EDITORIAL

A TRIBUTE TO MY MENTOR PROFESSOR NAEEM AON JAFAREY: AN ICON OF MEDICAL EDUCATION

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On his sad demise, many described Professor Naeem Aon Jafarey as:

A Man of Vision..... An iconic figure.... An inspiration to all.... A transformational leader A leader not easy to be replaced.... A simple and gentle personality....

To pen down my thirty years of association with Professor Naeem Aon Jafarey, is a privilege and beyond doubt, an arduous task and emotional journey. For me personally, he was a mentor, colleague, and friend, and without whose presence my career in medical education would not have been as fulfilling and rewarding. My greatest admiration about him was that he was a man of great compassion and kindness, who took great joy in helping whoever he could, however he could in one's career.

In this tribute, I will share his vision and contributions to medical education of Pakistan. But, then I would find it difficult to ignore his inspirational leadership attributes that transpired innovative model of medical education, critical thinking mode, and independent learning amongst his followers including students.

Professor Jafarey was the symbol of perseverance, courage, humility, resilience with soft demeanor personality. He will be remembered as a transformational leader whose commitment and passion transformed the minds of several students, young faculty, consultants, scholars, and researchers towards valuing: an inquiry-based approach; a holistic approach that focuses on individual and family health; and an educational model of social responsiveness. He was the advocate for: dynamic medical curriculum, self-directed learning methods, student learning experiences in low resource settings, and employing robust methods of assessment to assess medical students' competencies.

Three decades ago, I recall meeting him for the first time at the College of Physicians & Surgeons Pakistan when he interviewed me for a position in the Department of Medical Education. Since then I had worked with him for more than two decades but for period that I did not, I remained under his guidance. In January 2015, the last workshop that I facilitated with Professor N A Jafarey was on PBL held for Karachi business school teachers at the Institute of Business Administration (IBA) Karachi. A month later, on February 23rd, I recall my last intellectual discourse. However, then I had no clue it would be my last conversation. During discussion, he shared his last presentation "Challenges facing Medical Education in Pakistan" and as always asked me to save his presentations. He reminded me to include the slides on maternal health and lost graduates in my future presentations. He also drew my attention to the slide on women doctors who have withdrawn from the medical profession. I recall distinctly he said, 'when you come next time, we will plan a study along with online courses which could bring women doctors into the mainstream.' I responded willing-ly. But destiny had other plan. Due to his illness soon after, that study could never be discussed.

"He was ahead of his times."Professor Zulfigar Bhutta¹

His articles on medical education beginning 1975 confirm Professor Bhutta's statement. His vision for change is reflected from many of his articles' titles such as: 'Are hospitals the only place for clinical training of Undergraduates?², 'The Changing Role of Physicians'³, 'Library without Shelves'⁴ and 'Andragogy'⁵. These correspond with the recent recommendations of international reports and guidelines for preparing the next generation of physicians^{6-7.}

In 1997, in his article on 'Some Issues Relating to Medical Education,⁸ he proposed transforming district hospitals to clinical teaching institutions. His rationale was aimed at utilizing existing government resources,

and train medical students for solving common health problems presented at district level hospitals. Also, students belonging to small towns would not have to travel to big cities for medical education, and will be passionate to serve their own districts. Interestingly, similar recommendations are found in the recent Indian Parliamentary Commission Report.⁹Moreover, in that article, he recommended one integrated department of Basic Health Science which when proposed in 1996 for Ziauddin Medical College was turned down by the regulatory body.

He was a fierce advocate for reform in medical education. In every medical education forum, he would emphasize on medical students' training in health facilities commonly utilized by the public. In response to the Lancet journal articles on Pakistan¹⁰⁻¹¹, he immediately called to suggest that three of us, that is including himself, Dr Rukhsana Zuberi, and myself should jointly write a letter to the Lancet editor elaborating on Pakistani medical graduates reasons for reluctance to practice in rural settings. Very soon after Professor Jafarey first draft popped in my email and after reviews, the letter was published in the Lancet.¹² Not only to scientific journals, he raised similar concerns through articles and letters to editors of daily newspapers as well as letters to bodies of higher education. In the nineties, he along with others influenced policy makers to organise international conference in Pakistan on changing medical education and practice and as a consequence Community-Oriented Medical Education project was initiated in four public medical colleges.

He was critical of the rigid medical curriculum which not only ignores prevention of common illnesses prevalent in Pakistan but is not cognizant that half of the facts will be replaced due to rapid knowledge explosion. He consistently argued that one way transfer of information from teacher to student would not survive the challenges of the 21st century. He was an advocate of Problem Based Learning (PBL), Case-Based Learning, and discouraged unnecessary lectures. For this very reason, he favoured replacing library of textbooks with Learning Resource Center He even cited example of MOOCs (Massive Open Online Courses) which in coming years will take traditional universities by storm.

