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Research Article

Myanmar Military Medical Conference Proceedings: A Quantitative and Historical Analysis, 2013-2026

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Abstract

Conference proceedings provide a potentially important record of locally generated clinical and biomedical research, but editorial formatting and abstract availability complicate quantitative interpretation. The Myanmar Military Medical Conference (MMMC) has preserved research contributions across multiple conference editions. The objective is to reconstruct the documented chronology of the 20th -31st MMMC editions and describe the distribution of automatically identifiable abstract sections, integrating quantitative findings with historical interpretation. A retrospective quantitative and historical documentary analysis examined one substantive Word-format proceedings volume for each of 12 numbered editions dated 2013-2026. Dates and venues were cross-checked against the source front matter. Paragraphs beginning with an abstract label were enumerated using a uniform, case-insensitive rule; these markers were not treated as verified individual studies. Edition-level counts and descriptive statistics were calculated. Across the 12 proceedings bodies, 361 abstract-labelled paragraph openings were detected (mean 30.1 and median 29.0 per edition; range 14-44). Ten editions were documented in Yangon (2013-2022), followed by editions in Pyin Oo Lwin (2023) and Aung Pan (2026). The source volumes include examples in anatomical science, microbiology, malaria and hepatitis B; systematic article-level specialty counts were not established. The proceedings constitute a longitudinal documentary resource and provide preliminary edition-level evidence of scientific dissemination. Automated abstract-label counts should not be equated with unique papers, publication productivity or impact. Title-level validation and structured thematic coding are necessary for definitive research-trend estimates.

Keywords

Myanmar Military Medical Conference, Conference Proceedings, Documentary Analysis, Biomedical Research, Scientific Dissemination, Research Trends

1. Introduction

Health research is central to identifying context-specific health priorities, evaluating interventions and generating evidence that can inform clinical services and policy. The World Health Organization (WHO) has emphasized that research for universal health coverage requires investment in national research capacity and stronger links between investigators and the health systems that use their findings [12]. Research capacity also depends on the ability of institutions to document,

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disseminate and preserve locally undertaken work. Reviews of capacity-strengthening initiatives in low- and middle-income settings demonstrate that developing sustainable research systems involves more than training individuals; it also requires institutional processes, research networks and mechanisms for sharing scientific findings [6, 7].

Scientific meetings and their proceedings form one such dissemination mechanism. They enable investigators to present studies, exchange methodological and clinical perspectives, and establish a dated record of work that may otherwise receive limited exposure. In settings where local journals or international indexing coverage are incomplete, a conference volume can be particularly useful as a source of research history. Nevertheless, conference proceedings are not equivalent to a complete register of institutional research, and an abstract does not necessarily lead to a full peer-reviewed publication. A Cochrane systematic review found that only a proportion of research first presented in abstract form subsequently appeared as full publications, with variation across study and reporting characteristics [5, 11]. Consequently, the evidentiary value of a proceedings archive must be distinguished from assertions about journal publication or clinical impact.

Documentary analysis provides a method for examining the content and context of archival records through explicit source selection, description and interpretation [1]. When publication-level metadata are available, bibliometric approaches may extend such analyses through counts of research outputs, thematic or authorship patterns, and networks of collaboration [2-4]. However, valid bibliometric inference depends on clearly defining the unit of analysis and confirming that each record represents a distinct output. Historical proceedings may contain several document types, duplicated electronic editions, inconsistent title or abstract formatting, and changes in editorial conventions. If these features are overlooked, simple text searches can produce misleading estimates of research volume or apparent change over time.

The Myanmar Military Medical Conference (MMMC) offers a specific setting in which to integrate documentary history with quantitative description. The supplied proceedings comprise the 20th through the 31st consecutively numbered editions, with dates ranging from 2013 to 2026. The foreword in the 20th proceedings identifies the intention to collect research papers for reference and future scholarly use [13]. Taken together, the proceedings document a sustained record of presented clinical and biomedical work, as well as changes in conference venue and edition dates. Although individual titles and abstracts are available within the archival volumes, a consolidated and verified record of study numbers, specialties, designs and institutional relationships has not yet been established. An earlier publication by Aung and colleagues characterized the longer historical development of 31 conferences [16]; the present analysis concentrates on the later proceedings and the limitations of automated abstract detection.

