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Original Article

The Perceived Value and Use of a Master in Health Professions Education among Medical Educators and Clinical Trainers

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Abstract

Background: Medical educators and clinical trainers are increasingly expected to demonstrate competencies beyond clinical expertise, including in curriculum design, assessment, educational research, and leadership. While faculty development programs (FDPs) and informal learning remain common, formal postgraduate education such as the Master of Health Professions Education (MHPE) has expanded globally. However, evidence on how MHPE is perceived relative to other development pathways remains limited. ***Methods:*** This qualitative collective case study explored the perceived value and uses of MHPE among medical educators and clinical trainers. Semi-structured online interviews and document reviews were conducted with three faculty members who completed the MHPE. Data were analyzed using reflexive thematic analysis with cross-case comparison. ***Results:*** Participants valued MHPE for providing a scientific and systematic foundation for teaching, assessment, curriculum development, and leadership. MHPE enhanced adaptability, reflective practice, and student-centeredness, particularly during curricular reforms and the pandemic. Compared with FDPs and informal learning, MHPE offered deeper, longitudinal, and integrative competency development and opened significant professional and leadership opportunities. ***Conclusion:*** MHPE is perceived as a high-value pathway for developing competent, reflective, and adaptive medical educators and clinical trainers. Strengthening institutional support and clarifying career pathways may further enhance its impact.

Keywords: ***Medical Educator, Clinical Trainer, Health Professions Education, Value, Use.***

Introduction

Medical education and clinical training continue to evolve in response to increasing accreditation demands for a higher standard of healthcare, and more diverse learner needs, expanding faculty roles [1-3]. Medical educators are now expected not only to be content experts but also to demonstrate competencies in curriculum design, learner assessment, educational research, and leadership. They are now expected to set new learning outcomes, create more effective evaluation processes for the learners, and revise the curriculum to be responsive to the learners' need, when necessary [3,4]. These expectations intensified during the COVID-19 pandemic, which accelerated the integration of educational technologies and exposed gaps in faculty preparedness for flexible, student-centered teaching[5].

To address these demands, medical schools and training institutions commonly offer faculty development programs (FDPs) [6]. These short, non-degree activities have demonstrated effectiveness in improving teaching skills, attitudes toward education, and increasing their knowledge on educational principles and teaching skills and familiarity with assessment strategies [7-9]. However, FDPs were often content-packed which can cause an "overdose" and may also not provide sufficient time and venue for the participants to practice their learning [7]. Some FDPs do not cover the necessary areas, namely acquiring the knowledge and skills in teaching by new members, modeling and practicing the skills they have learned as they progress, reflecting on how to address the barriers they come across while teaching, and getting encouraged and motivated for teaching well [6]. Some also claimed that they did not have immediate access to FDP while others do not have the time, funds or the personal motivation to attend these programs [10,11].

Informal learning strategies–such as role modeling, peer observation, and trial-and-error teaching–also contribute to faculty development but may result in fragmented or incomplete competency acquisition [12]. Some attempt a trial-and-error approach since most did not have formal education on teaching during medical school [13]. Although learning through informal ways is unavoidable, it can lead to educators lacking specific competencies or having just an overview of the necessary competencies.

In contrast, formal postgraduate education in health professions education, such as the Master of Health Professions Education (MHPE), offers structured, theory-informed, and longitudinal training. MHPE programs are typically built around core competencies in teaching and learning, curriculum and

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instructional design development, assessment and program evaluation, educational research, and leadership and management [14]. These competencies align with motivations reported by physicians who pursue MHPE, including career development, leadership preparation, and the desire to teach effectively [15]. Despite the growing availability of MHPE programs globally and increasing institutional recognition of their value, limited evidence exists on how medical educators perceive the value of MHPE relative to FDPs and informal learning approaches [15]. In particular, it remains unclear whether MHPE fulfills participants' original motivations and how it influences their knowledge, attitudes, practices, and career trajectories as educators.

