

Summary and Transcript Of December 2008 Discussion

Topic: Educational Research

Discussion Team and Leaders:

Faculty: Dr Rita Sood, Dr Rashmi Vyas

2007 fellows: Saira, Reem

2008 fellows: Ashwini, Amol, Animesh

Week I: Introduction to Educational Research

The first week opened with the introductory mail from Ashwini. There were very prompt responses and a suggestion not to restrict discussion to Current trends in educational research in India only. The suggestion from Shital was immediately accepted by the December 08 group discussion leaders. Taking the discussion forward Ashwini attached some documents and the response from the other members, fellows and faculty was very encouraging.

Ashwini attached a very relevant article in pdf format. Dr Thomas thanked Supten for the BMJ article and said that it provided bird's eye view on the scope and uses of Research in Medical Education. Compliments followed from other fellows and FAIMERly.

In the meantime Ashwini sent a reminder mail to get maximum participation and also stimulate the dormant members and passive readers. She urged them to reply in 2 days.

Then there were some ideas about having an informed consent and collect some info as well as publish an article from the gist of discussion. However this got on to listserv and then the others got all of us benefitted from the lucid discussion about Informed Consent and its intricacies.

As usual Supten kept pitching in with his bit and attached some relevant articles and resources. Ashwini Thanked Chitra for encouragement and said that she felt like getting more involved seeing the responses.

Meera shared a link about AIIMS K L Wig Centre's Research and Publication details. Amol shared his qualitative research work recently published. Saira & Thomas welcomed Nalin back to listserv and asked him to join and contribute to discussion

Some excellent resources were added in the form of Grounded Theory and Description, Justification and Clarification which helped in enriching the knowledge. Subsequently articles on Focus group discussion were shared and also regarding policy on collection of data from students.

Dear Fairerly,

We the team of ML WEB LEARNING –DECEMBER DISCUSSION- EDUCATIONAL RESEARCH, (Amol, Animesh and myself) have made the following plan of action under the able guidance of our mentors Saira and Reem and the faculty mentors Dr Rita and Dr Rashmi . We have the following weekly segments. Kindly put in your suggestions. Are any other areas of interest not mentioned here? Or is there something missing?

WEEK TOPIC MODERATOR

- 1st Introduction to Educational Research Ashwini/Saira
- 2nd Current trends in educational research especially in India Amol/ Reem
- 3rd Opportunities and Funding in medical education Animesh/ Reem
- 4th Challenges in Educational Research Ashwini/Saira

We would further have sub-topics in each of these broad categories which will be dealt with in each week. Looking forward to active participation, meaningful discussion and fruitful learning experience.

REGARDS

ML web learning December group members

Dear Ashwini and ML Web December group:

Kudos to you and your group for excellent management and having the brilliant topics for discussion. Hope to learn from the contributions from 2008 and 2007 Fellows and Faculty. I am just wondering the reasons behind for focusing the trends in educational research "especially in India"! I think we have to know the global and regional trends and, may give more emphasis in South Asia (or South East Asia). For instance the South Asian Journal of Medical Education is one of such great initiatives:
<http://www.md.chula.ac.th/jmet/aboutjournal.htm>.

Shital

Dear Ashwini and ML Web December group,

Topics you have choosen appear very interesting. I am sure we will learn many new things in December discussions.

Komala

Dear Shital,

Thanks for having raised a valid point. You/We shall definitely appraise the global trends in educational research during the course of discussion.

Saira

Well begun is half done!

Supten

Dear Shital

Thanks for raising valid point. We will focus on global trends in Medical education

Amol

dear fairmerly,

thank you for all the encouraging responses.

before we go into the details of the topic. let us all try to answer a small a question. in each one's perception-

WHAT DO YOU UNDERSTAND BY THE PHRASE RESEARCH IN MEDICAL EDUCATION?

Ashwini

Yes I agree with Shital's idea...As accepted by Amol and Saira, I think we should discuss global trends...however we should have special focus on trends in SE Asia and developing countries. We could compare and even bring out differneces and suggest a few new things about research in SE Asia. Thats my personal belief.

Animesh.

Dear Saira, Amol and Animesh,

Thanks a lot for considering my thoughts on Week 2 of PSG FRI December ML Web discussion.

Shital

Dear Ashwini and All Others,

I came across the relevant article: <http://www.bmj.com/cgi/content/full/324/7353/1560>

It summarizes: "Research in medical education has contributed substantially to understanding the learning process. The educational community is becoming aware of the importance of evidence in educational decision making. Areas of major development include basic research on the nature of medical expertise, problem based learning, performance assessment, and continuing assessment of practicing physicians.

Supten.

dear shital,

your advice is taken and thank you for the suggestion.

dear sundar, meera, supten,

thank you for the responses.

the link i propsoed to put has already been sent by meera and supten.

i think that is a very a good article which gives an overview about how the research in medical education has come so far.

Ashwini

DEAR FAIMERLY,

Continuing with the discussion, the attachment gives details of definition and different aspects in educational research and also an overall view of the research in medical education.

please go through this link <http://www.bmj.com/cgi/content/full/324/7353/1560> which gives the progress of medical education research in past three decades.

Attachments

Lect1.pdf

Research in medical education – an overview.doc

Ashwini

DEAR FAIMERLY,

i hope you are getting my mail on the listserv as i am not getting any responses.

another question i want to put is " IS THERE A NEED FOR RESEARCH IN MEDICAL EDUCATION"

According to me , Yes there is a need for research in educational processes whatever the field is. to know, to improve the effective learning by students, for teachers to to teach effectively, for investigating the success or failure of the curriculum. we need to do research.

to answer as to what, when , how and why regarding a educational process research becomes essential.

in this regard, the attachment gives you an extensive reading as to what makes the educational research really educational . a whole learning process indeed.

Awaiting responses,

Ashwini

Attachments: What makes educational research educational.pdf

Dear December Group,

Congratulations for choosing the interesting and current topic. We will be enjoying in interacting and learning about this topic. The sub topics are good. My best wishes for your interactive sessions.

Nirmala

Dear Ashwini,

Thanks a lot for wonderful resources. In my opinio, there is a need in medical education to make it more "evidence based" as other researches.

Shital

Dear Ashwini,

I second your opinion on having more research in education. The proven, best educational technologies in abroad are not used in India. we are still two to three decades back in our educational technologies. To fill that gap, we need to conduct research in our settings.

Nirmala

REMINDER MAIL

Dear fairmerly,

WELCOME TO DECEMBER DISCUSSION-EDUCATIONAL RESEARCH.

amol, Animesh and myself under the able guidance of Saira, Reem and Dr Rashmi and Dr Rita are presenting to you an overall view, trends, opportunities and challenges in medical education research. this is a new topic and we all need to learn and share more thoughts regarding it. so i welcome one and all the members of the Faimer group to open up the mail, go through it and give your opinion. hoping to have a fruitful discussion.

BEFORE GOING THRU THE ATTACHMENTS PLEASE ANSWER THESE QUESTIONS.

- 1) WHAT IS EDUCATIONAL RESEARCH.
- 2) IS THERE A NEED FOR RESEARCH IN MEDICAL EDUCATION

and also go through the link <http://www.bmj.com/cgi/content/full/324/7353/1560>. which gives the path tread by medical education in the past thirty years.

REPLY TO MAIL WITHIN NEXT 2 DAYS

Regards,

December Discussion Group

Ashwini

Attachments (Repeat):

Lect1.pdf

Research in Medical Education – An Overview.doc

dear shital,

i agree with you.

medical education needs evidence based for maintainance of quality of research and helps at the level of

policy making.

the attachment is an abstract describe the use and scope of best evidence based medical education.

Ashwini

Attachment: The need for evidence in medical education.doc

Hi all:

Granted that research is important in any field including education.

Given that educational research is as 'researchy' as any other, we need to have a few things in order prior to embarking on it.

Uploading an Informed Consent Form on the Listserv. is the last thing to do. There are many more mandatory steps that need to precede.

1. Get ready a research proposal (got to have all the elements spelt clearly and in place)
2. Get ready an informed consent
3. Get 1 & 2 reviewed and approved by the Ethics Committee of your organization
Mostly, an exempt review is all that is needed, but depending on the 'sensitive' nature of questions it might become necessary to have a full review done.
4. The proposal and the Informed Consent should have the standard elements and should make clear among other things (like the hypothesis, sample size, the need for your research (defining the research gap) etc.,) the 'conflict of interest'. If there is none, decalre none. Steps to protect the privacy and confidentiality of information will also have to be spelt out.

Therefore, boys and girls, ladies and gentlemen, go forth and multiply educational research. But, forget not the rules of the game. Many of you are masters of these rules, but I thought reminding oneself before the game begins is not a bad idea.

Cheers,

Ram

dear sir,

thank you for the reminder. i think our team members have to rethink about it and come to a decision. waiting for other responses.

Ashwini

Dear All,

While we all discuss on the need for "educational research", I am attaching a relevant article for

discussion.

Supten

Attachment: [Medical Education.pdf \(NMJI 2008\)](#)

Hi:

" We will have the consent of the ACTIVE members and that would serve the purpose ".

I cannot and am not able to completely absolve this sentence of a very subtle link between giving an informed consent and being considered ACTIVE (capitalization retained from original). May be I am seeing shadows where none exist. But it is very important to make very unambiguous statements that can lend itself to only one interpretation when we talk of informed consent.

When I read the sentence quoted above, questions that came immediately to the fore:

- If an inactive member (inactive by whatever definition) consented would it not serve the purpose?
- Or, if the inactive member consented does he become active?

Mistake me not that I am trying to hair-split here, but no value judgement should be or even seen to be attached to the process of informed consent. It is one of the altruistic exercises and should be seen as one.

I am willing to listen and if there are reasons to be convinced, am even more willing to learn anew on this.

Ram

Dear All

Congrats for a well formatted and interesting topic.

Looking forward to the discussions.

Chitra

Dear Ashwini

the downloads and attachments are very informative.

For mankind to progress, Research is always essential, whatever be the field and not only that, things keep changing and our way of doing things will also change, so to know which is better, research should also be an active activity.

Chitra

dear supten,

thank you for the article. the scenario represents the old system. i think things have changed to a certain

exten in the basic sciences. changes need to occur in more force in the clinical sciences as we here frequent complaints that the bedside clinics are taught by PGs and not by the clinicians.

another area of concern is whatever is being done in medical education is at either department level or institution level. nothing is happening at policy making level. when this happens, will lead to proper faculty training and paves the way for meeting the purpose of medical education.

Ashwini

Dear Ashwini,

Thanks for your prompt response.

The article is from THE NATIONAL MEDICAL JOURNAL OF INDIA VOL. 21, NO. 2, 2008: 92-93 - yes a recent issue!

And, as you have rightly pointed out, sporadic individual changes may be occurring but that is yet to percolate well even to the best of Institutes!

Supten

Hi,

Thanks for the passionate response to matters of Ethics which were raised in your mail.

However, for the sake of clarification, one must read the words quoted in the context in which they were made. Let us examine what was the message in the mail which preceded the response:

"Sounds like a great idea. Are you suggesting that we put in a IC form seeking permission from the group to publish/ go on record what they opine/ comment on this topic? I am more than willing to get the form going . However, am a little worried that with already dismal response rates, will we not intimidate people save the enthusiastic few who may anyway keep the discussion flowing?"

Here, the matter under discussion was the need for getting the consent of people who are making the opinion. Obviously only active members on the listserve (those who are giving opinion/ comment being considered ACTIVE) would see and respond with their consent to having their opinion published.

Another matter of concern expressed in the portion of the mail quoted above (in response to which the mail along with the statement under examination / debate emerged) was whether or not the already large number of "silent" / non active members in the listserv would feel threatened and thus not participate if we sent a consent form to them.

So, I was responding by saying that only the active would respond and send filled in consent forms and only they would be giving an opinion in the discussions during the month which would go towards publication. And so before publication, one would need to cross check whether all those who did give an opinion did indeed give consent in the beginning of the exercise. If not, reach out to the non submitters of consent form from among those who have participated in the discussion before sending it for publication.

Was my thinking "unethical" ? If so, would like to be educated about the right way of doing things.....

Well, these discussions do highlight the fact that in Education Research, ethical issues must be considered and steps taken to follow the due process prescribed by IRB and clearance obtained.

Thomas

On Informed Consent- Planning for December Discussion

Dear Dr. Ramalingam and all other FAIMERly,

Thank you very much for the insights and the wisdom through it.

As the PSG FRI listserv group may have now realized and for the benefit of those confused, the December discussion group had in mind an idea to harness all opinions expressed through this discussion forum on educational research -views/gaps/practices and seek an informed consent from the group with the intention to share it with a wider audience.

Given the arduous and the time involving process we will perhaps brainstorm/opine/identify gaps and recommend within the precincts of the December discussion and share with you a summary of the report.

Also, Sir, the reference to the active members was in the context of all those who make themselves virtually visible in the December discussion and give in their consent. And all those not in favour of (Informed consent), but still take part in the discussion are still definitely active and as a team we look to enrich from their experience/ viewpoints.