This study was designed as an initial, transparent analysis of that archival record. It combines historical reconstruction of the sequence and geographical locations of conferences with standardized, edition-level enumeration of abstract-labelled paragraph openings. Its research questions were: (1) what chronology and venue distribution are directly documented by the 20th -31st proceedings; (2) how are automatically detected abstract labels distributed across the editions; and (3) what scientific themes can be illustrated from identifiable source examples, without extrapolating unverified frequencies or research impacts? By separating observed documentary facts from interpretations that require study-level validation, the analysis aims to provide an empirical foundation for subsequent comprehensive mapping of scientific contributions.

2. Materials and Methods

2.1. Design, Sampling Frame and Sources

A retrospective quantitative and historical documentary analysis was conducted using the proceedings of the 20th through the 31st Myanmar Military Medical Conferences, comprising 12 numbered editions dated 2013-2026 [1, 2, 13-15]. For each edition, one principal full-text proceedings document in Word format was selected for quantitative extraction. Where supplementary files or alternative file formats were available, duplicate versions, title pages, tables of contents and conference programmes were excluded from the abstract count to prevent double counting. The conference number, year, dates and location were cross-checked against the corresponding original title pages or introductory materials. The conference edition was the principal historical unit of analysis. The earlier conference-wide documentary analysis [16] is cited as historical context; previously reported longitudinal totals were not reclassified as novel outcomes in this study.

2.2. Extraction Algorithm and Count Definition

Each selected Microsoft Word Open XML (DOCX) file was read as a sequence of document paragraphs. Non-empty paragraph text was trimmed and counted when its opening matched the word “Abstract” (case-insensitive, with optional adjacent punctuation or whitespace). One count was assigned per matching paragraph. This reproducible search identifies an editorial text label, not an independently validated article: abstracts embedded in tables, documents using alternative headings, or studies without abstract labels may be missed, whereas repeated headings may be detected more than once. The numerical outcome is consistently reported as the number of “detected abstract-labelled sections” rather than the number of distinct scientific papers.

2.3. Variables and Descriptive Analysis

Variables included conference edition and year, dates, venue and the count of detected abstract labels. The counts

were summarized as an edition-level series, total, mean, median and range. Each edition's percentage contribution was calculated using the pooled 361 detected labels as the denominator. Descriptive contrasts were used to aid interpretation of the archive; no significance tests, extrapolations to missing years, or annualized publication rates were computed because the source editions were not equally spaced and count validity has not been established. Bibliometric guidance informed the separation of unit definition from substantive inference [2-4].

2.4. Source Appraisal and Interpretation

Chronological statements were based on original front matter in the source proceedings. For illustrative examples of scientific content, article titles and abstract openings were inspected directly; these examples were used only to demonstrate the presence of particular topics. The analysis did not estimate specialty-specific shares, study design frequencies, publication conversion rates, citation impact or changes in health outcomes. A definitive second-stage analysis would require manual verification of unique titles, extraction from tables or nonstandard formats, deduplication and at least two independent reviewers applying a prespecified thematic codebook [9, 10].

2.5. Ethical Considerations

The analysis used existing documentary sources and involved no new contact with patients or collection of identifiable patient-level data. Any required institutional ethics determination, source-access permission and authorization for dissemination of non-public proceedings should be confirmed and documented before journal submission.

3. Results

3.1. Documentary Coverage and Conference Chronology

Twelve substantive proceedings volumes corresponding to the 20th -31st editions were represented in the analyzed corpus. The earliest dated conference was the 20th in Yangon on 13-15 February 2013; the latest was the 31st in Aung Pan on 4-6 March 2026. Editions 20-29 were dated consecutively from 2013 through 2022 and listed Yangon as the venue. The 30th edition was dated 3-5 October 2023 in Pyin Oo Lwin. The 31st edition followed in March 2026, leaving a calendar interval without intervening numbered editions recorded in the analyzed sequence for 2024 and 2025. This observation refers only to the available edition record and does not establish the reasons for the interval.

The venue distribution was concentrated in Yangon for ten of the twelve editions (83.3%); the two subsequent editions were associated with different host locations. These are documentary facts about conference front matter, not evidence of changes in the location of contributing authors, institutional participation or geographical reach. Table 1 reports the edition chronology together with the automated abstract-label counts.

