

This new series is for clinicians and medical educators who want to learn more about what is new, exciting and best practice in medical education today. Drawing from international experience, series authors and editors will provide an overview and introduction to core topics in clinical education, illustrating key points with case examples and providing pointers to how theory can be applied in clinical practice and 'classroom' settings.

### Professional development for medical educators and clinical teachers: challenges and opportunities

Judy McKimm

#### Abstract

Medical educators and clinical teachers are increasingly required to become involved in (and to lead) teaching, learning, assessment and supervisory activities with medical students, trainees and other health professionals. Alongside this, medical education itself is becoming more professionalised, driven by quality assurance activities in both undergraduate and postgraduate contexts. This article considers challenges and opportunities for medical educators and clinicians when engaging in professional development activities.

---

#### Introduction

The context of medical education is changing. Swanwick (2008) suggests that postgraduate medical education is moving into a new era driven by the three interlinked trends of professionalisation, increasing accountability and the pursuit of excellence. However, all those involved in clinical teaching and medical education are increasingly required to deliver high quality teaching, learning, assessment and supervisory activities with medical students, trainees and other health professionals. Medical education is becoming more professionalised, driven by quality assurance activities and requirements from professional and statutory bodies in both undergraduate and postgraduate contexts.

This article considers some of the challenges for medical educators and clinicians when engaging in professional development activities and explores opportunities for medical educators and those responsible for medical students' and trainees' education and training to develop their educational expertise. The article also considers how organisations have responded to external drivers and changing expectations.

#### *The importance of professional development*

All areas of healthcare and education are moving towards more 'professionalised' systems and expectations from those involved. Professionalisation involves developing sets of standards against which people or organisations can be measured and towards which they can strive. Professionalisation also involves the idea of continuing development and revalidation, in order to stay 'professional' (whether this is through a formal registration process or not), there may be requirements to stay current and up to date in your area of expertise. In terms of medical or clinical education, teachers need to reach a level of knowledge, skills and behaviours, which may be learned on

---

*Professor Judy McKimm is Associate Professor and Pro Dean, Health and Social Practice, Unitec New Zealand; Professor in Medical Education, Oceania University of Medicine, Samoa; Visiting Professor in Medical Education at the University of Bedfordshire and Honorary Professor in Medical Education, Swansea University.*

*Correspondence:*  
Unitec, Waitakere Campus, 7 Ratanui Street,  
Henderson, Private Bag 92025  
New Zealand  
jmckimm1@btinternet.com

a course or 'on the job' and which may be measured through formal assessment or more informally in practice. They should then aim to keep up to date in their area through continuing professional development activities (CPD). For medical educators, this includes a combination of staying current in terms of clinical or scientific knowledge and skills whilst also staying up to date with contemporary teaching, learning and assessment methods. Managing development in both these aspects can be very demanding particularly for clinical educators who also have to deliver the health service. However, regulatory and professional bodies increasingly require doctors and other health professionals to be able to provide evidence of professional development relating to teaching as well as clinical competence.

We move on to explore issues for medical and clinical educators using the COINNS model of professional development (McKimm *et al.*, 2008) which considers five areas:

**Challenges**  
**Opportunities**  
**Ideas**  
**Needs**  
**Next Steps**

This model enables individuals and groups to identify key issues that concern them around a structured framework, leading to generation of ideas and opportunities for further professional development.

### **Challenges**

Medical educators work within a linked university, health service and regulatory organisation context. Even if they work in either a university or a healthcare organisation, students move from one setting to another and the curriculum for undergraduates is delivered jointly. Postgraduate trainees need to fulfill external body assessment requirements at certain points in their training although they may primarily learn, work and be assessed in a healthcare setting. Understanding the requirements from the different bodies involved in medical education is hugely challenging. Other writers identify a range of challenges for clinical teachers, some of which are

common to all teachers, others which are unique to clinical educators:

- Managing time
- Teaching amidst busy clinical workloads and service pressures
- Feelings of isolation and lack of support
- Patient's rights and changing expectations about the quality and safety of health care
- Increasing numbers of medical and other healthcare students
- Changing expectations from medical students and trainees
- Involving patients meaningfully in medical education
- Interprofessional education
- Keeping pace with new scientific and clinical knowledge
- Keeping up to date with educational requirements and advances in teaching, learning and assessment
- The impact of technology, including e-learning and simulation
- Quality assurance requirements from funding bodies, professional regulators and statutory bodies

(Spencer, 2003; Swanwick & McKimm, 2010).

