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# **FUTURE** ROLE OF MEDICAL AND HEALTH PROFESSIONS TEACHERS & FACULTY DEVELOPMENT PROGRAM **A REFLECTION**

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**Faculty of Medicine Universitas Indonesia**

**Center of Medical Education**

**Indonesia Medical Education Research Institute FKUI**



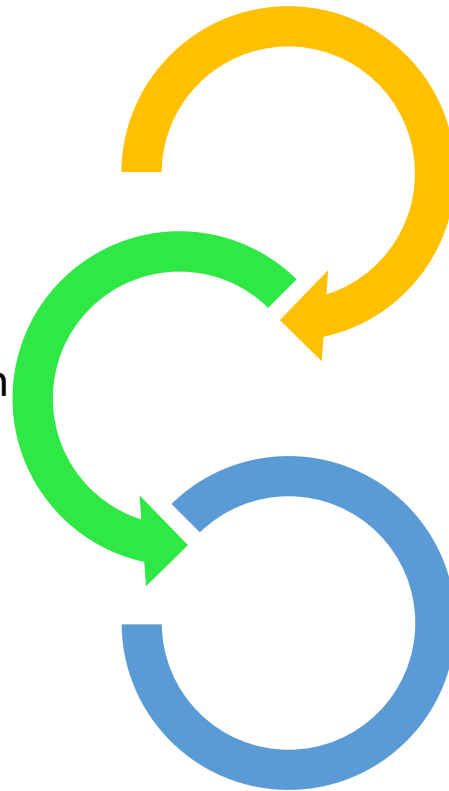
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System-based  
medical and health  
professions  
education



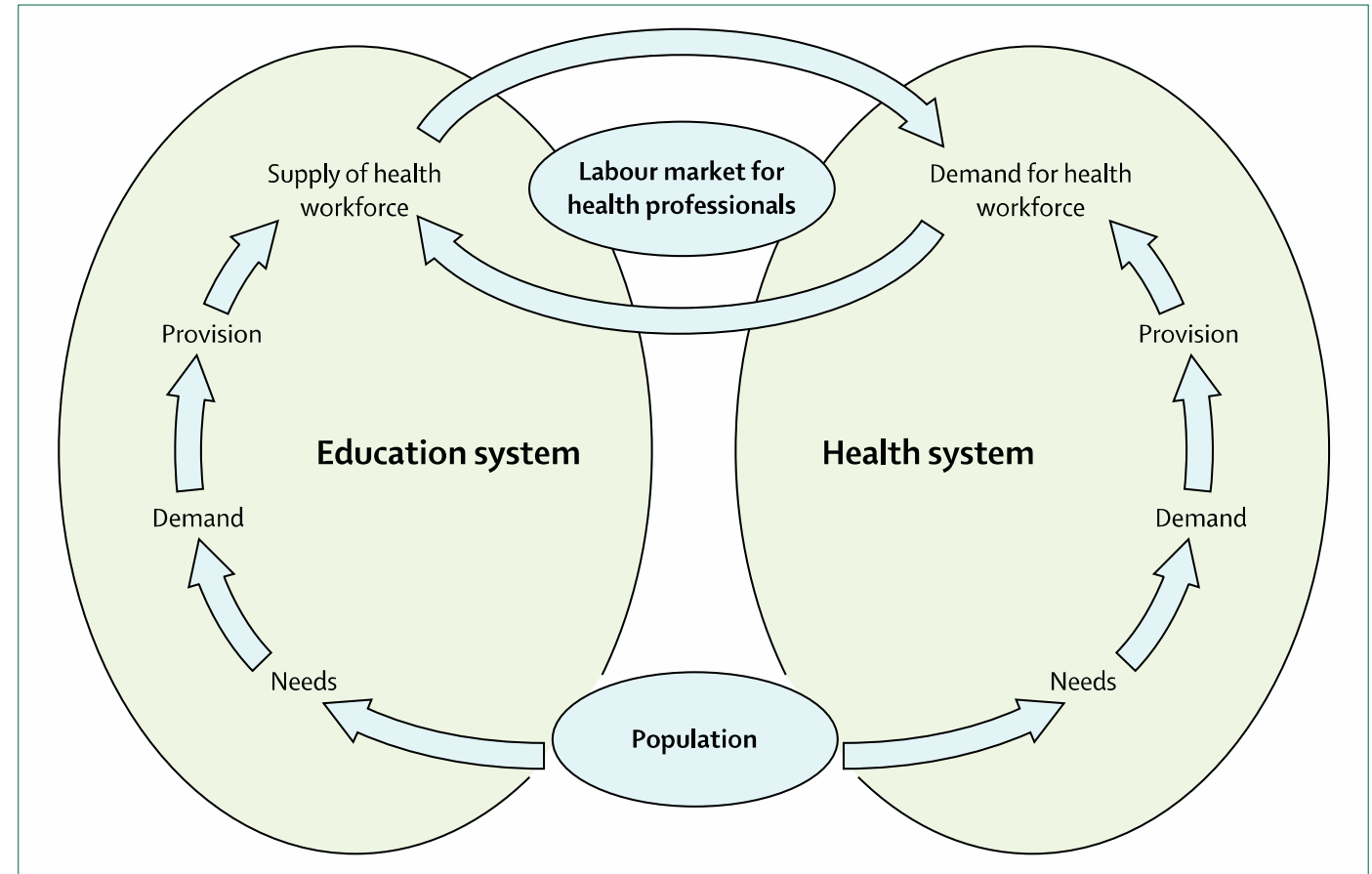
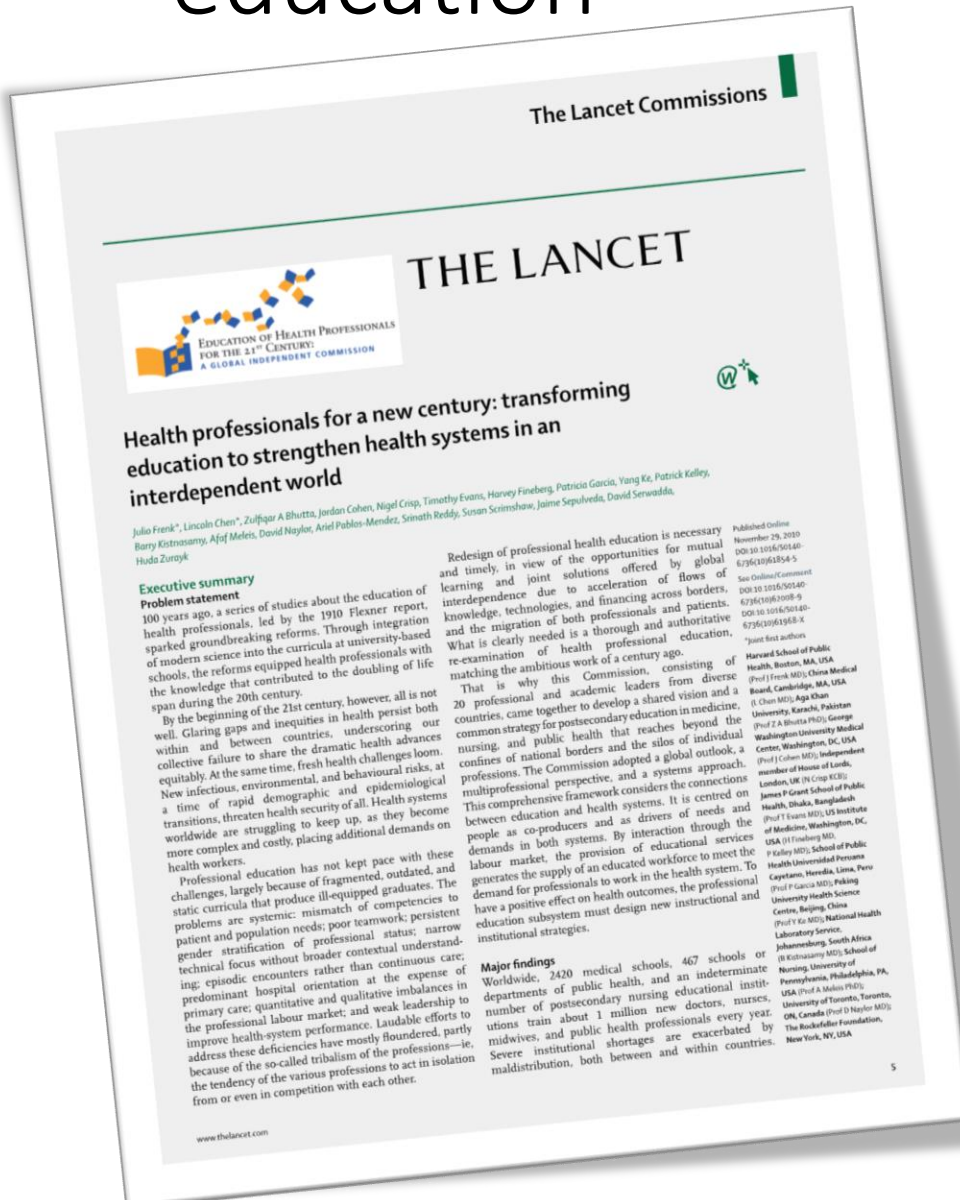
**Well-prepared and  
future-oriented  
medical and health  
professionals  
teachers/faculty**

