



EVALUATION OF THE CERTIFICATE OF MEDICAL PEDAGOGY OF THE FACULTY OF MEDICINE OF TLEMCEN-ALGERIA, CLASS OF 2017-2018

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1 INTRODUCTION: TRAINING IN MEDICAL EDUCATION AT THE FACULTY OF MEDICINE OF TLEMCEN: A DESIRE FOR EVOLUTION

By the 2008 decree of 22 December 2014, creating a subspecialty diploma in medical pedagogy, the training in medical pedagogy in Tlemcen was thus created in 2017(1). Since then, our faculty has been able to welcome two classes: the first 2017-2018 and a second 2018-2019.

A legal obligation and an integral part of the training action itself, the evaluation of the latter is part of an improvement process continue (1),(2),(3). The evaluation process must be thought out in its entirety(4), that of training in medical pedagogy at our faculty has already been initiated by Dr. Ouadah concerning the 2017-2018 promotion(5). It therefore seemed appropriate to us to ensure continuity, with the aim of drawing up an inventory of the contribution of the 2017-2018 training in medical education, after several months of its end, characterizing a cold evaluation.

2 PLANNING:

Based on the institutional and intermediate objectives set by our faculty with regard to training in medical education, and those of each module included in the program, the evaluation criteria and indicators were selected. A questionnaire compiling them has been set up.

The Likert scale rated from 1 to 10 was used to measure opinions, the NPS (*Net Promoter Score*) was used to interpret the results(6).

3 IMPLEMENTATION:

The questionnaire (digital format) was sent to interested parties by e-mail in November 2020, guaranteeing the anonymity and confidentiality of the information collected.

IBM SPSS software 23.0 (*Statistical Package for the Social Sciences*) was used for the data analysis. Excel was used to create the graphs.

4 EVALUATION:

The following results were achieved:

Following our transmission of the questionnaire: 15 feedbacks were received expressing a participation rate of 75%. The latter is slightly lower than that noted by my colleague Ouadah "85%"

(5), generally in line with what is reported in the literature concerning the difference in participation between cold evaluation and hot evaluation, the latter being more preferred.

The grade of assistant professor was the most representative (53%), followed by the same percentage (20%) that of lecturer B and A and that of professor at 7%.

Different specialties of medicine, dentistry, pharmacy were represented.

Mostly, 66.7% of the participants rated their appreciation of the training at "9", 20% at "10" and only 6.7% at "5" expressing an NPS of 73.3, which is an excellent result.

Regarding self-confidence after training, 13.3% rated it at "10", 80% at "9", and only 6.7% at "6" reflecting an NPS of 86.6, an excellent result.

As for the level of competence and mastery of the different themes, it was the learning objectives and the OSCE (Structured Objective Clinical Examination) that were the most favoured, with an excellent result, followed by the MCQs (Multiple Choice Questions) with a very satisfactory result. The rest of the themes were divided between an unsatisfactory result and an unsatisfactory result.

The same goes for the level of competence to provide training based on the same themes, it is the learning objectives and the OSCE that were the most highlighted with a very satisfactory result.

Regarding the items mentioned above, learning objectives were designated as the most useful (46.7%), and the DOPS (*Direct Observation of Procedural Skills*) as the least useful (40%).

The OSCE corresponded to the part of the acquired knowledge most put in the field (64.7%), followed by the learning objectives (33.3%), and ARC (Learning to clinical reasoning) (26.7%).

The time taken to transfer to the field was relatively short, where the majority (33.3%) of the transfer was during the training or immediately after it (13.3%).

Several difficulties that could have thwarted this transfer were reported: generally relational, such as the lack of collaboration between colleagues, technical, such as lack of time, or logistical such as lack of resources.

Despite the major difficulties mentioned above, the vast majority (80%) of the participants contributed to the initiation of other people to medical pedagogy, winning the challenge, confirmed again by the wide range of beneficiaries, between colleagues at 20%, (colleagues, residents and students) also at 20%, (colleagues and 2nd class of training in medical pedagogy) at 6.7%, or simply the latter also at 6.7%.

For the willingness to participate in other training courses, the affirmative answer was the most reported (13.3%), without specifying the profile. In favor of other aspects of medical education training was the most cited at 13.3%.

67% of respondents said they would recommend this training to all teachers.

5 CONCLUSION/RECOMMENDATIONS:

Our present results provide an answer to our initial question "that the objectives of the 2017-2018 medical education training" can be considered to have been largely achieved.

Evaluating our training in medical pedagogy, integrating it as a routine dynamic, by identifying the areas for improvement emanating from each session is the golden rule.

In 2017, medical education in our faculty went from being a myth to a reality. In this regard, Roland Omnès asked himself the question: When is this done "who is the winner, the materialists or the idealists?" In this case, I would say to both, the idealists who wanted it, the materialists who made it a reality and who are doing everything to improve it.

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