Challenges Faced by Medical Educators at their Workplace: A Qualitative Study

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ABSTRACT
Background: Establishing departments of Medical Education with a good team of medical educationists and educators for every undergraduate medical College has become essential to overcome the current educational challenges. It is important for the educationists to strengthen teamwork and develop appropriate leadership to improve the overall health-system performance.
Objective: To explore the challenges confronted by the medical educators at their own workplace with the purpose to implement theory into practice.
Methodology: A Hermeneutic Phenomenological qualitative study was carried out. A total of nine in depth interviews were recorded from the medical educators, graduated from five different medical Universities of Pakistan. The interviews were transcribed verbatim, analyzed and themes were identified.
Results: Three themes that emerged after initial and axial coding were 1. Civilization in medical culture.2 Editing Educational trends craves for didactic leaders.3. Smart educators; a key to success.
Conclusion: Appropriate leadership with an effective background of medical education is essential to flourish the new culture of medical education for producing professional doctors.
Keywords: Postgraduate students, Medical educators, Department of medical education, DME

Introduction

Health care provision is an important aspect and an integral part of health system. It should be made available in a cost effective and justifiable manner to the whole community.[1] Delivering health services in a proficient way requires a team of doctors who are experienced, competent, accountable, professional and ethical. To cultivate such doctors, high quality and appropriate medical education must be offered in an effective manner. It is therefore essential for the professional health educators to be fully equipped with pertinent competencies to contribute in imparting such useful medical education. However, the transformation in the medical education has offered new challenges.

More demanding responsibilities are expected from medical educationists. Educationists/educators are hence forth required to strengthen teamwork and develop appropriate leadership to improve the overall health-system performance. Such efforts will subsequently help them to achieve the health justice of delivering equitable health services to the whole community.[2] Today there is an intense need to support the educationist so as to produce skillful knowledgeable and compassionate doctors who will be able to manage difficult symptoms, give good care, improve the quality of life and help patients to decrease their distress. However medical educationist is criticized at several zones. They very frequently experience the identity crisis and are not recognized for their work. It is thus highly significant to explore the challenges confronted by educators chiefly in redesigning of medical education according to the global guidelines particularly in our settings.

Establishing departments of Medical Education (DME) and having a good team of medical educationists and educators for every undergraduate medical College has become essential to overcome the current educational challenges faced by educationists.[3,4]

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Hence it is the right time to develop a close collaboration between educationists, educators and doctors for development of better education. The challenges that are faced by educationist shall be addressed and let their contribution be acknowledged. This study was chiefly aimed to recognize and overcome all the barriers that hinder the educator's responsibilities. The results of the current study will thus help the medical educators working in our local setting to highlight the reasons of their acceptance and the challenges faced by them for smooth implementation of their role as medical educators.

Methods

A qualitative hermeneutic phenomenological approach was chosen to explore the challenges faced by medical educators at their work place.[5] The COREQ checklist was used to ensure that all important aspects of research are addressed.[6] A Total of nine in-depth interviews were conducted with graduates of Master in Health Professions Education (MHPE) from five Universities such as, Karachi, Islamabad, Peshawar and Lahore. The five different prestigious Universities included Dow University of health sciences Karachi, Agha khan medical University Karachi, Riphah International University Islamabad, Khyber Medical University Peshawar and University of Lahore.

A Purposive sampling technique was used because specific targets were to be selected for the desired information. Within purposive sampling, maximum variation sampling technique was adopted for each in depth interview as there was variation in participant in terms of their belonging to different universities', working in different departments and on the basis of gender.

The participants who served at least one year in their respective department/institutions after completing Master's in health Professions education (MHPE) degree were contacted through email and were sent request forms. After the acceptance of the request, the Interviews were conducted on the availability of the participant.

An interview guide was made which included seven open-ended questions.

Guiding questions were searched from literature and were authenticated by three experts in Medical Education Department of Khyber Medical University. The guide was piloted before implementing the study. The questions included in the guide were;

Q-1. The whole world talks about the change in the medical education. What is your perspective about this change?

