REPORT AND PROCEEDINGS OF THE

IX NATIONAL CONFERENCE ON HEALTH PROFESSIONS' EDUCATION

NCHPE 2017

JORHAT MEDICAL COLLEGE, JORHAT, ASSAM.

7TH-11TH NOVEMBER, 2017

CONFERENCE THEME: Faculty development- expanding horizons….. fostering change.

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CONFERENCE OBJECTIVES

- To sensitize faculty about newer concepts in areas of teaching, assessment and curriculum development
- To adapt faculty members to their changing roles
- Convince faculties of the worth to devote time in education related activities
- To empower faculties with teaching/learning/leadership skills
- To enable faculty to change and improve their teaching and student learning
- To foster positive institutional climate
- To sensitize to the need of incorporating Professionalism/Ethics/Communication skills in the curriculum
- Inter-professional bonding
- To provide a common forum to all stakeholders to discuss and address state relevant Health Professions' Educators issues with experts and the capacity building needs of the workforce to deliver priority health care services in the region
- Instill responsibility and ownership in all stakeholder vis-à-vis Health professions' education

CONFERENCE THEME

FACULTY DEVELOPMENT: EXPANDING HORIZONS….. FOSTERING CHANGE.

The beginning…….Assam Medical College

It is a part of popular folklore about how a British surgeon had first sown the seeds of medical education in an American military hospital located in a remote eastern state of pre independence India. The British philanthropist Sir John Berry White, a retired brigadier of British army and later the civil surgeon of the erstwhile Lakhimpur district in 1870, contributed his lifetime earning of Rupees Fifty Thousand (present day valuation of more than 300 billion rupees) to establish his brain child "Berry White Medical School" at Dibrugarh, Assam in 1900 AD.

This school heralded the beginning of Allopathic Medical Education by conferring the*Licentiate Medical Practitioner*(LMP) Diploma in old undivided Assam. In 1938, the Assam Branch of Licentiate Medical Practitioner in its annual meeting under the chairmanship of Lokapriya Gopinath Bordoloi, the then premier of the Govt. of Assam decided to upgrade the Berry White Medical School to a fully fledged Medical College. Assam Medical College, Dibrugarh was established on 3rd November 1947, in the erstwhile US Military hospital of the Second World War at Borbari, Dibrugarh. It was inaugurated formally by the First Chief Minister of Assam, Late Lokapriya Gopinath Bordoloi. The admission of the first batch of students was completed in September 1947 with 6 seats.

The story of the twins: Gauhati Medical College and Silchar Medical College

With increasing demands for health care and health education, the need for more medical colleges in Assam was keenly felt. The State Government in 1959 headed by Shri B.P. Chaliha, the Chief Minister of Assam, Mr. Fakhruddin Ali Ahmed, the Finance Minister, and Sri Rupram Brahma as the then Medical Minister of Assam decided to have a second medical college in he State. On 7th Nov., 1959 the State Government set up an expert committee under the chairmanship of Dr B Narayan from MCI to go into the matter and submit their report.

The Assam Government decided to have two medical colleges simultaneously from August, 1960. So a second technical expert committee was formed on 6th April, 1960 to go into the details. The committee submitted its report on 26th April, 1960 stating that it was feasible to start the Gauhati Medical College from August,1960 in the vacant Ayurvedic College buildings and the Physical Education Training buildings at Jalukbari, Guwahati but no such place was immediately available at Silchar to start the Silchar Medical College. The committee recommended Ulubari for Gauhati Medical College and Ghungoor for Silchar Medical College to be the permanent sites.

So the State Government decided to start the colleges with preclinical classes in the vacant buildings of the Ayurvedic College at Jalukbari, Guwahati with 60 students for Gauhati Medical College and 40 students for Silchar Medical College as a twin college.

On the 20th September, 1960, the functioning of the Gauhati Medical College was formally inaugurated. Preclinical classes were started from 10th October, 1960.

Para clinical and clinical departments were started in the Civil Hospital Campus at Panbazar, Ulubari Maternity Home, Emigration Hospital (later on Infectious Diseases Hospital) and T.B. Hospital at Birubari, Guwahati as and when they became available. The members of the teaching staff were brought from Assam Medical College, Dibrugarh.

Late Shri. B.P. Chaliha, Hon'ble Chief Minister of Assam, laid the foundation stone of the permanent college building in the year 1963 at Narakasur hill top. On 20th September, 1968 Shri Chaliha also laid the foundation stone of the hospital by the side of the college main building at Narakasur hill. The permanent hospital building of Gauhati Medical College at the Narakasur foot hill started functioning since 1984.

Meanwhile, the Silchar Medical College was inaugurated in its permanent building under construction at Ghungoor on 15th August, 1968 and thereby the twins got separated.The admission to the MBBS course was 50 students annually. In the year1977-78, the main hospital building complex was commissioned.

The Triple delight….

Then following a long hiatus of more than four decades, three new medical colleges at Jorhat, Barpeta and Tezpur were proposed so that these medical colleges would go a long way towards meeting the need for trained human resources in all spheres of health care delivery in the state.

