

EDITORIAL

Role of Medical Educationists, Educators, and Teachers in Health Professions Education

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Educationists are professionals who develop and design educational policies and conduct research on different aspects of education. Some of them also teach 'Education' as a subject.

Education is being more streamlined and accepted as a separate entity in medical education, with more and more doctors opting for courses in medical education such as certificates, diplomas and masters in medical education (Tekian, Roberts, Batty, Cook, & Norcini, 2014). Hence, a discussion often ensues regarding the definition of medical educationists, educators and teachers. Literature does not discriminate clearly between these three terms. In this editorial, I will share my perspective on these terminologies based on my experience and supportive evidence from the literature.

A clinician needs a license to practice, so it is unfair to consider a doctor as a teacher by default, without a license to teach. Hence, to be considered a medical teacher, a prerequisite of obtaining a certificate, diploma, or masters in medical education should be fulfilled. At the least, courses or workshops in different aspects of medical education should be completed by the doctors.

Regarding medical education, faculty in medical and dental colleges in Pakistan can be divided into three categories: (1) Doctors with basic medical education (MBBS or BDS) and a postgraduate degree in medical education (e.g. MHPE or MME etc). These professionals are usually concerned with medical education as a discipline and work in the department of medical education (DME) and can be called 'Medical Educationists'. (2) Doctors with post graduate degree in their primary discipline (such as Physiology or Surgery etc) but an additional post graduate degree in medical education. These professionals teach their primary disciplines but at the same time work actively with DME in a collaborative or leadership role. They can be considered as 'Medical Educators'. (3) Third type of faculty confine them to teaching their own subjects who can be considered as 'Medical Teachers'. They either have a license to teach (CHPE, Diploma or Masters) in addition to postgraduate qualification in their own discipline or have learnt the art and craft of teaching through experience and self-training. However, in this day and age when teaching is no more delivery of knowledge (Harden & Crosby, 2000), it is difficult to be a medical teacher without a formal degree and training in teaching.

All these professionals define and shape the structure and role of medical education departments or units. In Pakistan, where

medical education departments are still in infancy in the majority of the medical schools, it is important to understand how these departments should be run (Batool, Raza, & Khan, 2018; Davis, Karunathilake, & Harden, 2005). Department of medical education may be headed by either a medical educationist or medical educator, but the gist is that they should have a basic degree in medical education.

In the author's experience, it is better to have all three types of professionals in the DME or related to it. Each has its own benefit. The medical educationist is focused on administrative and research areas related to educationists, the medical educator can act as a bridge between DME and other disciplines, and the medical teacher is the brace of DME, ensuring the implementation of the educational program. Successful collaboration between these three types of professionals is important for the effective implementation of the curriculum.

The nomenclature of medical educationist, educator, and teacher do not have strict boundaries and are being interchangeably used in practice. It would be interesting to define them empirically and describe the roles and responsibilities for each one of them separately.

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