ISSN 2394–806X (Print), ISSN 2454-5139 (Electronic)
IJHRMLP, Vol: 02 No: 02, July, 2016
Printed in India

REVIEW PAPER

Faculty Development in Medical Education: Where Do We Stand in Assam?

Barua Purnima[1], Debajit Hazarika[2]

***Received** on January 30, 2016; **editorial approval** on April 05, 2016*

ABSTRACT

Various roles have been ascribed to the medical teacher of today and to function at the optimum, faculty development programmes (FDP) play a very crucial role. Academic activity is largely dependent upon the proficiency of the faculty members and their interest. FDP is a tool for improving the educational vitality of our institutions. Considering the overwhelming changes in medical education scenario and mushrooming of medical colleges in the country, it becomes imperative that the quality and the standards of education are maintained so as to produce a breed of quality doctors. The capacity building of teachers has been considered to be not only a cost effective intervention, but also a long term strategy to link medical education with the national health needs. This article aims at illuminating in a subtle way the evolution of medical education and FDP in Assam till date in the light of tremendous growth in the country. It urges to place the significance and the pressing need of faculty development in the region for the medical teachers to be at par with the counterpart globally.

***Keywords**: Faculty development programme, Medical education unit, Assam*

Address for correspondence and reprint
[1]Associate Professor of Microbiology
(Corresponding Author)
Email: purnima_barua@rediffmail.com
Mobile: +91 9435141989
[2]Principal cum Chief Superintendent
Jorhat Medical College
K.K. Road, Jorhat-785001

INTRODUCTION

As Bland *et al.* has described, faculty development is a "planned program to prepare institution and faculty members for their academic roles including teaching, researcher, administrator, writing scholarship and career management".[1] Various roles have been ascribed to the medical teacher and to function at the optimum, faculty development plays a very crucial role. It has also been mentioned by authorities on faculty development that "Academic activity is dependent upon the faculty members' interests and expertise; faculty development has a critical role to play in promoting academic excellence and innovation, and it is a tool for improving the educational vitality of our institutions through attention to the competencies needed by the individual teachers and to the institutional policies required to promote academic excellence."[2] Considering the overwhelming changes in medical education scenario and mushrooming of medical colleges in the country, it becomes imperative that the quality and the standards of education is maintained so as to produce a breed of quality doctors.

There has been a phenomenal expansion of medical education over the last few decades. This expansion has also witnessed several pitfalls. The deficiencies in our medical education system have been identified and documented.[3, 4] Of all the deficiencies highlighted in general, dearth of faculty development is perhaps one of the foremost issues among the factors influencing the quality of medical education. The capacity building of teachers has been considered to be not only a cost effective intervention, but also a long term strategy to link medical education with the national health needs. The teacher of today has to mould oneself into the various

roles of a guide, facilitator, mentor, course planner, student assessor, program evaluator[5], researcher, administrator and a leader who is capable of judiciously handling all the characters in a balanced manner. In earlier times it was believed that 'good' clinicians may be 'good' teachers and time and experience polish teaching methodologies as well.[6] Most teachers in medical education accomplish the task of teaching by emulating their seniors, and by trial and error.[7] However, faculty development helps the teacher to "plan the curriculum, make rational use of media technology, and design an assessment strategy. This is possible only through a systematic approach to faculty development".[8]

FACULTY DEVELOPMENT PROGRAMME IN INDIA

Faculty development activities can be traced back to 1946 when the Bhore Committee suggested the need for training of medical teachers. Following this the World Health Organisation took a global initiative and designated Centre for Educational Development, University of Illinois College of Medicine, Chicago, US, as the International Teacher's Training Centre (IRTTC).[4] Thereafter, six Regional Teacher's Training Centre (RTTCs) were established. The regional centres for SE Asia at Srilanka and Thailand were expected to help the countries in establishing the National Teachers Training Centre (NTTC).

Faculty from India were trained at Peradeniya in Srilanka in 1975 and after returning three of the teachers sent from JIPMER, Pondicherry took the initiative to hold the first National Course in Teacher's Training at JIPMER in 1976 with support from the WHO (SEARO), New Delhi. They received financial grant from WHO for running three courses. This centre came to be known as the NTTC, JIPMER. Subsequent to this, the Ministry of Health and Family Welfare, Government of India set up three more centres one each at Post Graduate Institute Medical Education and Research, Chandigarh, Banaras Hindu University, Varanasi and Maulana Azad Medical College, New Delhi where the courses were started from 1981 onwards.

