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November 2014

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Recommended Citation

Tariq, M., Ali, S. A. (2014). Motivation of clinical faculty towards teaching and learning.. *JCPSP: Journal of the College of Physicians and Surgeons--Pakistan*, 24(11), 785-786.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_med_med/200

Motivation of Clinical Faculty Towards Teaching and Learning

Muhammad Tariq and Syed Ahsan Ali

Motivation of clinical faculty is essential for successful delivery of teaching towards medical students and postgraduate trainees. The clinical faculty for a steady growth in academic medical centers is expected to teach, provide clinical service, show research output in the form of publications in peer-reviewed journals or research grants, and involve in administration related to teaching, service or research. All of the three domains are expected to be considered for promotion of an academic faculty. However, consideration of research output far outweighs other two areas; the most distinguishing trend of academic medical centers has been their commitment to research as the most important institutional mission.¹ In addition, involvement in clinical service is directly linked to remuneration and salary in non-governmental institutes. Therefore, in order to earn more, faculty is inclined towards seeing more patients, and in order to get timely promotion the professionals are engaged in research and publication. On the contrary, excellent teachers are highly valued by their students, residents and fellows, which give them personal satisfaction, when their trainees perform well. Sometimes, they are recognized as best teachers and even get best teacher award, which is an intrinsic motivator for them. Nevertheless, their efforts are generally not associated with due remuneration of their time spent in teaching and it is also not duly considered at the time of promotion.

In psychology literature, motivation encompasses: intrinsic origins of behavior that drive an individual to action, a conscious plan for action that attracts an individual and the entities that increase or decrease the probability of a behavior being replicated such as pleasure, pain, reward or punishment.¹ Five levels of needs or drives that motivate behavior of an individual have been identified by Maslow including physiological needs (to satisfy hunger and shelter), safety needs, belonging and love needs, esteem needs and the need for self-actualization. Intrinsic rewards of personal achievement and self-respect as well as extrinsic

rewards including pay and benefits are associated with motivation and satisfaction.^{2,3}

The importance of motivation is well-researched and proven in general education, but much less in medical education. The spectrum of motivation has intrinsic motivation at one end and lack or absence of motivation at the other with extrinsic motivation in between. Intrinsic motivation makes a person pursue an activity for his own interest or enjoyment. It is a self-determined form of motivation. While extrinsic motivation makes a person pursue an activity to obtain a reward or to avoid a loss.⁴

In an earlier study on motivation and rewards, clinical supervisors rated personal satisfaction to teach as the highest motivator followed by opportunity to attract students to their specialty and sense of prestige amongst peers.⁵ Another study observed lack of rewards, little value on teaching for academic promotion as compared to research, lack of teaching skills, expectation of clinical service and research at the same time and high student teacher ratios, as factors contributing towards medical teachers' reluctance to teach.⁶ As per Lowenstein *et al.* there is an extreme pressure on faculty in academic medical centers to generate revenue from clinical service or grants. Therefore, it is becoming difficult to find time to teach, balance career and family, keep up with advances in medicine and science and engage in meaningful scholarship. Furthermore, because of these reasons there is a declining interest among medical students and residents to choose academic careers.⁷

Clinician-educator faculty is increasing in numbers in academic medical centers, but their academic advancement is slower than that of a research faculty.⁸ Typically, clinician-educators are expected to devote their time providing clinical service (about 50%), and teaching and supervising both medical students and postgraduate residents (about 50%). In contrast, larger time (75 - 80%) of this faculty is spent in clinical care and very little time is given to teaching.¹ As the clinical load increases, the faculty need to juggle the complex task of balancing education of learners and the clinical care.¹ The satisfaction level of clinicians-educators with teaching needs to be maximized, in order to retain and recruit them.⁹

A study to assess motivations to teach medical students on 75 senior clinicians from a teaching medical school hospital from Australia found altruism, intellectual satisfaction, personal skills and truth seeking as main

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Received: October 01, 2014; Accepted: October 02, 2014.

factors influencing motivation to teach. Heavy clinical load, no significant involvement in course design and feeling that teaching is a waste of time were the reasons for not teaching.² In another study, which measured faculty's intent to leave medical centers on 532 faculty members found that around half of them were seriously considering leaving academic careers. To retain faculty, medical school should refocus on professional development programs, balancing career and family and tangible recognition of teaching and clinical service.⁷ Thomas *et al.* on a survey regarding academic progression on 180 faculty members, found that the odds of being at a higher rank were 85% less for academic clinicians than that for researchers and the academic clinicians were 92% less satisfied with their academic progression.

In authors' institution, for example, in addition to clinician-practitioner and clinician-researcher new tracks for clinician-educator has been introduced recently. The main aim of this innovation is to recognize the efforts of educators in an academic medical institute. The clinician-educator role is designed for clinical faculty who dedicate their time and efforts to scholarly contributions in curriculum development and innovations, assessment and evaluation of educational programs, research in medical education and program reviews. It is anticipated that these roles will be given due importance in evaluation and promotion process and compensation mechanisms.

Medical schools and postgraduate centers must be aware of the variety of factors which motivates doctors to teach medical students and residents, as clinical teachers are central to the successful education of the learners.² With the competing expectation of clinical care and research, the clinical teachers are expected to be involved in curriculum development, small group dynamic teaching and assessment responsibilities.² Indeed initial motivation of clinical teachers and accompanying rewards and recognition plays a vital role

in keeping them motivated. Motivation leads to satisfaction and eagerness to teach, which improves outcomes of an educational program.

Role of clinician educator is becoming more and more popular and there is also increasing in faculty tracks in various academic medical centers. The faculty strongly feels that high quality teaching and clinical service be rewarded and recognized and should not be dependent only on grant acquisition, peer review publications or evidence of national reputation.⁷

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