

## Family medicine defines its academic niche: The Split Initiative

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Increasingly, medical education is gaining its importance in the academic arena. Although it is still considered to be less important than research, it is now widely acknowledged that this area of science also needs attention. It is no longer acceptable for the medical schools not to pay close attention to teaching aims, methods of teaching and assessment (1-8). Teachers of medicine at all levels must also be in contact with the latest developments in education, not only in science.

In the last decades, medical education has changed considerably. The old fashioned methods of passive teaching methods are slowly giving way to more active methods of teaching (9). The aims of medical education are changing and more emphasis is given to changing attitudes and shaping the future doctors so that they will become self-directed learners for the rest of their professional careers (10).

The changes of medical curricula that are being experienced worldwide have some common characteristics. One of them is the introduction of practice-based teaching in primary care. Since this is a relatively new area, new departments are sometimes struggling to survive in the academic arena. Exchange of experience on international level is therefore important (11) and indispensable.

This theme issue of the *Acta Medica Academica (AMA)* is the result of the continuous education course held at School of Medicine, University of Split, in October 2011. The participation and the lecturers were family medicine teachers from Slovenia (Ljubljana and Maribor), Bosnia and Herzegovina (Mostar), Montenegro (Podgorica), and Croatia (Zagreb, Osijek, Rijeka and Split). The aim of the

organizers was to renew our collaboration and to exchange information on the way we conduct teaching of family medicine in our departments. Most of the participating countries are in the process of joining the EU and we all had to adapt our medical curricula to European standards (12). We wanted to learn from each others' experiences in changes of teaching of family medicine, and to try to ourselves modify our curricula to the best level possible for the given local conditions.

To our surprise, the reform of curriculum of School of Medicine in Split (13, 14), which significantly affected the curriculum of local family medicine education, sounded so refreshing, modern and elegant that both lecturers and participants not only enjoyed the entire course, but felt that a new initiative in family medicine teaching was born, and that we all witnessed to the event. On that behalf, the conclusions we were able to list at the end of the meeting we named *The Split Initiative*. It contains a number of precious conclusions, from those on the strategies of research and teaching in family medicine (in this *AMA* issue) to our firm promise to meet again each year.

The program of the course, as well as the sections of this theme issue, was divided in 4 sections: Innovative approaches to medical education, New models in family medicine education, Teaching family medicine in rural and urban areas and Continuous education of family medicine teachers. The works presented in these sections reveal a vivid and knowledgeable, caring and patient-centered approach to curricula and teaching methods, clearly influenced by modern trends both in family medicine concepts and in design of medical school curricula. We believe that the readers of the material published in this theme issue will find bits of novelty in every contribution, more so because of differences in approaches and contents. The presentation of the spectrum of differences

and novelties reveals both achievements and obstacles in our striving for better teaching, which will help our future effort to select and standardize the best pieces in a common nucleus of principles and strategies of pregraduate education in family medicine.

Two key strategic standpoints have emerged among the presented works. The first, arriving from Ljubljana, already in the European Union, is that family medicine has firm and vast grounds for own specific research, and that the research in family medicine in principle does not differ from the research in other clinical disciplines. The researchers in family medicine should accept, follow and fulfill criteria of other clinical sciences to join these other sciences as the equally valuable and productive partner. This approach should resolve endless doubts and discussions on what the true research in family medicine is, is it possible, promising, productive, significant, and how it can be performed within the specificities of the profession, some of which sometimes look or are unfavorable for the research in the field. This standpoint should, even more importantly, show the academic, scientific direction for the future to family medicine physicians, and enable them to regain the self confidence in their profession and themselves as the science and science workers.

The second strategic point was skillfully and bravely picked and put in life by our colleagues in Split. They maintain that they based their curriculum reform on the definition of their profession and research, which they chose to be the quality of communication with the patient and his or her family, and evidence-based medicine. They developed several research projects in these two areas, but at the same time engaged students, during their regular teaching schedule, to both practice in the two areas and contribute to the research. Students' work and achievements were subsequently elegantly transformed into the evaluation of

their educational achievements, at the same time actually being the collected research data. Regardless of the medium- and long-term outcome of this project, its very existence, and presentation at this course and in this theme issue, should be praised not only for bravery and compliment to profession of family medicine, but also as an inspiration that should for a long time keep our attention and our spirits as high as that in October 2011 in Split – when we have scored our best joint professional results.

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