Keep the discussion flowing friends. We are all in to learn from each other and most definitely from the FAIMER faculty

Saira

Hi:

I was sure that the intention or thinking (certainly it was not unethical) was not what was interpreted and that is why: "*May be I am seeing shadows where none exist. But it is very important to make very unambiguous statements that can lend itself to only one interpretation when we talk of informed consent*" in my response.

Part of the problem, if I deeply analyzed, could also be because of the word ' active'. These words ' active' and 'inactive', regardless of how we may define or construe, do seem to carry some value-judgement. It appears to me more a term of evaluation than plain description. They are, in my opinion, best avoided. I think Saira has ingeniously come up with a term that sounds just descriptive viz., ' cyber visible'. If I had

my say, I would call those who are regulars (again a value-judgemental term) on the Listserv ' virtually visible' or 'LS Visible' - LS for Listserv.

I recognize one's liberty to call 'inactive' those who don't take part in the discussion as frequently, but I would request for concession to say that it is offensive and judgemental. 'Cyber visible/ virtually visible/LS Visible' appear more sober.

Ram

Dear Ashwini,

Well begun. The Pdf attachment gives a good overview about Education Research in particular and Research in general. It is a "must have" resource for reference by beginners like us.

Keep up the good work. Hope the discussion group discovers the nuggets and respond appropriately

Thomas

dear sir,

thank you for the prompt response

regards

Ashwini

As you proceed with your weekly schedule, some food for thought .Kindly follow link.

<http://www.aiims.edu/aiims/cmet/research.htm>

Meera

dear Meera,

thank you for the link. the list really boosts energy to do more work in medical education.

Ashwini

Dear Supten, Ashwini and friends,

Thank you Ashwini/Supten for pointing to a very pertinent link (Research in medical education: three decades of progress by **Geoff Norman**) to this introductory segment on Education Research (ER). It definitely was interesting, isn't it to see how nascent ER is ?

Also the broad areas of progress interestingly are

- **Basic research in the acquisition of expertise**
- **Problem based learning**
- **Advances in assessment methods**
- **Continuing education, recertification, and relicensure**

Our appeal to the group to steer the discussion along these lines as we segue through successive segments with a special thrust on the already mapped 'research foci and major findings' so as to identify the gaps and come out with feasible solutions.

Dear FAIMERly, educational research you will unequivocally agree is a new domain, replete with gaps and challenges. It will make for a very enriching learning experience, *but* only with (y)our deliberations. The FAIMER faculty as you can see are engaging in mock debates only to make sure you are seen. Come forth, make your presence felt.

Keep posting and happy learning!

Saira

On behalf of the December Discussion group

Dear December group,

The discussion is off to a wonderful start and the overview of educational research was very informative. Like both Ashwini and Chitra Ma'am mentioned research is essential to improve any scientific field. However research on medical education is a concept which many (?a majority) of medical teachers really don't fathom...especially in India. I know it's a bit off the basic topica but can we do something about changing this attitude?

Feroze

Dear Aswini,

What is educational research? and its need.

I think, the research which deals with the education system and teaching methods is called as educational research. Why it is required -

1. It required for update of teaching system for better learning.
2. It builds capacity and understanding of the teacher regarding subject and student's learning.
3. Student's also get opportunity to participate.

Amol

Dear Amol,

I agree with your "why it is required" statement. The third one "students also get an opportunity to participate" indicates the value of getting the stakeholder's inputs in the research to make it relevant to their needs

Thomas

Dear All

Thanks Supten for article titled 'Medical education in India: A student's perspective' It explores a student's perspectives. Similarly, we did formative evaluation from student's perspective and found out facilitating and limiting factors in our current Community Medicine teaching at MGIMS. I think, such educational

research and student's reflection help us understand the situation for timely action.

Link: <http://www.ojhas.org/issue27/2008-3-2.htm>

Amol

Conducting an Educational Research Project

Once we have known about EDUCATIONAL RESEARCH .let us concisely know how we go about conducting an educational research project.

It can be broadly categorized under the following subheadings

- Hypothesis
- Research methods
- IRB
- Data collection
- Analysis
- Dissemination

Hypothesis: first and foremost step is to identify and state a problem.

Identify a team with the required skills

Research methods: Identify the type of research method- Observational vs controlled study

IRB: Get the permission to do the study.

Data collection and Analysis

Presentation and publication of the result.

Let us proceed with the discussion on types of research.

There are a variety of types of research. Among them, the prominent are

- Quantitative

- Qualitative

Quantitative research is the systematic scientific investigation of quantitative properties and phenomena and their relationships. MEASUREMENT is the center of the Quantitative research.

It answers the questions such as what, where and when.

QUANTITATIVE - experimental

- nonexperimental

Qualitative research aims to gather an in-depth understanding of human behavior and the reasons that govern human behavior. Qualitative research relies on reasons behind various aspects of behavior. It tries to answer the as to how and why regarding an educational process.

under QUALITATIVE RESEARCH- we have several types

- phenomenology
- case study
- grounded theory
- historical
- ethnography

i am attaching an article on GROUNDED THEORY . this is an interesting way to do the research wherein the progress of the study depends on the result of the data collected and so on. this is one way, where bias can be eliminated and thw qustions of how and why can be answered and also new discoveries can be made.

QUESTION OF THE DAY: in medical education, is it possible to do purely quantitative or qualitative or mixed research which combines both of them is better.

What type of research are u usaully involved in ?

Ashwini

Attachments: [Lect2.pdf](#)
[Grounded Theory.pdf](#)

Dear Feroze and Others,

The global view point is that "Health professionals are often reluctant to value research into the effectiveness of educational interventions; As in clinical research, the need for an evidence base in the practice of medical education is essential; Choosing a methodology to investigate a research question in educational research is no different from choosing one for any other type of research; and, Rigorously designed research into the effectiveness of education is needed to attract research funding, to provide generalisable results, and to elevate the profile of educational research within the medical profession" as described here: <http://www.bmj.com/cgi/content/full/318/7193/1267>

Hutchinson (1999) goes on explaining that "One reason for this reluctance may be that there is a fundamental difficulty in addressing the questions that everyone wants answered: what works, in what context, with which groups, and at what cost? Unfortunately, there may not be simple answers to these questions. Defining true effectiveness, separating out the part played by the various components of an educational intervention, and clarifying the real cost:benefit ratio are as difficult in educational research as they are in the evaluation of a complex treatment performed on a sample group of people who each have different needs, circumstances, and personalities." and show: <http://www.bmj.com/cgi/content-nw/full/318/7193/1267/F1>

Some recent papers that site this paper and are available free are:

1. <http://jama.ama-assn.org/cgi/content/full/298/9/1038>
2. <http://radiology.rsna.org/cgi/content/full/235/2/359>

3. <http://heart.bmj.com/cgi/content/full/90/1/113>

Supten

DEAR FAIMER,

i am attaching an article which classifies the articles in medical education as description studies, justification and clarification studies. the clarification studies are considered superior as it answers the question regarding the process and helps in better understanding of how a new intervention or assessment method may work. it is more a qualitative in work than the other two which are quantitative works. hope u enrich your knowledge and get instigated to do more of clarification studies.

Ashwini

Attachment: [Description, justification and clarification.pdf](#)

Dear Ashwini,

Thanks for sharing a very academic article authored by a person personally known to me.

Though you have exhorted the teaching community to start doing clarification studies, I would encourage people in the region to atleast start descriptive studies so that the good practices in medical education become shared and made known to more educators so that it gives them confidence that these can be adapted / adopted in their own medical schools.

Lets start from the bottom and then climb up the pyramid to reach the clarification type of studies.

Thomas

dear thomas sir,

thank you for the valid point.

Ashwini

Dear Ashwini,

Thanks for posting the very informative article.

The SA Fam Pract journal had in 2004 brought out a series of articles on educational research and the Editorial is very lucid: <http://www.safpj.co.za/index.php/safpj/article/viewFile/139/139>

Another important need is to be able to read critically published accounts of educational and training interventions (ETI) and to apply the results to our own practice. For this a useful article is available online: http://eprints.rclis.org/7163/1/RELIANT__final_.pdf

As Thomas has rightly pointed out, we need to first understand how are good studies done and also how to interpret useful studies appropriately, followed by trying to carry out in-depth studies that will provide great insights into the epistemology (theory of knowledge) of medical educational interventions.

Supten

Dear Fairmerly,

Though we have been using different types of Data collection methods , let us have a revision of the different mehtods of data collections, its strentgths and weaknesses.

Data collection methods to be used depends on the objectives to be acheived.

kindly go through and give in your views.

Ashwini

Attachments: [Data collection methods.doc](#)

[Strengths and weaknesses of certain data collection methods.html](#)

Dear Ashwini,

Thank you for useful links on datacollection method. can any one help with more information on focus group discussions related to educational research? It will really help to bring out the existing good practices as suggested by Thomas Sir and Supten.

Thanks again,

Nirmala

Dear Nirmala,

You may have a look at: <http://www.bmj.com/cgi/content/full/311/7000/299?view=full&pmid=7633241>

Supten

dear nirmala,

thank u for the response.

here is a link which will help to know more about focus group discussion

<http://www.unu.edu/unupress/food2/UIN11E/uin11e0e.htm>

<http://www.scu.edu.au/schools/gcm/ar/arp/focus.html>

Ashwini

Dear fairmerly,

i am posting an article which focusses on the policy of collection of student data for research.

kindly go through this and give in your opinion.

Ashwini

Attachment: [Policy regarding collection of student data for research.html](#)

Dear Ashwini and December discussion group

Thanks for the downloads

In answer to your questions

WHAT IS EDUCATIONAL RESEARCH ?

In medical educational research is the study to link relation between teaching factors and learning outcomes and to translate this research into practical improvements in medical education

Need for research in medical Education

Medical science is growing and changing with new drugs, new technology etc. The kind of education required will change, as life expectancies increase and as globalization and the digital revolution alter access and interaction.

There is growing expectation and need for doctors to do a good job.

More and more diverse people need to learn more and more varied things. Yet delivering effective education remains a problem.

Disciplined research on problems and solutions could help in education, just as it does in other domains.

I also feel in India the increase in private medical colleges has its own problems i.e. Medical education becomes more commercialized and stress on institutions to show better results increase. May be Medical education research will show us ways to deal with those problems also.

Komala

Dear Nirmala,

Our Fellows from Sewagram - Amol and Subodh have good experience in conducting Focus groups.

Perhaps they can share their experience / expertise

Thomas

Dear Nirmala,

Following is a pdf on focus group discussion - for health and medical research.

Komala

Attachment: Focus group discussion Wong L P.pdf

dear komala,

thank you for the reponses.

you r right in saying that educational research needs quality to be maintained. this is possible only by maintaining standards and ethics in research. each one has to be competitive then only quality educational research is possible. many research projects will lead to evidence based medical education and facilitates policy making and changes. long way to go but never to lose hope.

Ashwini

Dear Nirmala and Thomas sir,

I am impressed with few of the qualitative research methods. I am happy to share presentations on Focus group discussion (FGD), In-Depth Interview (IDI) and Key Informant Interview (KII). These presentations were during workshop on qualitative research methods in our department. I hope you all may find it useful.

Amol

Attachments: Focus group discussion 22-09-2008 1.ppt

IDI.ppt

KII.ppt

dear supten ,
thank you for the article which is easy to understand

Ashwini

Dear fairmerly,

Ethics in educational research is the issue of debate in the recent times.
are ethics essential for medical education research.

yes definitely, we need to safeguard the interest of the students while doing quality research in medical education. as it is the students are burdened with the curriculum and upon that we go on doing research involving the students, ethics board is of importance here which helps in filtering the quality research from the research with low quality. IRB has to be very careful while giving approval.

the attachments give an overview of principles of ethics in research. which can be applied for medical education.

hope u enjoy reading this.

Ashwini

Attachments:

[Ethics of educational research hcb nov 2005.ppt](#)

[Predictive_Validity_Evidence_for_Medical_Education_Research_Study_Quality_Instrument_Scores.doc](#)

Dear Supten and Komala,

Thank you for the valuable resources. One of the article had mentioned about using half a dozen to fifty focus group in one research. If we need to conduct a educational research in an Institution, who all can be included as focus groups apart from students and faculty? Can we split the students and faculty itself into subgroups or we have to include other stake holders like interns, lab people etc? Any suggestion regarding this?

Nirmala

Dear Ashwini,

Thanks for the links.

Nirmala

Dear Thomas Sir and Amol,

Thank you very much for the resources. The informations will be very helpful as we are planning a qualitative research in our college.

Nirmala

Dear Nirmala,

Involving all the stakeholders in the focus groups is a good idea and some recent studies show that even the end-users or consumers should be included.

Here are the links to a few relevant abstracts in the PubMed that you may further explore.

1.

[http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Speers%20J%22\[Author\]&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus](http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Speers%20J%22[Author]&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_RVAbstractPlus)

2.

http://www.ncbi.nlm.nih.gov/pubmed/17996639?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

3.

