



## Research Article

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# Impact of basic medical education on medical teachers

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## Abstract

**Background:** Medical Education has undergone major changes over the past decades. Workshops on the Medical education are required for refreshing the knowledge of medical teachers. **Objective:** To assess medical teachers before and after Medical Education training. **Study design:** Prospective questionnaire based study. **Settings:** Department of Pediatrics, Gajra Raja Medical College, Gwalior during 1-3 March 2012; 6-8 December 2012 and 17-19 November 2014 and each was followed after 3 months. **Participants:** A total of 30, 23 and 21 Medical teachers respectively from various departments. **Method:** Each participant filled a pre-session questionnaire before the beginning of training process and a post-session questionnaire immediately after the completion of workshop and three months afterwards. Scores obtained in the pre and post-session questionnaires were compared. Training process during each workshop lasted for eight hours per day for three days and participants gave effective feedback at the end of training process. **Result:** Significant improvement in the knowledge of participants was observed immediately and after three months. **Conclusion:** Regular training of the medical teachers is required to keep them updated with the new advances in Medical Education and also it is required to compare their knowledge before and after the session and after a set time period to see the level of improvement and how much they have learned.

**Keywords:** Medical Education, Assessment, Feedback.

## Introduction

Teaching is a very complex skill and art. It requires eagerness, self-discipline, hard-work, practice and feedback to make sure that you are on the right track. Even those endowed with inherent talent, must undergo training to improve their performance.

The concept of training in Medical Education in India started in the late seventies and in 1999, the Medical Council of India insisting every Medical College to have a Medical Education Unit and in 2010, made it mandatory, for every Medical Professional to undergo at least the basic level of training. Teaching facilitates learning and encourages the learners to learn in a better way. The purpose of teaching is not merely dispensing information, but to develop skills and attitude also <sup>[1]</sup>.

In recent years, with the use of new teaching and learning methods, the focus of assessment has been shifted to the use of higher cognitive abilities, communication skills, IT skills and professionalism. Focus is also shifting from competency based education to outcome based education and workplace performance assessment <sup>[2]</sup>. Here comes the role of Basic Medical Education workshops.

The current format of Basic Medical Education workshop is in operation since nearly four years. In the current scenario of exploding knowledge, certain revisions are required in the format from time to time to make it more useful and acceptable both to the teachers and learners. These revisions are based on the experience gained at previous workshops as well as from feedback given by the participants and faculty members. Teaching programme comprises of all aspects of teaching and learning, both formative and summative assessment and proposed curricular changes like integrated teaching, early clinical exposure, internal assessment and E-learning <sup>[3, 4]</sup>.

To fulfil the above perspectives, three workshops were conducted in the department of Pediatrics, Gajra Raja Medical College, Gwalior during 2 years period and the impact of such workshops was assessed by pre and post-session questionnaire assessment as well as feedback analysis from facilitators as well as participants.

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## Methodology

Three consecutive workshops on Basic Medical Education were conducted on 1-3 March 2012, 6-8 December 2012 and 17-19 November 2014 in the premises of the Department of Pediatrics, Gajra Raja Medical College, Gwalior, under the professional guidance and strict supervision of the Medical Education team.

A total of 74 participants (30,23,21) participated in the three training process which were a mix of Professors, Associate Professors, Assistant Professors and Demonstrators of various departments and trained by 37 facilitators (12,11,14) including one External Observer in each training process. Random Selection process was used to select participants, preferring those who have not undergone any training process.

Each time, the workshop was a three days schedule in which at least on an average, eight hours per day were allotted for discussion and skills assessment. Each Participant filled a pre-session questionnaire before the process of training to know how much they are skilled in each aspect of teaching and learning before they have undergone any training. The questionnaire was a score based Performa, where they have to mark either of three (0-1= not at all skilled, 2-4= moderately skilled, 5= highly skilled). All the three domains of learning, i.e.; cognitive, psychomotor and affective were taken care of in the workshop schedule. Out of total effective 24 hours in 3 days schedule, 14 hours were allotted for the discussion, including systems approach, teaching and learning process, group dynamics, taxonomy of learning, educational objectives with individual work and group work, media in the medical education, curricular reforms and implementation and microteaching. About ten hours were allotted for skills assessment like interactive teaching, teaching in large and small groups, bedside teaching, one-minute preceptor model, student assessment, assessment of knowledge, multiple choice questions (MCQ), oral practical exam (OSCE and OSPE), group work and practical, structured oral viva and a long case and its improvement.

