

Quality Assurance in Medical Education: Myth or Reality?

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Abstract

Stressing paradigm shift in Medical Education has become the talk of the town. The rapid emergence of the Medical Universities in Pakistan strongly suggests the cognitive approach to ethics in the esteemed field of Medical Education. Discrimination, if not Denial of Quality Standards exist at all levels and the need exist for reforms in Medical Education taking in confidence all the stakeholders including Policy makers and Accreditation bodies. The study aims to find out the standard of practice regarding different Quality Control Measures in Health Care Academia with respect to Medical Education. The study was conducted at different medical institutes of Karachi. Both the married and unmarried, male and female officials of different cadres working in administration departments were included. The interview session was followed by self-filled questionnaire. The data was entered and analyzed using SPSS version 22. The response rate was 76%. The main focus was to identify whether the participants know about the Quality Enhancement Cell and the functions of Medical Education Department. Majority does not have the functional department of QEC and lacks qualified faculty in Medical Education. Research activities are rare and demonstration of leadership roles is scary. Very few have Counseling and career guidance cell. The practice of Ethics is done by Socratic Method rather than the Dogmatic one. The study present recommendations at the end.

Keywords: Myth, Reality, QEC in Medical Education

Introduction:

The term Quality is precisely designated to be Subjective phenomenon rather than the Objective one (Shah, M., Hasan, S., Malik, S., & Sreeramareddy, C. T., 2010). It is a vibrant phenomenon encompassing a number of factors. For long time in the history, quality measures have been the subject of debate. Some people think it is possible to define quality and to hit upon criteria that can be served as set yardstick to gauge it, but

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quality is a multi-interpretable notion as the famous quotation goes that beauty lies in the eyes of beholder. Totality of systems, wherewithal & information devoted to maintaining and civilizing the concept of 'Go with the Flow' have revolutionized the present digital age where precision matters (Rytkönen, H., Parpala, A., Lindblom-Ylänne, S., Virtanen, V., & Postareff, L., 2012). The global standards of teaching, research and scholarships have changed and this paradigm shift can amply be testified by the process Higher Education Commission of Pakistan select the candidates or sanction the Travel Grant. Offices like ORIC and QEC are only the recent advancements. Tenure Track Statues are bounded for Research. Quality Enhancement Cell has the responsibility to lay down the Plagiarism Policy, conduct Faculty survey, design course evaluation form and surveillance of graduates (Reed, et al., 2011).

Literature Review:

With regard to education, we have more trouble defining quality as many stake holders are included and this goes up to the global rankings. The medical profession, however, describes quality in terms of the knowledge, skills, and attitudes obtained all through the period of study; it assesses the product which is a graduate. To the students, quality of education means rather quite different, relating to individual development and to grounding for a position in society. Quality Measures must pertain to the delicate interests of the students (Irby, D. M., Cooke, M., & O'Brien, B. C., 2010). The educational process also must be structured such that the scholar can finish in the required time. The academia defines quality in yet another way, speaking of fine academic schooling based on good awareness move and a good learning environment coupled with good relation connecting teaching and research (Skochelak, S. E., 2010).

A positive conducive learning environment has a pivotal importance in scholastic accomplishment of any country. Quality measures in research and administration are imperative so as to perk up indicative esteem. Sadly, the execution of value Medical educational administration in various poor nations has been unsystematic. In creating nations everywhere throughout the world, destitution and underprivileged foundation are main contributing factors prompting wasteful array of wellbeing administrations (Boelen, C., 2011). Scientific and Administrative Management are the classical as well as time tested approaches. Regardless of level or area, management of quality assurance involves the four basic functions of planning, organizing, leading and controlling. Technical, Interpersonal, Conceptual, Diagnostic, Communication, Decision Making and Time management skills are vital for leaders in Quality Assurance. An important dispute is the management of diversity, new technology, especially as it relates to

information. Globalization and Service technology which involves the use of both tangible resources (such as machinery) and intangible possessions (such as intellectual property) need to be given due consideration (BEME group., 2000).