[http://www.ncbi.nlm.nih.gov/pubmed/16856050?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=1&log\\$=relatedreviews&logdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/16856050?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=1&log$=relatedreviews&logdbfrom=pubmed)

4.

http://www.ncbi.nlm.nih.gov/pubmed/17942310?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

5.

http://www.ncbi.nlm.nih.gov/pubmed/16841240?ordinalpos=14&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Supten

Dear Ashwini and all,

True IRB approval is needed in medical education research to safeguard interest of students. However I need a clarification regarding Informed consent. i.e. Is Informed consent mandatory for all types of educational research? Is there any exceptions?

The ppt was clear and informative

Thanks for downloads

Komala

Dear Komala and All Others,

I am attaching an article and a presentation that deal comprehensively on the need / exemption of Ethical Clearance for Educational Research.

Supten

Attachments: William168.pdf

irb.pdf

Dear Ashwini and FAIMERly,

Thanks fAshwini, for the informative articles for different types of analysis in medical education through examples. It was so explanatory. Regarding the three types of research studies like descriptive,

justification and clarification, I too agree with Thomas sir , for the beginning it is a good sign to start with descriptive studies then we can move on further.

I went through all articles which you sent, I came to know many new approaches in medical education like grounded theory etc.

Keep it up
Padma

Dear Ashwini,

I think this is the usual procedure, that everyone to adapt before we start any research in students. In our university these procedure is followed systematically, I myself gone through to start our FAIMER project.

Padma

Dear Nirmala and all,

The article “Focus group as qualitative research” can be viewed from this link...
http://books.google.co.in/books?hl=en&id=iBJZusd1GocC&dq=focus+group+research&printsec=frontcover&source=web&ots=mwLneKfDP4&sig=2xUefHM_WVWPv1rw8I7yrZ9XoWs&sa=X&oi=book_result&resnum=8&ct=result#PPA3,M1 They have stated the advantages and disadvantages of the focus group in research and there is a comparison of focus group to individual interviews and participant observation..

Barani

Attachment: Moy06634.pdf

dear supten,
thank you for the suggestions.
all the principles if followed , i.e the Belmont's rule , the way to treat the students when they become the subjects of the study need to be utilised in the proper way. this will result in development of quality research.as rightfully said good planning with proper gudelines prevents poor performance.

Ashwini

DEAR FAIMERLY,

after going through different aspects of educational research , let us try to understand by followin gthe gudelines at each level of the research will automatically develop into a scholarly research work. and if aim at this from the beginning i think nothing can stop

Ashwini

Attachment: Glassick Criteria Scholarship assessed[2].pdf

dear fairmerly,

educational research or research itself is segregated from our medical curriculum. not many are interested or exposed to research activities. i personally feel, sowing the seeds and concepts of research at an early age in the medical curriculum at undergraduate level will help in further growth in all aspects of research.

the article attached gives an overview of advantages and challenges of research at undergraduate level. i think it will be very useful if we inculcate this idea in our system. right now, i think ICMR is doing a great job.

Ashwini

Attachment: UG Education Research Problems.pdf

Dear Ashwini,

You said it! Very few of the students know how to write up a scientific paper even after post-graduation (yours truly included!!). In fact as part of our proposed curriculum in MD dermatology (which we are hoping to start next year in our institute) we have suggested that at least 2 papers in indexed, peer reviewed as a mandatory requirement for the MD degree. Maybe we can include something similar for the MBBS course also. I suppose Animesh's FAIMER work can shed more light on the issue by next year. I agree about the ICMR part...but somehow the students who do take up such projects are a very small minority.

Feroze

Dear Dr. Thomas, Ashwini, Supten, Padma and rest of FAIMERly,

Thank you for making the discussion on Education Research interesting and purposeful.

I agree with Padma and Supten - The article shared by Ashwini on grounded theory (Tavakol et al) makes for new learning. It points at 'inquiring' research differently.

Unlike quantitative inquiry approaches, grounded theory does not begin with an existing theory, but rather generates a specific substantive or formal theory for the phenomena of interest.

In a grounded theory, inquirers state research questions, not objectives or hypotheses.

It's also definitely worth attempting to understand the different tenets of this basis of research inquiry, such as theoretical sampling "The sample size is not fixed as in statistical sampling used in the quantitative approach"; data analysis "the researcher undertakes the quest for this essential element of theory, which illuminates the main theme of the actors in the setting, and explicates what is going on in the data" and exploit it and use it complementary to conventional research.

Supten's pointers to the ReLIANT Instrument (Koufogiannakis et al) on and the existing evaluation Frameworks for Quality of Educational Research prompts us to look beyond the validity, reliability and relevance only.

New insights and lot of learning yet to come through this conundrum that is Educational Research. I am sure the rest of you who have been reading are waiting to share your opinions and help in the mutual learning process.

Happy learning!

Saira
December discussion group

Dear Ashwini, Nirmala, Supten, Amol, Komala Padma, Dr.Thomas and rest of my FAIMERly,

Thanks Ashwini for an interesting turn of the discussion to 'Data collection methods' in ER. Sure, it has generated a lot of response and enthusiasm. The article by Wong provides a comprehensive view of this very useful method as also the links to the bmj article.

In our dept we are in the quest for the appropriate use of tools in PLA and the presentations Amol has shared on FGDs (and other tools in PLA) were very informative.

I am sure there are other methods the others in the group are familiar with. Wont you all share it and enrich the discussion?

Saira
December discussion group

Dear Ashwini, faculty and the moderators of the December discussion
Sorry for my delayed response.

1) WHAT IS EDUCATIONAL RESEARCH?

Educational research according to me has similarities and differences to research in other areas. The main aim is to obtain new knowledge and also to study the effect of educational interventions. There are a number of things you can do in medical education (or other types of education). You can obtain knowledge and perception of students about various areas, you can carry out an educational intervention and study knowledge pre and post intervention, you can carry out an educational intervention and check its effectiveness and so on.

An important area which is often neglected is the study of attitudes. Among the three domains in Bloom's taxonomy it is the one which is most neglected.

2) IS THERE A NEED FOR RESEARCH IN MEDICAL EDUCATION?

It is imperative that we carry out educational research. It is the only method we have of ensuring that our medical education is capable of meeting the challenges of a fast changing world. If we do not carry out research then we will always be backward. We often tend to copy ideas from the

west where research is serious business. However, in many respects our setting is different from the west and we have to investigate methods which will be applicable in our setting. In Pharmacology there is a lot of emphasis on problem-based learning and rational prescribing. There has been a radical change in the way the subject has been taught all over the world. The basic principles are laid down in two important WHO publication 'The guide to good prescribing' and 'Teacher's guide to good prescribing'. At MCOMS, the new method of teaching-learning was introduced in stages. We had to modify many aspects to our setting and carry out research. We were 'forced' to do so to check that we were on the right track and counter the inevitable criticism. We learned many educational technics to carry out the research and the learning was really problem-based.

Ravi

Week 1 Discussion ends here

Week II_Current trends in Educational Research - Share your experiences

Summary

Week II focused on current trends in educational research. Saira opened the discussion by thanking Ravi and looked forward to a lot of sharing and learning. Amol and Reem were the discussion leaders for this week. Amol put forward questions to get the views of the FAIMERly so as to build on that and take it further from there. Some prompt responses were seen from Shital, Nalin and Ravi. Amol looked forward to responses to do a qualitative analysis. While Shital felt that the training was lacking Ravi felt that the effectiveness of interventions was not being measured and even the support staff was lacking. Nalin felt that all forms of research should be encouraged and the undergraduates should be motivated to take up educational research. Komala, Reem, Supten pitched in with their views soon. Reem found qualitative studies a little difficult.

Sundar brought up the issue of medical education and its state in India. He lamented that we didn't have holistic physicians now. Everyone wanted to be a specialist. The views were endorsed by others like Chitra and Animesh.

Dr Thomas felt there was a need to motivate and inspire more and more mid-level faculty to take up the challenge and provide leadership. For that to happen, there is need to build the capacity of mid-level faculty first, he opined. He lauded the contribution of FAIMER institute in this area. Amol expressed his happiness over the number of responses and asked about the way students were

learning now and views of fellows. Almost unanimously everyone felt that the learning wasn't proper. Most believed that the students did not understand the concepts. The method of evaluating students was touched upon by Das. Ravi felt that memorization was prevalent mainly in Asia. Nevertheless it was a method in ancient India as well.

Amol raised important issues and guided and steered the discussion very well. He had a good point when he said that all of us need to be students or rather learners and not an expert as we need to keep learning always. The second week ended with Amol attaching the results of the two questions asked initially for which he was complimented by Shital and others later.

Transcript of discussion:

Dear Ravi and friends,

Thank you Ravi for the detailed and wonderful insights that has helped to spark off our next segment.

Yes, educational research can pave the way for innovations in curriculum, introduce educational interventions in the best interests of the stake holders, esp students and there after evaluate effectiveness. Attitudes perhaps does get the least attention.

In the course of the coming week, Amol/ Reem will spur the group on discussing the current trends across the globe. The discussion holds a lot of promise with contributions from all our friends here, from Ravi, Elaheh, Shital, Padma on trends in their countries and of course from our FAIMER faculty with their rich and diverse experience and expertise.

Amol

Dear all,

Thanks Saira. We now know the different types of research methods used in educational research. Now, let us discuss the trends in medical education in South East Asia. To begin with, it is important to get your reflections on two vital questions given below –

1. What type of research work have you come across in the field of medical education?

2.What according to you are deficiencies in the current medical education research

Please reply your comments in next two days. We plan to go for qualitative content analysis of various reflections and make a summary of it.

Shital

Even though the medical education can be traced back to 1978 when Institute of Medicine, Tribhuvan University, started the pioneer batch of MBBS students, research in Medical Education is a very new phenomena in Nepal. So, answers to your query are:

1. We have seen descriptive types of medical education research and very few of them are published. Recently, we have seen some publications from the expatriate community and faculty from neighboring countries, but most of scholars working in the medical education are still either not aware about it or do not give preference to write on their educational activities.

2. The deficiencies are the lack of knowledge on medical education research as few of the scholars are trained in this subject and dominance of bio-medical research would be another factor. The most important factor would be lack of vision to gather the "evidence" in order to produce good quantitative and qualitative works.

You have always motivated us towards the realm of qualitative research and your proposal on this mail is another jewel in the crown. Thanks and eagerly waiting for the result of the content analysis.

Amol

Dear Shital and all

Thanks for immediate and nicely written reply.

I propose you all to liberally express yourself while answering this two questions (Previous mail). This adds to the richness of qualitative data. This will help us for better coding and linking it. If this is done, we will be able to build 'conceptual framework' on what and how things are going in medical education research? Finally, we all will collectively learn and reflect.

Ravi

I like the way the discussion is going. I will get back ASAP

Nalin

I agree wholeheartedly that educational research should be encouraged early on. In fact any form of Research should be encouraged early on, and Educational Research would be the ideal stepping stone to initiate research curiosity.

Be it teaching-learning methodologies being employed, A-V aids available and their use, Assessments that are conducted or the content of the curriculum itself to which the students and residents are exposed to in their institutions. If they pick up any one of these themes and put it through a robust qualitative framework for ease and comfort, they will end up doing good, fruitful and meaningful research. The positive fallout -- results of this kind of research could be used to make changes in teaching and assessment or even in the curricula of the institute and the scholarship that ensues from this endeavour would be an added feather in their cap. Imagine an Undergrad with publications in Med. edu.

Ravi

1.What type of research work have you come across in the field of medical education?

I have come across different types of research like descriptive research, qualitative research, knowledge, attitude and practice (KAP) research, educational action research among other things. Research can be done on the three domains of medical education, knowledge, attitude and practice. Research on attitude we have occasionally carried out using a modified Likert-type scale.

I have also come across research on the effectiveness of various educational interventions. Innovations in medical education have also been studied from the view point of effectiveness.

2.What according to you are deficiencies in the current medical education research?

I personally think the most important deficiency in our part of the world is that educational research is not being done. We rarely study the effectiveness of our educational interventions or obtain feedback from the students regarding our methods of teaching learning.

Educational research is interdisciplinary and we often do not have the supportive staff like educational psychologists and statisticians conversant in educational research methodology unlike the west.

Amol

Thanks a lot for your valuable responses. I got 4 responses and need few more.

Saira

Dear Amol, Nalin, Shital, Ravi and the rest of the FAIMERly,

Thanks Amol, for steering the discussion with resplendence. With equally brilliant opinions from Nalin, Ravi and Shital I am sure your cup is full. Am not seeing Reem's response in this thread. Please do forward it to the listserv mail in case it has been sent to your personal mail.

Attempting to answer your queries with the little exposure/experience I have,

- What type of research work have you come across in the field of medical education?

Mainly Descriptive [*What was done?*], rarely justification [*Did it work?*] and rarer clarification [*Why or how did it work?*]

- What according to you are deficiencies in the current medical education research?

The lack of knowledge on the basic tenets of educational research, perhaps! Also some where we still weigh the 'experts' opinion higher on the pyramid of strengths as against that of 'evidence based' which is viewed testily.

Also, one of our greatest deficiencies is not being able to structure the research on a framework, and even if we manage that the lack of documentation and when all goes well not taking it forward to publishing and disseminating.

