

TEACHER AS FACILITATOR: A REQUISITE DURING FOUNDATION YEARS OF MEDICAL CURRICULUM

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The foundation years in medical curriculum, particularly dedicated to basic sciences, mandate a strong inculcation of critical thinking, clinical reasoning, problem solving, decision making, and lifelong learning skills. The steep competition and dramatic upsurge in professional challenges obligate the ability to take responsibility of one's own learning. The fresh undergraduates, as they step into the competitive and demanding health profession, require adequate grooming in their foundation years so that they are adequately transformed to face the nuances of the same.

The learner is unexpectedly exposed to a vast expanse of medical subjects during the foundation years of medical school. The plethora of knowledge and information is served at a fast pace, without the learner really absorbing all of them. In addition, the changing trends in teaching learning methods, such as integrated teaching, problem-based learning, community-based learning, core curricula with electives or options in recent years, that is, SPICES model of medical curriculum, demand that student takes the center stage rather than the teacher.^[1,2] The concept is to emphasize on student-centered, self-directed learning. Besides, the technological boom as an answer to everything has made information a ready and handy possession.^[3,4] The current generation is not only more comfortable with technology but is also equally dependent on it as a source for subject information, which is indeed a reliable assortment of the same. With all the information just a click away, teacher as a storehouse of knowledge and information is now an obsolete belief. The increasing availability and use of learning resource materials brings with it the need for the teacher as a learning facilitator. No set of course material, whether in print or electronic format, is perfect for all learners. Hence, it becomes mandatory for the teacher to facilitate the student use of resources by overcoming any deficiencies and discrepancies in the material and by integrating them with the curriculum.

Changing Dimensions of a Medical Teacher

Taking into account these significant changes that have revolutionized higher education, it is prudent for a traditional teacher to direct their efforts toward facilitating the learners to develop insights, identify and take control of their learning needs, and reflect upon their behaviors and practices. The transition from a traditional teacher to a trained facilitator is challenging, more so, when our own learning has been through teacher-centered approaches. The increased attention to the learner may be considered as a loss of control and power of a teacher, which can lead to feelings of uncertainty, inadequacy, and anxiety. The shift may even be considered, in some way, as devaluation of the role of the teacher. It has to be recognized, however, that teaching and learning are closely related and that the purpose of teaching is to enhance learning.

It is indeed easy to transfer information than to facilitate acquisition of information in a right way. Content experts who have difficulty in switching from a conveyer of information to a facilitator of student learning have to be trained to redirect their expertise toward development of lifelong learning skills among learners. They should be intrinsically motivated to help students monitor their own learning. In the same vein, students should also be fully informed about the skills required from a facilitator, which is often the cause of mismatch between faculty and student expectations. It is important to ensure that the changing role of the teacher is not neglected in discussions about new educational strategies and approaches to curriculum development.

Teacher versus Facilitator

The idea that educators are facilitators of learning and change has been around at least since the 1960s. With a greater emphasis on learning as against teaching within

formal education, the use of the terms “facilitator,” “facilitating,” and “facilitation” flourished. The concept of learning rather than teaching was the major breakthrough, which challenged the role of traditional teachers in academic front. How to deliver right information was much focused upon, but how to facilitate seeking the right information was something never thought of. Transferring of information and acting as role models for budding professionals were the foremost principles of higher education.

Harden and Crosby^[5] have comprehensively put forth the 12 roles of a medical teacher grouped under six areas in which the role of the teacher to facilitate the process of knowledge acquisition is greatly emphasized. Essentially a facilitator should offer insights, remain neutral, listen to learners’ views, and be curious about how their reasoning differs from others, so that they can be helped for a productive conversation.^[6] Facilitators are neither decision-makers nor mediators, rather they are experts on, and advocates of, the process of lifelong learning skills. Except in rare situations where facilitators require to take charge of teaching to encourage particular learning, most of attention when facilitating should be on encouraging reflection around experiences and process. A much neglected but integral aspect of facilitation involves the noncognitive roles of facilitator: as colleagues, role models, and mentors.

Feedback: The Hallmark of Facilitation

Feedback linked to formative evaluation for improving performance is considered effective in the literature.^[7] However, it can be argued that the main rationale of feedback is to help learners maximize their potential at different stages of training, raise their awareness of strengths and areas for improvement, and identify actions to be taken to improve performance. It can be construed as “developmental dialogue” or interaction between teacher and learner.^[8]

Grounding feedback within an overall approach of facilitation that emphasizes ongoing reflective practice helps learners to develop the capacity to critically evaluate their own, to self-monitor and move toward professional autonomy. The various benefits attributed to timely and continuous feedback in teaching learning process can be listed as follows:

- Maximize learners’ potential at different stages of training
- Reinforce desirable behavior

- Raise awareness of strengths and areas of improvement
- Identify actions to be taken to improve performance
- Encourage reflection

Giving feedback is proposed to be part of experiential learning.^[9] It ensures that learning happens in a circular manner, is experiential (learning by doing), and ideas are formed and modified through experiences. The learning cycle requires four kinds of abilities or learning contexts: (1) concrete experience, (2) reflective observation, (3) abstract conceptualization, and (4) active experimentation. A facilitator plays a central role in taking the learners through these sequential steps of learning cycle by empowering them to learn in an experiential group. Constructive feedback, in the process, supports the course of reflection and the consideration of new or more in-depth theory. Through a process of negotiation, feedback can also help the learner plan productively for the next learning experience.

The Road Ahead

The reformed profile of a medical teacher is a welcome change for laying a sound foundation in the early years of medical profession. As an efficient facilitator, a teacher can instill desired professional competencies with lifelong learning skills. However, before embracing facilitation, facilitators need to understand and accept the philosophy that underpins it. By implication, the role of the tutor/facilitator is of pivotal importance, as student learning would depend on the facilitator’s understanding and ability to facilitate. Each educator must therefore believe in the benefits of active, constructive learning and should be able to relinquish teaching control, which historically, for the good teacher, meant explaining such that students understood. The facilitator must be informed about and be acutely aware of his/her role and specific duties as identified by the particular institution. Qualitative studies should be undertaken to develop insights about the perception of responsibilities as a facilitator and through training workshops, trainee facilitators should be coached accordingly to optimize academic gains of a learner.

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