

# Foreword\*

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Currently there is a vibrant and passionate debate on seemingly two contradictory positions of medical education establishments. One group muses on how successful the medical schools have been in recent years in cultivating society's best minds and transforming them into mature physicians. The other group's view is less congratulatory. The principal argument of this group is that medical schools are remarkably resistant to adopting the science of medical education. Medical schools are lagging far behind in the advancement in the science of education management. This group paints a gloomier future – either the medical establishment continues to adapt or face eventual atrophy. One may ponder how to reconcile these two seemingly opposing views. It may be that both viewpoints are true – medical schools *are* creating the best physicians but at the same time they are remarkably resistant to adopting new changes in learning and teaching paradigms.

Many argue, reasonably so, that there is a necessity to be cautious in adopting the fast-paced changes. The stakes are much

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\* This foreword has been reproduced from the 1st edition of the book (Amin Z, Khoo HE, *Basics in Medical Education*, 1st ed., World Scientific Publishing, Singapore, 2003).

higher and a false move is a move that we can ill-afford. Moreover, new is not synonymous with superiority. But, most believe there is a need to change – slow yet steady, cautious but determined at the same time.

Why are the medical faculty and medical schools so reluctant to change? One of the most important factors is the fear of the unknown – a substantial lack of knowledge about the science and art of teaching and learning in medicine. Ignorance breeds fear and fear perpetuates the collective inertia. The general lack of knowledge about teaching and learning among medical teachers is entirely understandable. Most medical teachers were taught in an era when the concepts of medical education were developing. Teaching was mostly teacher dominated, and there was very little emphasis on life-long and self-directed learning. Teaching was more of an art rather than a science without focus on empirical evidence to support the practice. But this cannot go on indefinitely.

Two of my colleagues and fellow medical education enthusiasts have completed the commendable task of bringing the teaching and learning concepts in medicine to the realm of general medical teachers. I am specifically delighted that the target reader of the book is medical teachers, as this is the segment within the medical establishment who needs the knowledge about medical education most. Throughout the book, they have maintained a delicate balance between the ‘why’ aspects of medical education emphasizing the needs for change and adaptation and the ‘how’ aspects demonstrating the way concepts and theories of medical education can be of immediate benefit to the medical teachers.

Teaching and learning is a much cherished activity; understanding the science behind teaching and learning should be an even more joyous and attractive pursuit. The book provides us with an easy yet essential reading to medical education. At the same time, it reminds us of the long journey that we eventually will

be taking in keeping up our good job of producing efficient healers for society by gradually embracing what the rich and dynamic field of medical education has to offer.

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