



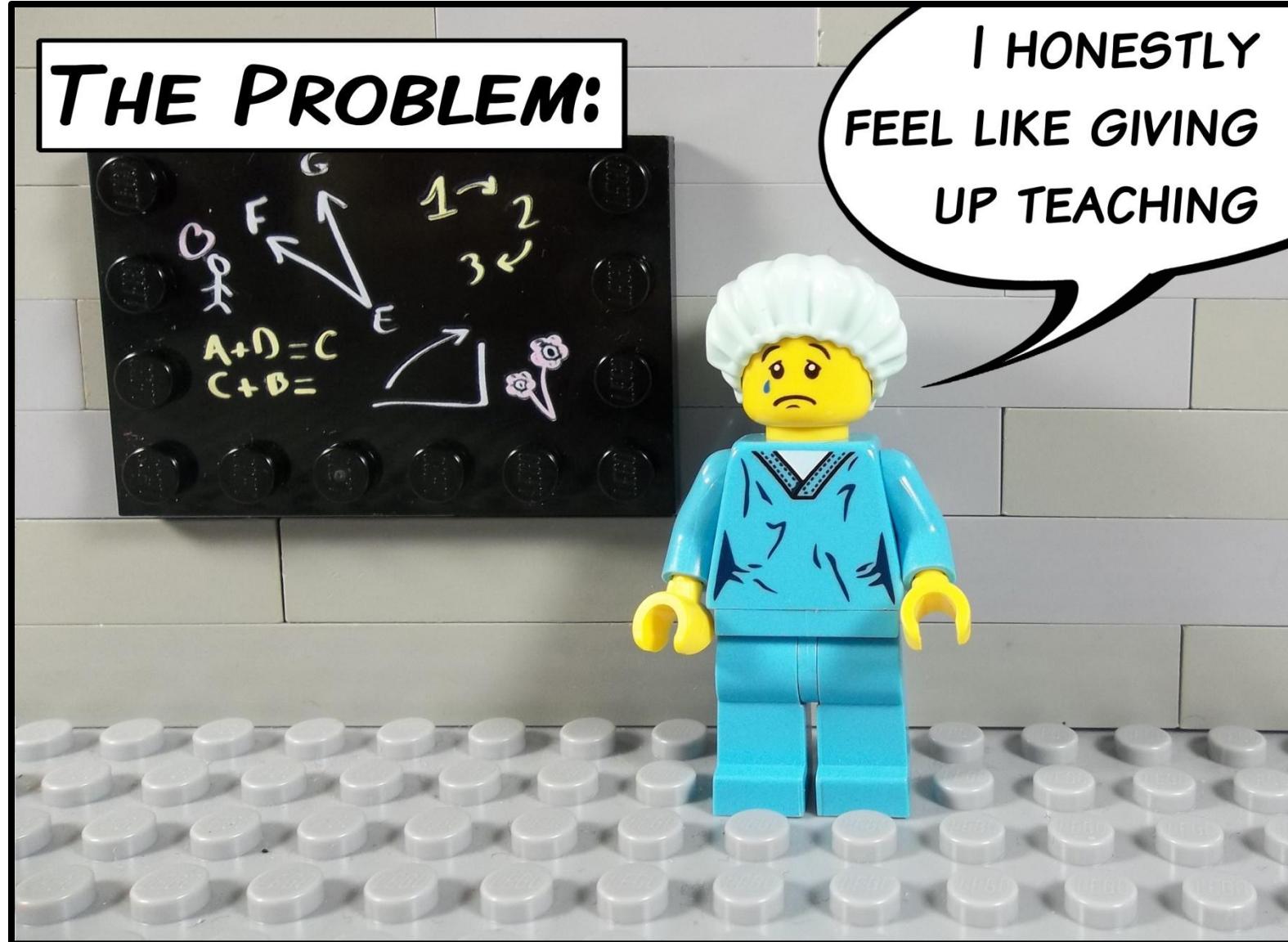
Recognising, valuing and supporting clinicians who teach:

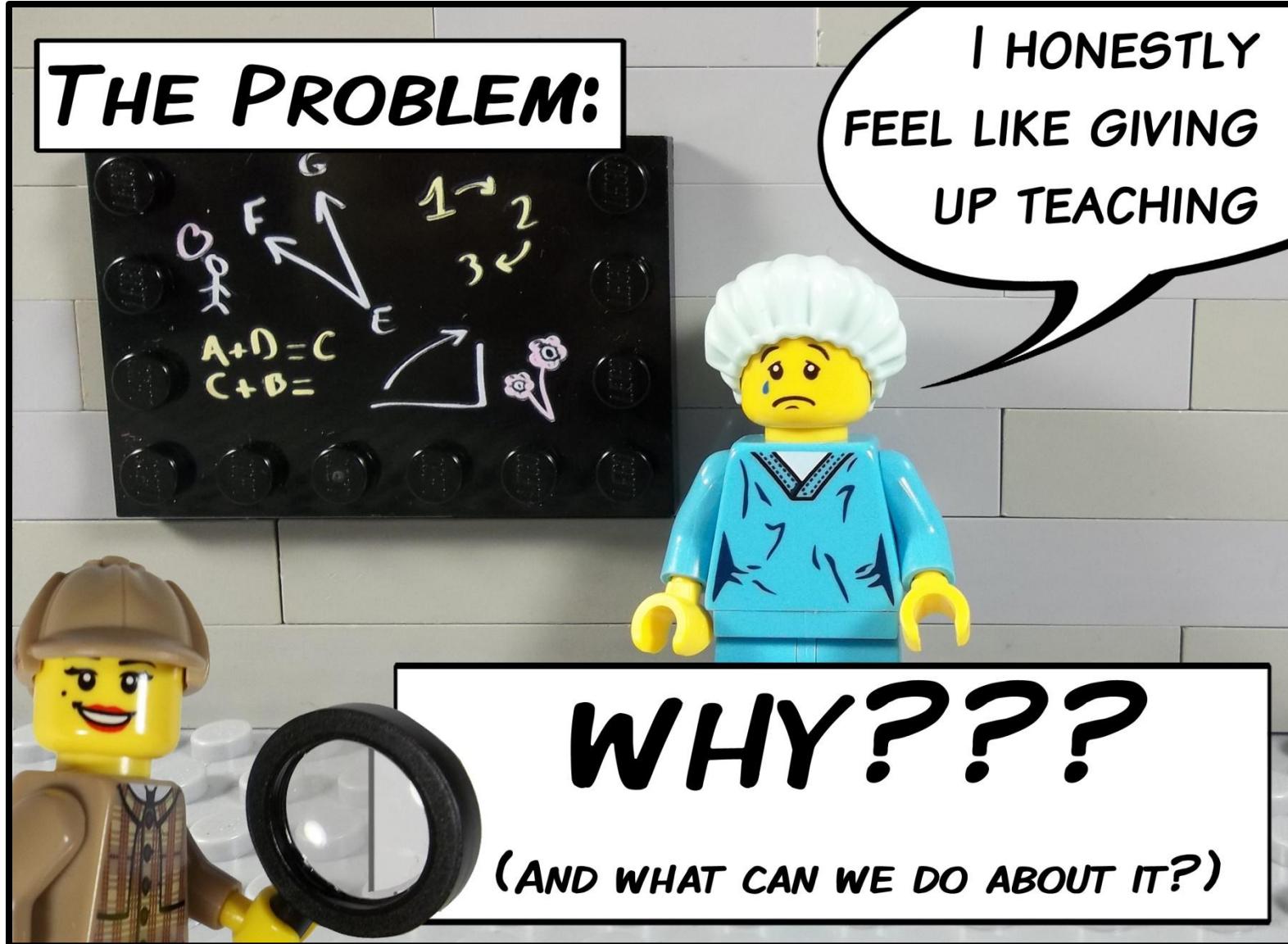
Can we do it better?

