Faculty Development the south East Asian Region- Challenges and Opportunities

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Faculty development in medical education is a process through which medical school faculty works systematically to improve their competency as teachers. It helps improve and develop skills in teaching, research, curriculum development, development of assessment tools, leadership qualities, mentoring and promotion of the scholarship of teaching (Harden & Crosby, 2000). High quality faculty development programs will result in competent faculty who can not only inspire and nurture students and prepare them to deliver high-quality health care, but also cultivate a culture of continued self and institutional development (Steinert & Mann, 2006). Faculty development in medical education has gained much significance in the South East Asian region (SEAR) due to a multitude of reasons, including the increasing number of medical schools, increased demand for medical education, competition among medical schools and emphasis on quality assurance and accreditation (Srinivas & Adkoli, 2009). Faculty development in SEAR is constrained by lack of commitment at various levels – government, administrative, policy making, regulatory bodies and individual teachers. The lack of motivation and interest is identified amongst teachers as well amongst educational administrators. The shortage of medical teachers, identified in all the countries of the region, lead to a vicious cycle in faculty development (Ananthakrishnan, 2007; Mukhtar & Chaudhry, 2010).

However, challenges for implementing high quality faculty development too are multiple and include; multi-dimensional roles of health professionals; attitudes towards teaching; conflicting opportunities; the shortage of teachers; the increased demand for physicians and providing rewards for teaching. In resource constrained settings such as the South Asia this is further complicated by negative perceptions, shortage of educators, limited infrastructure and competing demands for research and clinical services. These factors lead to an environment and culture that is not conducive for faculty development.

Barriers to successful implementation of faculty development are common across the region. Commonly identified barriers are; non-availability of resources, lack of interest leading to poor participation and a shortage of trained facilitators. Faculty development in SEAR is constrained by lack of commitment at various levels – government, administrative, policy making, regulatory bodies and individual teachers. The lack of motivation and interest is identified amongst teachers as well amongst educational administrators. The shortage of medical teachers, identified in all the countries of the region, lead to a vicious cycle in faculty development (Ananthakrishnan, 2007; Mukhtar & Chaudhry, 2010).

However, there are many positive developments as well. The SEAR has a rich tradition in Faculty development and Medical Education. In 1969, the World Health Organization (WHO) pioneered faculty development in the SEAR by designating the University of Peradeniya in Sri Lanka and the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand as regional teacher training centers (RTTCS) for the South East Asian Region (Abeykoon, 2007). The Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia supports faculty development in India and Nepal through part-time fellowship programs designed to develop managerial and leadership skills and promote changes in medical education through networking. FAIMER has established three such regional centres in India at the Seth GS Medical College, Mumbai, Christian Medical College, Ludhiana and PSG Institute of Medical Sciences, Coimbatore. Some FAIMER fellows have pursued further studies in medical education, including international fellowships and research in medical education (Srinivas & Adkoli, 2009). In many countries in the region, teacher training is now identified as a mandatory requirement for career advancement and promotion. Innovative approaches such as on-line faculty development programmes are being introduced for faculty training in South Asia (Anshu et al., 2008).
Medical Education as a discipline and specialty is now gaining increasing recognition in the region. Today, most medical schools in the region have established medical education units (Singh et al., 2008). Curriculum reforms are taking place in many medical schools. There is a growing number of academics who choose medical education as a full-time career, many who have obtained masters and PhD level qualification in Medical Education. Masters in Medical and Health Professional Education programmes are offered in Thailand, Bangladesh, Sri Lanka and Indonesia.

The South East Asian Regional Association for Medical Education (SEARAME) has a major role in improving the standard of faculty development in the region. As an association working very closely with the WHO-South East Asian Regional Office (WHO-SEARO), SEARAME has the mandate to take up a leadership role in improving medical education in the SEA region through creating a culture conducive to medical education reforms, establishing regional collaborations, promoting medical education research and supporting motivated academics to improve their expertise in medical education (Karunathilake, 2009).

Challenges and opportunities for faculty development in the SEAR share many similarities. A supportive environment at all levels with a broad policy framework that provides rewards, incentives, recognition, logistics and infrastructural support, promoting improvement and change will contribute towards advancement of faculty development in our region.

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