

## Editorial

# Learn to teach and teach to learn

Everybody will agree that the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) has produced high-quality specialists over the last 35 years. However, we still need to strengthen our training to adapt to the changing demands of the society. While we have persisted with our curriculum over the last 15 years, our partner—The Royal College of Obstetricians and Gynaecologists—has moved towards competence-based medical education (CBME), which emphasises on the development of non-clinical capacities. The Hong Kong Academy of Medicine (HKAM) has also advocated CBME. Its position paper on postgraduate medical education in 2010 details the direction of CBME and defines the capacities of ‘Hong Kong Specialists’ to include non-clinical roles in seven domains of competencies, namely professional expertise, health promotion, interpersonal communication, team working, academic expertise, manager-leader positions, and professionalism<sup>1</sup>. These were further stipulated in the second position paper in 2023<sup>2</sup>.

CBME has many advantages. It is outcome-based, as opposed to the traditional process-based or time-based training, which does not ensure competency despite completing the training period. CBME is a more learner-focused training integrated with formative assessment and facilitates adjustment to individuals’ progress, translating to more effective training that emphasises trainer-learner interaction.

As advocated by Dr Daniel Chan and me in the editorials in 2020 and 2022, I am grateful that HKCOG has started the curriculum review and almost completed it. The new curriculum will include more workplace-based assessments (WBAs) and formative assessments. Apart from the good curriculum, people, both trainees and trainers, are the most critical determining factor in making this change successful.

HKCOG introduced the Objective Structured Assessment of Technical Skills (OSATS) in 2018, pioneering WBAs in Hong Kong. It was an essential first step towards CBME. However, the OSATS were emphasised as a summative tool, whereas the formative component was underutilised. Unfortunately, there was no further development; over time, its educational value degraded when the culture in our training system took a

wrong turn. The common problems included: (1) trainers were not available because they were always busy; (2) a fail or negative comments were viewed as a stigma; trainees were worried about being picked on during examinations or in their careers; (3) in many parts of our logbook, the OSATS became merely a tick-box exercise rather than an assessment as such; and (4) the OSATS was usually delayed until the last minute; even when feedback was given, the trainee had no time to act on the feedback and improve. Trainers were afraid to give a fail or negative comments even though there were deficiencies because they thought that the trainees were fragile and they would not want to hurt them.

To embrace our new curriculum, we need a change in the culture. Faculty development and feedback literacy development would be the key to this change in the culture.

Recently, HKAM produced a consultative paper titled Framework for Faculty Development, which states the tasks that trainers should do: (1) teach large and small groups; (2) teach in a clinical setting; (3) facilitate and manage learning; and (4) develop and work with learning resources. Trainers should approach these tasks with: (1) an understanding of the principles of education; (2) appropriate attitudes, ethical understanding, and legal awareness; and (3) appropriate decision-making skills and best evidence-based education. Trainers as professional teachers should: (1) demonstrate professional identity and integrity; (2) demonstrate respect for others; and (3) be committed to scholarship and reflection in medical education.

HKAM adopted the Basic Medical Education Course from the Hong Kong College of Emergency Medicine as the generic train-the-trainer course recommended to all the colleges. HKCOG has started to run the course regularly and aims to encourage all trainers to join the course in the next 3 to 4 years. The course will be customised to the needs of our college, such as practical training on our college e-portfolios and WBAs. The new curriculum will integrate this course into higher training, so our trainees will be equipped with the essential skills and knowledge as trainers when they become specialists.

Feedback literacy is the capability that students need to acquire. Its components include: (1) actively

seeking feedback and appreciating it as an improvement process; (2) interpreting feedback information and making sense of it; (3) acknowledging and working on emotion; (4) recognising feedback as a reciprocal process; and (5) enacting outcomes of feedback. In July 2024, HKCOG will have an induction workshop for our new trainees. Feedback literacy is one of the focuses for raising awareness in our new trainees. By integrating CBME and more WBAs into our new curriculum, trainees should have abundant opportunities and an appropriate environment to develop

their feedback literacy.

To conclude, I believe that the effort involved in faculty development and facilitation of trainee feedback literacy can result in a change in culture and make our new CBME-oriented curriculum successful.

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## References

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2. Hong Kong Academy of Medicine. Position Paper on Postgraduate Medical Education 2023. Accessed 8 February 2024. Available from: <http://page.hkam.org.hk/PositionPaper2023>.