This study aimed to explore the perceived value and uses of the MHPE among medical educators and clinical trainers at the University of the Philippines College of Medicine (UPCM). Specifically, it sought to describe the contextual factors that influenced enrollment, identify motivations and barriers to undertaking MHPE, and compare the perceived value of MHPE with FDPs and informal learning in developing teaching competencies. Perceived value was defined as the extent to which MHPE fulfilled participants' motivations, enhanced competencies across the core domains of health professions education, influenced teaching-related knowledge, attitudes, and practices, and opened professional opportunities.

Methods

A collective (multiple) case study was used since there is an identifiable and bounded concern on the perceived value and use of an MHPE among medical educators and clinical trainers [16]. This study aimed to provide an in-depth understanding using a comparison of several cases through an in-depth interview and document review [16]. Multiple cases from a single site were selected to get multiple perspectives [16]. Although multiple sites were preferable, recruitment of participants from other sites was hampered by the existing data privacy law. The "cases" for this study are medical faculty members of the UPCM and clinical trainers at the Philippine General Hospital (PGH) who were graduates of MHPE of the National Teacher Training Center for the Health Professions (NTTCHP).

Ethical approval was obtained from the University of the Philippines Manila Ethics Review Board. Participation was voluntary, and informed consent was secured electronically before data collection. Confidentiality and anonymity were ensured through the de-identification of transcripts and documents. Purposive sampling was used to select participants who could provide rich insights into the value of MHPE. An open invitation was disseminated through social media and via email by the NTTCHP secretariat to protect data privacy. Snowball sampling supplemented recruitment.

Data were collected through semi-structured online interviews and document review. Interview guide questions (Table 1) explored experiences before, during, and after MHPE completion, including motivations, expectations, challenges, and perceived outcomes. Interviews were audio-recorded and transcribed verbatim. Curriculum vitae were reviewed to verify roles, academic appointments, and educational contributions attributed to MHPE. Documentary analysis of historical MHPE curricula was conducted to contextualize participant accounts.

Table 1: Guide questions used during the key informant interview.

Guide questions
1. How was the educational/training setting when you enrolled then in your educational degree in terms of training requirement for teaching of the college, the medical education and training system, teaching infrastructure and learners' demand?
2. Was it similar or different from what it is right now? How so?
3. What were the available development programs for medical educators back them?
4. What made you enroll in the course back then? Kindly elaborate.
5. What were your expectations back then from the educational degree?
6. Were your expectations from the course met? How so?
7. Were the courses back then immediately applicable/helpful to your role as an educator? How so?
8. What were the challenges in taking the degree then?
9. Was the course helpful in your role as an educator? How so?
10. How did it change your knowledge, attitude and practice as an educator?
11. How did the degree help you as compared to the different faculty development programs available?
12. How did the degree help you as compared to other informal ways identified in learning and improving how to teach?
13. What opportunities were opened directly and indirectly as a result of the course you have taken?

A reflexive thematic analysis was undertaken. Transcripts and documents were read repeatedly to generate initial codes through open, data-driven coding [17]. Codes were grouped into categories and synthesized into themes through cross-case comparison [16,18,19]. An audit trail was maintained to enhance rigor [20]. Five themes were initially elicited. To strengthen dependability, transcripts were also analyzed using an AI-assisted qualitative analysis tool (AILYZE), which generated a complementary codebook and yielded 11 granular themes [21]. The final thematic structure integrated insights from both analytic approaches.

Results

Six participants were purposively selected to maintain balance between cross-case comparability and in-depth analysis [16]. Three ultimately participated. All participants were female UPCM faculty members with 11–36 years of academic service and had completed the MHPE between 1990 and 2020 while serving as clinicians or trainees: RO (respondent-ophthalmology, RI (internal medicine), and RB (oBstetrics and gynecology). All held multiple academic and leadership roles, including curriculum committee membership, faculty development leadership, and administrative appointments. Two participants had held senior leadership positions at the college level. The following themes were elicited:

Theme 1: A strong personal aspiration to improve teaching skills is a foundational motivation for enrolling in MHPE programs. Participants reveal that their decision to pursue formal training stems from early desires to become skilled teachers and a recognition of their initial teaching limitations. For example, one

participant reflected, 'even back when I was younger, I wanted to become a teacher then, *talag*a (really),' illustrating a deeply personal commitment to teaching. Others emphasized the importance of mastering proper educational methods, with statements like, 'I realized if I am going to be teaching... I want to do it right, highlighting a proactive and reflective attitude toward teaching as a craft. Informal learning through role modeling in clinical settings often sparked these aspirations, yet participants acknowledged that such experiences lacked the comprehensive structure needed for effective teaching, thereby underscoring the essential role of formal MHPE training in fulfilling their educational goals.

