Challenges Faced by a Clinician to be a Medical Educator in Pakistan

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ABSTRACT

Background: Medical education is an emerging and essential discipline of medical science. It ensures quality education and training of medical students and doctors which will ultimately help in the best patient care. The clinicians who are involved in medical education face various problems and tension. There is need to explore these challenges and reasons behind these challenges. This study will explore the complex and multi-faceted challenges and reasons encountered by clinicians-educators.

Subjects and Methods: A descriptive cross-sectional study was conducted at Post Graduate Medical Institute/ Lahore General hospital from April – June 2022. Total 50 participants were included in the current research who are medical educationist and Clinical educationist. respondents were of age group of 30 to 65 years including both male and female from all disciplines of medical colleges/universities. A self-structured questionnaire was developed to collect data. Questionnaire have four domains (Time management, Economic burden. Social Life and rewards). Data was entered and analyzed by SPSS 25.0. All the qualitative variables were presented by frequency, percentages and graphs.

Results: Total number of respondents 50. There were 35 males and 15 females. Majority (35) of the participants were 40-55yrs old. Experience as clinician medical educations varies among the participants from few months to 15 years. A significant portion of the participants (45) expressed challenges in managing time. Economic and financial obstacles were identified by 33 participants. Additionally, 31 participants indicated that they encounter social barriers, while 20 participants mentioned receiving rewards or privileges in their roles as medical educators. Those with up to 1 year of experience reported facing all the identified challenges, including difficulties with time management, economic constraints, social obstacles, and issues related to rewards. In contrast, participants with over 10 years of experience reported the fewest barriers.

Conclusion: It was concluded that the most common challenge faced by medical educationist was time management and maintaining a healthy work-life balance.

Keywords:

Medical education, Barriers, Challenges, Educationist

INTRODUCTION

The provision of health care is a crucial component of the health system. It should be made accessible to the entire community in a way that is both reasonable and cost-effective. A team of doctors who are knowledgeable, skilled, responsible, professional, and ethical is necessary to deliver healthcare services effectively. High quality and relevant medical education must be provided in an efficient manner in order to produce such professionals.¹ Therefore, it is crucial that those who work as professional health educators are adequately qualified to contribute to the delivery of such beneficial medical education. However, the evolution of medical education has caused about new challenges.² Medical education without professional training could not be as productive as with structured trainings.3

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Most of the medical educationists are clinicians. Clinicians are basically involved in patient care and are not professionally trained as medical educationists. Joining a structured training programme in health professional education is gaining popularity amongst clinicians to be a professional medical teacher. Unfortunately, they face many challenges and difficulties during their training as educationist. It is imperative to recognise such dilemmas faced by clinician becoming or being medical educationists.⁴

It is expected that medical educators would have to deal with more challenging duties. Because of this, educators are now charged with improving teamwork and cultivating strong leadership to improve the overall effectiveness of the healthcare system. By offering impartial and equitable health services to the entire community, these initiatives will subsequently help them achieve the goal of health justice.^{5,6}

A lot of work has been done on identifying and exploring challenges faced by clinicians to be a medical educationists,^{7,8}

It is very difficult to balance between different intersecting identities because clinical specialities are more acceptable to the society as compared to those who pursue career as medical educationists, moreover specialists clinical earn more than medical educationists.⁷ It is also difficult to manage schedule to attend and take care of patients properly as well as complying with responsibilities and assignment of medical education5,6 It is imperative that identities should be defined properly if a clinician wants to become or is a medical educationist and if authority address the expectations, personal goals and need for self-direction, it will be motivation for clinician to be educationist.9

Although internationally medical education departments have been established for last many decades however in Pakistan medical education has commenced in last decade. Most of the medical educationists are clinicians. Clinicians are basically involved in patient care and are not professionally trained as medical educationists. Joining a structured training programme in health professional education is gaining popularity amongst clinicians to be a professional medical teacher. Unfortunately, they face many challenges and difficulties during their training as educationist. This study explores barriers and challenges of a clinician to become a medical educator and our study would help in guiding towards solutions to these problems that may significantly enhance clinician's performance as educationist. The purpose of this study is to explore complex and multi-faceted challenges faced by clinicians-educators in Pakistan

SUBJECTS AND METHODS

A descriptive cross-sectional study was conducted at Post Graduate Medical Institute/ Lahore General hospital from April – June 2022. Total 50 participants were included in the current research who are medical educationist and Clinical educationist. Purposeful sampling strategy will be used to collect data. The respondents were of age group of 30 to 65 years including both male and female from all disciplines of medical colleges/universities. A self structured questionnaire was developed to collect data. The questionnaire consists of basic demographic information of participants. The 2nd part of the questionnaire is related to the challenges/barriers faced by clinicians to be a medical educator. Questionnaire have four domains (Time management, Economic burden. Social Life and rewards). Data was entered and

analyzed by SPSS 25.0. All the qualitative variables were presented by frequency, percentages and graphs.

