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Most significant change stories of participants attending the Diploma Medical Education Course in Myanmar

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Abstract

Introduction: Continuing professional development is essential for medical educators to enhance their teaching efficacy and adapt to changes within the medical field. The Diploma in Medical Education Course aims to provide educators with the skills and knowledge necessary to improve their teaching practices and professional growth. This study investigates the most significant changes experienced by educators who completed the Diploma in Medical Education Course and assesses how these changes have impacted their teaching practices and professional development.

Methods: A qualitative study using a phenomenological approach was conducted among 18 medical educators from various medical and allied health universities, including a 1000-bedded hospital and the Department of Human Resource of Health. Data were collected through in-depth interviews and analyzed using thematic analysis to identify significant changes and impacts.

Results: The study identified three main themes of significant change: enhanced curriculum development processes, increased integration of research into teaching, and improved soft skills, particularly in communication and leadership. These changes have led to more dynamic and interactive teaching methods, greater use of evidence-based practices in teaching, and enhanced professional capabilities among educators. Participants reported a profound impact on their teaching practices and overall development, leading to an improved educational environment and better student outcomes.

Conclusion: *The medical education course is crucial for enhancing the pedagogical skills of medical educators and fostering an educational culture that emphasizes continual improvement and adaptation to advancements in medical education. The study suggests expanding such programs to include a wider range of medical educators and encourages ongoing research to explore long-term impacts.*

Keywords: *Medical Education, Professional Development, Curriculum Development, Teaching Practices, Qualitative Research, Phenomenological Study*

INTRODUCTION

The "Most Significant Change" (MSC) technique, initially developed by Rick Davies in 1995, has gained prominence as a participatory tool for monitoring and evaluating social change programs. Originally designed for rural development in Bangladesh, MSC's applicability has expanded across various sectors, including education and healthcare, in both developing and developed economies. This approach involves collecting and systematically selecting stories of significant change from program participants, emphasizing the importance of learning and accountability in complex environments (Davies, 2005). In medical education, the MSC technique has been instrumental in capturing the nuanced impacts of educational programs on both individual and organizational levels. Studies like that of Henry et al. (2018) have showcased how MSC stories can effectively document the developmental journeys of learners and their teams in clinical leadership programs. These narratives offer insights into personal growth, enhanced self-confidence, and professional maturity, underlining the transformative power of structured educational experiences (Henry et al., 2022; USAID & IREX, 2018).

In Myanmar, the Department of Human Resources of Health (DHRH) oversees the training of health professionals through 16 medical universities and 53 nursing and midwifery schools. Since 2003, the DHRH has offered a Diploma in Medical Education aimed at enhancing the competencies of medical educators. This program combines distance learning with interactive workshops, covering crucial areas like curriculum design, learner assessment, and research methodology. To date, nearly 489 educators have graduated from this program, which continuously evolves to meet the changing needs of medical education and healthcare delivery in the region. This study explores into the application of MSC stories within the realm of medical education, aiming to explore how educators integrate the insights gained from these stories into their teaching practices post-completion of the Diploma in Medical Education. By analyzing these narratives, the research seeks to contribute to a deeper understanding of how significant changes fostered by the diploma course impact both educators and their institutional environments, potentially enhancing patient care and educational outcomes. The educational sector in Myanmar, particularly in the medical field, is governed by the Department of Human Resources of Health (DHRH), which plays a pivotal role in shaping the training frameworks for healthcare professionals. The DHRH's initiatives are critical in addressing the country's healthcare needs through robust educational programs across its 16 medical and allied universities and 53 nursing and midwifery training schools. These institutions are instrumental in equipping healthcare professionals with the necessary skills and knowledge to improve the nation's health standards. The Diploma in Medical Education, conducted under the aegis of the DHRH since 2003, is designed as a self-directed distance learning course complemented by hands-on workshops. The curriculum includes comprehensive

modules on teaching and learning methodologies, curriculum design and delivery, learner assessment, and leadership and administration, along with a strong emphasis on research. This structure is crafted to enhance the professional capacities of premedical, paramedical, and clinical teachers, ensuring they are well-prepared to meet the dynamic challenges of medical education and patient care.