Q-2. What was your inspiration of getting enrolled into the MHPE program and becoming a medical educator/medical educationist?

Q-3. How helpful it is being a medical educator to initiate the new trends in your workplace?

Q-4. Are you facing any difficulty in implementing the new trends of medical education you learned during your MHPE? If yes ………………

Q-5. What sort of problems/difficulty you are facing in implementation?

Q-6. In your opinion, how can these challenges / difficulties can be overcome?

Discussion points were transcribed from dicta phone. The principal researcher, the supervisor and the two medical educationists reviewed all the transcripts after each session and coded the data under various headings.

An analysis of text was done (word repetitions, key-indigenous terms, and key-words-in contexts) using an open coding technique. These codes and themes were again shared with supervisor and two medical educationists and any differences were sorted out and agreed upon by consensus.

Any point that needed clarification was used as a guide for the next interview. At the end of all interviews, sub themes emerged which were then reviewed by the same team of supervisor and two medical educationists till a consensus reached on themes. Data collection and data analysis was done simultaneously at the same time.

The final report was written by principal researcher, circulated to the participant interviewers for confirmation.

With foundations in pragmatism, a fresh interpretation of the data was prepared, and no preconceived theoretical framework was used. The category 'challenges' was evolved from an in-vivo code during data analysis and was used in the literature with reference to community of practice (CoP) theory. [7]Here we referred challenges as the internal/external conflicts or concerns experienced by the medical educators to implement theory into practice after a postgraduate qualification in medical education. [8]

Triangulation was correspondingly assured in the study to have consistent results and to enhance the credibility of the study.

Results

Initial analysis was commenced by first cycle of coding i.e. Open Coding. Second cycle of coding was done to

find out relationships by axial coding. Then Thematic Analysis was done to create meaningful patterns. Thematic analysis was performed through the process of coding in six phases to create meaningful patterns. These phases were: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes and producing the final report.

The results of nine in depth interviews were summarized based on thematic categorizations. Three themes that emerged are given in Figure-1).

Figure-1: Thematic presentation of perception and challenges identified by the MHPE graduates

Theme-1: Civilization in medical culture:

All the participants illustrated in the study that the civilization in medical culture has a great impact on students, faculty, institutes and community. They described that modernization of education has introduced new innovative ideas in education in a more systematic manner. They also clarified that transformation of education is a slow but progressive process and has increased the responsibility and improved the quality of graduates in all three domains i.e. cognitive, psychomotor and affective.

Some of the representative statements for the theme Civilization in medical culture are as follows;

Don't go for abrupt changes in education. The change should be slow and progressive, just implement to share and recognize the good change. (Interviewee no 3)

It's a new emerging specialty, which we should know as it deals with curriculum, assessment tools, the type of competency you are judging, by which tool and why you are judging. (Interviewee no 2)

Our vision is to produce quality product through experts who perform professionally communicate professionally and learn ethics to bring patient satisfaction to the highest level and this will influence students, teachers, patients and the whole community. (Interviewee no 9)

I never knew before much about the effective domain but now knowing it in depth I became more gentle, polite, kind and merciful. I understand the importance of morals, ethics, and courteous behavior (Interviewee no.4)

Theme-2: Editing Educational trends craves for didactic leaders:

All the participants of the study had clearly described that how educators and administration face and overcome different challenges particularly in terms of time management, lack of resources, lack of infrastructure, trained faculty and even smart students. They showed a desire to have a complete system of learning and assessing according to university policies and a system that engages all the governing bodies giving preference to the academics. They also explained the importance of having well informed leaders and strong administration to bring motivational change in the students and resistant faculty to replace the old trends by new ideas and confront the politics involved within the institute. They likewise described the importance of teamwork, the IT requirement for the modern education and claimed for developing evaluation program for the whole system of education, for teachers and students. All the educators emphasized to accept the educators and give them identity to flourish the new culture of medical education.