Table 1. *Conference chronology and automated detection of abstract-labelled sections.*

Edition / year	Date and venue	Labels /%
20th (2013)	13-15 Feb, Yangon	44 / 12.2
21st (2014)	11-14 Feb, Yangon	14 / 3.9
22nd (2015)	17-19 Feb, Yangon	35 / 9.7
23rd (2016)	16-19 Feb, Yangon	39 / 10.8
24th (2017)	7-10 Mar, Yangon	28 / 7.8
25th (2018)	21-23 Feb, Yangon	33 / 9.1
26th (2019)	20-22 Feb, Yangon	28 / 7.8
27th (2020)	17-19 Feb, Yangon	30 / 8.3
28th (2021)	5-7 Apr, Yangon	25 / 6.9
29th (2022)	9-11 May, Yangon	29 / 8.0
30th (2023)	3-5 Oct, Pyin Oo Lwin	27 / 7.5
31st (2026)	4-6 Mar, Aung Pan	29 / 8.0
Total (2013-2026)	3 venues	361 / 100.0

3.2. Distribution of Detected Abstract-labelled Sections

The automated extraction identified 361 abstract-labelled paragraph openings across the 12 selected proceedings documents. The edition-level mean was 30.1 detected labels, with a median of 29.0 and a range of 14 to 44. The highest count was observed in the 20th (2013) volume (44, or 12.2% of the pooled total); the lowest was in the 21st (2014) volume (14, or 3.9%). In the most recent volume, the 31st (2026), 29 labels were detected (8.0%). These are measurements of detectability under one text-matching rule, and their apparent differences could reflect document layout and labeling practices as well as actual content.

A purely descriptive grouping yielded 160 detected labels in the five 2013-2017 editions (mean 32.0 per edition) and 145 in the five 2018-2022 editions (mean 29.0 per edition). The remaining two dated editions, 2023 and 2026, together contributed 56 labels (mean 28.0). These grouped figures should not be interpreted as a declining research trend: the count denominator is not a verified number of independent papers, and the latest two editions are separated in time. The small difference between descriptive group means also cannot establish any change in scientific output or meeting acceptance practice.

Table 2. Summary indicators derived from the 12 proceedings editions.

Indicator	Result / meaning
Number of proceedings editions	12 — Edition-level documentary coverage
Earliest to latest conference year	2013-2026 — 13-year elapsed interval, not 14 annual editions
Total detected abstract labels	361 — Unverified abstract markers, not distinct papers
Mean per edition	30.1 — Descriptive count of detected labels
Median per edition	29.0 — Descriptive count of detected labels
Range per edition	14-44 — Minimum and maximum across selected documents
Editions dated 2013-2023	11 — Consecutively numbered 20th-30th editions
Years not represented in sequence	2024-2025 — No intervening numbered edition in analyzed set
Documented host venues	3 — Yangon, Pyin Oo Lwin and Aung Pan

3.3. Examples of Documented Scientific Subject Matter

The proceedings contain identifiable work from different areas of biomedical and clinical research. In the 20th (2013) volume, a study of the gross anatomy of human parathyroid glands describes a cadaver-based anatomical investigation and its relevance to surgery and endocrine care [13]. The presence of this article demonstrates the inclusion of foundational anatomical research at the start of the analyzed sequence, but a single example cannot determine the proportion of anatomy papers in that edition.

The 31st (2026) proceedings provide further directly identifiable examples related to infectious disease and laboratory medicine, including abstracts addressing Helicobacter pylori infection and antimicrobial resistance, phenotypic detection challenges involving mec A-positive Staphylococcus aureus, Plasmodium vivax and hepatitis B virus [15]. These examples document the presence of microbiological and infectious-disease questions in the supplied recent volume. They should not be understood as a ranked list of conference priorities, a comparison of specialty proportions or proof that specific topics increased between 2013 and 2026.

The opening editorial material of the 20th proceedings indicates that compiling research papers was intended to facilitate future reference [13]. This provides a source-grounded historical statement about the archival purpose of the proceedings. The existence of the later proceedings further documents continued production of numbered conference collections, but no source-independent measure of the influence of these collections on clinical practice or research policy was available in the present dataset.

3.4. Boundaries of the Quantitative Findings

The available evidence supports three kinds of findings: dates and venues attached to the numbered conference editions; a reproducible count of paragraphs marked as abstracts; and the presence of selected scientific topics identifiable from original text. It does not yet support a definitive total of unique contributions, a breakdown by clinical specialty or study design, or an estimate of post-conference journal publication. Moreover, changes in abstract-heading conventions, duplicated headings and text housed within tables may produce classification errors that differ between volumes.

For these reasons, formal temporal trend tests, comparisons of research productivity among conference years and claims concerning changes in research quality were deliberately not performed. The numerical findings are best considered a transparent inventory measure that can guide a subsequent item-by-item screen of the proceedings.