Medical education in Myanmar faces several challenges, including adapting to rapid advancements in medical science, integrating technology in teaching, and addressing the diverse learning needs of students. The evolving nature of healthcare requires continuous educational improvements to produce competent healthcare providers who can deliver quality patient care. The Most Significant Change (MSC) technique offers a unique lens through which the impacts of the Diploma in Medical Education can be evaluated. By focusing on the personal narratives of change from the educators themselves, the study aims to uncover the deeper influences of the program not just on individual educators but also on their professional practices and the broader institutional culture. These stories are expected to highlight significant shifts in teaching styles, engagement with students, and overall educational outcomes. This study is positioned to fill the gap in understanding how the Diploma in Medical Education impacts the teaching practices and professional development of medical educators in Myanmar. By analyzing the MSC stories, the research will provide insights into how changes facilitated by the course are integrated into daily practices and how they contribute to the broader goals of medical education reform in the country. This context provides a backdrop for exploring the transformative effects of the MSC technique within the framework of medical education in Myanmar. It sets the foundation for a detailed examination of the changes experienced by educators and their implications for improving educational practices and patient care outcomes. This contextual grounding is essential for appreciating the scope and depth of the forthcoming empirical analysis in subsequent chapters.

LITERATURE REVIEW

The Most Significant Change (MSC) technique is a tool for collecting, discussing, and selecting of the stories about the significant changes that people experience because of the programs. It involves people at different levels of an organisation discussing the stories and then selecting the stories which one is the most significant. This process aims to promote ongoing dialogue and learning about programs and how they can be improved to better meet their aims. It also helps program staff and stakeholders to explore the unexpected or negative changes that may have happened because of the program (Lennie, 2011)

MSC has been successfully used in many different types of programs, and in many different countries around the world, for about 15 years. It has been used in a wide range of

development projects, such as the evaluation of the program 'Community Driven Approaches to Address the Feminisation of HIV/AIDS in India', assessing the impact and sustainability of three community radio stations in East Africa and an evaluation of capacity building services in Malawi, Africa (Lennie, 2011)

Stories about significant change can provide a rich picture of the impact of development of programs. The technique also helps to direct the outcomes of programs towards the directions of that are most highly valued, such as increasing the empowerment or encouraging greater involvement of participants in dialogue about social and political issues (Lennie, 2011).

Limato et. al studied in 2018 by using most significant change (MSC) technique to evaluate health promotion training of maternal community health workers in Indonesia. They found that the MSC technique enabled stakeholders to view raw data and evaluate the impact of health promotion from the beneficiary's perspective, but this technique is limited in maternal health promotion programme in their context at that time. They thought that the MSC technique has potential for future monitoring and evaluation of health programmes in Indonesia (Limato *et al.*, 2018).

In 2022, Henry et.al also studied in United States by using a most significant change approach to evaluate learner-centric outcomes of clinical scholars' leadership training programme. They identified three thematic areas of most significant change as leadership in practice, self-awareness and equity, diversity, and inclusion. Their study confirmed that the fidelity of program implementation to the original program goals is achieved. The MSC stories represented leaders' individual and team growth due to participating in Clinical Scholars program (Henry *et al.*, 2022).

Pimentel et. al studied in 2022 with the title of "the most significant change for Colombian medical trainees going transformative learning on cultural safety: qualitative results from a randomised controlled trial". They identified seven themes and 15 subthemes from 27 stories of change. They found that the narrative illustrated the transformative impact of cultural safety training on a results chain from conscious knowledge through to action. They encouraged the medical educators to report other cultural safety training experiences, as using patient-related outcomes or direct observation of medical trainees in clinical practice (Pimentel *et al.*, 2022).