Amol, you may need to extend your two day deadline to accommodate all responses as you are bound to be flooded with them, from all those who feel passionately about medical education research (read all). I am sure the FAIMER Faculty will pause and unfailingly send in their opinions/ comments to this very important thread exploring medical education research as it stands today.

komala

In answer to your query

1. What type of research work have you come across in the field of medical education?

Some of the research works I have come across in the medical education field are descriptive observational, comparative research, quantitative, qualitative research by interviews and questionnaire and experimental research.

2. What according to you are deficiencies in the current medical education research?

I would like to refer to the article by David A Cook et al "classifying the purposes of research" (sent by Ashwini earlier). Accordingly, Clarification studies are uncommon in experimental studies in medical education. And I agree with authors that- Clarification Studies asking: How and why does it work? -are needed to deepen our understanding and advance the art and science of medical education.

I agree with Shital and Ravi that very little research is going on medical education in our country and that the main cause may be lack of awareness/knowledge in medical education research. As Dr Thomas said Lets start from the bottom and then climb up the pyramid to reach the clarification type of studies

Reem

Thanks Ashwini, Amol, Saira, Animesh and for initiating and continuing the discussion.

Saira, yesterday I had sent my responses to Amol's questions. But I think it did not reach the list serve.

My answers to the questions....

Q. What type of research work have you come across in the field of medical education?

A. Well, I have been quite active in medical education research since 2003. I have been involved in both quantitative and qualitative research. I have worked on

a) Learning approaches of medical students

- b) Self-directed Learning in medical students
- c) Impact of PBL on the learning approaches of medical students
- d) Students' perspectives regarding different assessment systems followed in my institution
- e) Students' perspectives regarding the learning environment in my medical school
- f) Factors predicting success in university exams
- g) Stress in medical students

For me, qualitative research was little bit difficult compared to quantitative research.

Q. What according to you are the deficiencies in the current medical education research?

A. I agree with Dr.Shital that the predominance of biomedical research is definitely one of the factor. Also, very few people are trained in the area.

There is a preconceived idea in most of the people that medical education research means just 'taking feedback from the students'. They are not aware of the methodologies in medical education research. Recently there has been a slight change in the perceptions of some of the faculty in my institution.

Another factor which I feel important is that the head of an institution or university should have some 'respect' and knowledge about medical education research. He/She should be able to inculcate an interest in the faculty about medical education. He/She should encourage medical education research studies. Then I feel there will be a change in the perceptions. So, deficiency of heads/leaders who are passionate about medical education research is one more factor.

Supten

I fully agree with Reem that there is a scope for improvement at the highest level of the academic administrators (and this includes especially the Policymakers at MCI and the other Regulatory Councils) to at least recognize (if not reward) research activities, especially "educational research" activities as an integral part of "teaching" activity rather than looking at the "recognized" degrees and "counting the number of days" spent in a particular designation.

Amol

Thanks saira, Reem and Komala for responses. As suggested by saira, i am extending the deadline for one more day. At present i am not reflecting on your comments. We will try to get collective vision and go ahead with the further discussion.

Tomorrow, i am going mail some reviewed literature on research in medical education and there will be two more questions attached to it for reflections.

Subodh

First of all, I would like to say sorry to all the group members for my absence from the group for more than 3 months. I know, no excuse is justified for this. Still, I would say that the schedule during this period had been very hectic and it really was difficult for me to be online.

Now, straightway coming to the questions posed by Dr. Amol.

1. There is a dearth of research in medical education in this region. The research which is done mostly is regarding evaluation of knowledge gained after different Teaching-Learning methods. Hardly, I have seen research conducted on other topics. I must admit here that I am a new entrant to this field and we do not have access to medical education journals. Therefore, I do not have much information regarding what a few medical teachers who are interested in the field of education research are doing. What I have stated is based on what I know through my interaction with the medical teachers in general.

2. The problems are several:

- a) Medical teachers, in general, are not aware about medical education research. It would be an exaggeration if I state that many of them would not have heard this term also.
- b) Those who know about medical education research, are not aware about the research methodology.
- c) The research questions are mostly irrelevant. They do not have a purpose. There is no vision to bring in change. Mostly, it is done just to write a paper. The researcher himself/herself may not continue to work on the same topic later on.
- d) Research Methodologies are faulty due to lack of knowledge of the methodology.
- e) There is a serious problem related to honest reporting of the result findings. Mostly, researchers know even before starting the study, what to be reported. And, if the findings are not commensurate with what they had earlier thought of, they either will change the findings to suit their personal bias or do not report.
- f) Most of the times, we reinvent the wheel. Because, we do not know what is already known to the scientific world.

It is very important that the medical teachers should have sound knowledge regarding the teaching-learning methodologies and research methodologies. They should also know what is the existing knowledge base.

Saira

Subodh, as we happily and eagerly welcome you back into the discussion, your sweeping and holistic response to Amol's queries on the status and deficiencies of Educational research, just reinstates why you were missed so much. Many thanks for adding elan to the discussion.

Reem,Ravi, Supten, Shital, Komala thanks to you too for well balanced indepth responses. I am sure the expert Amol will get back to us after the content analysis.

Till then please enjoy the discussion as Amol stimulates and segues it through some more interesting aspects.

Mangla

Yes I too agree to the points pointed out by DrSubodh

1. Research in medical education in this region is meagre.

2. The research mostly cover TL methods only. I have not come across in any journal about the research conducted on other topics.

3. Purely any body is associated or having coloboration on biomedical science or basic science, but research in medical education require dedicated induvidual effort or group effort.

4. The term may not be new one but to me it is not very familiar.

2. The problems as I realize are :-

a) Medical teachers, are neither sensitised nor backed by any one to go for the research in medical education

b) No financial, administrative support, no gain in academic field like promotion categorization do not stimulate any body to undertake any such project.

c) Many time the students and the administration may be against any such effort.

d) Yes as stated by Dr. subodh honesty in reporting of the result or findings.

e) Reference for any such project is lacking or meagre.

f) Time scale promotion will fetch the promotion even if no research publications, in case publication is desired biomedical research or research basic science is an easy and definite alternative. so why a difficult topic to invite more criticism and problem.

"Once Dr Thomas sir has reminded me Your topic must be continued and should not be restricted to project of Dr MCDas for PSG FAIMER fellow ship". Yes that should be the real spirit for long term projects on medical education research. Let us hope so in future.

Thomas

Welcome back!

You have summarised well the state of ME Research in our region.

We need to motivate and inspire more and more mid-level faculty to take up the challenge and provide leadership. For that to happen, there is need to build the capacity of mid-level faculty first.

The FAIMER Institute are meant to initiate this process and those interested can then apply for the IFME program if they are sure they want to take up Medical Education as their main area of interest and commit time and energy to it at a priority level.

Thomas

On the topic of trends in Medical Education I found an interesting article which reviews literature and summarises the trends:

It describes four examples of areas in which the community appears to be investing its energies:

1. curriculum and teaching issues,
2. skills and attitudes relevant to the structure of the profession,
3. individual characteristics of medical students, and
4. the evaluation of students and residents.

As most of you have already commented, we are mostly stuck with teaching issue.



trends_in_med_ed_research.pdf

84K

Ashwini

dear subodh, i totally agree with you.

in most of the colleges, there is a ME cell which does not function at all.

it is the time to create awareness first and then train them regarding the principles of medical education research and then go for quality research.

the MCI should look into this matter and start training programs.

Padma

Thank you Dr.Thomas for sharing the article on Trends in med edu research.

Reg curriculum improvement can also be done through the curriculum mapping.

That means the scheduling and reviewing immediately after that period of course for any change and improvement from the students feedback and also from faculties.

All the aspects of discussion in the article were good on the whole.

Amol

Dear All,

Thank you all. I expected 10 responses and got 9. Soon i shall proceed for content analysis and come with the results by saturday. Meanwhile, i am posting some reviewed literature. For some one who is interested to write review article on trends in educational research, i am posting word file of abstracts also.

I am putting another vital question. Please response to it.

How according to you our medical undergradutes are currently learning their subjects? (Please comment on the processes)

Chitra

In my opinion, most of the time they are learning without understanding concepts and also are not able to link what they learn to their clinical material and vice versa

Supten

In many cases only the so-called better students get to study medical and engineering in India. It is said about the IIT students that they would have excelled equally well even if they had been studying anywhere else. In other words, most of the students learn on their own. Occasionally peer-pressure works, especially in hostel environments. Often the seniors guide the students better than the teachers. Moreover, the students and teachers mostly like to study the "questions" that are likely to be asked in various exams.

It may appear surprising to many that Sir William Osler had nearly a century back (Osler W. An introductory address on examinations, examiners, and examinees. Lancet 1913;ii:1047-50) recommended abolishing the lecture method of instruction and allowing students more time to study. He had also emphasized the important role of teachers in helping students to observe and reason.

Ashwini

thats great you have got the number of responses you expected.

i have gone through the abstract. some are really good and have utilised them in the first week. but i am not getting the full text of these articles as i tried in the google and pubmed.

in answer to your question regarding the methodology as to how the medical undergraduates are learning their subjects is

According to me, on the basic sciences is mainly through the textbooks. they reread and practice diagrams. dissection in Anatomy helps them to understand better. some of them do group discussion, some pair up and read.

as we go into clinical subjects they are actually exposed to the reality, they mainly focus on paraclinical subjects again

books are the main input for the students. in the beginning some really interested students go through lot of higher books and give prominence to acquire the knowledge. whereas many are exam oriented .sticking on to small textbooks.

in the proper clinical exams, its again bedside teaching which helps them a lot in addition to books.

on the whole, the medium used to learn is books. they might read alone, pairs or in groups.

now a days, the standards are so pathetic that there actually books which have question and answers for the university papers i.e solved question papers. and students sit and read for the last two months before the exam. and they PASS.

some amount practical learning happen actually in the delivery rooms (OBG) and in the community medicine where they are posted to the rural side.

Feroze

That was a wonderful review.I think you can set about writing a review article yourself!!!.As far as the second question is concerned, I think there is a lot of difference depending on the stage of education.In the pre-clinical stage a big part of medical learning I think is by rote...maybe about 70-30 in favour of rote.This reduces as they progress towards the paraclinical and then pure clinical stage..but even then a good percentage is still pure unadulterated rote I think

Amol

Thanks to Subodh sir, Nalin, Supten, Aswini, Chitra and Firoze. Please go through the review and comment on the second question mailed.

Subodh

To answer your question "How according to you our medical undergradutes are currently learning their subjects?", I would take a different strategy. I will tell how did I (and my friends) study during our MBBS days.

1. Our seniors used to tell us what text books to read. And, we accepted their advice more than what was told to us by the teachers.

2. I had the habit of going through the text books and reference books. But, I used to feel lost. The lecture classes helped us to consolidate what we learned in the books. These lectures will also help us understand the basic concept. After a good lecture, it would become easy to understand the topic. If we try to recall, we mostly remember those sessions where we used to be active; e.g. where we had been asked questions, or when we presented some seminar.

3. However, in my opinion, the maximum I learned was through discussions with my batchmates, seniors and juniors. If I try to think, what I remember now regarding any subject, that is mostly what I had discussed with my friends. I was lucky to have a group of friends who were very serious about their studies. We used to have a very good group discussion when we were preparing for our PG entrance examination. And, this would help us understand even the most complex things.

4. Examinations had their own importance. The fear of examinations used to drive us to learn topics which were considered important for the examinations.

Reem

Q. How according to you are the medical undergraduates learning their subjects?

A. 'Assessment drives learning'. This is very much true with today's undergraduates. In a class of 125 students, maybe 10 would make an attempt to learn a little more than what is stated in the learning objectives. Majority would learn only topics which are important for the exam.

In my institution we have PBL and SDL sessions. Students get an opportunity to take responsibility of their own learning, to get involved in team/cooperative learning and so on.

Also, in the second year, they are required to undertake a research project (guided by a faculty member) which they can complete individually or in groups. They are required to write a small dissertation and present a poster.

These components in the curriculum are meant to make them responsible for their own

Nalin

Truly a million \$ question and here's my 2 cents worth.....

Medical students are learning their subjects just about how they are being TAUGHT & ASSESSED.

The teachers (many, not all) focus on the content of the syllabus that in their opinion (usually based on what has been taught earlier with little room for updating as the course/curriculum document is not regularly revised) is important from the exam point of view so that the college (again, most but not all) maintains a good pass record.

The students prepare to pass exams and base their preparation on 'past papers' and advice from senior students. They only attend the theory classes that are important if the attendance is not compulsory and if it is, they attend classes to meet the minimum requisite attendance %age. They also bunk clinics and practicals ad libitum since the examination has a set pattern which they 'beat' easily without too much of hard work.

So, it basically boils down to an examination centered approach to learning.

Amol

Thanks for your answer to second question. I agree it is a hard reality.

Ravi

Very true! So if you want to change learning styles change the assessment method.

