



[Alternative and complementary medicine in Canadian medical schools: a survey.](#)

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Complementary Therapies - education
Curriculum
Data Collection
Education, Medical, Undergraduate - organization & administration
Humans
Questionnaires
Schools, Medical - organization & administration

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Cites: Am J Public Health. 1990 Jul;80(7):814-82356904
Cites: JAMA. 1998 Sep 2;280(9):784-79729989
Cites: J R Soc Med. 1997 Jan;90(1):19-229059376
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An interprofessional education pilot program in maternity care: findings from an exploratory case study of undergraduate students.

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Cooperative Behavior

Curriculum

Education, Medical, Undergraduate - organization & administration

Education, Nursing - organization & administration

Hospitals, Teaching - organization & administration

Humans

Interdisciplinary Communication

Interdisciplinary Studies

Interprofessional Relations

Learning

Maternal health services

Midwifery - education

Pilot Projects

Abstract: An interprofessional team of maternity care providers and academics developed a pilot interprofessional education (IPE) program in maternity care for undergraduate students in nursing, midwifery and medicine. There are few published studies examining IPE programs in maternity care, particularly at the undergraduate level, that examine long-term outcomes. This paper outlines findings from a case study that explored how participation in an IPE program in maternity care may enhance student knowledge, skills/attitudes, and may promote their collaborative behavior in the practice setting. The program was launched at a Canadian urban teaching hospital and consisted of six workshops and two clinical shadowing experiences. Twenty-five semi-structured, in-depth interviews were completed with nine participants at various time points up to 20 months post-program. Qualitative analysis of transcripts revealed the emergence of four themes: relationship-building, confident communication, willingness to collaborate and woman/family-centered care. Participant statements about their intentions to continue practicing interprofessional collaboration more than a year post-program lend support to its sustained effectiveness. The provision of a safe learning environment, the use of small group learning techniques with mixed teaching strategies, augmented by exposure to an interprofessional faculty, contributed to the program's perceived success.

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[A targeted effort can secure a good and educating clinical stay for medical students].

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Publication Type: Article

Keywords: Clinical Clerkship - organization & administration
Curriculum
Denmark
Education, Medical, Undergraduate - organization & administration
Humans
Program Evaluation

Abstract: The medical education at the University of Copenhagen introduces the student to clinical life through a number of clinical courses. In this article we describe measures taken to secure a good and educating stay on the department during a five-week course. We describe the process, procedures, planning, executing and evaluation of the five-week clinical course. The evaluation through direct feedback and subsequent electronic form is commented and essential learning points are discussed.

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Building the new Northern Ontario Rural Medical School.

<https://arctichealth.org/en/permalink/ahliterature189925>

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Publication Type: Article
Keywords: Curriculum

Education, Medical, Undergraduate - organization & administration
Humans
Medically underserved area
Ontario
Rural Health
Schools, Medical

Abstract: The new Northern Ontario Rural Medical School is to be developed to have a significant impact on the education, recruitment, and retention of physicians in rural and northern Ontario and Canada. It will be a collaborative partnership between Laurentian University, Sudbury and Lakehead University, Thunder Bay (1000 km apart), and will have a network of learning sites throughout Northern Ontario (almost 1,000,000 km²). The curriculum will be patient-centred, clinical problem-based, and systems-organised, with a significant health determinant focus, and Aboriginal health content and context. Small group learning will be used in a distributed learning network with advanced information technology support. The new Northern Ontario Rural Medical School will aim to graduate highly qualified physicians with state-of-the-art medical education, with enhanced knowledge, skills, and interest, in Aboriginal, rural, northern, and under serviced health care.

PubMed ID: 12047506 [View in PubMed](#) 

"But I see old people everywhere": dispelling the myth that eldercare is learned in nongeriatric clerkships.

