4. PLENARY DISCUSSION

Chairs: Prof. M. Garcia Barbero (Spain); Prof. G. Ström (Sweden)

We now have some time for a general discussion, and you are all welcome to participate. Things you might like to comment on are perhaps the usefulness of this Conference and the theme of this Conference. Are you satisfied with scientific thinking as it is? Do you think it is important? Do you think it should be developed, given more emphasis?

You can also perhaps comment on the study groups from yesterday afternoon. In addition to the workshops that we had on Thursday afternoon, there were a number of study groups, all of them based on the so-called standing groups of AMEE. This means that certain parts of medical education are thought of as being of special importance and have gathered deep knowledge and therefore have to specialize. You may like to discuss whether such standing groups are useful and should be continued, or whether you think they are overdoing the whole thing. You may then discuss and comment on anything you like. The floor is open.

Prof. Areskog, (Sweden)

I would like to comment upon the arrangement of the study groups and also make a proposal for next year, when the innovative curricula will be highlighted in Budapest. In regard also to what the students criticised here earlier on, I think firstly that these reports, mostly from students, indeed show that this meeting has not only been a social one. They have worked hard on these different topics and they have made exellent reports and excellent summaries. I think it is a big mistake to think that the AMEE meetings are only the plenary sessions. Since I first took part in the last years of the seventies, the students have criticised the plenary sessions almost every year, because of the lectures and the themes. So the AMEE meetings are definitely not the plenary sessions. There is a lot of work done in other fields besides the nice social things.

Regarding the study groups we had yesterday, there was one group on "Teaching and Learning" with excellent papers, where many of the participants said this should have been in the plenary session because of its general interest. After the coffeeébreak we arranged it that those students who were not used to problem-based learning were able to feel and become acquainted with that type of environment. Perhaps it could be arranged next year that some of the study groups are run in the tutorial way with small groups, where the rules and the procedures of the tutorial are followed. The students and also the teachers could thus be exposed to that type of learning and that type of education. This is then a proposal for next year.

I must say that we tried it in our group and we found it to be successful. We had very good input, both from students and from teachers.

N.N.

I attended that group and had a very nice dicussion, but I would like to make a general remark having attended quite a number of AMEE meetings in the past. There seems to be a tendency in all of us when we meet to compare in a descriptive way the programs that we run in all our countries. We always use quite a lot of time to describe to each other what our systems are like. Now in a way you can say that this is wastes alot of time, because all of us can hopefully read and Gutenberg lived 500 years ago. We could thus perhaps use our time more wisely than by just describing in a very simple way what is going on.

On the other hand, however, and this makes me slightly ambivalent, I think all these very simple descriptions serve as eye-openers to us. We rarely do our homework at home, we start to work on the program as we approach each other

in the Conference, and I think that the descriptive analysis of a program helps people to understand and to listen to each other, to make us understand what our colleagues are like. It also helps to overcome language, social and cultural barriers. So I personally cannot change my mind from the first feeling that this wastes time to still thinking that short descriptions could be helpful. But on the other hand I think that we use far too much time just describing at a very basic level what is going on and that we should try instead to use more of our time to concentrate on extracting the information from that background data. What is relevant, what is important? Why have the systems developed as they have? What can we learn by comparing the systems, instead of just describing the way they are?

Prof. Tysarowski (Poland):

I would like to comment on a general development. For those of you who are not familiar with AMEE-meetings, I would like to mention that we started in Prague with a Pre-Conference about research in medical education in order to introduce more research papers in the field of medical education. What we have seen here now, I think, shows a very big step forward in this development and this is included too that this part of the AMEE Conference is a very important part of the Conference. For example, the first group in which I took part, "Research in Medical Education", had three topics and six presentations of definite research on medical education. All of us who are involved in medical education know the difficulties of research in medical education. But this is leading to the situation that medical education should be based more and more on objective and scientific facts. So this was combined with the main theme "scientific thinking", and it shows that there has been very big progress in the whole development of the AMEE approach, which is finally a professional research association.

Prof. Garcia Barbero (Spain)

The name of our workshop was "The New European Health Policy", not "Health Policy and Medical Education", which can be a completely different topic. It was more about how medical education should be to get to a general objective of a European health policy. We tried to define the new task. All of you you know what the new European health policy means. All the European countries have signed, and we are obliged to get there by the year 2000. So we have to move from a caring system and basically firstly hospital treatment to a more community-orientated profession.

We made a few points regarding what we thought would be those tasks. One of them was managerial and leadership training for future doctors. In the end, if you try to be in charge of a community, you may need some managerial skills. Business schools know very well how to do this. And if the medical schools do not know how to do that they might get professors from other schools to help them, and it is the same with leadership. There are some people who are not born real leaders, but can be in charge of other people if then are trained.

Another thing that is lacking in medical schools are the communication skills. There is a tendency for students to learn all the knowledge in the books by heart without really knowing how to fundamentally communicate with the rest of the community, with other professions or with patients. So you need to have communication skills to do teamwork and to go into the community to practise health education or primary care with a better understanding of what is going on.

The same happened with the psycho-social skills, knowledge of how the community works, and sociology of the community, and not all the countries have the same social background. So you have to be aware of these aspects if you want to be effective in a specific community and change habits for a healthier way of life.

Another important point was that we should interest the students in the cost of health care. With

the increase of very expensive technology, there is a tendency to get all kinds of tests, sometimes very expensive ones, for all sorts of patients. Instead of thinking about what the patients might have and trying to orientate it, we send them to have a scan or all kinds of laboratory tests, without really thinking about the cost of that diagnosis or treatment system.
We thought that all of those are new tasks and new abilities which our students should acquire in order to be more competent doctors for the type of health promotion that we are trying to achieve.

Prof. Menue (WHO/EURO)

Are we not really asking too much from medical students? Are we not aiming at the superperson, trying to get a sort of perfect person? I personally think that is not so, pressure for the physician or the graduate to be a superperson does not really come from the educator or the educational area, but a lot of pressure arises from the society in general: from the patient, from the health organisations, the funding organisations and the other health workers. So there is really pressure for reorganising the work and the function of a physician, not coming theoretically from the education, but from the society in general.

Regarding the question of undergraduate education, it is not necessary to acquire complete skills and competence for full performance of those functions, but it seems that the aim should be to emphasize attitudes more than anything else in key points if we talk about supporting education, and any health policy.

Getting better knowledge and attitudes of getting knowledge in the community and not only of the patient, the families, and environment is not emphasized. Attitudes which are assessing self-assessment or accepting assistance from outside as to their own performance as practicioners. Also attitudes to working with other members of the team who have problems. Problems are not only in the area of only one health worker.

And all these in four roles, which were described very well by Prof. Pauli yesterday in his presentation for promoting and restoring health, which I think was a correct balance of functions.

Darek Gawrowsky, (Poland)

I would like to make a remark regarding pressures on doctors. Society or expectations of patients that a doctor is a person capable to support himself psychologically, socially and to treat his disease. I think it is dishonest and a fault of doctors that we accept this pressure. I think it would make the contact with a patient more honest if we would admit that we are imperfect too that we cannot mangage fully their problems. So in a way we would improve our image more realistically that we cannot sometimes handle all the problems of patients. I think it is a good starting point to admit that we are not omnipotent and it is a mistake to expect doctors or medical students to be so.