Experiences after the establishment of a blended learning teacher education course for new staff members at medical universities in Hungary

Levente Kiss1,2, Gábor Fritüz3, Katalin Barabás1,4
1Hungarian Society of Medical Education and Health Science, Szentháromság u. 5, 6722, Szeged, Hungary, EU
2Semmelweis University, Department of Physiology, Tüszló street 37-47 1094 Budapest, Hungary, EU
3Semmelweis University, Department of Anesthesiology and Intensive Therapy, Kövölgyi street 4, 1125, Budapest, Hungary, EU
4University of Szeged, Department of Behavioral Sciences, Szentháromság u. 5, 6722, Szeged, Hungary, EU

Background

The means of Hungarian medical universities have reached an agreement in 2013 that young new staff members must complete a brief course that would help them in their teaching work. The blended learning course was then designed and established in 2014 and 2015 by experienced educators from each university. With the current presentation we aim to provide our experiences after the first 2 years of the course.

Results

SZEGER: The programme was organized for the first time in Szeged during the 2015/2016 Fall semester and it was opened personally by the dean to emphasize its importance. Altogether 17 teachers participated in the one-day long non-obligatory course. Staff members from theoretical science departments were mostly positive, but colleagues of clinical background were quite skeptical.

BUDAPEST: Altogether 96 participants, mostly from clinical departments took part in the course at 5 different occasions during the 2016/2017 Fall and Spring semesters. The survey response rate was 33%. We had many enthusiastic participants but skeptical ones as well. Participants who were from clinical departments valued the lecture material and the consultation less while giving similar marks for the organisation and for the website (Fig 1A). Based on their open remarks it seems that multiple problems (such as lack of time, organization and given value) hamper the quality of teaching in - especially but not only - the clinical context which faculty deprecates it and lead to the simple completion of the teaching duty. Still, 75% of the respondents indicated that the course would help them to improve their teaching skills (Fig 1B).

PECIS AND DEBRECEN: At both Universities the organizers are working on the necessary funding for the establishment of the course and to build a proper system of incentives for the aimed audience to participate effectively.

Discussion

Scepticism, work overload and misunderstandings about the key technical terms related to medical education can hold back the successful implementation of a faculty development course. Participants often complain about more pressing problems that affect their everyday practice than the problems related to their teaching methods.

Methods

From University of Szeged we provide the first appearances based on personal feedbacks after the first occasion held in 2015. At the Semmelweis University we used SurveyMonkey anonymous feedbacks immediately after the consultations. The survey focused on the website, lecture material, consultation and organisation of the course and finally on its general effect on a 1 (neurotic) to 5 (best) scale. We also collected open remarks from the participants. Regarding University of Pecs and University of Debrecen we report the progress of the course organisation so far.

Conclusions

Although a great many young teachers are enthusiastic about improving their educational training there is also a prevailing, parallel culture of negligence towards professional medical education which should be addressed by incentives that reward and expect quality rather than quantity of teaching.

Take-home message

In order to improve quality of teaching at our medical universities it is important to give value to exceptional educational activities and repeatedly emphasize the importance of dedicated teaching. However, the following must be addressed as well in order to give proper incentive to the course:

- Basic prerequisites of teaching at the university must be properly arranged (facilities, group size, allocated time, etc.)
- Staff shortages should be cared for by proper funding
- Enhanced quality assurance is essential

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Contacts

kiss.levente@med.szeget.hu
frituz@gmail.com
barabas.katalin@szeged.uhu.hu
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1 Hungarian Society of Medical Education and Health Science, Szeged, Hungary
2 Department of Physiology, Semmelweis University, Budapest Hungary
3 Department of Anesthesiology and Intensive Therapy, Semmelweis University, Budapest, Hungary
4 Department of Behavioral Sciences, University of Szeged, Szeged, Hungary

kiss.levente@med.semmelweis-univ.hu frituz@gmail.com barabas.katalin@med.u-szeged.hu

Background: The deans of Hungarian medical universities have reached an agreement in 2013 that young new staff members must complete a brief course that would help them in their teaching work. The blended learning course was then designed and established in 2014 and 2015 by experienced educators from each university.

Summary of work: With the current presentation we aim to provide our experiences after the first 2 years of the programme. These relate to the implementations of the programmes at the involved medical universities and we used feedbacks after the consultations to get an insight about the perceptions of the participants.

Summary of results: Above 200 participants, mostly from clinical departments took part in the course. Based on the feedbacks the participants had mixed feelings towards the material and along the many enthusiastic participants there were many who were hugely sceptical and negative about the whole concept of faculty development.

Discussion: Scepticism, work overload and misunderstandings about the key technical terms related to medical education can hold back the successful implementation of a faculty development program. Participants often complain about more pressing problems that affect their everyday practice than the problems related to their teaching methods.

Conclusions: Although a great many young teachers are enthusiastic about improving their educational training there is also a prevailing, parallel culture of negligence towards professional medical education which should be addressed by incentives that reward and expect quality rather than quantity of teaching.

Take-home message: In order to improve quality of teaching at universities it is important to give value to exceptional educational activities and repeatedly emphasize the importance of dedicated teaching.