

Exploring Attributes of Health Professions Educationists in their Workplace with the Lens of Bourdieu's Theory of Practice: An Exploratory Study

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ABSTRACT

Objective: To explore the attributes of health profession educationists in the departments of medical education in their institutions.

Study Design: Exploratory qualitative study.

Place and Duration of Study: Public and Private Sector Medical and Dental Colleges, Pakistan from Mar to Jul 2022.

Methodology: The total number of participants was fifteen, including the Head of the Department and faculty members of DME. Consent was taken, and online scheduled interviews were conducted in English via Zoom software. The researcher recorded, transcribed, and analyzed the data manually. Another researcher rechecked it, and when saturation was achieved, data collection was stopped. The interviews were manually transcribed, followed by coding and thematic analysis of the data.

Results: After thematic analysis, three Themes, 15 sub-themes, and 30 codes emerged. The themes were personality traits, working relationships, and commitment to excellence. For the successful accomplishment of DME's challenging tasks, HPE faculty are found to be altruistic, responsible, motivated, enthusiastic, resilient, work with passion, and humble. They are visionary, innovative, cooperative, and have multi-tasking and convincing capabilities. With these attributes, HPE faculty efficiently manage uncertainty and challenging situations.

Conclusion: The Habitus (attributes of value-driven, resilience, hardworking, passionate, consistent, patient, visionary, and innovative) led to the execution of DME tasks despite limited field (resistance from administration, faculty, and organization) and capital (deficient human, infrastructural and financial resources)

Keywords: Attributes, Bourdieu's theory of practice, Department of medical education, Health professions education, qualities

How to Cite This Article: Qureshi SN, Gul K, Gulfam F, Sultana F, Akbar Z, Siddiqui S. Exploring Attributes of Health Professions Educationists in their Workplace with the Lens of Bourdieu's Theory of Practice: An Exploratory Study. *Pak Armed Forces Med J* 2024; 74(3): 640-646. DOI: <https://doi.org/10.51253/pafmj.v74i3.12128>

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INTRODUCTION

Across the globe, the Department of Medical Education (DME) has been established to promote evidence-based medicine, research, curriculum, and assessment development in medical colleges. These departments facilitate faculty development programs, ensure accreditation from the regulatory bodies, and upgrade the curriculum and assessment.¹ Quality culture has gained increased attention in health professions education, rapidly drawing on insights that quality management processes of administration and positive work-related attitudes of health professions educationists in synergy lead to continuous improvement.² Establishing a DME with a good team of health professionals, educationists, and educators for every undergraduate medical college has become essential to overcoming current edu-

cational challenges. According to Harden, regarding the faculty of the medical education department, there must be an ideal mix of enthusiastic junior staff and more experienced senior educators with a broad understanding and a vision of medical education. The ideal skill mix includes organizers, thinkers, innovators and motivators.^{3,4} A good medical educator must possess the following qualities: self-assurance, humour, objectivity, honesty, good moral values, innovativeness, empathy, passion, respect and self-awareness.⁵ Research showed that medical education leaders navigate between intra-personal (e.g. creating self-awareness), interpersonal (e.g. community building), organizational (e.g. task and goal setting) and managerial (e.g. strategy development) fields of practice. The current trends relating to the globalization of medical education are the educational frameworks, accreditation standards, curricular methods and assessment techniques, which are focused on providing better healthcare services.⁶ As DME is recently established, health professions

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Received: 25 Apr 2024, revision received: 05 Jun 2024; accepted: 20 Jun 2024

educationists face challenges like limited infrastructure, financial and human resources, and resistance from leadership, administration and faculty.^{7,8} Despite these challenges, health professions educationists in DME achieved the basic standards of their accreditation bodies (PMDC visits of constituent medical colleges in 2023 and WFME accreditation for ten years). This study aims to explore attributes of the health professions educationists in multiple setups of DME that led to the achievement of basic standards of PM & DC and the continuous striving for improvement. The research question for this study is, "What are the attributes of health profession educationists in the Department of Medical Education in their workplace?"

