INTRODUCTION

CHAPTER 1
INTRODUCTION

Medical education in the Netherlands has changed substantially over the last 50 years. Prior to 1968, the educational programme had a seven-year duration and was characterised by a knowledge- and teacher-centred curriculum (Van Rossum, 2012). The number of students was limited. At that time, much of the first four years of the programme consisted of large-scale lectures in the morning and practical sessions in the afternoon (Ten Cate, 2007). The lectures were given by professors, who held a privileged position within the university and who were afforded a high degree of autonomy (Paardekooper, 2013). The professors’ work and private lives were not strictly separated; many of them worked from home, where they received colleagues and students (Van Berkel, 2009). During this period, teaching was a highly regarded academic activity (Van Rossum, 2012).

In recent decades, much has changed. First, research has become much more important for the academic staff at medical schools (Van Berkel, 2009; Van Rossum, 2012). Second, since 1968, the medical curriculum has been reduced to a six-year programme, while the number of students enrolling in the programme has increased enormously (Van Rossum, 2012). Nowadays, nearly 2800 students begin a medical degree in the Netherlands each year (DUO, 2016). Furthermore, most undergraduate medical curricula have become vertically integrated, student-centred and competence-based, with small group teaching now being a central characteristic (Ten Cate, 2007). Due to the small group teaching methods, a large number of teachers are required. As a consequence, teaching is no longer performed solely by professors, but also by junior academic staff, PhD students, residents, postdoctoral researchers and full-time teachers. These positions are not necessarily as exclusive or highly regarded as the professoriate used to be. Additionally, with the growth and professionalisation of the administrative educational staff, the teaching staff have lost much of their autonomy, when compared to the autonomy professors used to enjoy in the past.
RATIONALE BEHIND THE STUDY
In the last decade, interest in an academic career among medical graduates seems to be declining (Dornan, 2009). An important question is whether and how this decline is possibly related to the developments described above. We know that medical teachers decide whether or not to keep teaching, as well as whether or not to invest in their professional development as educator, on the basis of their self-understanding (Beauchamp & Thomas, 2009; Wenger, 1998). The question then arises in what way medical teachers nowadays experience themselves and their position within university. Answering this question might help us to find ways to support medical teachers so that they become and remain motivated with regard to teaching.

In this dissertation, we will investigate these issues from the perspective of identity. That means that we will investigate how medical teachers perceive their position at university, and what consequences this has for their understanding of themselves as teachers. We here define identity as “a self-understanding to which one is emotionally attached and that informs one’s behavior and interpretations” (Holland & Lachicotte, 2007, p. 104). As our focus is on how medical teachers develop an understanding of themselves as teachers, we are particularly concerned with their identity as a teacher: their teacher identity. When teachers become emotionally attached to the teacher role, that role becomes part of who they ‘are’, it becomes an organising element in their professional lives that informs the decisions and choices they make (Akkerman & Meijer, 2011; Beauchamp & Thomas, 2009).

Adopting a new professional identity is not always a smooth process (Zittoun, 2014). Research on teachers who work in primary or secondary education has shown that developing a teacher identity can be difficult, since teachers sometimes have to give meaning to conflicting perspectives, which leads to tensions within their identity (Beijaard, Meijer & Verloop, 2004). However, studies concerning how university teachers in the medical domain develop a teacher identity are scarce. In order to be able to adequately support medical teachers, it is important to determine whether medical teachers experience tensions during the process of developing a teacher identity, and if so, what those tensions are.
Several authors have argued that professional development activities\(^1\) play an important role in strengthening medical teachers’ professional identity, connecting them with the purposes of education and offering them a sense of belonging (Beauchamp & Thomas, 2009; Edwards, 2015). Yet, empirical research demonstrating in what way professional development activities may actually do so is lacking (De Rijdt, Stes, van der Vleuten & Dochy, 2013). Although some studies have identified the positive effects of professional development activities on individuals’ teacher identity (Lieff et al., 2012; Skelton, 2013; Warhurst, 2006), we do not currently understand the ways in which these effects are achieved. In order to support medical teachers in developing a teacher identity, it is vital to unravel the underlying processes that contribute to a strengthened teacher identity.