HEC has the full-fledged Quality Assurance Cell and so have the Universities, a functional Quality Enhancement Cell. Students learning experience has taken a U turn change from Teacher Centered to Student Centered. Gone are the days of didactic lecture for strength of 300-400 students in the class. Stressing paradigm shift in Medical Education has become the talk of the town (Garcia-Barbero M., 2009). The rapid emergence of the Medical Universities in Pakistan strongly suggests the cognitive approach to ethics in the esteemed field of Medical Education. Discrimination, if not Denial of Quality Standards exist at all levels and the need exist for reforms in Medical Education taking in confidence all the stakeholders including Policy makers and Accreditation bodies. The instructive foundations go distant in forming the health expert of today and tomorrow. Social and monetary variables have exaggerated the medium of instruction to such a degree that the time has come to look into the nature of clinical training (Majumder, A. A., Souza, U. D., & Rahman, S., 2004). The long-standing issues of Post Graduate Trainees in Medical Sciences need to be addressed and at this point of time when change cannot be resisted be it in the form of Social Media or otherwise. It is imperative that other stake holders in the profession be treated equally important. All the partners of Medical Education right from the students, parents, teachers and up to the administration, share the responsibility of collateral benefit or loss. The authorities have yet to understand that without tending to move towards quality in Medical Education, enhancing social indemnity conveyance is not imaginable. Mushroom growth of private medical colleges raises the eyebrow for man of vision. Quality is incentive for edifying organizations and it is changing power for satisfying the vision and mission of an enterprise. Quality Assurance is viewed as fundamental for promotion and keeping up the nature of education and learning next to an organizational level (Sallis, E., 2014).

Methodology:

This was a 10 months cross sectional study regarding quality assurance in medical education carried out between setemember2016 and July 2017 at the Medical colleges of Karachi including Dow university of health Sciences, Baqai Medical university and the Liaquat college of Medicine and Dentistry. A total of 170 questionnaires were filled by teaching faculty and nonteaching staff of different medical colleges comprising both the married and unmarried, male and female officials. A self-administered, close ended questionnaire was given to the voluntary

respondents. This was followed by interview. Questionnaire elicited information mainly on different domains including the following:

- Quality Assurance in Under Graduate and Post Graduate Medical Education
- Quality Assurance in Specialist Training and Practice
- Quality Assurance in Continuing Medical Education (CME) and Examination Policies
- Monitoring, evaluating and changing the Curriculum
- Assessment of educational outcomes
- Quality Assurance in approving new Medical Courses

The interview session was focused on the aptitude of officials regarding Audit and Scrutiny, Weaknesses in the system, the stakeholders involved, Innovation in Medical Education and the ongoing system of Review. SPSS version 22 was used for analyzing the frequencies and percentages of the collected data. The participants were guaranteed of secrecy of the data gave and had an alternative of refusal to take part in the study. The co-author gathered the finished survey. The information got were broke down utilizing IBM Statistical Package for Social Sciences. Contrasts of frequencies between various factors were analyzed utilizing chi-square test; $p \leq 0.05$ was taken as noteworthy. Every view point had two reactions: 'requiring change' and 'up to the mark'.

Analysis and Results:

Table -1: Gender Distribution

Gender Distribution	Total	%
Male	116	68.23%
Female	054	31.77%
Total	170	100%

Aggregate of 55.5% male and 55.1% female officials indicated disappointment over arrangement of present day functioning of Quality Surveillance($p=0.95$), making for a sum of 55.3% disappointment in this classification. Two third of participants were happy with ethics and morals of Accreditation Bodies. Quality Assurance is Science or Art is still an area of ongoing debate. 76% of participants believed that Present day instructing and learning offices (access to web, labs and libs) are not sufficient. The other results revealed that arrangement of research based education should be made. Co-curricular and recreational exercises are not sufficient. Coordination between different departments is not cordial.

Whether Senior Hierarchy create the college's goals, overall strategy, and operating policies alone or in consultation with stake holders lacks the justification.

Quality Assurance in Medical Education:

QUESTIONS	SA	A	SD	D	N
Do you consider International Bodies should be required to audit institutional performance on a regular basis.	62%	10%	14%	12%	2%
If medical education is not well taken care of, specialist training is likely to be a greater challenge?	55 %	31.8%	1%	12%	0.2%
Do you think professional scientific organizations are required to develop quality criteria in their specialty that can be used by individual specialists and in group practices, both within and outside hospitals	48%	14%	10%	28%	-
The curriculum should be framed in order to improve outcomes to guide teaching, learning and assessment and needs improvement	65.6%	21%	1%	11%	1.4%
Is it important to identify both strengths & weaknesses in teaching system to improve quality assurance	66%	27%	3%	3%	1%
Quality assurance should be established with minimum levels of proficiency by the students.	10%	31%	50.5%	6%	2.5%
Do you think professional scientific organizations are required to develop quality criteria in their specialty that can be used by individual specialists and in group practices, both within and outside hospitals	41%	28%	20%	5%	6%

