

MEDICAL EDUCATION ON THE MOVE

CME Newsletter

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Editorial

After a long gap since the fire burning down our office in 2003, the Centre for Medical Education has started publishing its newsletter again. To update our readers we have covered the main activities of CME during the past three years. These include orientation workshops for medical teachers about the new MBBS curriculum, workshops for medical teachers on the newly introduced assessment system, establishment and review of Quality Assurance Scheme in medical colleges and piloting of problem based learning in different medical colleges.

CME has also started short course and long course (MMEd) in medical education.

As usual in our newsletter we have a front feature on a topic of medical education and an article on one of the many educational researches being carried out by CME.

Suggestions and opinions from our readers will always be welcomed.

Hoping to keep our readers entertained.



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**CENTRE FOR
MEDICAL
EDUCATION**

Postgraduate Medical Education in Bangladesh

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Medical & allied health science education & health personnel management strategy is changing with advancement of science as well as arts of management.

The aim and objective of health professions education is to produce health professional who will have attitude to promote the health of all people. But despite the enormous progress made during this century in the medical science, this aim is not being materialised.

The individual patient expects the health professionals to be a patient listener, close observer, caring, allowing interaction and also definitely a competent professional. But this role is hardly played by our present day professionals.

While most of our people do not have access to the national health services, the preventive, promotive & rehabilitative competency that are required by today's health professionals are still conspicuously absent. Although these defects have been identified for a considerable time, attempts have been made by other countries to overcome these and they are bringing progress in their health professional education and health care services. We are yet to start proper need based education, as well as proper HRH management. It is neither adequate nor merely appropriate, while we look into the expectation of our clients. The much needed change in the objectives, contents, contexts and processes of medical & health professional education have yet to be properly organised or introduced.

Teachers of health institutes and policy makers are yet to be concerned to the urgency of developing innovative strategies and programs to reorient health science education to meet the health needs of our common people. We have no choice but to respond constructively to the population's needs.

The medical institutions should set their objectives for a process of education with a functional quality control mechanism & teaching audit which can ensure producing competent doctors, who will be compassionate to the people. The communication skill, ethics, behavioral science & management be incorporated in their teaching.

The health policy & strategy of the present government towards health professional development is to improve the standard & quality. It needs close monitoring, constant supervision & regular evaluation. We have very limited resources which we should utilize judiciously & ethically. Institutionalizing the monitoring, supervision & evaluation system will bring better result.

At present Bangladesh providing postgraduate degrees from BSMMU, BCPS, NICVD, NIO, NIKDU, NIMH, NITORE, DSH, BICH, NHF&RI, LEH, ICDH, NICRH, CME, NIPSOM, DMC, SSMC, CMC, SMAGOMC, RMC, RgMC, MMC, SBMC, BIRDEM, IEH, DDC, CMSSH, ICMH & BCGP etc. Name of the provided degrees are MPhil, FCPS, MD, MS, MMed, MPH, MCPS, Different

Diplomas & FCGP. We are producing specialists but they are also not skilled up to the mark as gold standard. So we should think for the following events seriously:--

a. Postgraduate medical education should aim to produce :

- Biomedical scientists
- Teachers for medical & allied institutions
- Specialist clinicians
- Specialist in preventive medicine
- Epidemiologists & Biostatisticians
- Administrators & Programme Managers
- Family physicians

b. Pre-requisites for an effective policy on postgraduate medical education :

i. Accurate assessment of need for postgraduate medical education:

- ◆ Should be realistic and not idealistic
- ◆ Should take into consideration both private and public sectors
- ◆ Appropriate support for the functioning of postgraduates should be created.

ii. Selection of appropriate institutions for postgraduate medical education :

Undergraduate medical colleges are sharing responsibility for postgraduate medical education

- ◆ Appropriate staffing pattern with proper physical space & logistics support are essential for success
- ◆ Facilities should be created for learning or research without hindrance

iii. Appropriate postgraduate medical curriculum:

- ◆ Must be appropriate , rational and need based.
- ◆ Must take country situation in consideration where appropriate and rational
- ◆ Must be community oriented and community based where applicable
- ◆ Should be under continuous review
- ◆ Can be divided in modules which should be given according to a time schedule
- ◆ Should encourage acquisition of up to date knowledge

iv. Correct selection of postgraduate medical candidates :