OBJECTIVES

General Objectives

- to explore their most significant change stories and how they apply these change stories on their daily practices as medical educators.

Specific Objectives

1. to investigate the most significant change stories of participants attending the Diploma in Medical Education Course
2. to explore the impact of changes on teaching practices and overall development as medical educators

Research questions

1. What are the most significant changes experienced by participants attending the Diploma in Medical Education Course?
2. How do these changes impact their teaching practices and overall development as medical educators?

METHODOLOGY

Study Design:

This research adopted a qualitative approach to gather in-depth and rich data about the participants' experiences. Specifically, a phenomenological design was employed to explore the lived experiences and meaning-making processes of the participants.

Study Period: January to June 2024

Study Area: Medical and allied universities, Department of Human Resources for Health

Study Population

Study population was educators from medical and allied universities who have completed the Diploma in Medical Education Course during 2023.

Sample size determination

At least one participant from each medical and allied university. Total of 20 educators with different specialty were interviewed.

Sampling procedure

The participants were selected through purposive sampling targeting different specialty and different university.

Data Collection method and procedure

The objectives of the study and the process involved were explained to the participants, and they were invited to participate. It was stressed that participation was voluntary; medical educators were free not to participate, free to withdraw from the study at any time, and free not to answer certain questions if they feel uncomfortable providing the information. Written, informed consent was obtained from all respondents. After the full explanation, the interview was started with the interviewees. It was last for a 30 to 45 minutes. Individual in-depth interview with interview guideline method was conducted as the primary data collection method. The interviews were audio-recorded and transcribed verbatim to ensure accuracy. Additionally, supplementary data sources such as reflective journals or personal narratives were used to provide further insights into participants' experiences. Reflective journals were notebooks, online logs, or digital documents where participants record their thoughts, feelings, observations, and experience related to most significant change stories of participants attending the Diploma in Medical Education Course. Personal narratives were essays detailing the participants experiences, thoughts, or reflections on most significant change stories after attending Diploma in Medical Education Course.

Data Analysis: All recordings from each interview were transcribed and translated into English. Transcripts were reviewed for errors and inconsistencies, ensuring clarity and coherence. All personal identifications were removed before analysis to protect confidentiality. An analysis using a narrative approach was employed to identify different perspectives within the collected data. The data were organized, condensed, and consolidated. Two principal Investigators did all coding and data analysis. Supplementary data from reflective journals and narratives were reviewed to triangulate the findings. The analysis focused on significant changes in participants' professional and personal development, ensuring accuracy and ethical integrity. .

Ethical considerations

The study followed the research guidelines of University of Public Health Yangon. Ethical approval was obtained from the

Institutional Review Board of University of Public Health (UPH-IRB) Yangon, Myanmar with the approval number of UPH-IRB (2024/IR/2). Permission were asked from the relevant authority before conducting the research. All identities of the participants were kept confidential and will be used only for research purposes. Their involvement of the study was not affected to their career. All the data file was protected with password and only the authorized person of this study had an access to it. Moreover, a backup was created with password protection.

RESULTS

The study involved 18 participants from a variety of medical and allied universities, including a 1000-bedded hospital and the Department of Human Resource of Health. The participants' characteristics are summarized below:

Table (1) Background characteristics of study participants

Characteristics	Frequency	Percent
Age		
≤40 years	3	20%
41 to 50 years	9	50%
>50 years	6	30%
Sex		
Male	2	11.1%
Female	16	88.9%
Rank		
Professor and above	4	22.2 %
Ap and below	14	77.8%
Total service		
≤20 years	8	44.4%
>20 years	10	55.6%

Majority were female and within 40 to 50 years of age. Among 18 participants, 4 respondents were Professor and head or professor. The remaining were Associate professor/Deputy director (12 respondents) and lecture (2 respondents) level. More than half (55.6%) had a total of over 20 years of service in government.

