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From Participation to Practice: Impact of a Diploma in Medical Education Program

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Abstract

Background: Medical education plays a pivotal role in shaping competent healthcare professionals who are not only well-versed in clinical knowledge but also equipped with the necessary teaching skills to train the next generation. Despite the growing recognition of faculty development in health professions education (HPE), rigorous case studies evaluating the translational impact of structured diploma programs on clinical educators remain limited, particularly within resource-constrained settings. This study provides an in-depth analysis of a Diploma in Medical Education program, examining participant backgrounds, the effectiveness of modular curricula, pedagogical strategies, collaborative dynamics, and key structural challenges to inform future program iterations.

Methods: Employing an interpretive qualitative case study design among a cohort of twenty-five healthcare educators (N = 25; incorporating reflective journals [n = 25], feedback forms [n = 25], and semi-structured focus groups and individual interviews [n = 12]), data were gathered and analyzed using inductive thematic analysis. Qualitative trustworthiness was established following Lincoln and Guba's criteria (credibility, transferability, dependability, confirmability), alongside investigator triangulation and multi-coder consensus.

Results: Participants successfully integrated foundational concepts such as educational psychology, curriculum design, and assessment methodologies into their daily teaching. Key facilitators of success included interprofessional collaboration and mentorship by experienced faculty. However, primary challenges involved navigating steep self-study curves, managing diverse group dynamics, and adapting to academic and research-based writing formats.

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Conclusion: The Diploma in Medical Education acts as a transformative catalyst for healthcare educators, bridging educational theory with clinical practice. Continuous curriculum refinement emphasizing structured self-study support, enhanced interactivity, and explicit competency frameworks is essential to optimize faculty development initiatives.

Keywords: Medical Education, Faculty Development, Health Professions Education, Action Research, Qualitative Case Study, andragogy.

1. Introduction

Medical education plays a pivotal role in shaping competent healthcare professionals who are not only well-versed in clinical knowledge but also equipped with the necessary teaching skills to train the next generation. Historically, clinical educators have been appointed based entirely on clinical proficiency rather than pedagogical competence a phenomenon often described as the "see one, do one, teach one" paradigm. To counter this, structured faculty development programs, such as postgraduate diplomas in medical education, have emerged globally to professionalize teaching within the healthcare sector. The Diploma in Medical Education, conducted at Defence Services Medical Academy (DSMA), is designed to fulfill this role by offering participants the opportunity to build on their teaching expertise through a blend of theoretical knowledge and practical application. Grounded in adult learning principles (andragogy) and contemporary educational theory, the program aims to shift educators from passive instructional delivery to active, learner-centered facilitation. This case study provides an in-depth analysis of the program, drawing on participant experiences, and focuses on the effectiveness of the modules, the teaching strategies employed, and areas identified for further improvement. By capturing the voices of diverse clinical educators, this study evaluates how theoretical paradigms translate into everyday clinical and classroom realities.

2. Methodology

2.1 Study Design

This study utilized an interpretive qualitative case study design. This approach allows for a holistic, in-depth exploration of the Diploma in Medical Education program within its real-world context, capturing the nuanced experiences, perceptions, and transformative journeys of the participants.

2.2 Participant Profile and Sampling

The program cohort comprised a diverse group of twenty-five healthcare professionals (N = 25) representing clinical practice, nursing, physiotherapy, and dedicated educational roles. Purposive sampling was used to capture a wide spectrum of disciplines. Data collection engaged the entire cohort across multiple instruments: all 25 participants completed reflective learning journals and semi-structured feedback forms, while a purposively sampled subgroup of 12 participants engaged in in-depth semi-structured focus groups and individual interviews.

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2.3 Data Collection

Data collection instruments included:

- Reflective Learning Journals: Written logs maintained by participants throughout each module. (n = 25).
- Semi-Structured Feedback Forms: Evaluative questionnaires administered at the conclusion of individual workshops. (n = 25).
- Focus Group and Individual Interviews: In-depth qualitative transcripts capturing rich descriptive accounts of participant growth, challenges, and pedagogical breakthroughs. (n = 12).

2.4 Qualitative Rigor and Trustworthiness

To ensure qualitative rigor, trustworthiness was established following Lincoln and Guba's evaluative criteria (Credibility, Transferability, Dependability, and Confirmability). Credibility was achieved through prolonged engagement with participants, persistent observation during workshops, and data triangulation across multiple sources (reflective journals, feedback forms, and interview transcripts). Member checking was conducted by returning preliminary thematic summaries to a subset of participants to verify accuracy and resonance. Dependability and confirmability were maintained through an audit trail documenting analytical decisions, reflexive journaling by the researchers, and multi-coder consensus meetings where independent coders reviewed and refined qualitative codes.