In the end, each participant filled a post-session questionnaire, which was exactly similar as pre-session questionnaire. The responses from the participants were divided into 2 categories: (1) to determine their gain in the knowledge, a questionnaire survey of the participants (score based) at the beginning and end of the workshop and (2) to evaluate their perception about the usefulness of the workshop, a semi-structured questionnaire survey of the participants at the end of the workshop. Three-point Likert scale and responses to open-ended questions were used in the second category to document participant's general views. Feedback was taken from each participant and facilitator as well as the external observer. Also each participant filled one more post-session questionnaire during each workshop after three months period which was mailed to them and received back.

## Results

A total of 74 participants (Table 1) and 37 facilitators participated in three workshops.

**Table 1:** Distribution of participants in three workshops

Workshop	Total participants	Professors	Associate Professors	Assistant Professors	Demonstrators
1	30	05	10	10	05
2	23	03	05	11	04
3	21	03	05	13	00

For pre and post-session evaluation, a 14- point questionnaire having three-score scale (0-1, 2-4 and 5) was used (Table 2). The questionnaire was designed taking into account various modalities of teaching and learning in medical education, including newer methodologies like curricular reforms, problem- based learning, structured oral viva, Objective Structured Clinical Examination (OSCE) and Mini-Clinical Evaluation Exercise (Mini-CEX). The response was taken from the participants in terms of scores that they feel they are skilled in each aspect of teaching and learning (score 0-1= not at all skilled, 2-4= moderately skilled, 5= highly skilled). These scores were then compared with post-session evaluation questionnaire scores. There was a significant improvement in the scores of the participants in the post-evaluation questionnaire as compared to pre-evaluation in all the aspects during all three workshops. Some important fields where improvement was seen were types of media and choice in medical education where only 6.66% (score5=2) in first, 21.73% (score5=5) in second and 9.52% (score5=2) participants in the third workshop were highly skilled about the use of media like a computer-assisted learning, creating and presenting good PowerPoint slide presentations as compared to 33.33% (score5=10), 39.13% (score5=9) and 28.57% (score5=6) respectively after first, second and third workshops. In teaching and learning methods, in pre-evaluation, only 6.66% participants opted for score 5 in the first workshop, 13.04% in second and 14.28% in third as compared to 23.33%, 47.82% and 23.80% respectively after first, second and third workshop in post -evaluation. Likewise in objective assessment and MCQ, 33.33%, 21.73% and 14.28% participants opted for score 5 in pre-evaluation as compared to 60.00%, 34.78% and 33.33% in post-evaluation respectively in first, second and third workshop. In OSCE and OSPE session, change in the score 5 was from 20% to 30%, 17.39% to 56.52% and 14.28% to 47.61% respectively after the first, second and third workshop.

Post-evaluation questionnaires filled after three-months showed significant improvements in fields like objective assessment and MCQ, OSCE and OSPE, structured oral viva, long case and Mini Clinical Evaluation Exercise.

One more programme evaluation questionnaire was filled by each participant ( Table 3) in which it has been found that 93.33% participants in first, 86.95% in second and 100% participants in the third workshop replied that the objectives with which the workshop was planned were achieved. 90%, 95.65% and 90.47% participants respectively in the first, second and third workshop replied that the workshop was useful. In the first workshop, 60% participants found it to be too tight whereas only 36.66% found it to be optimum. This number progressively decreased in the second and third workshop and 43.47% in second and 47.61% in third found it to be optimum. 93.33% participants in the first workshop, 95.65% in second and 100% participants in the third workshop wanted conduction of similar activities frequently. Although some participants found the workshop as lengthy with a tight schedule, most of them found it useful in improving their creativity in the assessment of students.