**Future medical doctors  
and health professionals**



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# System-based medical and health professions education



Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.



***To have a positive effect on the functioning of health systems and ultimately on health outcomes of patients and populations educational institutions have to be designed to generate an optimum instructional process.***

Frenk, Julio, Lincoln Chen, Zulfiqar A. Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756): 1923-1958.



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# What will the future be?



# NEW LITERACIES

Data

The ability to read, analyze, utilize information (big data) in the digital world

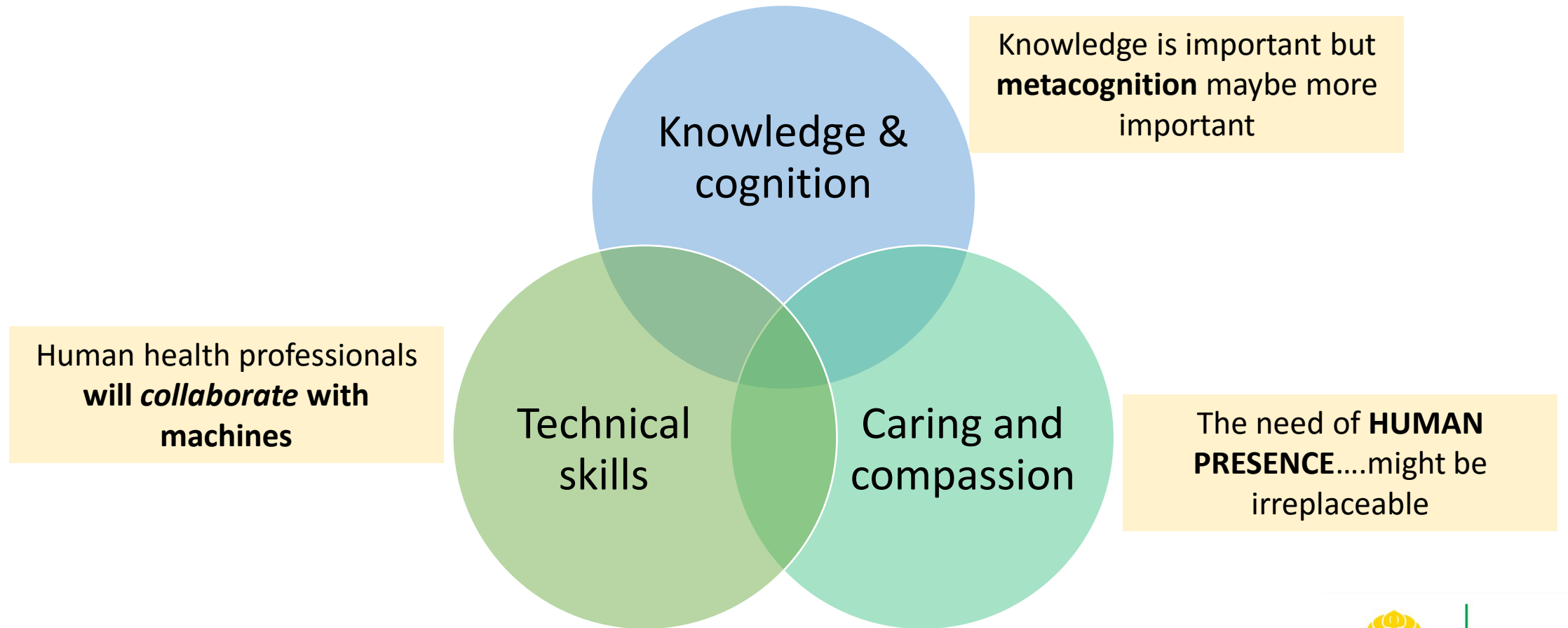
Technology

The ability to understand mechanical (system) work; use the application technology

Human

Humanities, communication, design

# WHAT *Human* professionals of the future can bring



Hodges B, Technology, compassion and healthcare education in an interconnected world. Asia Pacific Medical Education Conference, Singapore, 2018.



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# Top 10 skills for the 4<sup>th</sup> industrial revolution era

