

Perceptions Of Medical Teachers Regarding Certification And Master's In Health Profession Education

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Abstract

Objective: To find out the perceptions of medical teachers regarding certification and master's in health profession education.

Methods: It's a mixed-method study design. It was done in the Department of Pathology, Shifa College of Medicine which is a constituent college of Shifa Tameer-e- Millat University, from May 2021 to September 2021. In this study, data were collected using a survey questionnaire and a Focus group discussion. A focus group discussion was arranged and conducted in September 2021 comprising eight senior faculty members. A total of 41 members participated in this study.

Results: The quantitative data were entered into the SPSS23 program and percentages were calculated. The focus group discussion was analyzed, and themes were generated. The study concluded a high satisfaction of participants with Faculty development programs (FDP). It was suggested that the content of FDP given the different roles of medical teachers should include teaching and non-teaching aspects like research, management, and leadership which should be equally stressed upon.

Conclusions: Although long-duration faculty development programs imparted greater depth of knowledge, skills and attitude in health professionals and medical teachers if a format of FDP was to be made mandatory for all the medical teaching faculty than a shorter course, highlighting the basics of medical education and having a duration of six-month could be enforced.

Keywords: Roles of teacher, faculty development program, medical education.

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1. Introduction

Teaching is an integral part of the duties of healthcare professionals. With the advent of increasing complexities of healthcare education and new strategies of teaching and learning, healthcare providers need to be prepared before entering the field of academics¹. Faculty development is one means of improving teaching competencies and organizational policies for academic excellence. Medical schoolteachers are employed based on their content knowledge and skills rather than their teaching skills. Later, in the professional journey, the faculty performance in academics is sometimes not up to the mark and they are criticized for deficiencies in various areas like curriculum planning, use of new teaching methods, assessments, research and administration.

O'Sullivan's research was based on the fact that faculty development in medicine can be broadened by incorporating research in other related fields². An institutional educational vivacity can be achieved by a dynamic FDP that has been shown to lead to the enhancement of faculty's skills in the domains of

teaching, assessment, curriculum development and organizational leadership³.

In the past years, a notable increase in the literature about FDPs in medical, nursing and health sciences disciplines is seen⁴. However, the perceptions of FDP participants and the effectiveness of these programs on the clinical and academic activities of participants have not been studied well⁵.

FD is critical to improve the knowledge, skills and attitude of faculty, guiding university policies and improving student performance. ⁶ FD can be defined as any individual or joint effort made by the individual faculty or in collaboration with the institution to improve faculty performance, facilitate organizational changes and enhance student learning and performance. FD can be implemented in various formats like self-directed learning, formal programs and organizational development strategies. These varying formats of FD can meet one or more expectations of the faculty and can be beneficial individually to faculty members, students, institution or in some combination. Several studies reviewing FD activities have been conducted in health and medicine ¹ but few studies are offering an insight into the effect of different FD activities and the outcomes of these

activities specifically for the medical education faculty⁷.

The traditional linear model of FD in medical education (ME) is defined linearly: the program influences the faculty, who influence trainees which in turn has an impact on patient care and the health system.⁸

There are very few research studies to assess the effectiveness of FDPs (Certification/Master) locally. This study was done to assess the perceptions of participants on reframing FDPs in health education being conducted at a local private university and to conclude with some internationally accepted recommendations.

2. Materials & Methods

Research Objectives: Perceptions of medical teachers on certification and Master's program in health education.

Study Setting and Duration

This study was carried out at Shifa Tameer-e-Millat University (STMU) and approved by the Internal Review Board. The IRB approval number was IRB# 097-21. This process started in May 2021 and lasted till September 2021.

Inclusion criteria

Faculty who had done or were enrolled in either CHPE or MHPE were included.

Exclusion criteria

Faculty who did not qualify for medical education were excluded.

Study design

A mixed method research was used as both the quantitative and qualitative methods give a better understanding of the research question. The embedded sequential design of mixed method research was used to collect quantitative and qualitative data sequentially and to have one form of data play a supportive role to the other⁹. Data collected through the means of survey questionnaires and focus group discussions were compared and triangulated to validate and gain more understanding of the results. The convergence of results from both data collection tools indicated the accuracy of the methods chosen. Triangulation of the questionnaire results of the survey and focus group discussion provided cumulative confidence. Triangulation was done by three senior faculty members at Shifa Tameer-e-Millat University.

Sampling technique

Quantitative data: Purposive sampling procedure is used for the survey.

Qualitative data: Nonprobability convenience sampling technique is used for focus group discussion.

Data collection

Tool for quantitative data: In this study, data were collected using a survey questionnaire which was developed after studying "Steinert Y, Mann K, Anderson B, Barnett BM, Centeno A, Naismith L, et al. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40" in 2016.¹ The questionnaire was modified according to local need requirements and learning environment and was piloted on three senior faculty members. The data from the pilot trial showed the content of the questions was valid as these were measuring the intended construct. The survey questionnaire is given in Appendix 1. (Given in the supplement)

This process started in May 2021 and continued till September 2021. A total of 41 members participated in this study.

