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MESSAGE

From the President, Academy of Health Professions Educators, India



DR. HIMANSHU V. PANDYA

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Very warm greetings!

I write this message with immense sense of honour and pleasure. I take this opportunity to thank the members for reposing faith in me and bestowing the responsibility of leading this Academy.

India's health system is facing a crisis of grave magnitude due to rising incidences of violence against health care staff. Over the past few years, articles have appeared in lay press and medical journals on this issue. Authors of these articles have cited various factors responsible behind this problem. They also propose various strategies including curricular changes to handle and prevent such situations. However messages on physicians' groups on social media suggest that there is growing sense of cynicism in the medical community. This is indeed a worrying sign for the profession.

In a time when medicine in general and medical education in particular, finds itself under great stress, the profession needs to respond constructively through a new focus on professional identity of physicians. Over the last decade, experts in the field of medical education have made a strong case that professional identify formation needs to become the central focus in educating tomorrow's doctors. This Academy can take a lead in supporting and spreading the growing movement for teaching of professionalism to ensure that members of the profession develop the identity that the public expects and the ideals of medicine demand. I wish you all the best in your endeavours to enhance the image of health professionals as it should be.

Dr Himanshu Pandya

REPORT OF AHPE ACTIVITIES

AHPE members participate in 5th SEARAME International Conference in Indonesia



*Dr Thomas Chacko
and Dr Himanshu
Pandya represented
AHPE at the 5th
SEARAME
International
Conference in
Yogyakarta,
Indonesia*

*Dr Thomas Chacko and Dr Himanshu Pandya with other delegates at the
5th SEARAME Conference in Yogyakarta, Indonesia*

AHPE members participated in the 5th South East Asian Regional Association for Medical Education (SEARAME) International Conference at Yogyakarta in Indonesia from 5-8 May 2018.

On 6 May 2018, Prof Dr Thomas V Chacko, Past-President of AHPE India, conducted a pre-conference workshop on 'Academic leadership for improving health professionals education for ensuring better health care'.

During the plenary sessions of the SEARAME conference, AHPE President Dr Himanshu Pandya spoke on 'Experiences about National Licencing Exams: India'. AHPE Past-President Dr Thomas V Chacko spoke on 'Efforts to improve health services in Southeast Asian Countries: Challenges'. He also shared experiences from India during a symposium on 'Improving quality of HPE for better future health services: SEARAME Experiences'.

During the Conference, the Executive Committees of WFME (World Federation for Medical Education) and SEARAME (South East Asia Regional Association for Medical Education) met to deliberate on matters relating to improvement in the quality of medical education in their respective areas.

IS IT TIME TO SHIFT TO FLIPPED CLASSROOMS?



DR. ANSHU

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“Teachers need to think of newer ways to capture the attention of this digital generation of learners. The flipped classroom is an educational model where students are assigned didactic study content before a class, and the classroom time is utilized for more engaging and active learning strategies.”

One oft-heard complaint from teachers in medical schools in India is that students don't attend lectures. The woes of low attendance in theory classes are a repeated refrain from administrators. And this isn't a problem just restricted to India. Worldwide, schools are beginning to realize that even the best lecturers are not always successful in attracting students to lectures. Clearly, the traditional lecture isn't doing too much to engage students. Teachers need to think of newer ways to capture the attention of this digital generation of learners. Is it time then to shift to flipped classrooms?

In a traditional model, teachers deliver didactic content to students in the classroom, and give them homework to hone their skills. The flipped classroom reverses the manner in which time is spent inside and outside the classroom. The flipped classroom is an educational model where students are assigned didactic study content before a class, and the classroom time is utilized for more engaging and active learning strategies. With the availability of technology, such asynchronous and distributed learning formats are possible in our settings. To give you an example, teaching videos or assigned readings are uploaded on an online platform before the scheduled class. Students are expected to study and come prepared. Once students are in the classroom, they are given a short quiz or assessment to ensure that they are ready with the basics. This helps in ensuring that unprepared students will not distract learning of other prepared students during the group exercises. Students then work in teams to apply their knowledge to assigned tasks.

The concept of the flipped classroom comes from time-tested educational theories. Teaching and learning do not occur in closed systems. Learning often happens outside the formal boundaries of time and space, and learners need meaningful enriching experiences. In the flipped classroom format, students can metacognitively manage the pace of their own learning, identify their learning gaps, and formulate their plans of moving ahead with the guidance of their teachers. The role of classroom activities is to scaffold student learning and facilitate learner-centred collaborative environments.

How can you design flipped classrooms in your setting?

The key to designing flipped classrooms is organizing how you will teach. The first step is to have a look at your learning outcomes and plan backwards. Make learning outcomes explicitly clear to learners. Think about the assessment and learning activities that your students must undertake actively to achieve those outcomes.

“The flipped classroom is a promising approach to improve learner motivation and engagement. If used well, the flipped classroom model allows efficient use of time and technology.”

Write down a clear schedule of what you expect learners to do and share it with them. Remember to sort the material based on difficulty level. Difficult and advanced concepts need to be taught in class, while easier instructional material that might be easy to assimilate by learners can be given as pre-reading assignments. While doing this, do not forget the cognitive load on the learners, and estimate the time they will require to study on their own. In the classroom, develop small formative assessments to determine the learning gaps. You can also use technological advances like audience response systems or online assessments to determine learning gaps. Use active learning strategies like group work and hands-on skill training.

