The Journal

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Aims and Scope

Bulletin of Medical Sciences enables time-pressured physician to stay abreast of key advances and opinion in biomedical science in order to support clinicians and related healthcare professionals in continuously developing their knowledge, effectiveness and productivity. The journal comprises balanced and comprehensive articles, addressing the most important and salient development in the biomedical science.

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Bulletin of Medical Sciences is a quarterly journal comprises editorials, reviews, original articles, case reports, short report, ideas and opinions, book reviews, perspectives, seminars, symposium and mini-symposium, ethics and rights, health care policy and management, practice guides, and CME quizzes. The structure of each edition of the publication comprises section categories determined by Editor and reflects the view of the Editorial Board.

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Letter from the Editor

MUCH HAS CHANGED BUT THERE IS NEED FOR MORE

Health care is becoming increasingly complex across the globe; technology, deliver models, economic requirements, demographic and the epidemiology of diseases are changing at a rapid pace. Despite multiple efforts in defining common competencies and standards that all healthcare professionals should meet, it has become clear that education and training programs have to adjust the need to be accountable to society for products they produce.

Medical education has evolved to become a discipline in its own right. With demands on medical faculties to be socially responsible, there is now an increasing pressure for the professionalism of teaching practice. Albania is a relatively young country in medical educational term. However, based on his historical roots in the past, Albania medical education was adapted to changing circumstances through the ages. Although there were a number of innovations and reforms, we still face several challenges and critical issues caused by new health care standards.

In order to respond successfully to changes in health care and to produce a new breed of future doctors through effectively medical school reforms, Albanian Government has decided on 23.01.2013 (VKM Nr. 48) to improve, as soon as possible, educational strategies of high medical education beginning with transformation of actual Faculty of Medicine to a University of Medicine, composed of Medical, Dentistry, Pharmacy, Public Health and Medical Nursing Faculty. This essential and welcome structural improvement will enable to move from traditional teaching to integrated curricula, student directed learning, active participation and roles in practical education, to resolve the tension between “knowing” and “doing”, to consider diverse training methods and formats for students and residents, to reinforce research activity, to promote academic excellence, to conduct more rigorous program evaluations, to foster new partnership and collaborations and to ensure long-term retention of high quality medical services.

On behalf of editor-in-chief of the “Bulletin of Medical Science” I heartily would like to wish Prof. Dr. Jera Kruja, the nominated Rector of Albanian University of Medicine, to successfully proceed in fullfilling the multi-dimensional teaching, clinical and research reforms and to insist on higher standards of medical education. I am sure that thanks to the high academic, clinical and scientific profile and her long experience in direction of the high academic and hospital structures, Prof. Dr. Jera Kruja, together with respected professors of our Departments and Services will achieve the needed standards on high medical education.

Academician Bashkim RESULI
MEDICAL UNIVERSITY OF TIRANA AND THE ACADEMIC REFORM CHALLENGES

Prof. Bajram HYSA
Dean of the Faculty of Medicine

Prime Minister Berisha’s vision to transform the Faculty of Medicine in the first Albanian Medical University, mobilized services and departments of the Faculty, and Dean and Deputy Deans have set up immediately extensive working groups for this purpose. Faculty of Medicine, in the democratic governance has always felt the support and special care of Prime Minister Berisha, making this precious promise on the 60th anniversary of the establishment; a promise that has now become a reality.

Democratic government, investing in education, has conducted a long-term investment to our students, beneficial to life and society, and we need to make them understand better (just remind them to remember), that they constitute the privileged part of the society, and they should be ready to assume the obligations, in return for the material and intellectual favors they had have during the democratic governance.

An irreplaceable chance

Medical community, with tens of thousands of students, professors, medical staff and scientific researchers, representing a large force, able to exert its influence on the course of present and future evolutions that occur in an ever-changing world.

Universities in today world have become major protagonists of modern life. In Albania too, is happening the same phenomenon. But to fulfill its mission in the most efficient way, our universities should be guided by clear ideas of what they represent, as well for the fundamental objectives they should reach.

The responsibility of each university is not different from that of any other social entity: it must demonstrate the skills it owns to meet the needs of a society that never stop changing. This means that everybody should have the courage to change, even if changes are difficult and laborious.

The support of a cooperative society and a government with the Prime Minister, one of the most respected professors of medicine, which promotes and supports the establishment of the first University of Medicine in our country, is undoubtedly an irreplaceable opportunity, demanding contributions from every student and professor, according to their abilities and the ability to better use the possibilities that offers the University.

Guarantees offered by the Professors

Medicine is one of the major sciences. We don’t even doubt that the capacity of professors of the Faculty of Medicine, trained and qualified within and outside the country, offers a range of guarantees necessary for the university to be in a privileged stage without differences from its European counterparts. Faculty of Medicine has major advantages in the clinical field, the scientific research and services.

Today were performed medical treatments and surgical procedures similar to those in developed countries. Over 200 teachers have done specializations in western countries, USA, Canada etc. Our attention is focused towards international projects, such as the project “ERAWEB” etc., which have engaged the faculty in continuous medical education in order to follow step by step the contemporary news and evolution in medicine. For the moment there are 17 students of three cycles of studies in different countries of Europe that are being specialized and are preparing the master theses and doctorates. For the reaching of the syllabus of the modern innovations, we are seriously
engaged through the establishment of a Telemedicine center, so the medical staff and students could interact directly with specialized medical centers in the Western countries, for any problem that may arise during the diagnosis and treatment of various diseases. The application of Telemedicine implied that we are an active part of international conferences in various medical fields. Also, in the Faculty of Medicine were done enormous changes in the direction of interactive teaching and centralized online secretaries, in order for the students to receive information in real time.

