

Research Article

Evaluation of Medical Educator Training Program at the University of Public Health, Myanmar

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Abstract

Faculty development in medical education has become essential for strengthening the teaching capacity of health professionals worldwide. In low- and middle-income countries (LMICs) such as Myanmar, there remain challenges in adequately preparing educators to meet modern curricular demands. To address this, the University of Public Health (UPH), Myanmar, has conducted a structured Medical Educator Training Program since 2003. However, evidence of its effectiveness is limited. A convergent mixed-methods study was conducted among participants enrolled in the 2025 Medical Educator Training Program at the University of Public Health, Myanmar. Kirkpatrick's Levels 1 (Reaction) and 2 (Learning) frameworks guided the evaluation. Quantitative data were collected using structured questionnaires, while qualitative data were obtained from participants' reflective reports. Descriptive statistics and thematic analysis were employed. Participants reported high levels of satisfaction with the program and perceived improvements in educational knowledge, teaching skills, curriculum development, learner assessment, leadership, professionalism, communication, and educational research competencies. Qualitative findings revealed transformative changes in educational perspectives, enhanced reflective practice, strengthened professional identity, and increased confidence in educational leadership roles. The Medical Educator Training Program was effective in improving participants' educational competencies and professional development. Continued investment in faculty development programs may contribute to strengthening medical education quality and health professions education capacity in Myanmar.

Keywords

Faculty Development, Medical Education, Kirkpatrick Model, Mixed Methods, Medical Educator Training, Myanmar

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1. Introduction

Faculty development has become a fundamental component of quality improvement in health professions education worldwide. Rapid advances in healthcare systems, educational technologies, competency-based curricula, and accreditation requirements have expanded the roles of medical educators beyond traditional teaching responsibilities. Contemporary educators are expected to function as teachers, curriculum developers, assessors, mentors, educational leaders, researchers, and agents of change within their institutions [1]. Consequently, structured faculty development programs are essential to equip educators with the knowledge, skills, and attitudes required to fulfil these diverse responsibilities.

Teaching expertise is not an innate ability but a professional competency that requires systematic preparation and continuous development [2]. Although health professionals are frequently expected to teach students and junior colleagues, many assume academic roles without formal training in educational theory, curriculum design, learner assessment, educational leadership, or educational research. Faculty development programs therefore play an important role in enhancing teaching effectiveness, supporting curriculum implementation, and promoting educational excellence [3].

Over the past two decades, faculty development initiatives have expanded considerably across medical schools and health professions institutions worldwide. Evidence suggests that participation in such programs improves teaching performance, confidence, leadership capabilities, scholarly productivity, and professional identity among educators [4]. Furthermore, faculty development contributes to educational quality improvement by strengthening institutional capacity and supporting educational innovation. Faculty development is particularly important in low- and middle-income countries (LMICs), where health professions education institutions frequently face challenges related to limited resources, increasing student enrolment, workforce shortages, and evolving accreditation requirements [5]. Strengthening the educational competencies of faculty members is therefore essential to ensure the quality and sustainability of health professions education systems. Effective faculty development programs can support curriculum reform, promote evidence-based educational practices, and improve institutional capacity to respond to changing healthcare needs. Recent evidence also emphasizes that effective faculty development should be context-responsive, systematically designed, and supported through sustained institutional structures [13-15]. The importance of faculty development is further emphasized by the World Federation for Medical Education (WFME), which identifies staff development as a fundamental requirement for quality assurance and accreditation in medical education [6]. The WFME Global Standards recommend that medical schools establish policies and activities that support the continuous professional development

of academic staff in teaching, assessment, educational leadership, and research. As countries increasingly adopt competency-based medical education and seek international accreditation, investment in faculty development has become a strategic priority. In Myanmar, medical education institutions have undergone substantial reforms, including the implementation of integrated and outcome-based curricula. These developments require educators to adopt learner-centred teaching approaches, innovative assessment methods, educational technologies, and contemporary curriculum practices. However, many educators continue to encounter challenges in curriculum planning, learner assessment, educational leadership, educational scholarship, and the integration of effective teaching and learning strategies.