Tool for qualitative data: A focus group discussion was conducted in this study. The focus group comprised five members of basic health sciences and three clinicians. The audio recording of the focus group which was of ninety-minute duration was transcribed.

The recordings of the focus group discussion were analyzed qualitatively from which themes were derived.

3. Results

Quantitative Analysis

The major conclusions derived from the survey questionnaire are as follows:

Need requirement.

The need requirement to enrol in an FDP (certificate/master's program) was personal growth in 70.7% and the purpose was a promotion in 09.8% whereas both aspects were targeted in 19.5% of the faculty.

Organizational/ peer pressure

There was no peer or organizational pressure in 87.8%, while 12.2% got enrolled in FDP due to peer pressure. 87.5% thought that enrollment in FDP was mandatory

by the local accrediting bodies while 12.2% thought it was not mandatory.

Duration of FDP

The data collected via questionnaire revealed 68% of faculty suggested a certificate program to be of 6 months and a shorter course for a mandatory FDP as well. Fifty-six per cent of the participants were of the view that the master’s program should be for 2 years.

The satisfaction level was high for 97.6 % whereas 2.4% did not gain much from these programs. Ninety-two per cent of the participants gained some sort of new skill from these programs Faculty development programs had a positive impact on student satisfaction and work culture. (Table:1 & 2)

Table-1 MHPE/CHPE qualified faculty compared with student satisfaction.

Qualification of faculty	Student satisfaction		
	No	Yes	Total
MHPE	4	30	34
CHPE	2	5	7
Total	6	35	41

Table-2 MHPE/CHPE qualified faculty compared with the impact on work culture.

Qualification of faculty	Impact on work culture		
	No impact	Positive impact	Total
MHPE	10	24	34
CHPE	2	5	7
Total	12	29	41

Student feedback and result: Ninety-two per cent of the faculty was already giving feedback to their students and had improved it after FDPs and 82.4% noticed a significant improvement in their feedback from students. Seventy-three percent thought that their student result improved after their FDP while 26.8% did not think so.

Organizational support and fee structure of FDP: Ninety-five per cent had their organizational support

while pursuing their program. Eighty-six percent wanted a reduction in fee structure for the FDPs while 14.6% wanted these programs to be free of cost.

Impact on Work Culture: Many participants of the study positively influenced and altered the work culture of their organization, while 21.9% did not comment and 7.3% thought their workplace was already following the advances in medical education.

Qualitative Analysis

Focus group discussion

The focus group was conducted on eight senior faculty members of Shifa Tameer-e-Millat University. The audio of the focus group discussion of ninety-minute duration was recorded.

The recordings of the focus group discussion were analyzed, and themes were derived.

Need requirement for FDP (certificate/Master)

The focus group participants concluded that the need requirement was primarily self-grooming and improvement, innovation, and updating oneself with the latest innovations in academics with additional promotion prerequisite being one of the aims as well.

Continuous faculty development

The participants thought that regular hands-on workshops must be a regular feature of workplace academic activities.

“Formal FDPs should be later on supported by regular faculty development seminars and workshops which should be frequent, interactive and hands-on rather than one way lecturing”.

Almost all noticed that these FDPs resulted in increased satisfaction of students, improved student feedback from teaching faculty and an increase in self-reflection.

Organizational/ Peer pressure

Although almost everyone enrolled for self-improvement, but peer and organizational pressure was in the background for most members.

“I opted for a certificate course as everyone in my department had taken a formal course but found it too difficult to leave my clinical duties and after completion of the course there was no acknowledgement or incentive from my seniors.”

Cost-effectiveness and duration of certification and master's program

The focus group participants thought that currently the fee structure was rated highly which needs to be reduced, concessions by the parent institute and sponsorship of loan arrangement facilitated.

A short formal program based on teaching skills was deemed necessary for faculty with teaching responsibilities.

Change in the work environment.

A faculty equipped with attributes of innovative skills and strategies in teaching and learning, research and leadership are more confident and motivated to bring organizational changes.

“I was more confident after completing my formal training in medical education. I was able to bring new innovative strategies in teaching in my department.”

5. Discussion

The perceptions of the faculty participating in this study regarding faculty development programs (certification/Master) showed marked satisfaction in the context of teaching and learning aspects of the program. Studies have identified that FDPs and activities should support teachers' identities which can achieve excellence in teaching and learning. Faculty members as teachers should be supported by their institutions and by faculty development.¹⁰ However according to this study's participants the non-teaching content comprising of leadership skills, management and research although being taught, needed more emphasis. FDPs across the globe lack a standard educational framework, however, these programs can be structured to meet the desired goals and educational needs as directed by the local resources, budget, administrative support, space and commitment.¹¹ A well-established department of medical education is vital for a structured and a need-oriented FDP. A study done in medical colleges in Lahore found that although

the Department of medical education was present there were serious issues with the infrastructure, functioning and financial resources. There was a lack of trained faculty to run these departments.¹²