Claire MacRae, PhD student, University of Edinburgh

Supervisors: Dr Derek Jones, University of Edinburgh

Dr Terese Stenfors, Karolinska Institutet





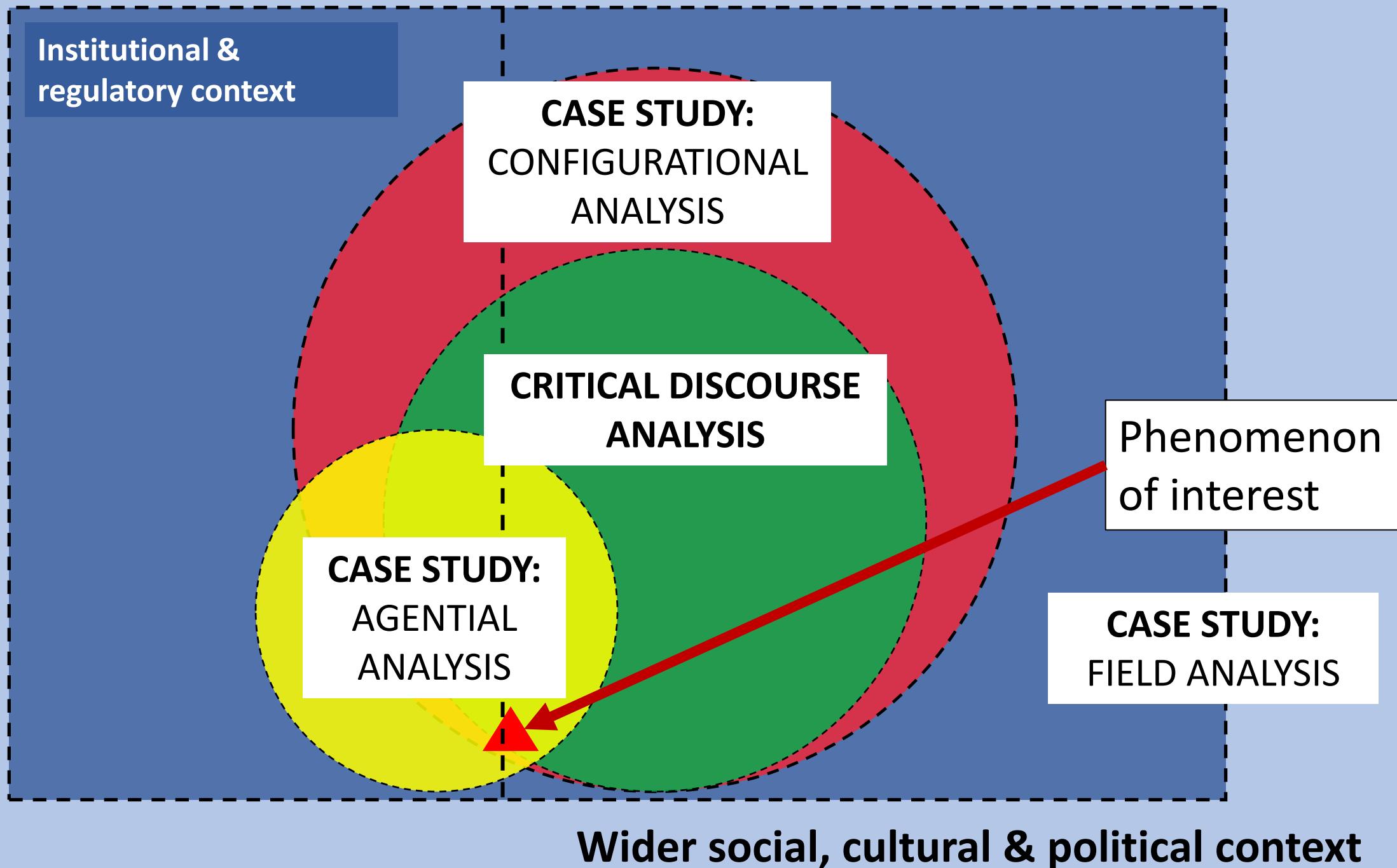
**MACRO:**  
Institutional &  
regulatory context

**MESO:**  
Organisation

**MICRO:**  
employees

“The problem”

Wider social, cultural & political context



Institutional &  
regulatory context

'What medical  
schools do'

