

**WHO-SEARO Regional Meeting
to Review Progress in
Strengthening Teaching of Public Health in Medical Schools,
11-13 Dec 2013, Bangkok, Thailand**

TRANSFORMATIVE PUBLIC HEALTH TEACHING FOR UNDERGRADUATE MEDICAL SCHOOLS



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WHO-WFME Strategic Partnership to improve Medical Education

Institutions, graduates, and workforce by region (2008)

	Population (millions)	Estimated number of schools		Estimated graduates per year (thousands)		Workforce (thousands)	
		Medical	Public Health	Doctors	Nurses/Midwives	Doctors	Nurses/Midwives
Asia							
China	1371	188	72	175	29	1861	1259
India	1230	300	4	30	36	646	1372
Other	1075	241	33	18	55	494	1300
Central	82	51	2	6	15	235	603
High-income Asia-Pacific	227	168	26	10	56	409	1543
Europe							
Central	122	64	19	8	28	281	670
Eastern	212	100	15	22	48	840	1798
Western	435	282	52	42	119	1350	3379
Americas							
North America	361	173	65	19	74	793	2997
Latin America/Caribbean	602	513	82	35	33	827	1099
Africa							
North Africa/Middle East	450	206	46	17	22	540	925
Sub-Saharan Africa*	868	134	51	6	26	125	739
World	7036	2420	467	389	541	8401	17684

* The Sub-Saharan African Medical School Study finds 168 medical schools in the region in 2010.

Source: *The Lancet*, Volume 376, Issue 9756, Pages 1923 – 1958, 4 December 2010

- Same mandate for WHO-SEARO & SEARAME in SEARO member countries
- Teaching of Public Health is an important component of Medical Education in the region
- Producing PH implementing doctors



Objective / outline of presentation

- The **Need** and **meaning** of **TRANSFORMATIVE** Public Health teaching
- The **areas we need to focus / give attention** to achieve this
- **What needs to be done**
 - The evidence that it works
- **What can be done**
 - The available options



Transformative Teaching: Meaning / Need



Transforming learners from mere Knowledgeable Professionals to

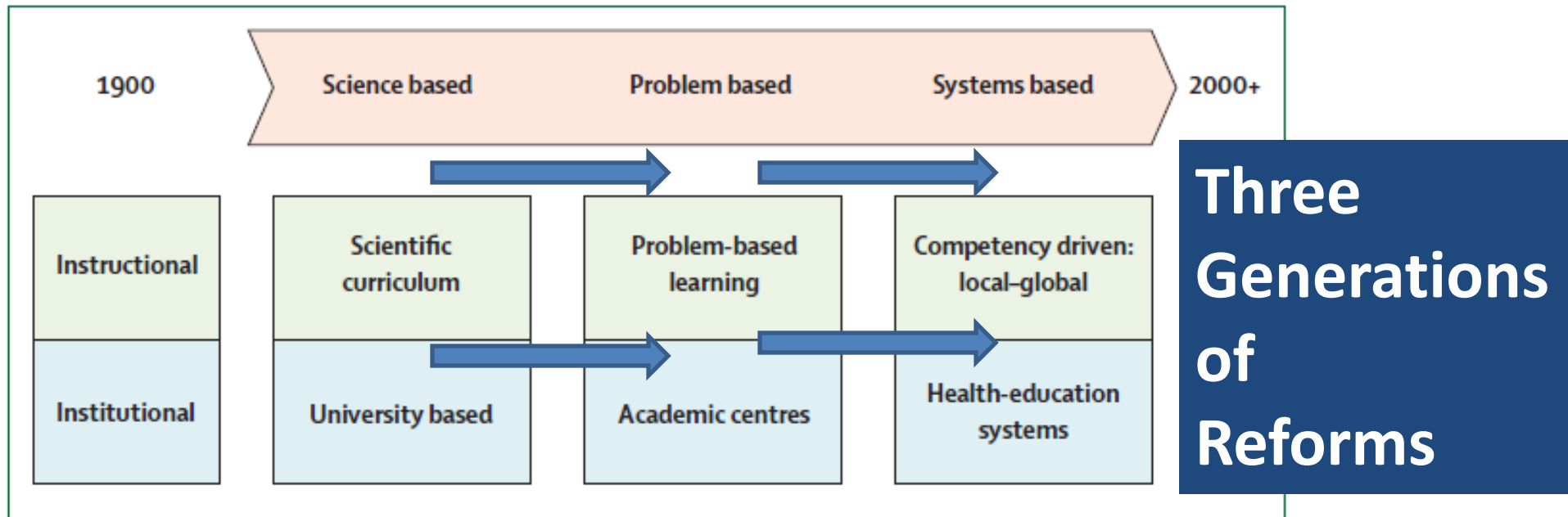
- **Competent Professionals Capable** to do the tasks required to meet the health care needs of the individual or population groups
- Be able **to work effectively in teams** to deliver health care
 - Learning together to work together for better health service delivery
- Be able to provide **LEADERSHIP** and become **change agents**



THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley,*





Situational Analysis : The need for transformative teaching in PH

Teaching of Public Health in Medical Schools

Report of the Regional Meeting
Bangkok, Thailand, 8-10 December 2009



- PSM/ CM/ CH curriculum of the regional countries **mostly theory based**
- Teachers are not able to teach students in a stimulating manner
- **Teachers not seen as practicing what they teach**
 - not good role models for students for career choice
- Teaching-learning **in a non-integrated manner** with no linkage among departments
- **Not enough trained teachers in PH**



Guidelines for Teaching of PH

WHO (2010)

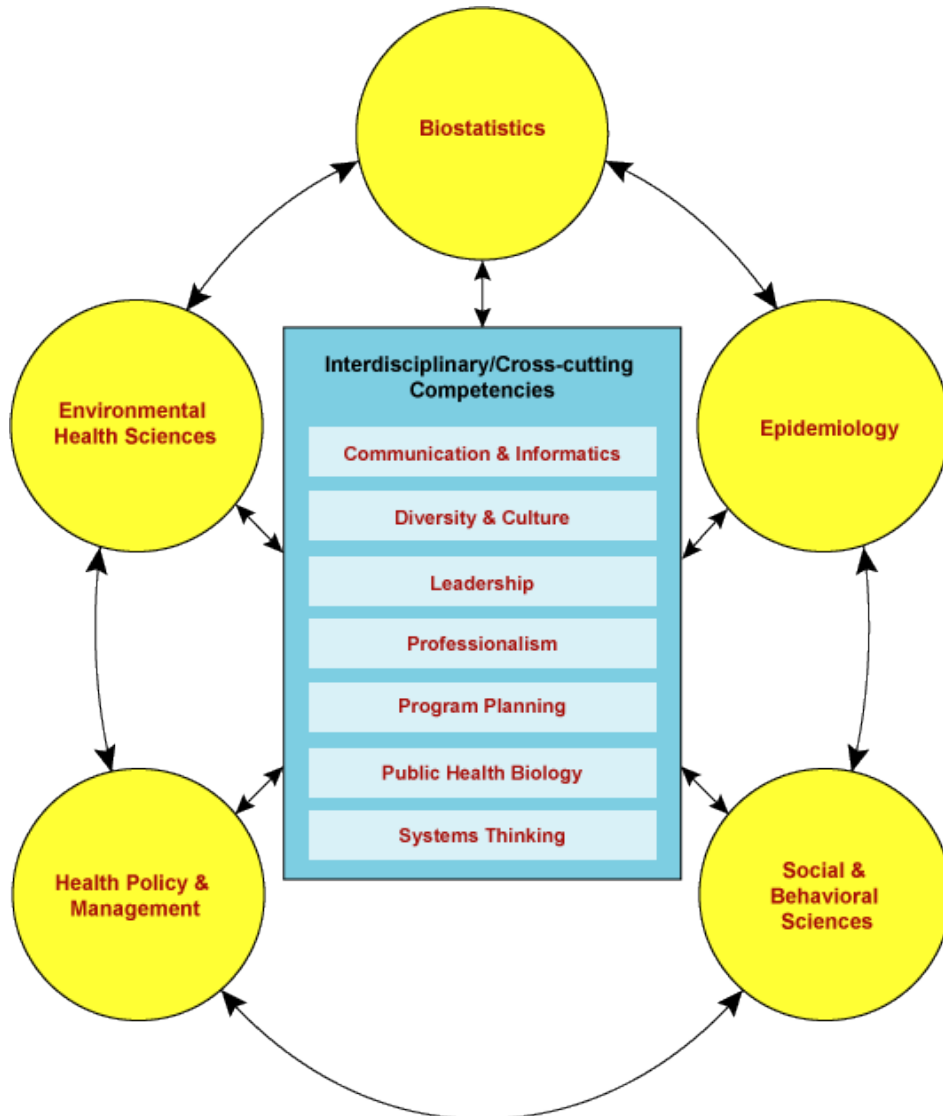
Improving the Teaching of Public Health at Undergraduate Level in Medical Schools – suggested guidelines

Report of a review meeting of the Expert Group
Kathmandu, Nepal, 10-12 August 2010

- Need to **Identify Public Health Competencies** for undergraduate medical education
- these competencies must be **linked to “the diverse needs of society”**.