The narratives collected from participants reveal deep insights into the transformative impacts of the Diploma in Medical Education on their professional lives. Several participants shared impactful changes they experienced. The study captured transformative impacts reported by 18 participants who completed the Diploma in Medical Education, each describing distinct changes in their professional practices and approaches to teaching:

Participant 1: Discussed significant improvements in curriculum development, particularly emphasizing how they have started incorporating more interactive and innovative teaching methods. *“These methods have dramatically enhanced student engagement and learning outcomes.*

Participant 2: Highlighted the integration of research into teaching, noting a significant enhancement in how research findings are now utilized. *“Research findings are actively used to inform teaching practices and curriculum adjustments, greatly enhancing the relevance of our educational content.”*

Participant 3: Focused on the development of soft skills, detailing enhancements in communication and leadership. *“These skills have*

not only improved my teaching effectiveness but also fostered a more collaborative and supportive educational environment.”

Participant 4: Shared their newfound confidence in educational leadership, attributing this to the leadership modules covered during the diploma course. *“These modules have enabled me to undertake more significant roles within my institution, impacting our educational strategies profoundly.”*

Participant 5: Described the transformative impact on their professional development, particularly through exposure to a diverse range of teaching and assessment strategies. *“This exposure has broadened my pedagogical approaches and deepened my understanding of effective teaching.”*

Participant 6: Reported enhancements in curriculum planning and execution. *“I am now able to design and implement more coherent and targeted curricula that respond directly to the needs of the healthcare sector.”*

Participant 7: Noticed a marked improvement in student assessment techniques. *“I’ve developed more effective and varied assessment methods that truly measure student understanding and capabilities.”*

Participant 8: Discussed the positive effects of integrating technology into their teaching practices. *“Using technology has transformed the way I deliver content and interact with students, making learning more accessible and engaging.”*

Participant 9: Talked about the increased ability to adapt teaching methods to student needs. *“I can now tailor my teaching strategies to better suit individual learning styles, which has been incredibly effective.”*

Participant 10: Emphasized the importance of continuous professional development. *“The course reminded me of the importance of staying current and continuously seeking to improve my own teaching skills.”*

Participant 11: Mentioned the shift towards a more student-centered learning environment. *“I’ve moved away from traditional lecturing to more interactive and participatory teaching methods.”*

Participant 12: Highlighted the creation of more engaging learning materials. *“I’ve been able to create materials that not only inform but also inspire and motivate my students.”*

Participant 13: Focused on better managing diverse classroom dynamics. *“I’ve become more adept at navigating different personalities and learning needs, ensuring that all students feel included and valued.”*

Participant 14: Reflected on the enhanced collaborative efforts among faculty. *“The diploma has encouraged more teamwork and shared goals among my colleagues, enhancing our collective teaching impact.”*

Participant 15: Appreciated the deeper understanding of ethical considerations in medical education. *“I’ve gained insights into the ethical dimensions of teaching and how they influence our approach to student interactions and content delivery.”*

Participant 16: Acknowledged greater involvement in institutional decision-making. *“The skills I acquired have allowed me to contribute more effectively to policy discussions and curricular reforms at my university.”*

Participant 17: Reported improvements in handling student feedback and adapting teaching accordingly. *"I am now more responsive to feedback, using it to make immediate and impactful changes to my teaching methods."*

Participant 18: Noted the increased emphasis on lifelong learning within their teaching philosophy. *"The program reinforced the value of lifelong learning, not just for students but also for educators."*

The educators' narratives collectively indicate that the Diploma in Medical Education has led to profound professional growth and transformation. These changes are seen in the enhancement of teaching practices, curriculum development, and the integration of research into everyday educational activities. Overall, the course has significantly impacted the educators' professional identities and their approaches to teaching, making them more effective and adaptive to the needs of their students and the evolving educational landscape. The findings from this study underscore the value of professional development in medical education, highlighting its role in empowering educators and transforming medical education practices. The positive changes in teaching practices, curriculum development, and leadership skills contribute to improved educational outcomes and have a lasting impact on the educational institutions involved.

