

# Teaching and Teacher Education for Health Professionals: Perspectives on Quality and Outlook of Health Professionals Education in Zambia

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## ABSTRACT

**Purpos:** To measure students' perspectives on the teaching quality of the school of medicine at University of Zambia and concurrently measure health professionals educators perspectives on the need for teaching courses for health professionals educators (educational skills training). The results are discussed as indications for educational skills training for educators in health professionals' education.

**Method:** 250 medical students from the MB ChB programme were surveyed, in an evaluation exercise, to rate the teaching contribution of all the full-time and honorary lecturers (n=88). The students were requested to rate each lecturer out of 10 on eight scales: a) attendance, b) punctuality, c) clarity, d) interest in the subject, e) supportiveness to students, f) ability as a lecturer, g) appropriate use of audiovisual aids, and h) amount of workload done in the academic year. Additionally, a multi-site study surveyed 426 health professionals educators, defined as persons who considered themselves as continually participating in teaching students in a training institutions for health professions in the Country on the necessity for and their willingness to enroll into a teaching programme for health educators.

**Results:** Two hundred students of the eligible 250 completed the evaluation giving a response rate of 80%. The scores for teaching quality ranged from 8/40 to 40/40. The mean score was 32.2. The results showed that about 27.2% (n=24) did not meet the merit standard which was set at 30/40 as the quality

assurance benchmark by the School. This result suggests that a large proportion of teaching staff could benefit from teacher education. Four hundred and four questionnaires were completed and returned out of the 426 that had been distributed, yielding a response rate of 94.8 %. The Cronbach's alpha for reliability test was 0.62 – 0.70 on the teaching skills sub-scale and 0.76 – 0.78 on the Educational skills sub-scale. The majority, over 85%, acknowledged they lacked expertise in educational skills and that they would enrol in a programme to improve their educational skills. There was overwhelming (>90%) agreement in topics to be covered.

**Limitations:** Quality of teaching contributions only measured at school of medicine; Large proportion of educators' survey were not full-time teaching staff.

**Implications:** The belief that professional qualifications are sufficient for preparation for teaching health professionals is now being confronted. Formal systems of teacher education in the health professions have emerged worldwide and are now also available in Zambia.

## INTRODUCTION

There is insufficient acknowledgment of the requirement for formal training in teaching for the horde health professionals who participate (full-time, part-time or honorary) in educating the future health professionals in Zambia. In all training institutions, in Zambia, only a professional qualification is required to be employed as an educator. In Britain, however, the majority of higher education institutions now require newly appointed academics to complete a teaching qualification (minimally a postgraduate certificate) during their probation<sup>1</sup>. Many are encouraged to obtain a diploma or masters.

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Advancing teaching in health professionals education is not a new concept<sup>2</sup>. In many American medical schools the matter has been seriously considered since the 1950s<sup>2,3</sup>. There was early realization that being a health professionals educator required at least two disparate skills; the one of the health professionals specialty and the other of teaching. In Britain, a survey of undergraduate and postgraduate medical deans in 1993 showed that only a few of the teacher education programmes, meant for tertiary educators, were specifically aimed medical teachers<sup>1</sup>. A deficiency in teaching and learning needs of medical teachers was, however, acknowledged<sup>1</sup>. In India the Medical Council of India (MCI), in 1981, compelled all medical colleges to introduce medical education units<sup>4</sup>, it was envisaged that they would serve as advisory units in matters of education and also run faculty development programmes to improve educational skills of faculty. Formal teacher education for medical teachers in Africa, however, is still underdeveloped.

Interestingly, despite this world-wide realization, in most of Africa and Zambia in particular, there is no mandatory requirement for full-time, part-time or honorary educators in the health professions to undertake teacher education or to attain formal teaching qualifications. A number of full-time lecturers still consider educational skills peripheral (if not totally irrelevant) with regard their proficiency requirements.

For now, hope lies with the regulatory institutions for health professionals, such as the General Medical Council (U.K), which are now promoting the requirement for health professions to improve their educational skills<sup>5</sup>. The GMC (UK) Good Medical Practice (2006) paragraph 15-19 state that:

15. Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.

16. If you are involved in teaching you must develop the skills, attitude and practices of a competent teacher.

17. You must make sure that all staff for whom you are responsible, including locums and students, are properly supervised.

18. You must be honest and objective when appraising or assessing the performance of

colleagues, including locums and students. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice. 19. You must provide only honest, justifiable and accurate comments when giving reference for, or writing reports about colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct.