Jorhat Medical College

Jorhat Medical College came into existence on the 12th of October, 2009 as the second medical college of upper Assam in the picturesque tea city of Jorhat. The establishment of a new medical almost four decades after its predecessors was aimed at addressing the long standing deficiencies in health care education as well as provision of secondary and tertiary level care to an ever increasing population.

Fakhruddin Ali Ahmed Medical College (FAAMC), Barpeta

Fakhruddin Ali Ahmed Medical College in Barpeta is the fifth medical college in Assam. Situated in the culturally rich town of Barpeta, the hospital associated with the college had been inaugurated on 11th February, 2011.

TMC

The foundation stone of TMC was laid by Her Excellency, Smt. Pratibha Devi Singh Patil, the then President of India on 21st October 2008 and the college was formally inaugurated on 30th January 2014.

Faculty development in the field of medical education in Assam.

While tremendous activities were on in the country in context of medical education, the medical colleges in Assam also came into the folds of the tide. Several teachersfrom Assam were sent to National Teachers Training Course (NTTC) at Banaras Hindu University to pursue the 6-10 days rigorous advanced course during the 80's. Few of the faculty who underwent training is known to the authors. They fondly move down the memory lane and narrate the very educative and interesting moments that they had spent during the training course. These courses were held essentially to sensitize the medical teacher on systematic educational planning and motivate them to have MEU in their institution. Though records were not available at the time of writing this script it has been mentioned that the course was also conducted in the Medical Colleges in Assam by faculty from BHUIMS, Varanasi. Not much is known about Medical Education Units being established thereafter or their functioning thereof.

After a gap, Maulana Azad Medical College (MAMC), New Delhi, was designated as the Regional Centre for the then existing Medical Colleges of Assam. During 2010, teachers from Silchar Medical College (SMC), Assam Medical College(AMC) and Gauhati Medical College (GMC) were sent to attend the MCI recognized 3 Days Basic Course Workshop in Medical Education Technology.

In 2011, few enthusiastic faculties from the new Medical College at Jorhat were also sent to MAMC, New Delhi to attend the Basic Course Workshop (BCW). Jorhat Medical College (JMC) is the 4th Government Medical College of the region which was established in 2009 after a span of 40 years. After the required numbers (8 no.) of faculties got trained in Basic Course at the Regional Centre, JMC pioneered conducting the Basic course workshop in 2013 and 2014 under the aegis of Medical Council of India with Observer from the Regional Centre at MAMC, New Delhi.

Meanwhile, two more medical colleges viz. Fakhruddin Ali Ahmed Medical College (FAAMC - 2011) in Barpeta and Tezpur Medical College (TMC - 2012) in Tezpur were established in Assam. FAAMC was initially under the purview of RC- King George's Medical College (KGMC), Lucknow; while the other colleges were still under RCMAMC, New Delhi. It was after the Executive Council's meeting held in 2014 that all the Medical Colleges of Assam were brought under the Nodal Centre, Christian Medical College,Ludhiana (CMCL) to receive training in Revised Basic Course Workshop (RBCW) and Sensitization workshop on AT-COM

module and for Fellowship in Medical Education (FIME). However, both the new colleges participated in the BCW held earlier at JMC.

During the time of transition to RBCW and introduction of AT-COM module, conducting BCW in RCs and Medical Colleges was closed. As such, JMC was unable to hold the 3rd Basic Course Workshop scheduled in 2015. At this point it was mandated by the MCI to have only the teachers trained at NC in the newly devised programs as trainers for the future workshops. It was also directed that only MEU and curriculum committee members shall be initially trained. Moreover as mentioned before, it was proposed in the Executive Committee Meeting (2014) that henceforth it would be compulsory for 30% of the faculty to undergo Advanced Course while Basic course should be compulsorily attended by all faculty. It has also been made mandatory that the faculty of MEU has to be trained in the basic course as well as have a Fellowship. This was a very pertinent step taken by the MCI to activate thedormant MEUs and complete the quorum of trained faculty needed to impart training in their respective colleges. For the above, NC-CMCL had arranged for a MEU Coordinator's meeting followed by Revised Basic Course Workshop and sensitization workshop in AT-COM module in the month of September, 2015 which was well represented by faculty from the Medical Colleges of the State.

The Revised Basic Course is an upgradation of the existing one on the framework of Competency based learning. Besides the teachers' training courses, JMC also ventured into other faculty development activities like having a fully functional MEU, conducting microteaching session for student-teachers'(Post graduates), Internship Orientation Programme, Capacity building workshop on Medical Humanities for students and faculty, introducing medical ethics in curriculum, sensitization lecture on ATCOM module, etc. TMC is also promising out as an active centre. Presently, all the medical colleges of Assam have an MEU although the FD activities need to be initiated in some. Therefore, it is a well-established fact that facultydevelopment in medical education is beginning to gain momentum in India while Assam is still in its nascent stage. There is a long way to go towards its planning and execution in a concrete manner. The number of faculty trained in the six medical colleges in such formal program is very meager. Out of the approximately thousand faculties in the medical colleges of the State around 5% have attended the BCW and only a handful is eligible to be trainer. Presently, all the Medical Colleges of the State are under the mentor Nodal Center at CMCL and few faculties are already pursuing the courses there.