NTTC, JIPMER conducted training in many medical colleges for the local faculty, provided assistance with resource material and helped in establishing Medical Education Units. Several national courses were conducted by these NTTC's till 2002 when the financial grant was stopped and the courses at the NTTC's came to a halt. JIPMER, Puducherry is the only NTTC that is still functioning.[9] Several institutions started robust activities on medical education encompassing its various aspects. However, most of these had to close down due to lack of financial aids. Despite all constraints, some of the enterprising teachers after receiving training established Medical Education Units (MEU) during 80's and 90's in their respective colleges. Emergence of MEU's have been noted all over the country especially after its existence has been made mandatory by the Medical Council of India (MCI).[3]

Another important development that had occurred during this period was the Health Science Initiatives in 1986. Based on recommendation of Professor Rias Ahmed Committee, medical/health science universities were established aiming inter-professional collaboration. Gellula and Yudkwosky have also suggested that if FDP's are to have an impact, they should be held with an interdisciplinary perpective[10]. The review and revision of MCI regulations were done under the aegis of the Rajiv Gandhi University of Health Sciences, Karnataka at the Southern Regional Workshop in 2003. Several colleges in the country came up with their MEU's during the 90's, formation of the Indian Association for Advancement of Medical Education, establishment of the KL Wig Centre for Medical Education and Technology, AIIMS in 1989, Consortium of Medical Institutions for Reform in Medical education between 1989-1995 were some of the other events of that period. The present national organization is the Academy of Health Professions' Educators which include educators from all health professions in the country.

In order to boost the activity of MEU's that came up, MCI has been conducting FDP through selected 20 Regional Centres through the Basic Course Workshops (BCW) on MET, since July 2009.[14] Thereafter, as an attempt to keep pace with the development across the globe the need to move from the Basic Course Workshop in Medical Education Technology (MET) towards Advanced Course was recognized by the MCI in 2009, approved in 2010 and in the meeting of the Executive Committee of MCI held on 18-02-2014 and 14-03-2014 it was approved that all Nodal Centers (upgraded 10 Regional Centers) would conduct the Advanced Course Workshop for medical college teachers and 30% of faculty at all levels across all specialties would undergo this training in a phased manner. The Advanced Course was rechristened as Fellowship in Medical Education (FIME) since 2015. The purpose was to develop educational practitioners who can lead educational changes in their institutions to make

medical education responsive to the health needs of the society. Before this certain documents were meticulously drafted like Vision 2015[15], CISP[16] which aimed at supporting faculty in medical colleges in planning, implementing and evaluating the new curriculum through a multi tiered approach but never saw the light of the day.

The most recent revision in MET has been the introduction of the Revised Basic Course Workshop and Sensitization Workshop on Attitude and Communication (AT-COM) module. The revised programme of Basic Course Workshop was drafted by the Expert Group (Drs. Avinash Supe, Rita Sood, JM Kaul and Tejinder Singh) to be implemented from April 1, 2012. It was thought that within 5 years, the MEU in all medical colleges should have all existing faculty trained in Basic Course Workshop and would conduct the Basic Course Workshop for newly inducted faculty twice a year.[17]

INTERNATIONAL COLLABORATION

In the beginning of the 21st century (2001) the face of medical education in the country took on a fresh turn after Foundation for Advancement in medical education and Research (FAIMER) Philadelphia, started Fellowship programme of two years to improve Medical Education and health care need worldwide. Since 2005, three Regional Institutes started functioning in India at Seth GS Medical College Mumbai, Christian Medical College Ludhiana, and PSG Institute of Medical Sciences, Coimbatore.

One of the unique initiatives launched in the region in association with FAIMER, Philadelphia by Manipal University in the field of Inter-professional Education and Practice in health context is the MUFIILIPE – Manipal University Fellowship in International Institute for Leadership in Inter-Professional Education. It is amost recent glorious venture in the field of faculty development.

It may be worth highlighting here that all the Regional Centres (RC) and the Nodal Centres (NC) are distributed all across the country and the fact becomes conspicuous by the absence of such an esteemed centre in the Eastern or North east region. An even distribution of centres could reprimand the failing FDP in these states in addition to the relaxation of the stringent policies of MCI with regards to eligibility criteria of participants and faculty for such workshops.

EVOLUTION OF MEDICAL EDUCATION IN THE STATE: A PERSPECTIVE

While tremendous activities were on in the country in context of medical education, the medical colleges in Assam also came into the folds of the tide. Several teachers from Assam were sent to NTTC at Banaras Hindu University to pursue the 6-10 days rigorous advanced course during the 80's. Few of the faculty who underwent training are known to the author. They fondly move down the memory lane and narrate the very educative and interesting moments that they had spent during the training course. These courses were held essentially to sensitize the medical teacher on systematic educational planning and motivate them to have MEU in their institution. Though records were not available at the time of writing this script it has been mentioned that the course was also conducted in the Medical Colleges in Assam by faculty from BHUIMS, Varanasi. Not much is known about Medical Education Units being established thereafter or their functioning thereof.