PUBLIC HEALTH CORE COMPETENCIES (ASPH website)



- Provides a useful framework to examine and review current curricula
- **Which ones need strengthening?**
- They are the **most critical ones for transformative training !**
 - Communication
 - Leadership
 - Systems thinking



Public Health Core Competencies

The eight domains:

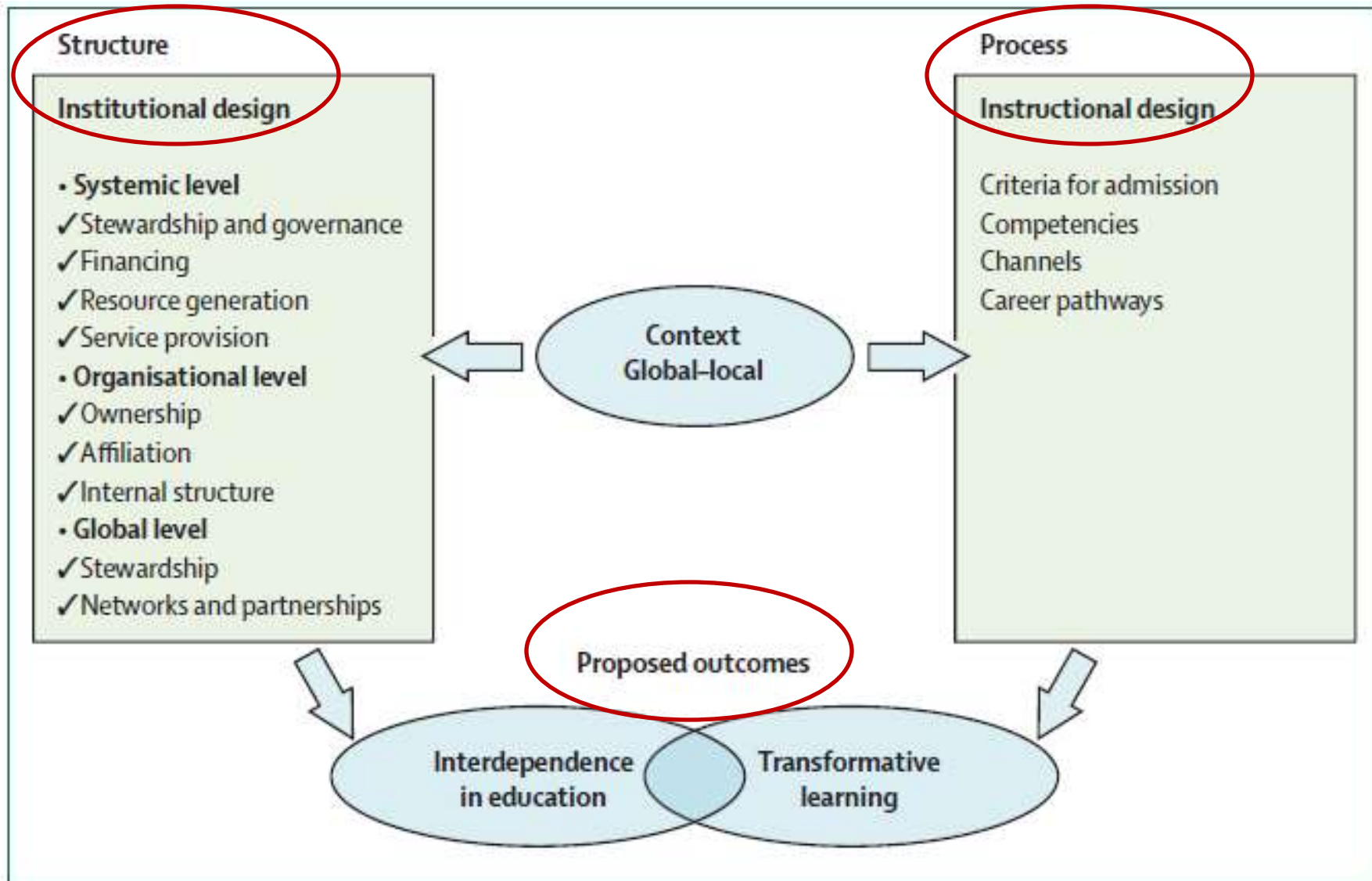
1. Analytic/Assessment Skills
2. **Policy Development/Program Planning Skills**
3. **Communication Skills**
4. Cultural Competency Skills
5. **Community Dimensions of Practice Skills**
6. **Basic Public Health Sciences Skills**
7. Financial Planning and Management Skills
8. **Leadership and Systems Thinking Skills**

PHF prologue

Where do we stand ? Can we aim at least for teachers?



Key Components of the Educational system for transformative learning





What needs to be done for Transformative Public Health Teaching?

Transforming HPE & Training

(WHO 2011)

1. Curriculum Development
2. Interprofessional Education
3. Accreditation of Training & Training Institution
4. Faculty Development for Competency-Based Education
5. Monitoring & Evaluation of the Program



Transforming PH Education & Training Curriculum Development

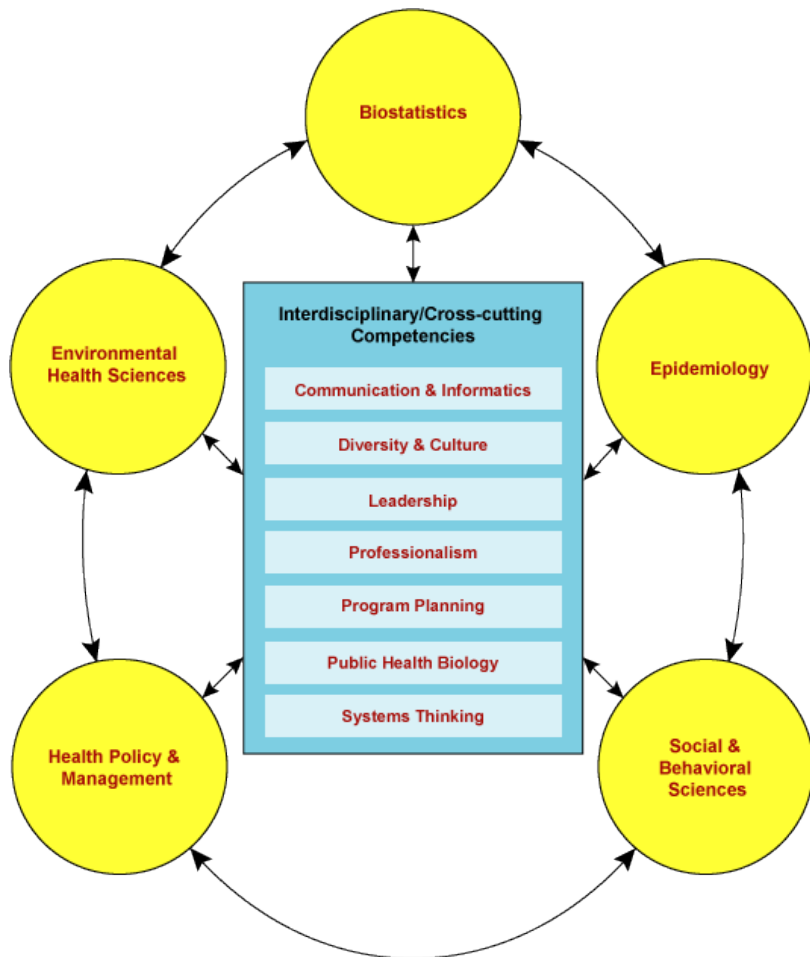


- Relevant to local needs
- Assessment of needs
- Community Oriented Medical Education
- Competency-based
- Core competencies Change with changing needs
- Content and methods to reflect the above



Transforming PH Education & Training

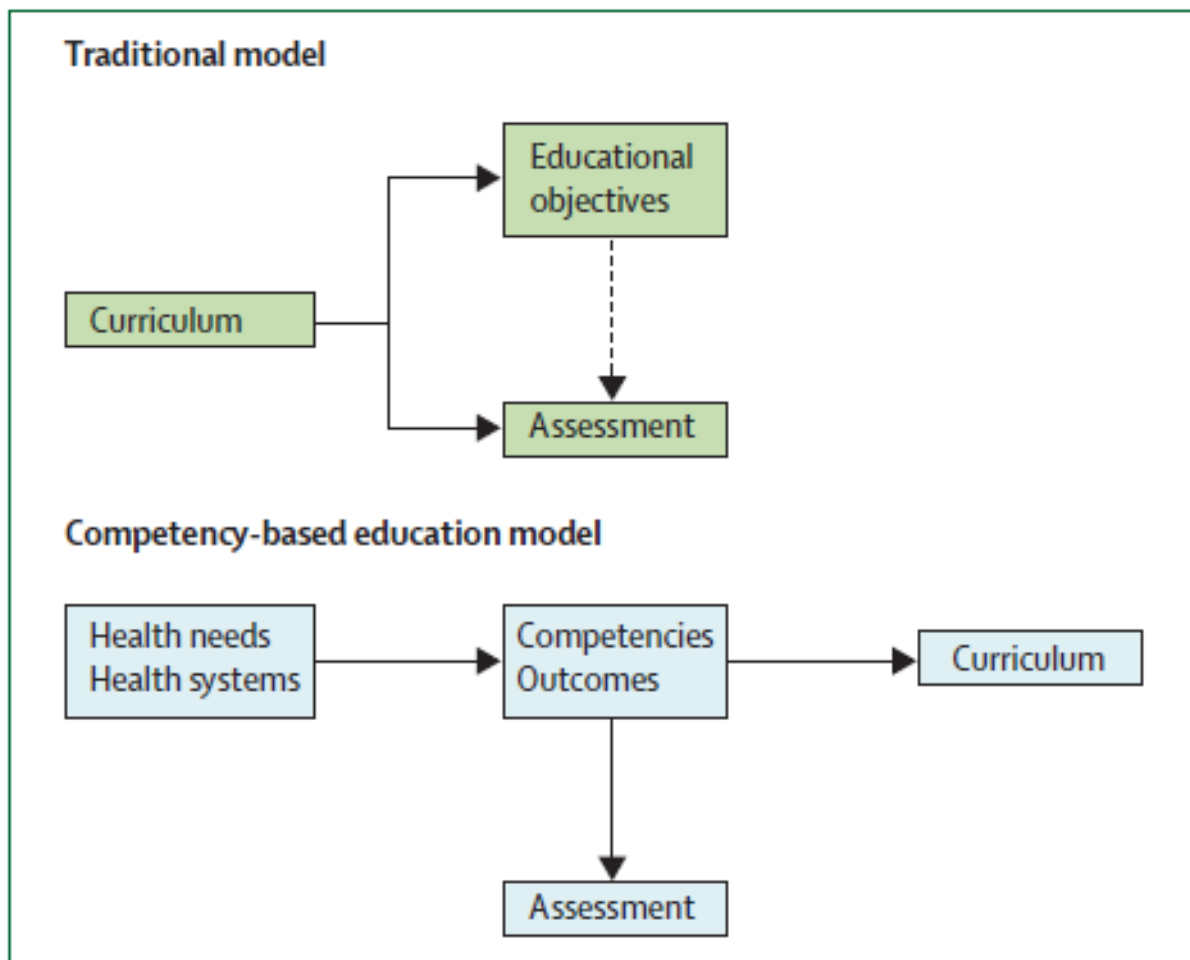
Focus of Curriculum Development



WHO-SEARO meeting to strengthen Teaching of Public Health in Medical Schhols, 2013 Pattaya, Thailand.