However, it appears to be a utopian dream to train up the desired number of faculty at the nodal centre within a short time. Besides the constraint of limited seats per course there is added involvement of expenses and time. As such only a limited number of faculties can be trained per institute. Thus, this will lead to a perpetual demand– supply gap of qualified and trained medical faculties in medical education technology in the state. As such, the need of the hour is to have a

teachers training centre in the North-East to develop a critical mass for our region to cater to our requirements.

The present scope of activities of MEU appears to be limited and largely concentrated on teacher training, targeting mostly medical teachers. Wilkerson and Irby argued that a comprehensive FDP should include 4 elements: professional development especially of new faculty, instructional development and skill building, leadership development and organizational development. It had been strongly recommended by the doyens D.K Sriniwas and B.V Adkoli that the "NTTC's should be revived. Few more should be established in view of large number of teachers requiring training. There is hardly any faculty development and teacher training activity reported from Eastern and North Eastern India". The proposal of Assam Medical College as Regional Centre was disapproved in 2012 as sufficient numbers of faculties were not trained at the existing Regional Centre then. While the state government is planning to bring about a sea of changes in health sector it might be a good idea to take adequate measures to formally train up our teachers to increase their academic competencies, develop need based curriculum to deal with the present day emerging scenario of health care of our state. In view of above, and before further valuable time is lostthe following point may be considered to begin with:

1. Sensitize and orient the faculty of the medical colleges in Medical Education Technology through inter-college MEU collaboration.

2. Start planning and initiate the process of establishing a common centre of excellence for the region to formally train our teachers in a phased manner by holding workshops from time to time.

3. Encourage the motivated faculty to strengthen the existing MEUs and promote educational research amongst teachers.

4. Entwine the stake holders for administrative and budgetary support; allocate an amount for in – house faculty development activity in medical colleges.

5. Seek support of the Health University for curricular reforms.

6. Grant leave and financial support of the teachers to organize and attend workshops, seminars and conferences.

7. Assign credit hours to FD activities.

8. Initiate principles of education in the beginners' early in their professional careers.

9. Mandatory participation of teachers in FDP with incentives and due recognition of faculty towards contribution in faculty training and research should be envisioned.

10. Associate with centres like RIMS, Imphal, NEIGHRIMS, Shillong, SMUHS, Gangtok, and the medical colleges in Tripura to revamp the medical education scenario of the region at large.

The current decade has witnessed a robust expansion of medical education in Assam with opening up of new medical colleges. This has created a unique mixture of both experienced and naive teachers who needs to be effectively groomed through FDPs. The impact of FDP has always been underestimated. It is high time that all stake holders focus on capacity building of medical teachers and initiate reforms in medical education in tandem with changing needs. The State Govt. and the Health University has a major role to play towards faculty development program in this regard.

REPORT

The 9th NCHPE 2017 was organized in Jorhat Medical College, Jorhat, Assam from 7th -11th November, 2017. Thirteen pre-conference workshops and 2 combined workshops were conducted from 7th- 9th November and the main conference was from 10th-11th November, 2017.

REPORT ON DAY 1 OF NCHPE 2017.

On the first day, 10th of November, there were 5 plenary sessions.

The first plenary session was on Overview of Faculty Development (9:00-9.30am).

Prof. Dr. Rita Sood from AIIMS, New Delhi was the resource faculty for the session.

The session was chaired by Prof. Dr. Avinash N Supe and Dr. Bishnu Ram Das

Prof. Sood gave an extensive overview on the historical milestones of medical education initiatives in India especially the establishment of medical education units (KLE Belgaum, CMET AIIMS, CMC Vellore, GSMC Mumbai, Saint John's Bangalore) in many parts of the country .These led to inquiry based strategies for innovation, bringing out national consensus document and disseminating these through workshops. The collective effort from different stakeholder organizations (AIIMS, BHU, JIPMER, CMC Vellore, DME, University of Illinois) started working on this mission in 1987. This Consortium(1989-92) in its first phase recommended adoption of inquiry driven strategy and enlargement of consortium. The expanded consortium worked with more institutions in its 2nd and 3rd phase. The consortium approach was proven to be highly useful in bringing out curricular reforms, the need of involvement of multi-disciplinary faculty was realized and that faculty development was the key to bringing out curricula reforms.

With this realization, first ever National Conference on Medical Education was conceptualized with the theme 'Building Capacity in Medical Education' at AIIMS, New Delhi. Prof. Sood shared her experience on challenges faced in planning of National Conference on Medical Education(NCME) back in 2007. The conference had130 medical educators comprising of Deans, Principals, MEU faculty and faculty members of various medical colleges. Five Special Interest Groups (SIGs) were formed as an outcome of the conference. The SIGs worked on networking through a website, development of standards for medical education units, development of faculty development program for a national level, formation of a national organization of medical educators and formation of national body for accreditation of medical educators. The SIGs developed guidelines and terms of references of MEUs.

