

How to ... grow a team in clinical education research

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Abstract

The Incubator for Clinical Education Research (ClinEdR) is a UK-wide network, established with support from the National Institute for Health and Care Research (NIHR), to lead initiatives to build capacity in the field. Our lived experiences as members of the NIHR ClinEdR Incubator and wider literature are woven into this ‘How to ...’ paper, which outlines what to consider as you seek to grow and develop a ClinEdR team. This paper sets out pragmatic steps to grow an effective ClinEdR team that has a wider impact and mutual benefits for its members and their institution(s). Growing a ClinEdR team requires more than a dynamic character to bring people together. In our view, you can grow a ClinEdR team with other people through a structured, well-thought-out approach, in which its members develop through collaborative work to achieve a shared objective.

1 | INTRODUCTION

Clinical Education Research (ClinEdR) remains relatively less established as a discipline than other scientific fields or clinical research.¹ There are many possible reasons for this disparity; the environment in which ClinEdR is conducted can be challenging for new researchers.² Educational teams are often small, with transient membership, as teaching fellows and other temporary teaching staff move into their next role, students’ progress, and clinical staff for whom education is a small part of their otherwise clinical role.

Permanent faculty members are a minority in most geographical areas, and the financial resources, workload capacity and institutional support for conducting educational research may be limited.³ The overlapping relationship between work and learning means that each

element can seem difficult to separate,⁴ and an individual researcher seeking to develop a career in ClinEdR may find these obstacles insurmountable without the support of a wider team. As in other fields, ClinEdR researchers who belong to research teams are more productive and have a wider impact than solo researchers.^{2,5} Furthermore, for ClinEdR to fulfil its potential in improving patient care and transforming lives, researchers must work in high-functioning teams that focus on the issues that arise and matter in relation to patient care.²

ClinEdR is about educating and forming a health care workforce that delivers the best possible patient care and ensures patient safety.⁶ It is no surprise that the greatest advances in ClinEdR research arise when there is time, space and funding for research teams to address the complex real-world challenges that arise in health care, with an unremitting focus on improving patient care.²

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Developing a productive research group is vital to guiding, supporting and safeguarding the quality of ClinEdR in the local context, but it also helps form a networked community to encompass those who are interested in research, but for whom this is secondary to their focus of work.⁷

2 | HOW TO ... RECOGNISE THAT TEAMS COME IN MANY DIFFERENT 'SHAPES AND SIZES'

ClinEdR has attracted researchers from various clinical and non-clinical backgrounds. Therefore, in this field, teams are not based on hierarchical career progression within a single profession but tend to have a more diverse makeup.⁷

Focused, funded ClinEdR teams do exist but are much less common than in other clinical areas such as in cancer research. In ClinEdR, it is more common that a researcher has a specific research question, proposal or opportunity and will aim to form a team around this. Therefore, it is important to bear in mind that the growing ClinEdR team may be more informal and potentially transient than in other fields. However, a small well-formed and effective ClinEdR group may well be the kernel from which more long-term collaborations grow. With this in mind, growing a ClinEdR team in this context means that it is even more important to understand its members' expertise and expectations.

At its inception, a ClinEdR team may include several individual researchers each with their own interests, domains of practice and experience in educational research. Opportunities for members of your team to collaborate with others and attend external conferences or training courses will alert them to opportunities that could strengthen the team. As the ClinEdR team grows, we recommend developing a research strategy around one or more themes that function as a shared focal point around which everyone can coalesce their work. Creating a critical mass of researchers with a shared interest in clear and coherent ClinEdR themes will build a sense of purpose and direction, increasing the likelihood of a significant contribution to the field. Shared purpose and ethos foster growth in collective expertise, as team members build up their skills, knowledge and repute in a specific area. This in turn creates opportunities for additional funding, collaboration and recruiting more team members interested in these areas.⁸

Take-home messages:

- ClinEdR teams are diverse, comprising researchers from clinical and non-clinical backgrounds, leading to varied team structures.
- Focused and funded ClinEdR teams are rare, with teams often forming around specific research questions or opportunities.