This has been very clearly brought out in another WHO book 'Teacher's guide to good prescribing'

Nirmala

As a response to your second question, the students learn what the teacher want them to write in the exam. As others had pointed out, the evaluation system drives the whole show. our curriculum is always been an evaluatio driven curriculum instead of being a objective driven curriculum. The teachers prepare their students for the completing the assessment successfully and so the students prepare themselves for the same. But surely in this process, they do learn to an certain extent to survive as a successful professional.

Komala

In answer to your question,

How according to you our medical undergradutes are currently learning their subjects?

Although Subodh gave us his own experience, that is exactly what my students' say when asked how they read, they take their seniors advice on what books to read, how much and when to read, which is in turn driven by examinations. And if I have to change their mind, I had to give them proof (show specifically what is deficient in what they are reading and how it will affect their assessment!) They do appreciate a good lecture and are worried when they did not understand the lecture.

One frequent complaint I have come across is that they understood the concepts after reading reference books, but find it difficult to write in the examinations!

And some students say they only study just before exams and their sole aim is to pass the exams.

I agree with Reem, Nirmala, Nalin, Ravi that in most instances assessment drives the learning, but students do appreciate if shown how all subjects are interlinked.

Ravi

In my new medical school we are just starting the process of teaching undergraduate medical students. In my previous medical school in Pokhara I can comment on the learning of Basic Science subjects by the students. In Nepal the basic science subjects of anatomy, physiology, biochemistry, pathology, microbiology, pharmacology and community medicine are taught in an integrated manner during the first two years of the course.

The students basically learn their subjects in line with their assessment requirements. The assessment basically tests factual knowledge and its recall by the students. So students prepare in that fashion. Also the Kathmandu University had published a specification table as a guide for students but the students unfortunately have misinterpreted the table and usually study only topics mentioned in the table. We as faculty members stress the learning of concepts by the students but the assessment system often drives the students to memorize information and reproduce the same in the examinations.

In Pharmacology we stress on problem-based learning during the practical sessions. The assessment system had been designed by us to encourage problem-solving and formation of concepts by the students. One of the exercises is the selection of personal or P-drug by the students based on efficacy, safety, cost and convenience by the students. The main skill is to carry out head to head comparisons of various drug groups and individual drugs. We allow the students to use textbooks in the examination as the main skill is making rational choice of drugs and not memorizing drug information.

On the whole even in Nepal the tendency among undergraduates is to memorize information and reproduce it in the examinations

Thomas

Your lamentation that students tend to memorize information is because the student assessment system has not changed. Since it still measures / values memory, students will continue to do that. If you want to test their analytical skills or self-directed learning abilities, then other methods of assessment need to be introduced.

Padma

I agree with Dr.Nirmala, most of the students learn what the teachers expect them to write in exams mainly to pass.This is mainly due to time constraints... that means they mostly read in last minute just before the exams.

Only few will read to analyse and learn in depth to improve the knowledge.Of course the assessment do have influence in learning style.

Reg other methods like PBL and self-directed learning , we include the questions in the continuous assessment as well as final exams. This way we can involve the students to learn wide and acquire more information on particular topics what we expect them to know.

Amol

Thanks to Ashwini, Supten, Reem, Subodh, Nalin, Firoze, Komala, Padma, Ravi and Thomas sir. Special thanks to Thomas sir for sending article titled 'Trends in Medical Education Research' by Regehr G.

For second question, we got 10 responses. The responses to second question are more elaborate and spontaneous. Now, i am ready for content analysis of answers for first three questions. Once again, i am attaching two pdf files which you may find useful for analysis of qualitative data especially if you intend to dig out 'grounded theory'in qualitative data.

Hope to produce the results by tomorrow evening. Please be ready for the last question along with the results. Very soon, in next week, we shall jump for topics related to funding and challenges in health education research



15methods.pdf

113K

 **content.pdf**
80K

Feroze

Great articles Amol, especially the one on content analysis. Just curious as to how effective (and easy/hard) the software available for content analysis are. I suppose you are using SPSS text analysis?

Shital

I would like to thank Ravi for bringing the "inconsistency" in medical education in Nepal and Thomas sir for pointing out the possible remedy on the question put by Amol for this week's discussion. We have discussed whole month in November concluding that assessment methods should be made objective as far as possible and mixture of assessment methods should be used to have balanced assessment schemes where students use their knowledge to solve the problem and/or show the skills and performs procedures rather than regurgitating the isolated facts in the examinations.

Some "informal innovations" have been seen and practiced within the private and public medical colleges in Nepal for the low staked internal examinations but it has not been taken to the "formal" level in the high-staked university examination. Therefore, students (and faculty) do not normally emphasize on the "formative" and "continuous" types of assessments. Based on my own experiences at Kathmandu University and Patan Academy of Health Sciences, I can say that it is all about leadership and leaders who take decisions on scientific works and need of the society and country. It needs courage and dedication to change the existing system but once it is done (based on the scientific and evidence based methods) then it can bring the much needed change in the system. The questions of "Why medical education is needed?", "For whom?" and "How it is delivered and assessed?" is very important for the medical institution to decide and include it their mission and vision and sick appropriate policies and guidance from the university. Nevertheless, "side-effects" like unethical practice of showing pseudo faculty for the accreditation purpose to commercialize the medical education, encouraging nepotism along with hiring "tired and retired" personnel and discouraging trained and able manpower in the policy formation and key positions are just few examples of the remedies required in our context.

Since assessment is related with the curricular learning objectives and teaching/learning methods, it needs changes in the curriculum and its delivery processes to encourage students to apply their "knowledge" to show their competence rather than "regurgitate" them in the examinations. Otherwise, "Innovations" will not be "accepted" by the authority, faculty and students, which has been highlighted by the scholarly works of the scholars like C van der Vlueten and RM Epstein in medical education.

Amol

I am not using SPSS text analysis. For less than 20 reports, i prefer to do manual content analysis. I even did it for 60 documents. For more than 20 documents, i am using Atlas-ti. You can download it from internet. Here i am attaching information related to softwares for analysis of qualitative data. Decide which one you want. Also read the attached document for more information.

Sundarakumar

sorry for being away for a while

Research, Education research,medical education research

most of us are talking about research methods,data collection methods,teaching methodologies

when you look at the ACGME core competencies it speaks about the outcome of the health care professional i.e. how he/she should be, we stay with knowledge,skill and attitude ?.The challenge for the future medical professional are competence,honesty with patients,patient confidentiality,applying principles of quality in the service,maintain doctor patient relationship,gain the lost trust by managing conflict of interest and professional responsibilities.

The Medical science has been dissected into various specialties which has lead to a state where the cardiologist need not know about back pain ,respirologist need not know about paediatrics

Shall we look for some research in creating a holistic physician sounds

unfortunately this is the state of affair

that was a question to be asked to the students

I may be subjective in answering that ?

They are learning better ? what ever we teach them

the guidelines laid down by the universities are different sometimes it varies between institutions

the students have become bookworms learning more of theory but less focused on clinical skills

The level of interest is also low they dont question us on any issues during the clinical periods even if you stimulate them to ask questions

I came across an interesting article on a term called GROUNDED THEORY which talks about building a theory on based on qualitative data i.e. ground reality called as social research.

The article is for every ones perusal and please do respond to that theory

Amol

Thanks Sunder for your comments. I have included it for analysis. Also thanks to Animesh

Animesh

Sundar, I agree with your views about medical education in this age.

The specialists and superspecialists seem to know "MORE & MORE" about "less and less." That is their vision becomes narrower and narrower...so much so that sometimes common problems are missed out or not dealt with properly. We have forgotten that in developing nations and even otherwise we need physicians who can diagnose and treat Common conditions first and do so properly.

Anyway....let's hope the system is going to change soon.

Chitra

Sundar you have rightly put it and that is the situation of the medical profession today and all the undergraduates want to specialize and become part of the specialist cadre. In this scenario, I do not see anything changing and having holistic physicians. That is why in our country people still believe and trust quacks(those who are not qualified in any system of medicine)

Mangla

Dear participants and Thomas sir,

Whatever be the methods of evaluation, memorisation is equally important. Any method of examination or evaluation whatsoever can not be free from measures / values memory. Students will continue to do that because ultimate aim is to pass the examination. In no examination one is rewarded for his/her previous achievement. The weightage system of marking is not prevalent in medical evaluation. Dr Shital has given two Questions in pharmacology they have validated and following in their university. The answer is given in ditto in the text book. rather the problem is derived and reading the book a student can memorize and it very well.

Though a matter of great concern, students or any person will follow the least difficult method and particularly so when pass- fail is concerned. I have learned from some USA based NRI students why they can not perform well. They are more concerned in very short answer or MCQs, and our system of Long essay, Short essay & very short essay questions are great problems to them. In most occasions the tutorials are waste of time because the students will never come prepared and they neither have any doubts nor they want to participate. Any way it is going to be a mini theory class for revisions.

Ravi

Again taking a diversion I think memorization as a method of learning is very prevalent in Asian cultures since ancient times.

After all in ancient India learning consisted of committing ancient religious texts to memory.

The same was also true of Chinese and the Arabs

Amol

Thanks Thomas sir for sending WHO resource book on FGD. I shall soon read it.

I am Happy to get lots of responses to first and second question and i am eager to do content analysis for collective vision. Saira, i am not expert. I am a student. The moment i accept i am expert of something, my learning process may stop. I would love be a student till my last breath.

Here is something interesting for you all. Before i post the results of our discussion, you may read the

attached documents. I find them very interesting. First documents gives you 15 approaches to qualitative data analysis and second one on content analysis.

Once again i request you all to answer the second question at your earliest

 **15methods.pdf**
113K

 **content.pdf**
80K

Dear Ravi,

Your lamentation that students tend to memorize information is because the student assessment system has not changed. Since it still measures / values memory, students will continue to do that. If you want to test their analytical skills or self-directed learning abilities, then other methods of assesment need to be introduced.

Thomas

II week-Educational research (Results)

[Amol](#)

I am attaching the results for first two questions asked during the second week of December group discussion

[Shital](#)

Thanks a lot for wonderful and thoughtful results..

Week II Discussion ends here

Week III Opportunities and Funding in Medical Education Research

Summary:

Saira opened the discussion yet again and commended the enthusiasm of fellows and appealed to continue the same. Animesh invited all to ponder over the opportunities that exist in medical education and share their views about the current opportunities in the light of lacunae and gaps discussed earlier. He put forth two questions: a) whether there were opportunities of research in medical education and b) if so what they were? Dr Thomas provided Kern's six step framework for opportunities in medical research. Barani added some nice resources and also stressed on the fact that lack of knowledge was more prevalent in research methodology and biostatistics. Animesh added a paper from BMJ and Saira asked the participants to reflect and share in which of the four areas would they favour to work on and why

- 1. Curriculum and teaching issues,*
- 2. Skills and attitudes relevant to the structure of the profession,*
- 3. Individual characteristics of medical students, and*
- 4. The evaluation of students and residents.*

'Curriculum and teaching issues' had the major vote. Evaluation of students (and residents) is an area of expressed interest as well.

Komala agreed that there were definitely many opportunities for research in medical education and they were present from right from assessment of needs, teaching strategies used and evaluating their effectiveness. She also shared the advice of Page S Morahan about developing educational research/scholarship in a stepwise manner, which is to develop, present/publish at the institution level (institution magazine/newsletter), at regional level(e.g. in a non indexed journal), publishing at clearinghouse, abstract presentation at conferencesto publishing at indexed journal.

Padma believed that the Curriculum need to be revised definitely at regular interval.

Animesh attached an article by Wilson and Eagles from Scottish Medical Journal Nov 2008 issue. This article highlights the changes in UG Psychiatry curriculum since the publication of a report 'Tomorrow's Doctors' in 1993. It compares and tells us the similarities in the curricula. It also brings out the prevailing differences in the curriculum at 4 med schools and the reasons for the differences.

Nirmala expressed that the curriculum should suit the individual differences in the students. Hence the curriculum should be framed by analysing the individual characteristics of the students to suit them better - the teaching strategies, evaluation methods and even the content.

Supten attached a paper (2007): "A Curricular Model for the Training of Physician Scientists: The Evolution of the Duke University School of Medicine Curriculum" that elaborates on the concept of "individualized curriculum".

Shital felt that if the teaching/learning and evaluation of "pure curriculum" is only confined to assessment of "knowledge and skills" and not much emphasis is given to the assessment of "attitude" then the whole idea of having "individualized curriculum" might not be relevant. Furthermore, according to him assessment of "hidden curriculum" is must and must be instilled

in the institutional goals and objectives if we want to "individualize" the curriculum. He expressed that given the resources, the teaching strategies might be different but he wasn't sure whether different evaluation methods for individual students can be implemented. He didn't believe that the contents should be different for each students.

The discussion reached a conclusion that there are ample opportunities in educational research and we need to make people aware of these. More importantly we need to disseminate and publish the work in this area so that people take a note.

Animesh moved on to funding issues and asked the participants to think of it in the light of their own FAIMER projects. However, the festive season and approaching New Year had its toll and the inputs diminished. Animesh concluded by uploading a few resources and published articles on funding.