Professional development activities can be distinguished along two dimensions, namely from individual experiences to group learning and from informal approaches to more formal ones (Steinert, 2010; see Figure 1).

**Figure 1.** Different types of faculty development activities (based on: Steinert, 2010)

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\(^1\) In the Australian, Asian and British contexts, such activities are often referred to as *academic development*, while in Canada and the USA they are often referred to as *faculty development* (Stes, Min-Leliveld, Gijbels & Van Petegem, 2010).
The informal group approaches to professional development, which are located in the bottom right corner of Figure 1, have been subject to little systematic investigation thus far (Leslie, Baker, Egan-Lee, Esdaile & Reeves, 2013; Stes, Min-Leliveld, Gijbels & Van Petegem, 2010). As participation in a group of teachers arguably encourages the development of a teacher identity (Wenger, 1998), one would expect that these informal professional development activities should serve to strengthen medical teachers’ identity. Similarly, one would expect that formal approaches such as teaching courses and workshops (located in the top right corner of Figure 1) also strengthen medical teachers’ identity. This thesis will contribute to our understanding of the separate contributions of both formal and informal group approaches to identity development, as well as the ways in which these contributions are achieved.

THEORETICAL FRAMEWORK

Within the field of educational research, several approaches to teacher identity are considered current: a discursive approach, a socio-cultural approach, and a dialogical approach.

According to the discursive approach to teacher identity, identity is seen as a form of self-categorisation that is discursively constructed through talk (Alsup, 2006; Cohen, 2010; Smit, Fritz & Mabalane, 2010). This approach to teacher identity builds on discursive psychology, which holds that people claim professional identities through talk by using categories such as “teacher”, “doctor” or “researcher” in order to manage how they appear to others (Antaki & Widdicombe, 1998; Sfard & Prusak, 2005). This can vary from occasion to occasion. By discursively presenting themselves as a teacher, teachers not only construct who they are, but also who they are not (Monrouxe, 2010).

