


## Letter to the editor

# How can we enhance the performance of medical education development offices in medical universities? A brief overview of implementable actions

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It is vital to set up centers meant to guide and enhance initiatives meant to raise the caliber of instruction in medical institutions. Important institutions in improving educational quality are Medical Education Development Centers (EDCs), which can cooperate successfully with Education Development Offices (EDOs) to help colleges and teaching hospitals in achieving their educational goals [1]. It is quite important and difficult to build or activate EDOs inside the organizational structure. Justification sessions should thus be conducted with the authorities of the EDOs, educational deputies, and faculty/deans to help this. These seminars are meant to familiarize them with the duties, mission, procedures, and communication networks required for successful interventions in colleges and teaching hospitals. This strategy will open the path for the creation of committees concentrated on EDO operations including curriculum development, evaluation, faculty development, and educational scholarships committees. These committees can help EDOs to fulfill their main responsibility of raising the quality of education and learning [2]. Furthermore improving the performance of EDOs is providing faculty members working with EDOs operational plans customized to the particular circumstances of every college and teaching hospital consulting and guiding from the EDC [3]. Improving the knowledge and abilities of faculty members working in EDOs within medical education will considerably affect the essential

organizational adjustments aimed at enhancing educational quality. Their engagement in faculty development programs will result in beneficial modifications in their knowledge and attitudes regarding educational principles and techniques [4]. Supervising and evaluating the performance of EDOs encourages the growth and development of both individuals and organizations. To achieve this, comprehensive educational evaluation methodologies should be applied to all program components. Thus, it is advised that the performance evaluation of EDOs comprise adequate quantitative and qualitative methodologies, complemented by feedback based on the evaluation results and monitoring of the modifications performed [5]. In conclusion, the formation and effective operation of EDOs within medical colleges are crucial for boosting educational quality. By increasing collaboration between EDCs and EDOs, we may establish a solid framework that supports curriculum planning, faculty development, and the continual evaluation of educational practices. A comprehensive review of EDO performance, including both quantitative and qualitative methodologies, will give useful insights and support continued enhancements. By prioritizing these activities, medical universities can make major progress toward their instructional goals, eventually benefiting students and the larger healthcare community. We hope this perspective stimulates additional conversation and



action targeted at boosting educational development in medical institutions.

### References

1. Ahmady S, Mohammadimehr M. Explaining the expectations and views of the faculty members in relation to the educational development centers. *Research in Medical Education*. 2019;11(3):39-48. [<http://doi.org/10.29252/rme.11.3.39>]
2. Abbaspour A, Rahimian H, Mehregan M, Ahmadnia H. A qualitative study of the barriers underlying organizational performance measurement in educational systems focusing on the individual and organizational factors and their reciprocal negative synergy. *Journal of Medical Education Development*. 2017;10(27):141-54. [<http://doi.org/10.29252/edcj.10.27.141>]
3. Pangaro LN. Planning medical education for 2042—a promise of science and sociology. *Medical Science Educator*. 2022;32(Suppl 1):5-8. [<https://doi.org/10.1007%2Fs40670-022-01656-0>]
4. Dennis CA, Davies N. Twelve tips for promoting consistent, good quality medical education across diverse clinical settings through faculty development approaches. *Medical Teacher*. 2021;43(11):1255-60. [<http://dx.doi.org/10.1080/0142159X.2020.1851021>]
5. Allen LM, Hay M, Palermo C. Evaluation in health professions education—is measuring outcomes enough? *Medical Education*. 2022;56(1):127-36. [<http://dx.doi.org/10.1111/medu.14654>]