This article reviews two strands of evidence that support the necessity of teacher education for educators of health professionals in Zambia. The article also advocates for the introduction of teacher accreditation for new full-time, part-time and honorary educators in health professionals training institutions and for formal recognition as 'trainer' in the continuing health professionals education (in-service training) enterprise.

## METHODS

The Department of Medical Education surveyed 250 medical students of the MB ChB programme, in an evaluation exercise, to rate the teaching contribution of all the full-time and honorary lecturers (n=88). The students were requested to rate each lecturer out of 10 on eight scales: a) attendance, b) punctuality, c) clarity, d) interest in the subject, e) supportiveness to students, f) ability as a lecturer, g) appropriate use of audiovisual aids, and h) amount of workload done in the academic year. The scores were then aggregated and calculated out 40 (weighting apportioned to student evaluation of quality of teaching contribution in the evaluation programme). Additionally, the Department surveyed 426 health professionals educators, defined as persons who considered themselves as continually participating in teaching students in a training institutions for health professions in the Country. These included full-time academic staff as well as part-time and honorary lecturers in all health training institutions. Thirteen 5-point agreement scales and one open question were used to survey the perceptions towards the need, the format, and topics to included in a educational skills training programme.

## RESULTS

Two hundred students of the eligible 250 completed the evaluation giving a response rate of 80%. The scores for teaching quality ranged from 8/40 to 40/40. The mean score was 32.2. The results showed that about 27.2% (n=24) did not meet the merit standard which was set at 30/40 as the quality assurance benchmark by the School. Thirty-four per cent (n=30) scored above 35 while 38.6% (n=34) scored between 30 and 35. The distribution of scores is illustrated in figure 1.

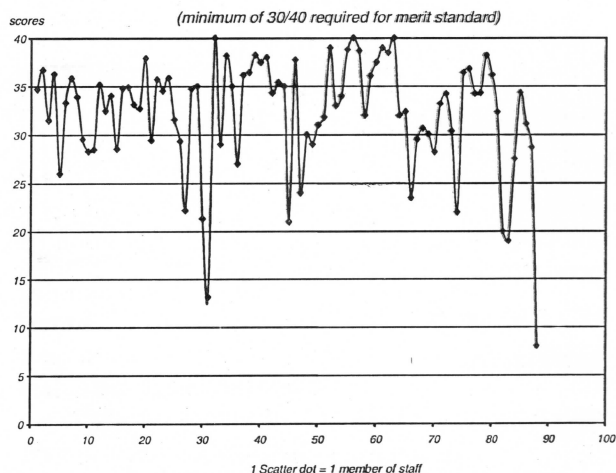


Figure 1: Performance of School of Medicine Educators as Evaluated by Students for Teaching Ability.

This result suggests that many teaching staff could benefit from teacher education.

Four hundred and four questionnaires were completed and returned out of the 426 that had been distributed, yielding a response rate of 94.8%. The Cronbach's alpha for reliability test was 0.62 – 0.70 on the teaching skills sub-scale and 0.76 – 0.78 on the Educational skills sub-scale. Forty-seven per cent of the respondents were male and 53% were female. The respondents were from all the health professionals training institutions in the country (medical school, general nursing schools and schools of midwifery, clinical officer training, laboratory, dental, and radiography training) (Figure 2).

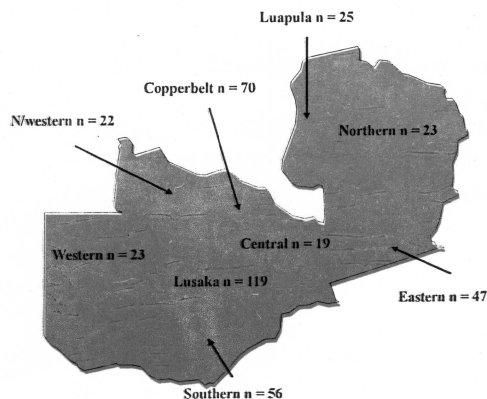


Figure 2: Regional Distribution of Respondents

Only 26.4% had a designation of full-time lecturer and the majority (51%) were part-time or honorary lecturers (Figure 3).

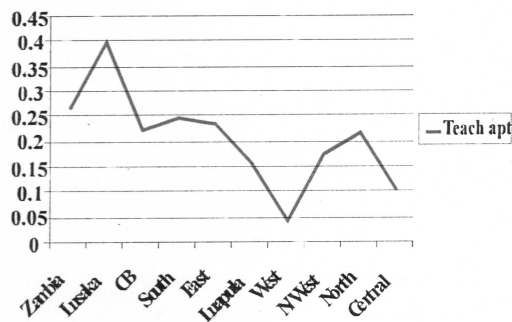


Figure 3: Proportion of Respondents who were Full-time Teaching Faculty

The majority over 85% acknowledged they lacked expertise in educational skills and that they would enrol in a health professionals teaching accreditation course (HPTAC) to improve their educational skills (figure 4).