The literature review revealed that the metrics that led the process to the Department of Education's success were due to evidence-based teaching, faculty mentoring, building collaborations, delivering conference presentations and disseminating publications.⁹ Strong existing traditions, failure to perceive the need for the change, lack of patience among change workers, misinformation, lack of self-criticism and sense of insecurity among academic staff members were the challenges faced by health professions educationists and cited in the literature.⁵ One study concluded that the institution must ensure consultations with faculty members and take proactive measures to sustain change, including giving ownership and team building among the faculty members.¹⁰ The researchers final analysis drew on Bourdieu's theory of practice, which includes three main components, i.e., Habitus, field and capital, as shown in Figure-1. Habitus includes the disposition and qualities/attributes held by health professions educationists in the form of personal characteristics like commitment towards the profession, dedication, hard work, time management skills and communication skills. Health professions educationists, also called medical educationists, are doctors with basic medical education (MBBS or BDS) and a postgraduate degree in medical education (e.g. MHPE or MME, etc).⁹ The Bourdieu theory of Practice approach provided insight into the attributes (Habitus) of health profession educationists who overcome barriers in performing their assigned tasks in the provided resources (Capital) in their respective organizations (Field).

Most of these qualities of health professions educationists were demonstrated through their

actions. The literature showed that a good professional educator in the medical field must be a hard worker, listener, mentor, digitally literate, disciplined, good examiner, accountable, modified teacher, competent, organized, facilitator, researcher, flexible, punctual, planner, and role model. They must also maintain confidentiality, practice evidence-based teaching, and know the language of tea.

METHODOLOGY

The exploratory qualitative study was conducted at Public and Private Sector Medical and Dental Colleges, from March to July 2022 after permission was obtained from the ERC of IIMC RIU (Reference No Riphah/IIMC/IRC/22/2014).

Inclusion Criteria: Faculty of DME with Diploma/Master degree in Health Professions Education were included.

Exclusion Criteria: Faculty of DME with less than one year of work experience in DME were excluded.

Non-probability purposive sampling was selected because the sample selection for the study was based on pre-defined criteria. According to the pre-defined criteria, the participants were the faculty members working for the DME. Later, due to limited responses, the snowball technique was used. Participants of the research study recommended other heads of Department (DME) in other colleges and shared contact numbers (after obtaining their consent) for the researcher's facilitation. Maximal variation sampling was done to develop many perspectives, and the data was collected from three provinces.¹¹ Due to time constraints, participants from the remaining provinces could not be interviewed.

The research participants were well-informed faculty members of DME of Medical and Dental colleges. Research permission was obtained from the ERC of IIMC RIU. Participants were from Islamabad, Rawalpindi, Multan, Quetta, Turbat, Nowshera, and Peshawar. This study took six months to complete, from March to July 2022.

The participants were approached through phones and emails. They shared a convenient date and time for an interview. Consent was taken both written and verbally. The queries regarding the interview guide were addressed. One-to-one online interviews in English were conducted and recorded through the software Zoom. All the participants gave interviews with their free will. Each interview took 15-20 minutes. The confidentiality and privacy of participants were

ensured by coding the file names and hiding their identities.

The data was stored in separate folders. The participants were allotted labels to maintain their confidentiality. The data analysis, which was six steps by Braun and Clark, was followed as shown in Figure-2. The data was transcribed by the researcher herself and rechecked through colleagues. The quotes were extracted from the data by reading repeatedly; manual coding was done, and the statements were highlighted. This is called open coding.¹² After reading the transcripts, again and again, the codes were combined; this is called redundant coding. Similar codes were grouped, resulting in the formation of themes. The themes are the labels that include many codes.¹² Themes emerged from sub-themes, and data were cross-checked with colleagues. It was an iterative process. The document was shared with fellow researchers, and after thorough discussions, amendments were made.

Experts from different medical colleges were involved to avoid any bias. While doing the analysis, the researcher and another independent researcher conducted the thematic analysis, whereby at each step, both independently designed codes, sub-themes, and themes after reading the transcripts and matching their results.

exist, the results of this research can be transferred via the participants.¹⁵ Dependability was ensured by clear justifications, explanations and extensive discussion with the experts. The reflexivity clarifies the status of the researcher and participants, and the methodology part clearly explains the bias of the study and how it was dealt with, thus ensuring the conformability of this study.

RESULTS

Three themes emerged, 15 subthemes, and 30 codes. The themes were personality traits, working relationships, and commitment to excellence. The details are shown in Figure 3, and important quotes by the participants are given in Table.