2.5 Data Analysis

An inductive thematic analysis framework was employed. Transcripts and qualitative feedback logs were coded iteratively to identify recurring patterns. Codes were subsequently synthesized into overarching themes corresponding to program structure, teaching methodologies, collaborative dynamics, and barriers to implementation.

3. Participants' Background and Transition to Academia

The participants of this program came from various fields within the healthcare sector, including physiotherapy, nursing, clinical practice, and educational roles. Each participant brought a unique perspective to the course, contributing to a rich learning environment. However, these diverse backgrounds also meant that the starting point for each participant was different, and adjusting to the academic demands of the program posed initial challenges for some. For clinicians accustomed to acute, algorithmic decision-making environments, stepping into the realm of educational theory required a fundamental cognitive shift. As one participant noted:

"Coming from a clinical background, I had never been exposed to such a structured teaching program before. The transition to an academic-focused environment was difficult at first, but the course provided the resources and support I needed to succeed." — Participant 1

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For those with limited prior experience in educational theories, the program presented new and sometimes difficult concepts, such as assessment methodologies and curriculum design. Nevertheless, by the end of the course, many participants found that they had not only gained valuable insights into medical education but had also developed confidence in their ability to apply these principles in practice. Another participant remarked:

"The concepts of educational psychology and curriculum design were completely new to me, but they were delivered in a way that made them relevant and applicable to my teaching role." — Participant 3

4. Curriculum Structure and Module Effectiveness

The program was divided into several workshops, each focusing on key aspects of medical education. The curriculum was designed to be relevant to both clinical practice and teaching, with modules covering topics such as educational psychology, curriculum design, teaching and learning strategies, and medical education research (Brauer & Ferguson, 2015). Participants noted that the workshops were directly applicable to their daily teaching roles, as real-world clinical scenarios were integrated into the learning process. This not only allowed participants to better understand the concepts but also provided them with practical tools they could use in their own classrooms. A recurrent sentiment among the cohort highlighted the bridging of theory and practice:

"The integration of clinical scenarios into the educational modules made the content so much more relatable. It wasn't just theory; we were given tools we could use right away in our teaching practice." — Participant 6

Table 1: Core Curriculum Modules, Theoretical Frameworks, and Participant Impact

Module Focus	Core Theoretical Framework	Practical Application	Identified Area for Enhancement
Educational Psychology	Cognitive load theory, behaviorism, and constructivism	Designing learner-centered lesson plans and avoiding cognitive overload in lectures.	Bridging abstract psychological terms with straightforward clinical examples early on.
Curriculum Design	Kern's six-step approach, outcome-based education (Brauer & Ferguson, 2015)	Developing course syllabi and aligning learning objectives with clinical competencies.	Providing more granular guidance on expected competency thresholds.
Teaching & Learning	Interactive lectures, simulation, role-playing, and	Facilitating small-group discussions and	Reducing reliance on heavy didactic

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Strategies	flipped classrooms	bedside clinical teaching sessions.	lecturing during advanced blocks.
Medical Education Research	Action research, qualitative/quantitative paradigms, reflective practice	Conducting small-scale pedagogical audits and publishing educational abstracts.	Providing structured templates and early feedback for academic writing assignments.

Despite general satisfaction, constructive feedback highlighted areas for refinement. Some participants found that the learning objectives, while generally clear, could have been more specific in certain areas. In particular, there was a desire for more detailed guidance on the levels of competency expected from participants upon completion of the modules:

"While the learning objectives provided a clear roadmap, there were moments when I felt unsure about the exact competency levels we were expected to achieve. More detail would have helped guide our focus." — Participant 8

5. Teaching Methods and Instructor Performance

The Diploma in Medical Education utilized a variety of teaching methods designed to engage different learning styles. These included traditional lectures, interactive group discussions, role-playing, and simulation exercises. Many participants found that these interactive elements, particularly the group assignments and role-playing exercises, were the most engaging and effective:

"The group work really helped me see the material in a new light. It was one thing to learn about educational strategies, but it was another to apply them in a simulated setting with peers from different medical backgrounds." — Participant 2

Despite the praise for the diverse teaching methods, participants also expressed concerns about the heavy reliance on lectures, particularly during some of the more complex modules. Several participants suggested incorporating more interactive learning opportunities, such as peer-to-peer teaching moments and hands-on activities, to ensure better engagement and understanding:

"Some sessions felt lecture-heavy, which limited our ability to engage with the material. I think more peer-to-peer teaching would have helped us retain the information better, especially during complex modules like Assessment and Evaluation." — Participant 4

5.1 Instructor Role Modeling and Mentorship

The instructors were consistently praised for their knowledge and teaching styles, with specific recognition given to facilitators like Professors, who was lauded for her practical application of educational theories in a clinical context:

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"Teacher Gyi was more than just a lecturer; she was a mentor. She showed us how to apply educational theories with heart and dedication, which made a huge difference in how I approached both patient care and teaching." — Participant 5

6. Collaborative Dynamics and Interprofessional Learning

Collaboration and group work were central components of the program. Participants from various medical disciplines brought diverse perspectives to the workshops, and this diversity enriched group discussions. However, challenges in group dynamics arose, particularly when certain participants dominated conversations, limiting opportunities for quieter individuals to contribute. There was a consensus that rotating team members more frequently could have allowed for broader knowledge sharing and more inclusive participation:

"There were moments when some participants dominated the discussions, which made it hard for others to speak up. Rotating teams during group activities would have allowed us to learn from a wider range of perspectives. Participant Feedback from Group Assignment" Participant 8

Despite these challenges, the collaborative spirit (De Jong et al., 2023) fostered during the workshops was one of the program's key strengths. Many participants highlighted the value of learning from colleagues with different medical and educational experiences, which broadened their own understanding of healthcare education:

"Working with colleagues from different medical fields was incredibly valuable. Their experiences helped me see things from a new angle, and it really expanded my understanding of healthcare education." — Participant 3

7. Challenges and Areas for Improvement

While the program was generally well-received, several areas for improvement were identified. Many participants found the content, particularly in modules such as educational psychology and medical education research, difficult to grasp at first. The transition to self-study and the use of andragogy, a method of teaching adult learners (Tymchuk et al., 2022), was also challenging for those unfamiliar with academic learning environments:

"At first, I struggled with the self-study aspect of the course. It was difficult to manage without more structured guidance, especially for topics like curriculum design and assessment." — Participant Feedback, Participant 9

To address these challenges, participants suggested offering additional resources and support for self-study components, as well as more guidance on academic writing. Writing assignments, in particular, posed difficulties for participants who were not familiar with research-based or

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academic writing formats. Participants expressed the need for more examples and guidance during the early stages of the course:

"Writing assignments were one of the toughest parts of the course. More examples of academic writing, especially at the beginning, would have helped us get a clearer sense of what was expected." — Participant 1

8. Discussion

The findings of this case study demonstrate that structured faculty development programs serve as essential conduits for transforming clinical practitioners into competent medical educators. Grounding professional development in actual clinical contexts allows educators to immediately deploy pedagogical tools within their teaching environments. However, the transition from clinical expert to educational scholar is fraught with specific hurdles. As highlighted by adult learning theories (Tymchuk et al., 2022), adult learners require clear scaffolding, autonomy combined with structural support, and immediate practical relevance. The challenges reported regarding self-study and academic writing underscore the necessity for programs to provide dedicated writing workshops, peer-review circles, and transparent competency rubrics. Furthermore, optimizing group dynamics through structured team rotations ensures equitable contribution and maximizes the benefits of interprofessional collaboration.

The Diploma in Medical Education provided participants with an enriching educational experience that combined theoretical knowledge with practical skills. The well-structured workshops, engaging teaching methods, and collaborative environment were praised by participants, who left the program feeling more confident in their ability to teach and mentor future healthcare professionals. However, there were several key areas identified for improvement, including the need for clearer learning objectives, more support for self-study components, and more interactive teaching methods to foster engagement and participation:

"This course was a transformative experience. It equipped me with the knowledge and skills I need to be a better educator, and I'm excited to apply these new strategies in my teaching practice." — Participant 4

Finally, this case study highlights the importance of continuous feedback and improvement in medical education programs to better meet the needs of healthcare educators. By addressing the areas for improvement identified by participants, future iterations of the Diploma in Medical Education can provide an even more effective and engaging learning experience for healthcare professionals.

Ethical Approval

This study was reviewed and approved by the Institutional Ethics Review Board (ERB) of DSMA. All participants provided informed consent prior to data collection, and procedures were

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conducted in accordance with institutional ethical guidelines to ensure confidentiality and participant autonomy.

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