

Investigation in Medical Education: a Culture Initiates

Research in medical education began 30 years ago. Since those beginnings, it has been progressed till its spread around the world with increasing intensity. There exist evident differences in indicators of scientific advances between the research in medical education and medicine. (1) In medicine, indicators of scientific advances may be measured through hard final points such as mortality, acute myocardial infarction or cerebrovascular accident. In medical education, these hard final points do not exist due to some reasons:

1. Paradoxically, evident differences in educational strategies may not be reflected in the established final points, for example: professional performance and cardiology internship. Simply because participants and residents, are with a strong motivation, they are not blind to different interventions and they compensate any defect that may appear during the academic formation.

2. A training program or a curriculum do not work as a drug or medicine. The drug is administered in established dose at a certain time and it has at least a predictable kinetics. The career curriculum or a training program may not be dosed; they have numerous components or portions which are administered by different teachers with different quality levels.

3. The time between the implementation of the educational strategy and results may be so long that the effects of the program could be controversial.

Another important problem is that many people believe that the research in medical education is something easy and that any person, moderately intelligent, may carry it out, even with no appropriate training period. Although it is accessible to everyone, the training is essential to achieve its mission. (2)

Researchers that carry out projects, in general, are extremely theoretical and their results are difficult to

apply in the daily practice. On the other hand, these results are not published in journals of medicine due to they are difficult to apply. In order to reduce this situation, we should integrate research abilities and keep the connection with teaching and the medical practice. Methodology does not define the scientific inflexibility of the research, but the strength of the research question, the value of operational definitions, the election of the methodology in the search for proposed objectives and care/detail in which the process is performed. (3)

Research in medical education has contributed and it contributes to understand the complex learning processes with the aim of improving its results.

In the last years, the educational community and governmental authorities are considering the evidence in medical education as an essential tool in decision-making. (1)

The Argentine Society of Cardiology has developed since its foundation a tireless educational activity participating not only in training, but in processes of professional certification and, in the last years, in processes of residency accreditation. The decision of publishing a supplement of medical education in its Journal is another example of this commitment.

By the Editorial Board
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