Although there are many challenges for those involved in teaching, training and assessing medical students and junior doctors, the changing face of university and postgraduate medical education has also given rise to a number of career and training opportunities.

### **Opportunities**

In the university sector, medical education is slowly becoming regarded as a specialty in its own right, stimulating a wide range of roles and career options to support teaching, learning and assessment activities. Most undergraduate medical programmes require students to study in a blended learning model which includes face to face laboratory, classroom and lecture sessions, e-learning and simulated activities and clinical placements or apprenticeships. Other modes of learning, such as Problem Based Learning (PBL) or Team Based Learning (TBL) provide interesting opportunities for teachers to extend existing teaching skills and learn new ways of working. Other opportunities

are emerging as the medical curriculum expands to include a wider range of topics such as communication skills, professionalism, medical ethics and law and research skills. As curricula become increasingly integrated, teachers with experience and interest in the social and behavioural sciences and public health are required as well as in more conventional topics.

Just as opportunities relating to subject content and teaching, learning and assessment methods are increasing, so are those relating to educational leadership. There are many leadership roles in undergraduate and postgraduate education for medical educators throughout organisations, including those at course or programme level, in relation to subject areas, clinical teaching, assessment or quality assurance. Increasingly, educational leaders need to work collaboratively between organisations, departments or professions as well as having an expertise in some area of education. The need for those in leadership roles to engage in leadership development is well-evidenced (Grint, 1999; Day, 2001; Kouzes & Posner, 2002; NHS Institute for Innovation and Improvement, 2006) to help develop skills including those of working with people, managing change and complexity, strategic management and leading teams (Degeling *et al.*, 2003; Hayes, 2002; Northouse, 2004).

The need for sustaining a viable number of high quality clinical academics to ensure the quality of clinical education and training has stimulated a focus on recruiting and retaining clinicians who will take a lead in medical education in their specialty or with a broader remit. In some countries (e.g. the UK and US) junior doctors are being identified as potential educators and new career paths have been established (eg academic teaching fellows). Many universities have departments of medical education which provide a focus for academic activities, including research and professional development programmes. The recent UK General Medical Council's recommendations on undergraduate medical education, *Tomorrow's Doctors* (GMC, 2009) suggest that medical students should be trained in basic teaching skills and be provided with opportunities to teach others. Swanwick and McKimm suggest that *"although this poses the challenge of fitting yet another topic into crowded*

*undergraduate curricula ...over time, more doctors will be formally trained to teach and they will not acquire these skills opportunistically or serendipitously"* (2010, in press).

In the health service sector there is increasing recognition that it is not enough to simply assume that all clinicians have the skills, ability and willingness to deliver high quality education and supervision. The quality of supervision for example, is closely linked to the quality of patient care (Kilminster *et al.*, 2007) and there are many opportunities for clinicians to become involved in clinical or educational supervision without necessarily being involved in more extensive clinical teaching.

Other opportunities in medical education include becoming involved in the wider 'community of practice'. Internationally and more locally, there are a number of high profile conferences, journals and other activities that focus specifically on medical education as a subject discipline. Attending and presenting at conferences helps to keep knowledge up to date as well as providing opportunities for networking with like-minded individuals. Many medical education conferences are run by associations of medical education such as AMEE (Association for Medical Education in Europe); others are run by regional or national bodies or collaborations. Most postgraduate Colleges and subject discipline or professional associations run events that include educational activities. For teachers who are interested in the broader aspects of medical education, becoming involved with assessment, curriculum development and quality assurance activities (such as on behalf of accrediting bodies or medical Colleges) can be highly rewarding and interesting.

Finally, new professional bodies are emerging which have established professional standards frameworks (such as the UK based Academy of Medical Educators, 2009) which aim to support, recognise and accredit individuals who have made a significant contribution to medical education. Such organisations provide opportunities for medical educators to demonstrate to employers and others that they have a recognised expertise in medical education.