The socio-cultural approach to teacher identity is based on socio-cultural theory (Lasky, 2005). Authors who adhere to this theory agree with the discursive approach that professional identity is social, dynamic and shaped by action, but add that identity also shapes action (Penuel & Wertsch, 1995). Such authors stress that teachers not only tell themselves and others what kind of person
they are, but also “try to act as though they are who they say they are” (Holland, Lachicotte, Skinner & Cain, 1998, p. 3). Identity thus guides subsequent behaviour. Moreover, according to this approach three further aspects are added to the theory of teacher identity. The first contribution of the socio-cultural approach is the recognition of the emotional dimension of identity. Holland and Lachicotte (2007) stress that professional identity is not merely any form of self-understanding, but is rather a self-understanding to which one is emotionally attached. This is important, since it relates to what teachers find important, what they are enthusiastic about, and what they get upset about when threatened. Professional identity is thus also related to teachers’ professional commitments, ideals, interests, beliefs and values, as well as their ethical and moral standards (Eteläpelto, Vähäsantanen, Hökkä & Paloniemi, 2014). The second contribution of the socio-cultural approach is that it points out how professional identity is not only constructed discursively, but also through the use of cultural tools, like wearing certain clothes, putting certain photos on Facebook or Instagram, or using certain gadgets. These tools carry associations and meanings that are recognised in certain communities and contexts. By using these tools, teachers therefore make use of these associations and meanings in use in order to position themselves. This relates to the third contribution of the socio-cultural approach, namely the acknowledgement that teacher identity is formed within a sociocultural, historical and institutional context that plays a shaping role in that formation (Holland & Lachicotte, 2007). These contexts of meanings are referred to as figured worlds, that is, worlds where particular social positions are recognised, certain activities are assigned significance, and particular outcomes are valued above others (Holland et al., 1998). These figured worlds are important, since the discourses, beliefs and collective stories that are told in such worlds may become a lens through which teachers come to see and evaluate themselves (Holland et al., 1998). This approach stresses that what matters most to teachers is the degree to which their professional identity is nurtured by members of their own community, as well as the degree to which it is recognised and valued by other communities (Penuel & Wertsch, 1995; Wenger, 1998).
The *dialogical approach* to teacher identity is based on
dialogical self theory, which was initially developed by Hermans and
Kempen (1993) and then later developed further by Hermans (2001)
and Hermans and Hermans-Konopka (2010). According to the
dialogical approach, teacher identity is seen as being composed of
multiple positions that are in dialogical relationships with each other.
These different positions or *I-positions* (Hermans, 2001) are held
together by means of a continuous activity of self-dialogue, which
occurs through a process of proposal and disposal, action and
reaction, or question and answer (Akkerman & Meijer, 2011).
Although the dialogical approach does acknowledge that cultural
tools can also play a role in achieving this coherence, greater
attention is paid to the *identity narratives*, which are discursive tools
that people use in order to integrate different I-positions into a
coherent whole (Hermans & Hermans-Konopka, 2010).
In order to understand the way contemporary medical
teachers understand both themselves and their position within
university, the socio-cultural and dialogical approaches to teacher
identity are most helpful. Although the discursive approach to
teacher identity sees teacher identity as dynamic and social, it ignores
the existence of multiple contexts for professional identity, which
may sometimes be contradictory and conflicting, leading to tensions
in teachers’ professional identity. These tensions can, however, be
well understood from a socio-cultural perspective, since that
approach provides us with conceptual tools (such as the concept of
figured worlds) for analysing medical teachers’ professional identity
development in light of the collective regard that is held for the
teacher role within the different contexts in which medical teachers
participate. The socio-cultural approach thus helps us to understand
the tensions that might arise as a consequence of the differences
between those contexts. The dialogical approach to teacher identity,
on the other hand, offers conceptual tools (like the concepts of I-
positions and identity narratives) that help us to understand how
medical teachers resolve these issues and integrate the different
positions offered by different figured worlds into a coherent whole
—or not.
AIM AND RESEARCH QUESTION

In order to be able to adequately support medical teachers throughout the process of developing a teacher identity, this dissertation aimed to develop deeper insights into the processes involved in developing a teacher identity in the university context, particularly in the case of medical teachers, as well as the role both formal and informal approaches to professional development can play in supporting this process. Hence, the central question that informed this study was:

How do university teachers, and medical teachers in particular, develop a teacher identity and what role do professional development activities play in supporting that process?

METHODOLOGY

In order to answer the research question, a systematic literature review and three empirical studies were conducted. All the studies were performed from an interpretivist epistemological perspective.

To understand how university teachers develop a teacher identity in the academic context, a literature review was performed on 59 primary studies concerning university teachers’ identity. A systematic literature review method with explicit inclusion and exclusion criteria as well as clear data extraction processes was chosen in order to summarise and synthesise the existing literature in a transparent and systematic way. So as to adequately reflect the richness of the identified studies, a qualitative synthesis approach was used to integrate and interpret the findings and reach a conceptual understanding of identity development.

Further, to understand how beginning medical teachers integrate the teacher role into their identity, a qualitative study was performed involving 18 medical teachers who were just beginning their teaching careers. Interviews and logbooks were chosen as the data collection methods, since they allowed for the collection of rich and authentic data regarding the identity narratives that teachers use to make sense of themselves in relation to their context.

In order to understand the role of professional development activities in supporting teacher identity, two studies were conducted.
First, an exploratory study was conducted on informal teacher communities, since such informal teacher communities are rarely described in the literature. As this study was exploratory in nature, qualitative methods were chosen: the interactions within the teacher communities were observed and semi-structured interviews were conducted with ten of the participants. These methods were suitable for reaching an understanding of the complexity of the processes that render these teacher communities effective.