Complex  
problem  
solving

Critical  
thinking

Creativity

People  
management

Coordinating  
with others

Emotional  
intelligence

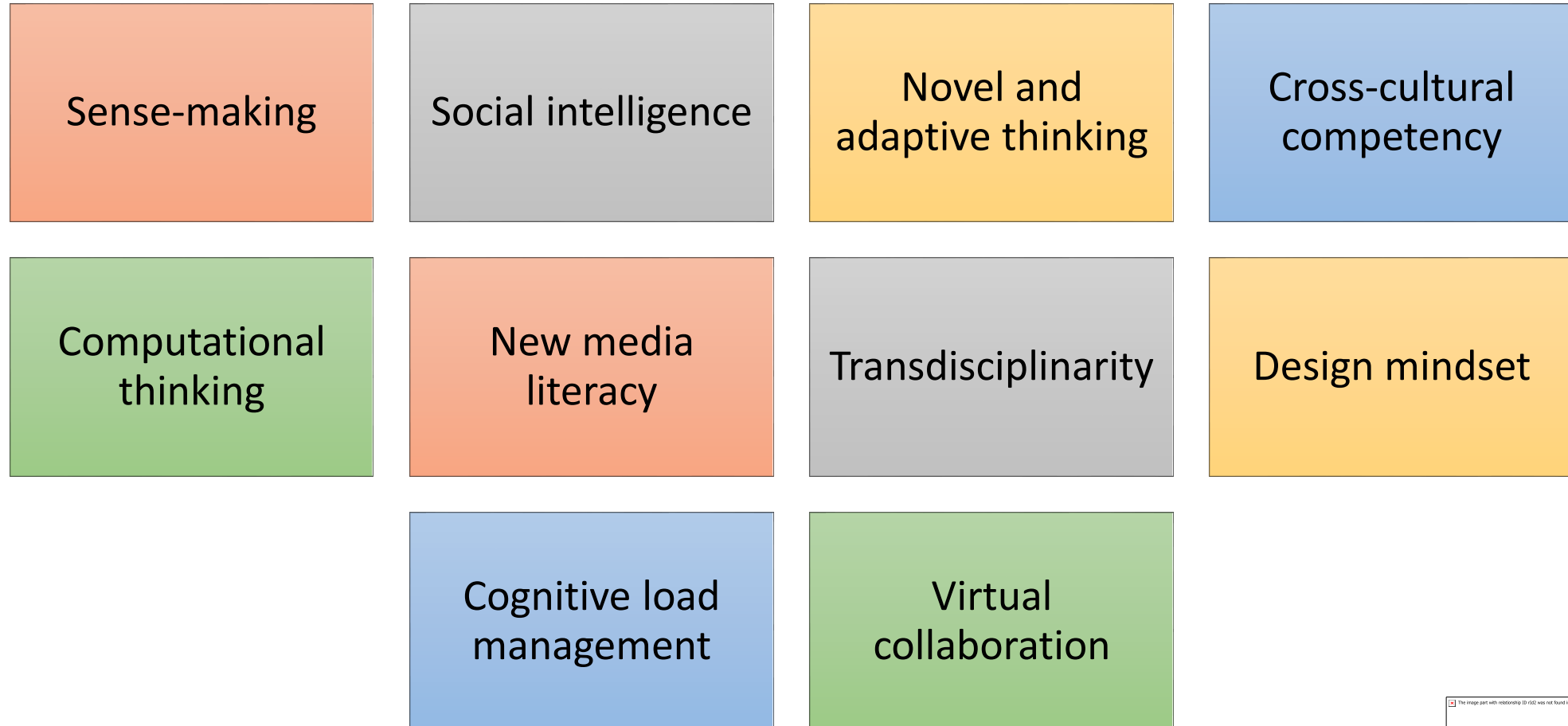
Judgment and  
decision  
making

Service  
orientation

Negotiation

Cognitive  
flexibility

# Skills for future workforce



# What kind of teaching learning strategies?



Simulation

Augmented  
reality

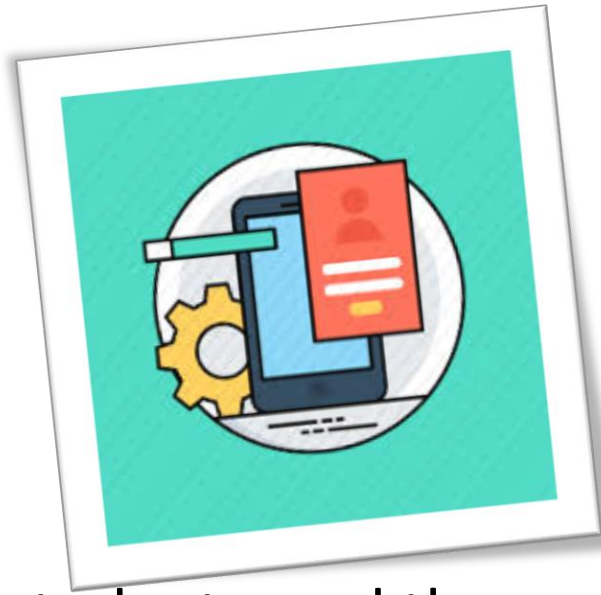
Virtual  
patients

Gaming

Intelligent  
tutoring  
system

Massive  
Open  
Online  
Course

# Adaptive curriculum – personalized learning



The teachers, students, and the content are **each simultaneously and synergistically adapting to each other aligned with the purpose of accelerating student learning.**

Frequent formative assessment and constructive feedback

Student centered process (self-regulated learning skill is necessary)

Supportive teachers

The use of technology in learning and analysis of students' performance

Continuous improvement





**Baby boomer**  
1940–59



**Gen X**  
1960–79



**Gen Y (millennial)**  
1980–94



**Gen Z**  
1995–2010

**Context**

- Postwar
- Dictatorship and repression in Brazil

- Political transition
- Capitalism and meritocracy dominate

- Globalization
- Economic stability
- Emergence of internet

- Mobility and multiple realities
- Social networks
- Digital natives

**Behavior**

- Idealism
- Revolutionary
- Collectivist

- Materialistic
- Competitive
- Individualistic

- Globalist
- Questioning
- Oriented to self

- Undefined ID
- “Communaholic”
- “Dialoguer”
- Realistic

**Consumption**

- Ideology
- Vinyl and movies

- Status
- Brands and cars
- Luxury articles

- Experience
- Festivals and travel
- Flagships

- Uniqueness
- Unlimited
- Ethical

# Characteristics of generation Z

## 'Undefined ID'

"Don't define yourself  
in only one way"



Expressing  
individual **truth**

## 'Communaholic'

"Be radically  
inclusive"



Connecting through  
different **truths**

## 'Dialoguer'

"Have fewer confrontations  
and more dialogue"



Understanding  
different **truths**

## Realistic

"Live life  
pragmatically"



Unveiling the **truth**  
behind all things

***“We are training the last generation of doctors who can remember a time before the internet, the first who will learn in an environment dominant by digital technologies, and the first who will practice in a predominantly e-health environment”***

(Ellaway RH, 2017)

Do we prepare our faculty/teachers to fulfil the roles well?