Transformative Medical & PHE: Competencies , Outcomes – based on health & Health system needs



Matching Educational Methods to objectives

Education Method	Type of objective			
	Cognitive Knowledge	ProbSol	attitudinal	skills
Lecture	+++	+	+	+
Discussion	++	++	+++	+
Problem-solving exercises	++	+++	+	+
Programmed learning	+++	++		+
Learning projects	+++	+++	+	+
Demonstration	+	+	+	++
Real-life experiences	+	++	++	+++
Audio or video review of learner	+			+++
Behavioral / environmental * interventions			+	+++

Note: blank = not recommended;

+ = appropriate in some cases, usually as an adjunct to other methods;

++ = good match

+++ = excellent match (consensus ratings by authors)
performance

CBME PLANNING MATRIX : PSG

TASKS	COMPETENCIES	PLANNED LEARNING EXPERIENCE @ PSG
identify and manage common and important health problems	<ul style="list-style-type: none"> • COMMUNITY DIAGNOSIS • INDIVIDUAL DIAGNOSIS & CASE MANAGEMENT • NAT. HEALTH PROGRAMS 	M 3 – C.H. P, C-S case study INTERNSHIP: RHC/UHC
To train, support and supervise other members of the health team	<ul style="list-style-type: none"> • TRAINING/ LESSON PLAN • CONDUCT REVIEW MEETING • MANAGEMENT 	M 3 – VISIT PHC, INTERVIEW INTERNSHIP: RHC/UHC
To validate and interpret the data collected by the Health workers	<ul style="list-style-type: none"> • CONDUCT MORBIDITY SURVEY, 	M1 – PRA Triangulation M 2- PSBH Projects M3 – C.H.P
implementation of specific National Health Programmes and to monitor them	<ul style="list-style-type: none"> • COMMUNITY DIAGNOSIS • INDIVIDUAL DIAGNOSIS & CASE MANAGEMENT • NAT. HEALTH PROGRAMS 	M 3 – VISIT PHC, INTERVIEW INTERNSHIP: RHC/UHC

“Listening to Concert Does not a Pianist make”



Deliberate Practice:

Role in acquisition of expert performance

Ericsson et al 1993

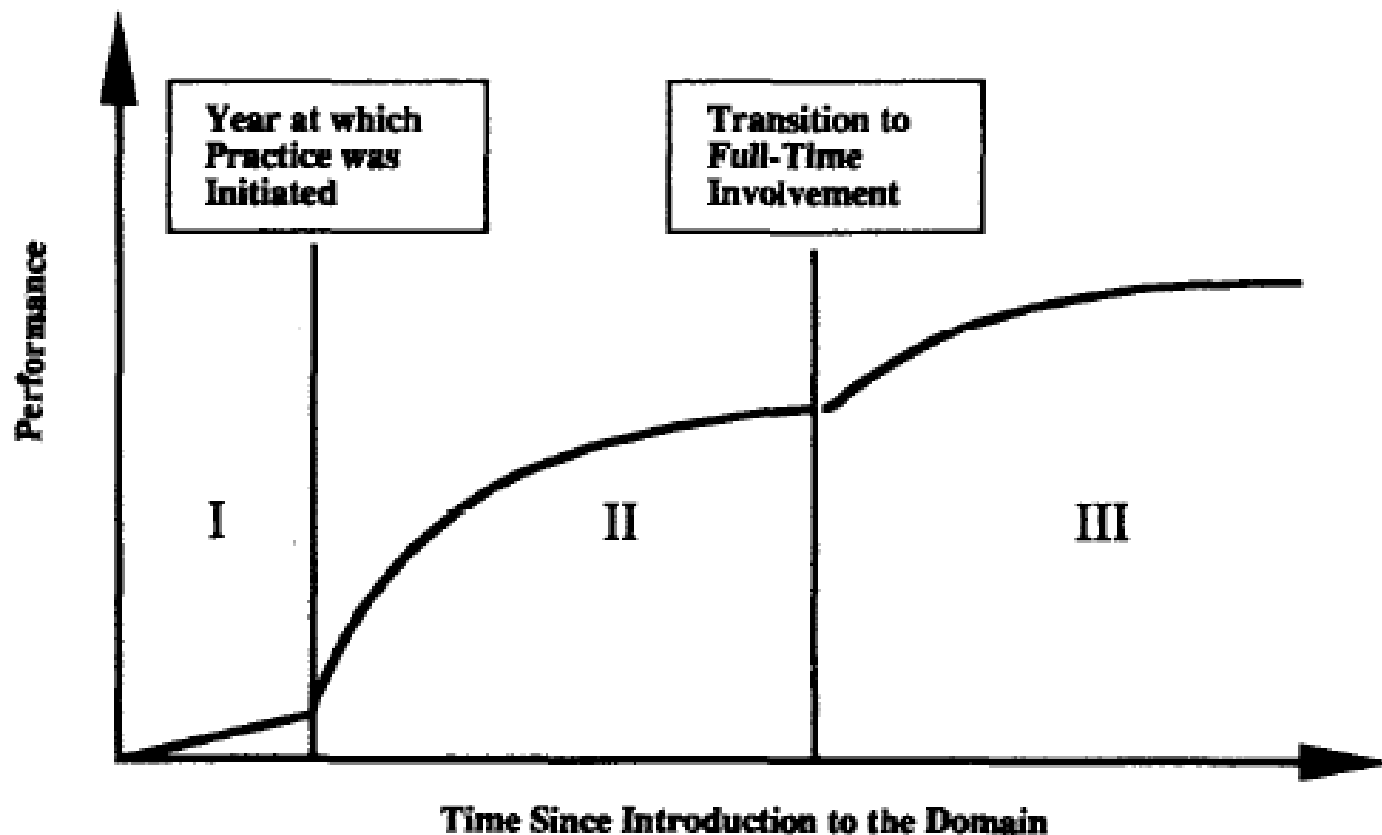
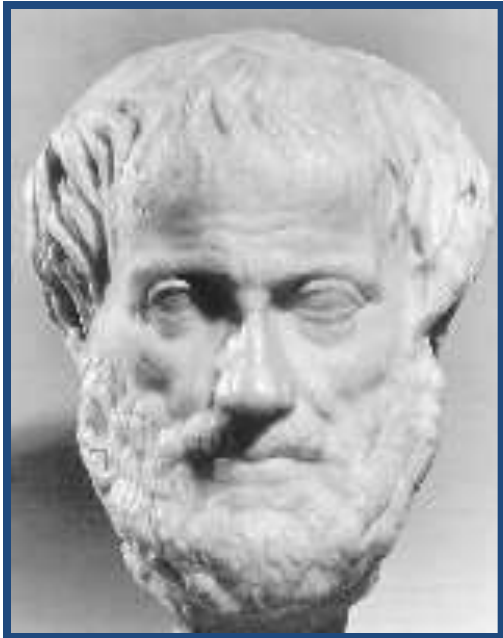


Figure 1. Three phases of development toward adult expertise.

Excellence Is A Habit

We are what we repeatedly do;
excellence then is not an act,
but a habit.

