EDITORIAL

'Educationist' in Medical Training: The 'Missing Link'

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The shelf life of medical knowledge is becoming increasingly shorter. The digital platforms provide a constant flow of material, but, from a trainee's perspective this knowledge is not always regulated. Training needs to be step wise, structured & navigated with utmost focus, which it deserves. That is where comes the role of a medical educationist.

In 2014, the one-year program of Advance Course in Medical Education (ACME) was introduced as a part of a multi-tier approach to strengthen the quality of medical education in India. However, the initiative has not been very successful, and only a few institutions such as JIPMER, Pondicherry, and KEM, Mumbai have set up the Department of Medical Education.

One of the reasons for the lack of demand for medical educationalists in India may be the limited employment opportunities available. The private sector and the government may not be able to provide enough employment opportunities for those who complete the ACME course.

Another challenge is the disparity in the methods adopted to impart education. Some institutions may not be equipped with the latest technologies and teaching methods, which may result in subpar education.

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To overcome these challenges, it is necessary to invest in healthcare education and training. This can be done by increasing the number of institutions that provide quality healthcare education, promoting research and innovation in healthcare education, and incentivizing healthcare professionals to continue learning and updating their skills. Additionally, the government and private sector should work together to bridge the demand-supply gap of healthcare resources by providing more funding and resources for healthcare education.

Unfortunately, there are no limits to the difficulties encountered in medical education. Whether it's overcoming opposition to the launch of a new educational program, gaining faculty support for a teaching initiative or obtaining resources (e.g., time, space, personnel) to support the development of a new curriculum, change is hard. As a medical educator, it is all about leading change and guiding others through it and becoming someone with a title but rather anyone trying to make a difference by advancing the status quo.

The educator must use their vision, strategy and influence to make an impact by communicating the goal of the change with the use of data (e.g. needs assessment), testimonials and appeals to authority (e.g., accreditation requirement) whenever possible. Providing the necessary training and resources to ensure their success (i.e.,

faculty development). Track and demonstrate progress with metrics and awards. Finally, involving others in the design and implementation of the initiative helps get buy-in. Allow people to provide feedback and customize based on their specific requirements. These are the keys to motivating others to join in the efforts to create change in medical education.

It is also frequently necessary to obtain the necessary resources or institutional support to facilitate the educational goal. The educator must demonstrate how their educational initiative is a priority by aligning it with the organization's strategic goals, also to be practical, bringing solutions to anticipated implementation problems. This allows others to see the project's feasibility and the due diligence you have already performed. In addition, a stakeholder analysis helps to address political dynamics that may play a role in the change initiative.

Practical difficulties in implementation of course

The government and private hospital establishments in India follow Article 21 of the Constitution of India, that is, Right to Health with a very few and necessary disciplines of medical sciences such as Medicine, Surgery, Orthopaedics, ENT, Dermatology etc. The comparative assessment between Medical Colleges and Govt. and Private Hospitals is given below:

Medical College	Govt. /Pvt. Hospital
• Equipped with Pre & Para Medical Faculties	• No Pre & Para Medical Faculties
• Established to provide Medical Education	• Basically Patients Centric, Not to Provide Medical Education
• Attached with a Hospital to Provide Clinical Education	• Very few or not associated with Medical College
• Equipped with Data facility (Library, Internet, Books)	• Limited Data Facility
• Equipped with Laboratories survices	• Limited Laboratories Services
• Equipped with Teaching Environment e.g. Centralized Monitoring, Formative Assessment, Assignment, Tracking and Grading, Virtual and Face to Face Cross Questioning with Health Educators	• Limited Teaching Environment as very few Hospitals Providing Accreditation or Medical Degrees

Solution

- Making a provision for the post of Medical Educator in every Medical College or Govt./Pvt. Hospital who are running NBENS courses.
- In hospitals, where no scientist position is available, a scientist with degree in Medical Education could be hired. He/she would play the role of, not only of medical educator, but, teaching basic science, as well.
- In contrast to the pure clinician who (if) does not have teaching responsibilities, the clinician-teacher or clinical educator typically adds this dimension to his or her professional portfolio after receiving a course in medical education.
- An estimated 69 thousand public and private hospitals were recorded across India in 2019. Of these, 43 thousand were private sector hospitals, outnumbering the public sector. The state of Uttar Pradesh had the highest number of hospitals that year. (© Statista 2022). If a percentage of these hospitals hire at least one Health Educator, the positions of medical educator could be generated which would be scalable as the engagement rises.

The NBEMS Roadmap
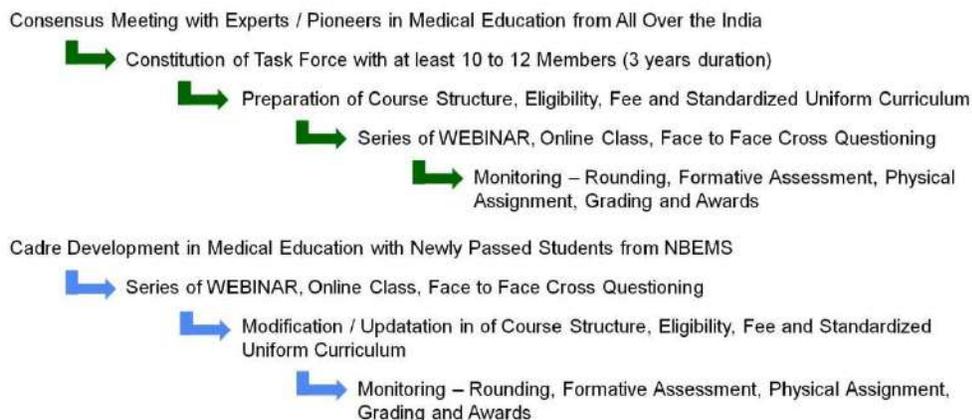
Setting the goals for future health care should be process enabled & should encompass-

Strategic planning, Complex problems, Change management, Learning by doing, Appropriate clinical exposure in different phases of training, Role modelling, Designing the hidden curriculum, Educational tools & Quality care.

The essential elements of the module would be- *General principles of Education, Instructional methodology, Assessment & evaluation, Curriculum Development & such others.*

In conclusion, with the Government's effort to ramp up the healthcare man power, particularly, the UG & PG courses, it is the need of the hour to give due attention to the process of change and to the way educational science could be brought in to where it is needed. Effective change management is essential to maintain enthusiasm to invest in the health care of the future. Educationalist science provides several important insights that help us find the optimal shape of the program.