Integrating Personal Development Plans in Medical Education

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April 2014
Excellence in Health Professions Education: Scope and Opportunities in Pakistan

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We are what we repeatedly do. Excellence, therefore, is not an act but a habit.

~ Aristotle
Sergey Bubka

Broke the men’s Pole Vaulting record

35 times
Sergey Bubka

1984  5.85 m
1985  6.00 m
1991  6.10 m
1994  6.14 m

Increased the world record by 21 cm in 4 years
Cleared 6.00 m, 45 times, more than all other athletes in the history combined.
“We are what we repeatedly do. Excellence, therefore, is not an act but a habit.”

~Aristotle
The fate of nations depends on ‘education’.

Aristotle
Brief History of Medical Education in Pakistan
Medical Education in 1947

- Only one fully functioning medical college;
- Mass migration of non-Muslim doctors to India;
- Inadequacy of health coverage especially in rural areas.

Medical Education in Pakistan
Col. MK Afridi;
Journal of Medical Education; Sept. 1962
Growth in Public & Private Medical and Dental Colleges in Pakistan

- **89 Medical Colleges**
- **39 Dental Colleges**

- **Public**
- **Private**
Medical Education in Pakistan
Current Situation

• 89 medical colleges
• 39 dental colleges
• 40 postgraduate medical institutes
• 6 medial universities
• Thousands of undergraduate and postgraduate medical students
• Thousands of fulltime/part time teaching staff
Five times increase in population;
Changing burden of disease;
Increase in the number of physicians from 1000 to over 120,000;
Mushrooming of medical colleges in private sector;
HEC emerging as important stakeholder;
Increasing proportion of female doctors;
What is the quality of education in our medical education institutes today?
What are the threats to the quality of medical education in Pakistan?

How can the quality be assured and continuously improved?

Who is responsible for assuring the quality of medical education in the country?
Medical Education Stake Holders in Pakistan

- The Government
- PMDC
- Medical professional organizations
- CPSP
- HEC
- Medical Universities
- Medical / Dental Colleges
- Postgrad. Medical Institutes
Medical Education Stakeholders in Pakistan

- Medical professional organizations
- The Government
- PMDC
- Medical Universities
- Medical/Dental Colleges
- Postgrad. Medical Institutes
- HEC
- CPSP
- Medical Education
SWOT Analysis of Medical Education System in Pakistan
Strengths of the Pakistani Medical Education System

- PMDC as single medical education regulator;
- HEC as major promoter of medical education;
- CPSP as the largest single provider of postgraduate medical education;
- Over 70% of colleges affiliated to three medical universities;
- 80% of the medical institutes are new and their quality can be controlled easily;
Weaknesses of the Pakistani Medical Education System

• Poor leadership and governance of medical education system at all levels;
• Poor institutional strategies and lack of vision to improve the quality of the system;
• Weak medical education quality improvement infrastructure at all levels;
• Poor accreditation system based on “cattle counting”;
Possible Threats to the Pakistani Medical Education System

• Quality of medical education is likely to deteriorate;
• A medical education system that does not meet the national or international requirements;
• Poor quality medical graduates.
Opportunities in the Pakistani Medical Education System

- Dominating private sector is willing to invest in improving the quality of medical education in the country;
- Through its extensive infrastructure, Pakistan can even fulfill the educational needs of the international market;
- Medical education infrastructure can be developed easily to meet the national and international demands.
Global Trends in Medical Education
‘the totality of systems, resources and information devoted to maintaining and improving the quality and standards of teaching, scholarship and research, and of students learning experience.’
Basic Medical Education

WFME Global Standards for Quality Improvement

The 2012 Revision
THE WFME GLOBAL STANDARDS

Definitions: Areas, Subareas, Standards and Annotations

1. Mission and Outcomes
2. Educational Programme
3. Assessment of Students
4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal
International standards, which have general applicability for basic medical education, can be defined (17). These take account of the variations among countries in medical education due to differences in teaching tradition, culture, socio-economic conditions, the health and disease spectrum, and different forms of health care delivery systems.
The scientific basis of medicine is universal.

The task of medical education everywhere is the provision of health care. Notwithstanding variations, there is a high degree of equivalence of structure, process and product of medical schools worldwide.
1.1 STATEMENT OF MISSION

Basic standard:
The medical school must

- define its mission and make it known to its constituency and the health sector it serves. (B 1.1.1)
- in its mission statement outline the aims and the educational strategy resulting in a medical doctor
  - competent at a basic level. (B 1.1.2)
  - with an appropriate foundation for future career in any branch of medicine. (B 1.1.3)
  - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.4)
  - prepared and ready for postgraduate medical training (B 1.1.5)
  - committed to lifelong learning (B 1.1.6)
- ensure that the mission encompasses the health needs of the community, the needs of the health care system and other aspects of social accountability. (B 1.1.7)
2. EDUCATIONAL PROGRAMME

