



Research Article

From Faculty Development to Health Professions Education: A 16-year Documentary Analysis in Myanmar Military Medical Education

Ye Phyo Aung^{1,*} , Tun Tun Naing¹ , Tayzar Hein¹ , Zaw Phyo¹ , Soe Thu Ya¹,
Pyi Hein Kyaw¹ , Myint Thein Naing² , Marlar Than¹

¹Department of Medical Education, Defence Services Medical Academy, Yangon, Myanmar

²Department of Neurology, Defence Services Medical Academy, Yangon, Myanmar

Abstract

Faculty development programmes must adapt to changing expectations in curriculum design, assessment, educational scholarship, technology, leadership and interprofessional practice. The Diploma in Medical Education (Dip. Med. Ed.) at the Defence Services Medical Academy (DSMA), Myanmar, provides a longitudinal example of such adaptation. In 2024, DSMA and the Military Institute of Nursing and Paramedical Sciences (MINP) combined their contributions to the programme, marking a new collaborative phase in its development. This study examined how the DSMA Dip. Med. Ed. programme changed between 2010 and 2026 and to identify the principal curricular and institutional transitions that moved it from foundational faculty development toward contemporary health professions education, including the development of DSMA-MINP collaboration from 2024. We conducted a retrospective documentary analysis using course handbooks from the first course in 2010-2011 through the 16th course handbook in 2026. A structured extraction framework examined programme aims, duration, curriculum architecture, teaching-learning strategies, educational technology, assessment, leadership, communication and professionalism, educational research, workshops and governance. The authors compared documents chronologically and synthesized recurring patterns and material changes into developmental phases. Five phases were identified: foundation and formalisation (2010-2013); consolidation of the modular faculty-development model (2014-2019); outcomes, constructive alignment and digitally supported delivery (2020-2023); DSMA-MINP collaboration and curricular expansion (2024-2025); and further curriculum modernisation (2026). The 2026 curriculum incorporated outcome-based and competency-based medical education, curriculum mapping, quality assurance and accreditation, interprofessional education, problem- and case-based learning, e-learning, simulation, artificial intelligence and AI ethics, educational governance, professionalism, research ethics and critical appraisal. The Dip. Med. Ed. retained a stable core mission while progressively broadening from teacher preparation to a more integrated health professions education programme. The combination of DSMA and MINP from 2024 and the subsequent curricular developments through 2026 represent important milestones in this transformation. Future evaluation should determine whether these intended curriculum changes translate into sustained changes in educational practice, scholarship and institutional outcomes.

Keywords

Medical Education, Faculty Development, Curriculum Transformation, Documentary Analysis, Health Professions Education, DSMA

*Correspondence: Ye Phyo Aung (yephyoaung@dsma.edu.mm)

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1. Introduction

Faculty development in medical education has expanded beyond improving classroom teaching to encompass curriculum design, assessment, leadership, educational scholarship and institutional change. Systematic reviews have shown that well-designed faculty-development initiatives can improve participants' knowledge, attitudes and teaching skills, while also highlighting the need for longer-term evaluation of behavioural and organisational outcomes [1, 2].

At the same time, medical education has moved increasingly toward explicit learning outcomes, competency-based approaches and closer alignment among outcomes, teaching-learning activities and assessment [3-5]. Interprofessional education has also become an important strategy for preparing health professionals to work collaboratively across disciplinary boundaries [6]. These developments have changed what is expected of medical educators and, consequently, what faculty-development programmes need to address.

In Myanmar, the Defence Services Medical Academy (DSMA) established a distance-learning Diploma in Medical Education (Dip. Med. Ed.) to prepare medical teachers for broader educational roles. A previous evaluation of DSMA medical educator training reported favourable perceived effects on knowledge, attitudes and workplace application, while also identifying challenges related to institutional support, research collaboration, networking and information and communication technology [7]. That evaluation examined programme impact among graduates; it did not investigate how the intended curriculum itself changed over time.