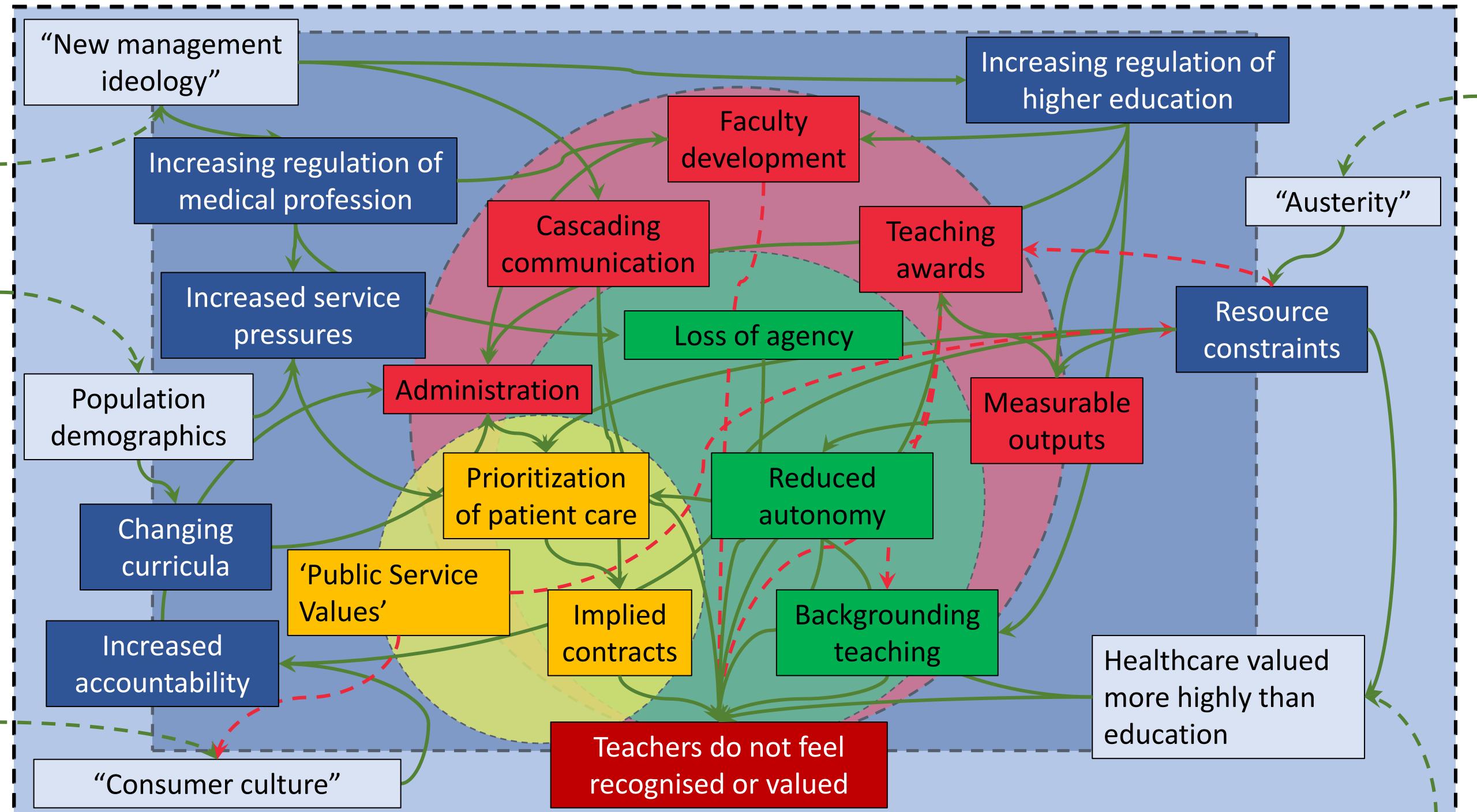
'What medical  
schools say'

'What teachers  
think / say / do'

