

## **Teaching Moment Series**

### **Ten Tips for Supporting Clinical Teachers' Motivation to Teach: A Self-Determination Theory Perspective**

#### **Abstract**

Clinical teachers are vital to Family Medicine and Health Professions Education, yet their motivation to teach is challenged by competing clinical, administrative, and educational demands. Drawing on our recent Best Evidence in Medical Education (BEME) systematic review and guided by Self-Determination Theory (SDT), this paper offers ten practical tips to sustain and strengthen clinical teachers' motivation. These tips address three domains: understanding and valuing motivation, creating supportive work environments, and enabling and sustaining autonomous motivation. They highlight influences from above (institutional systems, leadership, societal pressures), within (teachers' values, identity, and purpose), and below (learner engagement and feedback). Strategies include recognising multi-level influences, involving teachers in curricular design, protecting time, reducing hindrance job demands, investing in professional development, affirming meaning and purpose, fostering continuity, engaging learners as partners, ensuring fair evaluation, and tailoring support to diverse motivational profiles. Collectively, these approaches create conditions that support autonomy, competence, and relatedness, enhancing teacher engagement, satisfaction, and sustainability.

## **Background**

Clinical teachers play a central role in shaping the next generation of health professionals, yet their motivation to teach is increasingly threatened by competing clinical, administrative, and educational demands. Supporting and sustaining motivation is therefore essential to the quality and resilience of family medicine education and health professionals education more broadly.

Our recent Best Evidence in Medical Education (BEME) systematic review synthesised factors influencing clinical teachers' motivation to teach through the lens of Self-Determination Theory [1]. SDT highlights three basic psychological needs- autonomy, competence, and relatedness- that underpin high-quality motivation [2]. When these needs are satisfied, teachers are more likely to internalise values and sustain autonomous motivation; when frustrated, motivation often shifts toward pressure, obligation, or disengagement [3].

## **Definition of the topic and importance to family medicine teaching**

Within SDT's framework, motivation varies in quality:

- Amotivation reflects a lack of intention or engagement, often stemming from a sense of helplessness, anxiety, or lack of efficacy in teaching.
- Controlled motivation occurs when teaching is driven by internal or external pressures, such as institutional mandates, performance evaluations, or cultural expectations. This form of motivation sustains behaviour in the short term, but undermines long-term engagement and well-being.
- Autonomous motivation arises when clinicians teach because it aligns with their values, sparks interest, or brings a sense of meaning. This form of motivation leads to more sustainable, higher-quality teaching [4].

Family medicine teachers, particularly those in community settings, often balance heavy clinical loads with supervision in resource-constrained environments. Attending to motivation is therefore essential to sustain both engagement and quality of teaching.

## **Evidence from literature and best practices**

This article presents ten practical, evidence-informed tips derived from our BEME review and grounded in SDT. Organised around three themes- understanding and valuing motivation, creating supportive work environments, and enabling and sustaining autonomous motivation- these tips offer actionable guidance for family medicine teachers and programme leaders working in diverse and resource-constrained settings.

## **Understanding and Valuing Motivation**

***Tip 1. Recognise multi-level influences on motivation:*** Motivation is shaped from above, within, and below. “Above” influences include institutional priorities, policies, workload, and leadership style. “Within” refers to teachers’ values, identity, and enjoyment of teaching. “Below” reflects learners’ engagement, preparedness, and feedback. Together, these forces interact dynamically [5]. For example, a programme may reduce “above” pressures by aligning teaching schedules with clinical duties- for instance, ensuring that clinical responsibilities are booked in a way that leaves protected time for teaching, rather than expecting teaching to be added on top of a full clinical load- while also supporting “within” values through recognition, and “below” influences by encouraging learners to give timely, respectful feedback. Recognising these multiple levels not only acknowledges teachers’ lived realities but also helps institutions target strategies where they matter most [1].

**Tip 2. Involve teachers in shaping programmes and curricula:** When teachers feel excluded from curricular decisions, stress and controlling teaching behaviours increase [5]. In contrast, involvement fosters ownership and reciprocal support for learners' motivation. Examples include inviting input on assessment design, bedside versus small-group teaching, or timelines, and maintaining open channels for communication and feedback. Such practices affirm teachers' autonomy and competence, while strengthening relatedness through partnership [6]. Involving teachers is not just a courtesy; it is a motivational intervention that reinforces purpose and engagement [1].

**Tip 3. Adopt autonomy-supportive, transformational leadership:** Leadership style powerfully shapes whether teaching feels energising or burdensome. Autonomy-supportive leaders invite input, recognise expertise, and provide meaningful rationales rather than relying on pressure or obligation [7]. Even mandatory tasks can be framed in ways that connect to professional identity and broader goals. For example, assigning a teaching role can be presented as contributing to patient care and sustaining the profession, while providing resources and guidance that help teachers succeed. Transformational approaches reduce reliance on control, foster trust, and enable teachers to integrate teaching into their career pathways with greater meaning and energy [6].