To address these needs, the Ministry of Health established the Medical Educator Training Program (METP) in 2003 as a structured faculty development initiative. The program utilizes a blended-learning approach consisting of face-to-face workshops, self-directed learning modules, assignments, and workplace-based educational activities. The curriculum covers educational psychology, curriculum development, teaching and learning strategies, learner assessment, leadership and management, professionalism, communication skills, and educational research. The program aims to strengthen the competencies of health professions educators and improve the quality of medical education throughout Myanmar. Previous studies have demonstrated the positive impact of faculty development programs in Myanmar. Participants of the Diploma in Medical Education course reported high levels of satisfaction and perceived improvements in teaching competencies, leadership, communication skills, and educational practice [7]. Similarly, a study conducted at the Defence Services Medical Academy demonstrated significant improvements in participants' knowledge, attitudes, and educational practices following medical educator training. However, challenges related to institutional support, academic recognition, educational scholarship opportunities, and access to educational technologies remained [8]. More recently, a qualitative study exploring the most significant changes experienced by graduates of the Diploma in Medical Education program identified improvements in curriculum development, educational research engagement, communication, leadership, and evidence-based teaching practices [9]. Participants reported meaningful changes in their professional roles as educators and highlighted the broader influence of faculty development on educational quality and institutional development. Despite these encouraging findings, contemporary evidence on participants' reactions and learning outcomes from the Medical Educator Training Program at the University of Public Health remains limited. Evaluation of participants' experiences and perceived learning outcomes is important for ensuring program quality, identifying areas for improvement, and informing future faculty development initiatives. Therefore, this study aimed to

evaluate the effectiveness of the Medical Educator Training Program conducted by the University of Public Health, Myanmar, using Kirkpatrick's evaluation framework [11], focusing on Level 1 (Reaction) and Level 2 (Learning). The findings are expected to provide evidence regarding participant satisfaction and perceived learning outcomes and contribute to the continuous improvement of faculty development programs in Myanmar.

2. Materials and Methods

2.1. Study Design

This study employed a convergent mixed-methods design to evaluate the Diploma in Medical Education Program conducted by the University of Public Health, Yangon, Myanmar. The evaluation was guided by Kirkpatrick's evaluation framework, focusing on Level 1 (Reaction) and Level 2 (Learning). Quantitative and qualitative data were collected concurrently and integrated during interpretation to provide a comprehensive understanding of participants' learning experiences and perceived outcomes.

2.2. Study Setting and Participants

The study was conducted among participants enrolled in the 20th Batch of the Diploma in Medical Education Program in 2025. The program consisted of ten modules delivered through four workshops over nine months. Participants included medical, dental, nursing, pharmacy, public health, and allied health educators from various academic institutions under the Ministry of Health, Myanmar. All participants who completed the program and submitted the required course evaluations and reflective assignments were invited to participate in the study. A census sampling approach was employed to include all eligible participants.

2.3. Data Collection

Quantitative data were collected using a structured self-administered evaluation questionnaire developed to assess participants' reactions to the program and perceived learning gains. The questionnaire consisted of Likert-scale items addressing program organization, module content, teaching and learning activities, facilitator effectiveness, educational environment, and self-perceived improvement in educational competencies.

Qualitative data were obtained from participants' written reflective reports submitted after the program. The reflections described participants' learning experiences, perceived impact of the program, changes in educational perspectives, professional development, and intended future applications of acquired knowledge and skills.

2.4. Data Analysis

2.4.1. Quantitative Analysis

Quantitative data were entered and analyzed using Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics were used to summarize participant characteristics and questionnaire responses. Continuous variables were presented as means and standard deviations, whereas categorical variables were summarized using frequencies and percentages. For Likert-scale items, mean scores and standard deviations were calculated to determine participants' levels of satisfaction and perceived learning outcomes. Internal consistency of the questionnaire was assessed using Cronbach's alpha coefficient. Statistical significance was considered at a p-value of less than 0.05 where applicable.