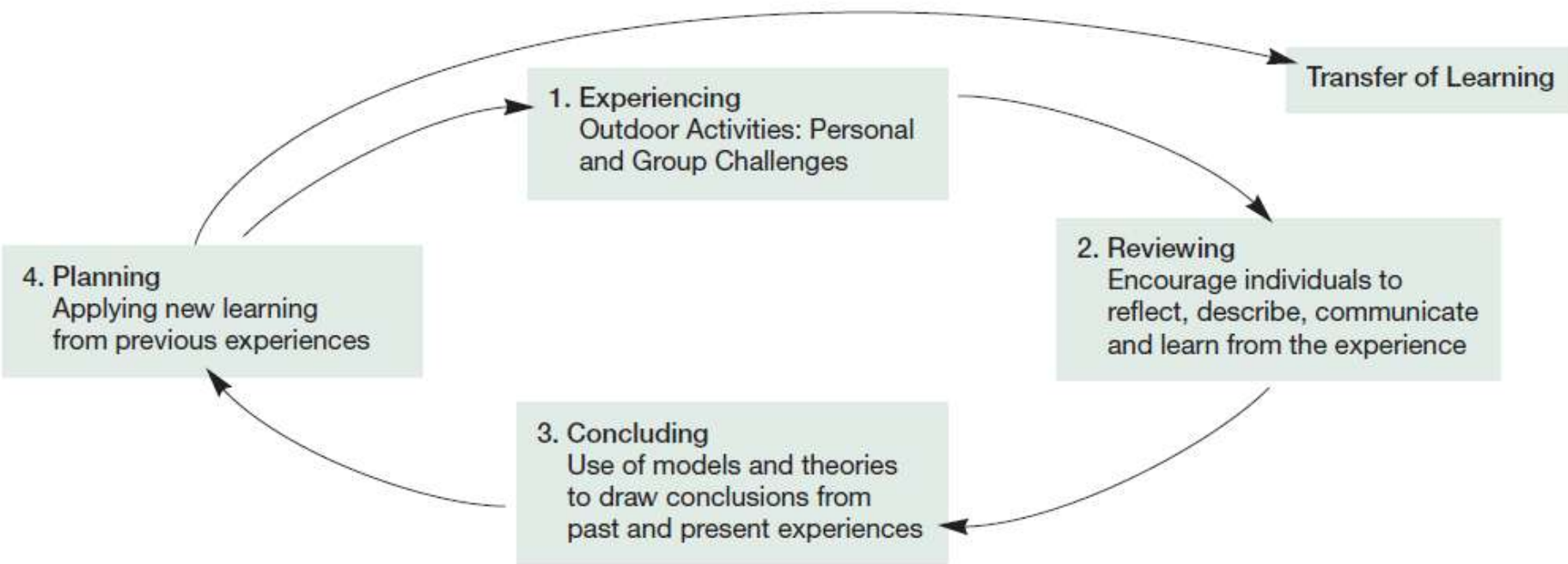


- Aristotle



Excellence: Practice-Based Teaching for Teaching Public Health

The Experiential Learning Cycle²⁶ by Exeter and adapted from Kolb²⁷



Eight Guiding Principles of Practice-based Teaching for Public Health

1. Practice-based teaching aims to bridge academia and practice to enhance public health education and assure the health of the public.
2. Practice-based teaching benefits the student, the school of public health, the agency, and the community.
3. Practice-based teaching involves the development and employment of critical thinking and problem-solving skills to make sound judgments that adapt public health for diverse populations.
4. Practice-based teaching is interdisciplinary, multidisciplinary, and multidimensional.
5. Practice-based teaching is a facilitative learning partnership between faculty, practitioners, and students to educate educators, practitioners, and researchers.
6. Practice-based teaching incorporates experiential education, which includes the element of critical reflection and service learning.
7. Practice-based teaching uses principles of adult learning theories to educate people for professional learning.
8. Practice-based teaching is the applied, interdisciplinary pursuit of scholarly teaching to inform and enhance professional public health education and training.

Role Model teachers PH

Strategies Guiding Principles Practice based Teaching for Public Health

ASPH (2004)



Teachers must be seen on-the job doing Public Health



- Build their capacity to it
- Project-work
- Involve them in Health systems research

James Lind giving lime for sailors to prevent Scurvy

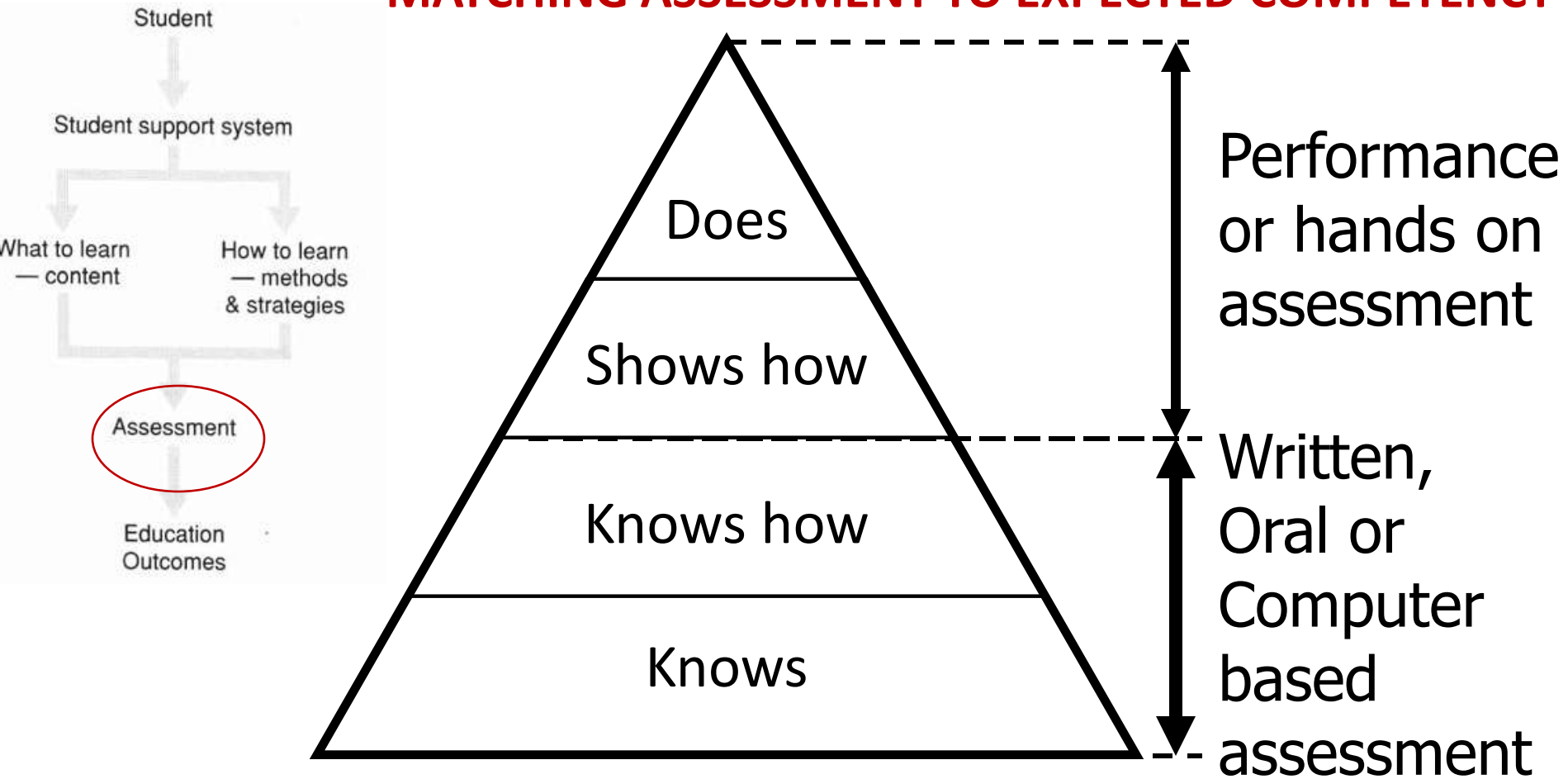


Competency-Based Model



ORGANISING ASSESSMENT PROCESS

MATCHING ASSESSMENT TO EXPECTED COMPETENCY





Teachers need to be Competent for Competency based Education

BOX 2.2 TRANSLATING CORE COMPETENCIES INTO COMPETENCY STATEMENTS – EXAMPLES FROM US, UK, AND CANADA

The following six steps are the common approach to develop competency statements from the core competencies.

1. Start with core public health functions:

For example, there are 5 core functions recommended by Advisory Committee on Population Health (assessment, surveillance, prevention, promotion, protection).

2. Identify the core elements that comprise each of the functions.

Need to identify what is actually meant by each of the five functions in order to identify the required competencies.

3. Map each competency statement from existing core competency sets to the core elements.

Each of the competency statements from existing sets of core competencies were matched with the most similar core element.

4. Analyze competencies mapped to common core elements and select/combine competencies to capture key themes.

Many of the core elements had multiple matched competency statements. It is necessary to assess which statements best described necessary knowledge, skills, and abilities.

5. Assess pool of selected competencies to eliminate duplication.

Step 4 above reduced duplication among competency statements for core elements mapped to a particular function. This step addressed duplication of statements across the five functions.

