

Medical Education in Asia: Is it a Time for Optimism?

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Introduction

Asia, the largest continent, is also an immensely diverse region with countries that vary in their socio-economic status, degree of urbanisation and health and disease profile. The objective of medical education is to create efficient and compassionate healers to serve indigenous society's aspiration and priorities. That being the case, the structure, organisation, role and priorities of medical education in Asian countries, unlike the relatively homogeneous North American and British models, are impressively varied. The historical root, including the colonisation pattern of the countries, adds interesting nuances in this variegation.

We can get a better perspective of this diversity and related accompanying issues by examining the medical education systems in Southeast Asia, which are modelled after several major medical education systems. For example, Malaysian medical schools follow the British system, Philippine medical schools follow the American models, Indo-China follows the French systems and some medical schools in Indonesia follow the Dutch system. There are innumerable adaptations and innovations within the basic schemata. While the diversity enriches education, it also makes it challenging for medical educators to share a common vision and agenda, including the identification of research strengths and priorities.

The article by Majumder¹ is a well-timed step towards identifying the common issues and priorities of medical education research in Asia. The author described the status of medical education in Asia in general and medical education research, in particular, as 'in disarray' and identified socio-economic, cultural and institutional barriers contributing to this state. He also suggested several broad policy changes to counteract some of these problems.¹

As much as the medical educator community needs to be cognizant of these shortfalls, there are encouraging trends in the Asian medical education arena that call for cautious

optimism. In this brief communiqué, I will highlight some of the recent developments and initiatives in Asian medical education as an illustration to advance my viewpoint. I will also identify selected key emerging issues that I believe will have a strong impact on future medical education. Purposefully, the theme is enlarged to include the broad field of medical education because a viable medical education research culture can only be sustained in the presence of a thriving medical education community.

Encouraging Trends in Medical Education in Asia

Medical Education as a Recognised Discipline

Medical education, the pedagogical basis of teaching and learning in medicine, is increasingly being acknowledged as an essential specialty in medical schools. Medical Education Unit (MEU) or Centre, a body entrusted to spearhead educational enterprise within the medical school, is now a well-recognised fixture. A recent survey of 30 medical schools in Southeast Asia by the MEU of the National University of Singapore showed that 72% of medical schools have an existing MEU.² Of these, three-quarters were established on and after 1990. For comparison, 111 (85%) out of 130 medical schools in North America have a similar body.³

Many MEUs in Asia possess a relatively long and established track record and offer post-graduate Fellowship, Diploma or Masters in medical education. For example, National Teacher Training Center for Health Profession under the University of Philippines offers Masters, Certificate and Basic courses in Health Profession Education. The MEU of Chulalongkorn University has been designated as the World Health Organisation (WHO) Regional Teacher Training Centre since 1972 and as the WHO Collaborating Centre for Medical Education in Southeast Asia since 1988. A well-run MEU would not only steer medical education reform, it would also meet the dearth of medical education researchers.

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Connecting Theory and Practice

Research in medical education is commonly perceived as being meagre. As Harden et al⁴ pointed out, “There is a widely held view among clinicians, medical researchers and medical teachers that evidence to support (or reject) educational approaches is not available. This may be true in some areas but not in others. In the area of teaching and learning communication skills in medicine, Aspergen (1999) identified 180 pertinent papers including 31 randomised studies.” Quite often, the problem is in translating the theory into practice.

The nature of the curriculum in medical schools is an indicator of their readiness in accepting research findings from medical education into practice. Several modalities of curriculum, such as student-centred learning activities, incorporation of population-based approach and an emphasis on newer topics like healthcare communication, ethics and laws, can be viewed as an indicator of general acceptability of medical education research. Recent data from WHO⁵ and the survey undertaken by the MEU of the National University of Singapore² support the notion that research findings in education are gradually being incorporated into practice in Asian medical schools. For example, 50% of medical schools in Southeast Asian region have embraced problem-based learning as a valid mode of learning and many more are preparing to do so in future.²

These 2 rather discrete and isolated findings supported by data indicate that there are some positive trends in medical education in Asia. The gradual recognition of medical education as a discipline is providing the necessary infrastructure, manpower, and logistic requirements for medical education research. The recent trend in adaptation and innovations in curriculum sends a clear motivating signal to medical education researchers that their research findings are likely to be translated into meaningful practice.

Future Directions

Bridging the Research and Education Divide

The 3 broad missions of medical schools are research, teaching and clinical service. Creating a balance between these 3 missions is a universally acknowledged challenge that has yet to find a proven solution – an issue highlighted prominently by the author.¹ This has the potential to become more conflict-ridden in future with increasing sophistication of biomedical research and competition for research dollar, which is often judged as the foremost criteria in determining the quality of staff in a medical school.