2.4.2. Qualitative Analysis

"Qualitative data were analyzed using thematic analysis following the approach described by Braun and Clarke [12]". Reflective reports were read repeatedly to achieve familiarization with the data. Initial codes were generated inductively from meaningful statements and subsequently grouped into categories. Similar categories were then organized into broader themes representing participants' shared experiences and perceptions. To enhance trustworthiness, coding and theme development were reviewed iteratively, and representative quotations were selected to illustrate key findings. Themes were refined through constant comparison across participant reflections until thematic saturation was achieved.

2.4.3. Integration of Quantitative and Qualitative Findings

Quantitative and qualitative findings were integrated during the interpretation phase using triangulation. Areas of convergence, complementarity, and divergence between numerical results and participants' narratives were examined to provide a comprehensive evaluation of the Diploma in Medical Education Program. The integration of both data sources enabled a richer understanding of participants' reactions, learning experiences, and perceived professional development.

2.5. Ethical Considerations

Ethical approval was obtained from the institutional review board (IRB) before commencement of the study. Participation was voluntary, and informed consent was obtained from all participants. Confidentiality and anonymity were maintained throughout data collection, analysis, and reporting. Reflective reports were de-identified before analysis, and quotations were presented without personal identifiers.

3. Results

3.1. Quantitative Findings

A total of 55 participants completed the evaluation of the Medical Educator Training Program conducted at the University of Public Health, Myanmar. The findings are presented sequentially in accordance with the study objectives and questionnaire structure. Initially, the demographic and professional characteristics of participants are described to contextualize the sample. This is followed by the reaction evaluation (Level 1), which assesses participants' immediate perceptions of the training program, including course design, trainer performance, logistics, and relevance. Subsequently, the learning evaluation (Level 2) is presented across three thematic domains: (1) educational psychology and curriculum development, (2) assessment and leadership competencies, and (3) professionalism, communication, research, and workshop-related skills. Likert-scale responses were analyzed using mean and standard deviation (SD), while agreement percentages represent the proportion of respondents selecting "agree" or "strongly agree," indicating positive perception or learning gain.

Table 1. Demographic and professional characteristics of participants ($n = 55$).

Variables	Category	n(%)
Sex	Male	20 (36.4%)
	Female	35 (63.6%)
Training centre	Yangon	23 (41.8%)

Variables	Category	n(%)
Education level	Nay Pyi Taw	32 (58.2%)
	Master	15 (27.3%)
	Doctoral	40 (72.7%)
Speciality	Clinical	24 (43.6%)
	Basic Science	11 (20.0%)
	Para-clinical	8 (14.5%)
	Others	12 (22.0%)
Position	AP/DD	26 (47.3%)
	Lecturer/AD	14 (25.5%)
	Professor	15 (26.2%)

Table 1 summarizes the demographic and professional profile of the study participants. The majority were female (63.6%), indicating a higher representation of women in the training program. Participants were drawn from both Yangon (41.8%) and Naypyitaw (58.2%), suggesting a relatively balanced institutional distribution. Most respondents held a doctoral degree (72.7%), reflecting a highly educated cohort. In terms of specialty, clinical disciplines predominated (43.6%), followed by basic sciences and para-clinical fields. Regarding academic rank, nearly half of the participants were Assistant Professors or Deputy Directors (47.3%), while the remainder were distributed among lecturers, professors, and a small number of senior administrators. Overall, the sample represents mid- to senior-level academic professionals with substantial experience in medical education.

Table 2. Reaction evaluation of the Medical Educator Training Program (Level 1).