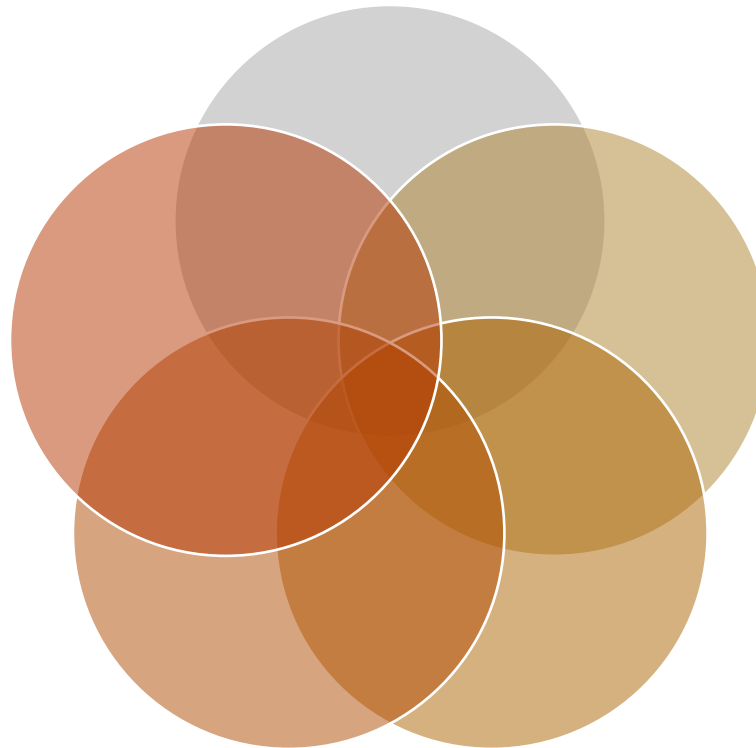
Educator

Administrator

Researcher

Leader

Scholar



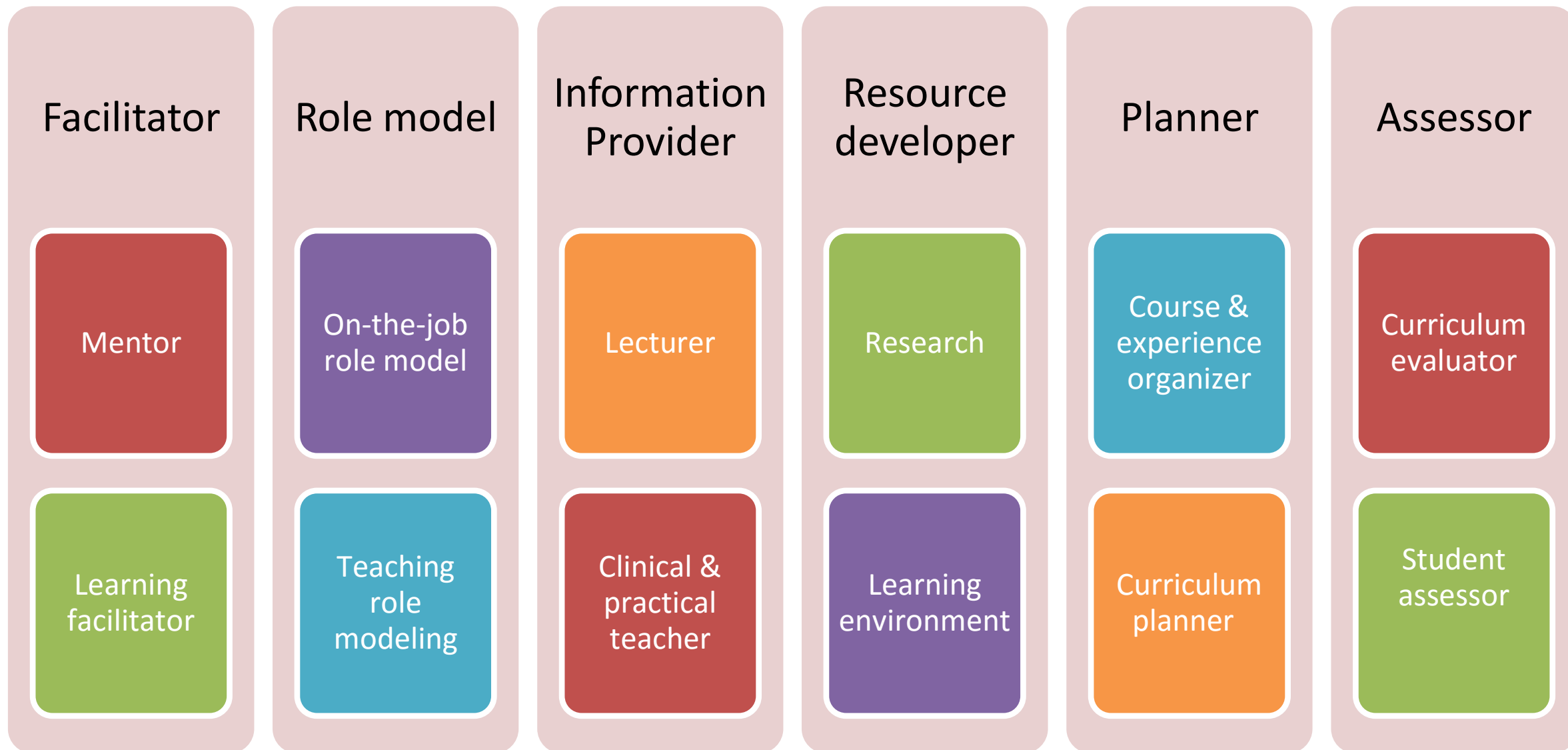
(Steinert Y, 2014)



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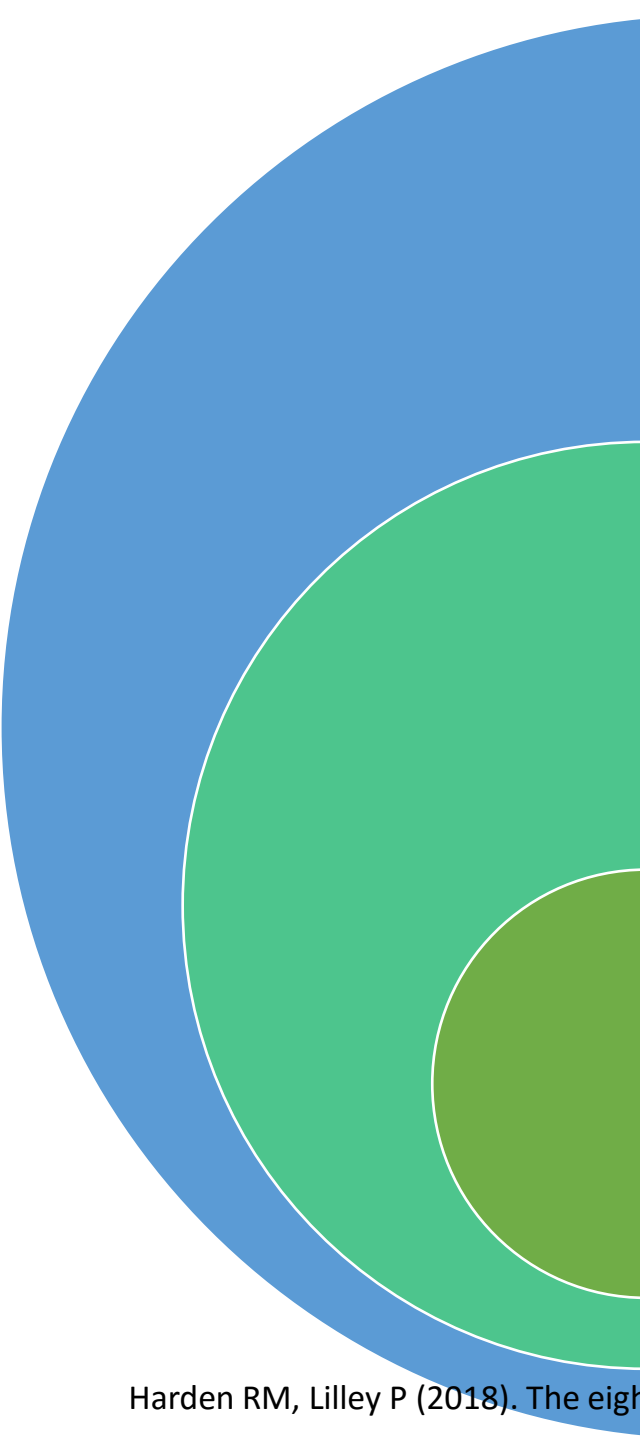
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(Harden & Crosby, 2000)



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**Professionalism**  
(The right person doing it)

- Soliciting feedback on teaching
- Self-reflection on teaching strengths and weaknesses
- Seeking professional development in teaching
- Mentoring and seeking mentoring
- Engaging in educational scholarship

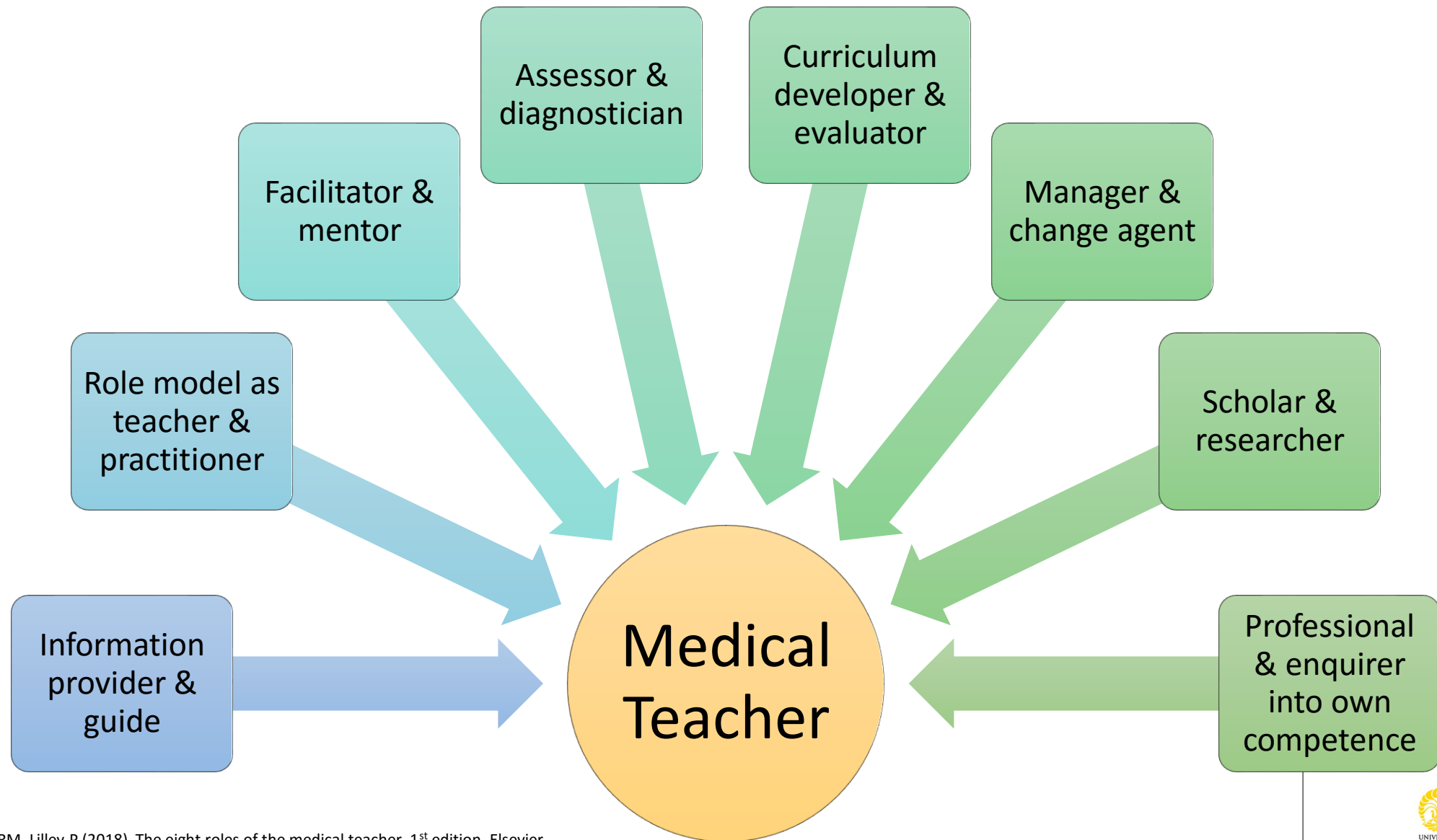
**Approach to teaching**  
(Doing the thing right)