In the second study, both teacher communities and teaching courses were investigated in order to understand the separate roles of formal and informal approaches to professional development. For this study, a mixed methods study design dominated by qualitative methods was chosen, since such a design allowed for the investigation of the complexity of the underlying processes involved in professional development activities. Two groups of teacher communities and two cohorts attending a teaching course were followed, and observation, logbook, semi-structured interviews and questionnaire data were triangulated in order to achieve the level of abundance that was required to capture the complexity of the processes involved in identity development.

**CONTEXT OF THE STUDY**

The studies were conducted at a Dutch medical centre, which was formed as a result of a recent merger between a university medical school and a large local academic hospital. In 2012, the medical centre had 6810 employees, including medical, research, teaching and supporting staff (Chiong Meza, Van Steen & De Jonge, 2014). Like other university medical centres in the Netherlands, it provides high standard patient care, scientific research and medical education. Regarding the educational task, the centre offers a three years bachelor’s and a three years master’s program in medicine. Every year 350 students are admitted in the bachelor’s program and about 320 pursue their education in the master’s program.

In 2005, a new student-centred, vertically integrated curriculum was implemented in the preclinical undergraduate programme. As part of this new curriculum, an important part of the learning activities take place in small groups of 12 students. This teaching of small groups is performed by teachers from all departments of the medical centre. Moreover, teachers are recruited
from all levels of the hierarchy, not only associate and full professors, but also PhD students and postdoctoral researchers. Many departments employ staff with dual tasks to help meet the teaching requirements. The introduction of the new student-centred, vertically integrated undergraduate curriculum was a complex process, since the conceptions of learning and teaching that underlie the new curriculum did not always match the teachers’ own conceptions (Jacobs, 2015). The empirical studies reported in this dissertation were conducted two and seven years after the new student-centred curriculum was introduced, which implies that the medical centre was still in the process of transitioning from a traditional to a student-centred curriculum.

Relevance of the Study
The overall study presented in this dissertation is relevant from both a theoretical and a practical perspective. The study provides theoretical insight into the nature of developing a teacher identity in the university context, as well as the processes involved. Moreover, it provides insight into the way medical teachers develop a teacher identity, the tensions they experience during this development process and the way they deal with those tensions. Additionally, it is one of the first studies to provide insight into informal teacher communities and into what makes such communities effective. It also provides insight into the separate contributions of teaching courses and teacher communities to identity development, as well as the processes explaining these contributions.

Ultimately, the study offers valuable insights into the ways in which we can support the teacher identity of medical teachers. The results of the study can contribute to the knowledge of staff developers, managers, teachers and department heads working in the field of higher education, as well as researchers active in both the educational sciences and medical education. Increased knowledge could lead to more effective support practices for medical teachers, which could in turn lead to an increased retention of teaching staff at medical centres.
Chapter 1

OVERVIEW OF THE DISSERTATION

In Chapter 2 of this dissertation, a systematic review of the literature concerning the development of a teacher identity in the university context is presented. A model is developed that includes the contextual factors that support or constrain the development of a teacher identity in an academic context, as well as the psychological processes involved.

In Chapter 3, a qualitative study that explores how beginning teachers in the field of medical education integrate the teaching role into their professional identity is described. The tensions that beginning medical teachers experience are described, as well as the narratives they use to overcome such tensions.

In Chapter 4, an exploratory study of informal teacher communities is described. The study highlights the processes that make these informal teacher communities effective.

In Chapter 5, the role of teaching courses and teacher communities in strengthening teacher identity is investigated. The study reveals the separate contributions of both approaches to professional development, as well as the underlying processes that explain those contributions.

Finally, in Chapter 6, the main results of the thesis are synthesised and discussed. Additionally, the limitations of the study are discussed, as well as some theoretical and methodological issues. Lastly, some suggestions for how best to support teacher identity are provided, as well as suggestions for further research.

2 The chapters in the thesis are included as they have been published, and therefore differ in reference style and the use of US and UK English.
REFERENCES


Chapter 1


