In Reply to Berjis

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In Reply to Berjis: Berjis suggests that variability in the quality of clinical learning environments is due in part to the fact that most clinicians are not trained to teach. He goes on to propose greater institutional support for the teaching role and for the development of stronger teacher identities through such interventions as the early introduction of "resident-as-teacher" programs. Although we support the idea that clinical training sites should place a much greater emphasis on supporting clinical education, we are less certain that training clinicians how to teach will inevitably lead to better clinical learning environments.

Clinical learning is now well established as a largely implicit process situated in the day-to-day delivery of health care, rather than an explicit phenomenon where teachers and learners are aware that learning is occurring. Thus, explicit teaching approaches suggested by faculty development may have limited value in workplaces where "teaching moments" are not routinely recognized and articulated. Furthermore, the clinical learning environment is a product of multiple interacting social forces that include institutional policy, goals, and contracts that in turn influence the productivity and culture of clinical teams and define which roles are valued more than others. All of these forces can undermine emergent clinical teacher identities forged through engagement in faculty development.

We agree with Berjis that host institutions should encourage teacher development and reward good clinical teaching, but we also argue that addressing variability in the quality of clinical education will require a more complex and multifaceted approach. To this end, we offer a few suggestions that recognize the challenges of enhancing the clinical learning experience within host institutions whose primary concern is the delivery of a clinical service:

1. Faculty developers should recognize that clinical education is markedly different to classroom education because of the many confounding interpersonal and cultural forces

that apply in clinical workplaces. Video reflexive ethnography, utilized for years to facilitate organisational change, is gaining popularity in faculty development circles, because it renders situational complexity accessible for clinicians and thus empowers them to change their own practice.[1]

2. Host institutions should not only recognize and reward clinicians who teach, but they should also encourage the establishment of mutually supportive communities of teachers.[2]
3. Clinicians lack a common language to facilitate communication about teaching and learning. Sharing, discussing and reflecting on teaching narratives has been found to be an effective means of enabling clinicians to talk about teaching, without necessarily having a formal teaching qualification.[3]

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