



Research paper

The role of teaching courses and teacher communities in strengthening the identity and agency of teachers at university medical centres



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H I G H L I G H T S

- Teaching courses and teacher communities strengthen medical teachers' identity.
- Teaching courses strengthen identification with the teaching profession.
- Teacher communities strengthen identification with the teaching community.
- Identity and agency are interrelated and seem to develop simultaneously.

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Many teachers at university medical centres struggle with the poor reputation of teaching compared to research and patient care. Although professional development activities have been shown to strengthen teachers' identification with teaching, the processes underlying this transformation remain unclear. This study uses a concurrent nested mixed-methods design with an emphasis on qualitative methods to investigate the ways in which teacher communities and teaching courses strengthen teachers' identities. The results show that both activities strengthen teachers' sense of competence. Additionally, while teaching courses strengthen teachers' identification with the profession, teacher communities strengthen their sense of connectedness with other teachers.

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1. Introduction

1.1. The teaching role at university medical centres

This paper is concerned with teachers who work at university medical centres. University medical centres have three responsibilities: providing high-level patient care, conducting

scientific research, and educating future generations of physicians. Over the last few decades, these medical centres have faced increasing pressure to meet clinical productivity standards, increasing competition for research grants, and increasing administrative requirements regarding education (Smith & Bunton, 2012). Studies have revealed widespread disillusionment and a high turnover rate among medical centre faculty members, as well as a decline in interest in academic medical careers among graduating medical students and residents (Dornan, 2009; Pololi, Krupat, Civian, Ash, & Brennan, 2012; Smith & Bunton, 2012).

It is the teaching task in particular, that risks becoming less attractive to faculty members, since, at many medical centres,

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teaching is recognised not as a criterion for advancement, but as an implicitly expected service to the profession (Paslawski, Kearney, & White, 2013; Steinert & Macdonald, 2015). Although many medical teachers enjoy the energising interactions with their students and the opportunities teaching provides for their own continuous professional development, they also struggle with the poor reputation of teaching in relation to research and patient care. This leads to a lack of self-esteem and a reluctance to identify as a medical teacher (Hu et al., 2015; Sabel & Archer, 2014; Steinert & Macdonald, 2015; Van Lankveld, Schoonenboom, Kusurkar, et al., 2017). It is, thus, important to reinforce the motivating factors inherent in teaching in order to increase the continuity of medical teaching staff, produce a better quality of medical education and, ultimately, improve the future quality of patient care.

1.2. An identity perspective

It is useful to approach this problem from an identity perspective, since teacher identity has been shown to be related to motivation, job satisfaction, self-efficacy, and commitment (Flores & Day, 2006). Drawing on a socio-cultural perspective, we define identity as “a self-understanding to which one is emotionally attached and that informs one’s behaviour and interpretations” (Holland & Lachicotte, 2007, p. 104). Medical teachers who strongly see themselves as teachers and who feel emotionally attached to their teaching role construct their ideas of ‘how to be’ and ‘how to act’ in light of this teacher identity. The category of ‘teacher’, then, becomes a structural part of their thinking and reasoning (Akkerman & Meijer, 2011; Beauchamp & Thomas, 2009; Holland & Lachicotte, 2007).

Developing a teacher identity can be characterised as a dynamic and difficult process (Beijaard, Meijer, & Verloop, 2004). In our earlier review of studies concerning the identities of university teachers, we identified four psychological processes involved in developing a teacher identity (Van Lankveld, Schoonenboom, Volman, Croiset, & Beishuizen, 2017). First, teacher identity is strengthened when university teachers feel a sense of *appreciation* for their work (i.e. appreciation of the teaching task in general, not necessarily personal merits). Second, teacher identity is strengthened when teachers experience a sense of *connectedness* to other teachers, which implies a sense of mutual trust and shared enterprise. Third, teacher identity is strengthened when teachers experience a sense of *competence* in the teaching role and when others recognise this competence. Finally, teacher identity is strengthened when teachers are able to *imagine their future career trajectories* as teachers: that is, when they can envision themselves advancing their careers based on their educational merits.

1.3. The role of professional development activities

Professional development activities can play an important role in strengthening teacher identity, since they can bring like-minded teachers together and create opportunities for them to build collegial relationships with other teachers. Through these relationships, teachers can develop a sense of connectedness, engagement and appreciation. Furthermore, in professional development activities, teachers can build their sense of competence and meet role models who might stimulate their imagining of future career trajectories as teachers.

Marsick and Watkins (2001) distinguished between formal and informal approaches to professional development. Formal approaches involve planned and structured programmes, such as workshops, seminars, and longitudinal certificate programmes, which are typically institutionally sponsored, classroom-based, and structured by a course leader. In informal approaches, control over

learning rests primarily in the hands of the learners. While informal approaches are intentional, they are not usually highly structured and do not follow a predefined curriculum (Marsick & Watkins, 2001). Informal approaches include, for example, teacher communities: groups of teachers who gather voluntarily on a regular basis in order to develop and share knowledge by exchanging experiences in a self-organised way (Gercama, Van Lankveld, Kleinveld, Croiset, & Kusurkar, 2014).

Research has shown that both formal and informal approaches to professional development contribute to a strengthened sense of identification with teaching. Explorative studies have found that participants involved in formal approaches (e.g. teaching courses and postgraduate programmes) increasingly come to see themselves as teachers (Lieff et al., 2012; Skelton, 2013; Starr, Ferguson, Haley, & Quirk, 2003; Warhurst, 2006). Similar results have been found for informal teacher communities (MacDonald, 2001; Van Lankveld et al., 2016). It remains unclear, however, how formal and informal approaches to professional development strengthen teachers’ identification with teaching and what processes are involved in this transformation. Several authors have argued that research on professional development activities should move away from a focus on effects and towards a focus on understanding the underlying processes and working mechanisms so as to capture the complexity of what occurs during and following professional development interventions (Sorinola, Thistlethwaite, Davies, & Peile, 2015; Steinert et al., 2006). In order to more effectively support medical teachers, it is necessary to understand these processes and to develop insight into the separate contribution(s) of both formal approaches (e.g. teaching courses) and informal approaches (e.g. teacher communities). Therefore, the research question that informed this study was: What processes in teacher communities and teaching courses strengthen teacher identity?

2. Context

In this study, we investigated four groups of medical teachers: two that participated in a teaching course and two that participated in teacher communities. All of the medical teachers worked at the same Dutch medical centre. This centre is the result of a recent merger between the university medical school and a large local academic hospital. Like other university medical centres in the Netherlands, it provides a high standard of patient care, scientific research, and education (including bachelor’s, master’s, and postgraduate degrees in medicine). Not all of the medical teachers were involved in all three tasks, many were often involved in only two: either (1) research and teaching or (2) patient care and teaching. Recently, a growing number of medical teachers have begun to focus on teaching only.

Teaching tasks can include, for example, small group teaching in the bachelor’s programme, developing course material, conducting bedside teaching at the hospital during the master’s programme, or educating residents in the hospital during the postgraduate programme. The educational work undertaken at the medical centre is characterised by a hierarchical culture and a strong division of labour, such that different people are often responsible for course design, assessment design, and actual interaction with students.

The teaching course investigated in this study was part of a teaching qualification programme for university teachers leading to a nationally recognised university teaching qualification (VSNU, 2008). The teacher communities in this study comprised teachers who met regularly and voluntarily to discuss their teaching experiences and develop and share knowledge together.

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