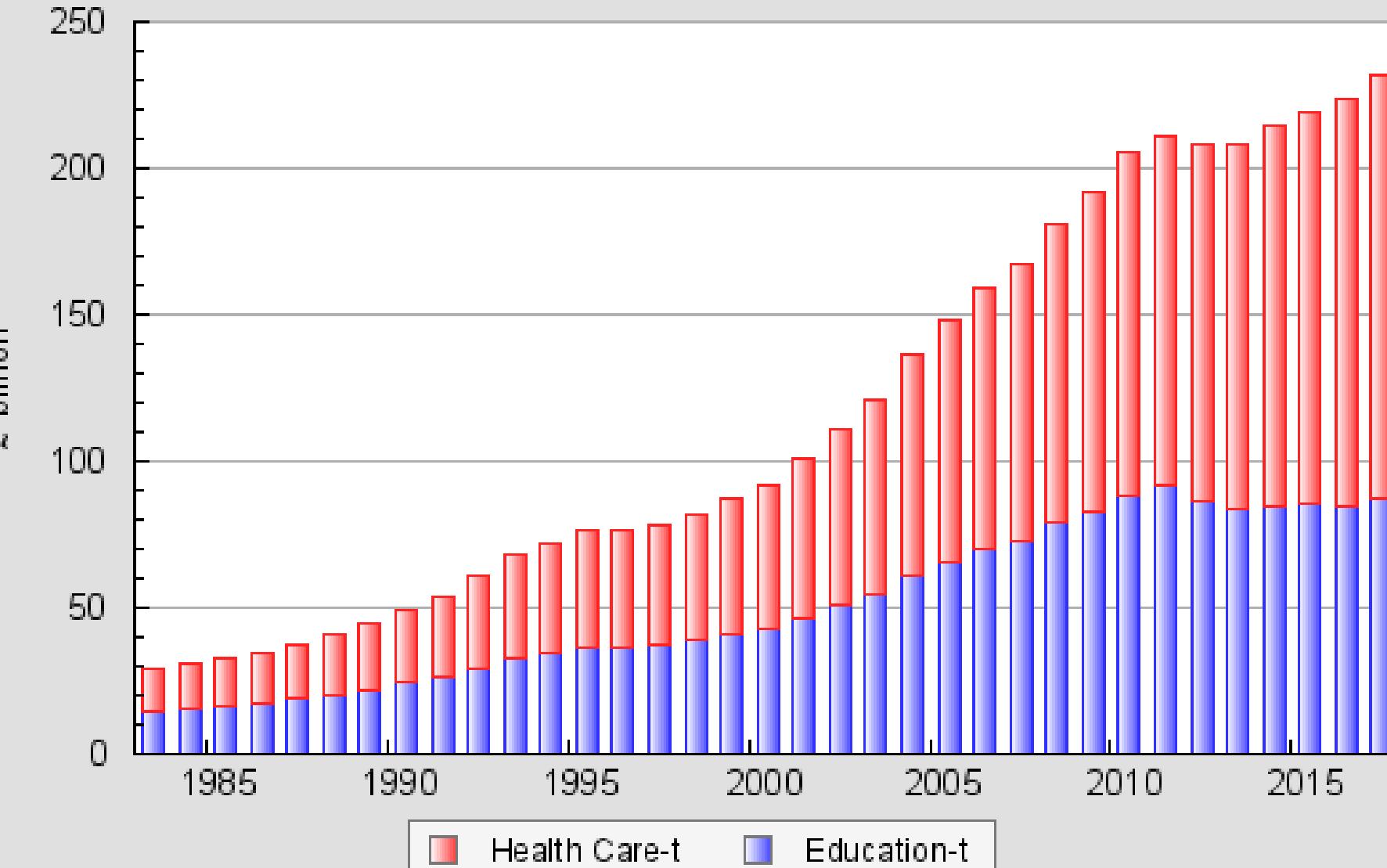
Value of clinical  
teaching



Wider social, cultural & political context



# Public Spending On Health And Education United Kingdom from FY 1983 to FY 2017



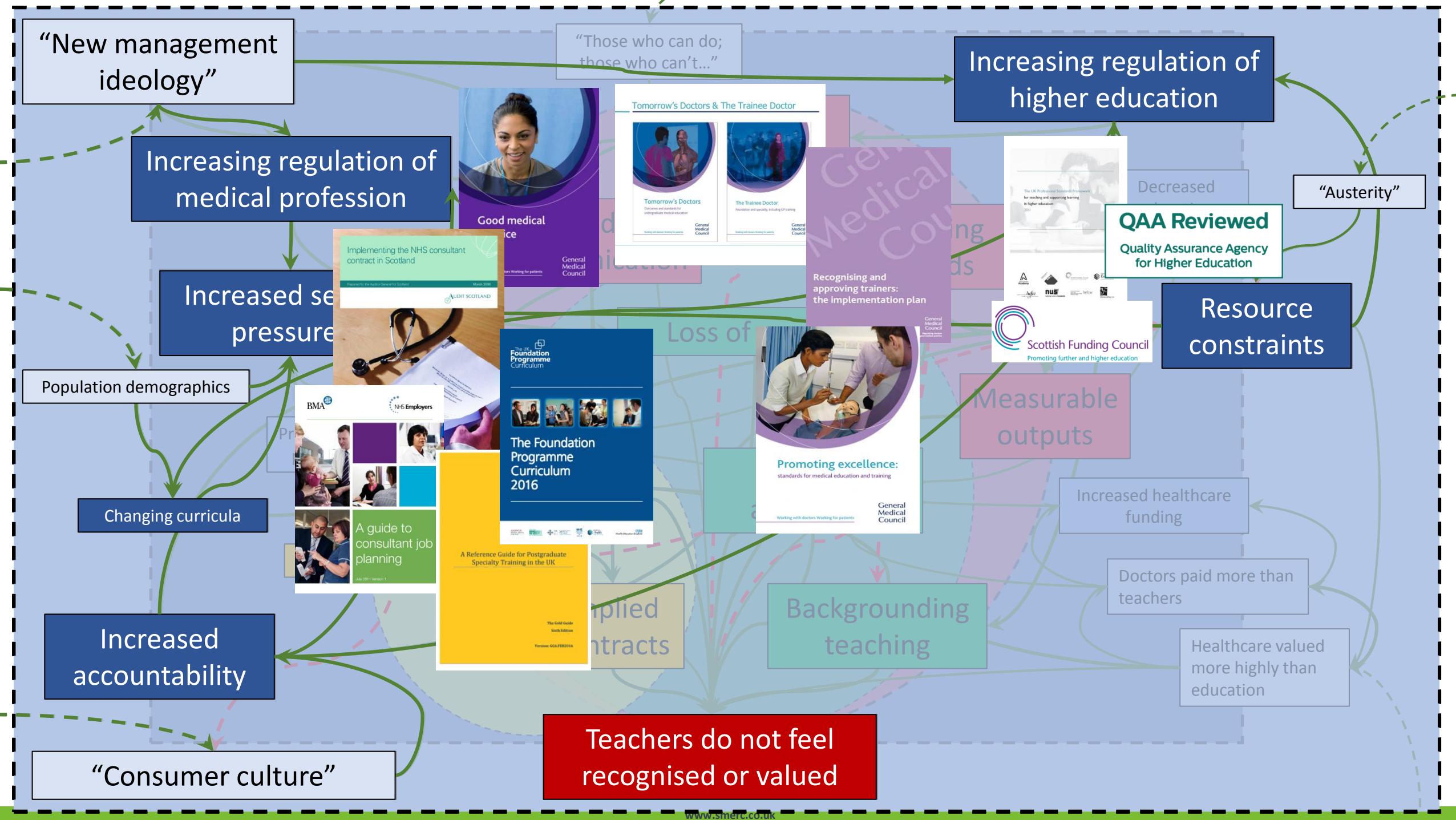