No.	Specific question	Mean $\pm$ SD	Agreement%
1	The objectives of the Medical Educator Training were clearly defined.	4.49 $\pm$ 0.54	98.2%
2	Training methods were consistent with the objectives of the course.	4.33 $\pm$ 0.47	100.0%
3	Supervisors (Trainers) were well prepared for delivery of the contents of the course.	4.45 $\pm$ 0.50	100.0%
4	Facilitators (Trainers) were well prepared for helping with the delivery of the contents of the course.	4.36 $\pm$ 0.59	98.2%
5	Trainers motivated the trainees to search for new concepts and to acquire analytical and critical thinking skills, as a medical educator.	4.25 $\pm$ 0.52	96.4%
6	Logistic management of the medical educator training course was well organized.	4.20 $\pm$ 0.45	98.2%
7	Trainers were able to facilitate active participation of the trainees.	4.29 $\pm$ 0.53	96.4%
8	The training materials were well provided to help us to learn the course smoothly.	4.09 $\pm$ 0.48	92.7%
9	There was a good balance between theoretical and practical aspects.	3.91 $\pm$ 0.75	83.6%
10	Trainers had good communication skills and teaching skills to deliver the course.	4.38 $\pm$ 0.49	100.0%

No.	Specific question	Mean $\pm$ SD	Agreement%
11	Time management of the training schedules was well planned.	3.89 $\pm$ 0.79	78.2%
12	This course relates directly to my job responsibilities.	4.44 $\pm$ 0.66	94.5%
13	I would recommend this course to other colleagues.	4.71 $\pm$ 0.46	100.0%

Table 2 presents participants' reactions to the training program, demonstrating an overall highly positive evaluation. Most items achieved mean scores above 4.0, indicating strong agreement. Notably, participants expressed unanimous agreement regarding the appropriateness of training methods and their willingness to recommend the course, reflecting high perceived value and satisfaction. Trainer-related attributes, including preparation, communication skills, and ability to facilitate participation, were consistently rated highly, under-

scoring the effectiveness of instructional delivery. Additionally, course objectives and job relevance were strongly endorsed, suggesting alignment with participants' professional needs. However, comparatively lower scores were observed in areas such as time management (Mean = 3.89), balance between theory and practice (Mean = 3.91), and adequacy of training materials (Mean = 4.09). These findings indicate that while the overall reaction was highly favorable, certain operational aspects of the program could benefit from further refinement.

Table 3. Learning evaluation: educational psychology, curriculum, objectives, and teaching media (Level 2).

No.	Specific question	Mean $\pm$ SD	Agreement%
1	I can apply educational theories in medical education practice.	4.33 $\pm$ 0.58	98.2%
2	I can reflect my own teaching and learning process in relation to learning principles	4.36 $\pm$ 0.62	96.4%
3	I will be able to plan the curriculum for my "subject or module"	4.20 $\pm$ 0.49	96.4%
4	I can describe the types and models of curriculum commonly met in medical education.	4.16 $\pm$ 0.57	90.9%
5	I can construct well-defined objectives for a given topic	4.18 $\pm$ 0.51	94.5%
6	Arranged content elements must reflect the targeted objectives	4.25 $\pm$ 0.52	96.4%
7	I understand the difference between the learning outcomes and instructional objectives.	4.18 $\pm$ 0.61	89.1%
8	I can select appropriate learning and teaching methods to achieve the objectives.	4.25 $\pm$ 0.48	98.2%
9	I can deliver more effective learning and teaching methods to motivate and facilitate the learning of students.	4.20 $\pm$ 0.45	98.2%
10	I can choose between different types of teaching and learning media after weighing their usefulness and limitations.	4.24 $\pm$ 0.54	94.5%
11	I can select and develop appropriate learning/teaching media for effective teaching	4.20 $\pm$ 0.45	98.2%

As shown in Table 3, participants reported substantial learning gains in domains related to educational psychology, curriculum development, and instructional design. High mean scores across most items indicate strong perceived competence in applying educational theories, reflecting on teaching practices, and aligning learning objectives with instructional content. Participants also demonstrated high confidence in selecting appropriate teaching methods and developing effective learning materials, highlighting the practical relevance of the

training. However, relatively lower scores were observed for understanding curriculum models (Mean = 4.16) and differentiating between learning outcomes and instructional objectives (Mean = 4.18), suggesting that these conceptual areas may require further emphasis. Overall, the findings suggest that the training effectively enhanced both theoretical understanding and practical teaching competencies, although some conceptual distinctions may benefit from additional clarification and reinforcement.