Some of the representative statements for the theme Editing educational trends craves for didactic leaders are as follows;

We are in need of full-time educationists; clinicians cannot give blended time. It's a big responsibility and you have to sit for hours and clinicians can't afford this. (Interviewee no 4)

The infra structured is not at all planned in any institute for medical education, thus there was no train faculty, no change in curriculum and lots of politics. (Interviewee no 7)

We need to keep a balance between rewarding and accountability, otherwise not everyone will participate, and the burden will be taken only by educators. However, accountability will definitely bring change and rewarding will enhance its credibility. (Interviewee no 2)

There should be a system developed where all the organizing bodies including PMDC should put medical education department in their assessment planner. PMDC should put medical education as their criteria in a list rather than counting rooms. (Interviewee no 9)

Teamwork is must. We need to have complete team to achieve high in medical education. The accrediting bodies, the faculty, leaders, students and the whole staff share the success story. (Interviewee no 4)

Theme-3: Smart educators; A key to success:

All the participants in the study emphasized for establishing proper and effective leadership that should work well and support administration and educators to run the whole system of education in accountable and rewarding manner. They similarly stressed to assign the best suitable educated and well-informed leader to address issues of resources, training of faculty and politics. They all correspondingly stressed on the need of educators for captivating campaign of bringing transformation in education for producing noble and virtuous doctors. The participants also emphasized on the initiation of faculty development program that will ultimately change the mindset of faculty as well as students and promote role modeling.

Some of the representative statements for the theme Smart educators; A key to success are as follows;

Idealistic leadership is required for putting quality education in their priority list and is able to take vision of other leaders. They should make synchronization with all the governing bodies to adopt the culture and environment for accepting the new traditions in medical education. Leaders of both the public and government sector need to talk about the academics and education and introduce such competencies in the curriculum. (Interviewee no 9)

For medical education qualified leaders will be required who are experienced, wise, tactful and political as well who can do wonders in this field and importantly right person should be at right place. (Interviewee no 5)

Faculty development program may facilitate the process of change. Likeminded people both at the faculty and at the

level of policy makers i.e. chairs, deans etc., all should be trained. (Interviewee no 8)

Discussion

In the current study all the expert participants of medical education discussed comprehensively the perception of medical education. They expressed their views regarding the challenges faced by them in instigating the new concepts of education and their solutions to overcome the barriers they have experienced.

Three themes emerged as a result of this study. Each theme was individually discussed to comprehend over its meaningful features.

- Civilization in medical culture
- Editing Educational trends craves for didactic leaders
- Smart educators; A key to success

The participants very precisely shared their views regarding the impact of civilization in medical culture on medical community. They emphasized on the fact that modernization of education with new innovative ideas will improve the quality of graduates, students and health services. It is also perceived by educators that medical education is an emerging field and their opinion must be shared in improving the medical education at institutional level and personal level, so that to accept the change of promoting professional culture and enhance team practice.[9]M Cook and D wear gave similar findings in their studies where they stressed on executing new concepts in redesigning of the curriculum. [10]

The participant and literature also considered teaching and incorporating professionalism very significant. N.Lachman and RP McNair both shared their view about teaching professionalism, emphasized on working in teams and considered it essentials for benefitting the community and patient care.[11]

JC Cantor in another article agreed with the participants of the study regarding the acceptance of new trends in curriculum. Community based education was given a substantial value so that the students learn to deal with the rapidly changing health care environment, understand the patient needs and multiple challenging cultures. [12]

The participants of the study and the literature both agreed that the students should be given a very motivational and encouraging environment to improve their learning process and academic performance.[12]

Additionally, teachers must adopt the new strategies and techniques of learning. Introduction of E-learning was highlighted by both the participants and literature, thus to make students independent, responsible and self-directed learners.[13]

In addition exposure of students to PBL is again appreciated by both the sources to achieve students academic success.[14]

Simulation based learning is another new learning strategy that was highlighted by the participants and the literature. It was emphasized that this process enhances the students learning process individually and in teams with little risk to the patients. Thus, it was stressed that addition of such strategies in the curricula can be very effective for the students learning in every aspect.