"New management

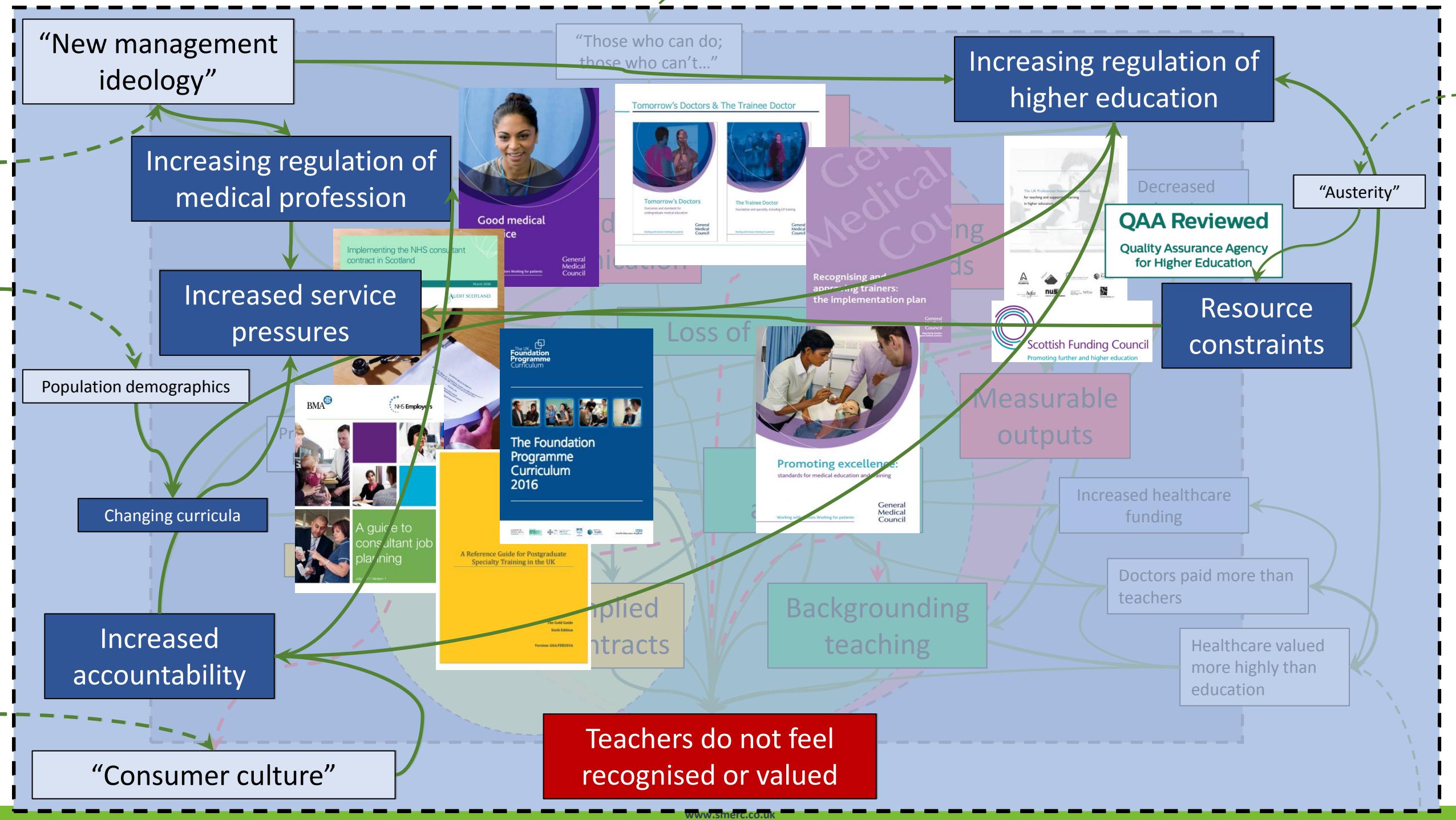
"

# TEACHERS ARE VALUED LESS THAN DOCTORS...

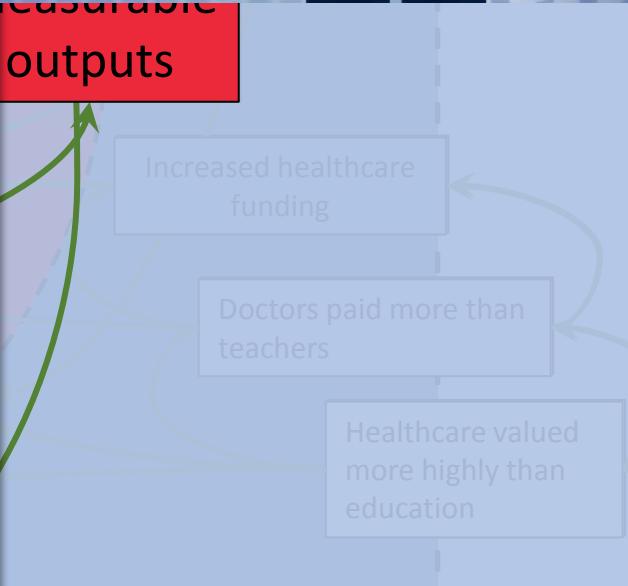


...AND THE JOB IS PERCEIVED AS HIGH-EFFORT, LOW-REWARD.