**Table 2:** Anonymous Retrospective Pre and Post Evaluation skills Set

EVALUATION	LIST OF TOPICS		
Pre-evaluation	<b>1. Group Dynamics</b>		
	<b>Training1(n=30)</b>	<b>Training2(n=23)</b>	<b>Training3(n=21)</b>
0-1	13(43.33)	07 (30.43)	08 (38.09)
2-4	17(56.66)	15 (65.21)	12 (57.14)
5	00(00)	01( 4.34)	01 (4.76)
<b>Post-evaluation</b>			
0-1	05(16.66)	04 (17.39)	03 (14.28)
2-4	11(36.66)	13 (56.52)	11 (52.38)
5	14(46.66)	06 (26.08)	07 (33.33)
<b>3 months post-evaluation</b>			
0-1	04 (13.33)	04 (17.39)	01 (4.76)
2-4	10 (33.33)	11 (47.82)	09 (42.85)
5	16 (53.33)	08 (34.78)	11 (52.38)
Pre-evaluation	<b>2. Systems Approach</b>		
	<b>Training1(n=30)</b>	<b>Training2(n=23)</b>	<b>Training3(n=21)</b>
0-1	15(50.00)	05 (21.73)	05 (23.80)
2-4	14(46.66)	18 (78.26)	16 (76.19)
5	01 (3.33)	00 (00)	00 (00)
<b>Post-evaluation</b>			
0-1	03(10.00)	03 (13.04)	03 (14.28)
2-4	11(36.66)	15 (65.21)	14 (66.66)
5	16(53.33)	05 (21.73)	04 (19.04)
<b>3 months post-evaluation</b>			
0-1	11 (36.66)	03 (13.04)	02 (9.52)
2-4	08 (26.66)	12 (52.17)	17 (80.95)
5	11 (36.66)	08 (34.78)	02 (9.52)
Pre-evaluation	<b>3. Learning process and Adult Learning</b>		
	<b>Training1(n=30)</b>	<b>Training2(n=23)</b>	<b>Training3(n=21)</b>
0-1	21(70.00)	17( 73.91)	07 (33.33)
2-4	08(26.66)	06 (26.08)	13 (61.90)
5	01 (3.33)	00 (00)	01(4.76)
<b>Post-evaluation</b>			
0-1	06(20.00)	11 (47.82)	05 (23.80)
2-4	17(56.66)	05 (21.73)	09 (42.85)
5	07(23.33)	07 (30.43)	07 (33.33)
<b>3 months post-evaluation</b>			
0-1	08 (26.66)	06 (26.08)	05 (23.80)
2-4	15 (50.00)	10 (43.47)	07 (33.33)
5	07 (23.33)	07 (30.43)	09 (42.85)

Pre-evaluation	4. Teaching and Learning methods		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	15(50.00)	06 (26.08)	04 (19.04)
2-4	13(43.33)	14 (60.86)	14 (66.66)
5	02 (6.66)	03 (13.04)	03 (14.28)
<b>Post-evaluation</b>			
0-1	04(13.33)	02 (8.69)	01 (4.76)
2-4	19(63.33)	10 (43.47)	15 (71.42)
5	07(23.33)	11( 47.82)	05 (23.80)
<b>3 months post-evaluation</b>			
0-1	02 (6.66)	01 (4.34)	01 (4.76)
2-4	13 (43.33)	07 (30.43)	11 (52.38)
5	15 (50.00)	15 (65.21)	09 (42.85)
Pre-evaluation	5. Types of Media and Choice		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	17(56.66)	05 (21.73)	06 (28.57)
2-4	11(36.66)	13 (56.52)	13 (61.90)
5	02 (6.66)	05 (21.73)	02 (9.52)
<b>Post-evaluation</b>			
0-1	03(10.00)	05 (21.73)	04 (19.04)
2-4	17(56.66)	09 (39.13)	11 (52.38)
5	10(33.33)	09 (39.13)	06 (28.57)
<b>3 months post-evaluation</b>			
0-1	00 (00)	03 (13.04)	01 (4.76)
2-4	14 (46.66)	11 (47.82)	09 (42.85)
5	16 (53.33)	09 (39.13)	11 (52.38)
Pre-evaluation	6. Microteaching		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	09(30.00)	08 (34.78)	08 (38.09)
2-4	18(60.00)	14 (60.86)	10 (47.61)
5	03 (10.00)	01 (4.34)	03 (14.28)
<b>Post-evaluation</b>			
0-1	07(23.33)	04 (17.39)	02 (9.52)
2-4	11(36.66)	13 (56.52)	16 (76.19)
5	12(40.00)	06 (26.08)	03 (14.28)
<b>3 months post-evaluation</b>			
0-1	05 (16.66)	01 (4.34)	00 (00)
2-4	14 (46.66)	12 (52.17)	11 (52.38)
5	11 (36.66)	10 (43.47)	10 (47.61)