- ◆ Selection should be based not only on factual knowledge, but attitude and skill

- ◆ Specialist' should be redefined
- ◆ Postgraduate education should be selective, and not for all those who can afford
- ◆ Should take into consideration both individual's liking and country's needs

v. Faculty development for postgraduate medical education :

- ◆ There is no strong policy and strategy of the government to train the teachers for such world wide accepted degree like PhD, MPhil, Masters from abroad. Only few short course/study tour - which are not beneficial for strong foundation to build up world class standard teachers.
- ◆ As the present government has also taken decision to run postgraduate course in different medical colleges, so it is the time demand to think for the faculty development of the medical colleges teachers.
- ◆ There should be two classes of health personnel--- one group will be involved with teaching and educational research and another group will deliver health care services with clinical research.
- ◆ For definite career planning of the faculty members there should be demand for specific post for specific medical colleges/institutes through concerned body which will enrich & ensure the teaching staff of all medical colleges/institutes and will help to run the postgraduate and as well as undergraduate medical education to address the sectoral objectives and to meet the current health problems.
- ◆ Politics free congenial academic environment is badly needed for effective teaching-learning in the undergraduate and as well as postgraduate medical institutes, specially in the medical colleges.

vi. Assessment in postgraduate medical education :

- ◆ Continuous formative assessment should replace end-term summative assessment as far as possible
- ◆ Assessment should be more objective than subjective
- ◆ Skills, attitude and communication skills should also be judged apart from factual knowledge

vii. Proper utilization of postgraduate holders for effective postgraduate medical education:

- ◆ Optimum utilization must be ensured
- ◆ Appropriate opportunity should be given for optimum functioning
- ◆ Avenues for 'going up the ladder' must be created
- ◆ Opinions should be given proper weightage in policy decisions
- ◆ Rewards for exceptional performance

c. Some other considerations for postgraduate medical education :

- ◆ Opportunities for exposure to their subject in real situation

- ◆ Good libraries with electronic literature retrieval facilities should be available at all institutions associated with postgraduate education and training
- ◆ Opportunities for continuing medical education CME must be made available
- ◆ Research grants should be provided to all meaningful research
- ◆ Beside long courses in institutions there should be more on-the-job type of teaching and training
- ◆ Encouragement for evidence-based rather than empirical treatment should be provided
- ◆ Policymakers should be aware of regarding the supports necessary
- ◆ Training & teaching programs should be dynamic according to changes in health scenario in the country
- ◆ Linkage with community should be a part of all educational programs
- ◆ Faculty members & trainers should be more active and sincere

d. Future activities for effective postgraduate medical education in Bangladesh :

- ◆ Institutional autonomy
- ◆ Need based postgraduate medical curriculum
- ◆ Problem based teaching learning
- ◆ Core competency identification
- ◆ Continuing medical education (CME) for all health professionals for continuing professional development (CPD)
- ◆ Annual report should be published regularly from all institutes
- ◆ Different health sector programs should be included in undergraduate & postgraduate medical education as per applicability.
- ◆ Quality assurance scheme (QAS) in postgraduate medical education should be introduced.
- ◆ For quality control & maintaining standard, accreditation process should be established.

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New Office for CME

After being burned down in a fire in August, 2003, the Centre for Medical Education has been granted a new office space by the MoH&FW. The 10,000 sq-ft office space is now situated on the 3rd floor of the National Health Library and Documentation Centre, Mohakhali 1212.

The office building was opened by the former Health Secretary Mr. A F M Sarwar Kamal. Other distinguished guests present were Vice Chancellor, BSMMU, Prof. M A Hadi, former Director General of Health Services Prof. (Dr.) Md. Mizanur Rahman and many medical educationists of Bangladesh.



Masters in Medical Education at CME

The Centre for Medical Education has started Masters Course in Medical Education from 2005. The objectives of this course are to help the teachers of medical professions to

- ◆ Strengthen their knowledge and skills in teaching-learning and assessment procedure of the students;
- ◆ Provide knowledge and skills in development of instructional materials and curriculum planning;
- ◆ Provide necessary knowledge and skills to conduct research in medical education.