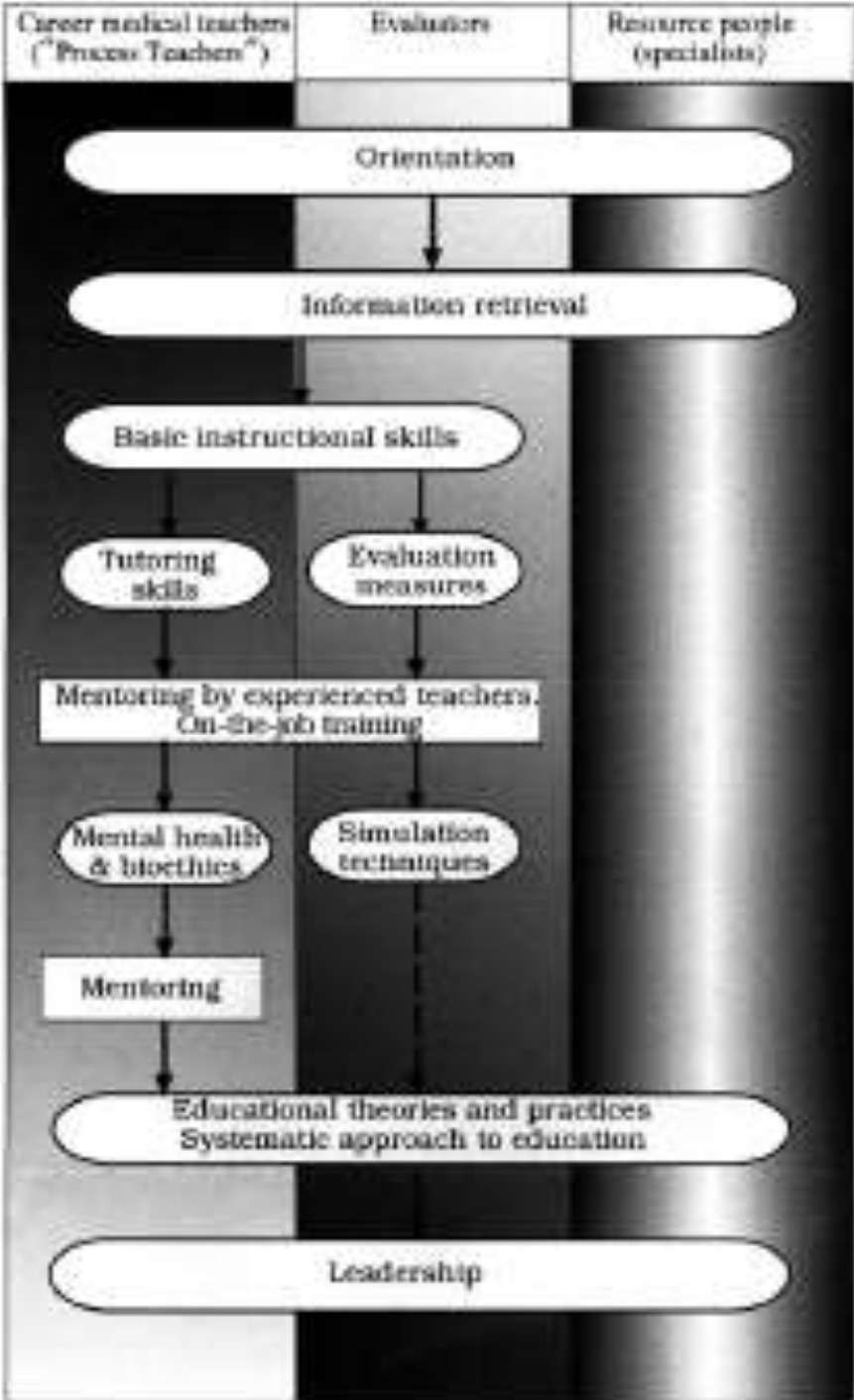
6. Identify and label groups of competencies that are addressing a common theme.

Competency statements reflecting common themes were grouped together to form competency “domains”.



TEACHER PUBLIC HEALTH CORE COMPETENCY





Training of Trainers in
Public Health
must be designed
to ensure
General Teaching
Competencies,
Public Health Core
competencies
and
Leadership
for change management

Transformative Teaching for Public Health Effective Leadership of Team

Leaders take their
staff from
where they are
to where
they've never been
before

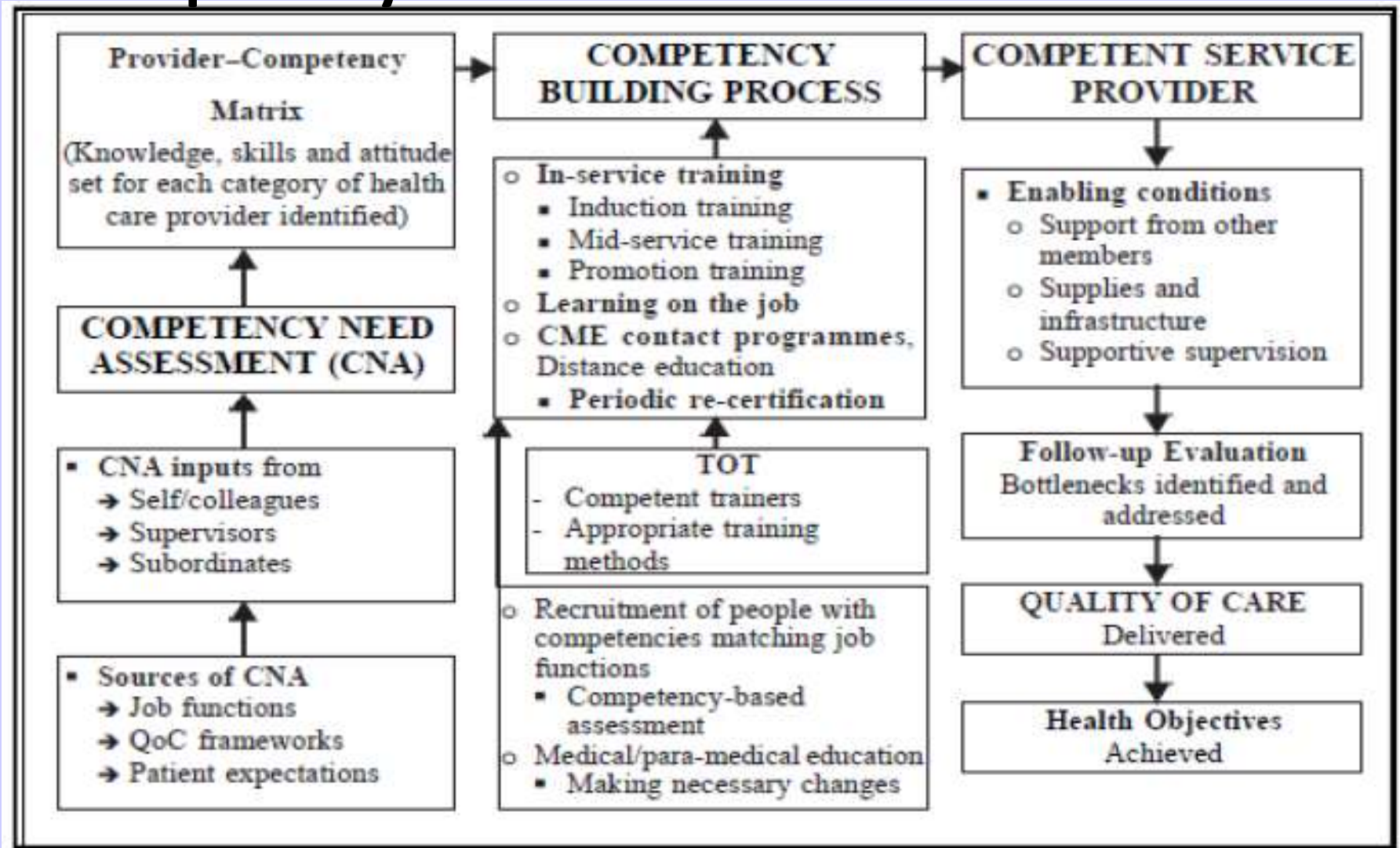




Transforming HPE & Training (WHO 2011) Recommendations for Faculty Development

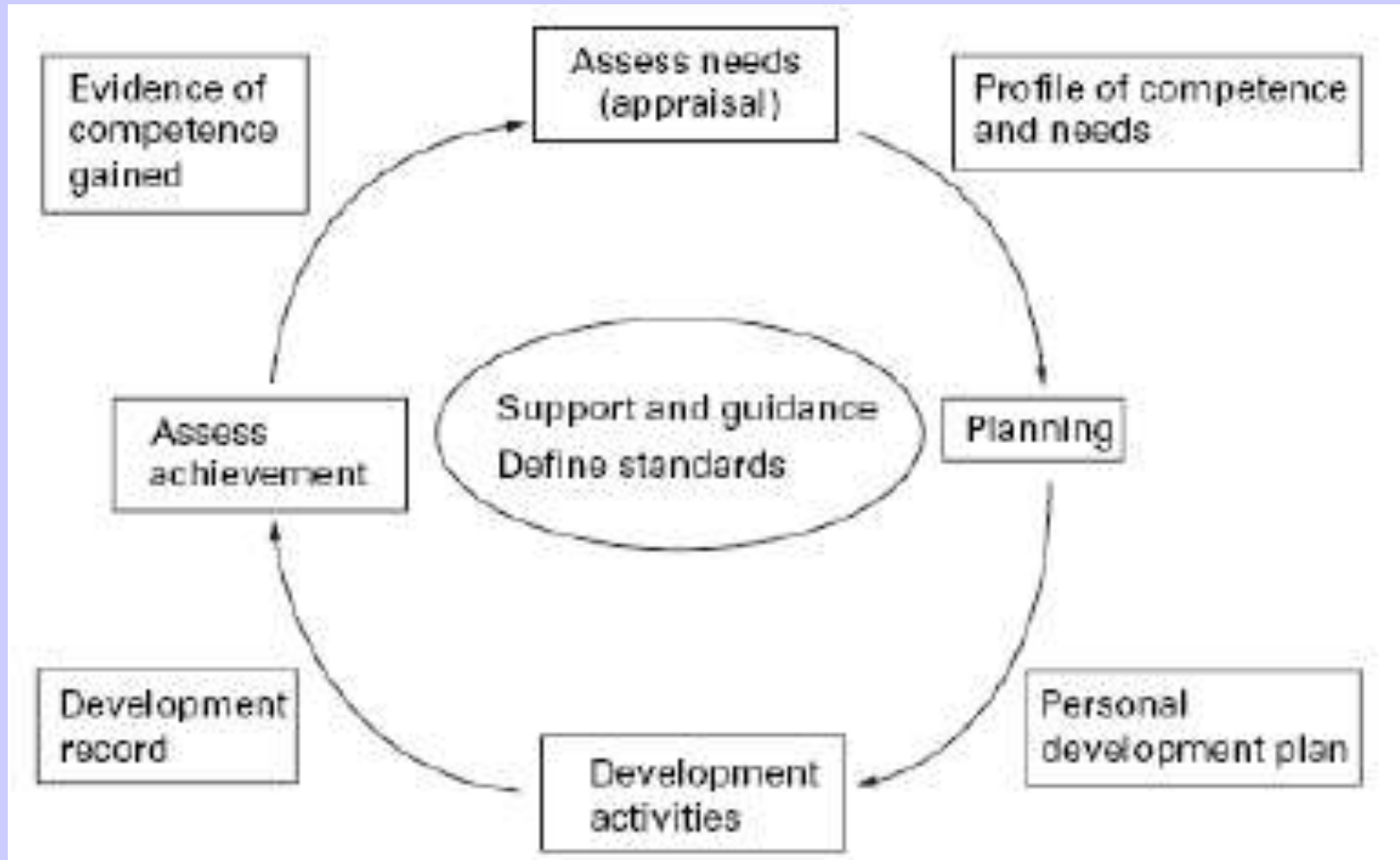
- CPD in Teaching for faculty
- Mandatory Faculty Development
- Use Field-based (Health System) professionals as adjunct faculty

Teachers need Continuing Professional Development for Competency-Based Public Health Education





Competency Development of Teachers of PH: **The CPD framework**





Which TOT methods are effective for improving Teaching Competencies?