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Aged
Aging
Attitude of Health Personnel
Clinical Clerkship
Clinical Competence
Cohort Studies
Developed Countries
Education, Medical, Undergraduate - organization & administration
Educational Measurement
Female
Geriatrics - education
Health Care Surveys
Health Services for the Aged - organization & administration - standards
Humans
Male
Ontario
Physician-Patient Relations
Program Evaluation
Questionnaires
Stereotyping

Abstract: To test the assumption that knowledge, attitudes, and skills (KAS) in geriatrics are learned via exposure to elderly patients in nongeriatric clerkships. In the developed world, the proportion of adults > or = 65 years old will soon surpass the proportion of children

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Career choice and place of graduation among physicians in Norway.

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Keywords: Adult
Career Choice
Cross-Sectional Studies
Curriculum
Education, Medical, Undergraduate - organization & administration
Female
General practitioners
Humans
Male
Norway
Schools, Medical - statistics & numerical data

Abstract: To investigate to what extent a physician's place of graduation is associated with the physician choosing a career as a general practitioner (GP), and identify factors in the curriculum that could predict a general practice career. Cross-sectional study based on the membership database of the Norwegian Medical Association. Physicians working in Norway who graduated from four domestic medical schools, five other countries, and three groups of countries. Physicians were categorized according to their main professional activity as GPs, hospital physicians, and researchers. A total of 2836 medical physicians who were working in Norway during 2010 and graduated from medical school between 2002 and 2005. Percentage and odds ratio for subjects working as a GP in Norway during 2010. Descriptive data for pre-graduate general practice education in Norwegian medical schools were also analysed. Compared with the University of Oslo, there was a significantly higher proportion of GPs among physicians who had graduated from Denmark (OR 2.9, 95% CI 1.9-4.5), Poland (OR 2.0, 95% CI 1.4-2.9), Sweden (OR 1.8, 95% CI 1.0-3.1), and Trondheim (Norway) (OR 1.5, 95% CI 1.1-2.0). Across the four Norwegian medical schools, there were significant associations between choosing a general practice career and the sum of pre-graduate educational hours regarding general practice, general practice preceptorship, and the number of GP teachers. The physician's place of graduation appears to be associated with career choice. The universities' total contribution in pre-graduate general practice education may be associated with future GP career choice.

Notes: Cites: Health Trends. 1981 Feb;13(1):17-2010252178
Cites: Med Educ. 2003 Sep;37(9):809-1412950945
Cites: Med Educ. 1993 May;27(3):250-38336575
Cites: Acad Med. 1995 Jul;70(7):620-417612128
Cites: Tidsskr Nor Laegeforen. 1999 Aug 20;119(19):2858-6410494211
Cites: Med J Aust. 2005 Sep 19;183(6):295-30016167868
Cites: Scand J Prim Health Care. 2006 Jun;24(2):65-616690551
Cites: Scand J Prim Health Care. 2006 Dec;24(4):193-517118856
Cites: Med Teach. 2006 Dec;28(8):734-4117594587
Cites: Med J Aust. 2007 Jul 16;187(2):124-817635100
Cites: Tidsskr Nor Laegeforen. 2008 Aug 28;128(16):1833-718787594
Cites: Aust Fam Physician. 2009 May;38(5):341-419458806
Cites: Acad Med. 2000 Mar;75(3):278-8210724318
Cites: Health Econ. 2003 Jan;12(1):67-7312483762
Cites: J Health Econ. 1990 Nov;9(3):335-5710107850

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Challenges and opportunities in building a sustainable rural primary care workforce in alignment with the Affordable Care Act: the WWAMI program as a case study.

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Alaska
Education, Medical, Graduate - organization & administration
Education, Medical, Undergraduate - organization & administration
Humans
Northwestern United States
Patient Protection and Affordable Care Act
Physician Assistants - education - statistics & numerical data - supply & distribution - trends
Physicians, Primary Care - education - statistics & numerical data - supply & distribution - trends
Primary Health Care - manpower - organization & administration
Program Evaluation
Rural Health Services - manpower - organization & administration
United States

Abstract:

