The role of professional culture in teacher identity formation: an ethnographic window onto becoming a clinical teacher

Le rôle de la culture professionnelle dans la construction de l'identité enseignante : une perspective ethnographique sur le devenir enseignant clinique

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Introduction

Formation of a teaching identity is associated with teaching excellence in the healthcare setting.[1–3] Clinical teachers are at the nexus of both frontline healthcare delivery and education. Teaching identity among healthcare professionals is important to foster as it has a profound influence on the quality of education of future health care professionals, hence the future quality and safety of healthcare.[4] Despite the importance of clinical teaching, the development of a teaching identity among health care professionals is strongly claimed to be under-supported and undervalued at the macro level of healthcare systems.[5,6]

One's identity is strongly shaped by their professional culture. Professional cultures in healthcare promote the view that teaching is an "add-on activity" rather than fundamental to the future of healthcare.[7] We know that professional cultures influence clinical teaching at the micro level of the individual and at the meso level of the healthcare unit.[8] The "hidden curriculum" of clinical teaching is the culture of beliefs and behaviours that are not openly conveyed, yet reflect the value placed on clinical teaching.[9] Less is known about how macro organizational culture interacts with individual and professional cultures in relation to the formation of teaching identities. This relationship is important because porous boundaries exist between micro, meso and macro levels allowing mutual influence.[10–12] Therefore, this research seeks to answer the question: How do institutional cultures and socialization processes across micro, meso and macro levels shape teaching identities in health professions education?

Methods

Focused on "live" cultures, ethnography is the methodology that will help explore how preceptors and trainees mutually engage with, discuss, challenge and negotiate role modelling of explicit or implicit teaching roles and teaching identity, within their health professional and organizational cultures. A systems-theory perspective provides conceptual guidance to account for multi-level interaction,[13,14] making it possible to observe different levels of social life as they manifest though mutual engagement. A constructivist approach bridges systems theory and ethnography, based on the assumption that participants are likely to construct their knowledge of teacher identity through social interactions and experiences.[15]

Ethical approval for conducting the study was granted by both the university hosting the research and the university-affiliated acute tertiary-care level metropolitan hospital in Canada (AO1-EO7-24B/Pro00139507). Participants are being recruited through purposeful sampling[16] among medicine, nursing, social work, and pharmacy faculty and students. Both observations and interviews will occur in

the search for methodological congruence.[17] Sixteen senior-trainee dyads are being observed over full shifts. Thirty-two semi-structured interviews will be conducted among the sixteen observed faculty, eight students, and an additional eight unobserved faculty. Thematic analysis will characterize the data collected, to guide a plausible account of the current relationship between professional culture and the associated socialization impacting the teaching identity in clinicians.[18] Because clinical culture can transfer across settings, this study focuses on a single site to allow a deeper exploration of socialization, rather than a comparative analysis. However, we are open to exploring future collaboration with other institutions

Summary

Ethnographic exploration of the social meanings of clinical teaching and analysis of a culture[19] is expected to provide a much-needed broad sociocultural understanding of the meaning of a teaching identity in the clinical setting, with implications for future quality and safety of healthcare.[20] Findings can be expected to deliver insights on how and to what degree teaching is fostered in clinical environments. In addition to informing faculty development, such knowledge could contribute to professional socialization in the context of health sciences education and be framed as recommendations for policy and institutional support for resourcing, recognizing and incentivizing teaching in the clinical context of health care communities of practice.

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