Medical Teacher, Vol. 28, No. 4, 2006, pp 497-528

informa
healthcare

BEME GUIDE

A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8

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¹McGill University, Montreal, Canada; ²Dalhousie University, Halifax, Canada; ³Austral University, Buenos Aires, Argentina; ⁴University of Maastricht, Maastricht, The Netherlands; ⁵University of Newcastle upon Tyne, Newcastle, UK; ⁶University of Illinois at Chicago, Chicago, USA; ⁷Flinders University, Adelaide, Australia

ABSTRACT Background: Preparing healthcare professionals for teaching is regarded as essential in enhancing teaching effectiveness. Although many reports describe various faculty development interventions, there is a paucity of research demonstrating their effectiveness.

Objective: To synthesise the existing evidence that addresses the question: 'What are the effects of faculty development interventions on the knowledge, attitude and skills of teachers in medical education, and on the institutions in which they work?'

Methods: The search, covering the period 1980-2002, included three databases (Medline, ERIC and EMBASE) and used the keywords: self development; interactive training; medical faculty; faculty training/development; continuing medical education. Manual searches were also conducted.

Results: A focus on faculty development to improve teaching effectiveness, targeting basic and clinical sciences, were reviewed. All study designs that included outcome data beyond participant satisfaction were accepted. From an initial 2777 abstracts, 53 papers met the review criteria.

Conclusions: The majority of the interventions targeted practicing clinicians. All of the reports focused on teaching improvement and the interventions included workshops, seminar series, short courses, longitudinal programs and 'other interventions'. The study designs included 6 randomised controlled trials and 47 quasi-experimental studies, of which 33 used a pre-post-participant design.

Key points: Despite methodological limitations, the faculty development literature tends to support the following outcomes:

- Overall satisfaction with faculty development programs was high. Participants consistently found programs acceptable, useful and relevant to their practice.

- Participants reported positive changes in attitude toward faculty development and teaching.
- Participants reported increased knowledge of educational principles and goals in teaching skills. When formal sets of knowledge were used, significant gains were shown.
- Changes in teaching behavior were consistently reported by participants and were also detected by students.
- Changes in organizational practices and student learning were not frequently investigated. However, reported changes included greater educational involvement and establishment of collegial networks.
- Key features of effective faculty development contributing to effectiveness included the use of experiential learning, provision of feedback, effective peer and colleague relationships, multidisciplinary interventions following principles of teaching and learning, and the use of a diversity of educational methods within single interventions.

Methodological issues: More rigorous designs and a greater use of quantitative and mixed methods are needed to capture the complexity of the interventions. Narrow methods of performance-based assessment, utilizing diverse data sources, should be explored, and reliable and valid outcome measures should be developed. The maintenance of change over time should also be investigated, as should pre-post-organizational medicine faculty development strategies.

Conclusions: Faculty development activities appear highly valued by participants, who also report changes in learning and behavior. Although many of the methodological limitations in the literature, certain program characteristics appear to be consistently associated with effectiveness. Further research to explore these associations and document outcomes, at the individual and organizational level, is required.

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Faculty Development in Teaching Skills: An Intensive Longitudinal Model

KARAN A. COLE, SeD, L. RANDOL BARLER, MD, SeM, KIM KOLBACHER, SeD, PENelope WILLIAMSON, SeD, SCOTT M. WRIGHT, MD, and DAVID E. KERN, MD, MPH

ABSTRACT

Although reflection contributes to the personal growth of clinician-educators and is important for effective teaching, few teaching skills programs report its use. The Johns Hopkins Faculty Development Program in Teaching Skills, first implemented in 1987 as a theoretically grounded, longitudinal model for faculty development of clinician-educators, comprises a set of conditions intended to promote reflective learning. This paper describes the program and reports evaluation results for 98 participants and a comparison group of 112 nonparticipants between 1988 and 1996. Participants met with facilitators weekly for nine months for 3.5 hours, in stable groups of four to six individuals. Educational methods used across seven content areas emphasized relationships and collaboration, and included information provision, experiential learning with reflection, and personal awareness sessions. A pre-post evaluation design with comparison group measured changes in self-assessed teaching and professional skills, teaching enjoyment, and learning ef-

fectiveness. A post-only evaluation design appraised overall program quality, educational methods, facilitation, learning environment, and perceived impact of participation. Program participants had significantly greater pre-post change scores than nonparticipants for all 14 outcomes ($p < .05$). Multiple regression modeling indicated that program participation was associated with pre-post improvement in all outcomes except administration skills, controlling for all participant and nonparticipant baseline characteristics ($p < .05$). All measured programmatic characteristics were highly rated by participants. Experimental methods with reflection were rated significantly higher than information-provision and personal awareness sessions ($p < .001$). Evaluation results demonstrate a positive impact of this alternative approach to faculty development on clinician-educator perceptions of their attitudes and behavior towards learners and colleagues. Acad Med. 2004;79:469-480.

Training in teaching skills is a critical step in the professional development of clinician-educators.¹⁻⁵ Teaching skills programs have been shown to be effective,⁶⁻¹⁰ and considerable progress has been made in increasing their availability in the past 15

years. However, according to a recent national survey, only 39% of teaching hospitals have ongoing faculty development activities in teaching skills for their department of medicine faculty, and, on average, fewer than 50% of their faculty participate.¹⁰

Among teaching skills programs that include more common teaching approaches (lecture, discussion, distance learning, coaching, and skills practice),^{11-13,20} few report using reflection.¹⁴ Reflection is important for effective teaching,¹⁵ and has been suggested to help preceptors in the ambulatory setting to improve their teaching.¹⁶ It contrib-

Dr. Cole is assistant professor of medicine and co-director, Johns Hopkins Faculty Development Program in Teaching Skills. Dr. Barler is professor of medicine and co-director, Division of General Internal Medicine. Dr. Kolbacher is a junior associate professor of medicine and co-director, Johns Hopkins Faculty Development Program in Teaching Skills. Dr. Wright is associate professor and co-director, Johns Hopkins General Internal Medicine Fellowship Program and an Arnold P. Gold Foundation associate professor of medicine. Dr. Kern is associate professor and co-director, Division of General Internal Medicine. All authors, except for Dr. Kolbacher, are affiliated with the Johns Hopkins University, School of Medicine, Johns Hopkins Bayview Medical Center, Division of General Internal Medicine, Baltimore, Maryland.

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SPECIAL ARTICLE

LuAnn Wilkerson, EdD, and David M. Irbly, PhD

Strategies for Improving Teaching Practices: A Comprehensive Approach to Faculty Development

ABSTRACT

Medical school faculty members are being asked to assume new academic duties for which they have received no formal training. These include view-efficient ambulatory care teaching, case-based materials, and case computer-based instructional programs. In order to succeed at these new teaching tasks, faculty development is essential. It is a tool for improving the educational vitality of academic institutions through attention to the competencies needed by individual teachers, and to the instructional policies required to promote academic excellence. Over the past three decades, strategies to improve teaching have been influenced by the prevailing theories of learning and research on interaction, which are described. Research on these strategies suggests that workshops and resident-instructor training, coupled with consultation and intensive fellowships, are effective strategies for changing teacher actions. A comprehensive faculty development program should

be built upon (1) professional development (new faculty members should be oriented to the university and to their various faculty roles), (2) instructional development (all faculty members should have access to teaching improvement workshops, peer coaching, mentoring, and/or consultation), (3) leadership development (academic programs directed upon effective leaders and well-developed curricula; these leaders should develop the skills of scholarship to effectively evaluate and advance medical education), (4) organizational development (empowering faculty members to excel in their roles as educators requires organizational policies and procedures that encourage and reward teaching and continual learning), and (5) comprehensive faculty development, which is more important today than ever before, empowers faculty members to excel as educators and to create vibrant academic communities that value teaching and learning. Acad Med. 1998;73:387-398.

Increasing demands are being placed upon medical school faculty members to be creative and effective teachers, successful investigators, and professional clinicians. These pressures derive from curricular reform,

from competition in the health care marketplace, and from increasing competition for scarce resources to support research. Such changes require faculty members to acquire new knowledge, skills, and abilities—especially in the structural areas. In their teaching roles, faculty members are being asked to develop more time-efficient ambulatory care clinic instruction, more small-group teaching, more problem-based materials, new types of case-based discussions, and new computer-based instructional programs. In order to promote academic excellence, what investments should be made to help faculty members master these new skills? Which faculty development strategies actually produce changes in faculty members' instruction?

During the first half of this century, teaching expertise was assumed to be part of content expertise. If a faculty member acquired the knowledge of the discipline, he or she could

This is an abstract version of a keynote address one of the authors (DW) gave at the Second Global International Conference on Medical Education and Assessment, held in Maastricht, The Netherlands, in June 1996.