Pre-evaluation	7. Curricular Reforms		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	14(46.66)	07 (30.43)	07 (33.33)
2-4	11(36.66)	13 (56.52)	11 (52.38)
5	05 (16.66)	03 (13.04)	03 (14.28)
<b>Post-evaluation</b>			
0-1	08(26.66)	02 (8.69)	02 (9.52)
2-4	14(46.66)	15 (65.21)	10 (47.61)
5	08(26.66)	06 (26.08)	09 (42.85)
<b>3 months post-evaluation</b>			
0-1	09 (30.00)	04 (17.39)	02 (9.52)
2-4	16 (53.33)	13 (56.52)	07 (33.33)
5	05 (16.66)	06 (26.08)	12 (57.14)
<b>Pre-evaluation</b>			
<b>8. Student Assessment</b>			
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	09(30.00)	03 (13.04)	17 (80.95)
2-4	17(56.66)	19 (82.60)	04 (19.04)
5	04 (13.33)	01 (4.34)	00 (00)
<b>Post-evaluation</b>			
0-1	05(16.66)	04 (17.39)	05 (23.80)
2-4	13(43.33)	08 (34.78)	09 (42.85)
5	12(40.00)	11 (47.82)	07 (33.33)
<b>3 months post-evaluation</b>			
0-1	03 (10.00)	02 (8.69)	03 (14.28)
2-4	11 (36.66)	09 (39.13)	13 (61.90)
5	16 (53.33)	12 (52.17)	05 (23.80)
<b>Pre-evaluation</b>			
<b>9. Essay and Short Answer Questions</b>			
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	11(36.66)	06 (26.08)	11 (52.38)
2-4	18(60.00)	15 (65.21)	08 (38.09)
5	01( 3.3)	02 (8.69)	02 (9.52)
<b>Post-evaluation</b>			
0-1	08(26.66)	03( 13.04)	06 (28.57)
2-4	10(33.33)	10 (43.47)	07 (33.33)
5	12(40.00)	10 (43.47)	08 (38.09)
<b>3 months post-evaluation</b>			
0-1	10 (33.33)	05 (21.73)	08 (38.09)
2-4	09 (30.00)	11 (47.82)	06 (28.57)
5	11 (36.66)	07 (30.43)	07 (33.33)

Pre-evaluation	10. Objective assessment and MCQ		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	05(16.66)	04 (17.39)	13 (61.90)
2-4	15(50.00)	14 (60.86)	05 (23.80)
5	10( 33.33)	05 (21.73)	03 (14.28)
<b>Post-evaluation</b>			
0-1	03(10.00)	02 (8.69)	04 (19.04)
2-4	09(30.00)	13 (56.52)	10 (47.61 )
5	18(60.00)	08 (34.78)	07 (33.33)
<b>3 months post-evaluation</b>			
0-1	02 (6.66)	00 (00)	01 (4.76)
2-4	08 (26.66)	11 (47.82)	08 (38.09)
5	20 (66.66)	12 (52.17)	12 (57.14)
<b>Pre-evaluation</b>			
<b>11. OSCE and OSPE</b>			
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	13(43.33)	08 (34.78)	06( 28.57)
2-4	11(36.66)	11 (47.82)	12 (57.14)
5	06 (20.00)	04 (17.39)	03 (14.28)
<b>Post-evaluation</b>			
0-1	03(10.00)	03 (13.04)	03 (14.28)
2-4	18(60.00)	07 (30.43)	08 (38.09)
5	09(30.00)	13 (56.52)	10 (47.61)
<b>3 months post-evaluation</b>			
0-1	05 (16.66)	01 (4.34)	00 (00)
2-4	08 (26.66)	06 (26.08)	03 (14.28)
5	17 (56.66)	16 (69.56)	18 (85.71)
<b>Pre-evaluation</b>			
<b>12. Structured Oral Viva</b>			
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	09(30.00)	05 (21.73)	11 (52.38)
2-4	17(56.66)	17 (73.91)	06 (28.57)
5	04 (13.33)	01 (4.34)	04 (19.04)
<b>Post-evaluation</b>			
0-1	02(6.66)	01( 4.34)	04 (19.04)
2-4	17(56.66)	15 (65.21)	11( 52.38)
5	11(36.66)	07 (30.43)	06 (28.57)
<b>3 months post-evaluation</b>			
0-1	02 (6.66)	00 (00)	01 (4.76)
2-4	09 (30.00)	07 (30.43)	05 (23.80)
5	19 (63.33)	16 (69.56)	15 (71.42)