Table 4. *Learning evaluation: assessment, assessment modules, and leadership (Level 2).*

No.	Specific question	Mean $\pm$ SD	Agreement%
12	I am well informed about general concepts and principles of assessment.	4.27 $\pm$ 0.49	98.2%
13	The purpose of assessment and its role in the learning and teaching process is clear to me.	4.27 $\pm$ 0.49	98.2%
14	The steps involved in assessment are very clear to me.	4.11 $\pm$ 0.66	83.6%
15	I can list different types of assessments and am aware of the characteristics of each type of assessment.	4.11 $\pm$ 0.57	89.1%
16	I can choose valid assessment tools for given educational objectives.	4.15 $\pm$ 0.52	92.7%
17	The objectives of the assessment module are clear to me.	4.27 $\pm$ 0.49	98.2%
18	The group work activities on assessment modules stimulated my learning in this workshop.	4.20 $\pm$ 0.59	90.9%
19	After the course, I understood the leadership role as a teacher.	4.35 $\pm$ 0.48	100.0%
20	I understand how leadership can influence students' learning and teaching.	4.36 $\pm$ 0.49	100.0%
21	Leaders are people who influence others for a common goal.	4.29 $\pm$ 0.50	98.2%
22	Emotional intelligence helps you build stronger relationships, succeed at work, and achieve career and personal goals.	4.35 $\pm$ 0.58	94.5%

Table 4 illustrates participants' learning outcomes related to assessment and leadership competencies. The results indicate a strong understanding of fundamental assessment concepts, including the purpose, principles, and objectives of assessment in medical education. Leadership-related items achieved particularly high scores, with complete agreement observed for understanding leadership roles and their influence on teaching and learning. This highlights the effectiveness of the training in fostering leadership awareness among

participants. Nevertheless, some variability was noted in more applied aspects of assessment, such as understanding assessment steps and selecting appropriate tools, which yielded comparatively lower mean scores. Similarly, group-based learning activities in assessment modules showed moderate agreement. These findings suggest that while theoretical knowledge of assessment is well established, additional hands-on practice and applied exercises may further strengthen participants' practical competencies.

Table 5. *Learning evaluation: professionalism, ethics, communication, research, and workshop skills (Level 2).*

No.	Specific question	Mean $\pm$ SD	Agreement%
23	I understand the effectiveness of role-playing necessary in medical education events.	4.24 $\pm$ 0.54	94.5%
24	I describe professional behavior and develop strategies for improving professionalism.	4.22 $\pm$ 0.50	96.4%
25	I understand ethical principles, identify ethical dilemmas, and develop ethical decision-making skills	4.20 $\pm$ 0.49	96.4%
26	I apply principles of communication in my own institution and teach learners about effective communication	4.27 $\pm$ 0.49	98.2%
27	I can prepare a scientific poster with complete components	4.11 $\pm$ 0.57	89.1%
28	I understand the roles of the chairperson	4.27 $\pm$ 0.53	96.4%
29	I can perform an academic debate.	3.96 $\pm$ 0.58	81.8%
30	I can develop an educational research proposal with appropriate research design and methods	4.20 $\pm$ 0.52	94.5%
31	I can develop a structured workshop plan including expected outcomes, contents, and activities	4.25 $\pm$ 0.55	94.5%
32	I can conduct an educational workshop.	4.20 $\pm$ 0.59	90.9%
33	I can write an educational workshop report.	4.16 $\pm$ 0.66	89.1%

Table 5 presents learning outcomes related to broader professional and academic competencies. Participants reported high levels of agreement across domains such as professionalism, ethical decision-making, communication skills, and research capacity, indicating that the training contributed to comprehensive professional development. Strong performance was also observed in areas such as workshop planning and understanding organizational roles, reflecting enhanced leadership and academic skills. However, relatively lower scores were identified in more performance-based competencies, including academic debate (Mean = 3.96), conducting workshops, and report writing. These areas typically require experiential learning and sustained practice, which may not be fully achieved within a single training program. Therefore, incorporating additional opportunities for simulation, practice-based learning, and mentorship may further enhance these competencies in future programs.