In 2009, second conference was hosted by Maharashtra University of Health Sciences with the theme 'Good Teaching Practice' followed by SEARAME NCHPE in 2012 (6-8 September) with the theme 'Social Accountability: Responding to societal needs through Quality Assurance

and Accreditation in Health Professions Education' at PSGIMS, Coimbatore, India. This international event had 282 participants including 35 international delegates from SEA region. 14 pre-conference workshops with 185 posters presented and showcased high engagement group processes.

In 2013, during the regular national conference on HPE, the conceptualization of the Indian Academy of Health Professions Education was made. In 2014, the conference held in Sewagram which concluded with various recommendations including converting biannual conference to annual event, change of name from NCME to NCHPE, MCI-mandatory training for all teachers, upgradation and reactivation of MEUs, establishment of Regional and nodal centers by MCI for training of trainers and formation of AHPE. They also came up with organizations mandate in faculty development. Prof Sood concluded the session with future agendas on build on existing initiatives, quality assurance as central theme, linking faculty development with accreditation mechanism, harnessing IT, distance learning, networking at various levels etc.

One of the important highlights of day 1 of NCHPE 2017 was the Keynote Address on'Faculty Development in India-The road ahead: Challenges and future direction' by Dr Ved Prakash Mishra, Chairman, Academic Cell, Medical Council of India.

The session was chaired by Prof. Dr Thomas Chacko and Prof. DrTejinder Singh.

Dr V P Mishra highlighted the theme of the conference saying that although it was a theme, it was a sequential event and that "Faculty development is essential for expanding horizons and on expanding horizons only one will be able to foster the change. Hence, there was a need to understand the imperatives, the context and take the following facts into considerations:

i) That India has the largest health care manpower
ii) Only 4 countries together can match this manpower
iii) Essential to produce global manpower, as it produces 18-20% of global requirement

The challenge is to produce quality products and not just quantity. The quality has to be set into the minds of the manpower in order to produce quality products. Thus, the full-time faculty members are responsible for the quality of medical education. Then only can a competent health care manpower be generated. The faculty members are therefore the focus in this aspect.

Dr Mishra commented that the Medical Council of India has proposed re-registration of doctors so that they are up-to-date with the present situation. Also, this will enable them to be professionally developed and build their capacity again and again. It is only when a teacher will be a learner and continue to become a learner, thus be a life-long learner.

The Council has therefore, tried to implement that all teachers need to be trained in medical education prior to joining any medical institute. There are 473 medical colleges and more than one lakh full time teachers registered in the council. This strength is even more than those from America, Canada, New Zealand and Australia put together. So, one can imagine the workforce that needs to be trained. If one becomes a teacher by choice, the job is easy but the difficulty is when one becomes a teacher by compulsion.

Unless, we as teachers realize that we are the center of the system and it is we teachers who should bring about the change, the old system will continue. So, we all should feel responsible. We have been provided with the golden opportunity. We can utilize medical education and bring about or foster the change. It is important that we are trained continuously. A showroom will be useless with an empty storehouse.

The famous Mahatma Gandhi quote "Be the change you wish to see in the world" was quoted byDr Mishra to emphasize that teachers should develop the change in themselves first so as to bring about the change. Synchronously, Dr Mishra also quoted DS Kothari who had mentioned "The destiny of this country initiates in its classrooms." The key words that need to be noted from this quote are country and destiny. In this context, what needs to be understood is that the future of medical education rests in the portals of the medical schools of the country. The learner therefore needs to be trained by a trainer who is also continuously being trained. The medical teacher is the architect of destiny of the global manpower in health profession.

The second Plenary session of the day was on 'Models of Faculty Development and Transfer of training/learning' (10:20-11:00 am) by Prof. Dr. Tejinder Singh.

The session was chaired by Prof. Dr. Rita Sood and Prof. Dr. MaramiDutta

Prof. Singh opened the session highlighting the paradigm shift in the perception of parents and students towards the teachers. This shift makes our jobs as teachers more challenging. He highlighted the changing equation of age old printing press revolution being enhanced by digital revolution. Teachers are also challenged by less dependency on real patients and hospitals with the advent of skill labs and simulations. The advent of competency based curricula, accreditation requirements, increasing societal expectations, students being prepared for serving tertiary care centers than primary care are changing educational trends which teachers need to be abreast with and be equipped with the tools.

Faculty development initiatives started in 1950s whose main focus was on teaching skills. The move progressed laying importance on reflecting and realization that 'good teaching is

synonymous with good learning'. The outcome of these realizations is not immediate, defined or measurable. The changes are in the way a teacher conceptualizes and promotes learning. The progression has moved from behaviorist to cognitive to reflective. Training is an investment in future however receives undue attention due to intangible results (high pass rate, more marks, distinction, best teacher award etc). The training paradigm may be taken as teachers being classified as trained/untrained, organizations responsibility to provide/arrange trainings. Trainings are in place for almost 30 years now. However, the outcome measure only in terms short term knowledge gain and the change in behavior hardly being seen at the workplace.