Transcript of discussion

Dear FAIMERly,

We are grateful for the overwhelming responses from all those who managed time from their hectic schedules to contribute to the cause of collective wisdom. If Amol has stimulated our thinking by trying to map the current practices in student learning and attempted a search of gaps in educational research, we are awed the responses from the think –tank that the group is!

If obstacles are such, then what are the opportunities?

We have yet another A(ce) batsman to bowl you over this week. Animesh will lead the discussion this week to harness the group's ideas/comments /experiences on **how** we can make the most of the current situation and contribute to enhance medical education research by optimizing **opportunities**, given your commitment and innovation.

We also invite faculty inputs on funding and other pertinent logistics to carry the research (and thus the discussion) forward.

12 out of the 16 fellows (wow!) of the 2008 batch have participated in the two weeks of discussion so far. Commendable and thanks fellas for your enthusiasm! 2007 fellows, time for the rest of you to make your voices heard.

With sincere appreciation to all those who are spearheading the discussion and appeals to all the others who are waiting to follow suit we hope you continue to enjoy the learning experience

Saira

14/12/08

Dear Saira & Reem,

Thank you so much for the wonderful introduction and setting the stage for the 3rd week discussion on Educational Research.

Dear FAIMERly,

As already pointed, we are stepping into the 3rd week of discussion on this month's topic "Educational research". This week we would be focussing on Opportunities and Funding in Educational Research.

So far, Ashwini has introduced the topic and steered the discussion very well. She's given us some excellent references and resources and steered the discussion very well before handing over to Amol. We have been introduced to the current concepts. Amol has very meticulously helped the group dissect current practices and the gaps. This week its my turn to lead the discussion and with your co-operation and support and inputs and guidance from faculty and seniors I'm sure we would have fruitful and delightful learning.

Now let us consider **how** exactly can we make the most of the situation by overcoming the obstacles and optimizing with opportunities. Given the commitment & passion for medical education and innovation, I'm confident that the fellows will come up with some great ideas and suggestions.

So before we proceed, I invite you all to ponder over the opportunities that exist in medical education. Kindly share your views about the current opportunities in the light of lacunae and gaps discussed earlier this month.

Try to answer the questions

1. "Are there Opportunities of research in medical education?"
2. If so, what these are?

You need not restrict to these only though.

We would like to hear from all of you. Please do contribute for an enriching learning experience.

Regards,

Animesh

(December Discussion group)

P.S. - I look forward to **all 16 fellows of 2008 batch** actively responding and contributions of 2007 fellows as well. About the faculty, I know they are observing and do chip in with words of wisdom very often and always there to help and guide us in need.

Dear FAIMERly,

To respond to questions raised by the discussion leaders "Are there Opportunities of research in medical education?" & . If so, what are these ?, I would suggest you respond by looking at the framework I have attached as a powerpoint since this framework has been quoted extensively in literature.

The use of this framework will also stimulate you to think and reflect on the opportunities in your respective institutions. Just give it a try and you will be amazed at the wide spectrum

Thomas

Attachment:

Kern Six Steps.ppt

Dear Faimerly,

The article medical education and research: challenges and opportunities, in radiology research from this link, <http://radiology.rsna.org/cgi/content/full/240/3/639> has stated that , Current radiology education research is predominantly a volunteer effort on the part of faculty who have considerable clinical and administrative responsibilities. There is no common voice for radiology education researchers and no national research agenda. As a result, the investigations tend to focus on short-term outcomes with small sample sizes and yield results that are usually not generalizable to the general radiology community.

An article, regarding the lack of knowledge in statistics among medical residents is from the link <http://www.sciencedaily.com/releases/2007/09/070904162016.htm> Science News, has emphasized the importance of statistical knowledge for medical research. Herewith attaching the articles.....

I would like to emphasize in this discussion, though opportunities are more in medical research, lack of knowledge in research and biostatistics is still prevailing which should be looked into and necessary steps to be taken to enhance a really qualitative research in all fields of medical education. It is better to give training for the project / dissertation guides to bring a better and useful research in medical education.

Barani

Attachments:

Statistics knowledge.pdf

Statistics knowledge residents.doc

Dear Barani,

Thanks for sharing the wonderful paper on common statistical errors (Ercan et al, 2007).

Andrew J Vickers had run a series of articles in Medscape on such issues.

1. <http://www.medscape.com/viewarticle/540898>
2. <http://www.medscape.com/viewarticle/546515>
3. <http://www.medscape.com/viewarticle/566912>
4. <http://www.medscape.com/viewarticle/570072>

Also, an open access article on PBL for teaching statistics to medical students is available:

5. <http://www.biomedcentral.com/1472-6920/4/31>

With warmest regards

Supten

Dear Supten,

Thanks for your article on PBL for teaching statistics to medical students. I could not access the series of articles in Medscape as it requires registration.

Barani

Dear Sir,

Thank you very much for the guidance and advise.

We look forward to inputs from participants.

regards,
Animesh

REMINDER

Dear FAIMERly,

We have been discussing and following this month's topic – Educational Research. It has been a good learning experience till now with inputs from all of you. We look forward to same zeal and enthusiasm to continue in the coming days and weeks to follow, what with holidays and festive season, the FAIMERly will always have time to spare for their passion.

Continuing the discussion forward, this week we would look into the Opportunities and Funding in Educational Research. We are planning to have discussion on Opportunities in the first 3 days that is till 17th Dec and then focus on Funds needed for such research and if they are available or if not, then how to generate them towards the second half of this 3rd week of Dec discussion.

So, I request you all to share your views on the Opportunities that are available in Educational research. How can they be tapped and how can we generate opportunities to come out with meaningful studies in Educational research.

Kindly mail your replies and responses quickly by the end of today if possible. It will help us progress with discussions.

Regards,

Animesh..

Appended below is the partial text of my earlier mail initiating the Week III discussions.

"So before we proceed, I invite you all to ponder over the opportunities that exist in medical education. Kindly share your views about the current opportunities in the light of lacunae and gaps discussed earlier this month.

Try to answer the questions

1. "Are there Opportunities of research in medical education?"
2. If so, what these are?

You need not restrict to these only though.

We would like to hear from all of you.. Please do contribute for an enriching learning experience."

Dear Supten and Barani,

Thank you very much for the resources and references.

Need some time to go through. Will get back later.

Barani, I had already downloaded that reference from Radiology Journal on "Med Education Research: Challenges and Opportunities" by Collins. You have made my job easier. Thanks.

I'm attaching the pdf of the same article for the benefit of those who couldn't read or would like to download and keep a copy.

Regards,
Animesh

Attachment: *Med Edu Research Challenges and Opportunities*

15 Dec 2008

The December group really needs to be applauded for the wonderfully organized handling of the ML-Web session, the division of labour and the transitions from topic to topic have been perfect!

As far as Animesh's question is concerned I think the earlier article by Collins attached by him summarises the whole story - the major limitation is quoted in the article

"It is rare for medical education research to show a relationship with health outcomes. Many obstacles prevent this from being easily accomplished. The time between delivery of an educational program and measurement of patient or health outcomes can be very long, especially when the focus is on medical students"

I suppose groups like our FAIMER must be at the fore-front in publishing more and more work to demonstrate the benefits of medical education research, which in turn may convince the decision makers to allocate fund to furthering such research. By the same logic I think the focus at present should be on short-term benefits of medical education research rather than on long-term benefits.

Regards

Feroze

Dear Dr.Thomas, Feroze and friends,

Feroze, thanks to your and the group's enthusiastic participation we are able to modestly steer the discussion to a purpose.I agree with you that research has to come forth in small measured but sure doses from each of us to make it visible and add to the difference as a whole

Thank you Sir, for triggering the discussion on opportunities, through David Kern's six step approach for curriculum development. While we wait for your responses friends I would also like to draw your attention to the article on 'Trends in Medical Education Research' (Glenn Regehr) brought to our notice by Dr.Thomas earlier in the discussion (Subject Head : Week II_Current trends in Educational Research, Dec 11).

Which of these areas would you favour to work on and **why**

5. Curriculum and teaching issues,
6. Skills and attitudes relevant to the structure of the profession,
7. Individual characteristics of medical students, and
8. The evaluation of students and residents.

Give it a thought and let us know.

Enjoy the learning

Warm regards

Saira

December discussion Group

Dear Saira and friends,

Thanks for prompt responses.

Saira, its nice of you to have chipped in with nice words and also having invitred discussion on the topic by stimulating some thinking and brainstorming.

I look forward to more responses by tomorrow.

To answer Saira's question:

Personally speaking, I would like to work in the 1st and the last areas, namely Curriculum and teaching issues and the evaluation of students and residents.

The reason being that I believe these are the areas which have a lot of potential for improvement. The curriculum needs to change as we are still following ancient things in some areas. Besides our exam pattern needs to be modified for an all round assessment of the students and residents and also to make sure that they are not just paper tigers but know the practical stuff.

Thats for now.

regards,
Animesh
(Dec Discussion Group)

16 Dec 2008

Dear Saira and Animesh,

Thanks a lot for triggering the discussion.

Regarding Saira's questions, I would be comfortable working on **Curriculum and teaching issues, Individual characteristics of medical students and the evaluation of students.**

In my institution, there is considerable amount of flexibility to implement curricular changes, to implement new teaching and assessment interventions and to evaluate the impact of these changes.

Individual characteristics of medical students, for eg: learning approaches adopted by medical students is one of my favourite area. I feel determination of individual characteristics such as learning approaches, learning styles would help in determining the learning outcome, also helps in identifying the students at the risk of failure.

Regards,
Reem

Dear All,
Anyone can register for Medscape (and eMedicine) for free. Please sign up at the interface:
<https://profreg.medscape.com/px/registration.do?cid=med>
With warmest regards
Supten

Dear Saira and All Others,
Responding to your query, I am very much interested in working on curriculum and teaching issues. I fully agree with Lempp and Seale (2004): <http://www.bmj.com/cgi/content/full/329/7469/770> who say that "Recognition and reform of the hidden curriculum is required to achieve the necessary fundamental changes to the culture of undergraduate medical education" where the "hidden curriculum" is "the set of influences that function at the level of organisational structure and culture including, for example, implicit rules to survive the institution such as customs, rituals, and taken for granted aspects"
With warmest regards
Supten

Dear Saira and others,

Curriculum and teaching issues are the core area to be concentrated and concerned, they should be modified and planned accordingly to the individual characteristics of the students and could be incorporated in the teaching process... Certainly the evaluation of the students should be our step next to make an improvement in the students performance.

Barani

Dear Supten,

Thanks for your information regarding registration.

Barani

Dear Supten, Barani aand friends,

Thanks Supten for pointing an important link to the group.

I registered last year for "Public Health and Prevention" . Yes, the updates and email alerts are particularly useful.

Warm regards

Saira

dear Animesh,

yes, there is a lot of scope for medical education.
because we still are at the level of acquiring knowledge regarding medical education (in most institution).
FAIMER is doing a great job in opening up oppurtunities for young aspirants.

only when we do more and more of educational research, will we really know the pros and cons of different aspects of medical education (teaching learning methods, assessment, program evaluation etc), and what is actually practically applicable.

for eg: in our institution we started doing INTEGRATED TEACHING , we used to put up topics, stuedents to prepare and come.

it went on for a few weeks, but then due to very poor response of the students. it has been stopped. so we need ot evaluate why the program failed. so thats reality show.

so we need to expose our faculty the different scopes in medical education.

miles to go before we sleep

miles to go before we sleep

regards

Ashwini

Dear Animesh, Reem, Supten, Barani and friends,

Thanks for your prompt responses and diverse and interesting at that!

'Curriculum and teaching issues' has the major vote, so far. Well all our curriculum innovation projects for FAIMER fellowship stemmed from that interest.

Well, not all...as Reem has expressed studying (Individual) Characteristics of students could be informative. (Actually, I was going to use the word revealing, but with bio ethicist Nalin around the corner I had to be careful on the choice of words!)

Evaluation of students (and residents) is an area of expressed interest as well and why not when we are eager to measure how far the learning has happened?

Ask Shital and Ravi, they are going to say 'Skills and attitudes relevant to the structure of the profession' are definite areas for opportunities in educational research

Supten has brought in an interesting dimension (what's new?) through Lempp and Seale's article on 'hidden curriculum' . Novel and singular, wasn't it? I am sure there are **other areas of interest** where you can tap opportunities for research.

We are awaiting responses from all our FAIMERly, friends and faculty, for shaping educational research opportunities.

Warm regards

Saira

December discussion group

P.S: Please don't worry about the semantics, it was said in a lighter vein.. Time to type in as it flows.. Go ahead!

Dear Animesh,

December group for doing a great job so far, I feel that the topic of this week- Opportunities and Funding in Medical Educational Research is particularly interesting.

In answer your questions; there are definitely many opportunities for research in medical education. Opportunities are present from right from assessment of needs, teaching strategies used and evaluating their effectiveness. I would be interested innovative teaching-learning methods and also tailoring the teaching-learning methodology to individual students ability/needs. Last year at NCME, I had attended the workshop on -Educational Research and Scholarship Development. Page S. Morahan, one of the faculty gave us many practical steps to **convert our routine educational activities in to educational research**. I especially liked the advice about developing educational research/scholarship in a stepwise manner, which is to develop, present/publish at the institution level (institution magazine/newsletter), at regional

level(e.g. in a non indexed journal), publishing at *clearinghouse*, abstract presentation at conferencesto publishing at indexed journal.

