

Third Decade of Health professional education at the International Medical University: driven by the 3 I's of IMU*

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Abstract: Building on two decades as a private health professional university, the International Medical University prepares for the third decade, taking stock of the challenges in changing epidemiology and pattern of disease, changing demography and healthcare, as well as explosion in knowledge and information technology. The Global Independent Commission¹ provided a framework for instructional and institutional reforms, and the IMU will use its 3 I's (insight, imagination & innovation) in adopting these measures. Some of the instructional reforms are already in place, others need to be further nurtured and promoted. In its third decade, competency based curriculum, inter-professional learning, IT, global collaboration, educational resources, new professionalism and emphasis on quality improvement will help ensure IMU train and produce competent, caring and ethical health professionals fit to tackle 21st century challenges.

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IMU has just concluded the 20th anniversary celebrations. There are many achievements that IMU can be proud of, from her infancy in the 90's, to the childhood years, followed by the adolescent years, and now IMU is at the threshold of her 20's. In human terms, IMU is entering adulthood.

IMU has achieved some status as the first private medical university in the country, and over the last 20 years, has grown to become a university committed to training health care professionals of the future. IMU has used a unique model of partnership and currently has more than 30 partners. Some of these partners have been with IMU from the beginning, while others are relatively new. IMU has produced graduates who are well prepared for the workforce. If the MOH houseman performance survey (2009-2011), although not published and not perfect, is used as a yardstick,

our medical graduates were found to be at the top of the rung, and have performed reasonably well.

Is IMU able to continue to do this in the third decade, using the same modus operandi? Why not, as IMU has been doing well for the past 20 years; and what is wrong with doing the same thing in the next 10 years?

Julio Frenk of Harvard Medical School and Lincoln Chen of the China Medical Board¹ have put together a group of eminent experts called the Global Independent Commission on the Education of Health Professionals for the 21st Century, to deliberate on the state of medical education in the world. The work of this commission was sponsored by the Bill and Melinda Gates Foundation and the China Medical Board. To quote the report of this Global Independent Commission: "20th century educational strategies are unfit to tackle 21st century challenges". Let us examine what are the challenges, especially in the Malaysian context, that lie ahead in our next decade.

We all recognize the emerging challenges in *epidemiologic* and *demographic* transitions: urbanisation, the ageing population, population shifts; the *changing pattern of disease* (infections to non-communicable diseases and chronic diseases, waves of emerging and re-emerging infections, climate change, environmental issues); the *changing face of healthcare* (multidisciplinary team care, super-specialisation replacing general practice, healthcare as an industry, mushrooming of private medical schools, globalisation and movement of health personnel); and the *explosion of new knowledge and technologies* (IT transforming communication, learning, access to information, record keeping).

Other drivers of change include the consumer sophistication, 24/7 society, complex ethical issues, changing social norms, health funding issues etc. Closer to IMU in particular, are changes in the countries of our Partner Medical Schools (PMS). We have started to see the shrinking of PMS places, and decreasing opportunities for postgraduate training in these countries.

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What do we do to prepare ourselves for the third decade? Obviously the 3 I's (Insight, Imagination, Innovation) of IMU come in handy, and will certainly help to ease our transition: except that IMU will probably need a double dose of all the 3 I's. Without the 3 I's, without adapting and embracing changes and challenges, IMU as an educational institution will soon become irrelevant and unable to attract students or faculty to its doors.

In preparing for the third decade, IMU will need to take stock of the forces that will change and revolutionise healthcare delivery: genomics, communication technologies, ever increasing cost of healthcare and a maturing Facebook generation. As an example, the current annual wellness examination may well become obsolete when a health risk assessment, coupled with genetic analysis may predict disease more effectively, and hence likely to prevent disease more efficiently than a traditional general examination could ever be able to do³. For chronic disease management, as well as unexpected acute episodes, a closer partnership will be seen between the patient and the healthcare professional through communication technologies (including monitoring of various parameters, information and advice for the patient on a regular basis, getting quick medical attention in any parts of the world for acute episodes), without face-to-face encounter. Nevertheless, patients will still need hands-on, direct medical care for procedures and surgeries, and also access to sophisticated diagnostic and treatment equipment³. Are we training and preparing doctors and healthcare professionals for this new paradigm?

Pew Health Professions Commission², in its 4th and final report, has recommended 21 competencies for health care professionals in the 21st century:

1. Embrace a personal ethic of social responsibility and service
2. Exhibit ethical behaviour in all professional activities

3. Provide evidence-based, clinically competent care
4. Incorporate the multiple determinants of health in clinical care
5. Apply knowledge of the new sciences
6. Demonstrate critical thinking, reflection and problem solving skills
7. Understand the role of primary care
8. Rigorously practice preventive health care
9. Integrate population-based care and services into practice
10. Improve access to health care for those with unmet health needs
11. Practice relationship-centred care with individuals and families
12. Provide culturally sensitive care to a diverse society
13. Partner with communities in health care decisions
14. Use communication and information technology effectively and appropriately
15. Work in interdisciplinary teams
16. Ensure care that balances individual, professional, system and societal needs
17. Practice leadership
18. Take responsibility for quality of care and health outcomes at all levels
19. Contribute to continuous improvement of the health care system
20. Advocate for public policy that promotes and protects the health of the public
21. Continue to learn and help others learn

All the above competencies are already explicit in IMU's Vision statements, in IMU's 8 outcomes and in the competency list of the School of Medicine.

The Global Independent Commission¹ has come up with the following recommendations which they called "instructional reforms" and "institutional reforms".

