



STUDY GROUP ON THE TRAINING AND PREPARATION OF
TEACHERS FOR SCHOOLS OF MEDICINE AND
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EXPERIENCE WITH INTERNATIONAL TEACHER-TRAINING
PROGRAMMES FOR THE HEALTH PROFESSIONS

by

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It was less than fifteen years ago that establishment of the first institutional units of research in medical education brought into sharp focus the growing interest of medical educators in identifying a more solid base than opinion and experience upon which to build their educational programmes. As the legitimacy of these efforts was increasingly acknowledged, medical faculties began to accept the view that there might be more to effectiveness as a teacher than subject-matter competence, and further that this additional element, derived from the science of education, might be learned.

The University of Illinois College of Medicine, which has been in the forefront of this movement, first offered a fellowship in medical education in 1964. The original informal apprenticeship experience has now developed into a carefully planned programme of study which can lead to a graduate degree in medical education. Fifty fellows, nine of whom have come from outside the United States, will have completed such training by September 1972.

But relatively few teachers for the health professions can afford such a prolonged and intensive period of study. To meet the interests and needs of others, abbreviated offerings were introduced at the Center in 1967. These took two forms: (i) one-week topic workshops designed as an introduction to some limited segment of educational science (e.g. evaluation, instructional methodology) with the intent of assisting participants to discover what useful things might be learned and how they could go on learning after the workshop ended; (ii) a four- to six-week introduction to the broader field of educational science with the intent of moving participants from a concern for faculty teaching to a concern for student learning. Although designed primarily to serve the needs of North American faculty members, 40 of the nearly 800 teachers for the health professions and administrators who have now taken part in such programmes have come from 22 countries outside the United States and Canada.

With encouragement from the World Health Organization the Center began in 1968 to plan training activities intended specifically for health professions faculty members in other nations. That effort was launched in 1969 and has included, in addition to fellowship opportunities, a series of short-term programmes both in Chicago and abroad: a one-week workshop in Uppsala, Sweden (1969); a four-week workshop in New Delhi, India (1969); a three-week workshop in Kampala, Uganda (1970); a two-week workshop in Chicago (1971); a two-week workshop in Sydney, Australia (1971); a four-week workshop in Chicago (1972). Three additional programmes are scheduled for the remainder of 1972: in Bangkok, Thailand (two weeks); in Shiraz, Iran (two weeks); and again in Chicago (four weeks).

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During this period other groups have also mounted a growing number of medical teacher-training programmes. The most extensive is probably the Human Relations Workshop series conducted in Latin America with assistance from the Pan American Health Organization. Other significant offerings have also occurred in Sweden, the United Kingdom, Africa, Israel, Ceylon and Thailand, as well as elsewhere in the USA.

In planning teacher-training programmes for the health professions aimed at an international audience, and in contemplating the implementation of those plans, all these groups must have experienced some of the anxieties which troubled the Center staff. The concerns were generated by many things, but four major issues were most prominent.

First was the issue of language. Ideally communication should be in the native tongue of each participant, for in translation something is inevitably lost. But this ideal can rarely be achieved and thus it is particularly important to deal with the issue directly if the programme is to achieve the ultimate objective of influencing the way in which participants perform as teachers, not merely making them better informed about teaching. The best solution appears to be that of conducting the programme in one language and establishing conversational, not merely reading or writing, proficiency as a prerequisite for admission. This will inevitably eliminate some individuals whose interest in the work is high, and it may be difficult to enforce since participation may be regarded as prestigious, whether the participant learns anything or not. Nonetheless, it seems a wise requirement for otherwise a language barrier will impede group progress while individuals suffer personal frustration or, even worse, gain such an incomplete comprehension of the topics that significant and appropriate modification of teaching practices may be hindered rather than helped.

Second was the issue of social values. It is evident that cultural norms and value systems are not the same throughout the world. A standard operating procedure in the United States may be abhorrent to a Malaysian; what is prized in Chile may be rejected in Denmark; teaching behaviour that is admired in Iraq may be inappropriate in Uganda. There is virtually no way for staff in most international training programmes to know, to anticipate, or to appreciate what all these differences may be. It requires, then, a measure of staff humility. If the issue is to be dealt with successfully, the staff must be prepared to accept those differences without making judgements of relative worth. They must maintain a persistent focus upon the ways in which educational problems can be defined and dealt with rather than upon any specific set of answers that carry the implication of universal applicability.