DISCUSSION

Enhancement of Curriculum Development Processes: The Diploma in Medical Education has evidently led to improvements in curriculum development, where educators have adopted more dynamic and effective teaching methodologies. This aligns with broader educational trends that emphasize active learning and student-centered teaching as critical components of successful learning outcomes. Such changes are critical in medical education, where evolving healthcare demands require adaptable and informed teaching approaches that can swiftly incorporate new medical knowledge and technologies.

Integration of Research into Teaching: The findings indicate that participants are increasingly integrating research into their teaching practices. This integration enhances the educational content's relevance and up-to-datedness, which is essential in a field as rapidly progressing as medicine. This shift not only enriches the learning experience but also fosters a culture of inquiry among students, preparing them to become not just consumers of knowledge but also contributors to the scientific community.

Development of Soft Skills: The significant changes in soft skills—particularly in communication, leadership, and professional development—are noteworthy. These skills are often undervalued in technical fields like medicine but are crucial for effective practice and leadership in healthcare settings. The course's impact on these areas suggests a holistic approach to medical education, which is critical in developing well-rounded healthcare professionals who can navigate the complexities of modern healthcare environments.

Implications for Medical Education

The transformations noted in this study have profound implications for the future of medical education. The shift towards more interactive and research-integrated teaching methods could serve as a model for other medical training programs, suggesting that similar educational frameworks might be beneficial in other contexts. Furthermore, the emphasis on soft skills development

highlights the need for medical education curricula to balance technical training with interpersonal and leadership skills training. The overall development of medical educators, as evidenced by their enhanced teaching practices and increased confidence in leadership roles, suggests that continuous professional development should be a staple in healthcare education. This not only aids individual educators but also elevates the educational standards of the institutions in which they work, ultimately leading to better patient care outcomes.

Reflection on Educational Theory

The findings from this study also reflect several key principles of educational theory. For instance, the shift towards student-centered learning reflects constructivist theories of education, which emphasize that learners construct knowledge through experiences and interactions. Similarly, the integration of research into teaching aligns with experiential learning theories, which highlight the importance of real-world, applicable learning experiences in education.

Limitations and Recommendations for Future Research

While the study provides insightful findings, there are limitations. The sample size, although diverse, is relatively small and limited to one geographic area and educational context. Future research could expand on this study by including a larger and more diverse group of participants from multiple regions and different types of medical institutions. Additionally, longitudinal studies could provide deeper insights into the long-term impact of the Diploma in Medical Education on teaching practices and professional development.

Conclusion

This study explored the significant changes experienced by educators who completed the Diploma in Medical Education Course and assessed how these changes impacted their teaching practices and professional development. The findings demonstrate substantial transformations in curriculum development, integration of research into teaching, and enhancement of soft skills among participants. These changes are indicative of a profound shift towards more dynamic and comprehensive approaches to medical education, reflecting broader educational trends and theories.

Recommendations

Based on the study's findings, several recommendations for medical education policymakers, institutions, and educators can be made:

1. Institutions should invest in continuous professional development programs for educators to keep pace with advances in medical science and educational methodologies.
2. Curricula should balance technical training with the development of soft skills, as both are essential for the effective practice of medicine.
3. Encourage the integration of research into the curriculum not only to enhance learning but also to keep the curriculum up-to-date with the latest medical advancements and evidence-based practices.
4. Consider expanding the scope of the Diploma in Medical Education to include educators from various medical disciplines and geographic locations to broaden its impact and relevance.

Future Research

Future research should aim to include a broader and more diverse sample of participants to generalize the findings more widely across different contexts and medical disciplines. Longitudinal studies would also be beneficial to assess the long-term impacts of the Diploma in Medical Education on educators' practices and professional trajectories.

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