1. The need for a new medical model: a challenge for biomedicine. George Engel, Science 1977; 196: 129-135

-the original and oft-quoted paper that sparked Medicine's interest in holistic medicine – an old copy but an interesting read.

2. A dynamic program of medical education for the future. Ronald Harden, Proceedings of the Third GCC Conference of Faculties of Medicine on Medical Education, Dec. 2002

-a brief 4 paragraph summary of Dr. Harden's address at this conference. Executive summary of the future of medical education from one of the recognized leaders in modern medical education.

3. Should Chiropractic be a "wellness" profession? Cheryl Hawk, Top Clin Chiropr 2000; 7:23-26

-an interesting essay and a great foundation for us to begin to discuss this important topic. She argues that "the basic beliefs of chiropractic…are congruent with the principles of prevention and wellness" and that "…chiropractic already occupies a strong position in the health care system as the leading CAM profession". However, there are a number of serious challenges for us to address in chiropractic education and practice.

4. Twelve tips for effective short course design. Joseph Lockyer *et al*. Medical Teacher 2005; 27: 392-395

-part of the "12 tips" series in Medical Teacher. A great little reference for reviewing your course structure and design. Often a course evolves by accretion rather than strategic planning. Re-design is not always an easy thing to do, but you can consider updating a program by looking at discrete steps towards an ideal design.

5. A systematic review of the methodological rigor of studies evaluating cultural competence training of health professionals. E.G.Price *et al*. Academic Medicine 2005; 80-578-586

-training in cultural competence is relatively new in medical education and the authors hypothesized that more recent studies of these training programs would be more rigorous "since cultural competence is now a federal standard of health care". This was not the case in their research review of 64 studies in this field. They offer ideas and challenges to facilitate the assessment of cultural competence training programs.

6. Prevention or Wellness: the evolving language of integrated healthcare. D. Matteson and F.Bomonti, Integrated Medicine 2005; 4: 26-28

-a brief review of the terminological challenges, with some reference to public healthcare policy and reimbursement models. They are correct in asserting that "poor definition fuels confusion" and challenge us to clearly define our product. (this reprint is accompanied by the editorial in the same issue, by Joseph Pizzorno, ND, entitled "Clinical decision making – how good are we at this

critical skill". He argues for more training and embedding of EBM skills in medical education)

7. Health Care, Not Sick Care. Senator Tom Harkin. Am J Health Promot 2004; 19:1-2
-an essay by the US Senator from Iowa, outlining his philosophy of health and wellness, and his promotion of a new paradigm emphasizing wellness and prevention of illness rather than the treatment of disease. He introduced legislation in the Senate (bill S2558, the HeLP America Act, HeLP=Health Lifestyles and Prevention) aimed at shaping public policy towards the promotion of healthy lifestyles.

8. Teaching Evidence-Based Medicine: Should We Be Teaching Information Management Instead? D. Slawson and A Shaughnessy, Academic Medicine 2005; 80: 685-689
-puts evidence-based medicine into a different context. The information explosion has made EBM a more challenging prospect and information management skills are essential for modern students (as well as their teachers) (this reprint is accompanied by the editorial on the same issue by Michael Whitcomb, entitled "Why we *must* teach Evidence-Based Medicine" – a very good read, if you have any doubts about the importance of evidence-based care in chiropractic)

9. Advancing a Traditional View of Osteopathic Medicine Through Clinical Practice. Felix Rogers, JAOA 2005; 105: 255-259
-I love reading the works of Felix Rogers, an osteopathic cardiologist. Osteopathic medicine is going through a challenging time, with fewer and fewer DO's interested in either OPP or OMT (Osteopathic principles and practice, osteopathic manipulative treatment). Dr. Rogers, as one of a shrinking group of outstanding traditional osteopaths, outlines the needs of the osteopathic profession to define its distinctiveness. He covers topics like the different schools of thought in osteopathy (equivalent to our straights and mixers), osteopathic research, public health issues, and the tenets of osteopathic medicine. A great read for any chiropractic educator – its my contention that you could replace the word "osteopathic" with "chiropractic" in his article and it would still be accurate and relevant. Incidentally, as a cardiologist, Dr. Rogers has published articles about the importance of the manipulative treatment of cardiology patients in hospital, including immediately after open-heart surgery.

10. Twelve tips for developing and maintaining a simulated patient bank. J. Ker *et al* (from the University of Dundee, which has an international reputation for medical education innovation, through their Center for Medical Education). Medical Teacher 2005; 27: 4-9
-another paper from the "12 tips" series. This one is a virtual instruction manual for developing and maintaining a simulated patient bank. This is an area that several faculty members have identified as a consideration for the future. With reduced hospital in-patient visits, even medical students are having a difficult time

getting the level of clinical experience they need. Simulated patients, once a "luxury" reserved for standardized testing purposes, are becoming more and more important in undergraduate medical education. (one of my favorite quotes from Osler: "To study medicine without books is to sail an uncharted sea, to study it without patients is to not go to sea at all")