Prof. Singh highlighted on development paradigm where it requires unlearning, new behavior requiring practice and reinforcement. Institutes should take the responsibility of providing training and a culture where such training can be used in workplace. Prof. Singh also highlighted on the system approach which has faculty at the core with department, institution, University, MCI and Society in the outset. He also recommended interventions prior, during and after the training. The session ended with the quality of good teacher (sound medical knowledge, clinical competence, clinical reasoning, positive relationship with students, communication skills and last but not the least enthusiasm for teaching.

The third Plenary session was on'Academic leadership and mentoring of faculty towards expertise and excellence' (11:20-12:00 noon) by Prof. Dr. Thomas V Chacko

The session was chaired by Prof. Dr. SuchetaDandekar and Dr. H. K Dutta

The session objective were to setting direction to achieve common purposes by visioning, empowering faculty and staff to convert vision to reality by academic mentoring, and building a community of scholars by feedback and feedforward. He emphasized on the contextualizing the concept of transformative competency based education in our own settings. The leadership excellence attributes may vary from being honest, intelligent, and confident to being a visionary, motivator, and communicator, good listener, authentic, empathetic and so forth.

Prof. Chacko highlighted on steps to transforming the organization in terms of establishing a sense of urgency, forming powerful guiding coalition, creating vision (history of future, back casting, etc.), consolidating improvement and institutionalizing new approaches. Prof. Chacko highlighted the difference between manager and leader. He also mentioned 12 tips for developing effective mentors. GROW model (Goal setting, reality, options and way forward) for mentoring was highlighted. 'Before you are a leader, success is all about growing yourself,when you become a leader success is all about growing others'.

The fourth Plenary session was on‘Scholarship of Teaching-Creating an enabling environment: its evaluation, rewards and recognition’ (12:00 noon-12:40pm)by Prof. Dr. Avinash N Supe

The session was chaired by Prof. Dr. Himanshu Pandya and Prof. P Biswanath

Dr. Supe opened with definingAcademic Scholarship. He identified four professorial functions as i) discovering the knowledge in a discipline, ii) integration by putting research discoveries in broader contexts, making connections across disciplines, iii) application of outcomes of discovery and integration to socially consequential problems and iv) teaching by helping students to acquire specified knowledge and develop specified skills and attitudes.

The session highlighted on history of scholarship which changed from Scholarship of teaching (1600 century) to Scholarship of Integration (late 1900). The Scholarship of Teaching comprises of i) Teaching as a scholarly activity with mastery of discipline, knowledge of pedagogical methods and commitment to continuing personal growth, ii) Involvement in education research and development. Then, Dr. Supe highlighted on the difference between scholarship of teaching and educational research and explained the concept through ‘Activity-Scholarship Double Helix’ and Shulman’s criteria.

The session was then focused on assessing scholarship of teaching which identified many questions. The first question was ‘to what extent did the teaching qualify as a scholarly activity?’ followed by ‘how effective was the teaching?. In order to answer this further question was raised on ‘how well it motivated students to learn and promoted their acquisition of desired knowledge, skills and attitudes?’ The third question was ‘How effective was the educational research and development? The answer to this was to be found by answering further questions on ‘How well educational innovations designed, implemented, assessed, evaluated and disseminated and how it impacted on Health professions education?’

The session then discussed about data source for assessment where archival data (courses taught/developed, mentored faculty, instructional resource material generated, conferences, workshops conducted/attended, articles, books published) or learning outcomes assessment data (test results, evaluation of written /oral reports or students self-assessment) or self-assessment data (teaching philosophy and goals, self-evaluation of progress towards the goals). These may all be included in Teaching Portfolio.

Prof. Supe then explained the difference in assessment of teaching and assessment of scholarship of teaching through a grid designed by Felder (2000). He introduced a new term ‘Authorship Matrix for Scholarship of discovery or application or integration’ where he clarified the concept of h-index, i10 index and Creativity Index (CR). The contextual analysis

revealed that scholarship evaluation is new to us, discovery (scientific) is valued but needs to be weighted appropriately, MCI initiatives are good however the criteria need to be changed, teaching need to be recognized and rewarded and looks forward to a radical change.

The fifth and last Plenary session of the day was on 'Global efforts at faculty development equipping faculty for Competency driven curriculum: Initiatives, Innovations and Implications for India' (3:30-4:00pm) by Prof. Dr. Rashmi Vyas. The session was chaired by Dr. Chetna Desai and Dr. Jagadish Mahanta

The purposes of the session were to provide the context for Competency Based Medical Education (CBME), discuss the importance of faculty development (FD) for its implementation and to propose a faculty development framework for CBME in India drawing from global frameworks and models. She differentiated between time based and competency based educational models in terms of educational goal, responsible for content, assessment tools & timings, evaluation standard and program completion. She expressed that though there is no formal evidence of effectiveness of CBME to produce the best possible doctors, there is two points to support the move towards CBME. The first point is that there is enough evidence that the present system is incapable for producing the best possible doctors which leads us to think of better alternatives. The second point is that CBME is based on sound educational theory. The Medical Council of India's (MCI) proposal for CBME addresses the present paradigm shift in medical education however time duration in undergraduate and postgraduate program has still been kept constant. Dr. Vyas also shared the terminology proposed by Academy of Health Professions Education (AHPE) as competency driven curriculum.