3.2. Qualitative Findings

Analysis of participants' reflective reports revealed six major themes regarding the impact of the Medical Educator Training Program: (1) Transformation from Teacher-Centered to Learner-Centered Education, (2) Understanding Constructive Alignment and Curriculum Design, (3) Assessment as a Tool for Learning, (4) Development of Reflective Practice, (5) Educational Leadership and Teamwork, and (6) Professional Identity Formation.

3.2.1. Theme 1: Transformation from Teacher-Centered to Learner-Centered Education

A dominant theme across reflections was a shift from viewing teaching as content delivery to facilitating active learning. Participants described increased appreciation of adult learning principles, learner engagement, and student-centred instructional strategies.

One participant reflected:

"Previously, I viewed my role primarily as a transmitter of knowledge, focusing on delivering content efficiently. I now appreciate that learners are active participants who bring prior knowledge, experiences, and motivations into the learning environment."

Similarly, another participant noted:

"I became more aware that teaching is a professional skill that requires continuous development, reflection, and the use of evidence-based approaches."

Several participants reported adopting active learning approaches such as problem-based learning, team-based learning, small-group discussions, and flipped classrooms following the course.

3.2.2. Theme 2: Understanding Constructive Alignment and Curriculum Design

Participants frequently highlighted increased understanding

of curriculum planning, educational outcomes, and constructive alignment.

One participant stated:

"I learned to formulate clear, measurable learning outcomes that integrate knowledge, skills, and attitudes relevant to health information practice."

Another reflected:

"The curriculum module helped me appreciate the importance of outcome-based planning and alignment between objectives, content, teaching strategies, and assessment."

Many participants described curriculum as a dynamic educational framework rather than a static syllabus.

3.2.3. Theme 3: Assessment as a Tool for Learning

The learner assessment module emerged as one of the most influential components of the program.

A participant observed:

"I learned that assessment is the most powerful tool for driving learning."

Another report:

"Assessment and feedback were especially meaningful. I learned that assessments were supporting learning, not just grading."

Participants demonstrated increased understanding of formative assessment, workplace-based assessment, validity, reliability, blueprinting, and feedback.

3.2.4. Theme 4: Development of Reflective Practice

Many reflections demonstrated enhanced self-awareness and reflective capacity.

One participant wrote:

"The program's main focus has been reflective practice, which has had a significant impact on my professional identity as an educator."

Another stated:

"I now recognize that being an effective teacher involves being a reflective practitioner who actively evaluates and improves their teaching practices."

Reflective writing was consistently described as a mechanism for identifying strengths, addressing weaknesses, and promoting lifelong learning.

3.2.5. Theme 5: Educational Leadership and Teamwork

Participants increasingly perceived themselves as educational leaders and agents of change.

One participant commented:

"Leadership is not about issuing commands or dominating discussions. Instead, it is about creating space for participation and encouraging contributions."

Another reflected:

"I learned that leadership is about influence and emotional intelligence, not just authority."

Role plays, debates, poster presentations, and workshop organization provided authentic leadership experiences that strengthened communication, collaboration, and conflict-management skills.

3.2.6. Theme 6: Professional Identity Formation

A strong theme was the evolution of professional identity from clinician or content expert to educator.

One participant described:

"I no longer see myself only as a content expert but as a designer of learning experiences."

Similarly:

"The course has enhanced my identity not only as an educator but also as a lifelong learner."

Participants reported greater commitment to professionalism, mentorship, educational scholarship, and continuous improvement.

3.3. Integration of Quantitative and Qualitative Findings

The qualitative findings complement the quantitative results, demonstrating high levels of participant satisfaction and perceived learning gains. Participants reported substantial improvements in educational knowledge, teaching competencies, leadership abilities, professionalism, communication skills, and educational research capacity. The convergence of quantitative and qualitative findings suggests that the Medical Educator Training Program effectively supports the professional development of medical educators and contributes to strengthening educational quality within Myanmar's health professions education system.