Quality assurance such as data collection and analysis as well as practical exercises in the implementation of projects should be part of the regular activities of postgraduate training?	58%	23%	4%	13%	2%
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SA = Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree.
 N=None **Discussion:**

Starbucks Corporation replaced McDonald's as the utmost profile and fastest mounting food and Beverage Company in the United States. It created an organization that promotes growth and success, based on the principles of Quality. Medical Education is more effective and long lasting if it is self-initiated and self-directed. Managers at each store have substantial autonomy over how they run stuff, as long as the firm's basic principles are followed. Starbucks also uses a state-of-the-art communication system to keep in contact with its human resources. Active teaching and learning strategy (ATLS) is the process through which a medical student independently, or in a group, identify his or her learning objectives in addition to active seeking of information necessary to achieve objectives¹¹.

According to McGregor, Theory X and Theory Y imitate two extreme beliefs that administrators have about their employees. Theory X is a relatively off-putting view of workers and is consistent with the views of scientific management. Theory Y is more positive which represents the assumption that human relations advocates make. In McGregor's view, Theory Y was a more apposite philosophy for leaders to hold to. The leaders in Medical Profession share the responsibility to promote harmony and build liaison with all the stake holders (Biggs, J, 2001).

The global standards for medical education have been implemented and used extensively all over the world. They offer medical institutions different programs at various stages of development, and with different educational, socio economic, cultural circumstances and different disease patterns, a template for defining institutional, national and regional standards, and a lever to reform the ongoing programs (Gale, R., & Grant, J., 2010).

The WFME program on global principles in medical education, approved by the World Health Organization (WHO) as well as the World Medical Association (WMA), had from the very outset three main intentions that is to stimulate authorities, organizations and institutions having responsibility for medical education to devise their own plans for change and for quality improvement in accord with international recommendations, to establish a system of national and / or international appraisal, accreditation and recognition of

medical educational institutions and programs to assure smallest amount of quality standards for the programs and to uphold practice in medicine and medical manpower utilization, in the context of rising globalization, by well-defined international principles in medical education (Manual, 2007).

The findings at par with International Studies suggest that Opportunities versus threats need to be analyzed. Structural Barriers need to be identified. Continuing Medical Education (CME), Continued Professional Development (CPD) and Best Evidence based Medical education (BEME) have to be introduced. Difference between personal and specialized relationships has been elaborated. Surveillance and report writing need to be carried out. External evaluation or peer review is the need of the hour.

The process of institutional self-evaluation described can be further enhanced and Objectivity promoted by inclusion of evaluation and counseling from external peer review committees. The combination of selfevaluation of institution and program needs to be carried forward (Savage et al., 2005).

The primary intention of the WFME in introducing an instrument for quality improvement is to endow with a new framework against which authorities, organizations and institutions with responsibility for basic medical education can measure themselves in voluntary self-evaluation and self-improvement processes. WFME considers such a combination to be the most important system. Approval and accreditation depending on local needs plus traditions, the standards can also be used by national or regional authorities/agencies dealing with approval and accreditation of medical colleges. The process of continuous renewal needs to be incorporated. Ethics and Jurisprudence need to be focused and different surveys and workshops be conducted for Quality Measures M. Harden, PM Lilley, R. (2000).

Conclusion

Due to lack of timings and other resources, different areas still need attention which includes: Can Criteria and Standards be formulated for Quality Assurance at grass root level in the medical institutions and if yes how can the Quality Be Quantified? Quality Assurance is a set of functions directed at achieving organizational goals in an efficient and effective manner. Albeit course substance and showing assets are agreeable, there is disappointment with instructing philosophy because of absence of reception of imaginative and integrative methods specifically shortage of

research related exercises. The true essence of Medical Education programs is in its evolutionary phase. There is dire need to establish Career Counseling department in every college for there is diversification in the mindset of students with respect to more than seventy specialties. Concrete principles need to be formulated for ISO standards and Confidentiality Issues. Rationalizing Quality measures is still a nightmare and effective productivity carries the question mark. Communication & Inter-Personal Skills are essence for Quality Assurance Department, especially in the field of Medical Education. Quality Improvement needs a cultural change for which Transparency is very essential.

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