2.1 CURRICULUM MODEL AND INSTRUCTIONAL METHODS

Basic standard:
The medical school must
- define the curriculum model. (B 2.1.1)
- define the instructional and learning methods employed. (B 2.1.2)
- ensure that the curriculum prepares the students for lifelong learning. (B 2.1.3)
- ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.4)

Quality development standard:

2.2 SCIENTIFIC METHOD

Basic standard:
The medical school must
- throughout the curriculum teach
  - the principles of scientific method, including analytical and critical thinking. (B 2.2.1)
  - medical research methods. (B 2.2.2)
  - evidence-based medicine. (B 2.2.3)

Quality development standard:
The medical school should
- in the curriculum include elements of original or advanced research. (Q 2.2.1)
2.6 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

Basic standard:
The medical school must
- describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1)

Quality development standard:
The medical school should in the curriculum
- ensure horizontal integration of associated sciences, disciplines and subjects (Q 2.6.1)
- ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences. (Q 2.6.2)
3.1 ASSESSMENT METHODS

Basic standard:
The medical school must
- define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes (B 3.1.2)
- use a wide range of assessment methods and formats according to their “assessment utility” (B 3.1.3)
- ensure that methods and results of assessments avoid conflicts of interest (B 3.1.4)
- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standard:
The medical school must
- use assessment principles, methods and practices that
  - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
  - ensure that the intended educational outcomes are met by the students. (B 3.2.2)
  - promote student learning. (B 3.2.3)
  - provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)
5.2 STAFF ACTIVITY AND DEVELOPMENT POLICY

Basic standard:
The medical school must
- formulate and implement a staff activity and development policy which
  - allows a balance of capacity between teaching, research and service functions. (B 5.2.1)
  - ensures recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2)
- ensures that clinical service functions and research are used in teaching and learning. (B 5.2.3)
- ensures sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)
- includes teacher training, development, support and appraisal. (B 5.2.5)
Accreditation / Regulations and Criteria for

- Criteria/Standards for Medical and Dental College
- Information by College and Inspector Reports.
- Criteria for recognition of Hospitals for House Job
PMDC ‘Criteria’ for ‘Inspection’

Detailed emphasis on ‘structure’  (What)

Process  (How)

Outcomes  (Product)
How it Works (in the PMDC)?

The Secretariat has following six (6) sections, each section works under the supervision of an officer.

- Admin & Council Section: Deals with admin & Council work
- Recognition Section: Recognition of qualification & experience not included in the schedules
- Registration Section: Issues Registration certificates
- Inspection Section: Inspection of Medical & Dental Colleges
- Computer Section: Computer work of all the Sections
- Accounts Section: Deals with Accounts & Budgets.
The Problem!!!!

Medical Education

PMDC

The Government

Medical professional organizations

CPSP

HEC

Medical Institutes

Postgrad. Medical Colleges

Medical Universities

Medical / Dental Colleges

Medical professional organizations

The Problem!!!!
The Solution!!!
What is Lacking?

Leadership
Vision
Common Understanding
The Hope!!!

• Medical Education is a recognized specialty today
• CPSP emphasizes on teacher training / supervisor training
• Medical Education conferences (ICME, AEME) etc.
• Better awareness among medical community about medical education
• Increasing number of medical education programmes
A state of the art programme that produces leaders and innovators in health professions education.
KMU – MHPE
A change agent
Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy
1828 - 1910
"We are what we repeatedly do. Excellence, therefore, is not an act, but a habit."

~ Aristotle
Thank You
Integrating Personal Development Plans in Medical Education

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April 2014
Objectives

• Understand the concept and significance of Personal development Planning (PDP);

• Identify the key components of PDP;

• Explore the possibility of integrating PDP in our educational curricula;
Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy
1828 - 1910
A well developed Personal Development Plan helps in achieving excellence through a Self Directed Change Process.
Institutional Excellence VS Individual Excellence

Institutional Excellence is as Good as Individual Excellence
Institutional Excellence VS Individual Excellence

Mediocre Individual + Mediocre Individual + Mediocre Individual + Mediocre Individual + Mediocre Institute
Institutional Excellence VS Individual Excellence

Mediocre Individual + Mediocre Individual + Mediocre Individual + Mediocre Individual +

Excellent Institute
Institutional Excellence VS Individual Excellence

Excellent Individual + Excellent Individual + Excellent Individual + Excellent Individual + MAY Excellent Institute
Typical Life Challenges

Teen
- Matric
- FSc

20s
- MBBS
- MSc (UK)
- Research Officer

30s
- MPH, PhD
- Job in Saudia
- Got married

40s
- Better Job
- Kids
- Lot of social work

50s – 60s
- Better Job
- Kids education
- MHPE started
- ICMER
- ME Journal
- PhD in ME
Learning is a Life Long process
Learning is a Life Long process

Structured Learning
Teacher Directed Learning

Unstructured Learning
Self Directed Learning

KG      HS              UG    PG
CPD

Sweet Teens 20s & 30s          40s and Beyond
PDP
Learning is a Life Long process