- ClinEdR teams tend to be informal and transient, but a well-formed group can pave the way for long-term collaborations.
- It is essential to understand the expertise and expectations of team members when growing a ClinEdR team.
- Developing a research strategy around shared themes fosters a sense of purpose, direction and collective contribution in ClinEdR, attracting funding, collaboration and new team members.

3 | HOW TO ... SEEK FUNDING TO GROW A TEAM

Seeking funding can be a way to start to ClinEdR team, as it brings together people with a shared goal and desired outcome linked to a common interest. In this situation, it is prudent to have a very clear idea of each person's expertise and potential contribution, as well as the remit of the funding scheme, before engaging with potential team members.⁹ Even if the application for research funding is unsuccessful, the shared interests, collective effort and investment in the project can serve as an important seed for future team endeavours.¹⁰

At these early stages, the context in which you practice can also be an important source of funding and opportunities. Collaborations with postgraduate programmes (such as Academic Foundation Programmes or Academic Clinical Fellowships; or Masters in Health Professions/Medical/Clinical Education), for instance, can facilitate partnerships with emerging researchers with an interest in the field and provide access to supplementary resources and expertise. Seeking small internal/regional seed-corn grants for ClinEdR can help develop and grow a team in preparation for subsequent external funding applications, which tend to be larger and more demanding. There is also merit in considering alternative ways to grow your research team apart from direct research grants, such as working with students as partners, which still enable you to grow as a team while making a significant contribution by building a successful track record and producing impactful publications.

The concept of working with students as partners has its origins in facilitating learning and enhancing the calibre of teaching,¹¹ but it holds great promise in relation to growing a ClinEdR team. Creating structures to allow undergraduate, masters and PhD students with an interest in ClinEdR to contribute to your team can be an efficient way to create momentum and grow your impact as a group. Working with students as partners also builds research capacity facilitates succession planning and cultivates the future generations of researchers in this field.¹² Such an approach requires planning and preparatory work to capture the interest of students. Having ideas for ClinEdR research projects aligned with the team's focus that can be presented to the students at various levels to take forward is vital if this strategy is to be effective. Furthermore, having students in the team creates the

opportunity for the development of early career researchers through acting as supervisors or mentors for such students.

Take-home messages:

- Funding can bring together a ClinEdR team with a shared goal and desired outcome.
- Look for partnership and collaboration opportunities with postgraduate programmes such as Health Professions Education or Academic Fellowships.
- Look for opportunities for funded placements, internships or other indirect ways to support the research.
- Seek internal/regional seed-corn grants to develop and grow the team before pursuing larger external funding.
- Even if research funding applications fail, the effort expended can lay the groundwork for future team endeavours.

4 | HOW TO ... LEAD A GROWING CLINEDR TEAM

The structure, function, performance and productivity of any team, growing or otherwise, reflect the quality of its leadership.¹³ Leadership has added importance in ClinEdR, given the overarching primacy of improving the health, wealth and well-being of populations in academic medicine.⁶ If you are seeking to lead a ClinEdR team as it grows, there are several things to consider. Including recruiting members with appropriate skills, providing direction and motivation and ensuring that there are deadlines that are met. It is important to note that most such teams are made up of busy enthusiasts who take great pride in their ClinEdR craft as a labour of love, which may involve juggling your project (and others), in their own time alongside their 'day job'.²

Of central importance is the strength of your idea and finding people with the skills, experience and drive to make the project happen. Leadership style will often be collegiate but remember that busy people may need clear parameters. For example, if you are collaborating on a protocol, having a draft for people to comment on with both a deadline and some specific tasks (such as asking a targeted member to focus on a specific paragraph) is more efficient than expecting people to send in ideas to form that draft. Almost as important is being 'task and skills' aware. Asking an 'ideas' person to write a lot of text might result in no response. Chatting to them for 5 minutes, capturing their 'ideas' in draft form and then sending round to some more detail-oriented colleagues will capture what they bring to the table.