4. Discussion

4.1. Principal Findings and Historical Significance

This study combines two complementary perspectives on the MMMC record: a chronological description of the archival proceedings and an explicit quantitative audit of textually identifiable abstract sections. The 12 numbered volumes date from 2013 to 2026 and record conferences in three locations. Together, they provide a longitudinal primary-source record of scientific dissemination within the conference series. The original 20th-edition editorial rationale for preserving proceedings as a scholarly resource [13] adds context to the archive's potential value for medical education and research history.

Importantly, this historical interpretation rests on documents that can be examined again, rather than on institutional recollection alone. The current work should therefore be interpreted as a complementary, narrower source-audit study rather than an independent replication of the historical contribution documented previously [16].

The calculated total of 361 abstract-labelled sections is a useful reproducible characteristic of this corpus, but should not be presented as 361 research studies. Defining the outcome measure precisely is essential in documentary and bibliometric research [1, 2]. If abstracts are formatted as separate paragraphs in one edition but embedded in tables or given nonstandard titles in another, a uniform text-search algorithm can generate apparent variation without a corresponding change in the actual number of studies. Thus, the unusually low detected figure for the 21st edition (14) cannot establish a fall in conference productivity, and the high figure for the 20th (44) cannot establish a peak in research activity.

4.2. Interpretation of Edition-level Variation

The median of 29.0 detected abstract labels per volume suggests that abstract-like material was consistently discoverable by the chosen procedure in all twelve selected files. However, the 14-44 range shows considerable heterogeneity in what the algorithm captured. Before differences are described as research trends, each volume requires verification of article boundaries, treatment of editorials and invited content, and assessment of cases where title, abstract and full manuscript occupy different parts of a document. The descriptive grouping of 2013-2017 and 2018-2022 showed means of 32.0 and 29.0 labels per edition, respectively, but those figures do not offer evidence of a meaningful decrease. Annualized comparisons would be especially inappropriate across the interval between the 30th (2023) and 31st (2026) editions.

A verified follow-up dataset should define its denominator as distinct research contributions and distinguish full articles, abstracts, reviews, case reports and invited presentations where appropriate. Such coding would create a meaningful basis for describing specialty representation and the balance of clinical, laboratory, population-health and medical-education studies. It would also make the study more comparable to formal bibliometric analyses, which depend on robust records and consistent classification [2-4].

4.3. Scientific Subject Matter and Possible Contributions

The directly inspected articles illustrate that the proceedings accommodate varied forms of scientific work. Anatomical research in the earlier volume and infectious-disease and microbiological topics in the most recent volume demonstrate that the archive is relevant both to basic biomedical questions and to problems encountered in clinical or laboratory medicine. These observations justify undertaking a comprehensive thematic analysis, but they do not reveal the dominant specialty, changing disease burden or comparative quality of studies. Such conclusions require title- and method-level coding across the entire corpus, not selected examples.

From a health-systems perspective, the ability to locate locally conducted research is itself relevant. The World Health Organization has emphasized national research capacity, locally appropriate evidence and stronger exchange between researchers and service providers as foundations for improving health systems [12]. Work on research-capacity strengthening similarly highlights the importance of institutional environments and opportunities for researchers to disseminate findings [6, 7]. The MMMC proceedings may serve as one element of such an environment; however, this manuscript does not test whether conference participation improved individual competence, institutional output, healthcare processes or population outcomes.

4.4. Conference Proceedings Versus Subsequent Publication

A central interpretive distinction is between presenting or documenting a research contribution and publishing it as a full article in a peer-reviewed journal. Conference archives can retain findings that do not appear elsewhere, but may also include work later published with revised methods or results; the evidentiary role and reporting limitations of abstracts are recognized in methodological literature [8]. The 2018 Cochrane review of studies tracking meeting abstracts found an overall full-publication proportion of 37.3% across the included reports, indicating that abstract-to-journal conversion is far from universal [11]. This pooled estimate is not an estimate for MMMC: publication follow-up, indexing searches and article matching were not undertaken here. It instead provides a reason to keep “conference abstracts,” “proceedings items” and “journal publications” as separate categories in any future evaluation.

A later article-level study could link each distinct contribution with DOI-indexed or otherwise traceable publications, note the time to publication and compare scientific fields or study designs. That analysis would need a prespecified search strategy, author-name normalization and careful checking for title changes and duplicate reports. Until then, statements about national or international scientific visibility, citation performance and translation into clinical guidelines would exceed the evidence available in the supplied volumes.

