

Beyond the classroom: enhancing graduate health professions education programs for non-clinicians

Au-delà de la salle de classe : améliorer les programmes d'éducation aux professions de santé pour les diplômés non cliniciens

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Non-clinicians (i.e., those without clinical training) play a crucial role in health professions education (HPE), leveraging their backgrounds in humanities, social sciences, basic sciences, or health sciences to offer novel perspectives and solutions to challenges.^{1,2} They use these backgrounds to share research methods or educational expertise, supervise trainees, and author influential papers that advance the field.³ There has been a notable increase in enrolment of non-clinicians in graduate HPE programs. At our institution, these programs include an online course-based master's, a major research paper-based master's, a thesis-based master's, and a PhD. Approximately 200 learners are enrolled, with half being non-clinicians. These individuals pursue these programs to prepare for roles as researchers, evaluators, or administrators in HPE. However, they often face challenges navigating the complexities of the field, including new terminology, contexts, and processes, as well as understanding the intricacies of various health professions and their credentialing processes. Throughout their coursework, many learners without clinical experience question the value of their HPE contributions. There is a pressing need to enhance the education of non-clinicians in graduate HPE programs to ensure their success and retention.

To find solutions, we reflect on our experiences as non-clinicians in HPE and what helped us to integrate meaningfully into the field. Collaborating with interdisciplinary clinical research teams within healthcare

organizations allowed us to learn about HPE, apply theories and concepts from our doctoral studies in real-world contexts, and reflect on their effectiveness in practice. Such experiences broadened our expertise and helped us develop essential skills, like leadership, communication, collaboration, analytical, problem-solving, and reflection. These competencies contributed to our current successes as professors in the aforementioned graduate HPE programs. However, we secured these opportunities through career paths and networking, not through formal educational experiences.

Based on our experiences, we propose enhancing the education of non-clinicians in graduate HPE programs by providing formal, course-credited community-service learning (CSL) opportunities. In these opportunities, learners could engage in direct service with organizations involved in HPE (e.g., local hospitals; healthcare accrediting, policy, and evaluation organizations). By doing so, learners would gain deeper understanding of HPE, identify their specializations (e.g., curriculum development, teaching, assessment, research, program evaluation), recognize the value of their contributions, gain real-world experience, and establish networks within the HPE community, all while addressing service needs identified by participating organizations. To make this vision a reality, graduate degree-granting educational institutions must create sustainable partnerships with local and national HPE organizations. Collaboration between

institutions is required to clarify the expectations of all parties, as well as the HPE-related projects learners could work on. Learners would engage in projects with specified outcomes that align with courses in the HPE programs and respond to the participating organizations' identified needs. Given learners' unique needs and schedules, offering the flexibility to ensure that learners can complete CSL opportunities online, if desired, is essential. Pairing teams of learners with each organization by considering each party's needs and interests can promote collaboration within HPE and facilitate supervision by both the organization and university faculty.

Given the limited guidelines and resources on integrating CSL opportunities into graduate programs, particularly online programs, professors looking to form partnerships with HPE organizations should collaborate closely with universities' CSL programs to determine feasibility. This process includes assessing the size of the learner cohort, the number of organizations to partner with, and the day-to-day responsibilities of the learners and organizations. Exploring how other graduate programs have integrated CSL would prove beneficial. Insights from these consultations can guide the development of resources, guidelines, and best practices for CSL in graduate HPE programs.

In summary, those pursuing careers in HPE increasingly seek out HPE programs. Accreditation and regulatory bodies, including the Accreditation Council on Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, and the UK General Medical Council, recognize the necessity of having leaders—often non-

clinicians—in curriculum development, teaching, assessment, research, and program evaluation. These leaders ensure that future clinicians receive high-quality training and are prepared to deliver well-rounded patient care. The field of HPE benefits from collaborative approaches, including support from non-clinicians with specialized training in theories and methods.⁴ Nevertheless, non-clinicians may face challenges when entering HPE due to differing knowledge and practices.² Providing CSL opportunities helps students successfully enter and stay in HPE, enriching both theories and practices within the field. By offering such CSL opportunities, we can challenge the notion that CSL is reserved for undergraduate or clinical training and demonstrate its importance to graduate education.

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