Then, the session focused on the faculty development in CBME implementation. Faculty development (FD) as defined by Fraiser et al 2016 is 'planned activities designed to improve an individual's knowledge, skills and attitude in areas related to the roles and responsibilities of a faculty member at all levels from the individual learner to broaden educational system. She enumerated the outcomes of faculty development as

- high overall satisfaction of faculty members,
- improving the motivation for teaching,
- improving the knowledge, skills & attitude and
- impact at the organizational level

She then highlighted on the challenges in implementation of CBME. She identified the main challenge as lack of formal training to faculty in teaching and assessment of the defined competencies. Other challenges identified were gaps in learners' competence, using

assessment instruments consistently and interpreting assessment findings. She also expressed that the FD can be a strategy to facilitate faculty buy-in and commitment from faculty members. She quoted Fraiser et al 'educating faculty around the purpose, objective and rationale of CBME will be critical for successful implementation.

Dr. Vyas then explained about the rationale of CBME as

- focus on curricular outcomes
- emphasis on abilities and competencies
- de-emphasis on time based training
- promotion of learner centeredness

Her recommendations for implementing CBME were

- identification of abilities needed of the graduates
- explicit definition of the required competencies and their components
- Definition of milestones along a development path for the competencies
- Selection of educational activities, experiences and instructional methods
- Selection of assessment tool to measure progress along the milestones
- Designing and outcome evaluation of programs

She emphasized on addressing the shift in the teaching paradigm from a knowledge focused model to competency focused model. The last part of her presentation focused on proposing FD framework in Indian context from global networks and models. The suggested implications were

- Role of teacher shifts from content expert to guide and facilitator
- Teacher is not solely responsible for content but shared with the student
- Teacher need to employ active learning strategies and engage the learner
- Teachers need to promote critical thinking and application of knowledge than just knowledge acquisition
- Teachers need to learn new teaching and assessment strategies
- Teachers need to provide optimal support to the learner centered approach
- Focus on workplace based assessment using direct observation and frequent feedback
- FD through competency based professional development

She also expressed that the present Regional and Nodal centers for FD under the leadership of academic cell of MCI, could pave path to set up system of FD in CBME. She recommended 3 groups for the need assessment (situation analysis) namely thought leaders, curriculum developers and teaching staff with a provision of feedback and program evaluation at each level (MCI academic cell, regional/nodal center, medical colleges, thought leaders-curriculum developers-teaching staff).

Report on Debate: Exit Exam: Cure or curse, 10 November 2017, 2.30 pm

Moderator: DrAnshu, Professor, Dept of Pathology, Mahatma Gandhi Institute of Medical Sciences, Sevagram

Participants

1. Mr. Yash Saini, undergraduate student (3rd semester), University College of Medical Sciences, Delhi
2. Ms Janumoni Senapati, undergraduate student (9th semester), Jorhat Medical College, Jorhat
3. Mr. Abir Kumar Baruah, undergraduate student (4th year), Jorhat Medical College, Jorhat
4. Mr. Amartya Bhuyan, undergraduate student (7th semester), Jorhat Medical College, Jorhat
5. DrJyotiNathModi, Professor and Head, Dept of Ob/Gyn, People's Medical College, Bhopal
6. Dr Khan Amir Mahroof, Associate Professor, Dept of Community Medicine, University College of Medical Sciences, Delhi
7. DrUpreetDhaliwal, former Director- Professor, Ophthalmology, University College of Medical Sciences, Delhi
8. DrTejinder Singh, Principal, Professor of Pediatrics, Christian Medical College Ludhiana

The moderator started off by giving the audience a brief introduction to the concept of a National Licentiate Examination and the purpose of initiating the exam as a means to ensure quality of the Indian Medical Graduate. Based on newspaper reports, the Govt. of India is contemplating with the idea of broadeningthe scope of NEET-PG to serve three purposes –

- As an eligibility test for admission in postgraduate courses across all the medical colleges in India;
- As a national licentiate exam and
- As a replacement to existing Foreign Medical Graduate Examination (FMGE)

The participants then spoke in favor or against the introduction of the exam.