Theme 2: Institutional encouragement for consultants to pursue MS degrees, including MHPE, exists but is characterized by voluntary participation and structural challenges. While some documents indicate explicit encouragement for new consultants to enroll in master's programs, this push often lacked formal mandates or robust support systems. For instance, one report noted that 'all consultants, especially new ones, were encouraged to get into an MS program,' yet another highlighted the absence of clear frameworks and departmental unpreparedness. Peer influence and mentorship emerged as primary motivators, overshadowing formal institutional recruitment. Moreover, institutional recognition of MHPE qualifications as valuable for career advancement and leadership roles created indirect incentives, even though formal career pathways and demand awareness were limited at enrollment.

Theme 3: The desire to fulfill a personal dream of becoming an educator is a prominent and intrinsic motivation among MHPE participants. This aspiration often originates from early life experiences or evolves through mentorship and informal teaching encounters. Participants expressed heartfelt commitments to teaching excellence, with one stating, 'It wasn't anything external eh. It was really something internal,' emphasizing passion over external pressures. Self-awareness of teaching limitations coupled with a dedication to lifelong learning further characterizes this motivation, as reflected in the admission, 'I am aware *naman na hindi ako magaling na* (that I am not a great) teacher... I am always willing to learn.' Such intrinsic passion drives continuous professional development and underpins the pursuit of formal educational qualifications.

Theme 4: Enrollment in MHPE programs frequently occurs without clear career path definitions or demand awareness, reflecting an experimental and evolving institutional context. Participants often lacked formal guidance or understanding of the professional roles associated with MHPE qualifications at the time of enrollment. One participant remarked, 'I don't think there was really... a clear plan for that,' highlighting the absence of structured career trajectories. The prevailing assumption that clinical expertise sufficed for teaching roles further obscured the need for formal educational training. Limited promotion and awareness of MHPE programs contributed to enrollment decisions driven more by personal interest and peer encouragement than by informed career planning.

Theme 5: Before and during the implementation of MHPE, teaching practices were predominantly informal and observational, necessitating a shift toward structured faculty development and outcome-based education. Teaching was largely resident-led, with learning occurring through observation and imitation, often unintentionally, as one report described, 'the student or the trainee learn what they see, but they do not see everything.' Faculty development programs (FDPs) before MHPE were rudimentary, focusing mainly on basic teaching skills and targeting junior faculty. The transition to outcome-based education (OBE) of the medical curriculum involved deliberate curriculum revisions, integration efforts, and expanded FDPs emphasizing holistic curriculum understanding, research, and leadership. Despite logistical challenges such as limited resources and scheduling conflicts, these reforms marked a significant evolution from traditional, unstructured curricula to integrated, competency-based frameworks.

Theme 6: Proactive participant involvement, early adoption efforts, and comprehensive faculty development marked the transition from objective-based to outcome-based curricula. Participants actively revised instructional designs and developed assessments aligned with OBE principles. One participant noted, *'Pag tinignan mo yung mga instructional designs namin* (if you look at our instructional designs), everything was objective-based... so there were revisions... Kasama kami dun (we were involved),' illustrating hands-on involvement. Faculty development programs evolved to foster appreciation of the entire curriculum, moving beyond isolated teaching skills to encompass broader competencies necessary for effective curriculum implementation. Despite operational challenges such as balancing clinical duties, these efforts reflect a committed institutional shift toward outcome-based education.

Theme 7: Through practical, hands-on training, MHPE programs significantly enhance teaching competencies, particularly in test construction and instructional design. Participants reported active engagement in exam blueprinting, curriculum revision, and lecture delivery, with one stating, 'the test construction, *sobrang nagustuhan ko* (I really liked it). it helped.' A deep conceptual understanding of educational principles enabled educators to adapt and innovate teaching approaches, moving beyond rigid adherence to rules. These enhanced competencies translated into leadership roles in curriculum committees, examination standardization, and academic quality assurance, fostering professional recognition and advancing educational standards within institutions and professional societies.

