



Horizon Scanning in Medical Education: 2020 Vision

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This Annual Congress of the Association of Medical Education in Europe, which took place on 27–30 August 2000 in Beer Sheva, attracted 500 participants from 41 countries. Leading authorities in various areas of medical education delivered 208 papers; 27 workshops were held and 55 posters were presented.

In view of the rapid advances in technology, informatics and travel opportunities, the name of the Congress was most appropriate. Many educational institutions are in the process of adjusting to modern times by modifying curricula to encompass approaches of evidence and outcome-based education, introduce flexibility in medical education, and adopt innovative technologies ranging from a web-based learning approach to the use of a virtual learning environment heading towards a global medical school featuring – among other new techniques – telemedicine approaches.

The issues of teaching and learning both in a formal and informal mode were addressed, stressing the importance of the learning environment during the clerkship. In the area of learning methods, the following were discussed: the methods of problem-based learning, the pros and cons in a core curriculum, the development of a multidimensional associative database designed to develop learning objectives, the need to introduce teachers' portfolios, the use of simulators as a tool to teach medicine, the methods available in evaluating the performance of medical students, the application of the objective structured clinical evaluation (OSCE) as an assessment tool, and the problems related to the use of simulated standardized patients. Also evaluated were the validity

and usefulness of different assessment tools such as computer-based and digital video assessment for clinical skills. The need for the continued personal doctor-patient contact in an era of depersonification invoked by modern medical technologies was raised, and the necessity of making medical education responsive to specific community needs was stressed. Discussed too was the dilemma of adopting a valid selection procedure to accept medical students into medical schools, and the different methods presently used – ranging from a high reliance on a personal interview as applied in Beer Sheva and New South Wales to the other extreme of a computerized lottery-like procedure used in some countries.

A special session was devoted to the training of communication skills. It was recommended that part of the clinical clerkships be transferred from an inpatient setting to community clinics that presently handle most of the clinical problems. Special attention was paid to international medical education, and the International Standards in Basic Medical Education developed by the World Federation of Medical Education were presented for discussion. Questions on multiprofessional education were debated. Different approaches regarding Continued Medical Education as they exist in different countries were presented. The need to adapt speciality education to the changing practices in many speciality fields was raised. Workshops dealt with issues regarding the reliability of the standardized patient and OSCE methods, strategies in staff development, and curriculum planning, the state of the art of best-evidence medical education and the standard

setting for providing licensing credentials to academic institutions. Also discussed were the strategies necessary to sustain the option for change in medical education. The final plenary session dealt with a vision of teaching and learning in 2020, based on the changes that have occurred in medical education in North America during the last two decades and predicting the educational response to the trends and forces on healthcare delivery, highlighting the knowledge and skills expected to be required for providing medical care in 2020.

Of the final two papers, one dealt with the forces that will elicit changes in medical education, such as the increasing demands of the medical services, evolution of new pedagogical concepts, increasing development of technical aids, rising competition among medical schools affected by demographic differences and an increase in student/staff exchange, a growing role of accreditation systems and a call for high standards of quality reflected by the Total Quality Management (TQM) approach. The second paper was presented by a medical student who gave her personal projection of medical students and medical schools for the year 2020. This perception from the other side of the medical lecturer's podium was an interesting and perhaps necessary conclusion to this important meeting.

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