Dr. Wilkerson is professor, Department of Medicine, Assistant Dean for Medical Education, and Director of the Center for Educational Development and Research, University of California, Los Angeles. Dr. Irbly is the dean for Education and Professor, Department of Medicine, University of California, San Francisco.

Correspondence and requests for reprints should be addressed to Dr. Wilkerson, UCLA Center for Educational Development and Research, Office of the Dean, 10855 Le Conte Avenue, Room 48-021, Center for Health Sciences, Los Angeles, CA 90095-1722; e-mail: wilk@ucla.edu; irbl@ucla.edu.

ACADEMIC MEDICINE, Vol. 73, No. 5 (MAY) 1998

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Need to move from Workshop to Longitudinal / Fellowship Programs

Medical Teacher, Vol. 22, No. 5, 2000



Faculty development, teacher training and teacher accreditation in medical education: twenty years from now

DAN E. BENOR

Dean of School for Community Health Professions, Ben

SUMMARY To address the issue of faculty development in the year 2020, an attempt is made to predict the structure of the future medical school and the profile of a future medical teacher. By projecting from the technological, sociological and structural processes that affect medical education, it can be envisaged that there will be several types of medical teachers, namely specialists, who will be resource people for the students, evaluators of student performance, and a minority of 'process teachers'. The role of the process teachers will be to tutor, facilitate learning, coach and guide the students in the only domain which cannot be self-learned by technological devices, namely: moral issues, interpersonal communication and crisis management. Each type of teacher requires a different training programme. All programmes, however, should be comprehensive, longitudinal or multiphase, and lead the faculty members from orientation in both the institution and the educational field to a leadership position by means of a progressive approximation. It is further expected that societal demands will impose teacher accreditation and, perhaps, licensing. This, however, will remain in the medical profession's hands, and may bring about a resolution of the 'role-profession conflict', and a more favourable self-perception of faculty members as teachers. Finally, an optimistic conclusion is drawn for the future of medical education.

Introduction

Life is changing rapidly. Education in general, and medical education in particular, is changing within the large-scale transition into the 21st century. It may be safely predicted that this process of change will not only continue into the coming decades, but will be accelerated. Therefore, to address the issues of faculty development and teacher training in the future, one must first review the processes which affect medical education, and try to envisage what medical education will look like 20 years from now. One then has to look into the teacher-training and faculty development procedures which have proved to be successful in the past, and to identify the new needs which cannot be addressed by existing processes. Then, and only then, one may start planning teacher training for the future. However, the rate and the magnitude of changes occurring in our lives, a time by the hour, make this a task as difficult as solving a multi-variable equation without even knowing how many unknowns there are. Nevertheless, some processes are so obvious that prediction becomes a matter of perception rather than prophecy.

Several reasons may account for the change in medical education. Some of these are by-products of sociological processes; some others stem from the modifications that

occur with are the norms.

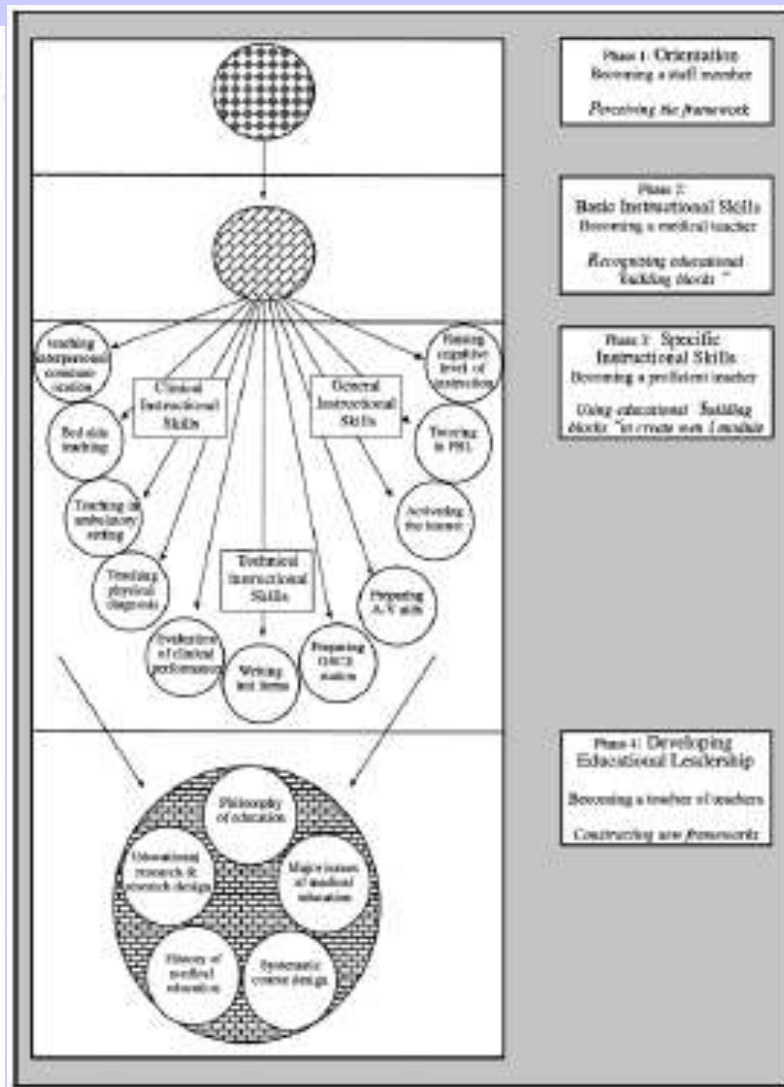
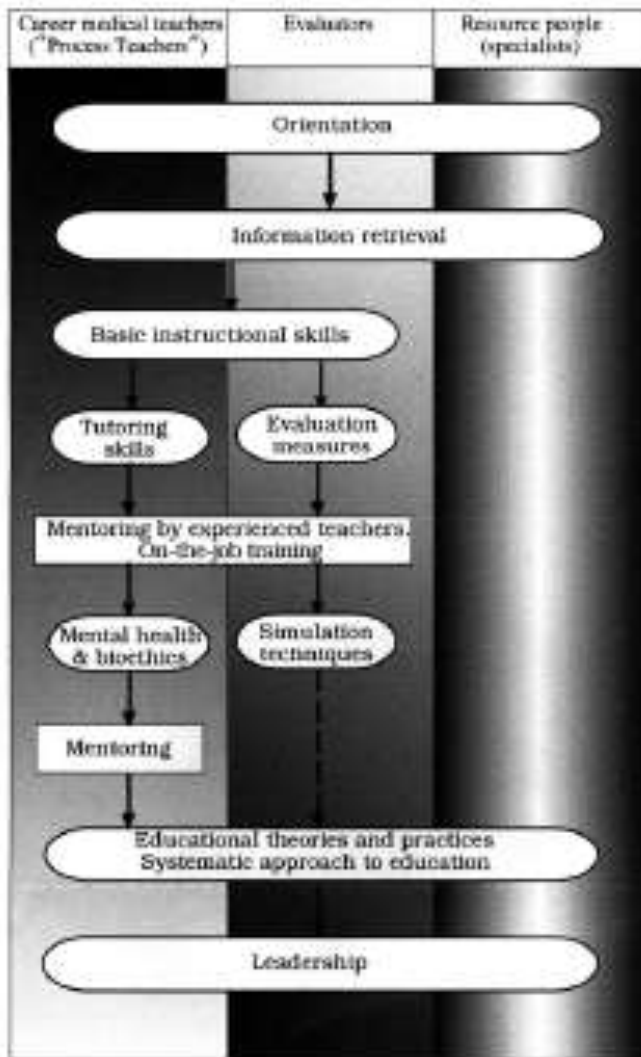
Let us, those one aspect. The medical profession almost exclusively acc education, as a main establish through education.

The process of learning. This process is also a reality of combined, 19 substitute most of its loss, and 4

The of however, 4 of medicine may control its significant a huge age (1999). A longer life part of this is because

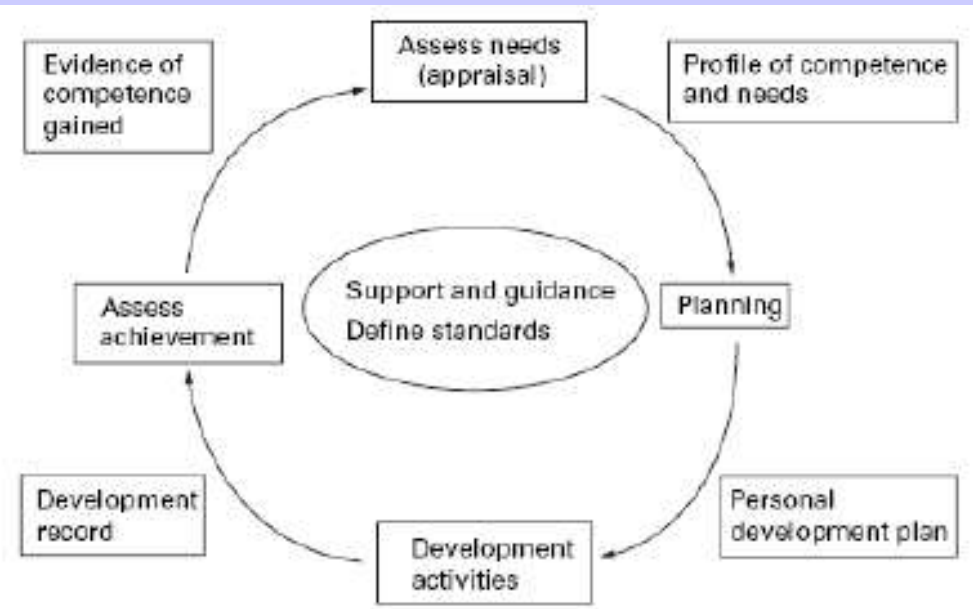
All these dilemmas will be able will make cognitive more crucial concerned knowledge of proper

Correspondence: University, P (a) 972-744





Competency Development of Teachers of PH: **Suggested model**



- Longitudinal Certificate or fellowship Programs
- In-service practice and Feedback / Self Assessment
- Portfolio as Evidence of attainment of PH teaching competency



Transforming HPE & Training (WHO 2011)

Role of Faculty Development

- Helps recruiting and retention
- Training as teachers – teaching competencies
- Effective teaching ensures students competencies
- Addresses professional development needs
- Strategies for FD – Country specific
 - Work-based (in Service)
 - Classroom
 - Face-face mentoring
 - Self (CPD)
 - Community of Practice



Levels of Learning and Outcomes of Transformative Learning

	Objectives	Outcome
Informative	Information, skills	Experts
Formative	Socialisation, values	Professionals
Transformative	Leadership attributes	Change agents

Training curricula & methods are different for each types of above listed objectives and Outcomes

Are our teachers trained for these?