## Ideas

As discussed above, the range of opportunities for medical and clinical educators is very wide and it can seem a daunting menu from which to choose. Traditionally many doctors have come into teaching serendipitously and have developed their career to include medical education or clinical teaching as just one of a range of activities. But today, there are more formal opportunities in medical education and thinking early about career options and ideas can help to identify areas for career direction or professional development. One way of generating ideas is through the formal appraisal process. If teaching activities are included in your job description then this can be discussed, objectives can be set and training opportunities agreed. Mentoring can also be helpful, finding a mentor who can provide support and advise on teaching activities and career options can be invaluable, helping with networking and making connections with individuals and organisations.

Networking with other medical educators can also be carried out through professional associations, medical Colleges, in-house journal clubs or education meetings or through online communities. Staff or faculty development activities and distance and e-learning programmes in medical or clinical education can also help identify or provide ideas for further training or development or future career options.

## Needs

Depending on stage of career, previous experience, interests and career direction, medical educators and clinical teachers need different things to help them in their professional development. Typically teachers need support in identifying educational development needs; flexible training and development programmes that fit around busy clinical commitments and opportunities for advancement in medical education through postgraduate programmes. Steinert *et al.* (2006) noted that key features of effective faculty development programmes included:

- Feedback on teaching skills
- Experiential learning
- A range of educational methods

- Educational interventions based on established educational principles
- Effective relationships between peers, tutors and colleagues

Most faculty development programmes cover a core set of topics aimed at providing teachers with a set of skills and knowledge around teaching and learning methods (e.g. small group teaching, lecturing, e-learning) and assessment. Others include more emphasis on developing understanding of educational theory and how this applies to teaching. Some programmes offer learning around supervision skills, career development and mentoring, whereas others focus on extending knowledge and skill in specialty areas (e.g. general practice or surgery). University teachers can often take advantage of more general higher education courses which for classroom based teachers can be helpful.

Identifying your own learning needs can sometimes be fairly straightforward, for example you may be very aware that you need to know more about a specific assessment method or that you are lacking in confidence in giving a presentation or lecturing. Seeking training at local level may well be the most straightforward means of gaining or refreshing teaching skills or obtaining specific knowledge. However, it is more difficult to identify broader learning needs and for this you may need to elicit assistance from a medical education or postgraduate training unit who will be able to provide specific advice tailored to your own development needs and career aspirations.

Once you are aware of the gaps in your skills and knowledge base, there are many resources available which can help you develop your knowledge base through formal education programmes as well as in journals or web-based resources. However, for many teachers, it is more a question of 'you can't know what you don't know'. Many clinicians were taught in an apprenticeship model by teachers who themselves had not been trained to teach, so exposure to contemporary teaching and learning methods and educational theory was limited. Today's medical students are learning in education systems that utilise a range of educational methods and their expectations from all teachers are therefore high.

Education methods and theory are grounded in the social sciences and most clinicians have had limited exposure to these in their undergraduate medical education. For those who have been educated within scientific methods and approaches, making the 'paradigm shift' to engaging with and understanding educational literature can be difficult. For those wishing to do more than develop specific skills, studying for a medical or clinical education postgraduate programme will help to bridge the gap and facilitate understanding of new concepts, theories and research methods.

### **Next steps**

#### ***Make a plan...***

When you are thinking about your professional development, it is useful to make a plan, however rudimentary. The plan should identify:

- Your strengths and areas for development
- Where do I want to be (in 10 years? In five years? This time next year?)
- What do I see myself doing (in 10 years? In five years? This time next year?)
- What do I need to do in order to get this moving?
  - What do I need to know?
  - Who can help and support me?
  - Who might hinder me?
  - What might not doing this do for me?
- What am I going to do this week?

Talk the plan through with someone supportive, your line manager, mentor, colleague or friend.

#### ***Develop your skills...***

If you are (or want to be) involved in teaching, supervising or assessing medical students or trainees, then it is useful to think about your own learning needs in this area and how these might best be met. Explore opportunities available at your local university, medical school or postgraduate centre for some short courses or workshops on specific topics or, if your interests are in obtaining a postgraduate qualification, find out who runs these in your area. If you are intending to make a career in medical education, then a postgraduate qualification is almost essential. This will

provide you not only with the underpinning educational knowledge and skills base but also link you up with a professional network of like-minded people who can provide useful support as you progress in your career. At local level, most medical schools, hospitals and family medicine centres have links to local programmes. Another option is to find out what your specialty College offers in terms of support for teaching and learning.