- Showing enthusiasm for teaching and towards learners
- Understanding learning principles
- Using appropriate teaching strategies for different level of learners
- Applying principles of effective feedback
- Modelling good professional behaviour
- Grasping the unexpected teaching moment

**Technical abilities**  
(Doing the right thing)

- Time-efficient teaching
- Inpatient/outpatient teaching
- Teaching at the bedside
- Work-based assessment of learners in clinical settings
- Providing feedback

# THE 8 ROLES OF MEDICAL TEACHER





# The role of the faculty in digital era

- Help students (and ourselves) become **digitally literate**, to take advantage of the technology tools and platforms available, and evaluate the educational content available online.
- **Guide students**, and recommend digital tools and educational resources that are appropriate and useful.
- Assure **meaningful learning experience**.

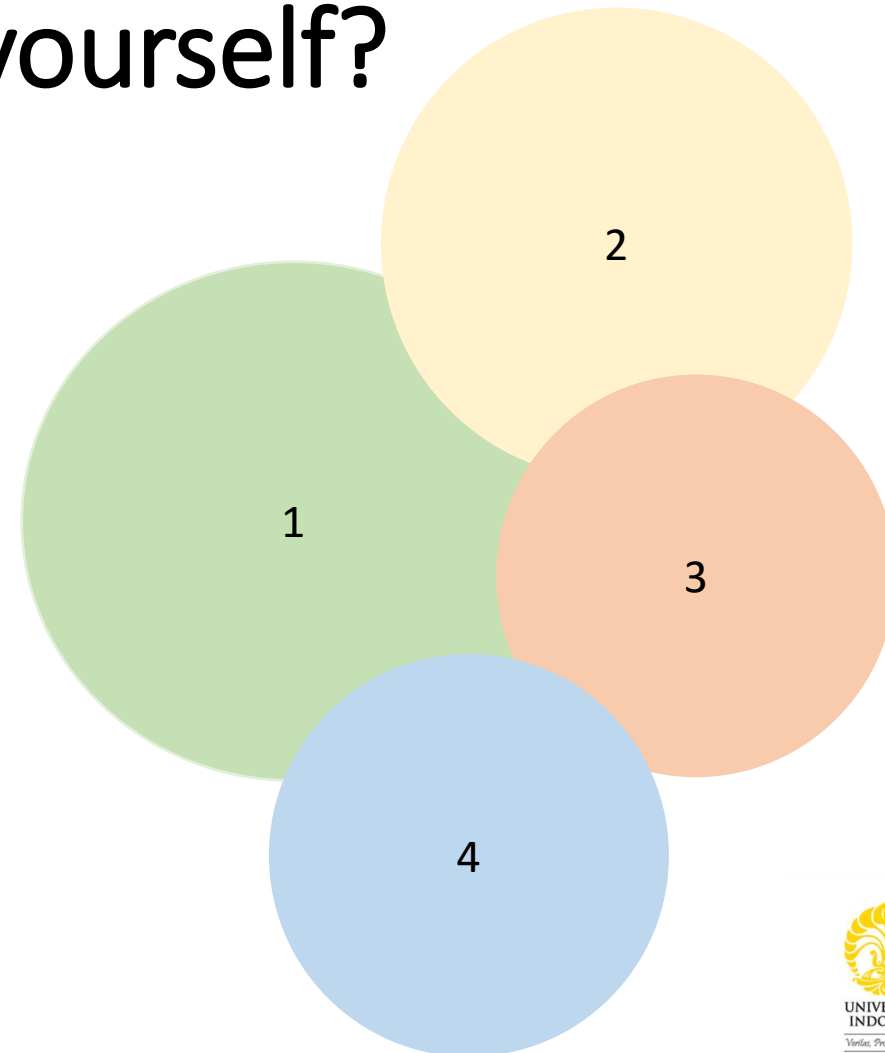


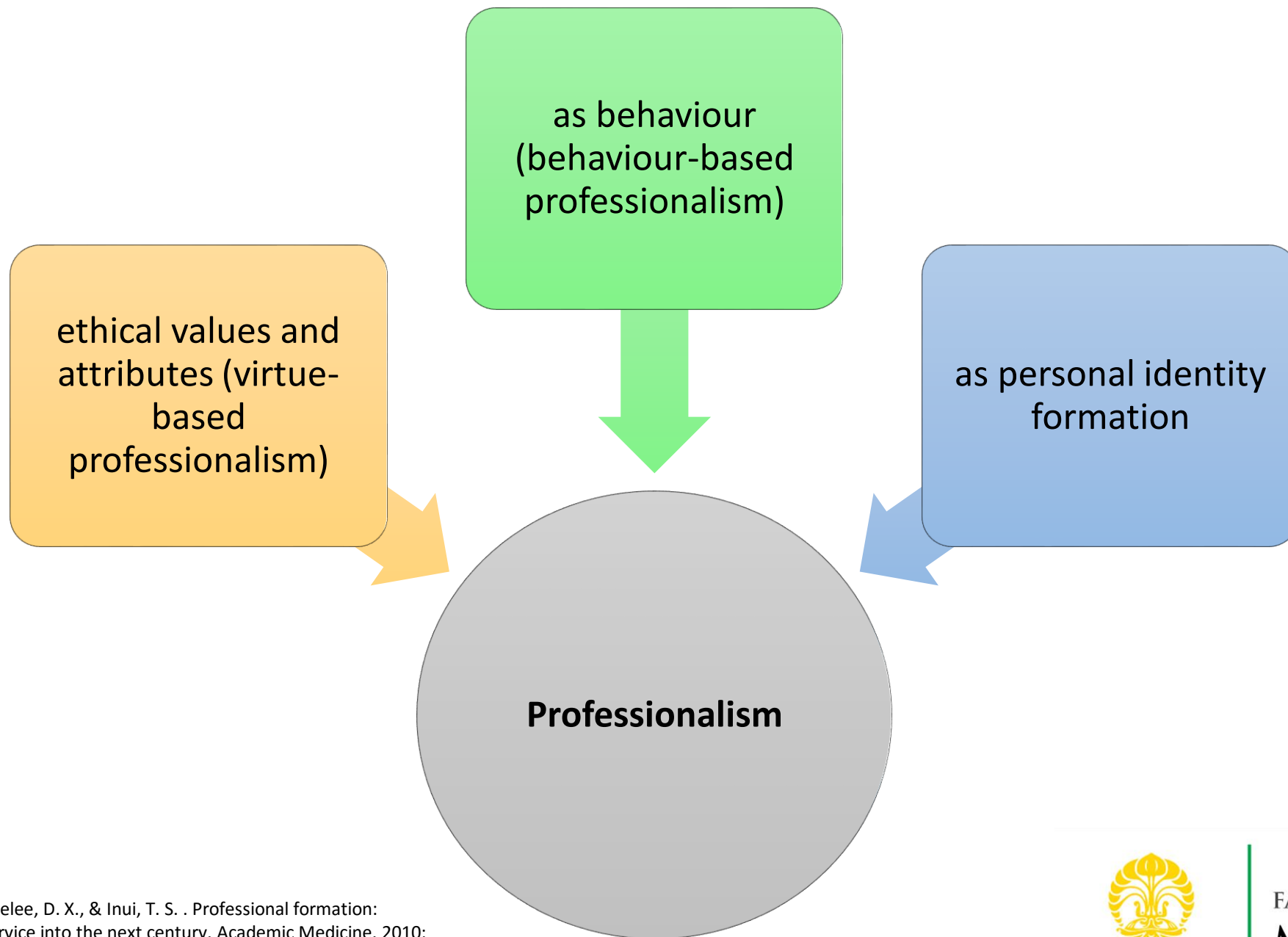
# Some reflective questions:

- Do we see ourselves as medical and health professions teachers?
- How do we see ourselves as medical and health professions teachers?

# Whenever you are asked by a new colleague, how do you introduce yourself?

1. I am a mother of two and a wife
2. I am a medical teacher working at FMUI for the past 15 years
3. I am a researcher in medical and health professions education
4. I am a faculty developer
5. ....





Rabow, M. W., Remen, R. N., Parmelee, D. X., & Inui, T. S. . Professional formation: Extending medicine's lineage of service into the next century. *Academic Medicine*. 2010; 85(2), 310–317.

Irby DM & Hamstra SJ. Parting the Clouds: Three Professionalism Frameworks in Medical Education. *Academic Medicine*. 2016; 91(12): 1606-1611.



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# Professional identity as medical and health professions teachers



Identity can be understood as **a way to legitimize and justify oneself.**



The process involves understanding of oneself in relation to others and the world, which then ignites critical questions of **'who we are'** and **'what we would like to be'**



# Faculty development

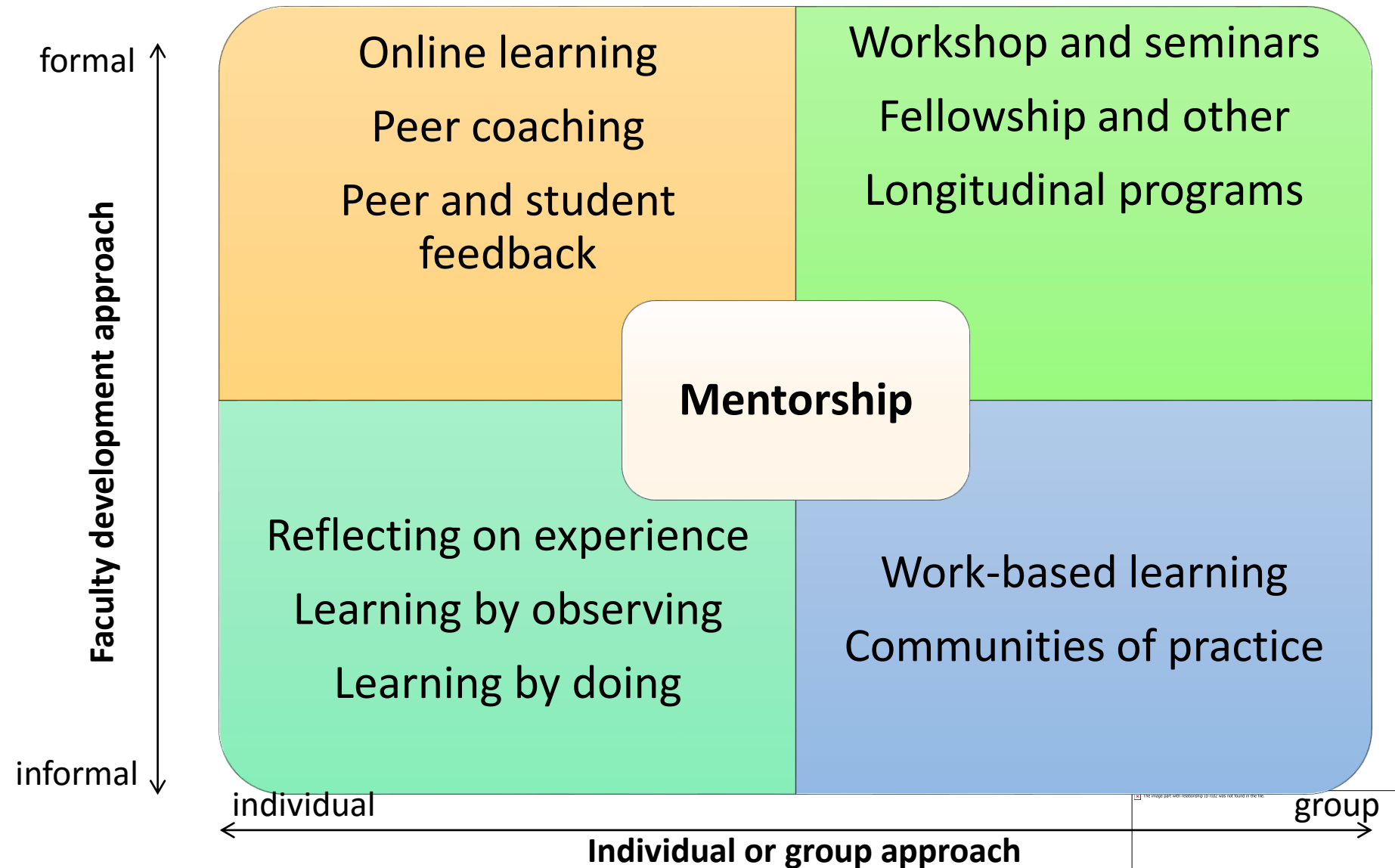
An essential support framework provided to faculty members to assist them in responding to the challenges of their multiple roles and evolving responsibilities