This leads to a third concern, the issue of expectations. For participants in teacher-training programmes are not likely to come seeking help in learning how to identify questions; they are more likely to arrive with the expectation that training staff will provide quick and easy solutions to their instructional problems. They are often not unlike the obese patients who seek a pill to cure them, and are appalled, not to mention disheartened, when they get not a pill but advice that requires a change in life style if the problem is to be dealt with successfully. It is much easier for a physician - or a teacher-training staff member - to respond with a prescription rather than to deal systematically with underlying causes and methods of resolution. But in neither instance is a prescription alone likely to have much effect. Unless the training programme can lead participants to the point of accepting the inescapable fact that there are no universal truths, merely a body of knowledge that may be applied to the solution of educational problems that have first been clearly defined, then the experience is unlikely to have much long-range effect. If participants come seeking the answers, they should leave knowing how to frame questions and how to find answers. If this end is achieved, then the issue of expectations will have been dealt with, not by providing what participants may have wanted but by helping them discover what they needed.

Finally, the issue of critical mass. It is undoubtedly true that teacher-training programmes are attracting ever wider interest and programme sponsors are generally eager to exert the widest possible influence upon the process of medical education. In selecting

participants this sense of mission may lead to the inclusion of one individual from each of a substantial number of institutions, rather than a substantial number of participants from a smaller group of schools. Experience now suggests that such an impulse, understandable as it is, should be resisted unless the goal is simply to plant a seed of interest rather than creating the conditions that might foster significant changes in teaching practices. If the training experience is sufficiently meaningful to produce a substantial modification of an individual's attitude toward teaching as well as of his behaviour as a teacher, then he will need continuing opportunity to have that learning reinforced by others who have achieved a comparable understanding. In order to accomplish this end at least two, and preferably three or four, participants from one institution should be selected so that they have the potential of initiating a chain reaction of concern for educational process upon their return. Without this opportunity, what a lone individual learns is all too often lost for lack of continued nourishment from others who share his knowledge and insight.

Even after careful consideration and reasonable resolution of these issues there must inevitably remain some uncertainty about whether the problems, challenges, and opportunities faced by individual participants from many nations, cultures, and institutions, have enough in common to permit a productive learning experience for all. Differences unquestionably exist, and without skilled leadership the participant group may grow weary and frustrated in a fruitless effort to resolve them. But it is increasingly clear that a staff which strives to identify the underlying elements of questions with which individuals are struggling can provide a lens through which groups can focus upon problems that are common to all. These problems generally seem to fall in five broad areas.

The problem of educational content. Almost without exception participants in an international teacher-training programme are troubled by the decisions they must make in the selection of content for educational programmes. They see the body of biomedical knowledge constantly increasing and are at a loss for criteria upon which sound decisions could be based. Some, at least, recognize that current choices are usually arbitrary reflections of institutional or individual interests that have been rationalized as critical elements of a student's education. They have often sought to solve this problem by identifying some general curriculum model that could serve as an international standard.

It has often been difficult to shift participants away from this preoccupation with the content to which students must be exposed and to direct their attention to the professional competence which students must acquire. Without such a shift, however, the problem is insoluble because content can always be justified by a faculty view which says in effect: "we have learned these things and have become competent professionals, thus students must learn these things in order to become like us". But, in fact, one of the important tasks of medical schools in many parts of the world is to produce physicians who will be very different from the faculty members who teach them, who will lead lives of professional service in different settings, and provide health services of a very different sort.

How to decide what competence is required to do these things thus becomes the issue, and the critical bridge between education and life. Educational priorities in terms of what must be learned, as well as what will be taught must be derived from the needs of the nation and not from the views of academicians alone. Without a systematic definition of these needs and a curriculum response to them, the content of an educational programme is likely to remain an arbitrary assembly of informational tidbits which only incidentally contribute to the social fabric of which medical education and medical care are an integral part.

The problem of educational method. The world-wide surge of interest in educational technology has heightened the concern of all participants in teacher-training programmes for methods of instruction. Most are eager to find the hardware and software that can be transported quickly to their own setting, or to identify the means by which such materials can be prepared locally. They often seem to exhibit a childlike confidence in this new technology

as though it were the magical solution to instructional problems with which educators have struggled for so long. It would be relatively easy for the training staff to be seduced by this eagerness and devote themselves to the satisfying work of dealing with such concrete things as equipment and the content that can be run through these devices. But it would be very wrong to do so since methods are merely tools, not ends in themselves, and tools must first be selected to serve specific purposes, then employed with sufficient skill to ensure that the purpose is fulfilled. The solution lies in directing attention first to purpose, and only secondarily to methodology. Yet even when the purpose is clearly defined, alternative methods must be considered, not only because no one method will be best suited to all learners, but also because some may be unacceptable to faculty despite logical appeal. One need only look at the oldest educational technology (the printed textbook) to discover how often teachers continue to ignore a more efficient, less costly method, and cling tenaciously to an anachronistic but widely preferred means of disseminating information through spoken words. The task in a teacher-training programme is to help participants to discover that the answer does not lie in instructional methods, but in the way the methods are used.