Pre-evaluation	13.Long case and Mini-CEX		
	Training1(n=30)	Training2(n=23)	Training3(n=21)
0-1	14(46.66)	03 (13.04)	09( 42.85)
2-4	11(36.66)	18 (78.26)	11 (52.38)
5	05 (16.66)	02 (8.69)	01 (4.76)
<b>Post-evaluation</b>			

0-1	02(6.66)	00 (00)	03 (14.28)
2-4	19(63.33)	11 (47.82)	08 (38.09)
5	09(30.00)	12 (52.17)	10 (47.61)
<b>3 months post-evaluation</b>			
0-1	02 (6.66)	00 (00)	01 (4.76)
2-4	11 (36.66)	05 (21.73)	04 (19.04)
5	17 (56.66)	18 (78.26)	16 (76.19)
<b>Pre-evaluation</b>			
<b>14.Effective Feedback</b>			
	<b>Training1(n=30)</b>	<b>Training2(n=23)</b>	<b>Training3(n=21)</b>
0-1	12(40.00)	05( 21.73)	06 (28.57)
2-4	17(56.66)	17 (73.91)	13 (61.90)
5	01 (3.33)	01( 4.34)	02 (9.52)
<b>Post-evaluation</b>			
0-1	03(10.00)	04 (17.39)	04 (19.04)
2-4	21(70.00)	09 (39.13)	09 (42.85)
5	06(20.00)	10 (43.47)	08 (38.09)
<b>3 months post-evaluation</b>			
0-1	09 (30.00)	03 (13.04)	02 (9.52)
2-4	13 (43.33)	06 (26.08)	07 (33.33)
5	08 (26.66)	14 (60.86)	12 (57.14)

(0-1= not at all skilled, 2-4 moderately skilled, 5= highly skilled)

**Table 3:** Programme evaluation questionnaire

S. No	Question	Total	Yes		No		Not Sure	
			No.	%	No.	%	No.	%
1	<b>Achievement of objectives</b>							
	1	30	28	93.33	00	00	02	6.66
	2	23	20	86.95	00	00	03	13.04
	3	21	21	100	00	00	00	00
2	<b>Usefulness of Workshop</b>							
	1	30	27	90.00	00	00	03	10.00
	2	23	22	95.65	00	00	01	4.34
	3	21	19	90.47	00	00	02	9.52
3	<b>Elicitation of Active Participation</b>							
	1	30	28	93.33	00	00	02	6.66
	2	23	23	100	00	00	00	00
	3	21	20	95.23	00	00	01	4.76
4	<b>Helpfulness of Learning Resources</b>							
	1	30	23	76.66	03	10.00	04	13.33
	2	23	19	82.60	01	4.34	03	13.04
	3	21	20	95.23	00	00	01	4.76
5	<b>Helpfulness of Faculty Members</b>							
	1	30	27	90.00	01	3.33	02	6.66
	2	23	21	91.30	02	8.69	00	00.00
	3	21	19	90.47	01	4.76	01	4.76
6	<b>Balance between Theory and Practical</b>	<b>Too much theory</b>		<b>Too much practical</b>		<b>Optimum</b>		
		No.	%	No.	%	No.	%	

	1	30	13	43.33	07	23.33	10	33.33
	2	23	06	26.08	08	34.78	09	39.13
	3	21	05	23.80	04	19.04	12	57.14
7	Time Management	Too Tight			Too Relaxed		Optimum	
		No.	%	No.	%	No.	%	
	1	30	18	60.00	01	3.33	11	36.66
	2	23	11	47.82	02	8.69	10	43.47
	3	21	11	52.38	00	00	10	47.61
8	Organizational aspects	Good		Fair		Poor		
		No.	%	No.	%	No.	%	
	1	30	21	70.00	08	26.66	01	3.33
	2	23	18	78.26	05	21.73	00	00.00
	3	21	16	76.19	03	14.28	02	9.52
9	Organizational arrangements	Good		Fair		Poor		
		No.	%	No.	%	No.	%	
	1	30	23	76.66	06	20.00	01	3.33
	2	23	16	69.56	06	26.08	01	4.34
	3	21	18	85.71	03	14.28	00	00.00
10	Frequency of Similar activities	n	Yes		No		Not Sure	
	1	30	28 (93.33%)		00		02 (6.66%)	
	2	23	22 (95.65%)		00		01 (4.34%)	
	3	21	21 (100%)		00		00 (00.00)	