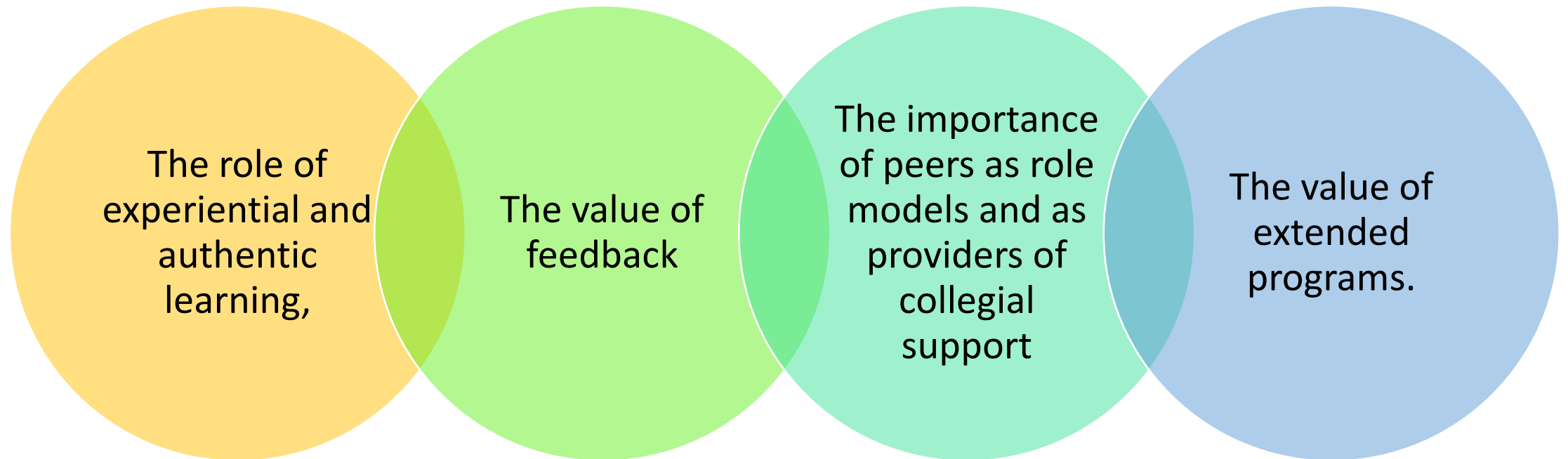
Leslie K, Baker L, Egan-Lee E, Esdaile M & Reeves S (2013). Advancing faculty development in medical education: a systematic review. *Academic Medicine* 88(7), 00-00, doi: 10.1097/ACM.0b013e318294fd29



# Faculty development programs



# Effective faculty development program



# Peer coaching and mentoring

- **Highly personalized approaches** that are learner-centered, thus meeting individual faculty needs.
- **Requires a level of collegiality, trust and commitment** to both the process and to the individuals involved that is beyond what one might expect in traditional faculty development activities.
- The need for **honest reflection** when using these approaches has the potential to **increase self-awareness and facilitate lasting change**.

# Peer coaching and mentoring

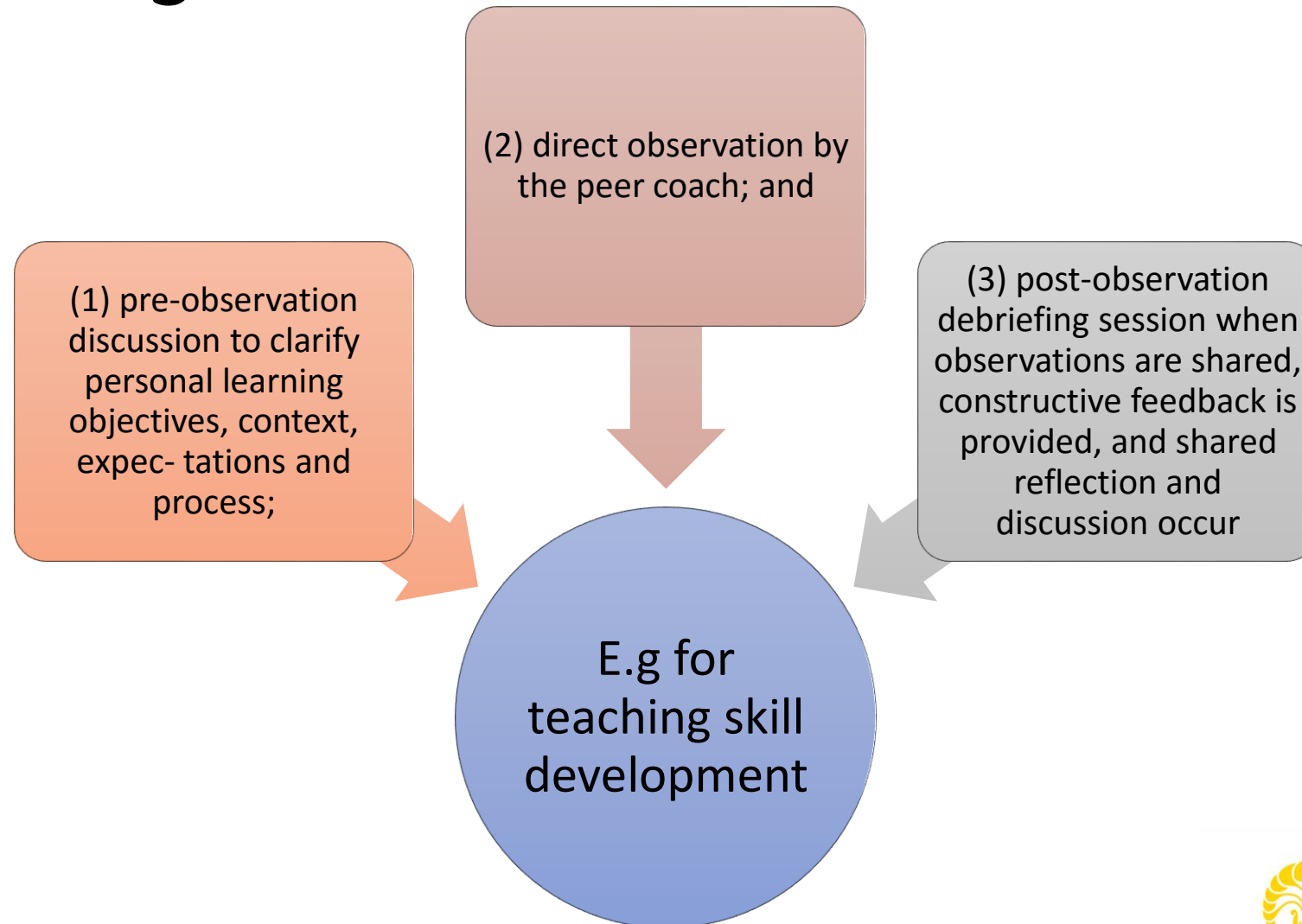
## *Peer coaching*

- often focuses on tasks or skills to be developed.
- practical and exploits daily learning opportunities.
- work-based learning and commonly involves observation of teaching and feedback.
- Reciprocal learning between faculty members with similar levels of experience and expertise.

## *Mentorship*

- has more of an 'abstract' quality in that it is often removed in either place or time from daily events.
- Mentoring relationships may involve a greater sense of depth, caring and emotional bonding
- Address issues such as personal work-life balance and career development.
- Mentors also provide guidance instrumental to effective functioning within an organization and advocate on behalf of their mentees for resources and support necessary for the fulfilment of the mentees' goals