Instructional reforms

1. Adopt a competency based curriculum: responsive to rapidly changing needs. The competencies should be adapted to the local context, and determined by national stakeholders, while harnessing global knowledge and experiences.
2. Promote inter-professional and trans-professional education, breaking professional silos while enhancing collaboration and non-hierarchical relationships in effective teams. (“*Inter-professional*” is defined as teamwork with other health professional students and “*trans-professional*” as teamwork with basic and ancillary health workers, administrators and managers, policy makers, and leaders of the local community). Besides relevant technical skills, inter-professional education should focus on generic competencies: *analytical abilities* (for effective use of both evidence and ethical deliberation in decision making), *leadership and management capabilities* (for efficient handling of scarce resources in conditions of uncertainty), and *communication skills* (for mobilisation of all stakeholders, including patients and populations).
3. Exploit the power of IT for learning, through development of evidence, data collection and analysis, simulation and testing, distance learning, collaborative connectivity and management of increase in knowledge. IMU has made and shall continue to make the necessary adjustments to harness the transformative learning made possible by the IT revolution, moving to the more challenging task of developing competencies in our students to access, discriminate, analyse and apply knowledge. More importantly IMU has to teach students how to think creatively to master the large flow of information in the search for solutions. As a corollary, IMU should consider implementing the “open book exam” system in the not so distant future.
4. Harness global resources and adapt locally: using global knowledge, experience and shared resources, including faculty (visiting lecturers), curriculum, didactic materials and students linked internationally through exchange programmes (student mobility).
5. Strengthen educational resources i.e. faculty, syllabuses, didactic materials and infrastructure, to achieve competencies. In particular, IMU needs to enhance faculty development through increased investments in education of the educators, stable and rewarding career paths, and constructive appraisal linked to incentives for good performance.
6. Promote new professionalism: using competencies as the objective criterion for the classification of health professionals, transforming present conventional silos. A set of common attitudes, values, and behaviours should be developed as the foundation for the preparation of a new generation of professionals to complement their learning of specialties of expertise with their roles as accountable *change agents*, competent *managers* of resources, and *promoters* of evidence based policies.

Institutional reforms

Institutional reforms should align national efforts through joint planning involving both education and health sectors, engage all stakeholders in the process, extend academic learning sites into communities, develop global collaborative networks for mutual strengthening, and lead in the promotion of the culture of critical inquiry and public reasoning.

Responding to the above recommendations for instructional reforms, what does IMU have to do to kick start her third decade?

1. Competency based curriculum: The School of Medicine has a list ready and will be running a pilot in the coming semester, before the full implementation. IMU will still need to do a lot of work to train students and faculty in tracking the competencies, but most importantly in getting students to achieve the relevant competencies for progression and for graduation. Achievement

of core competencies will be closely monitored semester by semester, and support and remediation will be instituted for any shortfall.

2. IMU has been discussing about inter-professional education, and less so trans-professional education, as one of the initiatives under its 5-year ASPIRE programme. It is now time for some action. The School of Medicine will begin the multi-system problem-based learning (PBL) in the third quarter of 2013 with Semester 5 in the revised curriculum, sharing the session with students from other non-medical programmes. In order to conduct this PBL effectively, facilitators will need to be well trained to develop the various competencies amongst the participants from different programmes. Other inter-professional learning activities, besides PBL, should go hand in hand to achieve these competencies.
3. Portfolio is now an integral component in the revised medical curriculum. Currently students in Medical Sciences collect and file their portfolios in hard copies to be presented to their respective mentors once a semester. IMU is looking forward to have the portfolio online. The flipped classroom has been started but the implementation has been patchy. There is still a lot of work to be done to get students' buy-in, as well as faculty's buy-in. Here is where a good dose of imagination and innovation is needed to move forward.
4. IMU is very well positioned in having partners across three continents for the last 2 decades: some have been long standing partners, while others came on board later. The Academic Council (AC) and the Professional Education Advisory Committee (PEAC) have been pillars of strength in helping IMU to arrive at where she is today. The looming challenge of shrinking PMS places and the difficulty in securing postgraduate medical training in the United Kingdom and Australia, have driven IMU to initiate programmes to help

prepare her graduates for the United States of America (USA). In addition, IMU is working hard to support her students and interested graduates for the USMLE exams. Besides, IMU may need to also prepare students / graduates for the various qualifying exams in the respective countries where her international students come from. This will be no easy task, but IMU believes that the competency approach will stand her in good stead.

5. Strengthen education resource, in particular faculty. IMU has done well in having the IMU Centre for Education (ICE) which was formerly known as MERU and later CtME. The School of Medicine will continue to work with ICE, together with heads of departments, E-learning Unit and Human Resource department perhaps, in achieving full accreditation of our faculty (acquisition of teaching license, e-learning license, bioethics course certification). The IMU has done well to institute the Teaching Excellence Award (TEA) and various other awards. How often though has the feedback of faculty been taken seriously and how often have we closed the loop, like what is being done with students' feedback? Faculty with heavy teaching loads including cross teaching, competing demands for research and administrative duties are often reasons for career stagnation and discontent. Moving to the third decade, the author's suggestion is to systematically collect feedback from faculty, perhaps once a semester, and to close the loop within a defined period. "Insight" from our faculty is needed as one of our most important assets, to move forward.
6. Again IMU has already had the "core values" in place. What is more important is how to internalise these core values instead of just the logo we see hung in various parts of the building? What is needed here is a good dose of imagination and innovation. The Aflame award is an initiative in the right direction.

7. There is also a need to promote “quality” as an institution-wide commitment, making quality everybody’s business. IMU has been tracking several indicators in the past, and has recently engaged a quality consultant, but more needs to be done. In order to have quality, IMU needs to measure; and in order to measure, we need to have appropriate indicators⁴. Data thus collected will update and improve our *insight*. IMU needs to use these data objectively to *innovate* for better quality.

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