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Editorial

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As medical and health education becomes increasingly globalized, we have unique and exciting opportunities to benefit from judicious use of technology-based pedagogy and to carefully evaluate its transformative potential for changing healthcare for many generations to come. The world's population is becoming less restricted by individual country borders, and healthcare professionals have more freedom to choose appropriate opportunities for practice in their fields; consequently, training has a global mandate to be easily accessed and be of consistently high standards across the globe, with technology the great equalizer.

Three of the articles in this issue of the journal are based on presentations made at a forum for use of technology in medical education by experts at the 2013 American Association of Medical Colleges Annual Meeting, held in Philadelphia, Pennsylvania on November 2, 2013. Two additional articles belong to prominent educators and researchers who are doing cutting edge work in their respective medical schools.

We understand that the kind of advancements you will discover in this journal bring challenging new

demands for today's learners and educators. Not only must the learners become skilled in the art of healing, they must also be impassioned pioneers in translational research and inspired innovators in the advancement of patient-centered healthcare systems. The authors of these articles are, indeed, pioneers in bringing the best technological tools and methods for learning in a brave new healthcare world.

A group of faculty and researchers from across the world, Rachel Umoren, Dora J. Stadler, Stephen L. Gasior, Deema Al-Sheikhly, Barbara Truman, and Carolyn Lowe, bring us "Global collaboration and team-building through 3D virtual environments." Virtual simulation is a growing field for training and continuous professional development activities and is conducive to local and international clinical training and collaborative projects.

In "Learning through Osmosis: A collaborative platform for medical education," co-authors, M. Ryan Haynes and Shiv M. Gaglani, along with their corresponding authors, describe Osmosis, which is a collaborative learning platform for medical student self-assessment. First launched at The Johns Hopkins University School of Medicine in January 2012, through web and mobile learning vehicles, they have provided thousands of crowd-sourced, high yield practice questions and explanations for medical students.

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This is an open access article distributed under the terms of the Creative Commons Attribution license CC BY 4.0, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited. Dr. Jeffrey Burns, the Chief of Critical Care Medicine at Boston Children's Hospital and his associates, Sarah O'Brien and Rebecca Burns, bring us "Engaging a global community of learners and practitioners in the care of the critically ill child." In this article, they introduce us to OPENPediatrics[™], which is an interactive, virtual training and knowledge exchange platform to enhance the quality of pediatric critical care, emphasizing sharing information outside the walls of individual institutions.

Associate Dean for Educational Informatics at New York University School of Medicine, Dr. Marc Triola, is a leader in the transformation of the educational and delivery models of medicine. In his article, "Perspective: Transforming medical education through informatics," he tells us of the many ways that models of care, with networks that extend increasingly outside of hospital walls, are changing, and he challenges us to adapt our own education systems to this dynamic environment with emerging technologies.

Deborah Sutherland, the Chief Executive Officer of the Center for Advanced Medical Learning and Simulation of The University of South Florida in Tampa, has been a part of developing a national model for improving medical education and patient safety. Through the use of technology, innovation, and simulation, the goal of her program is to take medical education from an apprenticeship model to an evidence-based competency model, which program leaders believe will improve patient outcomes and reduce medical errors.

These exciting technological advancements and innovations demonstrate that we are in a time of seismic shifts in the way medical and health education is disseminated in an increasingly shrinking world. We hope to bring more and more people into the discussion of how we provide the best training and create the best patient outcomes in our global community. The more mainstream the discussions and debates on these issues become, the better we will all be for it.

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