After a gap Maulana Azad Medical College (MAMC) was designated as the Regional Centre for the then existing Medical Colleges of Assam. During 2010, teachers from Silchar Medical College (SMC), Assam Medical College(AMC) and Gauhati Medical College (GMC) were sent to attend the MCI recognized 3 Days Basic Course Workshop in Medical Education Technology.

In 2011, few enthusiastic faculties from the new Medical College at Jorhat were also sent to MAMC, New Delhi to attend the Basic Course Workshop (BCW). Jorhat Medical College (JMC) is the 4th Government Medical College of the region which was established in 2009 after a span of 40 years. After the required number (8 no.)of faculties got trained in Basic Course at the Regional Centre, JMC pioneered conducting the Basic course workshop in 2013 and 2014 under the aegis of Medical Council of India with Observer from the Regional Centre at MAMC, New Delhi.

Meanwhile, two more medical colleges viz. Fakhruddin Ali Ahmed Medical College (FAAMC - 2011) in Barpeta and Tezpur Medical College (TMC - 2012) in Tezpur were established in Assam. FAAMC was initially under the purview of RC- King George's Medical College (KGMC), Lucknow while the other colleges were still under RC-MAMC, New Delhi. It was after the Executive Council's meeting held in 2014 that all the Medical Colleges of Assam were brought under the Nodal Centre, Christian Medical College,Ludhiana (CMCL) to receive training in Revised Basic Course Workshop (RBCW) and Sensitization workshop on AT-COM module and for Fellowship in Medical Education (FIME). However, both the new colleges participated in the BCW held earlier at JMC.

During the time of transition to RBCW and introduction of AT-COM module, conducting BCW in RCs and Medical Colleges was closed. As such, JMC was unable to hold the 3rd Basic Course Workshop scheduled in 2015. At this point it was mandated by the MCI to have only the teachers trained at NC in the newly devised programs as trainers for the future workshops. It was also directed that only MEU and curriculum committee members shall be initially trained. Moreover as mentioned before, it was proposed in the Executive Committee Meeting (2014) that henceforth it would be compulsory for 30% of the faculty to undergo Advanced Course while Basic course should be compulsorily attended by all faculty. It has also been made mandatory that the faculty of MEU has to be trained in the basic course as well as have a Fellowship.[13] This was a very prompt step taken by the MCI to activate the dormant MEUs and complete the quorum of trained faculty needed to impart training in their respective colleges.

For the above, NC-CMCL had arranged for a MEU Coordinator's meeting followed by Revised Basic Course Workshop and sensitization workshop in AT-COM module in the month of September, 2015 which was well represented by faculty from the Medical Colleges of the State. The Revised Basic Course is an upgradation of the existing one on the framework of Competency based learning. Besides the teachers' training courses, JMC also ventured into other faculty development activities like having a fully functional MEU, conducting microteaching session for student-teachers'(Post graduates), Internship Orientation Programme, Capacity building workshop on Medical Humanities for Students and faculty, introducing medical ethics in curriculum, sensitization lecture on AT-COM module, etc. TMC is also promising out as an active centre. Presently, all the medical colleges of Assam have an MEU although the FD activities need to be initiated in some.

Therefore, it is a well established fact that faculty development in medical education is beginning to gain momentum in India while Assam is still in its nascent stage. There is a long way to go towards its planning and execution in a concrete manner. The number of faculty trained in the six medical colleges in such formal programme is very meagre. Out of the approximately thousand faculties in the medical colleges of the State around 5% have attended the BCW and only a handful is eligible to be trainer. Presently, all the Medical Colleges of the State are under the mentor Nodal Center at CMCL and few faculties are already pursuing the courses there. However, it appears to be a utopian dream to train up the desired number of faculty at the nodal centre within a short time. Besides the constraint of limited seats per course there is added involvement of expenses and time. As such only a limited number of faculties can be trained per institute. Thus, this will lead to a perpetual demand–supply gap of qualified and trained medical faculties in medical education technology in the state. As such, the need of the hour is to have a teachers training centre in the North-East to develop a critical mass for our region to cater to our requirements. The present scope of activities of MEU appears to be limited and largely concentrated on teacher training, targeting mostly medical teachers.[3] Wilkerson and Irby argued that a comprehensive FDP should include 4 elements: professional development especially of new faculty, instructional development and skill building, leadership development and organizational development.[2]

It had been strongly recommended by the doyens D.K Sriniwas and B.V Adkoli that the "NTTC's should be revived. Few more should be established in view of large number of teachers requiring training. There is hardly any faculty development and teacher training activity reported from Eastern and North Eastern India".[4] The proposal of Assam Medical College as Regional Centre was disapproved in 2012 as sufficient numbers of faculties were not trained at the existing Regional Centre then.

