

# Research in Medical Education

Since the beginning of the medical profession, physicians have played an educating role. Besides healing the patients, future physicians need to be taught an expert, a professional. However, medical education as a discipline is relatively young. The first medical education unit was created at the beginning of the 60s by George Miller in Buffalo, New York. Others were created thereafter in different medical schools in the US and in other English-speaking countries.

Since several procedures were needed to obtain the license for professional practice and its posterior validation (certification process), investigators focused their attention on the field of evaluation.

Although in the last few years the number of publications in medical education has remarkably increased, research in this field lacks its own theories and its own specialized methodology. Experts miss a common concept and taxonomy, which allow well reasoned and organized evidences to be presented. On the other hand, conclusions from rigorous studies performed by specialized investigators are not helpful to solve educational problems in practice. We face a paradox, which Cees van der Vleuten describes as follows:

*Whereas evidence is the key to guide scientists in the development of their discipline, evidence on teaching and learning hardly affects their role as teachers. Teaching is, rather, dominated by intuition and tradition (Fig. 1 in front page)*

In 1999 the BEME collaboration was created. BEME stands for Best Evidence Medical Education, which is defined as the implementation, by medical teachers and related institutions, of the educational methods and approaches on the basis of the best evidence available. One of its objectives is the production of appropriate systematic reviews on medical education (for further information, see <http://www.bemecolaboration.org>).

Simultaneously the Campbell collaboration was created to promote accurate scientific research in the field of medical education. The Campbell has set limits on methodology and will only consider experimental and quasi-experimental designs at least for the first few years. The Campbell protocol has now been formally approved and can be found in <http://campbell.gse.upenn.edu>

In Spain progresses are being made towards the professionalization of medical education. A Medical Education Unit in the Faculty of Medicine at the University of Albacete has already been created. There is also a review group on the use of feedback in evaluation linked to the BEME collaboration, related to IES (Barcelona). In addition, the Instituto de Salud Carlos III (Spanish public institution in health) is showing a positive approach on the Medical Education field by offering several issues on this subject in the last application of "Projects on Evaluation of Sanitary Technologies". Many medical education-related projects were submitted to this Program.

From Medical Education editorial board we celebrate these initiatives, which should sensitize all organizations and institutions related to this field. A lot needs still to be done to fully develop this discipline, but in any case to strengthen scientific research in health professional education is condition *sine qua non*.

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## BIBLIOGRAFÍA

1. Van der Vleuten CPM, et al. The need for evidence in education. *Med Teach* 2000; 22:246-250