Structured Learning
Teacher Directed Learning

Unstructured Learning
Self Directed Learning

KG  HS  UG  PG

Sweet Teens 20s & 30s  40s and Beyond

PDP

Life Long Learning & PDP

Learning is a Life Long process
Making of a Doctor:

Anatomy + Physiology + Pharmacology + Medicine + Surgery ➔ An Ordinary Doctor
Making of a Successful Doctor:

Anatomy + Physiology + Pharmacology + Medicine + Surgery

LLL + Reflection + Learning Needs + PDP + CPD

A Better Doctor
building your personal development plan
Personal learning plans represent a way in which you can identify:

- **what** you need to learn?
- **why** you need to learn it?
- **how** you are going to learn it?
- **how** you will know when you have learnt it?
- **what is the** time frame **for learning**?
- **how** your intentions link to past and future learning.

(AMEE Guide 19)
Personal Development Planning Process

Living a Learning Lifestyle

Continuing Professional Development (CPD)

Your needs

Professional Portfolio Pack

Personal Development
Personal Development Planning

**REVIEW & REFLECT**
- Reflect on outcomes, evaluate achievements and progress. Review and re-establish future plans/goals

**IDENTIFY**
- Self-assess skills and identify strengths and weaknesses

**ACTION & RECORD**
- Develop your skills e.g. workshops, online course, seminars, self-study, conferences, mentoring, practice and more

**PLAN**
- Prioritise development needs in consultation with supervisor(s) and develop a plan of action
Life Long Learning

“Ongoing, voluntary, and self motivated" pursuit of knowledge for either personal or professional reasons.  

Wikipedia
What are my Learning Needs?

Current Results
Where the learners are.

Desired Results
Where they need to be.

How do you fill this gap?
My Learning Needs

Job related learning needs;

Personal development needs (computers);

Soft skills (Stress Management, Conflict Resolution, Time Management);

Parenting skills;

Thinking skills (cognition, Metacognition, emotional intelligence etc.)
Do you learn what you ... vs

Like

Need

Chocolate

Water
Patient-care

PUNs: Patients Unmet Needs
DENs: Doctors Educational Needs

Student-care

SUNs: Students Unmet Needs
TENs: Doctors Educational Needs
How am I Going to Learn?
Just In Case VS Just In Time Learning

Structured Learning
- Teacher Directed Learning

Unstructured Learning
- Self Directed Learning

Learning is a Life Long process
Just-In-Case Learning
Just-In-Time Learning
Just In Case VS Just In Time Learning

Structured Learning
Teacher Directed Learning

Unstructured Learning
Self Directed Learning

Transition from JUIL to JITL
Reflection & Learning
LIFE LONG LEARNING

Reflective Practice

Personal Development Plan

Portfolio Building

Continuing Professional Development

[Diagram showing the progression of lifelong learning]
Reflection

• Reflection is a thinking process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters.

Med Teacher
“We do not learn from experience...we learn from reflecting on experience.”

–John Dewey
KMU.... Please Help Me. I Need a Mentor...
A mentor empowers a person to see a possible future, and believe it can be obtained.

- Shawn Hitchcock
Start Building Your Portfolio
CV vs Portfolio

Portfolio

Veselka Pepova Valchkova
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Goal
To apply for the position of HR Intern.

Personal Profile
I am a passionate and self-motivated person with a strong desire to learn and grow in a challenging environment. I value teamwork and collaboration.

Education
- The Bulgarian Human Resources Management and Development Association (April 2012)
- Graduate Program in Human Resources (International University)
- Bachelor's Degree in Business Administration
- High School Diploma

Professional Experience
- Full-Time Job at Bulgarian Airlines (May 2012 – June 2012)
  - Position: HR Intern
  - Responsibilities:
    - Administering benefits-related documentation
    - Reviewing and processing pension-related issues
- Retail Store Manager (February 2010 – July 2010)
  - Responsibilities:
    - Managing personnel records
    - Absence and leave management
    - Handling health and safety procedures

References
Available upon request.
A professional development portfolio is a *collection of material*, made by professional, that *records*, and *reflects on*, key events and processes in that professional’s career.

(Hall, 1992)
Portfolios are very popular in art and design
Role of Portfolios

Portfolios help in providing evidence that:

- Learning is taking place;
- Formative and summative assessment;
- Continuing Professional Development.
Continuing Professional Development (CPD)
Where would you like to see yourself in the next five years?

What are your learning / professional development needs to achieve your goals?
Challenges in Introducing PDPs

How should PDP be organized at institutional level?

How to train teachers on concepts related to PDPs?

How to integrate PDPs in our curricula?

How to develop sufficient number of advisers/mentors?

How to motivate people to become parts of PDP?
JazakAllah Khayr

"May Allâh reward you [in] goodness."

Islamic Reflections - Facebook Page