

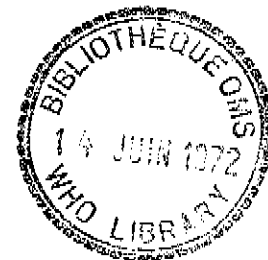


STUDY GROUP ON TRAINING AND PREPARATION OF TEACHERS  
FOR SCHOOLS OF MEDICINE AND ALLIED HEALTH SCIENCES

INDEXED

Geneva, 2-6 October 1972

NATURE OF A TRAINING PROGRAMME IN THE CENTER FOR EDUCATIONAL  
DEVELOPMENT OF THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE,  
AS EXPERIENCED BY A TRAINEE



by

T. Varagunam M.D., M.R.C.P., M.Ed.<sup>1</sup>

This paper contains my appraisal of the training which I underwent in the Center for Educational Development in Chicago, Illinois, for one year starting in June 1970. Since a personal appraisal is greatly influenced by the characteristics of the appraiser, I shall begin by describing my relevant characteristics when I started the training, or - as educationists would call it - my entering behaviour for the training programme.

I had completed six years as a full-time teacher in internal medicine in the Peradeniya Medical School of the University of Ceylon. In the previous year I had attended a four-week Medical Teacher Training Course in New Delhi at which I had had my first exposure to formal educational science. This experience induced a positive trend of thought which culminated in my decision to spend a year studying education. I had obtained first-hand knowledge about the Center for Educational Development from the staff of the New Delhi course. This knowledge prompted me to apply to this Center for a year's fellowship, under the sponsorship of the World Health Organization.

Soon after I arrived in Chicago, I had a few days of meetings with the staff of the Center, mainly to make their acquaintance and to learn about the resources that were available. The attitude of the staff during these meetings was very cordial and was mainly directed towards identifying what I wished to do during my fellowship year. The following is illustrative of the conversations which took place.

Staff member - "What are your chief interests in medical education?"

Self - "I am not sure whether I have thought about these as yet, but would you tell me the activities that I would be engaged in during the year."

Staff member - "Well that depends on what you want to do and what objectives you wish to achieve."

Self - "But I don't know much about education and I don't have any definite objectives lined up. I thought that this had already been planned by you all and that is why I am here for the course."

<sup>1</sup> Department of Medicine, University of Ceylon, Peradeniya, Ceylon.

Staff member - "I wouldn't like to force a programme on you which may not interest you or which will not be of any use to you when you get back home. That is why it is important for you to identify the things you would like to do and we will try our best to accommodate you."

Self - "Alright, I shall think about my needs and meet you later."

I had expected this liberal approach to the training programme after reading the brochures sent to me earlier. However, to be actually faced with this situation of having to begin a year's course with what appeared to me as a completely unstructured approach was somewhat unnerving. Looking back on these disquieting feelings, I would attribute them to cultural factors, since I had come from an environment where training consists of what the teacher tells you to do. These meetings served as an initial survey of the personalities and resources and were very helpful in attuning my mind to the general policies of the Center.

Following this short orientation period in Chicago I went to Urbana to attend a 10-week summer session in the College of Education of the University of Illinois. After several discussions with my adviser, I chose to follow three study courses: one in history of education and two in educational psychology. The course in history helped me see the whole field of education in proper perspective. One of the courses in educational psychology dealt mainly with the psychology of interactions in the classroom. This has proved to be very beneficial to me in my role as a teacher. The other course was a highly structured one on educational technology and its relevance to programmed learning. It had a very exciting approach to education, and also motivated me to produce a programmed lesson on acute pulmonary oedema. Apart from these courses, my time in Urbana was spent in getting to know the other fellows from the Center who were also following courses in Urbana, and in adapting to a new set of values and to attitudes of a different culture. There was also a need to readapt to the life of a university student. Although the adaptation transition was smooth, this period was marked by pangs of self-doubt as to the wisdom of sacrificing a full year of one's medical career to study education. These doubts, however, were soon cleared on returning to the Center in Chicago, where education was less far - removed from its application aspects to the training of health personnel.

The training at the Center had as its objective to relate education to what was actually happening in the University of Illinois College of Medicine. Involvement with the activities of the medical school came later during the year, and firstly we had to follow courses. These courses, unlike the ones in Urbana, were confined to three of us who were the only first-year fellows in the Center. The small number of participants in the group facilitated a free exchange of ideas. Moreover, most of the staff for these courses were very conversant with the real problems in medical education, and hence most of what was discussed had relevance and meaning. There were two units of course work in curriculum development, two in evaluation which included behavioural research methods, one in the social issues in medical education, and two independent study projects. I shall discuss each one of these in turn.