#### ***Get involved...***

There are many ways to become involved with teaching, medical education or leadership. Think about the opportunities that are available in your own organisation, become familiar with what is going on in associated organisations and around the region or internationally. For example, universities might be expanding or looking for new teachers or there might be new teaching, learning or assessment methods being introduced in which you could be trained. Many Colleges provide training for assessors and there are often opportunities to become involved with postgraduate and specialty examinations which also help to develop your skills and knowledge. Within your own organisation, find out what is going on in medical education and offer to get involved. Also, get the word out that you are interested in medical education, promote your activities and find out what others are doing. Start attending local or external conferences and educational events. If you lack confidence or need to learn more then collaborate and learn from others, don't do things on your own.

#### ***Take a lead...***

If you are more confident in your teaching skills then think about moving into an educational leadership role. This might include applying for a formal teaching or educational management position or setting up or running an educational interest group, research meeting or local event for those involved in teaching and learning (this might include trainees, students or colleagues). You may also become involved in training the trainers programmes, educational projects or research.

### **Summary**

This article has provided an overview of the challenges and opportunities available to medical educators and clinical teachers

who wish to develop their knowledge, understanding and skills in education. There are many activities available, ranging from local, small scale activities to international events. The international community of medical educators welcomes those from all organisations and there is a wealth of information available to support teachers, trainers and supervisors. In the 'Education in Practice' series we will explore different topics in medical education supported by case studies to highlight different approaches taken by organisations and individuals. The series is designed to provide background information and discussion on selected aspects of medical education to help support the professional development needs of medical educators.

## References

- Academy of Medical Educators (2009) *Professional Standards Framework*. Academy of Medical Educators, London [online], Available at [www.medicaleducators.org](http://www.medicaleducators.org) [accessed 18 January 2010].
- Day, D. (2001) Leadership development: a review in context, *Leadership Quarterly*, 11(4), pp. 581-613.
- Degeling, P., Maxwell, S., Kennedy, J. & Coyle, B. (2003) Medicine, management and modernisation: a 'danse macabre'?, *British Medical Journal*, 326, pp. 649-652.
- General Medical Council (2009) *Tomorrow's Doctors*, London: GMC
- Grint, K. (1999) *The arts of leadership*. Oxford: Oxford University Press.
- Hayes, J. (2002) *The theory and practice of change management*. London: Palgrave
- Kilminster S., Cottrell D., Grant J., & Jolly B. (2007) AMEE Guide No. 27: Effective educational and clinical supervision, *Medical Teacher*, 29, pp. 2-19.
- Kouzes, J.M. & Posner, B.Z. (2002) *The leadership challenge*, 3<sup>rd</sup> Edition, San Francisco: Jossey-Bass.
- McKimm, J., Morris, C. & Hill, F. (2008) *Workshop report: Health Education developers' special interest group: Leading and facilitating change*, The Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine, Newsletter, 1(16), pp. 29-31, ISSN 1740-8768, Spring 2008.
- NHS Institute for Innovation and Improvement (2006). Leadership Qualities Framework [online], Available at [www.nhsleadershipqualities.nhs.uk](http://www.nhsleadershipqualities.nhs.uk) [accessed 18 January 2010]
- Northouse, P.G. (2004) *Leadership: Theory and practice*, 3<sup>rd</sup> edition, London: Sage
- Spencer, J. (2003) Learning and teaching in the clinical environment, In Cantillon, P., Hutchinson, L. & Wood, D., *ABC of learning and teaching in medicine*, London: BMJ Books.
- Steinert, Y., Mann, K., Centeno, A., Dolmans, D., Spencer, J., Gelula, M., *et al.*, (2006) A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education, *Medical Teacher*, 28, pp. 497-526.
- Swanwick, T. (2008) See one, do one, then what? Faculty development in postgraduate medical education, *Postgraduate Medical Journal*, 84 (993), pp. 339-343.
- Swanwick, T. & McKimm, J. (2010) Professional development of medical educators, *British Journal of Hospital Medicine* (in press).