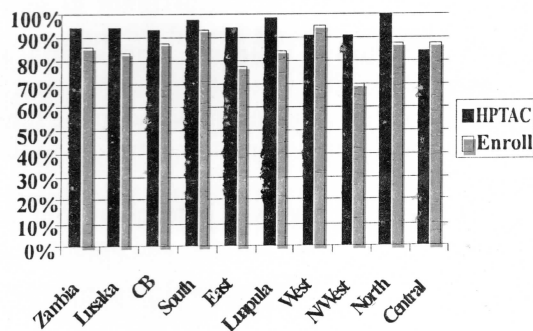


Figure 4: Respondents Report on Necessity of Educational Skills Course and Indication of Whether they Would Enroll in the Programme. HPTAC = Health Professionals Teaching Accreditation Course

There was considerable agreement in topics to be covered: Teaching Techniques (96.5%), Assessing Students (95.3%), Teaching and Learning Theories (94.7%), Evaluation (97.1%), Educational Media (94.7%), Curriculum Design and Development (92.3%), Management of Educational Change (93.6%) and Research Skills in Education (92.5%).

## DISCUSSION AND CONCLUSION

In assessing the abilities of teachers students did show that the quality of teaching is very variable at the School of Medicine (UNZA). Much of the teachers were found to be good (38.6%) and many were excellent (34%). About 27% of the teachers were, however, rated below the standard which adopted as the benchmark of good quality. Health professional educators can undertake short courses that improve specifically their presentation skills (delivery), such faculty development may focus on teaching techniques and attributes of educational media. Alternatively they can gain deeper understanding of key goals in professional education: to transmit knowledge, to impart skills, and to inculcate the values of the profession<sup>6</sup>.

In assessing their own abilities teachers were neither complacent about their own teaching competence nor skeptical about the requirement for educational skills. This survey documented considerable support for a health professionals teaching course and participants indicated that they would enroll for such a programme. Other studies have also shown a high degree of support for teaching courses in the health professions<sup>1</sup>. All the topics surveyed received overwhelming support (>90%). The topics are comparable to others offered in Britain<sup>1</sup>.

Clearly, the belief that professional qualifications are sufficient for preparation for teaching health professionals is now being confronted. Formal systems of teacher education in the health professions have emerged in the last 20 years or so. The School of Medicine at the University of Zambia has introduced opportunities for teacher education.

### Medical Education Courses at the University of Zambia

The Department of Medical Education Development at the School of Medicine of the University of Zambia offers the postgraduate diploma in education for

health professionals (PGDEHP). More recently, with collaborative support from NUFU Productive Learning Cultures Project (PLC II), the Department initiated multi-disciplinary PhD studies, where, candidates complete medical education courses together with a selected health professionals specialty, e.g. internal medicine, medical surgical nursing. The PGDEHP course offers a flexible structure where candidates attend two two-week face-to-face sessions at the beginning of each semester and complete assignments after. The course is one academic year long.

The postgraduate diploma has the following courses based on six identified roles of a teacher/lecturer:

1. Facilitating learning
2. Assessing achievement of learning
3. Designing, developing, and evaluating a course
4. Providing student support and guidance
5. Supervising student projects and research
6. Pursuing personal and professional development.

In its four years of existence the programme has recruited 14 postgraduate students from different health professionals including doctors, nurses, clinical officers, biomedical scientists, dental therapists/technicians, laboratory scientists/technicians and pharmacists.

**Table 1:** Enrollment and Graduation Trends in the Postgraduate Diploma in Education for Health Professionals (PGDEHP) of the School of Medicine (University of Zambia)

	2005	2006	2007	2008	Total
Number Enrolled	6	1	4*	4	14
Number Graduated		4	1	3	8

\* 2 students were enrolled in multi-disciplinary PhD studies in medical education and another health professionals specialty.

The Department also runs intensive courses, for academic staff in the School and other colleges, that provide basic teaching skills, knowledge and understanding of principles and practice of adult learning, curriculum design and assessments. The

time may be ripe to formalize the requirement for teacher education for appointment as lecturer, tutor or honorary lecturer. This requirement could also apply to continuing professional development courses where trainers, and institutions alike could be accredited by the Medical Council of Zambia and the General Nursing Council (Zambia).

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