Development Resources for Medical Education

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Creation of WHO/RTC

- Regional Training Centre (RTC) created in 1975 as part of a WHO Global strategy to improve health professions education
- Six Regional centres
- Fellowships at the University of Illinois to develop resource people
- Inter country workshops and fellowships for educational leaders in all aspects of medical education

Factors Driving Change in Medical Education

 Adoption of a broader agenda for education aiming to develop "reflective practitioners" with high level cognitive skills and capacity to generate and apply knowledge in professional settings.

Shift in education approaches

- Competency based
- focus on student, not teacher
- focus on learning activity, not passive 'spoon feeding'
- focus on skill development, not content
- focus on cognitive skills
 * how to learn, * how to solve problems
 * how to use information * how to reason
- Leadership for change
- More community oriented community based

More emphasis on

- Clinical skills
- Cognitive skills
- Learning how to learn and how to think critically
- Communication skills and cultural competence
- Capacity for life long learning
- Use of information technology

More emphasis on

- Behavioral/social science
- Health Promotion, Prevention, Protection
- Population Health
- Health care systems
- Cost containment
- Evidence based medicine
- Social accountability
- Ethical and professional behavior

Learning environments and styles

- Skill labs
- Simulated patients
- Flexible delivery Multi media & Web based teaching
- Small group learning
- Self directed learning
- Problem solving and experiential learning
- In depth study
- Elective programs
- Performance assessment > OSCE

Shift away from:

- Examining retention of factual information rather than performance and application
- Apprenticeship model of shadowing experienced clinicians
- Sharp division between pre-clinical and clinical phases of program
- Disjoint program where subjects are taught in isolation often in random order

Three generations of educational reform



Three levels of learning

Level	Objectives	Outcome
Informative	InformationSkills	Experts
Formative	SocializationValues	Professionals
Transformative	Leadership attributes	Change agents

Investments in faculty development

- Establishment of medical education units and other institutional resources
- Fellowships for teacher training
- Reassignment of duties to enable professional development (e.g. special study leave)

Investments in faculty development

- Policies concerning evaluation of teaching
- Policies concerning promotion and remuneration
- Systems for continuous quality improvement and accreditation

Educational Development Mechanism

- An individual acts as mentor/resource person
- Faculty committee initiates and mobilizes
- University-wide or Faculty-wide Center
- Decentralized unit at departmental or setting level
- Influenced by >

accreditation requirements, leadership, institutional culture and resources.

Establishment of Educational development Centre

- Cultivate a pool of resource people to support educational development
- Mobilize expertise
- Coordinate development efforts .
- Provide technical support and strategic advice

Importance of Institutional Support

- Adequate resources and commitment
- High level Coordination (Steering) committee representing stakeholders
- Strong affiliation with WHO
- Host institution and Government recognizing strategic contribution and benefit
- Availability of expertise and resources

Capacity and Change Perspective

- Staff increasingly familiar with context and special requirements of countries through extensive exposure and study.
- Strategic focus on areas of contribution
- System thinking
- Facilitation skills and 'cultural competence'.

High Commitment

- Pioneering mentality intimate, high level commitment, passionate, tight network, based on trust and friendship.
- Inter-professional issues two edge ,
 opportunity for broader exchange but dilution of unique attributes and status
- Career development opportunities for staff

Change Lessons

- Readiness for Change
- Individuals alone cannot achieve institutional change
- Coopting power at the top
- Importance of culture, policy, incentives
- Start with the learners interest and agenda
- Most support is needed when an innovation is tried out first time
- Spreading innovation takes time , patience, persistence
- Change is local and complex.

Priorities for strengthening Training Institutions: Lao and Cambodia Experience

- Setting realistic targets for student intake based on institutional capabilities and resources
- Focusing the curriculum on essential competencies required in practice
- Improving the skills of teachers in all aspects of education and particularly their ability to deliver student centered interactive learning approaches.
- Developing capacity for educational development (Educational development Centre)

- Strengthening the leadership, management and governance of the training institutions.
- Formulating quality standards for improvement and accreditation
- Strengthening links with health facilities and community settings that could provide learning environment for students (including development of clinical coordinators and preceptors who could facilitate learning in the field)

- Developing and acquiring learning resources and materials including skills labs and library resources (including translation)
- Improving the availability and maintenance of essential equipment and logistics (including; on-line platform
- Renovating or constructing facilities for teaching and student services and accommodation

- Strengthening the contribution of the training institutions to in-service training
- Strengthening the exchange and support among the institutions and particularly from the Central level institutions to the Regional Training centres
- Engaging teachers in scholarly and research activity