

EDITORIAL

Valuing our clinical educators

Developing a skilled and motivated clinical educator (CE) workforce is essential for the production of future healthcare professionals, and creating a sustainable healthcare workforce for the future is a national priority in light of Australia and New Zealand's ageing populations, the rise of chronic disease and unknown health impacts of climate change (Gild et al., 2024; Remedios & Winkel, 2022). Clinical and health professional education is a fundamental part of preparing and developing the health workforce, which is already at risk of undersupply.

Pre-registration health professional education (HPE) occurs across settings, from university classrooms and lecture theatres to simulated scenarios, student-led clinics and a multitude of work-based learning (WBL) settings. The role of the CE, who has education responsibilities in WBL, is integral in teaching students in authentic settings and preparing them to be competent graduates. CEs juggle their student supervision responsibilities with caring for patients, delivering healthcare services and often performing in administration, leadership and research roles. Student learning and satisfaction with WBL is dependent upon their interactions with CEs (Brown et al., 2013). Poor student supervision by CEs compromises positive patient outcomes (Kilminster, 2000). It is essential for universities, hospitals and WBL settings, students and CEs themselves to think about how to enhance recognition of the CE role within frameworks that (quite rightly) prioritise patient care in increasingly lean environments.

CEs must demonstrate a range of qualities and skills in order to be effective, including both intrinsic and extrinsic capabilities (Gibson et al., 2019). These include interpersonal skills, to build safe yet challenging learning environments, and practical skills, such as organisation, planning and content expertise. Educators are not usually "born" but are made. Their skills develop with experience, observing role models and sometimes with further training and professional development opportunities. However, many health professional students have distressing educational experiences, which can lead to attrition during their studies, while health professional educators often feel undervalued and underequipped in their teaching roles (Gibson & Palermo, 2020). CEs have described support and acknowledgement by their hospital managers as lacking, with little to no leadership for their education roles (Baldry Currens & Bithell, 2000).

Role clarity and educational professional identity formation is required for strategic and sustained development of the CE role (van Lankveld, 2021). Providing accessible professional development for clinicians to develop and enhance their education skills is part of the solution. Degree programs play an important role in formally recognising HPE scholarship. They can also foster CEs' professional identity formation as educators, as well as improving confidence, enhancing career opportunities and forming networks

in education roles (O'Callaghan, 2024). Full or part scholarships for HPE degrees may increase accessibility to evidence-based pedagogical principles, particularly for health professions with minimal professional development funding, such as allied health.

Creating an inclusive environment, not only for students but also for CEs, may promote their identity as educators. Curriculum co-development with CEs is one way to engage and recognise their expertise. CEs are uniquely placed with their first-hand understanding of industry needs, constraints and opportunities to co-develop learning and assessment activities that are authentic to practice. Examples include specified learning, such as interprofessional learning activities (Shakhovskoy et al., 2022), or whole curriculum transformation, such as implementing programmatic assessment (Jamieson et al., 2021).

Formal acknowledgement of CEs and their work is required at the macro level of professional bodies and universities, at the meso level within health professional courses and workplaces and at the micro level within individual university and workplace departments. Accreditation processes are increasingly recognising the importance of education excellence in HPE programs (Evans et al., 2024). Universities and WBL settings, such as hospitals and primary care, need to continue to promote education as a priority for career development, staff satisfaction and retention, and future workforce sustainability, while we, as academics and health professional educators, need to take the time to engage with and celebrate the excellent work of our hard working clinically based colleagues.

In this issue:

The importance of thoughtful education design is highlighted throughout this issue. Huang et al.'s scoping review investigated how learning conversations are influenced by including videos of student performance. Also taking advantage of technology and the rapid shifts required for education delivery, Gilligan and colleagues investigated clinical skills teaching in a simulation-based curriculum. As they say, assessment drives learning, and Pitama and colleagues explored how assessment is part of the hidden curriculum and the impact that dedicated Indigenous input (in this case, a Māori assessment subcommittee) had on revealing what was hidden in the portrayal of Māori patients and what improved. Also, on the topic of assessment, Chieng and colleagues investigated how medical students prepare and perform in progress testing and provide recommendations for targeted student support. Interprofessional education remains a strong theme for *FoHPE*, and McKinlay et al. investigated students and their emotional responses to teamwork experiences and the importance of debriefing.

The power of storytelling in medical student education from those with lived experience is compelling reading—emphasising that education can empower patients as well as learners. See Kanagasabai et al.'s qualitative investigation for this insightful research. Pizzuti, Palmieri and Shaw used policy implementation gap analysis to support strategic CPD direction in specialist medical colleges, and a short report by Almonroeder describes

the impact of journal clubs for US physical therapist student confidence in research. Finally, this issue's Focus on Methodology by Paxton, Eppich, Bolton, Woodward-Kron and Denniston explores the use of participatory research methodologies in health professional education research.

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