The problem of students. The questions here are both quantitative and qualitative. In the first instance many schools and individual teachers are faced by a very large student body over whose selection they have little or no control but for whose instruction they must bear responsibility. It is almost a reflex in the world of higher education to equate large class size with the lecture method of teaching, and participants in these training programmes are troubled by this fact for it seems to force them into an instructional format which does not best serve their educational objectives. Yet they can see no other way, and in some instances there may be none. The task of the training staff is to widen participant horizons, to explore alternatives, and to determine with them whether size dictates methods or is merely a convenient excuse for avoiding other options.

The qualitative question is also universal. In some instances the issue is academic quality of students; in others it is student attitudes and values which are significantly different from those of faculty. As long as there have been teachers there have probably been complaints about students in both dimensions. The training task is not one of providing answers, for very few will be acceptable. In America, for instance, there is indisputable evidence that the intellectual quality of medical students has progressively improved over the last half century, but neither the frequency nor the kind of faculty complaints seem very different now from twenty-five years ago. No such solid data about attitudes and values can be cited, but experience certainly suggests that each new generation has difficulty communicating with, understanding, or being understood by, those who have gone before. The problem is a human problem, not one unique to medical education, and must be dealt with in this frame of reference, for it cannot be solved in the context of a medical school alone. Thus the training programme that is to be helpful in this area must give some attention to assisting teachers gain new insights into themselves, their own attitudes and values, their interactions with others, both individually and in groups. Without greater understanding of self, there is little hope of understanding others sufficiently to be truly helpful in facilitating their learning which is, after all, the teacher's prime responsibility.

The problem of resources. The shortage of facilities, budget and staff in many health professions schools, particularly those in developing countries, is often so severe that the despair of educators who must live with these deficiencies is readily understandable. No teacher-training programme can correct the basic problem but it can make it worse if participants from such institutions are simply exposed to the many exciting and challenging things that are completely beyond their reach. The most critical staff challenge is to help such teachers determine whether they are using the resources they do have in the most economical and potentially productive fashion. Many schools in developed countries are very wasteful of personnel and resources simply because they can afford to be so. But the budgetary limitations now being imposed in the USA, for example, are often helping faculty to discover how they might do things as well, or even better, at lower cost in time or money. It is this approach to teaching in impoverished schools that will be most fruitful - and may benefit those from wealthier institutions as well.

The problem of a reward system. In all parts of the world the cry is heard that faculty members are usually rewarded for achieving excellence in research or in the delivery of medical care, but rarely for outstanding performance as a teacher. Under such circumstances it is understandable that participants in teacher-training programmes might question whether it is realistic to expect any large number to devote the time and energy required to improve their knowledge of educational process and skills as teachers. More than 2000 years ago Plato noted: "what is honoured in a country will be cultivated there" and twenty centuries later there is no reason to question the wisdom of his observation.

There does, however, seem to be a way out of this dilemma and one to which teacher-training programmes may make a significant contribution. For in the past there has generally been a tacit assumption that if a man was a successful investigator or a skilled practitioner he must also be a well qualified teacher; if, in addition, he was a talented lecturer then he must be a superior teacher. But the function of teacher is no longer primarily that of serving as a principal source of information for his students, nor the master whose footsteps the students follow. His task is to facilitate learning which should go well beyond what he has learned and continue long after they have left him. This means that he must not only know something about the nature of human learning and the ways in which the intervention of a teacher can facilitate or impede it, but also be interested in, and capable of mounting, systematic studies of whether educational efforts succeed in accomplishing this goal. Teacher-training programmes, then, must foster this spirit of inquiry so that participants learn more than effective practice of pedagogic art. They must also gain some competence as dispassionate investigators of educational process. For inquiry represents the spirit that nourishes and sustains a university community. Unless teachers contribute to that sustenance they will scarcely have earned the rewards they seek.

In summary, the issues and problems outlined here represent those which the WHO inter-regional teacher-training center has found most pressing. Their solution at the institutional level clearly requires more than solid knowledge of educational science or skill in the use of instructional tools. It requires also a sensitivity to human interactions that fosters understanding rather than confrontation, respect for differences rather than their suppression, resolution of conflict rather than authoritarian decision-making. For these reasons the international programmes of the Center for Educational Development are taking on a new dimension which might be called training for leadership, for team building, for the role of change agent. It does not imply a neglect of educational content, merely recognition of a major requirement for effective utilization of that content in the settings to which participants will return.