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Twelve Lessons Learnt from the Pearl of the Indian Ocean

Nurhanis Syazni Roslan, Muhamad Saiful Bahri Yusoff

*Department of Medical Education, School of Medical Sciences,
Universiti Sains Malaysia, Malaysia*

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CORRESPONDING AUTHOR

Nurhanis Syazni Roslan, Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia | Email: nurhanis_syazni@usm.my

Greetings from the Editorial Team. Recently, we are honoured to attend the Symposium on Clinical and Moral Reasoning on 4th to 6th August 2016, organised by University of Kelaniya, Sri Lanka. The symposium aimed to review current thinking on clinical and moral reasoning, share experiences in its teaching and assessment across Asian countries and formulate a collaborative research agenda to understand clinical and moral reasoning in the unique Asia cultural context. Delegates from Sri Lanka, Taiwan, Pakistan, Japan, Hong Kong and Malaysia have participated in this fruitful juncture.

The increasing complexity of medicine practice and public heightened expectation has made independent and responsible decision-making a characteristic of an autonomous profession (1). In order to reach the best decision, physician has to gauge to clinical reasoning which is a process that involve knowledge and experience to examine multiple possibilities to achieve desired treatment goals (2), and also ethical reasoning which is a key ability to develop ethical arguments from different ethical stands. While research that attempted to understand clinical and ethical reasoning has been conducted for 30 years (3), evidence is still limited with most studies originated from the Western perspectives. Thanks to Professor

Dr. Lynn Monrouxe (Director of Chang Gung Medical Education Research Center [CG-MERC]) and Dr. Madawa Chandratilake (Head of Medical Education Department, University of Kelaniya), delegates from various countries have now joined hand in Studies in Clinical and Ethical Reasoning in Asia (SECRA) group to enhance the cross-cultural understanding of clinical and ethical reasoning in Asia.

We are fortunate that during our short visit, we have learnt a lot from a small country that is also known as ‘the Pearl of Indian Ocean’. As ‘twelve tips series’ has been very popular in medical education journals, we have summarised our experience into Twelve Lessons Learnt.

1. Sri Lanka is a developing country with medical educationist of first class mentality

Despite still growing economically, Sri Lanka has strong figures in Medical Education that has driven the medical schools offering comparable learning experience with the ones in the developed countries.

2. Cool networking will pave hot ideas

We learnt that the speakers in this symposium were previously course mates, supervisors, co-authors and met in other

events. It is compelling to know how they share their ideas, find new avenues and together stimulate new fields of research.

3. Strong educational leadership and institutional support

While many medical education units in the world have to embrace changes with minimal institutional support, we have observed that there is continuous support from the Dean of Medical School and Staff Training Center to run this event. This has catapulted the momentum of the effort and made it a success.

4. Clinicians commitment for better education

While medical education research is mainly undertaken by non-clinicians, we found that some of their clinicians are really committed to medical education research and postgraduate training. This synergy has definitely benefited them where the clinicians apply their experience and insights to enhance the quality of research and education.

5. It's time to stop working in silos

In the era of limited resources, research collaboration will consolidates ideas and voices towards working in a project that has wider continental relevance. The creation of new knowledge is more powerful and can be fed into policymaking process. This reminds us to a popular saying, "If you want to go fast walk alone, and if you want to go far walk together".

6. Cultural diversity made us unique

In one of the talk, the speaker has asked us on the most important quality of a doctor in our culture. Remarkably, almost every delegate has to use our own native language or phrases to describe this well. This has signals us on the strong need to review the understanding of clinical and moral reasoning in Asia as this will help us to understand our students better in different cultures.

7. Groom our trainees early

On the second day of the symposium, all of Sri Lankan medical education trainees presented their research progress for their master dissertation. We were very impressed with the scope and quality of their research work on cultural competency, professionalism lapses and clinical reasoning.

8. Maintain heterogeneity and create niche

While we have learnt various areas of research that their educationist undertook, it is evident that collectively they are working together in pioneering early research in clinical and ethical reasoning in non-Western culture. Together, they have created a niche for Sri Lankan medical education research.

9. Communication skills is a catalyst for professional growth

Although English is usually the second language to many Asians, we observed that Sri Lankan medical educationists speak excellent English and has good presentation skills. This has definitely added more value to the talks and cultivates a lot of networking during break time.

10. It's never too little to share

When we discussed about what we should present on Malaysia Experience on Clinical and Moral Reasoning, we were quite fidgety as there were few papers from Malaysia and we felt that we are running nothing phenomenal. However, the presentation has sparked many discussions especially on MERCI aide memoir in teaching ethics and our newly developed tool to assess professionalism – Simplified Thematic Engagement of Professionalism Scales (STEPS). We have also learnt that sharing does not only light other candles, it helps us to grow and stay motivated.

11. The whole is greater than the sum of its part

We have learnt that there are only eight medical educationists in Sri Lanka.

Nevertheless, they were able to pull out successful international event and run postgraduate course with the power of strong collaborative practices.

12. Funding is king

Having said that research collaboration is a key, funding still plays an eminent role in research. A big scale research will require research officers, software, incentives and training. While there are budget cuts in research funding globally, collaboration is probably the way to go with it.

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