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## Introduction

- Obstetricians and Gynaecologists with expertise and passion for teaching contribute significantly to the training and sustainability of the future medical workforce
- Improve standard of education = improve patient care and outcomes<sup>1</sup>
- Amid rising numbers of medical students nationally<sup>2</sup>, an undersupply of Obstetricians and Gynaecologists in the Australian workforce<sup>3</sup>, and post-pandemic challenges in the hospitals, it is imperative to understand the barriers and enablers to clinicians participating in hands-on education of medical students and junior doctors

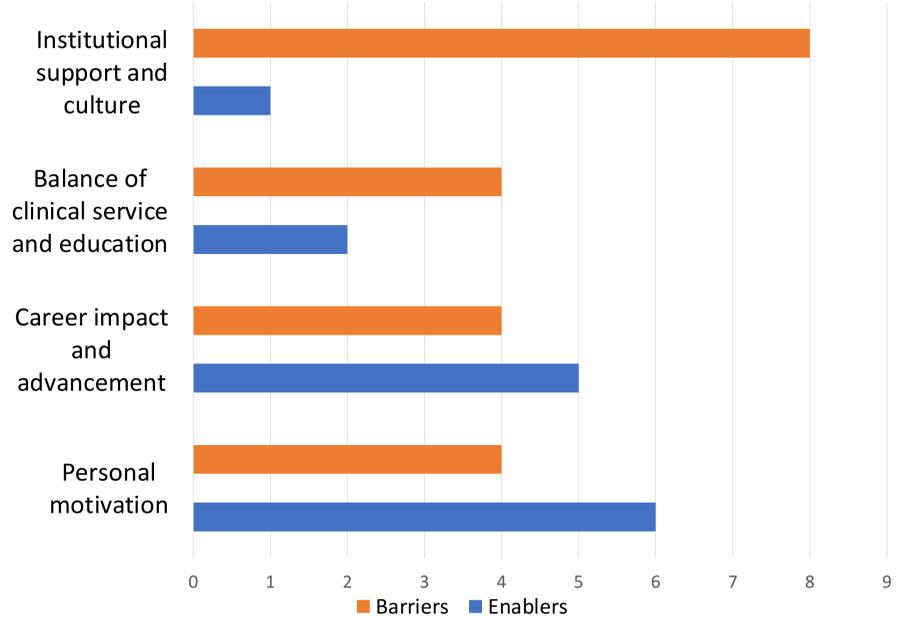
## Methodology

- Databases (1) Ovid and (2) Web of Science were searched from May to August 2023
- A significant paucity in the literature related to Obstetrics and Gynaecology was noted - only one paper met the inclusion/exclusion criteria internationally
- Thus, the field was broadened to encompass any medical specialty internationally
- Of 337 citations, 11 were included in the final review

## Results

- Full text review and thematic analysis of 11 papers
- 24 key findings: 13 barriers, 11 enablers
- Categorized based on (1) intrinsic or (2) extrinsic
- Mapped onto overarching concepts related to:
  1. Institutional support and culture
  2. Personal motivation
  3. Balance of clinical service and education
  4. Career impact and advancement

Figure 1: Number of barriers and enablers relating to each overarching concept



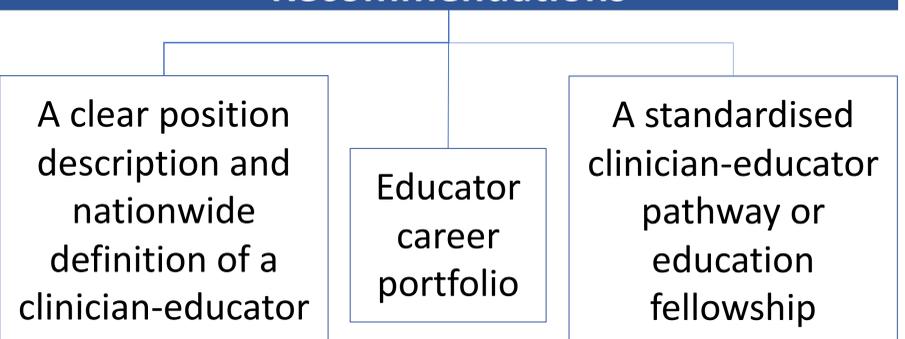
## Discussion

- Highest number of barriers relate to **institutional support and culture**
- Highest number of enablers relate to **personal motivation**

### Key points:

1. Promoting a hospital culture that values education through protected teaching time and appropriate financial remuneration can **boost retention rates of high-quality educators**
2. Clinician-educators' passion lies with teaching, not research output → university medical centres must return to their **primary purpose of education**
3. Clinical service and education should **not** be viewed as mutually exclusive; quality of teaching is linked to quality of patient care<sup>4</sup>

## Recommendations



## Conclusions

A concerted effort towards addressing the 24 key findings can elevate the standard of medical education in Australia, ultimately improving healthcare outcomes for future generations.

Further research into the clinician-educators' experience in the specialty of Obstetrics and Gynaecology is vital to encourage engagement in teaching and foster future doctors competent in managing conditions related to women's health.

Table 1: Key barriers and enablers to doctors pursuing medical educator pathways

|           | Barrier  | Enabler   |
|-----------|--|---|
| Intrinsic | Undervalued (financially) and poor academic recognition amongst colleagues | Developing relationships with the learner                           |
|           | Lack of clinician-educator confidence                                      | Diversity of professional identity                                  |
|           | High levels of burnout   | Sense of duty   |
| Extrinsic | Unclear job description and lack of visible training program               | Influential role models   |
|           | Competing responsibilities and lack of protected time                      | Organisational culture of teaching and opportunity-driven workplace |
|           | Lack of education-focused metrics for academic promotion                   | Serendipitous entry into medical education                          |

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## References

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