Developing medical education department in faculty of medicine

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Faculty of Medicine Tanta University is one of the largest and oldest six medical schools in Egypt. The numbers of graduates are increasing each year (ranging from 750 to 850 annually). There are also many postgraduate students from various medical specialties who are enrolled every year [Diploma, Master degree (M.Sc.), and Doctorate degree (M.D.)]. A research study done in 2009 showed that medical students graduated from the institution are suffering from deficiency in practical, professional, and transferable skills which can affect the quality of health care service. Also, the number of international publications from the institution is not sufficient comparing to the large number of faculties.

The concept of establishing a medical education center was derived from a set of needs such as: creating an organized and sustainable system to improve the quality of medical education by development of a nucleus of high quality medical educators; creating a system for continuous faculty evaluation of performance; assuring curriculum revision from an outcomes/competency-based approach; assuring implementation of quality standards in education, assessment, and research; and ensuring a positive impact on under- and postgraduate students and on the health care service.

The main goals of the center are:

Program level: Promote vertical and horizontal organization of educational programs, facilitate curriculum revision, and improve the quality of program development

Faculty level: Establishment of a regular system for training of faculty staff members; improving the quality of teaching, assessment, and research capacity among faculties; and development of certificate and degrees in medical education

Student's level: Improve students’ practical, professional, and transferable skills; promote doing researches; and stimulate scholarship

Institution level: Improve the quality of research in the institution and improve the offered medical service to the university, the community, and the profession

Community level: improve the quality of health care service and assure community satisfaction

Methods: The process started by getting approval and written commission was obtained from the top management of the Faculty of Medicine Tanta University, followed by obtaining an approval from the faculty council. The medical education center is directly supervised by the faculty dean. The structure included four committees (educational programs and curriculum design committee, faculty development committee, medical research committee, and quality
management committee). A committee of expert staff members was selected to put the action plan. This committee decided to start with program revision activity and training of faculties and postgraduate students. The appropriate modules, the objectives of each module, methods, and materials for training were designed according to the Romiszowski Model. This step was preceded by training needs assessment through written questionnaire, focal group discussion, and opinion of experts. Many other items were also put in consideration such as pre-registration of attendees, scheduling, timeframe, and availability of competent trainers, provision of training materials, and provision of equipment and logistic facilities.

The committee decided to endorse the following modules: curriculum design and development, information technology and effective teaching, critical thinking, presentation and communication skills, e-learning and m-learning, evidence-based medicine, systematic review and met analysis, study design and clinical trials, scientific writing and international publication, biostatistics and medical information, research ethics, total quality management, hospital management, organizational behavior and leadership, infection control, clinical psychology, and medical ethics.

**Results:** Training needs assessment was done to 500 postgraduate students. The questionnaire included 23 subjects for training. The schedule of training as well as the objectives and the content of each module were decided. Correlation between the formulated goal, the content, and the training method was assured. Training schedule was posted on Facebook and sent to the trainees by email. During December 2014, a total number of 600 postgraduate students were trained. During April 2015, the second cycle of postgraduate students training program was started and continued for three weeks.

A total number of 1,200 faculty and postgraduate students who registered for diploma, master, and doctorate degrees in different specialties of medicine were enrolled in this program. Every student had to choose, attend, and pass two elective programs to be upgraded to the following semester. The training sessions were interactive and all trainers and lecturers were volunteers. Each program started by pre-test and ended by post-test in the form of MCQs. Evaluation of the program according to Kirkpatrick's model (level 1 and 2) during execution of the training program

To measure the response level of the attendees, written questionnaires were circulated at the end of each module. The questionnaires included questions about the training program, the trainers, the teaching materials, the training environment, etc. The questionnaire included also open questions. Knowledge was assessed by written exams at the end of module. Skills were evaluated by observing the interactive contribution of the trainees in class.

**Conclusions:** We believe that developing a medical education center in Faculty of Medicine, Tanta University will promote professional development for faculty and staff, capitalize on the expertise of educational personnel, and serve as a “think tank” to approach problems and create new ideas in the medical education process, promote program development and evaluation, support clinical and educational research and scholarship, improve the quality of
teaching and assessment of medical students, and definitely will help in improving the medical health care service

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