Implications for faculty development for emerging clinical teachers at distributed sites

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• Increased numbers of medical students

• Preparation across the spectrum of health care

• Ecology of healthcare
Distributed clinical platform

• Extending training beyond the traditional tertiary academic teaching hospital
• Clinicians who do not view themselves as academics
• Sites selected for reasons other than the teacher
• Geographic distance
• Resource limitation (human, technological, financial)
Research question

How do clinicians working at distant, resource-constrained, and emerging training sites view their early experiences of having been delegated the task of clinical teaching?
Journey of the evolving clinical teacher

Atitudes towards implementation
- Limited experience
- Assessment challenges
- Time to be both teacher and clinician

Uncertainty and insecurity as a teacher
- Excited by the opportunity
- Positive about the potential
- Question the approach to implementation

Emergence of the clinician teacher
- Challenging, but generative
- Shifting roles
- Support for their development

Responsibility for training a future colleague
- Reciprocal relationships
- Responsibility
- Commitment

Clinicians as teachers at the Rural Clinical School - initiated in 2011
Methods

• Qualitative research
• Interpretivist approach
• Participants – emerging clinical teachers at District hospitals
• In-depth unstructured interviews
• Transcribed and anonymised
• Coded inductively
• Iterative process to develop meaning saturation
Results – 3 R’s

• Relationships

• Responsibilities

• Resources
Relationships
– clinician’s relationship with students

• Enjoy learning from and with students

• Understand the importance of creating a safe learning environment

• Meeting the breadth of the country’s health needs

• Students need to engage in the work done by the clinical team
Relationships – medical school’s relationship with clinicians

• Lack of information with regards to clinicians’ responsibilities

• Clinician teachers seek recognition for the contribution they make

• Should be opportunities for two-way communication about students

• Clinicians want to co-create the curriculum
Responsibilities

• Student
  • Take responsibility to learn

• Medical school
  • Give feedback about whether the clinician is doing “the right thing”
Resources

• Turn to clinical mentors as a resource

• Wish to belong to a network of clinician teachers
Discussion 1

• Faculty development activities
  • Relevant pedagogical knowledge and skills are necessary but not sufficient
  • Organizational development requires shared ownership (Lieff)
  • Importance of community of practice (Steinert)

» Engage existing networks of clinical practice to vest pedagogical expertise in an exiting group (social learning environment)
Discussion 2

- Sound relationship
  - Identification of responsibilities

  » Students to evaluate their experience of clinical teaching so that clinicians can receive mediated feedback and faculty development that both encourages good practice and provides opportunities directed to their needs.

  » Intentional development of the relationship between the medical school and its teachers through communication about students and clinical teaching.
Conclusion

• Interdependence of health and education systems (Frenk)
• Learning capability of social systems (Wenger)
• Specific teaching strategies (Irby; Ramani)

» Faculty developers need to enter existing social (professional) systems to mediate learning capability.
» This will require a new approach and skill set