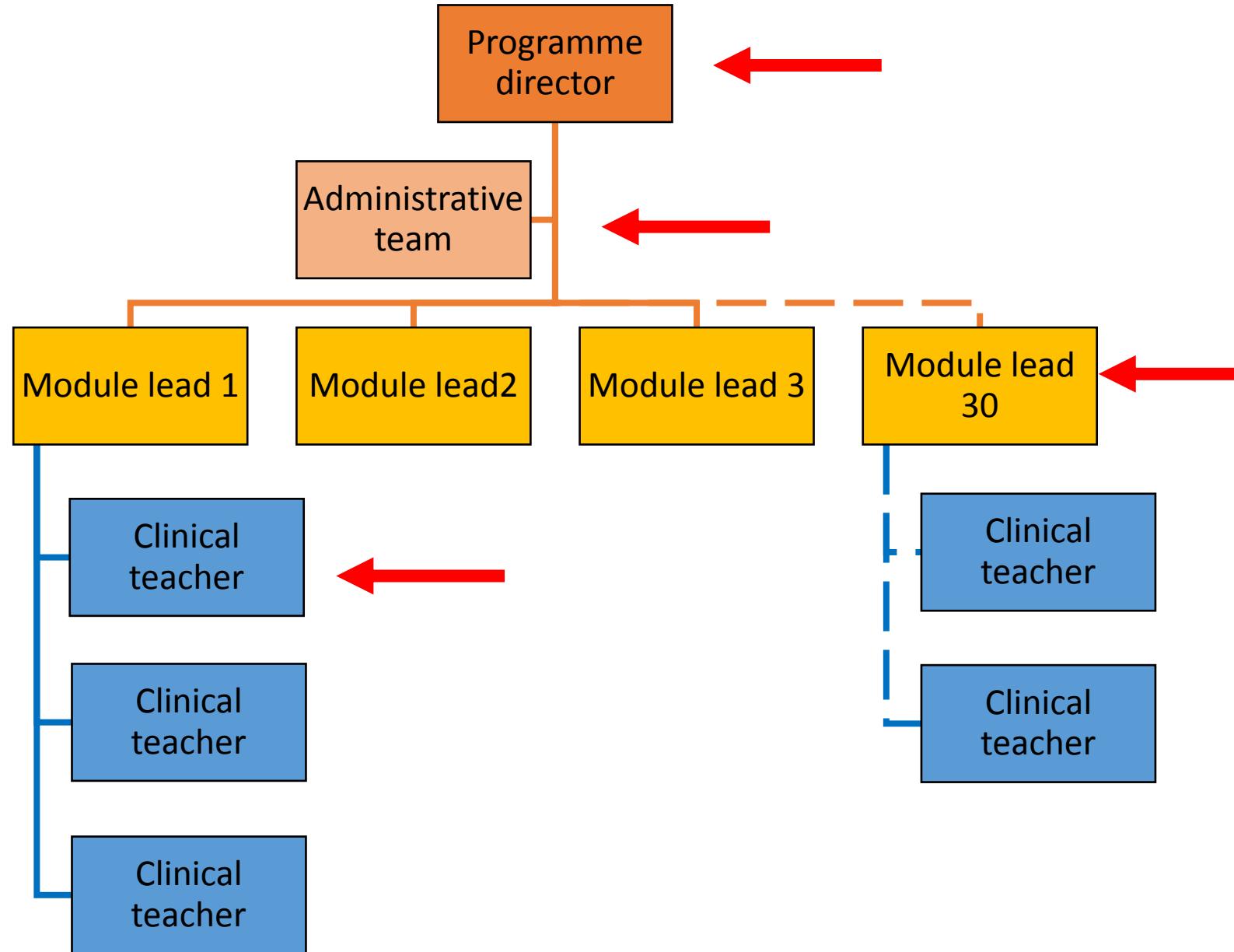




"N



"New management ideology"