The course work in curriculum development was unstructured and very informal. Classes took the form of free discussions on any related topic that was identified as important by anyone of the fellows. Among the topics discussed at length were a systems approach to curriculum development and Carl Rogers' philosophy of "freedom to learn". These free discussions engendered serious thoughts about educational purpose as well as an emotional commitment to the ideas that were developed. However, I felt that these discussions lacked concreteness, perhaps because the actual medical school curriculum or any curricula for training other health personnel were not discussed. More relevance could have been achieved if we had been involved in or had been made cognizant of, curriculum development projects actually taking place in the University of Illinois Medical School. These remarks, however, are not meant to underestimate the value of this course from which I derived benefit.

The approach used for the evaluation course was the direct opposite of that on curriculum development. Here every lesson was rigorously planned in advance and comprehensive lists of objectives that had to be attained were given to us. I had no difficulty in mastering the techniques of test construction, test-item analysis and the principles of educational measurement. Learning was greatly facilitated by the use of actual results obtained from tests administered to the medical students. The statistical methods used for behavioural research was presented adequately. The course content was well-suited for a medical man engaged in educational evaluation. I should have liked to see greater emphasis being placed on the evaluation of attitudes.

Looking back from my present position in which I am attempting to bring about changes in my medical school, I feel that the course on social issues in education had little relevance to my particular case. It probably did have relevance for those coming from the American culture. Unfortunately, it was necessary to take this course in order to satisfy the regulations for obtaining a Master's Degree in Education. If I had had an option, I would have preferred undergoing some training in how small groups function efficiently, since this is one of the common activities of an educational reformer.

As to the formal course, the work on the two independent study projects were the most interesting. This is due to the direct relevance of these projects to what I was going to undertake upon my return to Ceylon, and also because I was doing something which I had really wanted to do. The first project consisted of developing a plan to establish a unit for the study of medical education in the Peradeniya Medical School. This work was carried out with the advice and guidance of Dr George Miller with whom I had several informative discussions. It involved acquiring information about the existing medical education units in North America, and reviewing the work they had already done. It was also necessary for me to keep in touch with the faculty of my medical school in order to obtain their views on the suggestions I had made in developing the plan. A final report of the plan was drawn up and submitted to the Dean. This report has been approved by the Departments of Health and of Education of the Government of Ceylon, and, consequently, a medical education unit along the lines suggested in the report has now been set up and is operating.

The other project consisted in preparing data for an educational experiment that I had already made in my medical school (which has since been published in the British Journal of Medical Education, 1971, 5, 213-216) and in repeating the same experiment with students of the Illinois College of Medicine. Essentially this consisted of finding out whether the acquisition of knowledge provided at the lectures could be enhanced by giving students lists of behavioural objectives prior to their attending these lectures. The results showed that providing Ceylonese students with lists of behavioural objectives improved significantly their learning, though in the case of American students there appeared to be no such improvement. The repetition of the experiment in Chicago was a joint endeavour with another fellow in the Center. This was the first occasion I had during the training programme to come in contact with medical students and teachers of an American medical school. I regret that it did not occur earlier during the course, because I feel that the preparation of teachers is rendered more interesting and more effective if they are involved in the application of educational principles to an actual educational process, rather than if they engage in long discussions about the process.

In addition to the formal course work, I had a wide choice of activities to attend, among which were the short-term workshops that were frequently conducted in the Center. These gave me an opportunity of meeting other people involved in medical education in the United States and abroad. The fellows were invited to participate in planning and conducting these workshops. This experience was invaluable and has helped me in planning the workshops already organized as well as those it is hoped to conduct in Peradeniya.

Round-table conferences were held twice a month in the Center, to which a few well-known educationists in the United States were invited. The exchange of views at these meetings was very stimulating.

In summary, the positive features of the entire programme were as follows.

- (i) Large amount of educational resources were made available, offering facilities to study any aspect of medical education.
- (ii) An approach to satisfy individual needs of the fellows was used, rather than to achieve comprehensive coverage of the subject matter.
- (iii) Constant feedback of information about one's progress during the year.
- (iv) The staff members were easily accessible and were willing to help.

However, there was a potential for improvement in the following aspects.

- (a) More sensitivity to the changing roles of fellows resulting from their training, and to their culturally determined needs.
- (b) More involvement with actual training programmes for health personnel and with research projects being carried out at the Center.

It was only after returning to my medical school that I felt the full impact of the year's training. In addition to the new knowledge and intellectual skills that I have acquired, the most significant change occurred in the attitudinal field. This attitudinal change was due not to the formal courses, but to the Center's social and intellectual environment. The latter was conducive to informal intellectual exchanges with the staff, most of whom showed a genuine concern for the questions posed to them. My new attitudes are now reflected in my readiness to ask myself the correct questions regarding the training of health personnel, and to set about answering them in a more objective and humble fashion, being aware that innumerable variables influence human endeavour.