4. Discussion

This study evaluated the effectiveness of the Medical Educator Training Program conducted by the University of Public Health, Myanmar, using Kirkpatrick's Level 1 (Reaction) and Level 2 (Learning) evaluation framework. The findings demonstrated high levels of participant satisfaction and substantial perceived learning gains across educational psychology, curriculum development, assessment, leadership, professionalism, communication, and educational research domains. The qualitative findings further revealed meaningful changes in educational perspectives, reflective practice, leadership development, and professional identity formation.

The reaction evaluation showed that participants were highly satisfied with the program. High ratings were observed for course objectives, trainer preparation, communication skills, facilitation methods, and relevance to professional responsibilities. The highest level of agreement was reported for recommending the course to colleagues, indicating strong perceived value and acceptability of the program. Similar find-

ings have been reported in previous faculty development studies, where participant satisfaction was associated with effective instructional design, relevant content, and supportive learning environments [1, 2].

The learning evaluation demonstrated substantial perceived improvements in educational competencies. Participants reported increased confidence in applying educational theories, curriculum planning, formulation of learning outcomes, selection of teaching methods, assessment design, and development of educational media. These findings are consistent with evidence from systematic and scoping reviews and recent framework development, which indicates that faculty development can strengthen teaching competencies, professional growth, and programmatic approaches to educator development [4, 13-15].

Assessment literacy emerged as an important area of learning. Participants reported improved understanding of assessment principles, validity, reliability, blueprinting, and feedback processes. Contemporary medical education emphasizes assessment as a tool to support learning rather than merely measure performance. The findings suggest that the program successfully promoted a broader understanding of assessment for learning and competency-based assessment practices [4].

Leadership development was another important outcome. Participants demonstrated increased awareness of educational leadership roles, emotional intelligence, teamwork, and influence within educational institutions. Similar observations have been reported by O'Sullivan and Irby, who identified leadership development as a key outcome of a faculty development program [10]. Strengthening educational leadership is particularly important in resource-constrained settings where institutional improvement often depends on local educational champions.

The qualitative findings provided additional insights into participants' learning experiences. A major theme was the transition from teacher-centred to learner-centred educational approaches. Participants increasingly recognized learners as active participants in the educational process and reported greater appreciation of adult learning principles and active learning strategies. This finding aligns with modern educational theories that emphasize learner engagement and self-directed learning [3].

Another important theme was the development of reflective practice. Participants described reflection as a mechanism for identifying strengths, addressing weaknesses, and promoting continuous professional development. Reflection is widely recognized as an essential component of professional learning and transformative educational change [7].

Professional identity formation was also evident. Many participants reported evolving from viewing themselves primarily as clinicians or content experts toward recognizing their roles as educators, mentors, and educational leaders. This transformation suggests that the program influenced not only knowledge acquisition but also professional values and educational identity.

Despite these positive findings, several challenges were identified. Participants reported time constraints, competing institutional responsibilities, assignment workload, and limited familiarity with educational terminology. These barriers have been reported in similar faculty development programs and may influence the implementation of newly acquired educational practices [2, 5]. Continued institutional support, mentorship, and opportunities for ongoing professional development are therefore necessary.

Overall, the convergence of quantitative and qualitative findings suggests that the Medical Educator Training Program effectively strengthened educational competencies and promoted professional development among health professions educators in Myanmar. The program may serve as a useful model for faculty development initiatives in similar low- and middle-income country settings.

5. Conclusion

The Medical Educator Training Program conducted by the University of Public Health, Myanmar, was effective in enhancing participants' satisfaction, educational knowledge, teaching competencies, leadership skills, professionalism, communication abilities, and educational research capacity. Participants reported substantial learning gains across multiple domains of medical education, while qualitative findings demonstrated transformative changes in educational perspectives, reflective practice, leadership development, and professional identity formation.

The integration of quantitative and qualitative findings indicates that the program successfully achieved its intended educational objectives and contributed to the professional development of health professions educators. These findings support the importance of structured faculty development programs in strengthening educational quality and capacity within health professions education.

Continued investment in faculty development, institutional support, educational mentorship, and longitudinal evaluation is recommended to sustain and further enhance the impact of such a program. Future studies should evaluate behavioural change, educational practice, and organizational outcomes corresponding to Kirkpatrick Levels 3 and 4.