Clearly, using the flipped classroom approach needs organizational changes such as altered arrangements of the classrooms, and availability of resources such as books, audio-visual aids, computers and the internet. This also requires much more preparation from faculty than the traditional lecture, due to the unpredictability of what learners may need. Creation of web-based content like online lectures, videos and assessment may take time to prepare, but once done, they can be re-used easily for future batches of learners. Learning material must be easy to access. Proper sequencing of tasks from easy to difficult is essential. Flipped classrooms can free up time for interactive activities and hands-on training. Collaborative strategies such as brainstorming, concept-mapping, team-based learning and problem-based learning are suitable for medical students. The role of the teacher will be to facilitate learning as subject experts by moderating discussions, resolving doubts, providing feedback and ensuring that learning objectives are met.

How do flipped classrooms help?

Flipped classrooms make students responsible for their own learning. They can use the face-to-face time to interact with teachers and peers, ask specific questions, obtain guidance, receive feedback, and apply their newly learnt knowledge to real-life scenarios. Students seem to love this kind of active learning as it allows them the freedom to think and discover things for themselves. Use of formative assessments helps students in identifying their own learning gaps. This format takes students to a deeper level of learning instead of merely cramming the subject.

In a systematic review, Chen et al (2017) have shown that the flipped classroom is a promising approach to improve learner motivation and engagement. They were found to be at least as effective as traditional lectures. There is not enough evidence yet to suggest that this method helps in better knowledge retention or transfer of knowledge to professional practice.

As with any other major curricular change, transitions to flipped classrooms will require drastic alterations in organizational culture. It is important to create an environment of inquiry and open questioning. This transition must be facilitated by good administrative coordination and communication between faculty and students. Additionally, technological support will be critical to sustaining this model. Faculty training is essential to understand how redesigning of face-to-face classroom time can be best done. If used well, the flipped classroom model allows efficient use of time and technology. Watching student enthusiasm towards learning can be very fulfilling.

REPORT FROM 4TH MEDICAL EDUCATION CONFERENCE (I-CON 2018)
**Authentic learning innovations for 21st Century Medicos - Let's strive to
 make a difference**

Mahatma Gandhi Medical College & Research Institute (MGMCRI), Sri Balaji Vidyapeeth
 (Deemed University), Pondicherry
 29-30 June 2018

“The objectives of the conference were to appreciate the need to integrate professionalism into the curriculum, to understand the principles for designing curricula for professionalism for undergraduates, and to identify methods of assessment of professionalism.”



Dr KR Sethuraman, Vice Chancellor of Sri Balaji Vidyapeeth being awarded the “Key Person in Medical Education Award”

I-CON 2018 brought together 175 delegates from all over the country to deliberate on a topic which is of perennial interest – to explore the meaning of authentic learning, and think of innovations that are based on the needs, motivation and the styles of learning of the 21st century medicos. Seven pre-conference workshops, and key-notes led by medical education leaders in the country enthralled the delegates. Even more appreciable was the innovative use of four parallel sessions- PowerPoint presentations, e-posters, video-stories, and pecha kucha to involve every participant in the two days of academic deliberations.

Dr Vedprakash Mishra, Chairman, Academic Committee of MCI, inaugurated the conference. In his thought-provoking address, he appreciated the theme of I-CON 2018. He argued that only authentic teachers can make a difference to the lives of students and collectively we can bring desirable changes in the system. Another highlight of I-CON 2018 was the conferring of the ‘Key Person in Medical Education’ Award to Dr KR Sethuraman, Vice Chancellor of Sri Balaji Vidyapeeth (DU), for his immense contribution to medical education for over four decades.

The I-CON 2018 team was led by Dr M Ravishankar (Dean), Dr VN Mahalakshmi (Vice Principal) and Dr Seethesh Ghose (Coordinator, MEU), in cooperation with the Centre for Health Professions Education.

UPCOMING EVENTS**NCHPE 2018:****10th National Conference of Health Professions Education**

15-17 November 2018

NKP Salve Institute of Medical Sciences & Research Centre,
and Lata Mangeshkar Hospital (NKPSIMS & LMH) Nagpur*Conference Theme:***Competency driven Health Sciences Education:
Initiatives within and beyond classroom**

All sessions, plenary, debates and panel discussions will revolve around identifying competencies within the curriculum and identifying beyond classroom activities for learning, use of modern teaching learning modalities and assessment of competencies. Experts in the field will enlighten participants about the national and global practices of competency based medical education

CONFERENCE PROGRAMME**List of Pre-Conference Workshops: 15 Nov 2018****Group A: Full Day Workshops (6 hours): 9.30 am to 12.30 pm & 1.30 pm to 4.30 pm**

1. Theatre of the Oppressed: The Road to Empathy
2. Developing study skills for students
3. Workshop on Skills in CBME

Group B: Morning Half Day Workshops (3 hours): 9.30 am to 12.30 pm

4. Communication Skills: How to teach and assess UG students
5. Implementing CBME in your institute
6. Different strokes for different folks: A training of trainers (TOT) on implementing leadership program in your institute
7. Using workplace based assessment in your own setting
8. Portfolio: for learning and assessment
9. Implementing and assessing bioethics in medical under graduate curriculum

Group C: Afternoon Half Day Workshops (3 hours): 1.30 pm to 4.30 pm

10. Developing and sustaining effective interprofessional and intersectoral collaborations: The "Must Knows" for an Indian health professions educator
11. Student Engagement: Within and beyond classroom
12. Experiential Learning: Transforming theory into practice
13. Refocusing basic sciences in clinical teaching
14. Flipped Classroom: Using e-learning to keep up with the next generation learner
15. Medical Decision Making

Please visit conference website for further details: <http://nchpe18.in>

For details on how to become an AHPE member, please visit:

<http://ahpe.in/membership/>

AHPE members may send reports about educational activities organized or announcements related to upcoming events in health professions education for publication in the News Bulletin to ahpe.secretariat@gmail.com

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