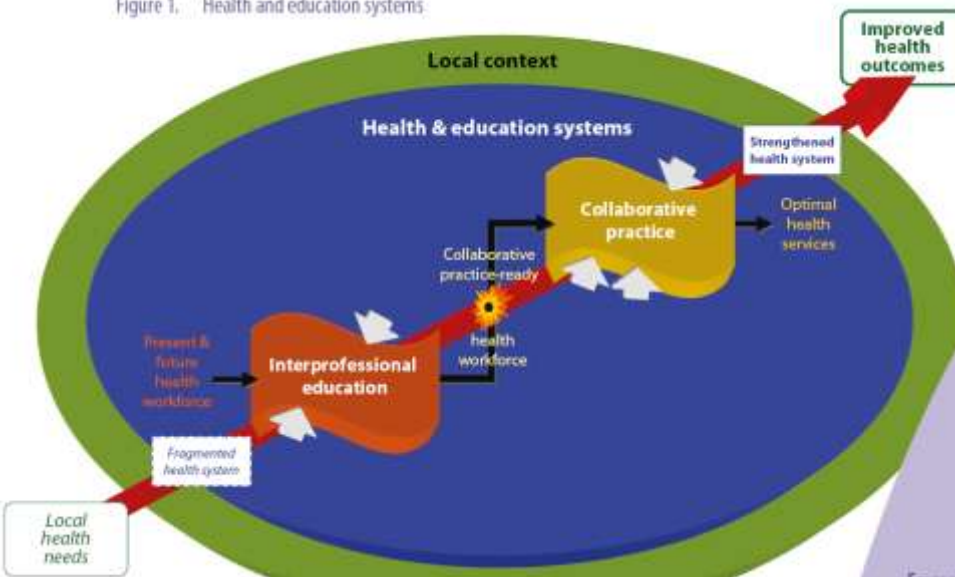
Faculty development for transformative learning is most critical to bring about these changes

Continuing Professional development & other Longitudinal Fellowship Programs are needed rather than just workshops

Transformative PH Education

INTERPROFESSIONAL EDUCATION IN MEDICAL SCHOOLS

Figure 1. Health and education systems

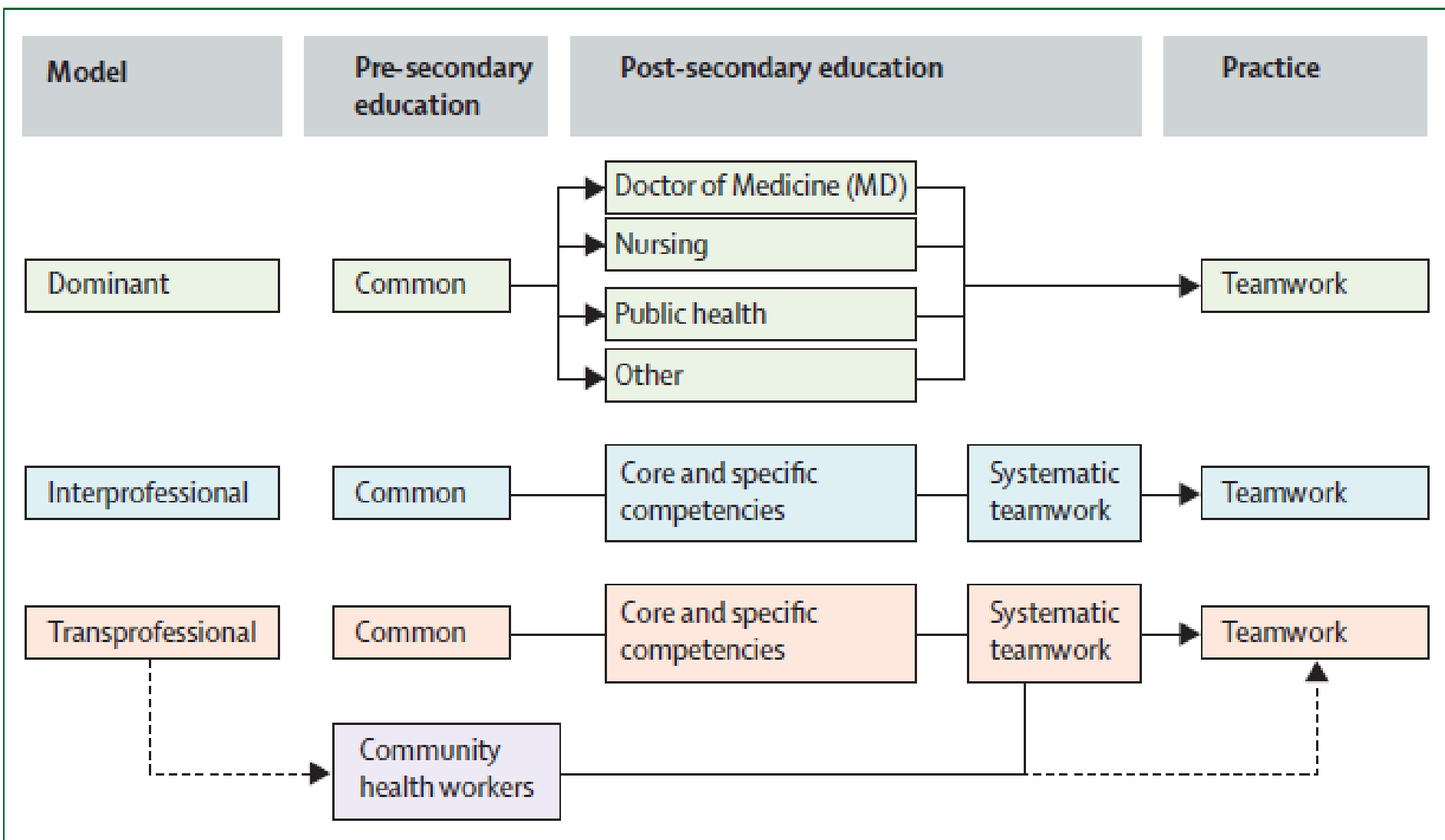


MPE/ IPE Contributes to:

- Development of own professional role
- Better understanding of different professional's roles
- Better interaction and communication between different professionals
- Improved patient / health care



Models of Inter & Trans Professional Education





Transforming HPE & Training

- **Monitoring & Evaluation of the Program**
 - Develop monitoring tool
 - Indicators, parameters
 - Identify & define Performance standards
 - Evaluate training institutions, teaching tools
 - Evaluate effectiveness of training - products



Strategies to enhance teachers' capacity to perform effective public health teaching

- **Linkage between academia & Public health practice**
 - Involve the teachers of Medical schools in Program planning, monitoring and evaluation of Public Health Programs
- Strengthening the Networking
- **Funding for Public Health Research and educational interventions** must be extended to all Medical schools in the region.



Transformative scale up of HPE





Transformative PH Education: Recommendations for reforms & enabling actions

Reforms

Instructional

- Competency-driven
- Interprofessional and transprofessional education
- IT-empowered
- Local-global
- Educational resources
- New professionalism

Institutional

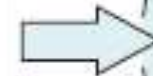
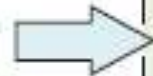
- Joint planning
- Academic systems
- Global networks
- Culture of critical inquiry

Enabling actions

- Mobilise leadership
- Enhance investments
- Align accreditation
- Strengthen global learning

Goal

Transformative and interdependent professional education for equity in health



Thank you !





Key initiatives taken

- Publication of journal SEAJME
- Database of medical education experts
- Contributions to GCSA
- Organization of regional conference
- Maintenance of website www.searame.in
- Newsletter



1st SEARAME International Conference

19-22 November 2010 / Jakarta, Indonesia

Theme:

***“Best Practices in Medical
and Health
Profession
Education in
South-East Asia”***





SEARAME NCHPE 2012

along with
SEARAME EXCO Meeting

6TH - 8TH September' 2012

- South East Asian International and Indian National Conference on Health professions Education
- Theme: Social Accountability : Responding to societal needs through Quality Assurance & Accreditation in Health Professions Education



at the PSG IMSR, Coimbatore, Tamil Nadu, India



SEAJME Journal

- Supported by WHO-SEARO
- The journal editorial office is at the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
- Two issues per year (June & December)





Third SEARAME Conference

12-14 November 2014
Colombo, Sri Lanka

“Enhancing Clinical Education in the Health Professions”

Sub themes

- **Primary care and community-based medical education**
- **Integration of Basic and Clinical Education**
- **Inter-professional Education**



Important dates and venues

- Abstracts submission opening: 20th April 2014
- Registration Opening: May 2014
- Pre-Conference Workshops: Colombo and Kandy
- Main Conference: Hotel Galadarie, Colombo



Questions ??