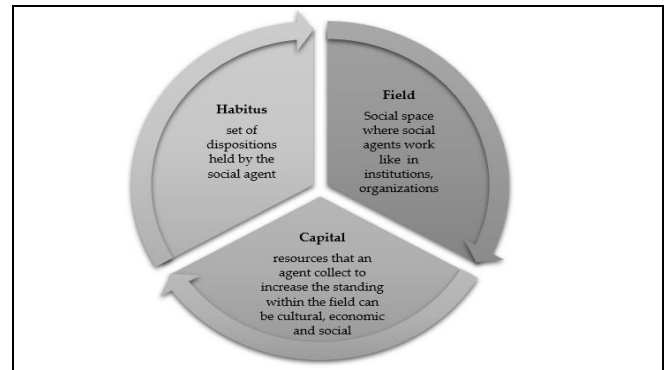


Figure-1: Bourdieu's Theory of Practice

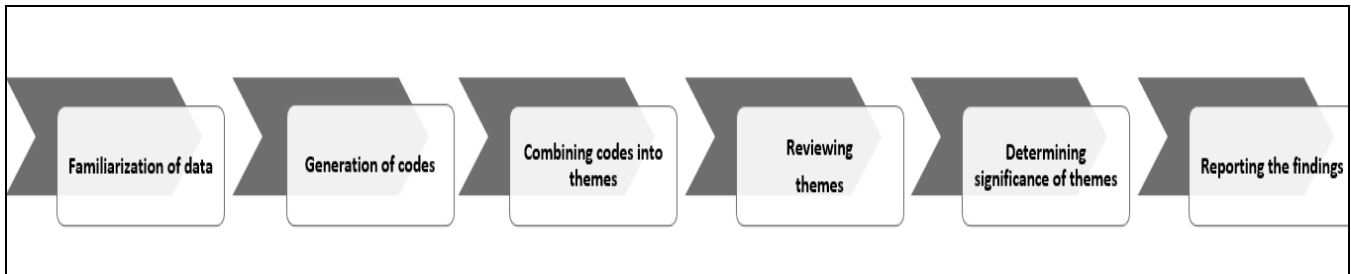


Figure-2: Six steps of Data Analysis

Multiple strategies were used to ensure the quality of the study. For credibility, expert opinion was integrated starting from the stage of designing the interview guide. Later, at the transcription stage, the researcher involved an independent researcher to cross-check. A researcher with qualitative research expertise was consulted at every step of thematic and data analysis.¹³ Participants from different cities of Pakistan were involved in order to ensure triangulation.¹⁴ Representation from each province was present in large and small cities to ensure transferability. The participants were faculty members at different levels. Though contextual differences may

