

FROM THE LITERATURE

## **In the News**

An opinion

### **Staff Training, Health Professions Education or Curriculum Reform?**

One of the hot topics in health professions education is staff training or faculty development. Increasingly, schools recognize and acknowledge the need for further professionalizing their education.

I think the recognition for staff training is long overdue. In the past decades the knowledge about how we learn and how we recover things from our memories has grown tremendously. Consequently, initiatives to change the curriculum accordingly have been described and studied. It fits in the global movement of collaborating and improving the effectiveness of our schools.

In the most recent issue of *Medical Teacher* an overview is given of 18 international Master programmes of Medical/Health Professions Education (Cohen *et al.*, 2005). Being involved in the Maastricht Master of Health Professions Education programme myself I receive requests for cooperation weekly.

I think collaboration is required for a number of reasons. First, the pioneers who want to facilitate a curriculum reform are often quite lonely. It helps when they are able to search in each others libraries, share experiences with likeminded individuals or institutions who are going through a similar process. Next, we cannot all be good at all areas. Collaboration allows us to learn from each other and to share our strong points. Third, in this innovative field, it helps to exchange evidence of effect, preferably knowledge of: “what did not work”.

There is very little evidence of effect within the new field of staff training. Most often, a measurement of satisfaction is conducted after the training and the conclusion is that a true measurement (Are the teaching sessions appreciated better? Do the students learn more? Have they become better practitioners?) is highly desirable. We must therefore be cautious: we don't always know if what we advocate really works!

Studying the effect of staff training is, of course, a tricky area. The outcome of staff training may not readily be obvious from student results; of course academic achievement is the result of many factors, of course there may be staff training outcomes that are too subtle to be measured by (quantitative) research. From that perspective the status quo of “staff training” can be compared to that of “communication skills” 40 years ago. And look what

happened to communication skills: they are now better embedded in evidence than many of the other medical procedures! There is hope, and we can work on it!

Studying the effect of staff training involves more than an occasional course every now and then. It involves the full collaboration of the administration, colleagues and students. It is likely to involve some kind of intervention in the running curriculum. In my view it is worth this price. The result will be a deeper understanding of what happens to the curriculum *in action* and ways to improve it, not just what is described in study guides.

We need to go ahead and move beyond a measurement of satisfaction after a training programme. Only this way we can design better focused staff training, and who knows, improve what happens on the work floor. Collaboration, Master programmes and continued research are the necessary ingredients, but above all this, a benevolent and supportive environment will be the best catalyst.

Jan van Dalen  
Associate Editor, *Education for Health*

## **Reference**

COHEN, R., MURNAGHAN, L., COLLINS, J. & PRATT, D. (2005). An update on Master's degrees in medical education. *Medical Teacher*, 27(8), 686–692.