Participants gained knowledge regarding problem-based learning, case-based learning and communication skills. Such gains of knowledge were reported by many other studies^{13, 14}. Sheets, in his study, measured knowledge by a 40-item short-answer test and noted that knowledge increases were sustained over six months of program duration¹⁵. A study done at Shifa Tameer-e-Millat University revealed that these FDPs introduced new teaching strategies as agreed by 73% of the participants while 79% agreed that they learned new assessment methods.¹⁶

Participants of this study who had completed long-term educational development programs were able to implement changes in their institutes. They introduced an integrated modular curriculum, more learner-centred teaching, objective assessments and a feedback system. Similar results were also reported by other studies.¹⁵

The FDPs should move away from a focus on the teaching performance of faculty alone to a variety of objectives like aiming to assist the faculty in their scholarship, leadership and career development needs. These changes are the need requirement of the changing landscape of medical education.¹⁷ A study done by Nusrat et al., concluded that the faculty perceptions about their current pedagogical knowledge were moderately high, however, they wanted to improve skills in all educational domains emphasizing research and leadership in education.¹⁸

Coaching is a formative method of teaching that greatly contributes to personal and professional development in the medical world. This includes various models which may include questions regarding the need for improvement, worry about being incompetent and loss of autonomy.¹⁹ Employing such coaching models may be fruitful for the resilience, reflective practice and communication skills of doctors in our faculty development programs. There are studies on the impact of feedback which if constructive leads to personal growth and professional development. A congenial learning environment where teachers serve as role models in demonstrating respect for all is open to multiple opinions and readiness to admit their

limitations set the stage for more acceptable feedback. Faculty development programs can promote a growth-oriented mindset in faculty who focus on continuous learning rather than performance goal orientation and readily accept constructive feedback.²⁰ Programs emphasizing constructive feedback can be useful in our learning environment as well. The perceptions of participants of this study regarding teaching and learning was adequate in our local programs but non-teaching context like leadership skills and research needed to be emphasized much more. The term “faculty development” needs to be broadened to encompass additional qualifications in the subject speciality area as well. Karen Leslie’s review¹³ found that now the focus of faculty development programs is broader and moving toward a variety of objectives like scholarship, leadership and career development needs of faculty in addition to teaching skills. These changes are in response to changes in the healthcare system and medical education. Steinert guide 8 and Sambunjak^{21, 22} found that the earlier designed FD initiatives traditionally were single one-time workshops, seminars, or short courses. However, Karen¹³ found this focus to shift towards a series of workshops, conferences and long-term degree courses in acknowledgment of the fact that prolonged exposure provided opportunities to reflect and apply new concepts in knowledge, skills and attitude. Participants of this study were also in favour of FDPs following the format of a continuous learning strategy. Now the need of time is to move away from a traditional linear model of FD research. Participants of this study have suggested a new model which is cyclical in nature focusing on the interaction between the FD community and the workplace community thus paving the way for mutual projects of research development to take place. Faculty development programs play a vital role in improving the clinical learning environment. Studies have concluded that adding more to existing knowledge and exploring new interventions can improve the clinical learning environment for both learners and teachers ultimately improving patient care.²³ The study participants perceived that teaching faculty need updates in management skills which would help them to additionally carry out various managerial posts in their institutions. These responsibilities would boost leadership roles and the faculty would acquire experiences to lead for the betterment and advancement of their institutes. The participants also suggested

establishing a research cell in our university which would guide faculty in choosing the right platform to publish and to provide and generate funds for the process and publishing of research papers. The O’Sullivan’s² model of faculty development which is embedded in teaching practice (classroom and/or clinical) should be implemented in our university. Studies have concluded the importance of mentorship in academic medicine. The benefits of mentoring extend not only to the mentee but also to the mentor in terms of professional satisfaction.²⁴ This aspect should be included in FDPs and extended especially to newly inducted faculty in academia. This study revealed an optimum time duration of various FDPs. Eighty-seven per cent of the participants suggested a six-month certificate program to be most suitable for a mandatory FDP in academics. A master’s or a fellowship program is for those who are internally motivated to pursue it. A longer-duration program requires great effort, and time management and is costly. All the participants were against making such long-term programs mandatory for teaching faculty as only those who were motivated by their interest and those wishing to pursue a career in medical education were suitable candidates for these programs.

5. Conclusion

The outcomes of FDPs (certification/Master’) should be broadened to beyond individual teacher effectiveness to a more collaborative relationship model. The structure of FDP should be directed by the needs and requirements of the faculty. The content of FDP regarding the different roles of medical teachers should include teaching and non-teaching aspects like research, management and leadership.

Although longer duration faculty development programs imparted greater depth of knowledge, skills and attitude in health professionals, if a format of FDP was to be made mandatory for all teaching faculty than a shorter course, highlighting the basics of medical education and having a duration of six-month can be enforced.

CONFLICTS OF INTEREST- None

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Contributions:

G.M - Conception of study

G.M, M.H - Experimentation/Study Conduction

G.M, M.H -Analysis/Interpretation/Discussion

G.M, M.H - Manuscript Writing

S.M - Critical Review

S.M - Facilitation and Material analysis

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