Globalization of Medical and Psychiatric Education and the Focus of Academic Psychiatry on the Success of “International” Authors

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Like many other aspects of our life, medical and psychiatric education is gradually becoming a subject of globalization. The Editorial in Academic Psychiatry by Coverdale et al. (1) not only pointed out the globalization of medical research, but also outlined some of the initial steps toward globalization of medical and psychiatric education and educational publishing, such as the increased number of international submissions to Academic Psychiatry. Recently, the entire issue of the Journal of American Medical Association (JAMA 2007, Vol 298, No 16) was devoted to various global health issues, such as leveraging university research to advance global health (2), science of large-scale change in global health (3), stress of brain drain in developing countries (4), health consequences of the current decline in U.S. household income (5), and other interesting global health issues. This issue of JAMA was actually an example of “a remarkable international collaboration organized by the Council of Medical Editors. . . . More than 200 scientific and medical journals have agreed to publish simultaneously on a topic of key global importance—the relationship between poverty and human development” (6).

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Some aspects of clinical care are also becoming global. Examples include the opening of U.S. medical school campuses in other countries, interpretation of imaging studies overseas during the nighttime in the United States, or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) approval of some hospitals in India and Thailand.

However, the interpretation of what exactly globalization of education represents, how and when it started, what it means for all of us, and how it is going to impact us in the future is still unclear. In a way, globalization of medical education preceded the globalization seen in various industries, including health care industry, during the last decade. What else than globalization of medical education was bringing in a substantial number of international medical graduates with many of them staying in the United States and some of them returning home after finishing their training? Setting up Educational Commission for Foreign Medical Graduated (ECFMG) examination centers around the world is another example of the same development in globalization of medical education.

The process of globalization of medical education has been going on for a while. It has been mostly unidirectional, with ideas and educational strategies flowing from developed countries to developing countries, or from the economically better off to the economically not so well off. However, globalization will ultimately become bi- or multidirectional, with ideas and commodities flowing in various directions, including back to the most influential, powerful, and developed countries.

It seems that we are becoming witnesses to and participants of this multidirectional stage of globalization of medical and psychiatric education and information, whether we like it or not. There is no use to being parochial or defensive about it. Information about medical educa-
GLOBALIZATION OF PSYCHIATRIC TRAINING

tion is starting to flow in both directions. An interesting example of this was a recent article on psychiatric training around the world (7), which included authors from the United States (American medical graduates and international medical graduates) and from outside the United States. We need to become a permanent part of this process. Enhancing the international status of Academic Psychiatry and making it the forum for information exchange in psychiatric education the way outlined by Coverdale et al. (1) is a very important step in the right direction.

What else can we do and what can we learn in this process?

First, what can we do? This issue of Academic Psychiatry introduces a new feature, the International Column. By establishing this column, the journal is committed to publishing interesting findings and ideas authored by international authors. However, the journal’s commitment goes beyond just publishing the work of international authors. The journal is also going to focus on the success of the international authors. As Coverdale et al. (1) pointed out, submission rates or quality of manuscripts might be lower from countries poorly represented in the psychiatric literature for various reasons. Some of those reasons include poor quality of submissions by inexperienced authors; other reasons may include reviewers’ biases. As mentioned before (1), Academic Psychiatry has established an international advisory board and is committed to editorial support of international authors and their submissions. The board’s role is going to be not only to just establish a relationship with prominent international educators, journals and organizations, but also to help international authors with their submissions. Members of the international advisory board and other selected reviewers will help inexperienced authors and shepherd their submissions through the complicated and (at times) multiple process of revisions and resubmissions.

As we suggested, we may also learn a lot about psychiatric education from the “reverse” flow of information. There are three main areas of information exchange we can all benefit from:

1. Sharing various approaches and solutions to common issues in psychiatric education
2. Exchanging new ideas about psychiatric education
3. Learning about systems of physician education in general, and psychiatric training in particular, across different cultures

It would be interesting to learn about the new educational requirements that are being gradually introduced in the European Union, or about the training of British general practitioners in psychiatry and the British primary care mental health initiative. There may not be many new ideas to exchange at this time, but there are certainly many examples of similar educational experiences to be shared. The two articles included in this issue’s International Column are examples in case. The article by Syed et al. (8) suggests that only a few medical students in Pakistan are interested in psychiatry as a career choice. The second article by Ndetei et al. (9) goes a step beyond—only a relatively small number of medical students in Nairobi, Kenya, would choose psychiatry as a career choice, in spite of a fairly positive attitude toward psychiatry among medical students at the University of Nairobi, Kenya, medical school. We know that the situation is very similar in the developed countries. For instance, Sondergard (10) recently pointed out that up to 20% of psychiatric positions are vacant in many Western countries, and the numbers of students interested in psychiatry in his native Denmark keep dropping (11). This, together with the findings from the United States (e.g., 12) and other countries (e.g., 13, 14) illustrates that we share the same problem—lack of interest in psychiatry as a career choice—and that the explanation does not seem to lie in negative attitudes toward psychiatry as a medical discipline.

Recognizing that the lack of interest in psychiatry as a career choice is not due to negative attitudes toward psychiatry, and that this is a common problem across the borders, is a first step toward a general approach to correcting this problem. We hope to exchange new ideas and findings about identifying the reasons and finding the solutions to the lack of interest in psychiatry as a career choice, and other educational issues, with our colleagues from all around the world. We believe that the commitment of Academic Psychiatry to the success of international authors will make this exchange easier and will strengthen the multidirectional flow of information and ideas.

References