

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/258101875>

# Preparing leaders in health professions education

Article in *Medical Teacher* · October 2013

DOI: 10.3109/0142159X.2013.849332 · Source: PubMed

CITATIONS

15

READS

809

5 authors, including:



**Ara Tekian**

University of Illinois at Chicago

176 PUBLICATIONS 1,465 CITATIONS

[SEE PROFILE](#)



**John Norcini**

Foundation for Advancement of International Medical Education and Research

252 PUBLICATIONS 8,143 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



assessment in PBL [View project](#)



Medical education [View project](#)

## SHORT COMMUNICATION

# Preparing leaders in health professions education

ARA TEKIAN<sup>1</sup>, TRUDIE ROBERTS<sup>2</sup>, HELEN P. BATTY<sup>3</sup>, DAVID A. COOK<sup>4</sup> & JOHN NORCINI<sup>5</sup>

<sup>1</sup>University of Illinois at Chicago, USA, <sup>2</sup>Leeds Institute of Medical Education, UK, <sup>3</sup>University of Toronto, Canada, <sup>4</sup>Mayo Medical School and Mayo Clinic, USA, <sup>5</sup>Foundation for Advancement of International Medical Education and Research, USA

## Abstract

In the past 15 years, the number of Master's degree programs in Health Professions Education (MHPE) has grown from 7 to 121 programs worldwide. New MHPE programs continue to be developed each year, due to increased demand for individuals with specialized knowledge concerning how to best educate future health professionals. During the 2012 Association of Medical Education in Europe (AMEE) meeting in Lyon, France, a symposium was organized to explore the reasons for the proliferation of MHPE programs worldwide. In particular, the issues explored included the need for such programs, their outcomes in developing education leaders and scholars in HPE, and facilitators, barriers and models for initiating such programs. This paper synthesizes the discussion during this symposium. Some of the reasons for enrolling in a Master's degree program in HPE include the formal credential, knowledge of a number of theories and frameworks, new approaches to problems and ways of thinking, the mentored project, and networking and working with faculty and students. The uniqueness of being a trainee in an MHPE program is the immersion in the medical education environment and the assimilation of a new approach to scholarship and a new approach to leadership.

## Introduction

In response to increased globalization of medicine and science, as well as new accreditation and institutional requirements, medical schools and other health professional schools throughout the world have recognized the value and necessity of having faculty and staff with advanced training in education to maintain and improve their programs. One increasingly popular approach to this problem is the Master's degree programs in Health Professions Education (MHPE). As education leaders and scholars, MHPE graduates possess the competencies to lead education institutions, develop curricula and assessment, improve instruction and perform research. Ultimately, an MHPE degree prepares students to be education leaders, scholars, leaders, and innovators who have the potential to positively transform the education of health professionals, and in turn the future of health care.

In the past 15 years, the number has grown from 7 to 121 programs worldwide (Tekian & Artino 2013). New MHPE programs continue to be developed each year, due to increased demand for individuals with specialized knowledge concerning how to best educate future health professionals. In developing countries, there is an even greater need for healthcare education experts to address each nation's health professions education and healthcare needs. However, there are very few MHPE programs currently located in these nations (Tekian & Harris 2012).

During the 2012 Association of Medical Education in Europe (AMEE) meeting in Lyon, France, a symposium was organized to explore the reasons for the proliferation of MHPE

programs worldwide. In particular, the issues explored included the need for such programs, their outcomes in developing education leaders and scholars in HPE, and barriers and facilitators in developing MHPE programs. The purpose of this paper is to synthesize the discussion during this symposium.

## Do medical education institutions need education leaders and scholars?

It goes without saying that faculty members need to be good teachers. There is evidence of a relationship between effective clinical teaching and better student performance on examinations (Griffiths et al. 2000). And exam performance, in turn, is associated with improved performance in practice (Tamblyn et al. 2002).

But, being a good clinical teacher is not enough. Educational institutions also need educational leaders and scholars. Currently, medical education leaders need to be strategists, scholars, procurers, environmentalists, and politicians. The roles and the contributions of a medical educator constitute a gamut, starting with excellent teaching, moving to scholarly teaching (using medical education scholarship to improve their own teaching), next on to scholarship in education (moving the field forward by disseminating the results of their educational activities), and then possibly moving on to be education leaders. MHPE programs help to develop medical education leaders.

**Correspondence:** Ara Tekian, Department of Medical Education, College of Medicine, University of Illinois at Chicago, 808 S. Wood St., Chicago, IL 60612, USA. Tel: 312-996-8438; fax: 312-413-2048; email: tekian@uic.edu

MHPE programs also help to develop educational scholars. However, they need a different curriculum than medical leaders. Specifically, they need a curriculum that focuses extensively on research methods, mentoring, and scholarship. Unfortunately, only a very few programs have such an emphasis.

## Need and outcome of MHPE programs

A very large multi-method survey, published in 2007, focused on the kind of competencies faculty need for their roles as educators (Harris et al. 2007). This study also identified the skills education institutions seek in their faculty, including the ability to design, lead and implement educational programs. Institutions need excellent education leaders, teachers, and scholars, who could function in a global environment. Therefore, those who graduated from medical education programs needed the skills certifying their competencies. The outcomes of MHPE programs vary widely, with graduates fulfilling important roles as teachers, program directors with a strong base in educational foundation and principles, chairs, deans, CEOs, and scholars.

## How MHPE programs produce leaders and scholars in HPE

There are several reasons why one might enroll in a Masters level program in health professions education leadership and scholarship. First, many potential trainees would benefit from the credential itself – the formal recognition that one has completed the program. This may be useful during promotion or when applying for a new position. Second, most trainees desire the enhanced knowledge and skills. Content will typically include important educational theories; methods of curriculum design, program evaluation and learner assessment, and current trends in educational scholarship.