Increasing regulation  
higher education

Decreased  
education  
funding

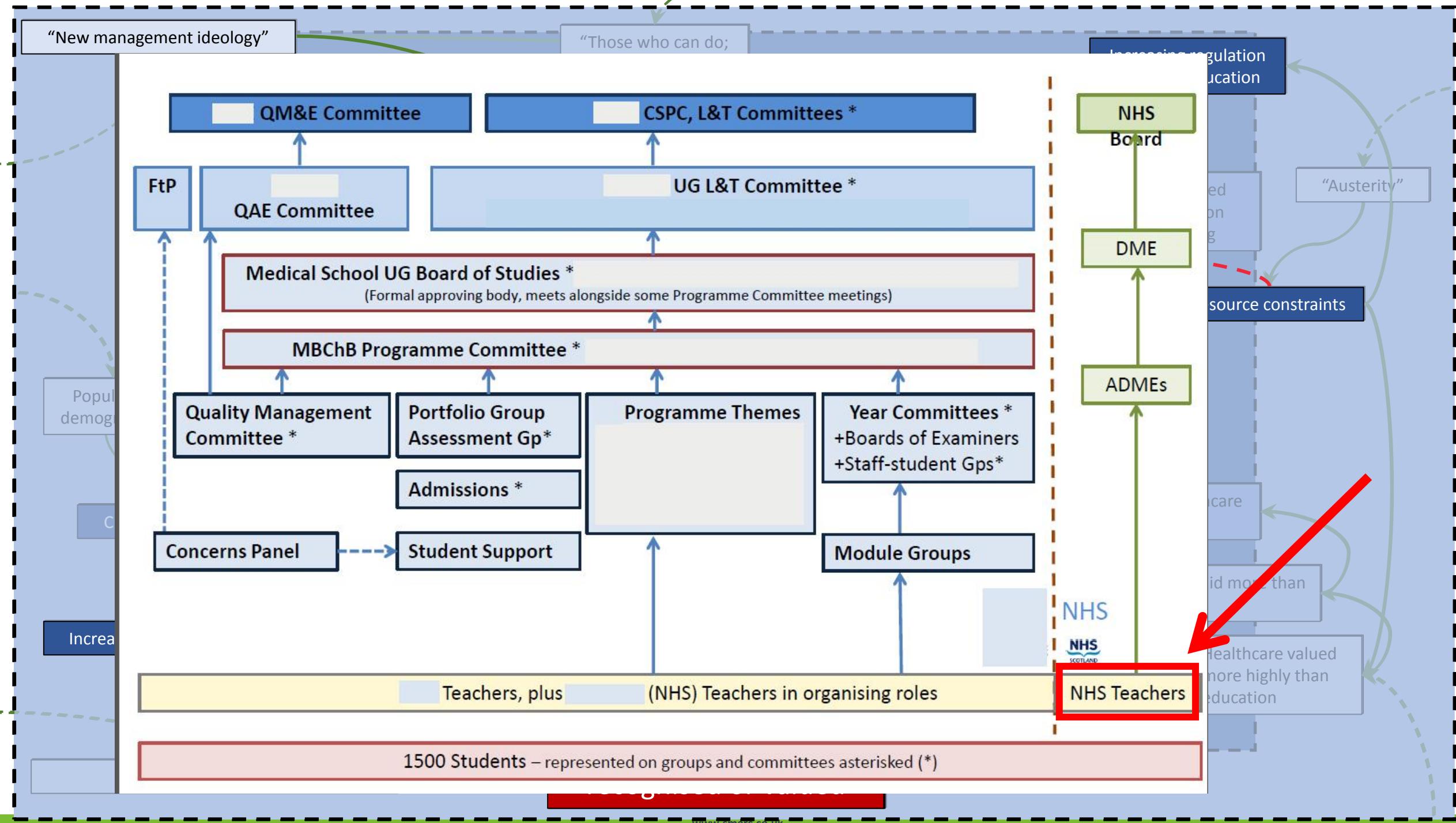
Resource constraints

Reduced healthcare  
funding

Doctors paid more than  
teachers

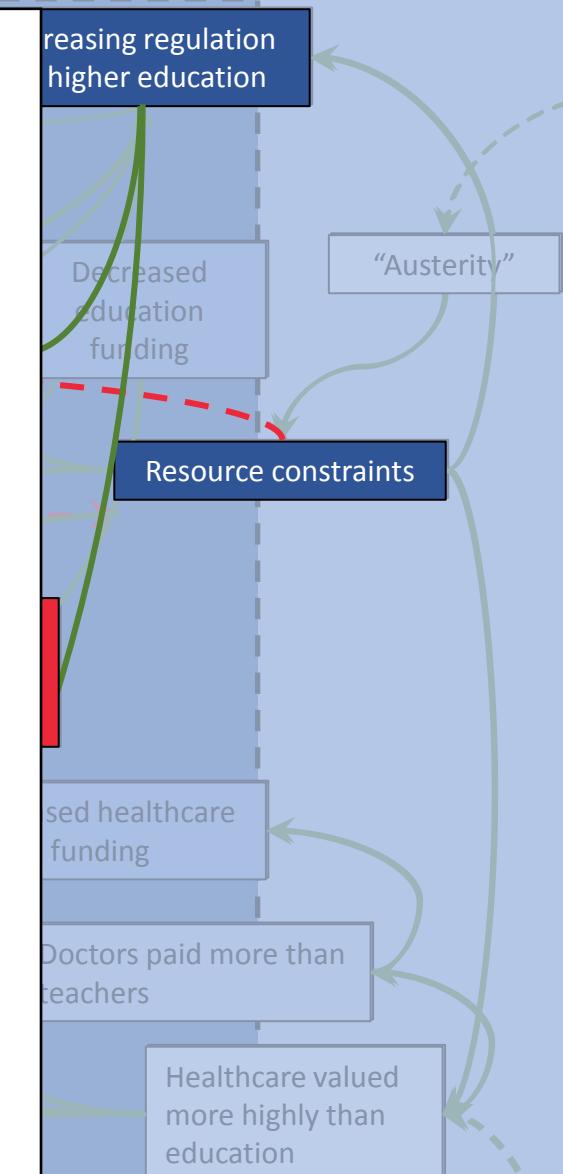
Healthcare valued  
more highly than  
education

"Austerity"



# Top ten words by frequency:

1	learning	14385
2	students	12252
3	year	11410
4	education	10782
5	practice	10571
6	work	10345
7	take	10091
8	pass	8700
9	assessment	8368
10	paper	7990
...	...	...
16	teaching	7266



# Removing agency from teachers

"Proposals for curriculum change may arise ... from the **modules/ attachments** within a Year"

(MBChB governance document, 2007)

"we will ask **all modules** to be specific about their expectations"

(MoT update, 2008)

**"Every module** will now be asked to draw up information to guide students' learning"

(Committee report 2015)

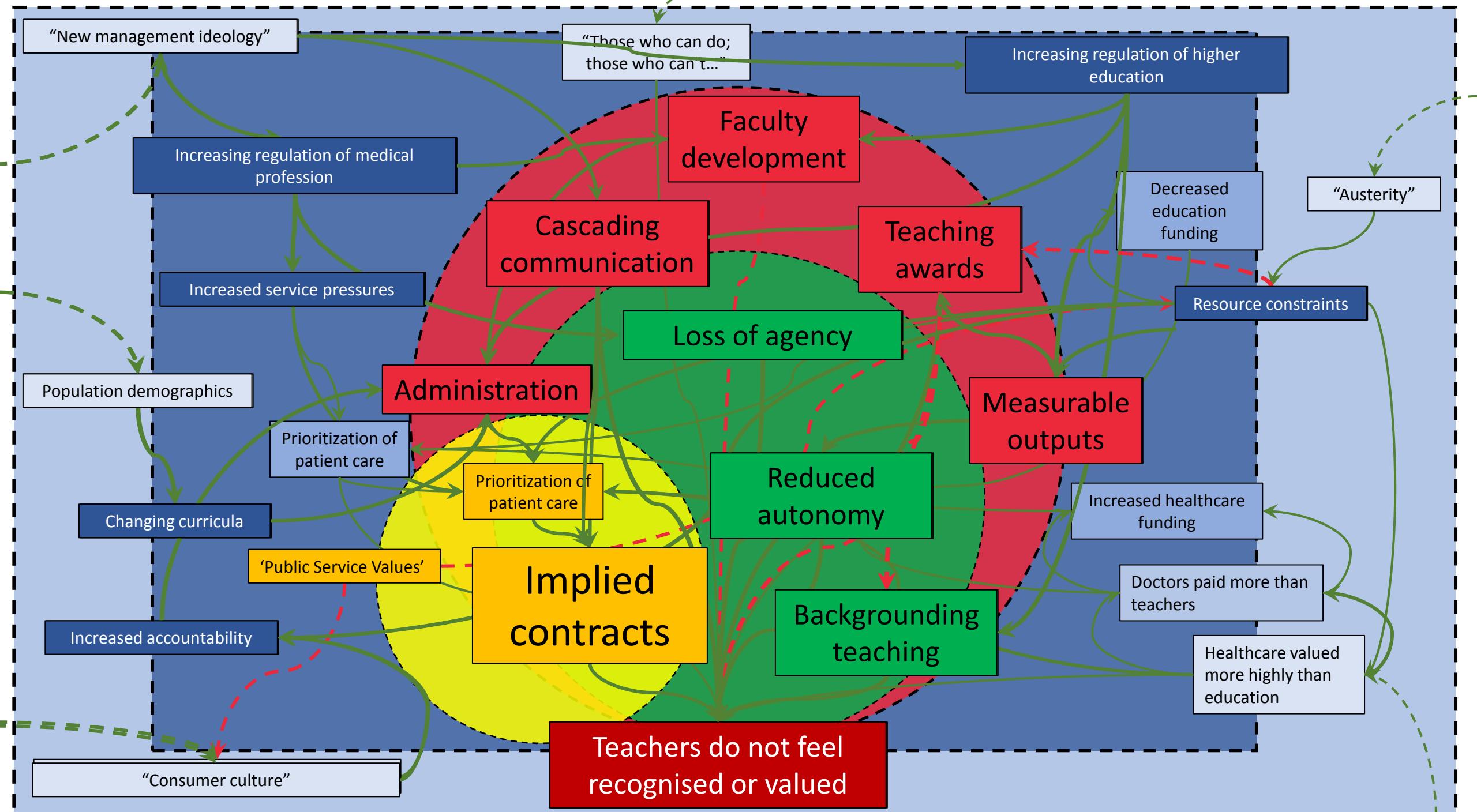
"training materials have yet to be received from the **Gastrointestinal module**"