Globally, the problem of division between research and education is gradually receiving more attention. The creation of separate career paths for the clinician-educator and clinician-researcher is one of the options that are increasingly

being accepted as a way to encourage individual faculty member's professional growth in their area of interest. The challenges for this novel clinician-educator track are to bring about fundamental changes in promotion criteria, to develop valid and feasible methods to measure outcomes of teaching programmes and to create training opportunities for new clinician-educators.^{6,7}

Contrary to the global trend, medical schools in Asia have yet to come up with robust and visible recommendations to tackle this problem. The research-education divide will be narrowed with a comprehensive and acceptable plan for career development, regular mentoring, faculty development initiatives and appropriate reward and remuneration. Bridging the gap is a crucial step that Asian medical schools should seriously look into now.

Quality Assurance in Private Medical Schools

The establishment of private medical schools in Asia is a recent phenomenon that will have a very significant impact on medical education. Historically, most medical schools in Asia were publicly funded and affiliated with large teaching hospitals. In many countries, such as the Philippines, Indonesia and Bangladesh, there has been a proliferation of private medical schools in recent years.

Private medical schools are renowned and respected for their agility and quick adaptation of educational innovations and emphasis on education as a mission. In part, their agility and adaptiveness is the result of freedom from governmental bureaucracy. But the lack of centralised control raises the serious question of maintaining the quality of education. Ironically, the often prolific and uncontrolled growth of private medical schools reminds us of the rather unwholesome situation that prevailed in North American medical education in the late nineteenth century. This had prompted the landmark survey-research and a report by Abraham Flexner, which had a profound salutary impact on American medical education for the most part of the twentieth century.^{8,9}

As we encourage quality medical education, privately or publicly funded, there is an urgent need for proper documentation of the status of medical schools analogous to the work done by Abraham Flexner. As the author pointed out, such research falls in the domain of “action-research” that has immediate utility.¹ The research agenda may include quality of educational intervention, comparative outcomes and experimentation with innovations. The data from these research will benefit not only the private medical schools, but also the publicly funded medical schools.

Recognition of Educational Research

The two often neglected issues related to educational research in Asia are the lack of awareness of qualitative

research, as highlighted by Majumder,¹ and relatively poor credibility ascribed to educational research.

Medical education is richly endowed with high quality research that is often qualitative in nature. As a clinician and scientist, our mind-set is more accustomed to quantitative research with an emphasis on randomisation, blinded observation and meta-analytical models. Educational research often relies on qualitative and observational studies that emphasise unobtrusive study of participants. In many situations where study participants' behaviour is likely to change with interference, observational and qualitative research is not merely an alternative but may be the preferred method.¹⁰

The lack of acceptance of qualitative educational research is in part due to the unfamiliarity with qualitative research among physicians. We are slower to adopt the qualitative research paradigm as a valid and necessary research method, as compared to nursing and other para-medical disciplines who have embraced qualitative research with enthusiasm for a long time. Biomedical journals should take proactive steps to include educational and qualitative research in their publication profile to encourage more research in this field.

Secondly, the prevalent practice of ranking journals primarily based on their impact factor and citation frequency does an unfavourable judgement to medical educational journals. Compared to many biomedical specialties, medical education is still in its formative phase and does not enjoy a wide readership base. Thus, even the top 2 medical education journals' (*Academic Medicine* and *Medical Education*) impact factor is below 2.0, placing them artificially in the lower tier.¹¹ This may discourage the medical educationists to pursue and publish medical education research, as their articles may not get equitable and comparable recognition. Research in medical education will flourish more when medical education research is acknowledged and rewarded equally with biomedical research.

The problems and priorities of medical education research should be seen in the larger context of medical education. Just as advancement of clinical research is intertwined with good clinical facility and manpower, medical education research depends on a well-developed field of medical education and a steady supply of good quality, motivated medical educator-researchers.

The timely article by Majumder¹ eloquently describes the status of medical education research in Asia. It highlights, once again, that despite many technological advances in

medicine in Asia, comparable advancement in medical education research has yet to become a reality. Asia is blessed with rich and diverse "subjects" for medical education research that we have failed to capitalise properly.

Despite the many factors pointed out by the author, some of which are insurmountable, that have hindered the advancement of medical education research in Asia, I believe there are some positive indications, sporadic and discrete notwithstanding, that would make us optimistic. The article by Majumder is, by itself, a testimony of greater awareness about medical education research.

I am convinced that this article will further raise our awareness of the lack and ignite a spirited discussion among the medical educator community.

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