Overall, the leadership task (whether there is one leader or a leadership team) is to keep things on track, aligned and moving forward. Leaders also need to be open and adept at establishing effective communication channels, negotiating, problem solving, delegating and

supervising.¹⁴ This is as much about organisation and vision as it is about specific leadership skills per se, although a reserve of patience and the ability to gently pressure and cajole, keeping the project moving without alienating and losing team members, is key.¹⁵ Team leadership is a developmental process entwined with one's career development.^{16,17} It is prudent for team leaders to develop their skills by undertaking leadership development courses and/or seeking mentorship through ClinEdR organisations such as the NIHR ClinEdR Incubator, which can provide valuable support to the leader or team.

Take-home messages:

- Recruit your team members wisely and be clear about their role/contribution.
- People are different so tailor your leadership style to enthuse, inspire, challenge and/or cajole your team members to complete the work at hand.
- Communicate clearly with purpose, avoiding jargon and check team members understanding of the messages that you convey on a regular basis.
- Provide strategic direction and motivate your team to achieve the agreed goals.
- Ensure that deadlines are met, by ensuring that everyone understands what they must do by when, why and how it will contribute to the success of the team.
- Be mindful of the busy schedules of team members who often juggle multiple projects alongside their primary responsibilities, so be realistic about what and how they can contribute.

5 | HOW TO ... BUILD TEAM CAPACITY AND CAPABILITY

Leading a growing a team requires the ability to identify gaps and areas for improvement in the knowledge, skills and expertise of team members in relation to the work at hand.^{13,18} Building a team also requires a leader to know how their team needs to develop its abilities on an individual or collective basis to be able to complete any proposed future endeavours that arise from ongoing work.^{13,18} In this process can be useful to use particular models or conceptual frameworks as a guide to identify needs and the approaches to use (e.g., LEADS+ by¹⁹). It is also important to consider sustainability and longevity in the approach taken in growing a team by using approaches such as working with students as partners.¹¹ Regular mapping and horizon scanning in relation to gaps in the capacity of the current team lends itself to sustainable growth by identifying whether the best way forward is to upskill people within, or to bring others with external expertise from without.¹⁸

TABLE 1 Practical tips for dealing with the challenges that can arise in leading a growing team.

Challenges	Practical tips
<p>Manage Resources: Resource can ebb and flow, particularly within academic teams. Managing resource effectively, especially in times of low resource, is important to maintain growth, momentum towards overall objectives and team motivation.</p>	<ul style="list-style-type: none"> Identify ClinEdR projects that can be done successfully without external funding (e.g., local teaching interventions and pilots); this will help to build the team's track record for future funding. Use Open-source and free research tools such as R packages for statistics or Lime Survey for questionnaires. Check Institutional subscriptions for or publication availability before you consider purchasing anything. Libraries in hospitals and universities often offer support at no additional cost. Use online communities to get request access to publications directly from their authors (e.g., ResearchGate). Ensure transparent resource allocation; regular updates on budget will ensure all members are aware of how resources are being used for the goals of the team.
<p>Define clear roles: For teams to be successful, each person must have a clearly defined role and goals, as well as visibility into other team members' work status and goals within the structure that they operate in.</p>	<ul style="list-style-type: none"> Identify roles necessary to complete different projects. Ensure team members have opportunities to take on different roles in different projects. Ask for volunteers and encourage individuals to come forward and take different roles. Ensure transparency in processes, goals and strategic vision.
<p>Recognise and regard success: Championing your teams' achievements, acknowledge and celebrate the success of individuals and your team.</p>	<ul style="list-style-type: none"> Align recognition with team's goals and vision. Recognise failures as well as successes. Apply for team awards (e.g., ASME and AMEE ASPIRE) which can elevate your team's motivation and profile. Align recognition of success with the career progression goals of team members. Publicly acknowledge the team's achievements and recognise individual contributions in different ways such as award ceremonies, emails, social media posts, blogs and press releases. Organise social events to help bring the team together as a celebration of team's achievements.
<p>Managing differing perspectives: Harnessing and utilising diversity astutely is important to motivate and manage conflict.</p>	<ul style="list-style-type: none"> Ground rules can be formal or informal depending on the context of your team but are important to ensure members feel safe and able to contribute. Channel diversity of opinion and conflicting ideas into productive discussion, understanding and growth towards the team's objective(s). Leadership training courses can help you to improve on how to manage meetings, have difficult conversations, and manage conflicts. Seek mentor(s) outside your team, with whom you can discuss issues that arise in your team can be very helpful
<p>Embracing change: Change is a constant in life which presents challenges and opportunities in equal measure. An optimistic attitude and way of leading that seeks the opportunities for learning and growth in challenges is one that is best positioned for success.</p>	<ul style="list-style-type: none"> Maintain links, if members need to relocate or have career breaks by ensuring there are opportunities for remote participation. Retain team expertise by establishing advisory roles that require less input but remain linked to the team for those who may lack availability at certain points in their careers. Be prepared to accommodate changes in commitment from your team members due to personal or professional circumstances while still ensuring they feel part of the team. Be flexible regarding your expectations of the team members, without losing sight of the impact on other members, on teams' expected objectives.

