

# Correspondence

## Medical education technology workshop for residents: A step towards development of new faculty

Teaching is an integral part of the medical profession. The current 'teacher-centred' medical teaching is running without proper training or knowledge of teaching methodology. This has led to many medical teachers not being properly trained in teaching methods. The Medical Council of India (MCI) has initiated faculty development programmes by introducing a basic course workshop on medical education technologies (MET) to provide basic knowledge, skills and attitudes to all faculty in medical colleges.<sup>1</sup> However, this basic course workshop is presently limited to the existing permanent faculty. On the other hand, a lot of the teaching is actually done by resident doctors. So, the Medical Education Unit (MEU) of our institution decided to adapt the existing workshop for residents, run it as a pilot project and evaluate the pre- and post-workshop knowledge along with feedback with regard to the usefulness of the 2-day workshop as a tool for developing the residents knowledge on the teaching-learning process.

The workshop was done with the approval of the institute. Data are expressed in percentages and analysed by appropriate statistical tests using INSTAT software (GraphPad software, Inc, La Zolla, CA, USA).

Thirty-two of 34 (2 junior residents, 2 research associates and 30 senior residents) participants completed the tests and provided feedback. The post-workshop scores were significantly higher ( $p < 0.0001$ ; Table I). Twenty (62.5%) participants suggested that the workshop should be a must for all resident doctors and 10 felt that the workshop should be a must even in the postgraduate curriculum. The perception on interactive teaching and post-class feedback practice also changed significantly ( $p = 0.01$ ) among the participants (Table II).

Traditionally, 'faculty development' has been used to describe programmes undertaken by academic staff in educational institutions and implies that some individual intellectual and professional growth will occur as a result of these programmes. With broadening of the definition, the nature of these programmes has also slowly, but surely, transformed from the initial concept of 'workshops on teaching skills' in the 1970s to include research skills and leadership.<sup>2</sup> Presently it is perceived that a good teacher is more than a lecturer.<sup>3</sup> The MEUs of India are conducting MET workshops for medical teachers especially covering teaching-learning, the use of media and student assessments<sup>4</sup> and preparing medical teachers from information given to mentor and facilitators of learning. Unfortunately, this is still confined to existing faculty members. The effectiveness of such training/workshop is well established in improving experiential learning, provision of feedback, effective peer and colleague relationships, use of multiple methods consistent with principles of teaching and learning etc.; thereby improving the teaching-learning process.<sup>5,6</sup> Our study reconfirms these objectively and suggests that MET workshops would be useful for residents too.

### ACKNOWLEDGEMENT

We thank the faculty of the workshop for helping in running the programme and conducting this study.

### REFERENCES

- 1 Basic Course Workshop in Medical Education Technologies. Medical Council of India (revised version 2013). Available at [www.mciindia.org/fdp/Programme\\_Detail.pdf](http://www.mciindia.org/fdp/Programme_Detail.pdf) (accessed on 25 Jul 2015).
- 2 Jolly BC. Faculty development for curricular implementation. In: Norman GR, van der Vleuten CP, Newble DI (eds). *International handbook of research in medical education*. London:Springer; 2002:945-67.

TABLE I. Change in knowledge and practice after the workshop

Parameter	Pre-test	Post-test	p value	95% CI (RR)
Mean (SD) knowledge score (out of 30)*	19.2 (2.58)	22.4 (3.04)	<0.0001	–
Practice of interactive class†	25	32	0.01	1.06–1.53 (1.28)
Practice of feedback†	17	31	<0.0001	1.30–2.54 (1.82)

\* Paired *t* test † Fisher's exact test CI confidence interval RR relative risk

TABLE II. Feedback received after the workshop

Item	n (%)
<i>Do you know</i>	<i>All positive responses</i>
—the difference between pedagogy and androgogy,	9 (28.1)
—domains of learning,	14 (43.8)
—about microteaching,	17 (53.1)
—about different essay-type questions,	11 (34.4)
—about the OSPE/OSCE methods of assessment?	8 (25.0)
<i>Is a medical education technology workshop important for residents?</i>	
Not of much importance	1 (3.1)
Important	5 (15.6)
Very important	6 (18.8)
It is a must	20 (62.5)
<i>Is it important to include medical education technology in the postgraduate curriculum?</i>	
Not of much importance	0
Important	10 (31.3)
Very important	12 (37.5)
It is a must	10 (31.3)

OSPE objective structured practical examination OSCE objective structured clinical examination

- 3 Harden RM, Joy Crosby. The good teacher is more than a lecturer—twelve roles of good teacher. *Med Teach* 2000;**22**:334–47.
- 4 Adkoli BV, Sood R. Faculty development and medical education units in India: A survey. *Natl Med J India* 2009;**22**:28–32.
- 5 Griffith CH. Evidenced-based educational practice: The case for faculty development in teaching. *Am J Med* 2000;**109**:749–52.
- 6 Steinert Y, Mann K, Centeno A, Dolmans D, Spencer J, Gelula M, *et al*. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. *Med Teach* 2006;**28**:497–526.

Habib Md Rezaul Karim  
Md Yunus  
*drmdyunus@hotmail.com*  
Department of Anaesthesiology and Critical Care

A. Mishra  
Department of Cardiology  
North Eastern Indira Gandhi Regional Institute of Health  
and Medical Sciences  
Mawdiangdiang  
Shillong  
Meghalaya