RESULTS

Total number of respondents 50 among which General surgeons, gynaecologists, physicians and a dentist participated in this study from Punjab province of Pakistan. There were 35 males and 15 females. Majority (35) of the participants were 40-55yrs old. Experience as clinician medical educations varies among the participants from few months to 15 years. The details of participants are given in table 1.

The findings of the current study were categorized into four domains. A significant portion of the participants (45) expressed challenges in managing their time between clinical work and completing their medical education. Economic and financial obstacles were identified by 33 participants. Additionally, 31 participants indicated that they encounter social barriers, while 20 participants mentioned receiving rewards or privileges in their roles as medical educators. (Figure 1)

The current study underscores the importance of time management as a prominent factor. Difficulties in time management were noted by 10 participants who were under 40 years old, 30 participants between the ages of 40 and 55, and 5 participants aged over 55. Economic hardships were reported by individuals both under 40 years of age and within the 40-55-year age. Similarly, social challenges were documented within these same age groups. (Figure 2)

Figure 3 presents the challenges encountered by participants categorized by their years of experience. Those with up to 1 year of experience reported facing all the identified challenges, including difficulties with

Characteristics		Frequency
Gender	Male	35
	Female	15
Age	Under 40 Yrs.	10
	40-55 Yrs.	35
	Over 55 Yrs.	5
Qualification	Masters in Medical Education	35
	MCPS(HPE)	15
Experience as Clinician Medical Educator		
	1-5 Yrs.	40
	6-10 Yrs.	10
	Over 10 Yrs.	10
Profession	Medicine	10
	Gynaecology	15
	Dentistry	5
	General Surgery	20

Table 1: Characteristics of Participants

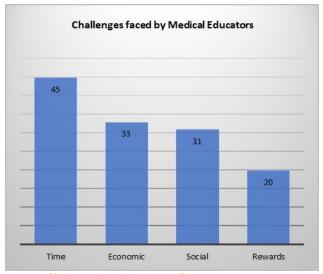
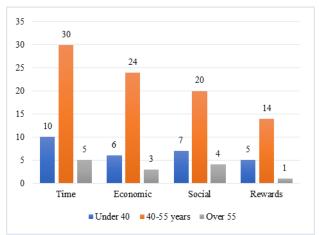


Figure 1: Challenges faced by Medical Educators



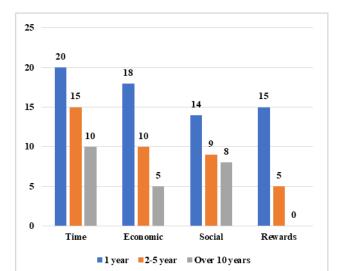




Figure 3: Challenges faced by participants according to year of experience

time management, economic constraints, social obstacles, and issues related to rewards. In contrast, participants with over 10 years of experience reported the fewest barriers. (Figure 3)

DISCUSSION

In currents study participants expressed barriers related to the training and employment of health educators. They had difficulty maintaining a healthy work-life balance, as they had to balance the demands of their clinical duties with those of their educational work. In addition, medical education was considered less prestigious and consequently lower paid compared to other health care career opportunities. It was difficult for general practitioners to stay current in all subfields of medical education because of the breadth of the specialty. Notably, graduates with extensive training experience expressed no concerns and instead emphasized that their qualifications gave them access to a variety of alternative jobs.