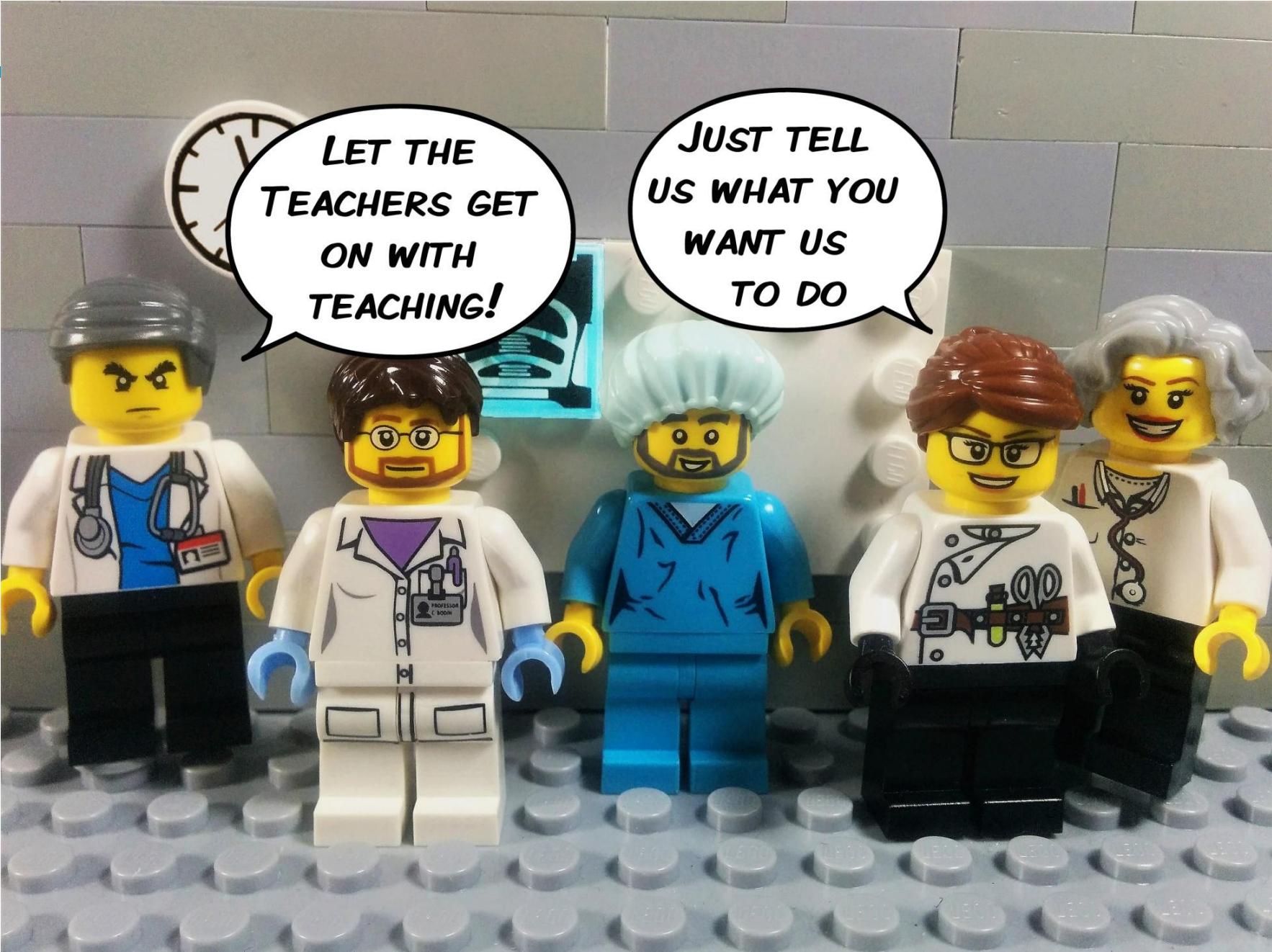
(Programme committee minutes 2017)

# Autonomy or direction?

“a named member of the staff of each module **must** be available by telephone during each sitting of the exam”

“**Sometimes** teaching staff [...] identify **apparent** gaps in the existing curriculum and **wish** to address these with some new teaching sessions, learning resources or even courses. **Sometimes** these are successful and usefully add to the curriculum.”





## In summary:

- The problem is complex and overdetermined
- Many of the causes are located at the societal level

BUT...

- Small nudges in the right places could make a big difference

# 5 ‘nudges’ that medical schools could make...

1. Reduce emphasis on ‘popularity contest’ awards
2. Increase focus on achievement-based recognition, attainable by all
3. Improve visibility of teaching and teachers in organisational discourse
4. Use more direct language and talk **to** teachers (or even about them!)
5. Put the people back in the picture!