Medical Education in a Flat World

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In 2005 Thomas Friedman published the international best-seller *The World is Flat: A Brief History of the Twenty-First Century*.[1] He asserted that as the world becomes more connected, it becomes a level playing field, in which all players have equal opportunities. Many differences exist between countries in their social, cultural, geographical, and political systems and structures. Globalisation reduces the effects of these differences, and so curriculum development and educational research are no longer limited to the developed nations, but are common to all countries.

Globalisation results from a variety of influences and developments, including information technology, telecommunications, reduced barriers to foreign medical graduates, and ease of transportation, relocation and immigration. Information technology (IT) has not only helped medical schools in advancing medical teaching, tech-savvy medical students also utilise new technologies, and are able to progress in their individual and collective learning more rapidly. Durosaro et al[2] studied the use of a knowledge-sharing web-based portal in a team-based learning module that integrates gross anatomy, microscopic anatomy, radiology, and genetics.

Medical schools realise the necessity to undertake significant reform to keep pace with the changing times. New teaching methodologies are designed tried out, and assessed in various settings.[3-5] Varkey et al[6] evaluated the success of a systems approach to teach core topics in the graduate medical curriculum, such as health care finance and quality improvement by faculties who are content experts in these specialised areas. Talati[7] proposed a new global educational matrix to guide curriculum construction, development, and reform.

An increasing number of medical schools are switching from the traditional teacher-centric model to the widely accepted student centred approach. Students are increasingly engaged as important agents in this transformation process through committees, surveys, questionnaires, and learning portfolios.[8-10]

Optimising the educational environment of both undergraduate students and postgraduate trainees is essential to the success of their learning outcomes. Gooneratne et al[11] assessed the reliability and validity of an instrument used to measure the quality of the local hospital educational environment. Furthermore, it is essential that these doctors-in-training recognise that today's complex healthcare environment necessitates the involvement of other professionals as a team to aide in patient management. Inter-professional education programs are developed that include students from the Schools of Medicine, Nursing, Pharmacy, as well as other professional schools.[12]

Globalisation brings not just unprecedented opportunities but also many potential challenges. Language poses a significant barrier to many students. Mohanna[13] studied the importance of linguistic differences, cultural diversity, and personal identity in relation to learning. In recognition of these rapid changes, the World Federation of Medical Education (WFME) has established a policy on international accreditation of medical schools using accepted global standards.[14]

The 5th Asia Pacific Medical Education Conference (APMEC) was held in January 2008 in Singapore with the central theme "Medical Education in a flat world". This conference was attended by close to 500 participants from 34 countries across the world. The articles from this medical education issue of the Annals, Academy of Medicine, Singapore, were authored by educationalists from the United States, Australia, Germany, Denmark, Iran, Pakistan, Taiwan, Malaysia, Thailand, Sri Lanka, and Singapore, encompassing a broad array of important topics in pedagogy. The contents suggest that the future of medical education is truly bright in this brave new flat world.

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