

PERSONAL VIEW

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Scholarship in Health Professions Education-Development from the Past to Future Possibilities

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I. INTRODUCTION

Over the past 25 years, the Asia Pacific region has seen striking growth in the scholarship of health professions education, and it is poised to continue its development. A window into the past and a glimpse of the future can be found in the meetings of the Asia Pacific Medical Education Conference (APMEC), which recently celebrated its 25th anniversary. To frame my personal observations, a word cloud was created using the titles of the plenaries, keynotes, and symposia of the 2003, 2004, and 2006 conferences and another was created using the titles from 2021, 2022, and 2023. When comparing these two clouds (an exercise akin to interpreting inkblots), three themes emerged: interprofessional education and practice (IPEP), the scholarship of teaching and learning (SoTL), and the growing role of technology.

Interprofessional Education and Practice. In the first three conferences, the most common word was 'medical' and in the last three it was 'education'. This parallels developments in the field, which started with a focus entirely on medical education, expanded to all the health professions, and in its most recent iteration, turned to interprofessional education. The reason for this latest development is research showing that interprofessional practice results in better patient outcomes, improved efficiency of care, and increased satisfaction among providers (Reeves et al., 2017). One of the biggest barriers to IPEP is social closure, defined by Mackert (2012) as the "process of drawing boundaries, constructing identities, and building communities in order to monopolize scarce resources for one's own group, thereby excluding others from using them." (Mackert, 2012). Each profession has an educational model that encompasses as much of practice as possible, and they compete over ownership at the boundaries. This limits interprofessional cooperation and the opportunity for joint training.

Social closure has been institutionalised through the regulatory processes (i.e., accreditation and licensure/registration) used in many countries. These fix the boundaries of the professions and the nature of training and practice. Regulation ensures initial competence but makes it challenging to develop shared competencies across the professions. Moreover, there are few regulatory requirements for keeping up with changing practice and even fewer ways to acknowledge the acquisition of additional competencies after formal training.

Digital badges or micro-credentials are one way to approach the issue of social closure. They are circumscribed credentials based on shorter educational experiences followed by assessment. They can be part of existing broad educational and regulatory processes, complement them, or replace them in part. These credentials can be applied across professions and throughout careers.

Micro-credentials can support the development of IPEP by increasing access and shifting the focus from what the professions can do, to what patients and healthcare systems need. The fact that different professions experience the same educational process leads to comparability across providers regardless of discipline, less siloed regulation, and increased interprofessional collaboration. Furthermore, it offers a pathway for practitioners who seek to upgrade their skills or acquire new competencies.

The scholarship of teaching and learning. The second theme that emerged from a comparison of the word clouds was the scholarship of teaching and learning (SoTL). 'Curriculum' and 'assessment' were prominent in the first APMEC conferences, but they vanished recently, with 'learning', 'scholarship', and 'educator' being more prominent. In my view, this shift signifies the growing role of SoTL.

The goal of SOTL is to improve student learning by identifying effective teaching practices and disseminating those practices. It is a relatively new field of scholarship that has nine attributes: "committed engagement in action, critique-based, disciplinary, context-oriented, critical enquiry process, continuous deep reflection, dynamic process, shared publicly, and learning focused." (Mirhosseini et al., 2018).

A recent edition of the Asia Pacific Scholar exemplifies this work (Lee & Norcini, 2023). It included studies that addressed topics such as community based interprofessional education, cultural awareness training in the emergency room, approaches to vaccine hesitancy, innovative oral exams for occupational therapy students, and coaching programs for faculty members.

Technology. The third theme that emerged from the comparison of the word clouds was technology. 'eLearning', prevalent in the early days of the conference, has disappeared to be replaced by 'technology'. In my view, this signifies its growing role in health professions education and assessment. To pursue this further, Bard (Google's AI chatbot) was asked, "What effect will technology have on education in the health professions?" Below is Bard's response, edited for British spelling and for length by removing examples.

"Technology is already having a significant impact on education in the health professions, and this trend is only going to accelerate in the coming years. Here are some of the key ways in which technology is transforming health professions education

• Increased use of e-learning and simulation provides students access to high-quality educational resources and experiences, regardless of location or time constraints.

• Technology can be used to create personalised learning experiences for each student.

• Technology can be used to facilitate interprofessional collaboration between students and healthcare professionals from different disciplines.

• Technology can be used to collect and analyse data on student learning and performance.

Overall, technology is making health professions education more accessible, personalised, and effective.

Here are some of the potential benefits of using technology in health professions education:

• Improved access to education: Technology can help to break down barriers to access to education, such as distance, time constraints, and financial resources.

• Increased student engagement: Technology can be used to create more engaging and interactive learning experiences.

• Improved learning outcomes: Technology can be used to personalise learning, provide feedback, and track student progress.

• Better preparation for practice: Technology can be used to simulate real-world clinical scenarios and help students to develop the skills they need to be successful practitioners.

However, there are also some potential challenges associated with the use of technology in health professions education, such as:

• Cost: Technology can be expensive to purchase and maintain

• Digital divide: Not all students have equal access to technology resources

• Technical challenges: Technology can be complex and difficult to use

• Quality control: It is important to ensure that technology-enhanced learning resources are high-quality and effective

Overall, the benefits of using technology in health professions education outweigh the challenges. However, it is important to use technology thoughtfully and strategically to ensure that it is used to enhance learning, not replace it." (Bard, 10/30/2023) This is an impressive performance by Bard, and it offers a small preview of what technology may do. The ideas are not novel, but a wide range of thinking was summarised in a systematic fashion within seconds. This is just the beginning for generative artificial intelligence but it is clear that technology will reshape educational practice and scholarship. It also raises important questions about how we interact with it going forward.

II. SUMMARY

APMEC's history provides a means of describing the dramatic growth in health professions education in the Asia Pacific region. The past 25 years have seen the focus of research expand from its start in medical education through all the health professions to IPEP. To drive this growth, new forms of scholarship have taken root. With its strong emphasis on context, SoTL enhances the relevance of this research to the cultures and practices of the region. Finally, technology, and our relationship with it, will have profound effects going forward. Taken together, these trends lay the groundwork for future work that will serve the needs of the region and have sizeable influences beyond it.

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