The authors examine the potential impact of the Patient Protection and Affordable Care Act (ACA) on a large medical education program in the Northwest United States that builds the primary care workforce for its largely rural region. The 42-year-old Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) program, hosted by the University of Washington School of Medicine, is one of the nation's most successful models for rural health training. The program has expanded training and retention of primary care health professionals for the region through medical school education, graduate medical education, a physician assistant training program, and support for practicing health professionals. The ACA and resulting accountable care organizations (ACOs) present potential challenges for rural settings and health training programs like WWAMI that focus on building the health workforce for rural and underserved populations. As more Americans acquire health coverage, more health professionals will be needed, especially in primary care. Rural locations may face increased competition for these professionals. Medical schools are expanding their positions to meet the need, but limits on graduate medical education expansion may result in a bottleneck, with insufficient residency positions for graduating students. The development of ACOs may further challenge building a rural workforce by limiting training opportunities for health professionals because of competing demands and concerns about cost, efficiency, and safety associated with training. Medical education programs like WWAMI will need to increase efforts to train primary care physicians and increase their advocacy for student programs and additional graduate medical education for rural constituents.

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Challenges of current geriatric education-inspired by the Nordic geriatric professors' meetings.

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Publication Type: Article

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Attitude of Health Personnel
Curriculum - standards - trends
Diffusion of Innovation
Education, Medical, Undergraduate - organization & administration
Educational Technology - organization & administration
Europe
Faculty, Medical
Geriatrics - education - organization & administration
Humans
Needs Assessment
Negativism
North America
Physician's Role
Prejudice
Scandinavia
Students, Medical - psychology
Teaching - organization & administration
Western World

Abstract: Geriatric educators are faced with several different challenges. The rapid growth of aged population in the Western world has led to a growing need for health and social services and thus, an increased need for trained professionals in this field. In addition, new learning theories and activating learning methods have achieved wide acceptance in academic medicine. How has geriatric education applied these new learning methods? In this article we review the current status of academic geriatric education in Western countries in these respects. We especially review the literature of how geriatric training has been experimenting with the new learning methods.

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Content in context: medical education and society's needs.

<https://arctichealth.org/en/permalink/ahliterature202998>

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Publication Type: Article
Keywords: Curriculum

Education, Medical, Undergraduate - organization & administration - trends

Health Services Needs and Demand - trends

Humans

Ontario

Physician's Role

Abstract: Many reports have emphasized the need to reform medical education to bring it into harmony with society's needs and expectations. Although much effort has been expended over several decades, many believe that reform initiatives have not successfully modified physicians' behaviors and attitudes. More recently, two major projects--Educating Future Physicians for Ontario and the Medical School Objectives Project--have identified physician roles and attributes necessary to meet societal needs. These efforts have provided a substantial framework upon which the content and conduct of a more relevant kind of medical education can be built. In order to implement real change, however, medical schools must (1) take the long view, making reform part of the entire continuum of medical education; (2) ensure that faculty physicians teach by example; (3) change student assessments to reflect new educational objectives; and (4) reallocate resources to support a changed curriculum.

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Creating community agency placements for undergraduate medical education: a program description.

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Keywords: Canada
Community-Institutional Relations
Delivery of Health Care - organization & administration
Education, Medical, Undergraduate - organization & administration
Health promotion
Humans
Program Evaluation
Social Responsibility
Urban health

Abstract: PROGRAM OBJECTIVE: To provide first- and second-year medical students with stimulating learning experiences in the community.

Three hundred placements representing a broad array of urban community agencies providing both general and specialized health care services.

All first- and second-year medical students at the University of Toronto (n = 354). Other participants include staff of community agencies and tutors from the Faculty of Medicine and from the community.

The Health, illness and the Community course is mandatory and consists of 3 components. The first, in the first semester of first year, emphasizes the provision of health care in the community for individuals and populations. The second, in the second semester of first year, introduces a health promotion paradigm. The third component, throughout second year, allows students to engage in an in-depth study of the interconnection between a health problem and a social issue in a community agency setting.

Students have expressed high levels of satisfaction with the community agency placements. The feedback from agencies has also been enthusiastic. Patients in the home care program have reported that visits by medical students are a positive experience.

It is possible to recruit and maintain large numbers of urban community agencies as learning sites for medical students. It is hoped that this approach will help to produce socially responsive medical practitioners.

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