4.5. Geographical Chronology and Archival Continuity

The transition of listed conference venues from Yangon for editions 20-29 to Pyin Oo Lwin and Aung Pan for editions 30 and 31 is a documentable feature of the series. Changes in venue may be historically interesting but should not automat-

ically be interpreted as evidence of decentralized research activity, expansion of institutional networks or changes in participation. Those hypotheses would require records of authors' affiliations, geographic origins, attendance and conference governance, none of which were aggregated for the current analysis.

Similarly, the sequence of dated editions documents a gap between October 2023 and March 2026, but the archive alone does not explain why the 31st conference was held in 2026. The study therefore avoids inferring cancellation, suspension, or external causes. This distinction between chronology and causation is an important safeguard when reconstructing organizational history from documentary material [1].

4.6. Implications for Future Analysis and Research Documentation

The most immediate methodological priority is conversion of the proceedings into a validated article-level dataset. For each distinct contribution, researchers should record its exact title, edition, year, author names, affiliations, type of contribution, topic, study design and relevant health focus. Screening should cover text outside automatically labelled abstracts, including tables, nonstandard section openings and scanned material. Duplicate versions of a paper should be reconciled using title, authorship and content. A coding guide should define mutually interpretable fields, and at least two independent reviewers should pilot and resolve discrepancies before classifying the full corpus [9, 10].

Once the denominator is verified, research questions could be expanded from archival description to specialty-level proportions, methodological changes, collaboration patterns and post-conference publication outcomes. Reporting denominators, missing fields and uncertainty by edition would avoid spuriously precise conclusions. Digitally preserving a standardized index of the proceedings could also improve future discoverability and strengthen accountability for research documentation. These are proposed applications of the archive rather than demonstrated outcomes of this study.

4.7. Strengths and Limitations

This analysis has several strengths: it uses primary-source conference material rather than secondary recollections; it defines its edition-level sampling frame; it applies one reproducible extraction rule across selected Word proceedings; and it separates direct observations from unsupported claims of scientific productivity or impact. It also illustrates how a conference history can be integrated with quantitative description while retaining appropriate methodological caution.

The limitations are material. Automated paragraph matching may miss relevant abstracts in tables or unlabeled text and may count repeat labels; unique article-level validation has not been completed. Formats and editorial policies may have differed between years, and the archive's completeness relative to all conference contributions or submissions is not independently established. The two later editions are not evenly spaced in time. Specialty examples were purposively inspected rather than systematically sampled, meaning they cannot establish frequency patterns. Authors, affiliations, study designs, publication status and citation metrics were not coded. Finally, some proceedings may have restricted distribution, limiting independent replication unless access and permissions can be arranged. These limitations mean that results should be reported as a documentary inventory and historical description, not as a definitive bibliometric productivity study.

5. Conclusion

The proceedings of the 20th-31st Myanmar Military Medical Conferences document twelve numbered editions spanning 2013-2026 and demonstrate the archival value of a sustained forum for clinical and biomedical scholarship. The standardized examination identified 361 abstract-labelled paragraph openings, but these markers cannot be interpreted as 361 unique studies. The documented conference chronology, changes in venue and identifiable scientific examples establish a preliminary historical and quantitative baseline while highlighting the limitations of automated text extraction. These findings are significant because they distinguish verifiable archival evidence from unvalidated claims of research productivity, specialty trends or scientific impact. Future research should develop a systematically validated, article-level catalogue of conference contributions, including titles, authorship, affiliations, research designs and subject areas. Independent screening and thematic coding could then support more reliable comparisons across editions and investigation of collaboration patterns and subsequent peer-reviewed publication. A standardized, accessible digital index, subject to institutional permissions, could strengthen preservation, discoverability and opportunities for future research evaluation. Thus, the present analysis provides a methodological foundation for more comprehensive assessment rather than a definitive measure of research output or impact.

