

**Medical Education Department in Medical Schools of Nepal: Opportunities and Challenges.**

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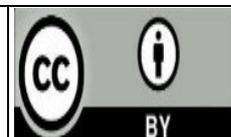
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**ABSTRACT**

In medical schools, universities, or hospitals, a Medical Education Department (MED), also referred to as a Medical Education Unit (MEU) or Center, is a specialized academic unit charged with improving the standard of instruction for health professions. Curriculum development and evaluation, faculty development, assessment and evaluation, educational research, and student support and resources are among MED's primary duties and functions. The professionalization of instruction and evaluation is one of the most significant advantages that a MED can provide. Other significant opportunities related to MED include strengthened competency-based medical education (CBME), faculty development and capacity building, curriculum innovation and educational research, improved assessment systems, quality assurance, and accreditation support. To reach their full potential, MED must overcome enduring and intricate obstacles that coexist with tremendous opportunities. The main challenges that MED is facing in the recent decade are a lack of trained medical educationists, resistance to change, a lack of institutional support, uneven CBME implementation, and a lack of research output. Therefore, all medical schools should have a functional MED that connects clinical practice and educational theory, guaranteeing that training results in skilled, capable, and socially conscious healthcare professionals.

**Keywords:** *Challenges; Department; Medical Education; Opportunities.*

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## **BACKGROUND**

Over the past few decades, medical education has experienced a significant transformation, moving from a model that was primarily apprenticeship-based to one that is organized, evidence based, and outcome-oriented. In this regard, the creation of Medical Education Departments (MED) in medical schools is a critical step in raising the standard, applicability, and responsibility of medical education at the undergraduate and graduate levels. Given the quickly changing demands of healthcare, competency-based curricula, and the increased focus on quality assurance, MED has emerged as a crucial element of contemporary medical schools. Faculty development, curriculum development, teaching and learning, assessment, evaluation, academic and educational activities, research and development, information technology, clinical simulation, quality assurance, and accreditation are all guided by this department, which acts as the academic backbone of MED. [1, 2, 3, 4] In Nepal context, there should be Medical Education Department in every

Medical Schools headed by expert in medical education and members by faculty that may belong to other departments having interest and adequate exposure in medical education as stated in Accreditation Standards for MBBS (Bachelor of Medicine and Bachelor of Surgery) 2024 published by Medical Education Commission (MEC) Nepal. [5]

## **MED's opportunities**

By enhancing curricula, preparing future teachers, and promoting scholarly research, a medical education department presents vital chances to revolutionize healthcare. Below is a discussion of the main opportunities that MED provides.

1. Strengthening Competency-Based Medical Education (CBME): CBME is a method of medical education and evaluation that emphasizes the development of particular competencies, or observable skills, necessary for practicing medicine. The needs of patients, society, and the healthcare system are taken into consideration when defining these competencies. [6] MED is a key player in

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developing competencies such as clinical skills, communication skills, professionalism, ethical decision-making, teamwork, leadership, and lifelong learning as a result of the move toward CBME.

### **2. Faculty Development & Capacity Building:**

Every medical school must prioritize faculty development. A medical education unit or department that employs reputable faculty developers who serve as academic role models is necessary for sustainable faculty development. [4, 5] Disparities in the quality of instruction are common in medical schools. Through workshops, microteaching sessions, and certification programs, MED offers ongoing professional development. The majority of Nepal's medical schools use these activities to improve pedagogical abilities and advance evidence-based teaching methods.

### **3. Curriculum Innovation & Educational**

**Research:** Since it determines what should be taught and learned in schools, curriculum design and development are among the first steps in the teaching and learning process. Teachers in medical schools can readily

translate a nation's policies, goals, missions, and educational vision into general purposes that are translated into instructional purposes and learning standards through curriculum design. As a result, instructors play a crucial part in implementing the curriculum in medical schools. [7] Based on the results of research activities, the difficult and complex process of medical education in general can be greatly improved. It is impossible to overlook the extent and function of medical teachers as educational researchers; however, we must acknowledge that most settings lack systematic training for teachers to organize and carry out educational research. [8] MED promotes a culture of inquiry and development by encouraging faculty and students to take part in educational research. Improvements in teaching strategies, evaluation instruments, and student involvement may result from this.

**4. Improved Assessment Systems:** Mostly as a result of technology improvements, the assessment landscape in medical education is undergoing a dramatic change at the moment. Currently, technology-enhanced assessment

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(TEA) methods and the application of various AI in education technologies can assist in tracking students' progress and providing them with support and assess whether a student has mastered a specific skill or knowledge. [9] MED strongly supports the transition from traditional exams to more valid, objective, and reliable Enhanced Assessment Systems. Better alignment with clinical competencies and more equitable evaluation result from this.

5. Support for Quality Assurance and Accreditation: In 2007, the University Grants Commission (UGC) established the Quality Assurance and Accreditation Division, which brought Quality Assurance and Accreditation (QAA) to Nepal's higher education institutions. [10] The Medical Education Commission and the Nepal Medical Council, which oversee medical schools in Nepal, place a strong emphasis on regular accreditation. MED also helps institutions maintain academic quality indicators, ensure documentation, and meet standards.

### **MED's challenges**

To reach their full potential and help institutions meet national and international standards in medical education, MED must overcome enduring and complicated obstacles. The absence of institutional authority and recognition is a significant obstacle. Instead of being academic departments with a clear mission, MED are frequently seen as administrative or supportive departments in medical schools. Their strategic role in educational governance may be undermined by this perception, which may limit their ability to influence curriculum choices and resource allocation. Below is a discussion of some of the main issues MED is facing.

1. Limited institutional support: MED continues to be understaffed or under-resourced in many colleges. Their efforts might not be transformative without administrative support.
2. Financial strains: Inadequate funds for staffing requirements, infrastructure, and technology upgrades

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3. Opposition to change: MED's learner-centered methods occasionally conflict with the conventional teacher-centered culture of medical education. Due to time constraints or a lack of confidence, faculty may be reluctant to adopt new techniques.

4. Lack of qualified medical educationists: Although medical education is becoming more and more recognized as a specialty, the effectiveness of the department is still hampered by the lack of faculty members with formal training in this field.

5. Inconsistent CBME implementation: Despite the existence of CBME frameworks, different institutions implement them very differently. The logistical demands of ongoing tracking, faculty workload, and insufficient assessment tools are among the difficulties.

6. Inadequate research output: Compared to clinical research, educational research is frequently underappreciated, which leads to fewer funded projects, limited institutional encouragement, and low publication rates.

### SUMMARY

By improving teaching quality, fostering faculty development, and advocating for contemporary assessment techniques, the Medical Education Department (MED) has the potential to significantly alter medical schools. Unlocking these opportunities, however, calls for consistent institutional support, funding for qualified teachers, and a change in culture that values creativity. Medical schools can better prepare aspiring doctors to handle the intricate demands of changing healthcare systems by addressing these issues.

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