Certainly the establishment of the University requires a curricular reform, deeper and more comprehensive. Detachment from traditional study schemes based on disciplines towards an integrated curriculum is our short-term goal of teaching reform. Therefore, the necessity presented to project diverse studies in pedagogical terms, detailed and comprehensive, but are also required more flexible structures.

**Triptique of our principles**

The Medical University, like all its European partners, must be adapted constantly to the changing needs of today’s world and projecting future, by applying three basic principles: professional training, holistic education and scientific research. Currently, when a number of functions of the university are already performed by the private educational sector, it seems that the excellence and quality of teaching constitute the supreme order of the day for universities. This remains one of the main factors that determine the quality of a university.

Professors of the Faculty of Medicine, clearly feeling the variety of new responsibilities in a world that is moving at a fast pace and where the problems are complicating increasingly, had these basic principles: creation, innovation and prospects. These principles should inspire the activity of Medical University to fulfill its threefold mission: educational, social and moral. Preparation of doctors to face the civil and professional responsibilities, should be one of the primary tasks. To justify his status, this autonomous institution, thanks to the significant efforts that have been undertaken at the national and international levels, should play a significant social role, regarding the evaluation of university staff with their teaching formation and mobility opportunities of each professor for occasional specializations.

**From the Autonomy depends the Knowledge**

Faculty of Medicine has been prepared to this new situation, working out an integrated curriculum, extending scientific research in key areas of many traditional disciplines. Autonomy is a condition for qualitative achievements, which depend on the progress of knowledge. And this is crucial to the important institutions of knowledge and professional scientific formation. Medical University has to carry out an important mission regarding the progress of the Albanian society. To do better teaching, more capable and of better quality, we are sure that the structures and the relevant departments will be flexible. A lot of effort is done for a closer cooperation of disciplines and departments, to serve the best to the authentic interests of knowledge and scientific research.

**Modern communication systems**

It belongs to our academic staff and students community to assist in filling the gap between what we know and what we can do. We should aim the necessity of planning the medical science under a new perspective, if we want the relationship between science and profession to be obtained in such a way as to respond to the complex challenges that raises the contemporary society. Development of teaching and the creation of scientific skills is of paramount importance. University must be equipped with modern communication systems, suitable to facilitate educational and scientific exchanges between institutions of higher education, to be provided with new multidisciplinary programs, aiming at the creation of an increasing number of scholarships for better qualifications.

The perspective of Medical University cannot be separated from the perspectives of the new millennium, therefore, we need to reconsider many strategies, to determine new concepts, to adapt the variety of methods, procedures and new norms, which would lead us, in a word, to review and adapt ourselves in a world that moves.
The Fall and Rise of Internal Medicine

Academician

Bashkim RESULTI

During the last decades, internal medicine has significantly changed its complexion in favour of an integrated array of subspecialties, such as cardiology, gastroenterology, endocrinology, rheumatology, hematology, etc. Subspecialties in Albania, as well in other countries, attract more and more undergraduates and young physicians in virtue of a strong scientific and operational performance, and seem also to do better than general internal medicine in meeting the demand for a better quality of prevention and care. In parallel, general internal medicine has lost most of its attractiveness and identity as a specific area of expertise, as a critical element in education and training and as the basis of clinical care for most of the population. Combined with the fact that only a small number of new doctors express interest in general medicine and primary care careers and planned to become generalist instead of a specialist, means a very limited number of generalist can be expected to enter practice each year. Hence subspecialists are progressively increased over generalists, exacerbating the primary care doctor shortage and a presumable further inflation of the expenditure of medical assistance.

Internal medicine was born on April 20, 1882, when the famous German Professor, Theodor Frerichs, opened the first German Congress of Internal Medicine in Wiesbaden. In his speech, he declared with pathos which was usual in those times: “We were leaving more and more the unity of the human body represented by internal medicine. It is the duty of internal medicine to hold together all subspecialties. Internal Medicine is a broad stream, from which the different subspecialties branch off as smaller creeks. They dry out in the sand, if they would be separated from the broad nourishing stream”. However, the enormous development of medical knowledge in the last few decades has made the increasing specialization unavoidable. The different organ-centered specialties developed so to speak as the daughter of internal medicine. With their sophisticated technique and methods, the experts of all these fields today achieve diagnoses and treatment results that were unthinkable some years ago. It is therefore understandable that these daughters desperately wanted to emancipate themselves from their internal medicine mother. They no longer want to be subspecialties of this subject, but to become independent specialties. At first glance, such total and consistent organizational fragmentation of the patients into his or her organs seems to be quite clever and logical. However, we have to carefully keep in mind the long-term consequences of such an atomization of internal medicine for our health care system.

The dichotomy between generalists and specialists in internal medicine is the most important topic today. The relationship between them become more and more strained and will have far-reaching consequences for the entire medicine. In fact, generalists and specialists differ fundamentally in their approach to clinical care. Generalists are the first point of contact with the health care system. They confront a greater variety of illnesses compared with specialist, are more accessible, see more patients per unit of time, charge less for primary care services and are more likely to provide continuity and comprehensiveness of care. Ideally, generalist treat a wide variety of medical problems, match patients’ need and preferences with the appropriate and
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