Theme 8: Application of MHPE learning extends beyond teaching to encompass curriculum development, evaluation, and academic leadership roles. Educators equipped with MHPE training actively participate in designing and revising curricula, preparing examinations, and leading faculty development initiatives. One participant shared, '*nagagamit ko talaga* (I get to really use them) in terms of curriculum development... preparing the exam for the fellows,' demonstrating practical application. MHPE credentials also facilitate leadership positions within Medical Education Units and society-level committees, enhancing educators' influence on academic governance and educational quality. This expanded professional scope underscores the integral role of MHPE in fostering academic leadership and institutional advancement.

Theme 9: Time management and thesis completion represent significant challenges for MHPE participants, often extending program duration and complicating professional development. While coursework is typically manageable within two years, the thesis process frequently prolongs completion due to its demanding nature, multiple revisions, and defenses. Personal life events, such as pregnancy and health complications, further impact progress, as illustrated by a participant who required a one-year leave during a difficult pregnancy. Motivational challenges arise after formal coursework ends, with the absence of structured deadlines leading to procrastination. Participants employ various

scheduling strategies and propose blended learning formats to mitigate these challenges, yet thesis completion remains a critical hurdle requiring institutional support.

Theme 10: MHPE training significantly broadens academic leadership and society-level involvement opportunities for medical educators. Graduates often assume leadership roles within Medical Education Units, curriculum committees, and professional boards, leveraging their specialized training to influence educational policies and standards. One participant noted, 'I am heading the MEU because of my background,' highlighting the credential's value in securing leadership positions. Despite these opportunities, challenges persist due to unclear role expectations and workload complexities. Faculty development programs increasingly incorporate leadership training, preparing educators for sustained involvement in academic governance and professional societies, thereby enhancing their capacity to shape medical education at multiple levels.

Theme 11: Health professions education is fundamentally valued by medical educators for its role in developing essential teaching competencies, fostering leadership, and enriching professional perspectives. Participants express personal satisfaction and reflective growth resulting from formal training, with one stating, 'it was very satisfying to me... to know what is the correct way of doing things.' The education broadens understanding of curriculum frameworks, promotes adaptability, and cultivates professional attitudes emphasizing empathy and student-centeredness. Exposure to interprofessional learning and inclusion of research skills further enrich educators' capabilities. Collectively, these benefits underscore the comprehensive value of health professions education in advancing medical educators' effectiveness and professional identity.

Discussion

This study explored how medical educators and clinical trainers at the University of the Philippines College of Medicine perceived the value of completing a Master of Health Professions Education (MHPE), particularly in relation to faculty development programs (FDPs) and informal learning. The findings suggest that MHPE is perceived as a uniquely valuable, transformative, and enabling form of faculty development that addresses gaps inherent in short-course and informal approaches, while also shaping educators' professional identities and leadership trajectories.

A central finding is that intrinsic motivation and personal aspiration to teach well were the primary drivers for enrolling in MHPE. Participants' narratives consistently reflected a deep-seated desire to become competent educators and an early recognition of the limitations of learning to teach solely through role modeling or trial-and-error. This aligns with prior literature indicating that physicians who pursue formal education degrees often do so out of internal motivation rather than institutional mandate, viewing teaching as a craft requiring deliberate preparation rather than an automatic extension of clinical expertise [15]. The findings reinforce the argument that effective faculty development must engage educators' professional identity formation, not merely skill acquisition.

Although institutional encouragement to pursue postgraduate degrees existed, it was largely informal and inconsistently supported. Participants described an environment in which MHPE enrollment was voluntary, weakly structured, and poorly integrated into formal career pathways at the time of their enrollment. This lack of clarity mirrors findings from other LMIC and transitional academic contexts, where educational leadership roles emerge organically rather than through explicit workforce planning. The data suggest that while institutional recognition of MHPE has increased over time–particularly through leadership appointments–this recognition often follows, rather than precedes, individual initiative. Consequently, MHPE uptake appears driven more by peer influence and mentorship than by systemic demand signals.

