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Medical education is an always evolving *métier* and mission. More than just emphasizing scientific knowledge, it is nowadays expected that it incorporates clinical reasoning, practical skills, and stimulates the development of character, compassion, and integrity.¹ Most medical schools education results chiefly from tradition rather than evidence, and little has changed with regard to delivering top notch professionals in healthcare.²

In this special issue about Medical Education, *Acta Médica Portuguesa* (AMP) spans from clinical education to educational research topics.

Resulting from a very short call, tens of original manuscripts were evaluated in AMP. It must mean that many people in Portugal reflect and know about medical education. Maybe we can perform better if valid and feasible measures of training success are defined. To help achieving that, we present quality papers organized in a chronological point of view, from high school to the continuous post graduate medical education.

Medical schools use different medical student selection methods. While traditional ones use methods based on assortment through academic achievements, others prefer the multiple mini-interview including personality and emotional intelligence assessment. Such issue is not a marginal issue, just as Lourinho *et al* call our attention to in their manuscript. We believe that some personality traits are medical training success predictors that will become a central part of medical education in the next few years. The sooner we realize this, the better we will treat patients in general.

After a careful selection of future physicians, the hidden *curriculum*, ethics and structure of medical education becomes pertinent.³ Transition from high school to medical school is a challenging period for students. The lack of self-regulated learning skills and self-study frequently leads to burnout among medical students. Barbosa *et al* approached this matter in a very interesting paper, suggesting that

academic performance does not influence burnout, but rather the amount of time dedicated to study.

The value of people's narratives in clinical practice is uncovered in a paper authored by Maria do Céu Machado and João Lobo Antunes, two exceptional medical leaders in Portugal. More than a perspective manuscript about patient empowerment, it is a legacy and the depiction of a role model of a life devoted to educate leadership corps of health professionals.

Clinical teachers are finding it more and more difficult to be top researchers because of increasing time constraints and escalating pressure to increase their clinical productivity. Just like in the society, we are experiencing increased emphasis on economic issues, instead of prevention and relief of suffering. We cannot be surprised if in a few years the quality of clinical teaching is getting worse. Adding to that, fewer physicians are willing to be clinical teachers, most of them lack basic training in teaching skills, and more non-physicians are taking over teaching tasks in clinical areas.⁴ We can only express our deep concern, that this might have severe consequences on the balance between medical knowledge and practical skills, as well as in the moral orientation required for a successful practice in medicine.

The changing face of our health care system is shifting from repeated hospital acute episodes to the community promotion of care. We should think if the current delineation of specialties and subspecialties aligns with the country's health care needs. Santiago *et al* studied how teaching family medicine strategies in a surgery context could improve the quality in medicine.

Medical educators search for competence in the delivery of good physicians. Comparing to standards has become the way clinical skills are learned. Assessment drives learning and reduces errors. Self-assessment, peer evaluations, portfolios of the learner's work, written assessments of clinical reasoning, standardized patient

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examinations, oral board examinations, and sophisticated simulations are used increasingly to support the acquisition of appropriate professional values as well as knowledge, reasoning, and skills.⁵ A still limited amount of evidence about an individualized, competency-based, simulation based learner-driven education is emerging as an innovative model for pre- and post-graduate medical training. This AMP edition includes several manuscripts about outcomes-driven approaches to those points, hopefully for us fostering innovation.

It is widely accepted that Portugal has one of the most well organized and copied medical residency programs in Europe. The biggest residency satisfaction questionnaire ever made in Portugal is presented by Bigotte *et al.* Stakeholders will undoubtedly look for it and consequences could emerge in the next few years.

Soares *et al* present a multicenter study suggesting that physician-scientist programs will be paramount in the

future. Physician scientists are uniquely capable of asking clinically relevant questions in research settings and bring the rigorous scientific inquiry to the care of patients. We also believe they are an essential, yet fragile link in the medical research and educational chain. Not only MD/PhD, but probably more PhD/MD with uninterrupted research during residencies are feasible and a great opportunity for increasing the quality of medical research in Portugal. But the absence of protected time and limited financing poses severe limitations to the progression of scientists in Portugal. Changes are urgently needed concerning this issue, because some of our best physician researchers are emigrating or leaving research due to the lack of attractiveness of their working environment.

We expect that AMP will continue to help fuel research and innovation in the field of medical education in Portugal in the next following issues and upcoming years.

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