The points made in favor of introducing the exit exam were:

1. In a country as huge as India, with over 400 medical schools, several of them private, there is huge variability in the quality of graduates they produce. The exit exam is an external quality audit mechanism to check this process
2. The patient and society has a right to question the quality of doctor who will be treating them. The exit exam therefore ensures that no incompetent graduate is allowed to practice in the country
3. Colleges will be forced to improve the quality of teaching as the results of their students in the exit exam will matter in their evaluation

The points made against the introduction of the exam were:

1. One MCQ based exam cannot determine the quality of all graduates. On the one hand, we are talking about introducing competency based education and on the other hand we are removing the assessment system which seeks to measure multiple competencies. The negative impact on the educational system will be long lasting. Students who solve MCQs are not necessarily the best doctors- where does it leave testing of skills and assessment of essential competencies like communication skills, professionalism, interpersonal skills etc.
2. It is foolish to put all the eggs in one basket and increase the stress on the medical students by introducing one high stakes exam in place of longitudinal assessment. The negative educational impact of introducing an MCQ based exam will lead to their joining coaching classes and neglecting skills teaching. Already NEET has destroyed internship, NEXT will finish whatever remains of skills teaching.
3. Coaching classes will mushroom. This will add to another level of discrimination, as only the rich will be able to afford them
4. Formative longitudinal assessment cannot be removed. Some percentage of marks needs to be given for internal assessment. Feedback to the student is the best indicator of improvement in student quality. No improvement can be brought about after the result of an exit exam.
5. Dr Dhaliwal's paper in the NMJI showed that performance in an entrance examination is no indicator of how students would perform later. Past performance is the only indicator of how students can perform in the future.
6. India is the land of '*jugaad'*. The entrance exam has to have credibility and transparency. There are question marks on security of exam, quality of questions set etc.
7. Stakeholders, especially students, have to be taken into confidence, instead of increasing their anxiety. Change cannot be brought about from the top without involving all stakeholders.
8. Today there are lots of arguments against the USMLE. Standardization of one exam does not necessarily mean there will be standardization of the quality of graduates we produce. We need to make a paradigm shift from a testing culture to an assessment culture.

Overall, participants agreed with the concept of an exit exam, but there were huge doubts about the manner of its implementation and worries about removing the existing pattern of longitudinal assessment.

REPORT ON DAY-2 OF NCHPE 2017(11/11/2017)

After the academic feast on day -1, the participants were eagerly waiting for the second day of the workshop.

The session began with a Guest Lecture on "Responding to population needs and managing curriculum change through Faculty Development" by Dr. Anand Zachariah Professor of Medicine, Christian Medical College,Vellore. The session was chaired by DrNirmalaRege and Dr Lily Das. Dr Zachariah emphasized that the two essential ingredients for curricular reforms are 'teachers' and the curriculum' itself. Teachers are the agents of change and can bring context in curricular reforms .The major themes like "teacher as the agent for change "and the "contextual curriculum model"were highly appreciated and discussed in detail. He also

emphasized that the context is best represented when the curriculum is aligned with goals and local needs .

This was followed by an interesting Panel Discussion on 'Balancing clinical workload with Teaching: What can we learn from Best Practices in empowering faculty and Residents in Institutions from Abroad and Institutions of National Importance?'

Active participation from educationists of prominence, Dr A N Supe ,Dr Rita Sood, DrShitalBhandary, DrJyotiNathModi , DrAtulChandra Baro ,DrHimanshuPandya enriched the entire discussion .The session was moderated by Dr Thomas Chacko.The role of maintaining log books, DOPS and Mini-CEX came up during sessions. Though it was acknowledged that teaching is a big challenge against the background of clinical workload, yet the opportunities inherent in the daily routines must be utilized to the optimum .The mention of one minute preceptor and effective feedback during bedside teaching came up very well during the discussions.

This was followed by a Symposium on 'Changing needs of the new generation students: What do students expect from faculty?'

The faculty –DrNavjeevanSingh, DrSatendraSingh, and Dr SeenaBiju actively participated in the discussions which were based on actual feedback from students at HIMS, UCMS,Assam and others. The session was moderated by DrUpreetDhaliwal and Co-moderated by DrWasimaJahan.The discussion revealed what students expect of their teachers based on a real-time feedback from students. The feedback revealed that the students are looking for mentors among faculty members. They want teachers to show them the way and inspire them. They expected them to be more approachable. What deters their performance is a threatening environment. Their feedback also revealed that thestudents wish that their teachers use less of power points and more of blackboard for teaching. DrSeenaBijufrom Manipal University further emphasized that students are immensely stressed and bowed down by expectations from all corners.

Then there was a Symposium on "Changing needs of the new generation students: what do students expect from faculty?"

It was moderated by DrUpreet Dhaliwal and Dr Wasima Jahan
The esteemed participants of the symposium wereDr Navjeevan Singh, Dr Satendra Singh and DrSeena Biju

The symposium was designed to create a democratic forum for a dialogue between the panelists and the audience. DrNavjeevan Singh began by polling the audience live to elucidate what the faculty thought that current generation students expected from them. Many student expectations were identified by the faculty; these included academic expectations (teacher should be well versed in the subject; should clarify concepts; teach skills as well as theory; be interactive; answer queries) as well as non-academic ones (teacher should be mentor; friendly and approachable; polite).