The current study and multiple studies in literature highlighted several challenges that the educators had to face at their workplace. The major challenges that were emphasized were lack of time, lack of infrastructure, lack of resources, lack of trained faculty and even smart students. Such challenges are predominantly confronted in clinical settings due to heavy burden of patients in the hospitals and unavailability of trained faculty. Similarly time is not appropriately managed for the students to deliver the required knowledge, give appropriate feedback and reflection to guide the learner correctly.[15]

Advancement in the technology, economic constraints, untrained faculty and exclusive educational strategies that are essential for rich environment of dynamic learning are yet other concerns that were highlighted by the current study and literature as well.[16]

Appropriate infrastructure which is a requirement to follow the curricular reforms particularly in teaching and learning where student find learning more motivating and valuable. It is a dire requirement of educators where they can train faculty according to the latest technology, educational and learning strategies and theories.[17]

Likewise, the participants and literature stressed on importance of government policies that are essential for planning "learning and assessment" of educational process. This process will then further help in designing curriculum, recognize student learning needs, improve practice and patient safety.[18]

Moreover, in one of the articles, RM Epstein also addressed multiple challenges faced by educators. He stressed on assessing professional competence and performance. He explained that though the accrediting bodies have already documented the curriculum to be taught and assessed but most of the medical colleges practice their own methods and standards for teaching and assessment. Thus it becomes challenging for the educators to develop tools for assessment of different techniques particularly when it comes to measure professionalism and teamwork abilities.[19]

It was agreed by both the sources that supportive administration, leadership and governing bodies plays vital role in accepting new reforms in medical education. Literature further emphasized on integrative model of leadership where leaders are far sighted and inspiring and must evolve where change is needed.[20]

Teamwork and faculty training are the important pillars that were also stressed by both the sources, which will help both the students and faculty to improve behaviors, enhance skills and ready to work in any challenging health care settings. [21]

Both the sources also emphasized in introducing strong network of information technology so that student gets more relevant information in less time and do not wait for the faculty to engage them in the presence of heavy burden of patients.[22]

Acceptance of educators is another important agenda that was experienced by the participants and also explained by the literature. As without their acceptance it will not be possible to cope with new challenges in modern education.[23]

A complete education department was also highlighted by both the sources. Such established academic unit thus will help in conducting research, teaching, career development and other academic activities.[24]

Both the sources correspondingly stressed on having qualified and skillful educators as leaders for captivating campaign of bringing transformation in education in a moral and ethical environment. Medical educators are needed to transform the teaching strategies, behaviors, standards of training and practices to meet the challenges in health care delivery system. Health care provision and patient care has become the priority and right of each individual in the 21st century. Thus, an effective leadership has to be founded on values and principles, and high expectation will be demanded from such leadership for attaining quality in health care delivery and academics. It was agreed that such leadership has to be strong enough to help and support the institution to accomplish their vision of promoting better health, best education and patient care.[25]

Conclusion

In conclusion the study highlighted the perception of

medical educators regarding the transformation of medical education. Mutually it is agreed that medical education is an emerging specialty where medical educators have taken the responsibility to put their proficiencies into practice predominantly improving medical education, which will in return improve patient care and safety, and maximize student's knowledge and skills.

Multiple encounters that hinder the educator expert skill for implementing the new concepts of education were well recognized by the participants. The participants and literature emphasized primarily upon time management, lack of resources, lack of infrastructure, untrained faculty, economic constraints and smart students that hinder the educational and academic growth.

To overcome the challenges both the participants and the literature agreed that advancement in technology for teaching, learning and research are necessary. In addition, acceptance of medical educators and appropriate leadership with an effective background of medical education is a dire need of today. They will cradle the captivating campaign of bringing transformation in education in a more moral and ethical environment. This transformation will certainly produce noble and virtuous doctors to improve the health care system.

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