'It was serendipity': A qualitative study of academic careers in medical education

Reference:
Hu WCY¹, Thistlewaite JE², Weller J³, Gallego G⁴, Monteith J⁵, McColl GJ⁵. 'It was serendipity': A qualitative study of academic careers in medical education. Medical Education 2015: 49: 1124–1136

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Background
Despite demand for educational expertise in medical universities, little is known of the medical educator roles and the sustainability of academic careers in medical education. Hu et al. examined the experiences and career paths of medical educators from diverse professional backgrounds seeking to establish, maintain and strengthen their careers in medical schools.

Purpose
Given that the demand for educational expertise has not led to well-established academic career pathways for medical educators and that the diversity of educator backgrounds is widely recognized, the authors sought to explore the range of academic roles and career pathways taken by a broad sample of educators in medical schools. Their research questions were: What are the roles and career paths taken by medical educators and the factors that influence these paths? What are the experiences of medical educators who seek a sustainable academic career, informed by established educational theory?
Type of paper

Research: Semi-structured interviews were conducted with 44 lead and early career medical educators from all 21 Australian and New Zealand medical schools

Key Points on the Methods

- Questions explored career beginnings, rewards and challenges.

- Analysis was informed by Bourdieu’s concepts of field (a social space for hierarchical interactions), habitus (individual dispositions which influence social interactions) and capital (economic, symbolic, social and cultural forms of power).

Key Outcomes

Participants provided diverse accounts of what constitutes the practice of medical education. Serendipitous career entry and little commonality of professional backgrounds and responsibilities suggest an ambiguous habitus with ill-defined career pathways. Within the field of medicine as enacted in medical schools, educators have invisible yet essential roles, experiencing tension between service expectations, a lesser form of capital, and demands for more highly valued forms of scholarship. Participants reported increasing expectations to produce research and obtain postgraduate qualifications to enter and maintain their careers. Unable to draw upon cultural capital accrued from clinical work, non-clinician educators face additional challenges. To strengthen their position, educators consciously build social capital through essential service relationships, capitalizing on times when education takes precedence, such as curriculum renewal and accreditation.

Key Conclusions

The authors conclude that Bourdieu’s theory provides insight into medical educator career paths and positioning of medical education within medical schools. With an indistinct practice, and limited cultural capital as research outputs, medical educators must develop alternative sources of capital through collaborative alliances to maintain and strengthen their careers.