Professor Jafarey's strength of his vision and personality could be gauged as how he inspired Ziauddin Medical College (ZMC) and University (ZU) faculty, students to change their expectations, perceptions, and motivations to work towards achieving excellence in education, research, and service. Professor Jafarey's mammoth contributions to ZU and ZMC in particular cannot be described in this tribute. However, I will elaborate on those that emerged as milestones.

As ZMU founding Vice-Chancellor, Professor Jafarey transformed the culture of ZU with his exemplary leadership, humble, and gentle personality. He never pursued the traditional 'top down' leadership model but delegated responsibilities to respective Committees led by concerned experts. He challenged the status-quo and undertook the risk of implementing a novel model of medical education despite stringent regulations and traditional mindset. His accomplishments can be attributed to recruiting like-minded people who shared his vision, and were motivated and passionate to make a difference. Similarly, ZU culture succeeded in converting several to the new philosophy. His vision led to creation of University-community partnership model, integrated teaching of basic sciences, PBL, student training in the community settings along with tertiary experience, research and publications. On one hand, he pushed for strengthening the Department of Community Health Sciences and on the other established Department of Family Medicine to make an impact on the health outcomes of the adjoining population of Sikanderabad, Clifton. For wider clinical exposure, medical students were sent for training in busy local government Sobhraj Maternity hospital, and Mental Health care facilities. Not forgetting study guides and competency-based grading system of Satisfactory and Unsatisfactory which were the landmarks of ZMC. The study guide has been replicated by other medical institutions while unfortunately the grading system in ZMC changed to the traditional alphabet system despite evidence.

For ZU, Professor Jafarey envisaged a critical mass that would support, implement and sustain dynamic, and inquiry-based learning environment, .Ongoing faculty training programs in education and research were meant to apply the recent advancement in curriculum, learning and assessment, as well as critical thinking approach in day to day practices. He was instrumental in introducing the culture of weekly journal club, and faculty meetings to discuss weekly academic activities and recent research.

He aimed at building relationship based on trust, stimulated creative initiatives, and was known for sharing his enthusiasm on accomplishments of his colleagues. He would walk into individual faculty office to discuss new research, progress of research, or propose new projects for community development. Moreover, he would share recent research articles, international reports to concerned individuals of expertise for purpose of not only updating but to reflect what more could be done in Pakistan. On my election as Chair of an international network Towards Unity for Health (TUFH), he joyously shared this news with leading medical

educators.

His foresight and continuous support led to an independent Department of Examination which I served as Controller of Examinations. Over the years, it became a model of standard assessment practices such as computerized item banks, use of table of specification, post analysis of test items and efficient and reliable system of result announcement. He never influenced his position to change results or criteria for pass and fail.

He was a relentless advocate for medical students which often resulted in thoughtful academic advice or stimulating conversations. For MBBS first year genetics course, he inspired MBBS medical graduates to write PBL cases, and twelve cases were finally approved and implemented. Moreover medical graduates and students were engaged in producing a video on the Process of PBL which was used for Faculty development by the Department of Medical Education.

The distinct ZMU MPhil program for basic science teachers is now being replicated in other institutions of Pakistan as well. The MPhil program requirements included component of education principles and scientific writing skills.

Many may consider his achievements as passive, but he has left behind a huge legacy of professionals who believe in his philosophy and conviction. There could be no better tribute by those to work individually or collectively for an educational system and philosophy that value individual potential and a dynamic learning environment for next generation of health professionals with professional values, critical thinking and responsiveness to the growing needs of Pakistani population.

REFERENCES

- 1. Watts G. Obituary Naeem Aon Jafarey. The Lancet. 2016; 387:1003
- 2. Jafarey NA. Are hospitals the only place for clinical training of Undergraduates? JPMA. 1986; 36:248-9
- 3. Jafarey NA. The Changing Role of Physicians. J Coll Phys & Surg. Pak.1992;3:85
- 4. Jafarey NA . Libraries without Shelves. JPMA.1994;44:157
- 5. World Federation of Medical Education. Basic Medical Education. WFME Global Standards for Quality Improvement. Copenhagen: WFME 2003. http://www.wfme.org.
- 6. Frenk J, Chen L, Bhutta ZA et al. Health professional for a new health century: transforming education to strengthen health systems in an interdependent world. Education of Health Professionals for the 21st Century. Lancet. 2010; 376:1923-58
- 7. Parliament of India RajyaSabha. Department Related Parliament Standing Committee On Health and Family Welfare: The Functioning of Medical Council of India. Report No.92. presented to the RajyaSa bha. 8th March 2016. http://twofourinsight.com/wp-content/up loads/2016/03/20160308-RA JYA-SABHA-MOHFW-DEPARTMENT-COMMITEE-REPORT.pdf
- 8. Ghaffar A, Zaidi S, Qureshi HA. Medical Education and Research in Pakistan. May 17, 2013; 381: 2135-6
- 9. Nishtar S, et.al;. Health Reform in Pakistan: a call to action. The Lancet. 2013; 381:2291-7
- 10. Jafarey NA, Huda N, Zuberi R. Health and Research in Pakistan. The Lancet 2013; 382: 1245.