

Way forward for Departments of Medical Education in Pakistan

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The first 'official' notice from Pakistan Medical and Dental Council (PMDC) about establishing Departments of Medical Education (DME) in every undergraduate medical college came around 2008. Since then many medical colleges have 'opened' DME. Currently, a number of these are run by a single faculty member, usually a senior professor with other responsibilities in his/her parent department, who has too many obligations to give time to the development of educational issues in the institute. On the other extreme are few departments with full-time, dedicated, qualified medical educationists running the entire show. Usually such departments have 'satellite' educationists working in clinical/basic science departments. Nevertheless, opening a DME does not guarantee the improved scenario of medical education in an institute, unless the department is actively functioning to achieve its well thought of objectives for fruitful results. This editorial will elaborate upon what activities the nascent departments of medical education could undertake as priorities.

The foremost task for the department of medical education is to develop a strategic plan for itself and for the college it serves.¹ This plan must take on board all the stakeholders. It is absolutely imperative for any institution, more so for health related ones, to know where it wants to be in the next five to ten years and how it plans to get there. Every institution needs to have its own identity, its niche, in society. The DME could spearhead this most essential of tasks and work in collaboration with other departments to achieve this highly important mission. Having developed a strategic plan for the institution it is serving, the Department can then tease out from that plan a number of tasks it needs to perform. The priority should, again, be decided in collaboration.

The demand for faculty development programmes should come from such a plan. It would focus these

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programmes to the actual requirements of the college, streamline resources for the workshops and identify the target audience who would participate in and benefit from these sessions. Conducting workshops without a bigger plan will be non-targeted efforts with minimal dividends.

A very important function that any DME, with a suitably qualified educationist, would need is to develop the institution's curricular document. This curriculum should incorporate the PMDC guidelines and Higher Education Commission (HEC) requirements. Medical educationists, with major qualifications, are certified and trained in developing such documents. Needless to say, having seamless working relations with other departments and the administration is a pre-requisite for this mega-achievement.^{2,3}

Assessment is a priority for any institution.³ Within universities, departments of medical education need to improve the existing assessment process. Medical educationists will be able to improve the overall quality of assessment (and results) by implanting trans-examination quality assurance procedures. These procedures range from faculty development in item writing to the development and execution of blueprints to post exam analyses to dissemination of feedback to departments and students. Universities, having many medical colleges affiliated with them, will have to have a centralized assessment office with qualified and experienced medical educationists performing these tasks.

In Pakistan there are hardly any institutions which have student counselors, effective mentorship processes, implemented grievance policies and support for at-risk students. Students mostly rely upon their senior fellows and kind-hearted teachers for opportunistic support and guidance. The DME could work towards helping the academically at-risk students by developing structured programmes for student support. DME should be involved in diagnosing the learning problems, referring some cases to the Psychiatrist/Clinical Psychologist and, if the issue is purely academic, providing support. Then there are high achievers who need guidance from an office regarding what more they can do in order to excel nationally and internationally. DME could provide

guidance and liaison between the institution and other academic agencies.

Accreditation and quality assurance is one of the toughest terrains for any medical institute in Pakistan. DMEs, as part of the team responsible, can assist their institutions in planning, document development and implementation for accreditation and quality assurance processes.

A key indicator of the worth of any department is the number of scientific publications it has generated annually. For a DME of high repute, it is crucial that publications come out of it on a regular basis.¹ The number of publications would depend on the dedicated, trained, experienced and qualified manpower in the department, to the built-in culture of research and to some extent on the resources it has. For a department of medical education to show its academic and scholarly existence, research is mandatory.⁴

Once established, and many of the more urgent functions are well under way, the department may consider starting its own short certificate programmes for faculty members who are interested in progressing further in medical education. These programmes have to fit the needs of the institution while taking care that they fulfill PMDC requirements. Developing master trainers would help DME extend its reach, produce advocates and function more smoothly.

The soul of any department of medical education would be the culture and the environment it fosters. No DME can

survive and flourish if it has a "holier-than-thou" attitude towards others. An open-door policy, a friendly, non-competitive atmosphere, academic camaraderie and supportive activities are values which will help the department make in-roads in places which have thrived on discipline-based fortresses and intellectual silos. DME functions cannot be done without personal connections between its members and the faculty.³ The DME, hence, has to be the hub where pure academics and professional friendliness join hands, giving the institution a more 'homey' environment. If the DME fails to develop strong networks within its own institution, none of the functions listed above would be easily possible.

Till the time that Pakistan gets more fully qualified, full-time medical educationists, the onus of work will be on those highly motivated and dynamic faculty members who are the torch bearers of medical educational activities. It is hoped that some of the ideas presented above will be used wherever and whenever possible by these ambassadors.

References

1. Davis MH, Karunathilake I, Harden RM. AMEE Education Guide no. 28: The development and role of departments of medical education. 2005; 27(8):665-675
2. Harden RM. Curriculum planning and development. In: Dent JA, Harden RM, eds. A Practical Guide for Medical Teachers. Edinburgh: Elsevier Churchill Livingstone; 2005; pp 10-8
3. Nasim M. Medical education needs to change in Pakistan. J Pak Med Assoc 2011; 61(8):808-811
4. Cook DA, Bordage G, Schmidt HG. Description, justification and clarification: a framework for classifying the purposes of research in medical education. Medical Education 2008; 42: 128-133.