Dr Satendra Singh then went on to share data from an online survey that he had conducted as a precursor to the symposium. The survey asked medical students from eight medical institutions across the country what they expected from teachers and if their expectations had been met. Interestingly, students were as keen on academic support from teachers (they should teach from their experience and not only from the books; teach us logic and how to think; engage us in learning; inspire us) as they were to receive emotional, professional, and social support (teacher should be approachable; should be a mentor; role model; creative; innovative; friend; career counselor).
About 63% from preclinical years and 56% from clinical years reported that some of their expectations had not been met. Only 20% students responded in the affirmative to the question: Should medical college teaching be like in coaching institutions, with sole emphasis on cracking the PG exam? - This suggests that students desire a different experience during the medical course than that which coaching institutes offer them.

The final speaker, Dr. SeenaBiju harped on the need for faculty to encourage themselves to take on the role of a facilitator, coach and eventually a mentor. Students of the new gen seem

extremely confident, highly carefree, and - needless to say - have an aura of 'I am OK and I am Special'. Incidentally, in the light of the changing dynamism of parenting, problems of entitlement, and owing to the unrealistic rush for achievement (to name a few issues) students arrive at the portals of the institutes of higher education confused, insecure, stressed, and quite broken. This places a huge responsibility on the shoulders of the faculty members to provide these young aspirants lessons that extend beyond the classroom walls. Dr. Biju summarized stating that as educators of the new generation, the academicians of today have to be transformational in their approach while building a safe learning environment for the students.

The last half hour of the symposium was even more engaging as students and faculty in the audience responded with personal anecdotes to the moderator's question: How do we become that teacher - the one who teaches, inspires, mentors, is approachable and caring, and is respectful in general, but also particularly respectful of diversity in the student body? There were many suggestions and the mood was upbeat when the symposium finally ended.

Another interesting Guest Lecture on day -2 was on Faculty Development for Inter Professional Education by DrCiraj AM. The session was chaired by Dr Rajeev Saxena and DrMomiNeog. DrCiraj talked about Inter Professional Education and its ever increasing need in the current context of education. He emphasized that the seed for all collaborative efforts are ingrained in the Inter Professional Education. With competency based medical education at its threshold in India, Inter Professional Education will offer a more holistic approach.

Dr Sanjay Bedi delivered a guest lecture on 'Faculty Development in digital era: Digital resources for Faculty Development and use of digital platform to enhance student and faculty learning'. The session was chaired by DrAvinashSupe and DrChinmay Shah .The need to strengthen FDPs for teaching and networking and appropriate use of freely accessible Google applications and Learning Management systems was brought to the fore. Use of e-learning platforms in North-eastern region for educational networking was further emphasized.

The day ended with Poster sessions which were coordinated by Dr Chinmay Shah. The posters were classified as per the themes and sessions were moderated by a group of faculty members.

Abstracts for Innovation/ Research were invited for presentation at NCHPE 2017, in response of which we received 44 abstract from different parts of India, We have sent this abstract for double

blind review and based on comments of reviewer we have finally accepted 30 Poster for presentation during conference.

Authors of accepted poster were instructed to prepare E-Poster for showing outside dining hall so all delegate can view all accepted abstract and decide which innovation/ research they what to know in details. Presentation of eight minute followed by two minute question answer was done in three halls based on their distribution according to theme of the innovation/ research. There were three moderators in each group to do critical analysis of presentation along with other delegates.

Following were key message came out after deliberations on these presentation

- Medical practitioners are open to online learning. Accredited, knowledge and need-based online courses are an excellent tool for CPD of medical Fraternity
- Student performance was better in topics taught using competency based module ($p<0.001$). Majority felt more confident in interpreting lab data, when taught using competency based module.
- Feedback from faculty indicated a high level of acceptability and motivation towards incorporation of competency modules as a teaching method.
- Empathy should be promoted & taught to medical students starting from first year and reinforced throughout the course
- Effective communication is vital for an empathic physician-patient interaction &Faculty are role-models for students
- The training was effective in capacity building of the faculty in research protocol writing.
- The revised Basic course Module has scope for improvisation.
- The practical physiology curriculum should be aligned with the current health needs, which will help the Indian Medical Graduate (IMG) to become competent in the concepts of clinical medicine.
- Personality traits does not influence academic performance.
- Education on plagiarism is required for undergraduate medical students
- The Majority of the students felt that OSCE did covers the area of clinical/practical skills ,communication skills and history taking and reduces the chances of failing .
- Structured Module for Interns in Medical Ethics (MIME) in patients' care helped in improvement of their knowledge and skills about the concept of medical ethics in patient care.

- The educational environment needs to be enhanced further with special emphasis on social aspect. This fact may serve as an eye opener for the health professions educators in North - East India

Valedictory

The conclusion was most apt of as expected of a Medical education workshop with Reflections from NCHPE by Dr Chacko who was a source of inspiration, not only through his constructive inputs but through his consistent encouragement and active participation.

Feedback

The feedback received for NCHPE 2017 at Jorhat Medical College was most encouraging. The smooth organization of the entire conference not only in terms of academic content but also the warm hospitality of the JMC family was lauded by one and all.

Rapporteurs

Dr Jyotsna Rimal

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Dr Upreet Dhaliwal

Compiled by – Dr Manab Narayan Baruah

Total Number of participants - 264

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