EDITORIAL

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Thoughts about the teaching role in health education

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Historically, teaching-learning models in health professions have relied on a positivist approach where the teacher is at the center of the education process. However, since the mid 20th century, different constructivist models have driven a process of transformation in which students become key players in their learning process. Simultaneously, new curricular programs focusing on improving the performance of the future practitioners and hence the quality of patient care have also emerged (1).

Within this framework, the article entitled "Pyramids in medical education: their conceptualization and utility summarized" published in this issue of the Colombian Journal of Obstetrics and Gynecology, looks into the conceptual models that have served as the basis for teaching-learning and evaluation strategies which, in turn, have been used for the development of curricular programs.

However, applying these educational concepts to training programs directed to healthcare professionals has not been enough. This can be explained, at least in part, by limited teaching training for practitioners who perform teaching roles and who, therefore, are lacking in their ability to recognize, identify and implement the necessary drivers of the teaching-learning process. Being multi-directional, this process requires of the teachers not only proficiency and expertise in their professional field (2) but also knowledge of the educational underpinnings of curricular programs, learning theories, educational means, practice communities, evaluation techniques, and the tools that enable them to perform their teaching activity in accordance with current pedagogical dynamics. From this perspective, the education process requires constant oversight and feedback in order to foster the development of skills designed to create a safe and reliable practice environment both for the learners as well as for the subjects under their care, who are the ultimate goal of training in health professions.

In light of these considerations, three critical elements that need to be considered to optimize the education process should be highlighted. The first is learner. Knowing the students, their perceptions and goals, the way they learn (learning theories) is critical considering that the learning process changes depending on student-related factors as well as factors relating to the teacher, the institution and the practice settings (learning environments) (3). The second is the teacher's duty to clearly define the expected learning outcomes: what is going to be taught. These outcomes must be established based on societal needs which the alumnus will be called upon to meet and resolve. In order to fulfill this goal, teachers of healthcare professionals must be familiar with the most effective teaching strategies consistent with the curricular programs in which they are immersed (2). Finally, adding to the foregoing, the third component deals with the question of how to assess learning. This requires clear identification of the means,

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techniques and tools needed to assess the entire education process. The concept of evaluation refers to the continuous, multi-directional, comprehensive and systematic process in which all the players are involved (learners, teachers and institutions) and which is designed to gather and analyze good quality information that can serve as the basis for decision-making within a process of continuous improvement. Consequently, teachers of undergraduate and graduate students in the areas of health must have the right competencies to assess autonomy, accountability and the professional development of the learners in order to ensure that they are qualified to care for the people requiring healthcare services (4,5).

Different pyramids and taxonomies (Miller, Kirkpatrick, Dale, Dreyfus, Bloom, etc.) have been built on the premise of "knowing," "knowing how," "showing," and, ultimately, "being". However, beyond dissemination of these constructs among teachers, their individual impact on the education process has to be measured, starting with their correct application and their ability to determine the degree of learner autonomy and professional performance. These constructs should even be assessed from the perspective of curricular needs. In practical terms: Is the written multiple choice test (knowledge evaluation) the ideal means to assess student performance in training practice? Is the subjective appraisal of the teacher sufficient to evaluate the progress made by a student upon completion of a clinical rotation? (3,6) The answers to these questions should lead to reconsider the way in which students in the area of health are evaluated in the light of teaching models. Although there are different settings in which the traditional teaching model is suitable — as is the case with the acquisition of basic skills — evaluation strategies, particularly in the surgical setting, should garner information pertaining to the student learning process as well as the degree of acquisition of professional competencies which ultimately qualify them as competent healthcare professionals.

On the other hand, both teachers as well as education institutions should also be evaluated. In this regard, ongoing feedback and reflection allow to identify those relevant aspects that lead to continuous improvement of the teaching activity, the opportunities for improvement in the education process of the individual students and, of course, the curricular upgrades required to ensure consistency with the needs of the community.

In summary, the education process in healthcare professions is shifting towards the integration of constructivist insights into the traditional model, and changing its view of the learner. Teachers are called upon to modernize their educational practice with the understanding that, although the expertise in their area of health (basic or clinical) is essential, it is not enough and that, in turn, the teaching-learning process involves a more structured elaboration consistent with the curricular needs. Thus, teaching is dynamic and changes under the influence of time and teacher experiences, hand in hand with clear strategies to evaluate the education process, in order to achieve the professional development of the individuals who will be entrusted with the duty of providing care to the population in the future.

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