

EDITORIAL

THE NEED FOR TRANSFORMATION OF MEDICAL EDUCATION AND PATIENT CARE IN ETHIOPIA

Worldwide, medical education seems to be in a unending state of unrest. However, the Ethiopian medical education in its nearly half a century history still follows traditional curricula and mainly limited to producing general practitioners. Compared to the population and the size of the country, the number of graduates per annum was small as the number of medical schools was very few. Worsening the situation, most of the graduates travel abroad looking for better life and further tainting. As a result, the pool of clinicians went downhill during the last decade.

These call to revolutionarize the medical education and the clinical care in Ethiopia. The need for change is not only on quantity and vertical training but also a fundamental redesign of the content of medical training. The vertical training opportunities will help close one of the leaking holes (brain drain) and improve quality of medical education and clinical care. Until recently, vertical training, mainly production of general specialists was limited to Addis Ababa University Medical Faculty. Subspecialty training is at its infancy stage. As a result, the patient care is limited to basic clinical services. Many patients requiring specialty care either die or continued to suffer from the condition. Only those who can afford travel abroad to get the service which further subjects them and the country for unnecessary expense. Availing in country advanced training opportunity to young doctors improves the quality of medical education and also advances clinical care for those who are in need.

I had the opportunity to participate in the German and Israel medical education and clinical care during my Pediatric Cardiology fellowship. The methods of medical education and the advancement of clinical services they are providing not only to their people but also to the rest of the world in all disciplines is impressive. With aspiration to transform our medical education and patient care, I had discussions if they can help us in some subspecialty trainings. I got not only promise to help but also letter of confirmation in certain specialties. This opportunity comes inline with completion of modern teaching referral hospital. I suggest, Jimma University should be proactive in utilizing and also creating such opportunities to champion transforming the Ethiopian medical education and clinical care. The editorial board of EJHS would like to express its commitment for betterment of medical education and patient care. The current issue of EJHS contains eight original articles including five articles on reproductive health, two on malaria and one on bacteriology.

On a study done on 30 food establishments in Jimma City, various food borne pathogens were isolated in 43.3% and indicator organisms in 96.7% of the food establishments. Overall, ten different bacterial species were isolated. Of the 20 *S. aureus* isolates, 90% showed resistance to oxacillin, 60% to amoxicillin and 20% to vancomycin but all were sensitive to co-trimoxazole. Ninety percent of the *S. aureus* isolates were MRSA.

A study done in Jimma University Hospital revealed a magnitude of obstructed labor of 12.2%. The causes of obstructed labor were cephalo-pelvic disproportion in 67.6% and malpresentation in 27.9% of the cases.

Another study conducted on Bengalee mothers in India showed that maternal height had the most significant impact on neonatal weight and length. The proportion of LBW was 75.0% among short compared to 25.0% among tall.

A study done on sexual practice of Jimma university students found that practice of penile to vaginal intercourse, masturbation, kissing, oral sex, and anal sex were reported 28.9%, 36.7%, 42.4%, 9.2% and 4.3%, respectively. Sixty percent of those who had sexual experience were exposed to sexually transmitted infections and 46.6% to both unplanned pregnancy and sexually transmitted infections. The second component of the same study revealed that virginity value-scores were significantly lower among females ($p < 0.001$). Many respondents of both genders reported that boy/girl friend is very important in campus life.

A study conducted on outcome of presumptive versus rapid diagnostic tests-based management of childhood malaria-pneumonia overlap in urban Nigeria revealed a higher (98%) clinical cure rate in children managed presumptively than those managed rapid diagnostic test-based (94%). However, rapid diagnostic test-based treated children had lower risk of receiving antimalarials compared to those treated presumptively (48% vs. 100%).

Another study done in Arba-Minch on KAP of malaria prevention showed that 84.6% of the respondents mentioned mosquito nets as protective measures against mosquito bites. The protective measure mostly used by the respondents or other household members was mosquito net (73.3%) followed by aerosol insecticide (13%).

A study conducted on Adama University female students showed that 29.4% were sexually active, 9.4% had history of pregnancy and 7.4% had history of abortion. Forty seven percent of the students had heard of emergency contraceptives; from those who heard, only 27.2% had good knowledge and only 4.7% used emergency contraceptive methods.

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