Those eligible for admission will have to be MBBS/ BDS graduates or have a Masters degree in any field of social/ biological sciences. At least a year's teaching experience in any health institute is required. There is provision for admission of 5 local students and 5 students from abroad. Three local students were admitted in the 1st batch of MMed and five local students have gained admission in the 2nd batch in 2006.

Short Course in Medical Education at CME

The Centre for Medical Education has also started a Short Course in Medical Education from 2005 for the teachers of different health institutes from home and abroad. This course is of 2 months duration. Two WHO fellows from the Institute of Medicine, Katmandu, Nepal were the first students to be admitted in this course. They completed this course in January, 2006.



Certificate giving ceremony of Short Course in Medical Education at CME



The Centre for Medical Education held a certificate giving ceremony on January 15, 2006, at the conference room for the students successfully completing the Short Course in Medical Education. Two WHO fellows, Dr. Nirju Ranjit and Mr. Ganesh Bahadur Pokharel from the Institute

of Medicine, Katmandu, Nepal were the first students to be admitted in this course. The ceremony was attended by Prof. (Dr.) MA Zahid, Dean, Faculty of Medicine, Undergraduate Medical Education, Dhaka University as chief guest. Mr. Vagirat Basnet, His Excellency the Ambassador of Nepal was present as special guest. The ceremony was chaired by Prof. (Dr.) Fatima Parveen Chowdhury, Director, CME. Many distinguished teachers and medical educationists of different medical colleges had honored the occasion with their kind presence.

Visit for Affiliation of MMed Course in CME

On the 6th of April, 2006, an inspection team from Dhaka University visited the Centre for Medical Education for the purpose of renewing affiliation of the MMed course. The respected members of this inspection team were

1. Prof. (Dr) Tofayel Ahmed, Dean, Faculty of Postgraduate Medical Science & Research, DU.
2. Dr. Khandker Abdur Rahim, Professor, Dept. of Biochemistry & Molecular Biology as representative of Dean, Faculty of Biology, DU.
3. Professor Monira Ahsan, as representative of Dean, Faculty of Pharmacy, DU.
4. Dr. Bimal Kanti Guha, Inspector of Colleges, DU.

The team visited the classrooms, library and talked to the students of MMed. They had expressed satisfaction on the overall educational environment of CME.



Workshops on Curriculum Orientation at CME

In 2004, the Centre for Medical Education together with Medical Education, DGHS had arranged separate *Curriculum Orientation Workshops* for teachers of all subjects in the MBBS course. The head of the department and teachers of respective subjects in all government and private medical colleges participated in these 3 day workshops. In these workshops the teachers discussed about the changes between the old and new MBBS curriculum (starting from 2004), the allocation of marks of formative/ summative assessments. They also discussed details about the standard preparation of questions for the new assessment system (SAQ, MCQ, OSPE/OSCE and structured oral exam.).

Establishment of Quality Assurance Scheme in private medical colleges

In 2004-2005, the Centre for Medical Education in collaboration with Director, Medical Education, DGHS took initiative to establish the Quality Assurance Scheme in different private medical colleges. Those were, Bangladesh Medical College, Uttara Women's Medical College, ZH Shikder Women's Medical College in Dhaka, North East Medical College and Jalalabad Ragib Rabeya Medical College in Sylhet. In these 3 day workshops the teachers were oriented on the process of the quality assurance scheme, the necessity and benefits of the scheme and the process of participation in different components of the scheme. The teachers were motivated and they appreciated the need of establishment of such a process to ensure and maintain improvement in quality of standard of their medical colleges.



Orientation on Problem-Based Learning (PBL) in medical colleges

In this age of on-hand information it is no longer sufficient to teach medical students today's "state-of-the-art" science. The physician of the future must learn how to learn, how to select and integrate appropriate information to diagnose and manage their patients' problems in the best possible manner. Problem-based learning allows individualization of instruction, helping students to focus on issues they deem relevant.

The CME in collaboration with WHO, Bangladesh arranged workshops for 'Orientation on PBL' in thirteen government and six non-government medical colleges. In these workshops the teachers of medical colleges were oriented with the term of problem-based learning, examples of how to prepare problems to stimulate learning, role of the students and teachers in this type of teaching-learning session, conduction of the session, benefits and drawbacks of PBL, etc.