Abbreviations

ICT	Information and Communication Technology
IRB	Institutional Review Board
LMICs	Low- and Middle-Income Countries
MBBS	Bachelor of Medicine, Bachelor of Surgery
METP	Medical Educator Training Programme
M. H. P. E.	Master of Health Professions Education
MSc	Master of Science
MSE	Medical Science Educator

SD	Standard Deviation
SEARAME	South East Asia Regional Association for Medical Education
SPSS	Statistical Package for Social Sciences
TAPS	The Asia Pacific Scholar
UPH	University of Public Health
WFME	World Federation for Medical Education

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

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Khin San Myint: Conceptualization, Methodology, Project administration, Resources, Visualization

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Tin Tun: Conceptualization, Methodology, Supervision, Validation, Writing – review & editing

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



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Pai Thitsar is a Deputy Director at the Medical Education and Training Division, Department of Human Resources for Health, Ministry of Health, Myanmar. He obtained M. MedSc (Physiology) in 2011 and his Diploma in Medical Education in 2014 and completed the Health Professions Education Training Fellowship at Seoul National University College of Medicine, Republic of Korea, in 2023. He has over a decade of experience in medical education, quality assurance, curriculum development, assessment and human resources for health development.



Lay Lay Myint is a Deputy Director (Nursing) at the Department of Human Resources for Health, Ministry of Health, Myanmar. She earned her Ph. D. in Nursing Science in 2022, and her Master of Nursing Science in Nursing Administration in 2010 from Chiang Mai University, Thailand. She has roles in supervisor, Delphi expert, and guest lecturer for master's and doctoral candidates from both the University of Nursing, Mandalay, and Yangon in recent years. She has a reputation for being a quantitative expert, especially in SEM. Her areas of research interest are nursing and health sciences, nursing administration and management, nursing and midwifery education, and research statistics. She currently serves as a principal investigator or co-investigator in those areas.



Nwe Ni Sein Myint, RN, PhD, is a Deputy Director (Nursing), Department of Human Resources for Health, Ministry of Health, Myanmar. She got her Diploma of Nursing and Bachelor of Nursing Science from the University of Nursing (Yangon), a Master of Nursing Science, and a Doctoral Degree from Chiang Mai University, Thailand. She has expertise in nursing administration and management, curriculum development, medical education, research, and statistics. She is a postgraduate lecturer in medical education at the University of Public Health, Yangon. She has the roles of a guest lecturer at both the University of Nursing (Yangon) and the University of Nursing (Mandalay). She serves as a joint-secretary of the Institutional Review Board (IRB), Ministry of Health, Myanmar.



Tin Tun is Director General at the Department of Human Resources for Health, Ministry of Health, Myanmar. He obtained his MBBS from the University of Medicine (1), Yangon, a Master of Primary Health Care Management from Mahidol University, Thailand, and an MSc in Medical Education from Cardiff University, United Kingdom. He has extensive experience in health professions education, curriculum development, faculty development, and human resources for health. He also serves as a Postgraduate Lecturer in Medical Education at the University of Public Health, Yangon, and Visiting Professor at the Defence Services Medical Academy and Military Institute of Nursing and Paramedical Sciences.

Research Field

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

Aung Tin Kyaw: Demography, Public Health, HIV, Medical Education

Khin San Myint: Medical and Health Sciences, Public Health, Medical Education

Khaing Lay Mon: Public Health, Medical Education, Social Science

Ei Sandar U: Epidemiology, Non-communicable Diseases, Diabetes, Spatial Epidemiology, Health Systems Research, and Medical Education

Pai Thitsar: Medical and Health Sciences, Medical Education, Quality Assurance

Lay Lay Myint: Nursing and Health Sciences, Nursing Administration and Management, Nursing and Midwifery Education

Nwe Ni Sein Myint: Nursing Administration and Management, Nursing Education, Instrument Development

Tin Tun: Medical and Health Sciences, Public Health, Medical Education