A third reason to pursue MHPE training is to learn new approaches to problems, new ways of thinking, and new ways of approaching education. These perspectives accrue in the process of working with a group of experienced educators over a period of years (i.e., the duration of the Master's training), and reflect a transformation of the individual and assimilation into a new culture that extend far beyond a simple increase in knowledge.

The mentored project is the fourth important part of a Master's program. As trainees start writing their theses, there are typically other related outcomes, such as engaging in multiple other projects and writing manuscripts for publication. The mentored project is not only important for the product, but it is also important for the transformation that occurs as trainees go through the process with close mentorship. They learn how to organize their thoughts and clearly communicate them in writing and also orally as they defend their theses. They learn how to work with advisors and therefore, hopefully, how to advise others in the future.

The fifth valuable benefit of being a trainee in an MHPE program is the networking, the opportunity to meet and work

with the faculty and trainees in the program. Usually the faculty members are renowned experts in the field. They are also role models – modeling not only keys to effective teaching, but approaches to scholarly activity. Peers also constitute an important part of this network. The networks established during advanced training are invaluable for future collaborations.

In summary, why should someone want to pursue a Master's degree in HPE? It really comes down to the word “transformation”. Credentials are helpful, and the content is important, but the transformation that comes through immersion in the medical education environment and association with mentors, teachers, and students with similar interests can be life-changing.

## Developing MHPE programs

Master's programs are one of the most visible markers of faculty development. There are clear barriers to, and facilitators of, such programs in different parts of the world.

In terms of barriers, the first is government regulation. In some countries, faculty development and promotion policies are dictated by the government, and consequently, individual institutions have little leeway in developing their own degree programs. Second, institutional or internal systems might constitute a barrier. For example, the biggest resistance to change sometimes comes from faculty itself. A third barrier is financial resources. To create a Master's degree program, the school needs to have resources to start it and the students may need access to tuition money to be able to attend. A fourth barrier is the physical resources for the program (e.g., classroom space) and the fifth is protected time for the teachers and students. This is often the greatest challenge, with conflicting interests and other commitments, making it impossible for students and teachers to further their education. A final barrier might be the lack of regional and national health professions education associations, which serves as a supportive network and an idea incubator for research and innovative practice.

In terms of facilitators, the first is the creation of a critical mass of educators, because as the numbers of educators grow, so does their impact. The second critical facilitator is to have committed and effective leadership; leadership that values education, creates a vision for it, understands the need for change, supports participation in faculty development, provides resources for it, and facilitates the creation of such programs.

Of course, the most direct way to create an MHPE program is by developing it from the beginning in a single institution. However, the barriers cited above have led to at least three other models that are more efficient: (1) offer a program developed in another location/country at a different institution (University of Illinois at Chicago's MHPE program in Marilia, Brazil); (2) offer a program from another institution and support it through a strong partnership in its delivery (Masters of Medical Science (MsMed) – medical education in Jeddah, Saudi Arabia); and (3) create a program by drawing faculty from around the world to teach in it (Masters in Medical

Education (MME) in Bern, Switzerland). These strategies have proven successful in a variety of different settings.

In conclusion, preparing leaders in health professions education is a major undertaking by an institution, and needs careful planning prior to launching the program. Essential ingredients to make such programs successful is to have a strong leadership, committed faculty, an accommodating educational environment, established scholars, and good role models to make sure that the desired transformation among the candidates occur.

**Declaration of interest:** The authors report no declarations of interest. The authors alone are responsible for the content and writing of the article.

## Notes on contributors

ARA TEKIAN, PhD, MHPE, is an Associate Professor, Department of Medical Education, and Associate Dean for the Office of International Education at the University of Illinois at Chicago College of Medicine, USA.

TRUDIE ROBERTS, BSc (Hons) MBChB, PhD, FRCP, FHEA, is the Director of both the Leeds Institute of Medical Education and the Medical Education Unit in the School of Medicine at the University of Leeds, UK.

HELEN P. BATTY, MD, CCFP, MEd, FCFP, is the Professor and Director, MScCH [HPTE – Health Practitioner Teacher Education] and

Enhanced Clinical Fellowship for Future Faculty Program, Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Canada.

DAVID A. COOK, MD, MHPE<sup>4</sup>, is the Director, Office of Education Research, Mayo Medical School; and Consultant, Division of General Internal Medicine, Mayo Clinic, Rochester, Minnesota, USA.

JOHN NORCINI, PhD, is the President and CEO, Foundation of Advancement of International Medical Education and Research, Philadelphia, USA.

## References

- Griffiths CH, Georgesen JC, Wilson JF. 2000. Six-year documentation of the association between excellent clinical teaching and improved students' examination performances. *Acad Med* 75(10):S62–S64.
- Harris DL, Krause KC, Parish DC, Smith MU. 2007. Academic competencies for medical faculty. *Fam Med* 39(5):343–350.
- Tamblyn R, Abrahamowicz M, Dauphinee WD, Hanley JA, Norcini J, Girard N, Grand'Maison P, Brailovsky C. 2002. Association between licensure examination scores and practice in primary care. *JAMA* 288(23):3019–3026.
- Tekian A, Artino A. 2013. AM Last Page: Master's degree in health professions education programs. *Acad Med* 88(9):1399.
- Tekian A, Harris I. 2012. Preparing health professions education leaders worldwide: A description of masters-level programs. *Med Teach* 34:52–58.