Piloting of Problem-Based Learning (PBL) in medical colleges

Piloting of problem-based learning was arranged in eight medical colleges by Centre for Medical Education in collaboration with WHO, Bangladesh. Name of the medical colleges are- SSMC, AFMC, RMC, SMAGOMC, SBMC, SZRMC, CoMC, CMC. The activities were mainly at the clinical departments with the help of pre and para clinical subjects concerned. Concerned medical departments identified the clinical problems, developed tutor guide and learning module format for conducting PBL sessions. They also developed MCQ and OSCE on the identified problems to assess the students. Students' and teachers' opinion were taken at the beginning and also at the end of the piloting activities by a structured questionnaire.



Workshops on Teaching Methodology & Educational Science



CME has been regularly holding its workshops on Teaching Methodology & Educational Science. On demand of the teachers of medical colleges, since November 2005 these workshops are now being held giving priority on the present assessment system in MBBS course (according to the new curriculum). The topics discussed in the workshops are

- Principles of Assessment
- Multiple Choice Questions (MCQ)
- Structured Answered Questions/ Short Answered Questions (SAQ)
- Structured Oral Questions (SOQ)
- Objective Structured Practical/ Clinical Exam. (OSPE/ OSCE).

In these workshops the teachers are practicing the correct preparation of questions to maintain validity, reliability, objectivity and feasibility of each assessment system. Also they are discussing ways of proper management and arrangement of these assessment procedures according to the manpower available in individual medical colleges.

Problems of teachers in their teaching learning process in medical colleges in Bangladesh

Dr. Tabassum F. Khan, *Lecturer, Centre for Medical Education, Mohakhali, Dhaka.*

Introduction

'Teaching more effectively' has been a trend in most of the institutions of higher education in recent years. Trend in medical education is not different from other higher education. Teacher's performance is one of the most important factors for a good teaching learning process. Educationists are continuously working in searching the ways of effective teaching. Researchers find out how a lecture can be delivered in an improved way, how a small group teaching can be made more effective and how an assessment method can be more valid and reliable and contribute in better students' learning.

Doctors and other health professionals are expected to continue to develop their clinical skills and to keep abreast of the rapidly expanding field of knowledge that affects the health of patients (GMC 1993; Woolliscroft et al 1993). In response to these expectations many undergraduate curricula and teaching methods are designed to foster the attitudes and skills conducive to life long learning (Neame & Powis 1981; Mann & Kaufman 1995). A teacher can play a very vital role in this respect.

Good teaching encourages high quality student learning. It discourages the superficial approaches to learning. It encourages active engagement with subject content. This kind of teaching facilitates understanding and helps the student to see the world in a different way. (Ramsden, P. 1992)

Ramsden identified some properties of good teaching from different studies. Which are as follows

- ❑ A desire to share teacher's love of the subject with students.
- ❑ An ability to make the material being taught stimulating and interesting.
- ❑ A facility for engaging with students at their level of understanding.
- ❑ A capacity to explain the material plainly.
- ❑ A commitment to making it absolutely clear what has to be understood, at what level, and why.
- ❑ Showing concern and respect for students.
- ❑ Commitment encouraging student independence.
- ❑ An ability to improvise and adapt to new demands.
- ❑ Using teaching methods and academic tasks that require students to learn actively, responsibly, and co-operatively.
- ❑ Using valid assessment methods.
- ❑ A focus on key concepts, and students' misunderstandings of them, rather than on covering the ground.
- ❑ Giving the highest quality feed back on students' work.
- ❑ A desire to learn from students and other sources about the effects of teaching and how it can be improved.

This study was designed to identify from the teachers' point of view the factors creating problems in their teaching and also their suggestions about improving the situation.

Methodology

This cross sectional type of descriptive study was conducted among the teachers of 13 government medical colleges of Bangladesh during the year 2003. Teachers of all disciplines were included. 600 teachers were interviewed purposively. All categories i.e. professors, associate professors, assistant professors and lecturers of different disciplines were interviewed in this study.

Results

Regarding the course curriculum the respondents mentioned of certain problems like the core and additional contents not being clearly identified (84.3%) and changes required in time allocation for practical/clinical and theoretical classes (66.4%).

