

Professionalising medical education

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Origins of medical education

Initially apprenticeship

First medical school Bologna (1200)

Mid 19th/early 20th Century

- formalisation of regulation of medical education (e.g. GMC founded 1858)
- increasing inclusion of “science”
- clinical clerkships

100 years ago



Sir William Osler
1849-1919



Abraham Flexner
1866-1959

Medical teachers

“...medical teachers should be trained in teaching methods and should be appointed because of their ability to teach – not their ability for research.”

Anon, 1948. The medical curriculum, Lancet, 833

Change is happening...

- Faimer website lists 126 MSc programmes in Health Professions Education in 31 countries (32 in UK, 37 in US)
- Multiple textbooks of medical/healthcare education
- GMC recognises trainers in UG medical education

Since Flexner & Osler

The stakes are higher:

“Medicine used to be simple,
ineffective and relatively safe.

Now it is complex, effective and
potentially dangerous.”

(Chantler, 1999)

Professionalising medical education

Institutions

Individual faculty members

Challenges in medical education

- Rapid expansion in breadth and depth of knowledge base

Challenges in medical education

- Rapid expansion in breadth and depth of knowledge base
- Changing expectations of patients and employers
- Balance between “education” and “training”
- Equipping graduates for life long learning
- Local factors – healthcare system, cultural, PG training etc
- Mobility of learners/graduates

Professionalising medical education

Institutions

- need expertise in curriculum design, management & revision; pedagogy; assessment; student support; staff development & evaluation etc
- must have appropriate governance structures
- must demonstrate that they value educational expertise & scholarship through promotions etc

What makes a good teacher?

“... characterized by inspiring, supporting, actively involving, and communicating with students.

Faculty development programs...should focus on development of the noncognitive attributes of clinical teachers, as well as the knowledge and skills associated with effective teaching.”

Sutkin et al, Acad Med 2008: 83; 452-466

Academy of Medical Educators (UK)

Professional standards for medical, dental and veterinary educators

Core values

- Promotes quality and safety of care
- Demonstrates professional identity and integrity
- Committed to scholarship and reflection in education
- Demonstrates respect for others

<http://www.medicaleducators.org>

Academy of Medical Educators (UK)

Professional standards for medical, dental and veterinary educators

Practice domains

- Designing & planning learning
- Teaching & facilitating learning
- Assessment of learning
- Educational research & scholarship
- Educational management & leadership

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Designing & planning learning:

Learning outcomes

- Level 1: aware of the need to define what is to be learned
- Level 2: constructs appropriate outcomes that can be measured or judged
- Level 3: defines learning outcomes within theoretical frameworks

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Assessment of learning:

Purpose of assessment

- Level 1: aware of the general purpose of assessment
- Level 2: relates assessments to the educational outcomes
- Level 3: designs complex assessment strategies and blueprints

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Educational management and leadership:

Educational governance

- Level 1: Understands the roles of statutory & other regulatory bodies.
- Level 2: Involved in the quality assurance of medical education
- Level 3: Involved in the development of effective standards or governance frameworks

Summary

- Increasing recognition of the complexity of medical education
- Medical schools must show they have access to relevant expertise
- Move from discipline to central control/direction of learning and assessment in schools
- Development of teachers and evidence of effectiveness
- Regulators set standards for educational expertise and practice