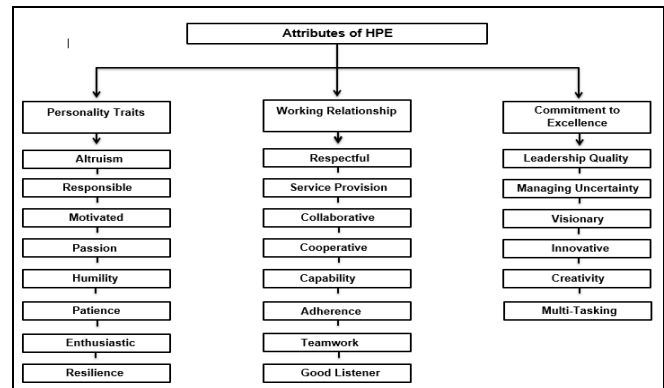


Figure-3: Hierarchy of Themes and Sub-Themes

Attributes of Health Professions Educationists

Table: Themes, Sub-Themes, Codes and Supportive Quotes

Themes	Sub themes	Supportive quotes
Personality traits of character	Altruism	"I was offered to join prosthodontics and look after medical education also. But I refused to do both and now I am working full time in medical education as purest. I accepted the designation that is lower than my professor position." (P6)
	Motivated	"I have an internal motivation, to put the college on the lines to meet the international standards, the WFME has set. I strongly agree with those standards, with the concepts of adult learning principles, and I always felt that this thing should be done." (P7)
		"If I am motivated, I will make use of minimum resources. So, this goes to the motivation of the head of the medical education department that how much, he is willing to do the things within the given resources. Otherwise, the resources are not sufficient at all." (P6)
	Passion	"But I left my basic department for the passion of medical education. So, these challenges are a pleasure for me but not for everyone. So, if you want my angle, it is challenging but very interesting." (P6)
	Humility	"If DME is not able to coordinate with humility, it is impossible to work" (P1)
	Resilience	"I was never taken seriously until that I started working as Assistant Professor in the college. Unless you have an identity, it's very challenging. It's important to keep your cool, you keep on facing rejection, you give proposals and that are evidence based. They are rejected by giving remarks that what will you tell us,, what do you know... you are yesterday's little girl,, we have been teaching for so many years. Remarks were even worst than those but luckily PMC focused on establishment of DME, things became easy." (P1) "It's very difficult to convince the people with traditional mindset to convince them to adopt any area of curriculum, assessment or reforms, they have to come out of their comfort zone, do an extra mile. As these are rigorous, new. To learn these new things takes time, and practicing them is difficult, you face a lot of opposition from every quarter, juniors, seniors." (P3)
Working relationships	Respectful	"It all depends on two things, the personality of the person who is running the medical education department and his behaviors towards seniors. As seniors are seniors, I always place myself on a learning stage, I never instruct them to do something. I, always ask them or inquire them to help with different issues." (P8)
	Service provision	"In medical education there is constant advances every time you have to keep up those, you have to understand the reason behind those, and you have to convince people that how it is done and how is it beneficial in the long term, short term and how is it going to benefit you personally and how is it a part of service that you have to actually deliver it to people. Actually, you have to see that you have to motivate people, so it is more motivating than any other field." (P7)
	Cooperative Collaborative	"Most of the time we need their co-operation in curriculum development, making weekly time tables, assigning the SGD and their topics, assessments, the checklists of assessments of how to do the assessments. These things may make them furious but it all depends on my behavior that how I take my questions to them and ask them how can they help me." (P8) "As HoD of DME, I always thought that I am a student and I learn from my seniors. All of us are collaborating with each other, and faculty is helping me out in their own capacity." (P8)
	Friendly, Good communication skills	"Before starting this job, I did need assessment through friendly conversations with faculty, not just about medical education but about teaching in general. So main step to establish the department is that you are very friendly, establish coordination and communication in a friendly way." (P8)
	Convincing capability	"As I mentioned that the big challenge is convincing other faculty" (P9)
	Adherence/ Teamwork/commitment	"I think that we need commitment for it, we need collective efforts, it is not a job of a single person" (P9) "I remember that we did Gagne's nine event of instructions so many times that it was irritating. But still we did as it was needed" (P1)
	Commitment to excellence	"The biggest challenge pandemic came in, we were told that not to stop training as there was uncertainty that the institutions are closing for a month or for a year. We just got 10 days for the whole virtual system, design the whole program including time table, train the faculty, classes should be started without wasting any time, it was a big challenge and we established quite a good system. Later, university gave our example, it was a big achievement." (P1)
	Visionary	"I worked in Saudia in a very advanced curriculum, in Qassim university, so I want some of that model to be reproduced, so once I am working here, I am happy, I am allowed to do all this and I am happy how I use these things in my limited resources, and how I motivate my faculty members and higher administration to move towards that goal that I have set for my short term and then long term." (P6)
	Innovative	"There is lot of creative work, review work in DME" (P3)
	Managing uncertainty	"Every day you have to face a new challenge, every day you are facing something new. Lot of things come in front of you that are unseen". (P3)
	Multi tasking	"Students come with their problems, faculty comes with their own problems which are different. Our own tasks are also going on meanwhile like conducting of workshop, policy making, reforms in assessment. We look after many things, curriculum planning, schedules, their organization, looking after designing of study guides, reviewing them, suggesting changes. In assessment, we see that how the MCQs are constructed, how the OSPE was made and conducted, workshops are conducted twice a month. Then, taking up the challenges coming from university. Lot of things are going on simultaneously. It's not an easy job." (P3)

DISCUSSION

The establishment of a medical education (DME) department in every medical college is mandatory by PM&DC. The role of DME is to conduct a faculty

development program, facilitate research, disseminate publications, build collaborations, and achieve basic and quality standards set by the accreditation body.⁹ Educators and administration face and overcome challenges, particularly regarding time management,

lack of resources, infrastructure, trained faculty and even smart students.³ WFME is an international body aiming to improve medical education quality globally.¹⁶ Recently, WFME has recognized PM&DC for ten years. This is a great achievement by the institutions. The role of the Department of Medical Education is remarkable in establishing the basic and quality standards in their institute in the available infrastructure and human and financial resources. Therefore, this study explored the attributes of the health professions educationist in their workplace that led to achieving the standards in their institution.

The most striking finding among the personality traits of HPE faculty is that the attributes of the faculty of DME should be humble, altruistic, motivated and enthusiastic. Harden also supported this by saying that continuous exposure to working with individuals who encourage curiosity, new ways of thinking, and collective sharing of knowledge is of the greatest importance.¹⁷ Harden stressed the importance of interpersonal skills. He should be able to convey excitement in teaching, motivate people to do more, and set a challenging academic climate.¹ This study showed that the health profession's educationists were resilient, responsible, patient, respectful, and value-driven. Despite the challenges and exhaustive tasks, they tried to achieve their targets in the best possible way. While dealing with colleagues and seniors, they showed immense respect. Since the quality and basic standards by the PM&DC have to be achieved, the faculty members (subject/content specialists) were explained the basic and quality standards. Multiple meetings with subject specialists were conducted, and evidence was established, which was kept in specific folders by the departments and shared a copy with DME. This iterative process of generating all the Department's evidence required immense patience. The health profession's educationists exhibited the traits of humility and resilience.

