisciplinary Practice, and Cross Cultural Competence. Goals, objectives, and learning materials for each competency were developed for all levels of learners. First and second year students are exposed to SBHC curriculum through lectures, small group seminars and workshops. Pediatric clerkship students participate in a half-day patient care session at a SBHC. Pediatric residents are exposed to SBHC care through rotations during their adolescent medicine block. All trainees are evaluated through pre and post testing of knowledge and attitudes, and complete satisfaction surveys about their experience. The same evaluation tools are used across all levels of medical trainees, as the targeted knowledge and attitudes are unrelated to clinical skills. Educational effectiveness data will be presented.