Successive Dip. Med. Ed. course handbooks provide an unusually continuous institutional record through which curricular change can be examined. The early programme emphasised educational psychology, curriculum, teaching-learning methods, assessment, leadership, communication, educational workshops and educational research. Later handbooks increasingly incorporated outcome orientation, constructive alignment, online learning, simulation, interprofessional education, quality assurance, professionalism and artificial intelligence.

An important institutional transition occurred in 2024, when DSMA and the Military Institute of Nursing and Paramedical Sciences (MINP) combined their contributions to the Dip. Med. Ed. programme. This collaboration broadened participation across the health professions and became an important feature of the programme's later development.

This study therefore aimed to trace the transformation of the DSMA Dip. Med. Ed. from foundational faculty development toward contemporary health professions education between 2010 and 2026, identify major phases of curricular change, and interpret these changes in relation to wider developments in medical education.

2. Materials and Methods

2.1. Study Design

A retrospective qualitative documentary-analysis design was used. Documentary analysis treats written records as data that can be systematically examined, interpreted and compared to identify patterns, continuity and change [8]. The study focused on the intended representation in Dip. Med. Ed. handbook documents.

2.2. Documentary Corpus and Source Selection

The documentary corpus comprised the available Diploma in Medical Education (Dip. Med. Ed.) course handbooks of the Defence Services Medical Academy (DSMA) covering the period from 2010 to 2026. The course handbooks were selected as the primary documentary sources because they provide the formal record of the intended curriculum for each course, including the programme vision and objectives, curriculum structure, module content, teaching-learning strategies, assessment approaches, assignments, workshops, educational research activities, and programme administration. The documentary series included the first-course handbook (2010-2011), and the available subsequent course handbooks through the 16th course in 2026 [9-22].

2.3. Data Extraction

A structured extraction matrix was developed before chronological comparison. The following domains were examined in each document: programme vision and aims; candidate eligibility; duration; curriculum/module structure; educational psychology; curriculum planning; educational objectives and outcomes; teaching-learning strategies; educational technology and media; learner assessment; educational leadership; communication, ethics and professionalism; educational workshops; medical education research; mode of delivery; assignment requirements; continuous assessment; and programme governance.

2.4. Analytical Approach

Analysis proceeded in three steps. First, each document was reviewed for explicit statements within the predefined domains. Second, adjacent and non-adjacent years were compared to distinguish retained content from newly introduced or materially expanded content. Third, recurrent patterns of continuity and change were synthesized into developmental phases. Repeated wording was interpreted as curricular continuity rather than innovation. A change was considered substantive when a handbook introduced a new educational con-

cept, substantially expanded an existing domain, altered delivery or assessment requirements, or documented a change in programme governance. The analysis was descriptive and interpretive; no formal intercoder reliability testing was undertaken.

2.5. Interpretation of DSMA-MINP Collaboration

The programme entered a combined DSMA-MINP phase in 2024. For the longitudinal analysis, this institutional change was treated as a distinct transition because it broadened programme participation and created a stronger health professions education orientation. Subsequent handbooks were examined for curricular developments occurring within this collaborative phase.

2.6. Ethical Considerations

The study analysed curriculum documents and did not involve patients, learners or staff as research participants. No individual-level data were extracted. Institutional names and programme information were reported as they appeared in the documentary record.

3. Results

3.1. Phase I: Foundation and Formalization, 2010-2013

The 2010-2011 handbook established the programme's core purpose: to provide teachers of health professionals with foundational knowledge, skills and attitudes for effective teaching and mentoring. Its objectives included understanding educational processes, curriculum construction, teaching-learning techniques, valid assessment, educational research and the application of educational science in practice [9].

The 2013 handbook formalized this foundation into ten modules: educational psychology and theories; curriculum design and planning; educational objectives and content; learning and teaching strategies; learning-teaching aids and media; assessment and evaluation; educational leadership; communication skills; conducting an educational workshop; and educational research [10]. Delivery combined distance learning, individual assignments and compulsory workshops. Research was explicitly linked to educational problems within participants' own institutions [10].