Abbreviations

MMMC	Myanmar Military Medical Conference
DOCX	Microsoft Word Open XML Document Format
WHO	World Health Organization

Author Contributions

Ye Phyo Aung: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Methodology, Project administration, Supervision, Validation, Writing – original draft, Writing – review & editing

Tun Tun Naing: Conceptualization, Methodology, Project administration, Resources, Visualization

Tayzar Hein: Data curation, Formal Analysis, Investigation, Software, Writing – original draft

Zaw Phyo: Data curation, Formal Analysis, Methodology, Software, Visualization, Writing – review & editing

Soe Thu Ya: Data curation, Formal Analysis, Investigation, Software, Writing – original draft

Marlar Than: Conceptualization, Methodology, Supervision, Validation

Data Availability Statement

The data are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography



Ye Phyo Aung is a senior lecturer and head at Defence Services Medical Academy, Department of Medical Education, Yangon, Myanmar. He acquired his M. H. P. E in Medical Education from Maastricht University in 2017, and his fellowship from the International Association of Medical Science Educators in 2023. He participated as a Reviewer and Associate Editor in Medical Science Educator (MSE), The Asia Pacific Scholar (TAPS), and Medical Education (online) since 2021. He has participated in an international research collaboration in the medical education field in recent years. He currently serves as Secretary, Chair, Speaker, and Judge at national and international conferences.



Tun Tun Naing is currently working as an assistant Lecturer at the Department of Medical Education, Defence Services Medical Academy. He received MBBS in 2006, MMedSc (Public Health) in 2009, and a Diploma in Medical Education in 2015. He also got a Master of Public Policy from Meiji University, Tokyo in 2020 through the JICA Scholarship Program. He is also the joint secretariat of the Myanmar Military Medial Conference and now he is also working as a reviewer for The Asia Pacific Scholar (TAPS) and Frontier in Medicine. He also participates in local and international medical education and public health research.



Tayzar Hein is a distinguished medical educator at the Defence Services Medical Academy in Yangon, Myanmar. Beginning his career with an MBBS in 2006, he served in military medical roles. He earned a Master of Disease Prevention and Control (MMedSc) in 2012. Transitioning to education in 2016, he enriched his teaching expertise with a Diploma in Medical Education in 2017 and a Master of Medical Education, focusing on Case-based Learning (CBL) research from the University of Dundee. His work emphasizes the development of innovative teaching and learning methods and aims to improve teaching strategies at his academy and beyond.



Zaw Phyo has been a dedicated lecturer at the Defence Services Medical Academy (DSMA) in Myanmar since 2019. He holds a Master of Medical Science (MMedSc) in Healthcare Management (2013) and a Diploma in Medical Education (2019), both from DSMA. In 2023, he became a Fellow of the FAIMER Regional Institute of Indonesia (FFRI). At DSMA, he actively contributes as the secretary of the Assessment Committee, ensuring high standards in medical education. Additionally, he serves on the Curriculum Committee, where he assists in shaping the educational framework. Dr. Zaw Phyo's commitment enhances the quality of medical training at DSMA.



Soe Thu Ya is an Assistant Lecturer in the of Medical Education at the Defence Services Medical Academy. A physician-scientist specializing in psychiatry, He earned an M. B., B. S. in 2007, followed by a Master of Medical Science (M. Med. Sc.) in Mental Health in 2013 and a Doctorate of Medical Science (Dr. Med. Sc.) in Mental Health in 2023. His primary research interests lie at the intersection of molecular and genetic psychiatry, focusing on the biological mechanisms underlying mental health disorders. And he remain actively engaged in collaborative psychiatric research across both domestic and international platforms.



Marlar Than has been a consultant at the Department of Medical Education, Defence Services Medical Academy (DSMA) in Yangon, Myanmar, since May 2017. Armed with degrees in MBBS, MRCP (UK), FRCP (London), and FRCP (Edin), she plays diverse roles as an Honorable Professor in the Department of Medical Education, Chair of the Advisory Committee, Course Coordinator in the Dip. Medical Education course, and Patron in the Curriculum Review and Assessment Committees of DSMA. Her forte lies in pedagogy, adult learning methodologies, and curriculum design, nurturing the professional evolution of budding physicians. Deeply immersed in medical education research and accreditation processes, Professor Marlar Than generously shares her insights through esteemed international publications, enriching the global discourse on healthcare education.

Research Field

Ye Phyo Aung: Medical and Health Sciences, Medical Education, Clinical Research

Tun Tun Naing: Medical and Health Sciences, Preventive and Social Medicine, Public Health, Medical Education

Tayzar Hein: Medical and Health Sciences, Preventive and Social Medicine, Public Health, Medical Education

Zaw Phyo: Medical and Health Sciences, Preventive and Social Medicine, Public Health, Medical Education

Soe Thu Ya: Mental Health, Molecular and Genetic Psychiatry, Medical Education

Marlar Than: Medical and Health Sciences, Medical Education, Clinical Research