Participants faced time management challenges, which is consistent with Edwards' observations. Balancing clinical duties, administrative tasks, and their role as faculty, as well as pursuing their scholarly interests, proved to be a daunting task.¹⁰ They reported a heavy workload with insufficient time for academic work. They often had to sacrifice personal time, which impacted their personal lives. These limitations mirrored the findings of a study involving faculty who were passionate about education.¹¹ Insufficient time available for improving teaching methods, assessments, or curriculum development makes it difficult for educators to acquire new pedagogical skills.^{12,13}

The study participants in this research reported that they did not receive adequate recognition or reward for the educational tasks they performed in their institutions. Another research study confirmed this view by revealing that many educational institutions do not recognize exceptional teaching efforts or the implementation of evidence-based teaching practices.¹⁴ Teaching in health care settings that emphasize clinical practice and research effectiveness presents a variety of challenges and complexities.^{15,16}

According to a study by Goldszmidt, faculty members do not receive financial support for their work and are discouraged from attending educational conferences because of the costs involved.¹⁷

Based on Kumar and colleagues' research, it is clear that pedagogical principles and values have a significant impact on how health educators shape their identities.¹⁸

Therefore, understanding these tensions is critical to success in academic professions. Addressing these issues is critical if health care institutions are to create a supportive and meaningful educational environment. In the long run, promoting evidence-based teaching strategies can lead to more effective and impactful educational practices that benefit both faculty and students.

CONCLUSION

Medical education is an emerging and essential discipline of medical science. It ensures quality education and training of medical students and doctors which will ultimately help in the best patient care. It was concluded that the most common challenge faced by medical educationist was time management and maintaining a healthy work-life balance.

REFERENCES

- Darzi A, Evans T. The global shortage of health workers—an opportunity to transform care. Lancet 2016; 388(10060): 2576– 7.
- 2 Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Revista peruana de medicina experimental y salud publica. 2011;28(2):337-41.
- 3 Davis MH, Karunathilake I, Harden RM. AMEE Education Guide no. 28: the development and role of departments of medical education. Med Teach 2005; 27(8): 665–75.
- 4 Bligh J, Brice J. Further insights into the roles of the medical educator: the importance of scholarly management. Acad Med. 2009; 84(8): 1161–5.
- 5 Hou J, Michaud C, Li Z. Transformation of the education of health professionals in China: progress and challenges. Lancet 2014; 384(9945): 819–27.
- 6 Wang W. Medical education in china: progress in the past 70 years and a vision for the future. BMC Med Educ 2021; 21(1): 1–6.

- 7 Sethi A, Ajjawi R, McAleer S, Schofield S. Exploring the tensions of being and becoming a medical educator. BMC Med Educ 2017; 17(1): 1–10.
- 8 McCullough B, Marton GE, Ramnanan CJ. How can clinicianeducator training programs be optimized to match clinician motivations and concerns? Adv Med Educ Pract. 2015; 4(1): 45–54.
- 9 Bartle E, Thistlethwaite J. Becoming a medical educator: motivation, socialisation and navigation. BMC Med Educ 2014; 14(1): 1–9.
- 10 Edwards K. "Short stops": peer support of scholarly activity. Academic medicine. 2002 ;77(9):939.
- 11 Zibrowski EM, Weston WW, Goldszmidt MA. 'I don't have time': issues of fragmentation, prioritisation and motivation for education scholarship among medical faculty. Med Educ 2008; 42(9): 872–8.
- 12 Riesenberg LA, Little BW, Wright V. Nonphysician medical educators: a literature review and job description resource. Acad Med 2009; 84(8): 1078–88.
- 13 Abbasi LS, Yasmeen R, Sajjad T. Challenges faced by health professions educationists en route to educational reforms in Pakistan. J Educ Health Promot 2022; 11(1). 424-22
- 14 Brownell SE, Tanner KD. Barriers to faculty pedagogical change: Lack of training, time, incentives, and tensions with professional identity? CBE—Life Sci Educ 2012; 11(4): 339– 46.
- 15 Ryan G V, Callaghan S, Rafferty A, Higgins MF, Mangina E, McAuliffe F. Learning outcomes of immersive technologies in health care student education: systematic review of the literature. J Med Internet Res 2022; 24(2): e30082.
- 16 Fluit CRMG, Bolhuis S, Grol R, Laan R, Wensing M. Assessing the quality of clinical teachers: a systematic review of content and quality of questionnaires for assessing clinical teachers. J Gen Intern Med 2010; 25(1): 1337–45.
- 17 Goldszmidt MA, Zibrowski EM, Weston WW. Education scholarship: it's not just a question of 'degree'. Med Teach 2008; 30(1): 34–9.
- 18 Kumar K, Roberts C, Thistlethwaite J. Entering and navigating academic medicine: academic clinician-educators' experiences. Med Educ 2011; 45(5): 497–503.