While the state government is planning to bring about a sea of changes in health sector it might be a good idea to take adequate measures to formally train up our teachers to increase their academic competencies, develop need based curriculum to deal with the present day emerging scenario of health care of our state.

In view of above, and before further valuable time is lost the following point may be considered to begin with

1. Sensitize and orient the faculty of the medical colleges in Medical Education Technology through inter-college MEU collaboration
2. Start planning and initiate the process of establishing a common centre of excellence for the region to formally train our teachers in a phased manner by holding workshops from time to time
3. Encourage the motivated faculty to strengthen the existing MEUs and promote educational research amongst teachers
4. Entwine the stake holders for administrative and budgetary support, allocate an amount for in – house faculty development activity in medical colleges

5. Seek support of the Health University for curricular reforms
6. Grant leave and financial support of the teachers to organize and attend workshops, seminars and conferences
7. Assign credit hours to FD activities
8. Initiate principles of education in the beginners' early
9. Mandatory participation of teachers in FDP with incentives and due recognition of faculty towards contribution in faculty training and research should be envisioned
10. Associate with centres like RIMS, Imphal and NEIGHRIMS, Shillong, SMUHS, Gangtok, Medical colleges in Tripura to revamp the medical education scenario of the region at large.

CONCLUSION

It is also pertinent to mention that the State Govt. and the Health University has a major role to play towards faculty development program in medical education keeping in mind our vision to produce quality doctors of today's need and to encourage the faculty to explore into the unchartered waters. The impact of FDP has always been underestimated. It is crucial at this hour that the focus is shifted towards building educational capacity through training teachers and initiating reforms in medical education scenario in the state irrespective of whether it is mandated from a central body like MCI or similar other.

This is in a nutshell the present scenario of Medical Education Technology in the country and its influences on the state.

Conflict of interest: None

Source of funding: None

Contribution of Authors: We declare that this paper was prepared by the authors named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors.

REFERENCES

1. Bland CJ, Schmitz CC, Stritter FT, Henry RC, Alusie JJ. Successful faculty in academic medicine: Essential skills and how to acquire them. New York: Springer Publishing Company; 1990.
2. Wilkerson L, Irby DM. Strategies for improving teaching practices: A comprehensive approach to faculty development. *Acad Med 1998*;73:387-96.
3. Adkoli BV, Sood R. Faculty development and medical education units in India: A survey The National Medical Journal of India 2009;22(1):28-32.
4. Sriniwas DK, Adkoli BV. Faculty Development in Medical Education: National Perspective. [cited 2008 October]; Available from: URL:http://www.ncme2007.in
5. Hegde P. Faculty Development Trends in Medical Education : a Review.*South East Asian Journal of Medical Education 2013*;7(2):11-16**.**
6. Singh T, Bansal P, Sharma M. A need and necessity for faculty development: the role of medical education units in the Indian context. *South East Asian Journal of Medical Education 2008*;2(1):2-6.
7. Stern DT, Papadakis M. The developing physician – Becoming a professional.*N Engl J Med 2006*;355:1794-9.
8. Bhatnagar K, Srivastava K, Singh A. Is facuty development critical to enhance teaching effectiveness? *Ind Psychiatry Journal 2010*;19(2):139-141.
9. Bansal P, Supe AN. Training of medical Teachers in India: Need for change. Indian Journal of Medical Science 2007;61(8):478-484.
10. Gelula M, Yudkowsky R. Microteaching and standardized students support faculty development for clinical teaching. *Acad Med 2002*;77:941.
11. *Medical Council of India Regulations on Graduate Medical Education 1997*. [cited 2016 Jan 12]; Available from: URL:http://www.mci.org
12. MCI Regulations, 1999. *Minimum Standard Requirements for the Medical College for 100 Admissions Annually.* New Delhi: Medical Council of India; 1999. [cited 2016 Jan 12];Available from: URL:http://www.mci.org
13. Medical Council of India. [cited 2016 Jan 12]; Available from: URL:http://www.mciindia.org/fdp/3.%20MCI_decisions_on_MET.pdf
14. Regional and Nodal Centres. [cited 2016 Jan 12]; Available from: URL:http://www.mciindia.org/InformationDesk/ForColleges/NationalFacultyDevelopmentProgramme.aspx
15. Vision 2015. [cited 2016 Jan 12]; Available from: URL:http://www.mciindia.org/tools/announcement/MCI_booklet.pdf
16. Curriculum Implementation Support Program: [cited 2016 Jan 12]; Available from: URL:http://web.tnmgrmu.ac.in/2012/cisp.pdf
17. Revised Basic Course Workshop and Advanced course: [cited 2016 Jan 12]; Available from: URL:http://www.mciindia.org/meetings/BOG/2012/February/Minutes