EDITORIAL

Moving away from comfort in clinical educator professional development through a concerns-based pedagogy

There is plenty of evidence accruing to suggest that one-off educational initiatives for clinical educators have little impact beyond the session. This is particularly the case when the initiative is based around a teacher telling other teachers how to teach. Some have called this practice of a seasoned educator bringing their PowerPoint slides to the staffroom (classroom) "spray on education" (Mockler, 2005). It might look good, but the impact fades very swiftly. Why are our partners still in pursuit of a dose of the sage on the stage when there are published accounts in health professions education (Clement et al., 2023) of impactful programs that make a difference to participants' knowledge and skills?

We don't have all the answers, other than speculating that this expert-delivered style of professional development for clinical educators is comfortable for all concerned. We are terming "Comfy PD" as professional development that represents what is expected, is relatively easy to organise and is relatively inexpensive (depending on the teacher!). What we do know, and have been fortunate to have been part of, is that there are approaches to educator development that do have impact on the teacher and on those they teach or work with beyond the session. Over the last 6 years, we have researched professional learning communities for clinical educators in the context of primary care (doctors), rural hospital practice (interprofessional audience) and in a large metropolitan hospital (interprofessional audience). We are a little excited about what this style of educator professional development has to offer.

Professional learning communities have a longer history in the education field, where they have been conceptualised as a process—not a program—where educators work collaboratively in cycles of collective inquiry and action to achieve better results for the students they serve (Dufour et al., 2016).

Innovations are inevitably adapted as they are trialled in new settings but should retain the critical components if they are to remain effective. In the health professions context, a professional learning community has been described as "a small group of clinical educators from the same organisation, who meet regularly, and who have a shared interest in exploring their educator role through collective inquiry" (Clement et al., 2020, p. 1). In our own trials of this approach, educators have met for approximately 1 hour, once per month, over a 6-month period. The educators use authentic dilemmas from their teaching practices as stimuli for learning discussions to improve their practice (Clement et al., 2023; Clement et al., 2020). For this reason, some may define this approach to teaching and learning as concerns based (Korthagen et al., 2001). And it makes sense that educators are somewhat compelled to engage if they are exploring and

building understanding about dilemmas or problems in their own education practice. It is a flexible form of professional development, being uni- or multiprofessional, able to be realised face-to-face or online, but also tightly structured to maintain the focus on teaching and learning, future action and reflection on that action.

In our trials, those dilemmas were manifest in artefacts that participants took it in turns to share in the professional learning community meetings (e.g., a videorecording of their teaching or a written vignette that described the dilemma). The act of revealing one's own educational practice to an audience of critical peers requires taking a risk, as it subjects one's actions and thinking to critique. However, the possibility of discomfort is superseded by the motivation to learn and promote learning for others. When this reveal bears fruit in terms of heightened understanding of practice, teachers have reported that they are more likely to lean in and embrace the process, despite the discomfort.

In the beginning, the tight structure of the meetings within a professional learning community is maintained by a knowledgeable facilitator. (Over time, having absorbed the process, the group of clinical educators may take on board the facilitator role themselves.) How the facilitator enacts the role—activating learning rather than teaching to predetermined outcomes—is crucial to the success of a professional learning community. Educators who like the familiarity of teaching a "topic" with clear objectives may anticipate discomfort, because each professional learning community meeting has an unknown destination, and the role of the facilitator is to follow the inquiry where it leads, as long as it is orientated to teaching practices.

Do clinical educators find this approach of professional learning communities confronting at the start? Yes, they do. One of the features we built into the process, to invite participants to "reveal", was that facilitators "went first". That is, in the first session, facilitators model the aforementioned risk taking by sharing an artefact related to their own teaching practice. Querying one's own competence, when greater expertise may be expected, can be unsettling for all in the group but can be very effective.

Like many activities that take effort, and yield some discomfort, the meetings we have been part of, and have analysed critically over the years, have been rich! Rich with comments such as, "I've never thought about X in that way"; "I don't want to admit it, but I think I'm prone to that too, when you sense the learner is feeling Y"; "I wonder how the tenor of that case debrief would have changed if we had allowed the learner to write down their reflections first?"

One of the biggest limitations of one-shot professional development sessions is that the participants don't reassemble to discuss ways in which the stimuli have changed their own approaches to teaching and learning (or not). We've argued here for the merits of concerns-based education, grounded in one's own practice, as a way to "grip" educators and keep them coming back for more. The extra benefit of the design is that when they "come back for more", educators are able to ask each other about how those new strategies

worked for them in practice. The "in-between"—that is, the practice between the meetings—becomes a learning substrate just as compelling as the videos or the written vignettes that fuel the initial critical discussion. In closely tracing the conversations and the longer-term effects on educational practice, we are growing more and more comfortable with this approach.

In this issue

In this issue, authors tackle some big issues in health professional education, and those with curious minds will not be able to go past "Zombies, space stations and a mysterious virus! An online game for teaching outbreak management to medical students" by Svovell and colleagues.

For those considering a PhD or part way through a PhD, we highly recommend that you engage with Damian Castanelli's paper, "Developing your philosophical stance as a PhD student: A case study". In this paper, Castanelli argues that declaring your philosophical stance (or in other words, knowing what is real and how you know what you know) is both vital for you and your audience. With the help of the literature and his own hard-won experience, Castanelli argues that your philosophical stance will influence research design, practice and reporting.

Finally, we would like to draw your attention to the Letter to the Editor, where Anakin, Bishop and Gladman challenge us to both acknowledge the emotion that comes with receiving peer review on scholarly work and to consider the review process as a constructive two-way dialogue. With this framing, authors and reviewers can co-construct their understanding of the scientific rigour, meaning and merit of the manuscript. Speaking of constructive dialogue, we would encourage you as the *FoHPE* readership to get busy and write a letter to the editor so that we can build productive discussion, stimulated by empirical papers or even editorials such as this. If you think, for example, that "spray on faculty development initiatives" are longer lasting than we are claiming, please let us know through a letter.

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