



Educational research in primary care in Portugal: the need for renewed effort now

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The strength of the modern Portuguese primary health care system lies in the excellence of the trained people filling the ranks. Portuguese health care workers have been taught to do their jobs by medical schools, vocational training schemes, and continuing professional development programs. In order to continue to meet the needs of changes in health care, including the new challenges of the current economic crisis, continuous research and development in medical education are required. I would like to focus on the potential areas for growth in medical education research in Portugal and consider how our readers and this journal can promote this process.

First, it would help to clarify the nature of educational research by looking at the kinds of questions it answers and the techniques it uses. Then we might see how this can apply to medical education in Portugal and explore what needs to happen for this research to occur.

Medical education research answers questions like what works in education, what do our students think, how do they perform in practice, what can we do better, how can we teach and learn medicine, how can we meet our health needs through education, and how are we influencing health care and health outcomes through medical education. The answers to these questions interest students, teachers, doctors, health administrators, insurers, government and ultimately the public.

The techniques we use to answer these questions are drawn from both quantitative and qualitative research methods. A look at some recent educational research in primary care can illustrate how this might be applied here.

We believe that primary care has a significant contribution to make to undergraduate medical education. All doctors need to know what primary care is and what

family doctors do because this is the basis of the health care system. The questions that arise are what to teach and when to teach it. There has been a movement across Europe to introduce family medicine to all medical students at the beginning of their training in Early Clinical Exposure programs. A recent survey of teachers conducted by the European Academy of Teachers of Family Medicine (EURACT) shows how widespread these programs are.¹ We need to look at this issue in Portuguese medical schools, to assess what is being taught and when, to see how this influences the attitudes of our medical students to family medicine, and perhaps even their career choices.²

All medical schools in Portugal have clinical rotations in Family Medicine for senior medical students. These programs may differ in their content and duration and we need to explore those differences. There are also commonalities that reflect the universal elements of primary care. A mixed qualitative and quantitative study of what medical students value in their education in primary care proved to be a valuable exercise for the school conducting the study and to other quoting this paper and applying these lessons.³ This exercise could certainly be replicated to good effect here.

A controversial aspect of many teaching and training programs is the issue of the assessment methods used to determine if the teaching objectives of the program were met. Assessment methods are often bound up in tradition and culture, often in conflict with existing research evidence. For example, vocational training in Portugal uses a labour-intensive, time-consuming assessment process relying in part on oral examinations. Studies on oral examinations show that they lack validity and reliability and measure other things we may not wish to study like speech fluency.⁴ Perhaps the vocational training schemes in this country are interested in exploring newer more efficient assessment methods

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to allow them to streamline the process of assessment of trainees while continuing to assure excellence in education.

Continuous professional development is another area in this country that can benefit from the lessons of educational research. Traditional CME has been based on passive lecture methods and largely driven by the pharmaceutical industry. Modern educational methods need to reach doctors in practice as well. A study of new methods of CME shows how they not only increase doctor satisfaction with the process but increase their impact on practice.⁵ The effects of new teaching methods promoted by the international EURACT courses⁶ and the and new ADSO courses in Portugal need to be assessed by solid educational research.

The challenges are clear in medical education in Portugal. Educational research offers us powerful tools for change. We want to encourage our readers to engage in research in this important and interesting area. We promise to publish the best results of your efforts in order to improve medical education and health care in Portugal.

CONFLICT OF INTEREST

None

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