According to Harden, the leaders of DME have a track record of research; they should foster scholarly habits among the faculty¹. Three among 15 health professions educationists published 2-3 research, but others could not because of increased workload and limited human resources. They said that research requires protected time, resources, and limited funds. They are trying to establish the trend of research among faculty and faculty with students. Publishing is even more important today when professionalism and scholarship in medical education are crucial¹⁷.

The second theme that emerged was the working relationships of the HPE faculty with other faculty members and administration, as Bourdieu defined a field as a social space wherein people, institutions or organizations interact. Health professions educationists, medical educators, and administrative officers participated in producing, circulating, and appropriating infrastructure, resources, services or knowledge.⁹ The essence of teamwork in the institution that was established between HPE faculty, basic sciences faculty members and administration, despite the limited human resources, infrastructure, funds, etc., created an environment of collaboration. According to Harden, working in medical education can be exciting, fulfilling and hugely enjoyable.¹⁷ The study showed that flexibility and cooperativeness with content specialist strengthened their working relationship. Good communication skills made conveying the tasks to the senior faculty and colleagues easy. Health professions educationists are needed to transform the teaching strategies, behaviours, training standards and practices to meet the challenges in the health care delivery system.³ This is only possible with cooperation among all the departments. Despite the lack of qualified, trained faculty and multiple issues, health profession educationists were determined to do their best by utilizing the available resources. They believed that collaboration and co-ordination with other departments are possible with humility and friendly behaviour. Harden said that if we progress in medical education and develop new paradigms, we must ensure greater collaboration between content experts, curriculum planners, educationists, learning technologists, instructional designers and psychologists.¹⁷

The third theme of commitment to excellence revealed that the attributes of HPE faculty were leadership skills, managing uncertainty, vision, innovation, creativity and ability to multi-task. Studies have shown that the quality of work and innovative perspectives are sometimes sidelined in the face of the resistance offered by the existing organizational structures and dominant faculty members. Health professions educationists should be acquainted with the predominant challenges of the field and equipped with strategies and tools to work effectively in the practical field.¹⁸ Gruppen *et al.*, in their studies, revealed that the attributes of the head of DME are visionary, flexible, open-minded, trustworthy and value-driven.¹⁹ Experienced medical educators or clinicians play critical roles in building DME. Leading and managing DME is a full-time job; good leadership

skills keep the faculty members motivated, create an environment of creativity and stimulate the exchange of ideas. All four directors recognized that capacity-building in HPE was an important component of their work and acknowledged the importance of having faculty leaders with advanced training in HPE.

The HPE experts serve an important advocacy role with the potential to create higher standards for medical education in the region, stimulate medical education research, and enhance the discipline's standing.¹⁹ The continuous conduction of faculty development programs by educationists in health professions requires passion and resilience. The faculty development programs led to the expansion of the network of education-minded faculty. Quality improvement was observed in test construction, OSCE, OSPE, program evaluation, evidence-based teaching, teaching strategy and curriculum development. The repetition of the faculty development programs was difficult but needed due to massive faculty turnover. As the millennial students are digital natives, therefore the faculty needs to be tech-savvy. The health professions educationists are well versed in the technology and conduct faculty development workshops regularly as per the requirements of the institution. Medical teachers should develop diverse digital competencies to effectively perform digital teaching in the ever-advancing technology-based learning and teaching era. The changing landscape of medical education warrants both general and specific digital competencies on their part. The digital teaching competency is a crosscutting competency that applies to all the eight roles of the medical teacher.²⁰

LIMITATIONS OF STUDY

In this study, representation from all regions of Pakistan was ensured except Sindh and AJK. However, to improve the generalizability of the study, more institutions should be involved. Due to time limitations and delayed participant responses, the study could not be extended to these regions.

ACKNOWLEDGEMENT

We are thankful to all interview participants for their precious time and energy, which were a continuous source of motivation.

CONCLUSION

The Habitus (attributes of value-driven, resilient, hardworking, passionate, consistent, patient, visionary, and innovative) led to the execution of DME tasks despite limited field (resistance from administration, faculty, and

organization) and capital (deficient human, infrastructural and financial resources).

Conflict of Interest: None.

Authors' Contribution

Following authors have made substantial contributions to the manuscript as under:

AK: Data acquisition, data analysis, data interpretation, critical review, approval of the final version to be published.

AR: Study design, data interpretation, drafting the manuscript, critical review, approval of the final version to be published.

KA & LY: Conception, data acquisition, drafting the manuscript, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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