3.2. Phase II: Consolidation of the Modular Faculty-development Model, 2014-2019

The 2014 handbook retained the ten-domain architecture and a nine-month course structure, with extension permitted when necessary [11]. Major assignments were aligned with

the modules and culminated in the preparation of an educational research proposal [11].

The 2016-2019 handbooks largely preserved this model [12-15]. Distance learning, assignments, workshops and supervision remained the central delivery mechanisms. Across these years, the principal curricular domains remained stable, indicating consolidation and operational refinement rather than wholesale redesign.

3.3. Phase III: Outcomes, Constructive Alignment and Digitally Supported Delivery, 2020-2023

From 2020, curriculum language became more explicitly outcome oriented. Candidates were expected to evaluate and systematically redesign curriculum units, construct learning objectives or outcomes, select relevant content and teaching strategies, and develop valid assessment procedures [16].

By 2021, constructive alignment among intended learning outcomes, teaching-learning strategies and assessment was explicit [17]. In 2022, course duration had expanded to 12 months with a maximum completion period of 24 months, and online workshops were explicitly incorporated within a mainly distance-learning model [18]. The 2023 handbook retained this expanded structure [19].

3.4. Phase IV: DSMA-MINP Collaborative Delivery and Curricular Expansion, 2024-2025

From 2024, the programme entered a combined DSMA-MINP phase. The 2024 handbook documents faculty participation from both DSMA and MINP across educational psychology, curriculum, educational objectives, teaching-learning strategies, media, assessment and other modules [20], reflecting the broadened institutional and professional base of the programme.

The 2024-2025 materials also documented expansion toward outcome-based curriculum planning, integration, simulation and technology-enhanced learning, together with more structured continuous assessment. The 15th-course handbook continued these developments and included artificial intelligence within the educational technology domain [21].

3.5. Phase V: Further Curriculum Modernization, 2026

Within the combined DSMA-MINP programme, the 2026 curriculum represents a further stage of curricular modernisation. The course remains 12 months, extendable to a maximum of 24 months, and uses mainly distance learning, individual assignments and hands-on workshops [22].

Educational psychology now includes connectivism, experiential learning, motivational theories and structured reflective practice in addition to established learning theories [22].

The curriculum module includes outcome-based education (OBE), competency-based medical education (CBME), curriculum mapping, SPICES, horizontal and vertical integration, quality assurance, accreditation, curriculum monitoring and evaluation, and credit/GPA systems [22].

Teaching-learning strategies explicitly include interprofessional education and interprofessional collaborative practice, problem-based learning, case-based learning, reflective application of educational principles and concept mapping [22].

The Educational Technology and E-Learning module includes digital tools, e-learning modalities, simulation-based education, artificial intelligence, ethical issues in digital technology and AI, and design of technology-enhanced learning activities aligned with learning outcomes [22].

Learner assessment is explicitly connected to outcome-based medical education and constructive alignment, with attention to assessment of knowledge, clinical skills and clinical practice and to the qualities of a good test [22].

Educational leadership includes governance, leadership and management roles, emotional intelligence, adversity quotient and resilience, team building, interprofessional leadership, change agency and structured change management [22].

Communication Skills is expanded to Communication Skills, Ethics and Professionalism, incorporating ethical decision-making, conflict resolution, medical professionalism and professionalism in AI-augmented healthcare and medical education [22].

Medical education research is broadened to include research ethics, plagiarism, literature review, needs assessment, quantitative and qualitative methodology, sampling, data management and analysis, critical appraisal, continuous renewal and quality assurance. The expected output remains a feasible research proposal relevant to the participant's home institution [22].

3.6. Assessment and Programme Governance

Across the documentary series, assessment progressed from completion of assignments and workshop participation toward a more explicit continuous-assessment system. In 2026, written assignments were assessed by two supervisors, 60% was the minimum satisfactory mark, plagiarism and unauthorised late submission restricted resubmission, workshop attendance was compulsory, and attendance, participation, group work and successful completion of assignments informed the final course decision [22]. The 2026 handbook also documents a joint DSMA and MINP end-course board and award by the Academic Board of DSMA and MINP [22].