Clear reasons for building capacity and capability are essential, as they guide the strategies to achieve desired outcomes. This could involve hiring experts short/long term or collaborating with another team. So, start by considering the existing expertise in the team. ClinEdR

teams are often multidisciplinary, asking members to use their expertise to upskill the group, or some of the members can be an effective way to forge strong collegial bounds and increase everyone's capabilities.²⁰

Take-home messages:

- Identify the gaps and priorities for growth and development in your team.
- Be clear about the reasons and the need for building your team's capacity and capability.
- Make use of particular models or conceptual frameworks to guide your plans.
- Use members' expertise to upskill other members or the team.
- Develop your team by using experts with unique expertise on a short or long-term basis.
- Consider working in a complementary way with another team.

6 | HOW TO ... DEAL WITH CHALLENGES OF LEADING A GROWING CLINEDR TEAM

It is wise to consider the challenges that can arise when leading a growing ClinEdR team, we set a summary of our suggestions for how to navigate them in Table 1.

7 | CONCLUSION

Teams are the webs that enable research to take place and bring us all closer together as a field. Teams in ClinEdR may be more diverse and less hierarchical than in other fields, but they are critical in promoting and sustaining research. Leading a growing ClinEdR team is a hands-on task that requires a willingness to work, learn and develop with others. There are many theories and ideas about leadership but implementing them in practice is a different matter. In this paper, we have drawn upon wider literature and our collective experience to provide concrete practical suggestions, tips and strategies that to inform your own practice, or that of others, in leading a growing ClinEdR team. We wish you every joy and success in leading your growing ClinEdR team.

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

AUTHOR CONTRIBUTIONS

Ana Da Silva: Conceptualization; writing—review and editing; writing—original draft; investigation. **Sonia Bussey:** Conceptualization; writing—original draft; writing—review and editing; investigation. **Colin Macdougall:** Conceptualization; investigation; writing—original draft; writing—review and editing. **Hugh Alberti:** Writing—original draft; writing—review and editing; conceptualization; investigation. **Aaron M. Lett:** Conceptualization; writing—original draft; writing—review and editing; investigation. **Ray Samuriwo:** Conceptualization; writing—review and editing; writing—original draft; investigation.