## Discussion

There was a significant gain in the knowledge of participants as shown by their scores in pre and post-session evaluation questionnaire and evaluation after 3 months. Areas which the participants found most useful in their day to day practice were teaching and learning methods, objective assessment and MCQ, Objective Structured Clinical examination and Objective Structured Practical examination, Microteaching and structured oral viva with Mini Clinical Evaluation Exercise. Flaws in the organizational aspects and time management that were seen in the first workshop were gradually minimized in the second and third workshop.

Several studies have been conducted in India and in neighbouring countries showing the usefulness and effectiveness of Medical Education workshops like in a study conducted at the B.P.Koirala Institute of Health Sciences, Dharan, Nepal to assess the effectiveness of the teacher training workshop, enrolling 26 teachers, it has been found that there was a significant gain in the knowledge of participants ( $p < 0.001$ ) and all the participants (100%) agreed upon the training being informative and learned new things about assessment<sup>[5]</sup>.

One more study was conducted in the four Medical Schools of Nepal to evaluate the training of teachers in Medical Education and a significant improvement in the scores of the participants was found after attending the workshop ( $p < 0.001$ ). The workshop was perceived as an acceptable way of acquiring teaching-learning skills, but 39.4% expressed that the duration of the workshop was too short<sup>[6]</sup>.

Neena Vinay Nagdeo and Suresh Chari conducted a study to assess the effectiveness and impact of Basic Workshop for Medical teachers at the NKP Salve Institute of Medical Sciences, Nagpur. Evaluation of teaching performance of the faculty members was done two years after the completion of the course. Workshop was found useful by all Professors, Associate Professors as well as Lecturers. Out of them, 57% Professors found interactive teaching techniques and structured clinical assessment and 57% adult learning, positive learning atmosphere, use of audio-visual tools and preparation of MCQ's and essay questions as significantly useful. Associate Professors and Lecturers emphasized the usefulness of MCQ's, positive learning atmosphere and structured clinical assessment<sup>[7]</sup>.

A teaching programme was offered by the Department of Medical Education at Ankara University School of Medicine for their physical



educators, including 150 professors from different disciplines. 97.5% to 100% participants assessed the course as either good or very good. 82% participants gave optimal rating to the topics covered and time management and 100% recommended that it should be attended by all faculty members<sup>[8]</sup>.

In a study conducted by Fareed H. Abdulahad, Abubakir M. Saleh and Nazar P. Shabila at Hawler Medical University, Erbil, Iraq to provide a general description of a newly designed teaching course for faculty members of the medical colleges and assess the course from participants' perspectives, it has been found that a high proportion of the participants rated the different scientific content of most of the sessions as useful. The particularly well-received sessions included teaching methods and learning (96.2%), an ideal lecture (96.2%), motivation to raise the standard of lecture (92.9%), principles of lecturing (92.9%) and regulations and instructions (92.6%)<sup>[9]</sup>.

A study was conducted by Shahid Jamal et al in the Department of Medical Education, Army Medical College, Rawalpindi, Pakistan from 2008 to 2010. The objective was to assess the response of the participants of short duration medical education workshops. About 120 participants participated and out of them, 55-70% found hand-outs as useful and 30-45% as very useful. 52-78% participants found the computer presentations and transparencies as below average and the majority of them remarked these activities as very useful and stressed on the continuation of such activities<sup>[10]</sup>.

## Conclusion

Thus as lot of advances and development in the field of Medical Education are taking place in the today's era, it is essential and required for our Medical teachers to be aware of them. Also they should know how to apply them in their day to day practice of teaching and assessment. This can be possible only with the regular and frequent conduction of such workshops in the field of Medical Education. These workshops were perceived as an acceptable way of acquiring teaching and learning skills and laid a very positive impact on the minds of participants.

## Conflicts of interest

Authors have declared that no competing interests exist for the present study.

## Authors' Contribution

AB collected the data and drafted the first version of the manuscript. AG conceptualized the study, critically reviewed the manuscript and revised it for important intellectual content. JB coordinated the study and contributed towards the final drafting of the manuscript. All authors approved the final manuscript.

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