

Why publish? (about medical and health professional education in Africa)

Two recent experiences have provided me with much food for thought about the publication need in medical and health professional education in Africa, and the lament about the lack of such publishing in, about, and out of Africa.

I was privileged to attend the Africa Regional Consultative Workshop for Health Care Improvement, Catalyzing and Institutionalizing Quality Improvement, from 17 to 21 October 2011 near Kampala, Uganda. The conference was expertly organised by the Regional Centre for Quality and Health Care (RCQHC) at Makerere University at a modern, well-equipped and scenic venue. It was, however, my fellow Africans who attended the meeting who left a lasting impression on me. There were 150 or so dedicated, talented, enthusiastic, friendly, caring and warm health professionals and health service managers from a range of African countries. The unique format of the meeting made it possible to learn about the impressive work that people are doing in their part of the continent. There was an abundance of innovation, expertise, resilience and moreover excellence on quality improvement in health on display. I was surprised by my own surprise as we have become conditioned to hearing only the negative things about Africa.

Back in South Africa and ten days later I read the Sub-Saharan African Medical Schools Study (SAMMS) article 'Medical education in sub-Saharan Africa: a literature review' authored by SR Greysen *et al.*, and published in *Medical Education*.¹ This extensive literature review looked at what is published on medical education in Africa in order to 'promote a broader understanding of the history and current status of medical education in Sub-Saharan Africa'. They came up with a rich haul of work showcasing developments and innovation. The authors pointed out that there is a lack of publications on medical education in most parts of the continent. They highlighted the dire need to develop medical education as a scholarly discipline and concluded by stating that 'medical education as a field of inquiry and practice specific to the Sub-Saharan Africa region is underdeveloped'.

Many of you will testify to similar experiences like mine at the Kampala conference — amazing work on medical and health professional education is happening in Africa. This brings me back to the title of this editorial. Why should we publish, and why should we publish on medical and health professional education in Africa? Is it because 'that which you cannot see does not exist'?

Let me try to answer the question by looking at the HOW. In Africa we like to tell stories, we learn from stories, we are strong on stories. If you are reading this editorial you are interested in the work of this journal, and you have a story to tell. Tell your story, as it is. You are the expert on your story, and there will be something for someone to learn from your experience. Telling your story (on paper or course) will change you; the reflection on your story will stimulate ideas on how you can improve on what you are doing. This may even help you to make a bigger contribution to the community you are serving, and maybe even the health of the people on the continent.

The next step is to think about how others can learn more from your story. Do a small evaluation on your project. Write it up again. Reflect



Marietjie de Villiers and Peter Arimi of the HIV/AIDS office USAID/East Africa.

on what has happened, why did it happen, and how can it be improved? Now, instead of only producing a description of your work, see if you can investigate it in such a way that you can analyse the effect or lack thereof; in other words, move your work beyond observation alone. You, your students, your communities, and Africa will benefit. Engage in ways in which you can produce work which yields results that you can use to justify your educational practice, and explore how your research can contribute to clarifying why and how certain interventions work and others not.²

In what is being regarded as seminal work on health professional education, Frenk *et al.*³ argue that the education of health professionals has not remained in step with the realities of the 21st century. This they attribute to, amongst others, a range of curricula issues relating to relevance, fragmentation, lack of alignment, limited emphasis on interprofessional activities, imbalances, including an over-reliance on technical skills that limits the potential for a more encompassing approach to patient care. Let me conclude with an inspiring quote from this article: 'Ultimately, reform must begin with a change in the mindset that acknowledges challenges and seeks to solve them. (This) is a long and difficult process that demands leadership and requires changing perspectives, work styles, and good relationships between all stakeholders ... Professional educators are key players since change will not be possible without their leadership and ownership. So too are students and young professionals ...'

I want to argue that Africa's medical and health professional educators already have these qualities. It is just a matter of us telling our stories.

Marietjie de Villiers

*Deputy Dean: Education
Faculty of Health Sciences
Stellenbosch University
E-mail: mrdv@sun.ac.za*

1. Greysen SR, Dovlo D, Olapade-Olaopa EO, Jacobs M, Sewankambo N, Mullan F. Medical education in sub-Saharan Africa: a literature review. *Medical Education* 2011;45:973-986.

2. Cook DA, Bordage G, Schmidt H. Description, justification and clarification: a framework for classifying the purposes of research in medical education. *Medical Education* 2008;42:128-133.

3. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; 376:1923-1958.