

# EDITORIAL

## INTRODUCING MEDICAL EDUCATION IN A TEACHING HOSPITAL IN PAKISTAN-CHALLENGING THE STATUS QUO

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Once, I offered, a practicing senior physician working in a tertiary care hospital to join a master program in Medical Education as part of continuing professional development. His prompt answer was; 'I have been through this process for the last 30 years'. I told him that it would help him in improving his teaching skills, and he answered; 'I am teaching undergraduate students and supervising postgraduate students for the last 15 years. What is wrong with my teaching?' Then I told him that it would improve his assessment skills. He replied that he has been an approved examiner of College of Physicians and Surgeons (CPSP) for the last 10 years. I told him that it will make him a good professional and he will be able to become a good role model for students; and he answered in a sarcastic way; 'am I not a professional? I have the highest number of postgraduate trainees under my supervision in this hospital. I have treated thousands of patients over the years'. I was out of any other idea to convince him at this point.

Medical Education, as a profession, is new and still evolving. There are around 127 medical institutions in the world offering certificates, diplomas, masters and doctorate programs in medical education, around one third of these in USA and Canada<sup>1</sup>. However it is still not appealing for medical institutions in Pakistan<sup>2</sup>. Several Master level programs have been started in Pakistan since 2008, and currently there are eight programs available in the country. The Pakistan Medical and Dental Council (PMDC) and CPSP are trying to align their undergraduate and postgraduate curricula to the contemporary educational philosophy, but still there is faculty resistance. Such programs may enhance the teaching and learning techniques on part of teachers and students respectively. They are helpful in improving the curricula both for undergraduate and postgraduate medical students. They challenge the archaic assessment techniques already in place in these institutions. An important role of these programs is to bring changes in the attitudes of teachers towards patients, students, and colleagues and improve their professionalism attributes. They look more empathetic, good leaders and managers after attending these programs, and their communication skills, time management skills and other attributes look much improved<sup>3</sup>.

Medical education programs teach about how to convert from didactic teaching techniques like long lectures to interactive lectures and small group discussions. The didactic teachers are challenged from information bombardment to teaching the wholes and big picture of a topic. Learning techniques of students are converted from rote memorization to understanding and application through problem-based and khome-based learning. Workplace based learning in hospital environment can be converted from long teaching, and sometimes humiliating ward rounds with more emphasis on students rather than patients. Their teaching is converted into focused, targeted, and scenario based small sessions by introduction of one-minute preceptor, and other models of workplace based teaching and learning techniques. Assessment of students can be shifted from non-scenario based, paper questions and often tiring viva type assessment checking only memorization of students into scenario based, focused questions assessing higher cognitive skills. Unstructured, and tiring practical assessments may be replaced by focused, standardized objective structured practical / clinical examinations. Formative assessments, which at the moment are non-existent in postgraduate teaching, can be introduced in the form of case based discussions (CBD), Mini CEX, and multisource feedback. Curriculum, which at the moment cannot be defined by most of the faculty, can be taught, planned, evaluated, improved, and implemented in modern ways. The concepts of terms like learning objectives, table of specification, assessment and their alignment can be introduced amongst the faculty to improve teaching and assessment techniques. Other attributes such as role modeling, professionalism, teamwork, leadership can be incorporated in one`s personality that will go a long way in his/her professional carrier.

Apart from all these and many unwritten qualities, which a medical professional can incorporate in his personality and into the organization where he/she is working after attaining a certificate, diploma or degree in these programs, is awareness about the techniques of conducting clinical and educational research. Thesis writing is a mandatory component of Master programs in Medical Education. Faculty, who undergoes these, can acquire the necessary skills of conducting, evalu-

ating and reviewing research activities of colleagues, students and others.

This limited description of the effectiveness of such programs may sensitize the existing faculty of medical teaching institutes and upcoming students to take steps at some level to join such programs. This can go a long way in improvement of their technical and professional attributes, and will ultimately bring a change at the level of organization and future medical professionals.

#### References

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