3.7. Summary of Developmental Phases

These five phases summarise the principal curricular and institutional changes identified in the available course handbooks (Table 1).

Table 1. Developmental phases of the Diploma in Medical Education curriculum, 2010-2026.

Phase	Period	Institutional pattern	Principal documentary changes	Interpretive label
I	2010-2013	DSMA	Foundational competencies; ten-module structure formalised	Foundation and formalisation
II	2014-2019	DSMA	Stable modular architecture; assignments, workshops and research proposal consolidated	Consolidation
III	2020-2023	DSMA	Outcome language, constructive alignment, 12-month duration and online workshops	Outcome-oriented modernisation
IV	2024-2025	DSMA-MINP combined programme	Cross-institutional faculty; OBE/integration; simulation; technology-enhanced learning; AI emerging	Collaborative expansion
V	2026	DSMA-MINP combined programme	OBE, CBME, mapping, QA/accreditation, IPE/IPCP, PBL/CBL, AI ethics, e-learning, governance, professionalism and strengthened research	Contemporary integrated HPE

4. Discussion

The 16-year documentary record shows a programme that changed incrementally rather than through repeated replacement. Its central educational domains remained recognisable, but their scope widened as expectations of medical educators

changed. This pattern is consistent with the broader literature on faculty development, which has progressively moved from short-term teaching-skills training toward sustained development in educational leadership, scholarship and organisational roles [1, 2].

The first major shift was from broad faculty-development aims to a formalised modular curriculum. The ten-module architecture documented in 2013 provided a durable framework

within which later changes could be incorporated. This continuity is important: curricular modernisation occurred largely by deepening established domains rather than abandoning them.

The second shift was toward explicit outcomes and alignment. The stronger emphasis on learning outcomes, curriculum redesign and constructive alignment from 2020-2021 parallels international developments in outcome-based education and constructive alignment [3, 5]. By 2026, the inclusion of CBME further extended this trajectory toward curricula organised around demonstrable competence and learner outcomes [4].

The third shift concerned delivery and educational technology. The move to a 12-month programme, explicit online workshops, simulation and eventually AI represents more than a change of instructional media. E-learning can increase flexibility and access when appropriately designed [23], while simulation supports deliberate and safe practice of clinical and educational skills [24]. The explicit inclusion of AI and AI ethics in 2026 is particularly notable because medical educators increasingly require both functional understanding of AI and awareness of its educational and professional implications [25].

The fourth shift was institutional. Combined DSMA-MINP delivery from 2024 broadened the programme from a predominantly medical-school faculty-development model toward a more explicitly health-professions orientation. The 2026 inclusion of interprofessional education and collaborative practice is congruent with international recognition that learning across professional boundaries can support collaborative healthcare practice [6]. The documentary evidence therefore suggests that institutional collaboration and curricular inter-professionalism developed in parallel.

Assessment and research also matured. The increasing emphasis on constructive alignment, assessment quality and structured continuous assessment reflects the broader principle that competence is best supported by coherent assessment systems rather than isolated tests [26]. Educational research remained present from the programme's early years but became more methodologically explicit in 2026 through research ethics, critical appraisal, quantitative and qualitative approaches, data analysis and quality assurance.

The present findings also complement the earlier DSMA evaluation of medical educator training. That study found favourable self-reported effects on knowledge, attitudes and workplace application but identified continuing needs in research collaboration, networking, institutional support and ICT [7]. The curricular changes documented after that evaluation - particularly the expansion of educational research, e-learning, AI, collaboration and quality assurance - appear responsive to several of those previously identified challenges. This documentary study cannot determine whether those curricular responses produced measurable behavioural or organisational improvement, but it provides a clear basis for such evaluation.

From an international perspective, the case is relevant because it illustrates how a resource-conscious, predominantly distance-learning faculty-development programme can progressively absorb contemporary HPE priorities while preserving a stable core curriculum. The distinctive feature is not any single innovation, but the cumulative integration of curriculum design, assessment, scholarship, leadership, interprofessional learning, digital technology and governance over a prolonged period.