Regards,

Komala

Dear Animesh, Barani, Supten,

Thanks for attachments.

I strongly agree you all because of **lacunnae** in statistical knowledge there are errors at every stage of research occur, not only in medical education but all reseach work perhaps.

It can be solved by improving personal interest of an individual in statistics who involved in research.

Regarding **opportunities**, there are plenty but it may not be feasible because of other responsibilities, time constraints etc.

But we could make it feasible within our limit, like for example pre-clinical researchers (for any laboratory analysis) can collaborate with clinicians(get data from patients etc).

Regards

Padma

Dear Komala, Saira and others,

I personally interested in Curriculum and teaching issues, since the introduction of current modification in curriculum will itself bring out improvement in skill, knowledge, attitude among students.

Curriculum need to be revised definitely at regular interval (say every 4-5 years), to bring out the efficient teaching methods which ultimately improve the quality of students by their change in learning styles etc.

Regards

Padma

Dear Padma and Komala,

Many thanks for your inputs and responses.

I do agree that there are opportunities existing for research in medical education. In fact there is a lot of scope and we just need to have interest and an eye to look for.

I do agree that the curriculum needs periodic revision. However, this would have to be affected by the regulatory bodies like MCI in India and this too should be done universally except for a minor variation depending on local needs within the wide framework and stipulated guidelines.

I'm attaching a nice article by Wilson and Eagles that I just came across last night. This is from Scottish Medical Journal Nov 2008 issue.

It highlights the changes in UG Psychiatry curriculum since the publication of a report Tomorrow's Doctors in 1993. It compares and tells us the similarities in the curricula. It also brings out the prevailing differences in the curriculum at 4 med schools and the reasons for the differences. The article culminates in some suggestions for the future.

I'm sure it would make an interesting reading and all the more when we are talking about educational research and curriculum changes.

I hope Feroze, Sundar and Das Sir are taking a note.

Regards,
Animesh

Attachment: Changes in UG Psychiatry teaching since Tomorrow's Doctors

Dear Saira and Dec group,

To respond to your query, I would like to work with curriculum and teaching issues and the individual characteristic of students. The curriculum includes from objectives to methods of evaluation. One thing I would like to express is the curriculum should suit the individual differences in the students. Hence the curriculum should be framed by analysing the individual characteristics of the students to suit them better - the teaching strategies, evaluation methods and even the content.

With warm regards
Nirmala

Dear Nirmala,

Thanks you for the response.

However, I'm not quite sure of how to go about having an individualised content and curriculum.

May be other members like Shital could chip in with some help.

I also request the faculty and 2007 fellows could throw some light and advise.

Regards,
Animesh
(Dec Discussion Group)

Dear Animesh,

Thanks for posting the paper by Wilson and Eagles (2008) that says: "psychiatrists have experience in researching complex areas of human interactions, and are well-positioned to evaluate and develop medical education." Perhaps Sylvester could enlighten us further!

I am attaching a paper (2007): "A Curricular Model for the Training of Physician Scientists: The Evolution of the Duke University School of Medicine Curriculum" that elaborates on the concept of "individualized curriculum".

With warmest regards,

Supten

Attachment: DUSM – Model.pdf

Dear Animesh and Nirmala,

Nirmala has raised a very important point and I must admit that I don't know, at this stage, how to make the curriculum responsible for individual students and their characteristics. What I know is every students are different but when we expose them to an uniform curriculum, teaching/learning methods and evaluation schemes then we will be able to note the individual differences through evaluation of "pure" and "hidden" curriculum. Nonetheless, if the teaching/learning and evaluation of "pure curriculum" is only confined to assessment of "knowledge and skills" and not much emphasis is given to the assessment of "attitude" then the whole idea of having "individualized curriculum" might not be relevant. Furthermore, assessment of "hidden curriculum" is must and must be instilled in the institutional goals and objectives if we want to "individualize" the curriculum.

As you can refer to our FAIMER project that we are able to develop 29 desired attributes for our graduates and recently our colleagues working in the Faculty Development has also come up with similar attributes for faculty too. The concept of "role model" and "mentor" is becoming more frequent than ever in my institution. In addition, the Medical Education Unit, on the other hand, has revised the 29 qualitative attributes into 15 "measurable" attributes. We plan to use them in our program evaluation as assessment of "hidden curriculum" which will be embedded into different assessment schemes e.g. PBL process evaluation schemes and clinical teachings and practices. So, I think there should be an institutional policy to instill "individualized curriculum" in medical education.

Given the resources, I think the teaching strategies might be different but I am not sure whether we can implement different evaluation methods for individual students. I don't think contents should be different for each students.

Hope this helps and look forward to have more from other fellows and faculty.

With warm regards,

Shital

Dear Saira and Colleagues,

You have analyzed me (and Ravi?) well. I am a firm believer that "Skill and, most importantly, attitude relevant to students" are the most important areas to focus researches in medical education as we have very few concrete studies and evidences from our settings and thus have more opportunities. They are fundamental to produce "technically competent and socially responsible" physicians as espoused by my institution: PAHS. This means that analysis of "pure" as well as "hidden" curriculum is luring us to research in these fields of medical education. Having said that, I also see opportunities in student evaluation especially on the need and implementation of scientific "standard setting" in medical education. I think research on individual student's characteristics is very important but it takes a lot of time to record and analyze the results. Thus, it should be a part of research on "program evaluation".

With warm regards

Shital

Dear Shital, Nirmala and friends,

Thanks for the insights and wisdom.

Warm regards

Saira

Dear Shital,

Thanks for the response.

I too am still not certain on this issue and haven't come across any paper yet. I wish faculty could enlighten us further on the issue.

Even the paper attached by Supten on Curricular model for the training of Physician Scientists at Duke Univ School of Medicine gives a very good description of how the various strategies failed and finally how they arrived at the curriculum. It makes for a very good reading and is worth keeping.

Regards,
Animesh

Moving on further

Dear FAIMERly,

Thanks a lot to all the contributors for sharing your views on the Opportunities that are available in Educational research. We are unanimously agreed upon the fact that there exist opportunities and potential areas in educational research and that can they be tapped to come out with meaningful studies in Educational research.

Though, as pointed out during the discussion, lack of knowledge in research and biostatistics is still prevailing there are ongoing efforts to give training for the project / dissertaion guides to bring about better and meaningful research in medical education. At this stage some of them may be at a very preliminary stage and there may exist lots of hurdles and obstacles. However, this is going to change soon (I'm an Optimist you see) and I also would like to exhort FAIMERly and fellows in particular to spread the awareness.

Coming to the different areas preferred for research in medical education as per the members, 'Curriculum and teaching issues' seems to be the favourite. Though there are other areas like studying students characteristics and assessing attitudes and skills and even Evaluation of students (and residents) is an area of expressed interest as well.

As Komala has quoted Page S. Morahan's advice about developing educational research/scholarship in a stepwise manner, I'm sure we can all try pursuing students and faculty in our institutions.

So to sum up, the group so far agrees that there are ample opportunities in educational research and we need to make people aware of these. More importantly we need to disseminate and publish the work in this area so that people take a note. And after all this, we should try to come out with useful and meaningful research which can be translated into practice or can change the existing system for better.

Now we would move further and focus on the Funding required and the funds available to take up such research. This would form the topic of discussion till this Sunday before we go on to next segment on "Challenges."

Please do watch this space (and your inbox) and contribute your ideas to make this a fruitful learning exercise.

Regards,
Animesh [December Discussion Group]

18th Dec 2008

Week III – Funding in Educational Research

Dear FAIMERly,

I thank you for your participation so far. We had a good discussion till now and have a consensus on the issue of existing opportunities in the field of educational research. Now we

move on to next segment of week III discussion. This deals with Funding of Educational research.

Before we do so, I invite you to share your ideas and experiences about funding. I would like to know **what do you think about the availability of funds for educational research?**

Are they available? Are they adequate?

And most importantly, **how much funding does an average educational research project needs?**

Kindly do contribute generously to enrich our knowledge and make us wiser.

Regards,

Animesh

[December 2008 Discussion Group

Week III Discussion ends here

-----x--x---x---x---x---x---x-----

Week IV

Challenges in Medical Education

Summary

Ashwini and Saira initiated the discussion and asked four questions:

- 1) have you taken up any educational research project (including faimer)*
- 2) what factors have been favourable in planning, execution and results and analysis , publication of the project results*
- 3) were there any challenges you face /facing at all these levels mentioned above.*
- 4) if so, what were these and whether it was at departmental level, institution level (please specify)*

Prompt responses began to trickle in and Chitra, Reem & Amol were the early birds to respond. Most of them had some research projects in educational research. Saira and Ashwini shared the result analysis of the questions. In the light of FAIMER project, most felt that they were able to sail there were some hitches at the departmental or institutional level with most

having problems with colleagues as well. One notable observation was that none except one had any problem with funding.

Transcript of Discussion

21 Dec 2008

dear Faimerly,

we now have had a bird's eye view of basics of educational research. a result analysis of the current trends in medical education research, and also the funding and opportunities in medical education.

with all this, many of us have already done projects in medical education, including the current one under Faimer. under faimer, we all must have gone through the above said aspects of conducting a medical education research. during this process, some aspects may have been favourable and some steps might have been really difficult.

let us by ourselves analyse what has happened during this whole process of research projects.

please answer the following with respect to the educational research projects which we have done or are doing.

we expect unbiased responses so that we can analyse and discuss the important issues that come up in these responses and get each one's opinion, senior fellows experience and also the faculty responses and advices.

1) have you taken up any educational research project (including faimer)

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results

3) were there any challenges you face /facing at all these levels mentioned above.

4) if so, what were these and whether it was at departmental level, institution level (please specify)

in general, please give your opinion about what are the challenging factors in medical education research project.

please give your responses within two days so that we can analyse and take up issues of importance for discussion.

it would be very helpful and beneficial if the senior fellows also put in their responses.

waiting for your valid responses

thank you

regards

Ashwini and Saira

Dear Ashwini and Saira

Here are my responses

1) have you taken up any educational research project (including fairmer) Yes

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results Support of the Medical Education Unit and the institution as a whole have been most favorable

3) were there any challenges you face /facing at all these levels mentioned above
Main challenge is whatever said and done all these extra learning tasks are like the lone crusader you chug along alone.

4) if so, what were these and whether it was at departmental level, institution level (please specify)

Colleagues are not ready to stretch themselves a little more to do go beyond the daily activities inspite of knowing that they are also benefited

The enthusiasm to be a learner all through ones life is missing.

So I find that I am doing my project alone!

Other wise you should be the boss and people have to do it even if they do not want to!

Regards

Chitra

Dear Ashwini,

Here are my responses....

1) Have you taken up any educational research project (including fairmer)

Yes

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results

The support extended by my Dean, HOD and colleagues in the department, my students who are open and flexible to new strategies had been and is being considered as factors favourable in the planning and execution of all projects.

Regarding the analysis and publication of the project results, I am blessed with an approachable and knowledgeable statistician.

3) Were there any challenges you face /facing at all these levels mentioned above.

Yes.

4) if so, what were these and whether it was at departmental level, institution level (please specify)

Sometimes, due to time constraints (packed curriculum) I have not been able to implement the projects in the exact manner which I wanted it to be implemented.

In general, I feel we have to convince our colleagues that medical education research offers convincing and encouraging results as any other field, if properly planned and executed. This is a great challenge. Another challenge is to convince them that medical education is a rewarding field, like other fields.

Regards,
Reem

Dear Ashwini and saira,

1. Have you taken up any educational research project (including fairmer): Now implementing
2. what factors have been favourable in planning, execution and results and analysis , publication of the project results: Support of my supervisor and HOD
3. Were there any challenges you face /facing at all these levels mentioned above: Co-operation from other departments
4. if so, what were these and whether it was at departmental level, institution level (please specify): At Institutional level

With regards

Amol

dear chitra, amol and reem,

thank you for all the responses.

waiting for some more interesting responses

regards

dear amol. can u specify whta problem was faced at istitutional level

Ashwini

Dear Ashwini,

Problems at Institutional level

1. Most of the higher authorities fear that the researcher may demand funds or extra resources for research activity. However, the research findings have shown that funding improves the quality of research. There is great apathy to pay for it. There is ample funds available for bio-medical research.

2. As it has been pointed out earlier, there is serious lack of awareness about educational research among faculty members. Even i did not know about it before joining FAIMER program

With regards

Amol

Dear Ashwini,

I am giving response

Q1. Yes. Now undertaking educational research project

Q2. My medical unit, research unit, Dean are encouraging and contribute to my work also. I havenot yet to the stage of analysis, I hope there will not be any problem, since many persons are having statistical knowledge.

Q3. Yes, (to more than average extent)

Q4. At the level of colleague, not contributing much interest could be due to time constraints and not aware of future benefits what they get out of the current project (they want only their name put in the project, without much knowldge contribution)

Regards

Padma

Dr Ashwini,

Here I add few of my experiences to some project, one can not strictly claim to be an educational research.