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REFERENCES

1. Collins J. Medical education research: challenges and opportunities. *Radiology*. 2006;240(3):639–47. <https://doi.org/10.1148/radiol.2403050542> PMID: 16926321.
2. Archer J, McManus C, Woolf K, Monrouxe L, Illing J, Bullock A, et al. Without proper research funding, how can medical education be evidence based? *BMJ*. 2015;350:h3445. PMID: Online.
3. Morahan PS, Fleetwood J. The double helix of activity and scholarship: building a medical education career with limited resources. *Med Educ*. 2008;42(1):34–44. <https://doi.org/10.1111/j.1365-2923.2007.02976.x>
4. Steinert Y, Basi M, Nugus P. How physicians teach in the clinical setting: the embedded roles of teaching and clinical care. *Med Teach*. 2017;39(12):1238–44. <https://doi.org/10.1080/0142159X.2017.1360473>
5. Wuchty S, Jones BF, Uzzi B. The increasing dominance of teams in production of knowledge. *Science*. 2007;316(5827):1036–9. <https://doi.org/10.1126/science.1136099>
6. Roberts LW. Innovation and leadership across the five missions of academic medicine. *Acad Med*. 2021;96(12):1623–4.
7. Mamede S. Challenges and opportunities for the development of medical education research. *Arq Bras Cardiol*. 2022;119(5 suppl 1): 1–3. English, Portuguese. <https://doi.org/10.36660/abc.20220434> PMID: 36449951; PMCID: PMC9750198.
8. Gully SM, Incalcaterra KA, Joshi A, Beaubien JM. A meta-analysis of team efficacy, potency, and performance: interdependence and level of analysis as moderators of observed relationships. *J Appl Psychol*. 2002;87(5):819–32. <https://doi.org/10.1037/0021-9010.87.5.819>
9. Brown ME, Burford B, Samuriwo R, Sandars J. How to ... successfully find and apply for Clinical Education Research (ClinEdR) funding. *The Clinical Teacher*. 2023. Oct 24:1-8. PMID: 37874080.
10. Aubé C, Rousseau V, Tremblay S. Perceived shared understanding in teams: the motivational effect of being 'on the same page'. *Br J Psychol*. 2015;106(3):468–86. <https://doi.org/10.1111/bjop.12099>
11. Barradell S, Bell A. Is health professional education making the most of the idea of 'students as partners? Insights from a qualitative research synthesis. *Adv Health Sci Educ*. 2021;26(2):513–80. <https://doi.org/10.1007/s10459-020-09998-3>
12. Brown ME, Samuriwo R, Asif A, Da Silva A, Vance G, Conn R. The Clinical Teacher, PMID:13666. 2023;How to ... support others in developing a career in clinical education research. <https://doi.org/10.1111/tct.13666>
13. Albert NM, Pappas SH, Porter-O'Grady T, Malloch K. *Quantum leadership. Creating sustainable value in healthcare Sixth ed.* Edition Jones, and Bartlett Learning; 2022.
14. Lencioni PM. *The advantage: why organizational health trumps everything else in business* San Francisco: Jossey-Bass; 2012.
15. Mohammed S, Ferzandi L, Hamilton K. Metaphor no more: a 15-year review of the team mental model. *J Manag*. 2010;36(4):876–910. <https://doi.org/10.1177/0149206309356804>
16. McKimm J, Swanwick T. Leadership development for clinicians: what are we trying to achieve? *Clin Teach*. 2011;8(3):181–5. <https://doi.org/10.1111/j.1743-498X.2011.00473.x>
17. van Diggele C, Burgess A, Roberts C, Mellis C. Leadership in healthcare education. *BMC Med Educ*. 2020;20(S2):456. <https://doi.org/10.1186/s12909-020-02288-x>
18. Wenger E, McDermott R, Snyder WM. *Cultivating communities of practice A Guide to Managing Knowledge*: Boston, Massachusetts, Harvard Business School Press; 2002.

19. Ramelli S, Lal S, Sherbino J, Dickson G, Chan TM. LEADS+ developmental model: proposing a new model based on an integrative conceptual review Medical Education; 2023.
20. Bell ST, Marentette BJ. Team viability for long-term and ongoing organizational teams. Organ Psychol Rev. 2011;1(4):275–92. <https://doi.org/10.1177/2041386611405876>

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