

Introduction

A Special Issue on Global Family Medicine Education

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Family Medicine is joining more than 230 other medical journals that will publish a global theme issue on poverty and human development on October 22, 2007. This special issue of the journal provides an opportunity to document two growing and important trends in the discipline of family medicine.

The first trend is the growth in US student and resident interest in global health. Departments and residencies, often led by the trainees, have established courses, collaborations, and rotations around the world. Whether to attract applicants, help meet local or global medical needs, learn skills necessary for practicing in resource-poor settings, or reinforce values, these programs are of increasing importance to our educational endeavors.

The second trend is the worldwide growth of family medicine. For example, family medicine organizations from 99 countries are members of the World Organization of Family Doctors (Wonca). Medical student teaching, postgraduate training, practice-based research networks, electronic health records, organizing primary care delivery, and quality improvement programs in family medicine are major issues in countries throughout the world. There is increasing recognition that little will be accomplished in countries with limited resources and huge burdens of disease if there is not a strong base of family medicine.

The purpose of this special issue is to publish articles that describe developments in family medicine education and document the contributions of family medicine in improving people's health globally. The accepted articles fall into three broad categories. One category is articles that review the curricula, resources, and outcomes of the increasing numbers of US family

medicine departments and residencies that offer experiences abroad (particularly in less-developed countries) for their trainees and faculty both to serve and to learn. The second is articles that highlight the growing numbers of countries and areas in which family medicine training has recently developed and that document some of the outcome of these programs. The third is narrative articles written by family physicians who have worked in other countries. These articles share what the authors have learned about themselves and about how medicine is practiced in other places.

When the call for papers was issued a year ago, I had no idea what the response might be. I was humbled and somewhat surprised to receive more than 50 submissions. We had a number of manuscripts describing US programs' linkages and collaboration with training in other countries, such as Honduras, Pakistan, Japan, and Nigeria.

There were a large number of submissions describing the development of family medicine education programs in countries in Asia, such as South Korea, Thailand, Taiwan, Singapore, China, Kyrgyzstan, Vietnam, and the Russian Far East; in Europe, including Spain, Hungary, Albania, and Switzerland; in Africa, including Lesotho, South Africa, Uganda, and Nigeria; in the Middle East, including Turkey, Oman, Lebanon, Saudi Arabia, and the United Arab Emirates; and in the Americas, including Argentina and Brazil.

There were also manuscripts discussing personal experiences in training and practice in less-developed countries, including Bhutan, Moldova, Belize, Ethiopia, Cuba, Nicaragua, and Uganda.

I was delighted that there were manuscripts with medical students and residents as authors. More than 40% of first authors of submitted manuscripts were from countries outside the United States.

Of course, we could not publish all of the manuscripts we received and deciding which articles to publish was daunting. To help in the task of reviewing the submissions and deciding on which ones to include in the issue, I've relied on the assistance of Cindy Haq, MD; Niharika Khanna, MD; Andrew Bazemore, MD; Dan Ostergaard, MD; and Marc Rivo, MD, MPH, who

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comprise an editorial advisory committee for the issue. We asked other STFM members with international experience to provide additional reviews.

The editorial board of the journal had clear advice: give preference to well-written articles with a researchable hypothesis and data. I also wanted to make sure the issue had a flavor of the extent and accomplishments in family medicine education worldwide. I think we succeeded in both areas. We are truly a global discipline.

I hope this issue of the journal, which contains a wide range of articles, increases the cross-pollenization of family medicine. Additional articles that could not fit within the space limitations of this single issue will appear in subsequent issues of *Family Medicine*.

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