

# Reforming Medical Education in Pakistan through strengthening Departments of Medical Education

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## ABSTRACT

**Introduction:** Early medical education departments originated as medical education research offices, primarily in the United States of America (USA).

**Objectives:** The main objective of the study is to analyse the reforming medical education in Pakistan through strengthening departments of medical education.

**Material and methods:** This cross sectional study was conducted in Quaide Azam Medical College Bahawalpur in duration of Jan 2021-Sep 2021. The survey includes all of the city's PMDC-recognized medical schools. Respondents were medical school faculty members who were knowledgeable about the subject matter of the survey.

**Results:** A total of 200 people took part in the study. All of the participants were interviewed by us. Education research (66.6 percent), faculty development (70.7 percent), and curriculum development (77.7 percent) were the top four tasks.

**Conclusion:** This study concludes that well-established and effectively operating DMEs can play an effective role in increasing medical education quality. Medical and dental institutions should be supported in Pakistan by the Pakistani government's Ministry of Health & Family Welfare (PM&DC), the Higher Education Commission (HEC), as well as Pakistan's leading medical and dental universities in policy, governance, and regulatory matters.

**Keywords:** Medical Education, Faculty Development, Lack of Resources, Infrastructure

## INTRODUCTION

For many years, early medical education departments began as medical education research offices, especially in the United States. In 1958, Hale Hamm at Case Western Reserve University established the first medical education research office, which was followed by George Miller at the University of Illinois at Chicago in 1959, and Edwin Rosinski at the Medical College of Virginia in 1960. There were 61 medical schools in the United States with a medical education office in 2000, and their activities have grown beyond research. Canadian medical schools created medical education departments as a result of medical education innovation, such as problem-based learning [1].

Medical schools around the world have established departments of medical education (DME) in response to a variety of factors, including rising public expectations for healthcare, societal pressures for transparency, a desire to incorporate educational advances into the teaching/learning process, and a desire to train more doctors with the available resources [2]. Education research, faculty development, and the provision of services such as advice and help for issues like curriculum creation and evaluation are some of the main roles of a DME. Pre- and post-induction faculty training was non-existent in Pakistan until recently. CME and CPD initiatives in faculty development at various schools were quickly gaining traction [4].

The establishment of medical education departments at some medical schools around the country has been a longstanding practise. In spite of this, there was an increasing demand for a framework for the professional growth of medical faculty across the country. When the Pakistan Medical and Dental Council (PMDC) made a DME

an essential criterion for medical schools in Pakistan in 2008, this was a significant development.

According to medical literature on change management, people who will be affected most by a change should be involved in the process of implementing the change. Sustaining change necessitates extensive consultations with all relevant parties, clear communication of the reasons for the need for the change, the inclusion of their input during the planning process, the empowerment of individuals and the development of cohesive teams [6].

**Objectives:** The main objective of the study is to analyse the reforming medical education in Pakistan through strengthening departments of medical education.

## MATERIAL AND METHODS

This cross sectional study was conducted in Quaide Azam Medical College Bahawalpur in duration of Jan 2021-Sep 2021..The survey includes all of the city's PMDC-recognized medical schools. Respondents were medical school faculty members who were knowledgeable about the subject matter of the survey. In order to gather information about the current state of DMEs, a questionnaire was developed. In order to design a questionnaire, the writers consulted relevant literature that could aid in the process. Confidentiality was maintained to the participants. The questionnaire was given to the resource people after they gave their approval verbally and in writing. Filling out the survey took an average of 25 minutes. A questionnaire-based check list was also produced by the investigator to verify the data presented.

**Statistical analysis:** The data was conducted and analysed using SPSS version 19. All the values were expressed in mean and SD.

**RESULTS**

The data was collected from 200 participants. We conducted the interviews for all the selected participants. Education research (66.6 percent), faculty development (70.7 percent), and curriculum development (77.7 percent) were the top four tasks. Participant responses were solicited on the challenges that universities face when it comes to upgrading DMEs. During the survey, the participants were invited to make concrete suggestions for how their schools could improve medical education. sixteen people said that strong commitment from senior management, increased collaboration with PM&DC and the recruitment of full-time, skilled and trained staff are major milestones towards the development of DMEs in universities..

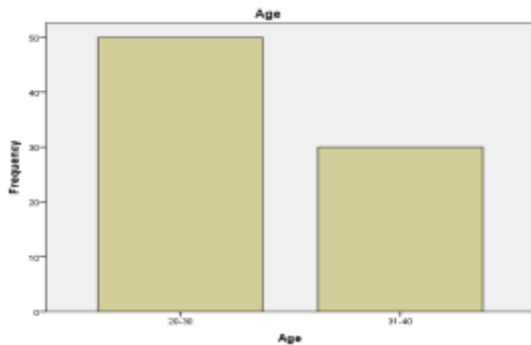


Figure 01:

Figure 01 showed the demographic data of age total responders were 100 from which 50 responders come into age group 20 to 30 year and 30 responders comes into age from 31 to 40 years. This shows that more responders of this study were till 30 year of age. The reason for choosing only female category was that all staff nurses in services hospital are females only 7 staff were males so the data only collected from females to get valid results

Table 01: Major barriers to improving medical education in Pakistan

Barrier	Frequency	Percentage
Lack of infrastructure and resources	13	72.2
Lack of qualified and trained HR	12	66.6
Resistance from faculty and top management	11	61
Lack of authority and coordination with PM&DC	7	38.9

**DISCUSSION**

The fundamental motivation behind clinical and dental exploration is to progress logical information and thus lead to upgrades in the avoidance and treatment of illnesses [3]. Clinical and dental examination at undergrad level empowers understudies to like the revelation cycle coming about into most ideal care gave to patients in the best way [3, 4]. Involvement in exploration as a clinical understudy is unequivocally connected with postgraduate examination initiatives[5, 6]. Also research at this level aides being developed of basic reasoning, thinking aptitudes and a positive mentality towards research from the beginning of their clinical career [4,7].

Despite the fact that there is an overall concurrence

on the significance of advancing examination comprehension and abilities at the undergrad level, little proof is discovered supporting commonsense activities in this context.[8] An investigation completed at Princeton University, USA exhibited that the level of graduating clinical understudies with solid exploration goals diminished from 14.7% to 11.7% [9].

Exploration in clinical calling is critical due to the immediate effect it has on the health of the populace. Clinical science is a continually developing subject. This reality has prompted the enormous scope acknowledgment of the idea of proof based medication. Clinical exploration, regardless of at which level, is in the end going to influence the nature of care gave to the patients. This is the reason, presently we witness that endeavors are being made to fortify the way of life of undergrad clinical and dental exploration at the institutional level [10]. Undergrad research in clinical calling can instill the aptitudes of basic reasoning, thinking and having a positive attitude towards research from the beginning of the clinical career. Those college understudies who effectively partake in examination are bound to follow the thought of proof based medication and pick research based projects in their post graduation [11].

**CONCLUSION**

According to the study's findings, DMEs that are well-established and operating at peak efficiency can have a significant impact on the standard of medical education. Medical and dental colleges in Pakistan should rely on leadership from the PM&DC, HEC, and medical universities to guide policy, governance, and regulatory concerns as well as develop the technical ability of these departments..

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