Pedagogical training for health personnel

Norway lacks a comprehensive educational programme for health professionals who teach at universities and university colleges and in training programmes for medical specialists

Health professions education at university colleges does not always lead to the expected effect in preparing students for their professional practice (1). Most likely, the same applies to programmes for health professionals at the universities, including medical studies. There is a need for a debate on this matter, and the Directorate of Health and the universities should give serious attention to the issue. Norway still lacks a comprehensive pedagogical training programme that addresses all aspects of studies in medicine and health sciences.

Competence in curriculum design and development, study planning, teaching and evaluation (of students as well as of curricula) is required to educate health professionals. It must be ensured that those who will teach health professionals design effective educational programmes that result in high-quality health services.

The M.Sc. programme in Maastricht

The Master's programme in Health Professions Education (MHPE) at the University of Maastricht in the Netherlands is one of several educational programmes that provide participants with the knowledge and skills required for a career in medical and health- professions education and research. Similar health education programmes have been established in the US, Canada and the UK, as well as in Sweden and Denmark. The MHPE programme in the Netherlands lasts for two years, with teaching in English. It is largely based on distance learning, with three brief periods spent on campus in Maastricht. A successfully completed programme results in the degree of Master of Science in Health Professions Education.

Campus-based units aim especially at skills training and knowledge and problem-based learning, providing an opportunity to get familiar with peers. The campus-based units are intended to provide an introduction to the content of subsequent units that the students will work on at home. Strong emphasis is placed on practical exercises, since students can make use of their newly acquired knowledge in their own professional context.

During the distance-learning part, students work on portfolio assignments, either individually or in collaboration with others. An electronic learning portal providing access to the databases of the university library, books and journals is a prerequisite for participating in the programme. The programme covers topics like cognitive learning processes, curriculum design, instruction, learning environment and evaluation and quality assurance of study programmes, as well as organisation and knowledge management, and academic research skills, including qualitative and quantitative research methods in healthcare education. During the final semester, the students write a research-based M.Sc. thesis.

The programme entails a large workload, stipulated to be at least 20 study hours per week, with regular, scheduled deadlines for submission of assignments. These ought to be followed, to prevent that students should fall behind. Motivation, effort and support from colleagues and superiors are required in order to complete the programme successfully. All units are logically structured; to complete the assignments the students must read the syllabus as well as a fair amount of supplementary literature. Submitted assignments are graded on a scale from 5 to 10, of which 10 is excellent. Parts of the programme should be completed on a full-time basis. The M.Sc. thesis can be written during a study leave for senior consultants. The study fee amounts to approximately EUR 14 000: additional costs include books, travel and accommodation.

Supervision of medical trainees

During 2009–2011 the author completed the MHPE programme, and wrote a M.Sc. thesis on supervision of medical trainees during specialisation (2). Supervision is intended to bridge the gap between theoretical and practical learning, and must be adapted to trainees' learning needs and professional interests in clinical situations. Good results in clinical training are related to effective supervision by supervisors in practice. Systematic supervision should be a key component of specialisation training. Unfortunately, supervision is often unregulated and less than satisfactory. Seven medical trainees in a Norwegian paediatric clinic were selected. Inclusion criteria were a minimum of three years of clinical experience and a completed six-month rotation in a neonatal intensive care unit. A qualitative, phenomenological approach was used. Individual semi-structured interviews were conducted and recorded for subsequent transcription. The respondents' reports of their experiences were collected to show what supervision meant to them. Topics that were identified as relevant were classified in a template (3). In addition, the interpretations were analysed by a second, independent person with training in medical teaching. The final template served as a framework for answering the research questions, and was a valuable reference for the analyses.

The study showed a significant discrepancy between the doctors' expectations and their experiences, as well as structural weaknesses in the supervision provided. Application of research-based knowledge and support for reflection in clinical practice proved to be insufficiently prioritised. Trainees claimed that there was little coherence between the supervision and the requirement for safe practices and quality of services. They wanted their supervisors to take more responsibility for following up trainees and facilitating learning at the unit level. Supervisors ought to be given an opportunity to develop their teaching skills. Trainees asked for improved structuring and planning of supervision, and requested encouragement for reflective learning, in which theory is linked to clinical practices. Theoretical courses and trainee placements during rotations should be better correlated, and supervision should be aligned to the educational level and experience of candidates. The trainees proposed to introduce checklists as a form of quality assurance of the achievement of their learning goals.

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