# Peer coaching



# Mentorship

- **Dyadic mentoring model**

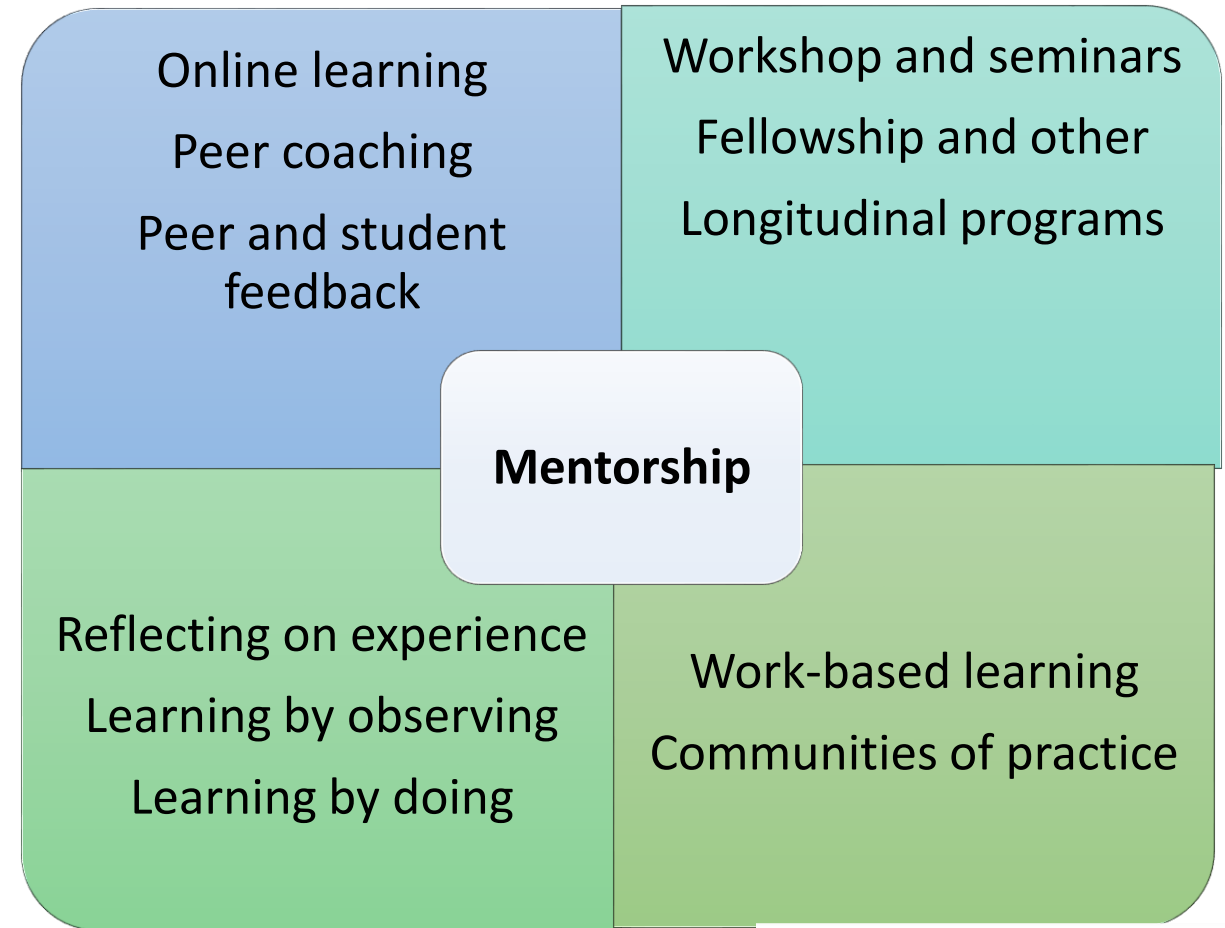
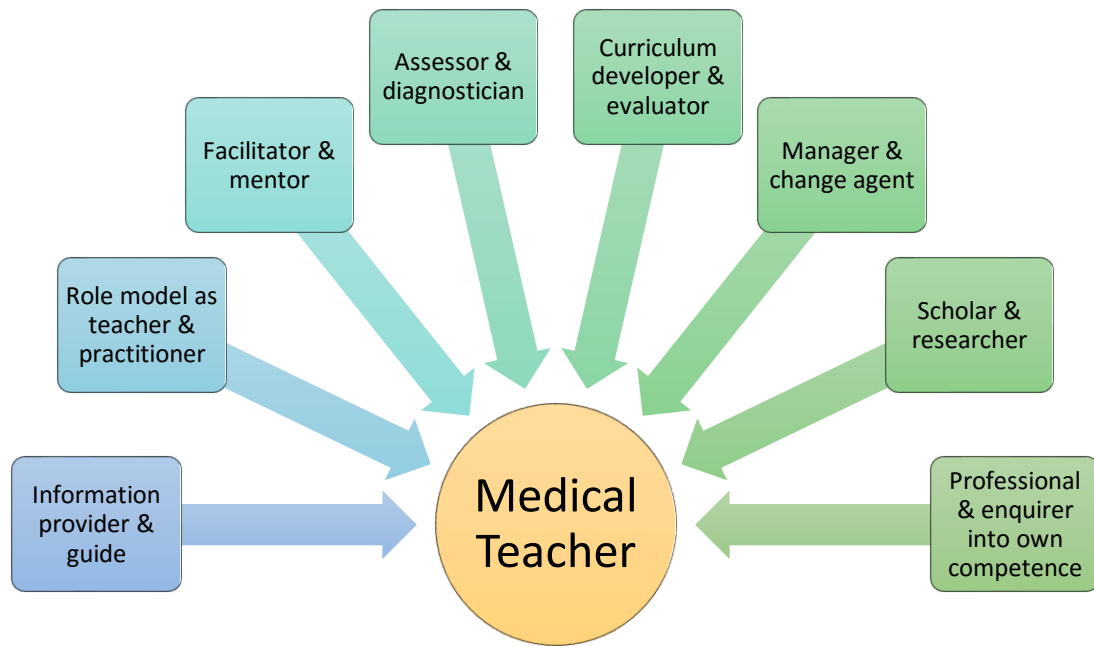
- Between two people, in which the mentor is usually more senior than the mentee and has the advantage of experience that can be incorporated into the guidance provided.
- Power differential issues?
- Peer mentorship model

- **Group mentoring model**

- a group of people are mentored at the same time with a single mentor acting as both mentor and group facilitator.
- More hierarchical approach or peer group mentoring approach

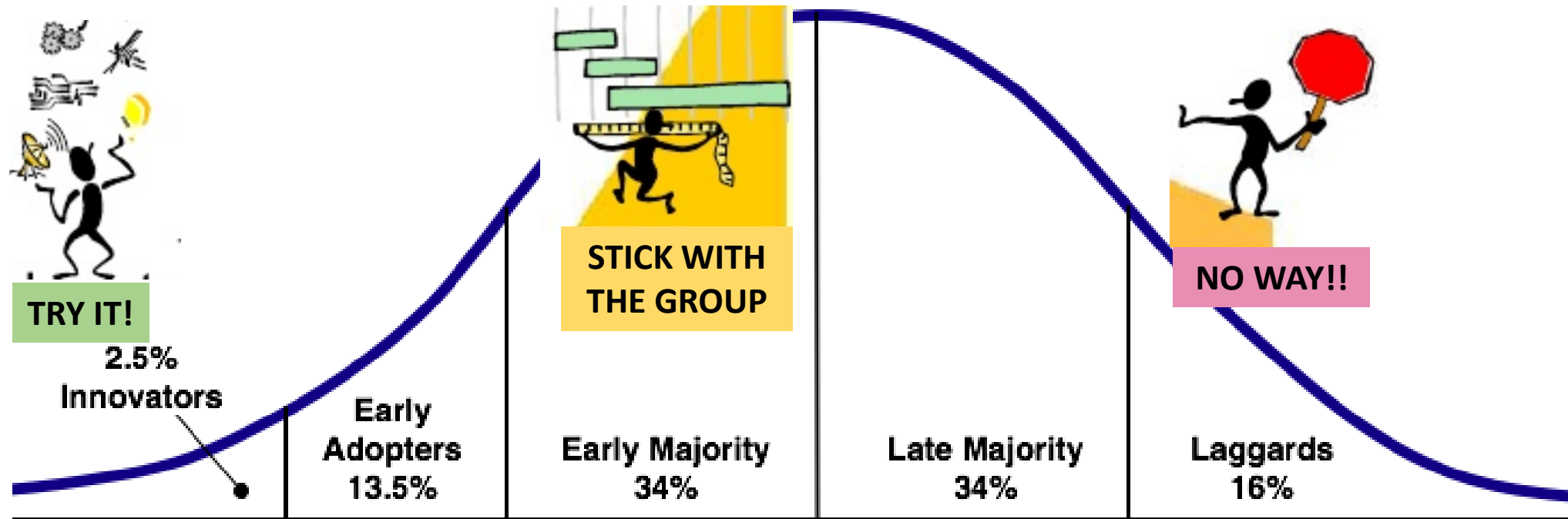


# Which approach do we have to employ?



# ARE WE READY TO CHANGE?

Adopter Categorization on the Basis of Innovativeness



Source: Everett Rogers, *Diffusion of Innovations* model



# Take home message



Have we adequately supported our teachers to fulfil their roles?

What kind of faculty development approach suitable in each of our institution?



# Thank you

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