The results further highlight the limitations of FDPs and informal learning when compared with MHPE [6-11]. While FDPs were acknowledged as useful for introducing basic teaching skills, participants described them as content-heavy, episodic, and insufficient for sustained competency development [6-11]. Informal learning through observation and imitation, though unavoidable in clinical education, was viewed as fragmented and unreliable [12]. These findings echo existing critiques of FDPs as being effective for awareness-raising but inadequate for deep learning, particularly in complex domains such as curriculum design, assessment, and educational leadership [6-9]. In contrast, MHPE offered a longitudinal, theory-informed structure that allowed participants to integrate knowledge with practice, reflection, and feedback over time.

A particularly salient contribution of MHPE was its role in supporting the transition to outcome-based education (OBE) at UPCM. Participants were not passive recipients of curricular reform but active agents in revising instructional designs, aligning assessments, and leading faculty development initiatives. Their MHPE training provided both conceptual frameworks and practical tools–such as blueprinting, instructional design models, and program evaluation methods–that enabled meaningful engagement with OBE implementation. This finding underscores the importance of formally trained educational leaders in managing large-scale curricular change, particularly in resource-constrained settings where faculty resistance and logistical barriers are common.

Participants consistently reported that MHPE enhanced their teaching competencies, especially in assessment and instructional design, corroborating prior evidence that postgraduate education in health professions education leads to sustained improvements in educational practice [14]. Unlike FDPs, which were often described as rule-based or prescriptive, MHPE facilitated a deeper understanding of educational principles, enabling adaptive and context-sensitive application. This conceptual grounding appeared to foster confidence and professional legitimacy, allowing graduates to contribute authoritatively to curriculum committees, examination boards, and accreditation-related activities.

Beyond teaching, MHPE had a substantial impact on career trajectories and leadership opportunities. Graduates frequently assumed roles in Medical Education Units, curriculum governance, and professional societies, with MHPE credentials serving as a form of academic capital. These findings support previous work suggesting that MHPE functions not only as a developmental intervention but also as a career enabler, particularly in institutions where formal recognition of educational expertise is evolving [15]. Importantly, participants did not initially enroll in MHPE with these outcomes in mind, suggesting that the full value of the degree often becomes apparent only retrospectively.

Despite its perceived value, MHPE was not without challenges. Time constraints and thesis completion emerged as significant barriers, often extending program duration and creating tension with clinical, academic, and personal responsibilities. These

challenges are well documented in postgraduate education, particularly for mid-career clinicians, and point to the need for flexible program structures, enhanced mentorship, and clearer post-coursework support mechanisms. Participants' suggestions for blended or modular formats are consistent with broader trends in adult and professional education and may be particularly relevant in LMIC contexts.

Taken together, the findings suggest that MHPE occupies a distinct and complementary position within the faculty development ecosystem. While FDPs and informal learning remain important, MHPE offers a depth, coherence, and legitimacy that are difficult to replicate through short-term or unstructured approaches. It supports not only individual competency development but also institutional capacity-building by producing educators capable of leading curricular reform, assessment standardization, and educational research.

This study has limitations. The small sample size and single-institution context limit transferability, and all participants were female, senior faculty members who completed MHPE over a wide time span. Nevertheless, the rich, in-depth data provide valuable insights into how MHPE is experienced and valued in a public academic medical center in a middle-income country. Future studies could examine perceptions across multiple institutions, include non-completers, or explore comparative outcomes between MHPE graduates and faculty who rely primarily on FDPs.

Conclusion

MHPE is perceived by its graduates as a meaningful, identity-shaping, and career-enabling pathway for faculty development that addresses gaps left by FDPs and informal learning. Beyond improving teaching competence, MHPE cultivates educational leadership capacity and supports institutional transformation. As medical education continues to increase in complexity, clearer integration of MHPE into faculty development frameworks and academic career pathways may maximize its impact at both individual and organizational levels.

Declarations

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Conflicts of Interest

The author does not have financial conflicts of interest to declare.

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