4.1. Strengths and Limitations

A major strength is the longitudinal use of primary institutional documents spanning 2010-2026, which allowed changes in the intended curriculum to be traced across successive programme iterations. The documentary series also captures the important institutional transition to combined DSMA-MINP delivery from 2024 and the curricular developments that followed.

Several limitations should be recognised. A separate 2015 handbook was unavailable, creating a gap in the documentary sequence. Some handbooks retain wording from earlier versions, making the precise year of first introduction difficult to determine for selected concepts. The analysis was undertaken descriptively without independent duplicate coding or formal intercoder reliability testing. Most importantly, course handbooks represent the intended curriculum; they do not demonstrate implementation fidelity, learner achievement, changes in teaching behaviour, research productivity or organisational outcomes.

4.2. Implications for Programme Evaluation

The next stage should move beyond documentary evidence. A longitudinal programme-evaluation framework could examine graduate reaction and learning, transfer of educational practices to the workplace, educational scholarship, leadership roles, curriculum and assessment changes initiated by graduates, and wider institutional effects. Particular attention should be paid to whether the post-2024 collaborative model strengthens interprofessional practice and whether the 2026 additions in AI, simulation, quality assurance and research methods are implemented consistently.

5. Conclusion

From 2010 to 2026, the DSMA Diploma in Medical Education progressed from foundational preparation of medical teachers toward a broader, outcome-oriented and increasingly integrated health professions education programme. Its development was characterized by continuity of core domains alongside progressive incorporation of constructive alignment, competency-based thinking, digital and simulation-based learning, interprofessional education, quality assurance, professionalism, educational governance and stronger research

methodology. The combination of DSMA and MINP from 2024 marked an important institutional transition, and the 2026 curriculum represents the clearest documented expression of contemporary HPE priorities. The documentary record demonstrates curricular transformation; future outcome studies are required to determine its effects on educators, institutions and educational practice.

Abbreviations

AI	Artificial Intelligence
AMEE	Association for Medical Education in Europe
BEME	Best Evidence Medical Education
CBME	Competency-based Medical Education
CBL	Case-based Learning
Dip.	Diploma in Medical Education
Med. Ed.	
DSMA	Defence Services Medical Academy
GPA	Grade Point Average
HPE	Health Professions Education
ICT	Information and Communication Technology
IPCP	Interprofessional Collaborative Practice
IPE	Interprofessional Education
MINP	Military Institute of Nursing and Paramedical Sciences
OBE	Outcome-based Education
PBL	Problem-based Learning
QA	Quality Assurance
SPICES	Educational Curriculum Model (Student-centred, Problem-based, Integrated, Community-based, Electives, Systematic)

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

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

Myint Thein Naing: Data curation, Investigation, 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 Medical 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.



Pyi Hein Kyaw is an Assistant Lecturer in the Department of Medical Education at the Defence Services Medical Academy (DSMA), Myanmar, joining the department in 2025. He received his MBBS degree in 2009 and earned a Master of Medical Science (M. Med. Sc) in Environmental Health in

2014. He is currently pursuing a Diploma in Medical Education. Prior to his academic appointment, he served as a Battalion Medical Officer and later as a Staff Officer at the Directorate of Medical Services. His interests include medical education, curriculum development, assessment, environmental health, educational research, and the application of artificial intelligence in health professions education.



Myint Thein Naing is Consultant Physician and Neurologist registered with the Myanmar Medical Council, with extensive experience in internal medicine, neurology, inpatient and outpatient care, undergraduate and postgraduate medical education, clinical research, curriculum

development, and academic assessment. Experienced in leading multidisciplinary teams, supervising junior doctors and trainees, developing stroke services, and delivering patient-centred neurological care. Lecturer at the Defence Services Medical Academy with more than 15 years of involvement in medical education and clinical training



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

Pyi Hein Kyaw: Medical and Health Sciences, Preventive and Social Medicine, Environmental Health, Medical Education

Myint Thein Naing: Medical and Health Sciences, Neurology Science, Clinical Research, Medical Education

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