1. Yes besides the present project of FAIMER, in the past I had to take a project as part of National teachers training Program(NTTP) - the project was "Students response to traditional versus AV aided classes" and the second one is "Factors deterring the performances of students in the University examination, role of lectures and discussion classes" .

2. As HOD has been very kind, Co-operative and dynamic, I was able to collect the materials in form of questionnaire, with some planning. Execution was fine. The problem was with protocol designing and publication. The journal to which I sent for publication returned with excuse that it is not in the scope of the journal. It may be lack of my knowledge about other journals dealing exclusively on such project. The Head of Institution raised some point of objection.

3. The challenges at that time in 1994 & 1996 are to convince the HOD, students that it is meant for research only and their feedback may help us plan for better classes. The questionnaire will be anonymous so will not affect their answer. It was a great challenge to convince and comply the Principals objections. All faculty members helped me once they are convinced with long persuasion. The other challenge was finance, I have to arrange myself.

4. The projects had basically two aims at the beginning; departmental level feedback at the beginning, basing on the result as a pilot study the Institutional level information are to be collected.

Lack of Financial assistance and restriction of The principal for departmental level; the Institutional level information was deleted from the project.

Projects were

a. "Students response to traditional versus AV aided classes"

b. "Factors determining the performances of students in the University examination, role of lectures and discussion classes" .

Dr.M.Ch.Das.

Dear friends

I am out of station and will be back in Lalitpur on the 25th.

I will try to answer your questions when I return

Regards

Ravi

Dear Ashwini, Saira and all,

Here are my views....

1) have you taken up any educational research project (including fairer)

Yes, I have taken up a project before and at present fairer project is in process.....

2) what factors have been favourable in planning, execution and results and analysis, publication of the project results

At present in the process of executing the planning activities from Gantt chart...Gantt chart planning was very helpful for execution.

3) were there any challenges you face /facing at all these levels mentioned above.

Going on smoothly at present and help from few of my colleague is also very useful for carrying out my project..

4) if so, what were these and whether it was at departmental level, institution level (please specify)

in general, please give your opinion about what are the challenging factors in medical education research project.

Challenging factors in medical education research project:

Cooperation of the faculty
Working environment
Cooperation of the students
Help from colleagues
Top Management

Barani

Dear Ashwini and Saira,

My response for your questions:

1) Have you taken up any educational research project (including fairmer)

Yes

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results

I have not yet published it. But the support of the HOD and my colleagues were my boost.

3) were there any challenges you face /facing at all these levels mentioned above.

I found it little difficult to involve the students as they are used to the traditional learning. and our students are always busy with their strict schedule. To get them for an hour was a challenge for most of the time.

4) if so, what were these and whether it was at departmental level, institution level (please specify)

At the departmental level as well as at the institutional level. But if you ask about the involvement of the faculty, it is only at individual level. i.e only the researcher(me) has to carry out the research and most of the time it is forgotten later.

regards,
Nirmala

dear nirmala,
thank you for the response.
regards
Ashwini

CHALLENGES IN MEDICAL EDUCATION

First of all, I would like to thank all the fairer fellows who have contributed to the questions put on the listserv regarding their personal experiences in carrying out an educational research project.

Before we go onto the discussions in this regard, I would like to put in my experiences during the conductance of educational research project. I have taken up a few projects till now, including Faimer.

My experiences have been wonderful. There has been satisfaction as well as certain doubts regarding the methods, data collection i.e sampling , results, program evaluation. I am yet to go in for publication of these results.

When I was conducting these projects, I have faced difficulties at all levels.

The **most positive aspect** of my projects was that the **students were eager to try out the new methods**. (this is to specify my projects are mainly on teaching learning methods improvisation). **Second positive aspect was good cooperation** from the **Head of department, and the institution head**.

Third has been **good infrastructure** available to try out new methods.

Negative aspects, are convincing **my colleagues into team building** due to time constraints and motivating them to come out of their comfort zone and putting extra efforts.

And one more issue in my department is, though a few staff members have been stimulated to take up small projects, it has been difficult to manage, the new method with the existing method. So we have to do these interventions without disturbing the existing method. And so the HOD finds it difficult to give consent though she is encouraging.

With this I would like to bring in a few points of challenges in medical education from my point of view.

First of all, we need to ask a question, why do I need to do research in medical education, what is wrong in the present system. For this, we need to be **AWARE** of the present system and the trends in medical education. So the **first and foremost challenge in medical education research is the lack of knowledge or awareness in equal quantum among the educators.** This is lacking very much in our country. There are medical teachers who do not understand the term medical education especially on the clinical side. And this depends on how active the medical education cell is in the institution.

We need to tackle this may be doing more faculty training on a large scale i.e at a higher level (MCI level).

Once the awareness has been created, we need to ask one more question, what can I do in my field, what are the lacunae in the present system, how could I improvise it. All these thought processes can be facilitated by a good literature review and I am confident that definitely, **there will be development of ideas.** After this, we need to know whether our thought process is right and for this reassurance is a must. This can be tackled by expert opinion, peer group opinion. This can happen only when there is good networking inbetween institutions, regions and countries. So **NETWORKING** is one of the challenges we need to accomplish. I think, **FAIMER has done a fabulous job by this networking, we are able to communicate, interact and broaden our horizons through ML WEB LEARNING. Thank you fairmer.**

Once the idea has been developed, next comes the methodology. This may be regarding data collection, sampling, effective utilization of available/produced data for effective conclusions.

One of the articles, discusses the ethics and privacy issues related to the use of routinely collected educational data for medical education research. They conclude with the following recommendations for researchers:

- store data in segregated files so names and demographic data is not linked with scores or measures
- data should be used only for the single intended purpose; then the specifically created file must be destroyed
- ethics committees, even at multiple sites, should review all studies if it is interdisciplinary or multi-centered study
- use de-identifying techniques to protect all concerned .

and for all this we need proper infrastructure, good funding and proper channelisation of storage of data.

I think we need to address this issue.

Once the methodology has been conducted, results been validated. We need to question the most important issue, **is how reliable or valid are the conclusions**. This is because, the **sample size** which we do are actually **small** for us to generalize the conclusion.

There are many factors that come into play when an intervention is used and the results are got.

- time gap between the intervention and production of results,
- the IQ level among the study group and the control group ,
- attitude of the students towards the intervention.
- The results may not be the same when applied to another group in a different institution.
- There may be variation in the results between regions.
- And the last one , " **is the greatest challenge in medical education research is linking the content and method of medical education to the quality of physician care and patient health outcomes.**" (from the article attached)

And another most important aspect, is **REGARDING PRODUCTION OF QUALITY EDUCATIONAL RESEARCH**. This can happen only by quality training and this inturn is possible by presence of skilled expertise medical educators.

Other challenges are

- a) good motivation**
- b) proper funding**
- c) ethics in research to be followed.**
- d) The burden on the students being used as tools for our intervention.**
- e) Time constraints**

I hope I have been able to summarise some of the challenges in medical educational research. The link <http://radiology.rsna.org/cgi/content/full/240/3/639> addresses challenges, funding and opportunities in medical education..

Let us open the topic for discussion.

Please opine regarding these issues, put your point of view for a fruitful discussion.

The analysis of the responses are on. Waiting for a few more responses and by thursday, I will be able to come out with some results.

Thank you,

Regards

Ashwini and Saira

Dear Ashwini,

In response to your queries

1) have you taken up any educational research project (including fairmer)

Yes,

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results

One of my professor got me interested me in medical education and also encouraged and also has guided me in educational research project. Also my colleagues have been helpful. Other factors are cooperation of students and the support of principle and head of the department.

3) were there any challenges you face /facing at all these levels mentioned above

Yes

4) if so, what were these and whether it was at departmental level, institution level (please specify)

During first project, I had difficulty some in analysis of my research project because the statistician was very busy and I had find another who was willing.

As it has been pointed out earlier, lack of awareness about educational research among faculty members is a major factor, Lack of time and interest are other challenging factors in medical education research project

Regards

Komala

Dear Ashwini,

Here are my answers to your queries:

1. Yes, I have taken research projects including FAIMER.

2. The encouragement from authority has been instrumental in planning and colleagues working in the Medical Education Unit are helping each other to generate new ideas and going through the work. The execution faced some difficulties with initial hesitation but analysis was easy because of simple and straight forward project. Now carefully going through the results and trying to write a scientific paper and intend to present it in an upcoming Medical Education Workshop and publish it in peer reviewed and indexed medical education journal.

3. There was initial hesitance from the faculty to participate in the project but it is going smoothly as I was able to explain the importance and relevance of the research.

4. The problem was departmental/individual.

Hope this helps.

With warm regards,

Shital

dear komala and Shital,

thank you for the responses

dear shital,

can u please explain as to what was the problem at departmental level and individual level so that it becomes easier to categorise

regards

Ashwini

Dear Ashwini,

It is regarding a new project on medical education where faculty from various departments initially did not participate in one of the component (module) citing the lack of knowledge and/or due to the time constraints.

With warm regards,

Shital

dear fairmer:

i am againing puting up the questions for challenges in medical education. any one of the fellows who have missed due to year end celebrations. please give in your responses so that i can put up the cumulative responses.

regards

Ashwini and Saira

dear Faimerly,

we now have had a bird,s eyeview of basics of educational research. a result analysis of the current trends in medical educatio research, and also the funding and oppurtunities in medical education.

with all this, many of us have already have done projects in medical education, including the current one under Faimer. under faimer, we all must have gone through the above said aspects of conducting a medical education research. during this process, some aspects may hve been favourable and some steps might have been really difficult.

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we expect unbiased responses so that we can analyse and discuss the important issues that come up in these responses and get each ones opinion, senior fellows experience and also the faculty responses and advices.

1) have you taken up any educational research project (including faimer)

2) what factors have been favourable in planning, execution and results and analysis , publication of the project results

3) were there any challenges you face /facing at all these levels mentioned above.

4) if so, what were these and whether it was at departmental level, institution level (please specify)

in general, please give your opinion about what are the challenging factors in medical education research project.

please give your responses within two days so that we can analyse and take up issues of importance for discussion.

it would be very helpful and beneficial if the senior fellows also putin their responses.

waiting for your valid responses

thank you

regards

Ashwini and Saira

Dear Faimer,

the december discussion group is posting the result analysis of the challenging factors in medical education.

kindly put in your opinion and suggestions

regards

Ashwini and Saira

Dear Ashwini and Saira

Your analysis reflects what I had said earlier.

Institutions and HOD are supportive.

It is the co faculty inspite of knowing they have a share in the glory are not forthcoming with their commitment and time and most of the time, to carry on the task alone is really daunting.

As you have said "TEAM BUILDING" is the need of the hour and is the most challenging task!

Students most of the time are really cooperative and also enthusiastic.

Funding is also not a major issue.

Regards

Chitra

Dear Ravi and friends,

Ravi, thank you so much for the post and for sharing your views, which we very much welcome and value.

Consequently, have modified the analysis.

However, the group must bear with us for making available a quantitative analysis only at the moment. All your valuable responses will be explored in greater detail as we put forth the summary and report. Watch out for it!

Meanwhile we heartfelt gratitude to all you dear friends who have made the discussion purposeful and added value and insight to the continued quest for research in medical education by your invaluable responses/ suggestions/opinions.

Wishing you all a very prosperous and glorious year ahead.

Warm regards

Saira

The result analysis of the responses to the questions regarding the factors favourable/challenges in medical education

The questions posed were

- Have you taken up any educational research project (including FAIMER)

- What factors have been favourable in planning, execution, results & analysis and publication of the project result?

- Were there any challenges you face /facing at all these levels mentioned above.

- If so, what were these and whether it was at departmental level, institution level (please specify)

- In general, please give your opinion about what are the challenging factors in medical education research project.

The result analysis concentrates and attempts to quantify the favourable and challenging factors.

Serial No.	Factors favourable in conducting a educational research project	Responses (Total=11)	percentage
1	<i>Institutional support</i>	10	91%
2	HOD's support	9	81%
3	Student support	2	18%
4	Support of Colleagues	4	36%

Serial No.	Challenging Factors in conducting a educational research project	Responses (Total=11)	percentage
1	<i>Co-operation of fellow faculty</i>	7	64%
2	Support of students	3	30%
3	Not within syllabus	1	9 %
4	Convincing HOD	1	10%
5	Interdepartmental faculty support	2	20%
6	Funding	1	10%

These results point that **INSTITUTIONAL AND HOD SUPPORT** has been the major favourable factor for project conduction.

Among the challenging factors, the **CO-OPERATION OF FELLOW FACULTY** is indeed a major challenging factor.

Student involvement or commitment depends on the nature of the educational project. If the intervention needs the student participation, then it is again a challenging factor. In this result, 30% have felt it to be a major challenging factor. As students are already burdened with a heavy curriculum and they should be really motivated to take up the new burden as a challenge.

As for as funding is concerned except for one, none of them have had problems with funding which ensures that funding is not a real problem in educational research.