The respondents also mentioned about teaching-learning media/materials not being available in the institute (92.8%) and unavailability of necessary books and journals in the library (90%)

Table 1. Opinion of respondents about availability of teaching materials. (n = 600)

Teaching Materials	Respondents' opinion	%
1. Educational media/ materials available in the institute.	■ Yes	07.2 (43)
	■ No	92.8 (557)
2. Essential books and journals available in the library.	■ Yes	10.0 (60)
	■ No	57.3 (344)
	■ Available books and journals not up-to-date.	15.5 (93)
	■ Recent books available but not journals.	17.2 (103)

Table 2. Training of the teachers in teaching methodology. (n = 600)

Information from respondents		Percent
1. Exposure in teaching methodology	■ Degree	03.5% (21)
	■ Training	25.8% (151)
	■ None	70.7% (424)
2. Necessity of training in teaching methodology	■ Necessary	80.7% (484)
	■ Not necessary	19.3% (116)

Almost 68 percent of the respondents had stated that meetings within the department regarding academic concerns were held irregularly, while almost 18 percent stated that this type of meeting was never held in the department. Almost 92 percent of the respondents had mentioned lack of regular departmental monitoring and feedback sessions for the teachers.

Table 3. Opinion of the respondents regarding discipline they are working in. (n = 600)

	Respondents' opinion	%
1. Have post graduation in the discipline they are working in.	■ Yes	60.5 (363)
	■ No	39.5 (237)
2. Satisfaction working in present discipline.	■ Satisfied	59.0 (354)
	■ Not satisfied	41.0 (246)

Table 4. Opinion of the lecturers/ medical officers about their workplace. (n =355)

	Respondents' opinion	%
1. Want to develop career in the present discipline they are working in.	■ Yes	50.4 (179)
	■ No	49.6 (176)
2. After new appointment the dept. head/ senior teachers had helped in how to teach students properly and effectively.	■ Yes	78.9 (280)
	■ No	21.1 (75)

Suggestions and recommendations from the respondents

About private practice:

In their suggestion respondents mentioned that teaching posts should be non practicing and provision of non practicing allowance should be there. Some of the respondents mentioned that private practice should be guided by a clear policy.

About career planning:

There should be a provision where every one can choose his/her career at the initial phase of their service.

Regarding faculty development:

All teachers should have post graduation in their discipline. There should be a policy for teacher requirement. Teachers should have training in teaching methodology. They should be exposed in new issues in the form of workshops, seminars or any sorts of training.

Teacher's performance should be evaluated by students and by the departmental head. There should be regular monitoring and feed back session for the teachers in their department. The respondents mentioned that senior teachers should supervise the performance of the juniors. All teachers should have their clear job description.

Regarding curriculum document:

It has been mentioned that curriculum of under graduate medical education should be reviewed. More teaching hours should be allocated for practical classes. Teaching methods should be more community oriented and community based. More, small group teaching should be introduced. Educational objective in curriculum should be according to the country's need.

About Individual teacher:

A large number of respondents mentioned that teachers should be more motivated, committed, honest and sincere in their profession. Transfer posting policy should be clearly defined.

Regarding institutional autonomy:

According to the statement of the respondents medical colleges should be autonomous. Institutes should have own recruitment policy during recruitment of teachers. In this case teachers will have non-transferable jobs, which would give them more ownership of the institute.

Academic environment:

Teacher student relationship should be improved and should be friendlier. Both teacher and student politics should be prohibited. Ratio of teacher and students should be reduced and number of teachers should be increased.

Other resources like books, journals and audiovisual aids should be supplied adequately in different medical colleges. More classrooms are need and environment in side and out side the classroom should be improved.

Conclusion

Improvement of teachers' performance and teaching learning environment requires grooming of the teachers both personally and institutionally. To establish this initiative the government of Bangladesh is working through the Directorate of Medical Education and Centre for Medical Education to establish an effective Quality Assurance Scheme (QAS) in all the medical colleges of the country.

Working in this QA scheme will help the medical teachers to undertake regular academic activities and solve academic problems more instantaneously and effectively in *Phase Committee* meetings (part of QA activities). Monitoring, feedback and future career planning needs (including training and education) of the medical teachers can be met through the *Faculty Development* process of the QAS. Finally, efficacy of the total process can be established with the help of the report of the external assessor of the respective medical college.

****For references please contact author at CME**

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