**Tip 4. Affirm meaning, identity, and purpose:** Teachers are motivated when teaching resonates with their identity and desire to "give back" [4]. Recognition is most effective when it reinforces meaning rather than offering token rewards. Genuine student appreciation, personalised notes, or acknowledgement from leadership often carry more weight than generic institutional gifts. Institutions can celebrate impact through storytelling, highlight teachers' roles in lifelong learning, and emphasise teaching's contribution to professional satisfaction

and health system sustainability [1]. These affirmations buffer external pressures and sustain autonomous motivation by connecting daily teaching with deeper purpose.

## **Creating Supportive Work Environments**

***Tip 5. Protect time and reduce hindrance demands:*** Teaching added on top of already overloaded schedules quickly undermines motivation. From an SDT and Job Demands Resources (JD-R) perspective, excessive job demands thwart autonomy (reduced control), competence (harder to feel effective), and relatedness (less time for connection) [8]. Protecting time for teaching and reducing unnecessary hindrance demands are therefore motivational interventions. Examples include scheduling protected slots for teaching, streamlining documentation, and providing administrative assistance. These measures show that institutions value teaching, creating conditions for clinicians to teach with purpose and sustainability [1]. Teachers can also play an active role by raising these issues with their Department Chairs or programme leaders, encouraging system-level changes that better protect time and reduce unnecessary demands.

***Tip 6. Invest in professional development to build competence:*** Professional development enhances both teaching skills and motivation. Opportunities for training, mentorship, peer observation, and reflection strengthen teachers' competence and identity as teachers [6]. Longitudinal faculty development programmes and recognition of teaching excellence encourage growth and mastery. Crucially, institutions should support participation with protected time and access, signalling that teaching is a valued domain of expertise. When teachers feel they are improving and supported in doing so, their motivation shifts from obligation toward aspiration, fuelling both quality and sustainability in teaching [7].

## **Enabling and Sustaining Autonomous Motivation**

**Tip 7. Foster continuity and longitudinal relationships:** Short, fragmented encounters limit depth and rapport. Sustained relationships, by contrast, foster trust, allow developmental feedback, and nurture shared purpose. Longitudinal clerkships, repeated rotations, or mentoring models enable teachers to observe learner growth over time, strengthening relatedness, competence, and autonomy. For example, students in longitudinal placements often feel like partners, while teachers report greater satisfaction in seeing progress [9]. Continuity enhances outcomes for both sides of the teaching relationship [1].

**Tip 8. Engage learners as partners:** Learners strongly influence teacher motivation. Teaching becomes draining when learners are unprepared or disengaged; it becomes energising when learners are present, respectful, and proactive. Orienting learners to their role as partners, including through *agentic engagement*- asking questions, expressing preferences, seeking feedback- creates reciprocal motivation [10]. For example, a student who proactively asks for feedback or suggests learning goals helps create a more autonomy-supportive environment for both themselves and their teacher. Encouraging learners to see themselves as co-creators of the learning climate can reframe teaching as a rewarding, shared endeavour [4].

**Tip 9. Make evaluation systems constructive and fair:** Superficial evaluation systems, such as popularity-driven satisfaction scores, undermine motivation and identity [3]. Instead, evaluations should be formative, timely, and multi-sourced, combining self-reflection, peer observation, supervisor input, and learner feedback [6]. This approach supports competence and provides psychologically meaningful growth. For example, constructive peer observation and developmental feedback affirm teachers' expertise while guiding refinement. By moving

beyond punitive or superficial measures, institutions can create evaluation systems that enhance, rather than erode, motivation [1].

***Tip 10. Tailor support to diverse and evolving motivational profiles:*** Teachers differ in why they teach, and motivations evolve over time. Some teach out of altruism, others for growth, flexibility, or recognition [1]. Early-career faculty may value mentorship and professional development, while later-career teachers may need renewal through new roles or reduced administrative burden. Tailoring support requires ongoing dialogue, flexibility, and structured feedback mechanisms. Recognising and adapting to these diverse motivational profiles helps sustain engagement and avoids the erosion that can come when teachers feel unseen or taken for granted. Motivation is not just about recruitment; it is about retention, renewal, and adaptation over time [4].

### **Summary of teaching tips (take-away messages)**

- Recognise multi-level influences on motivation.
- Involve teachers in shaping curricula.
- Adopt autonomy-supportive leadership.
- Affirm meaning, identity, and purpose.
- Protect time and reduce hindrance demands.
- Invest in professional development.
- Foster continuity and longitudinal relationships.
- Engage learners as partners.
- Make evaluation systems constructive and fair.
- Tailor support to diverse and evolving profiles.

## Tools and resources

Practical resources to support motivation in family medicine teaching include:

- ‘What influences clinical educators’ motivation to teach? A BEME systematic review and framework synthesis based on self-determination theory: BEME Review No. 90’[1], [open access](#).
- Autonomy-supportive teaching checklists, ‘Putting Self-Determination Theory Into Practice: A Practical Tool For Supporting Medical Learners’ Motivation’, [open access](#).
- Tailored reflection forms to capture learner feedback after sessions, such as the Reflective Practice Toolkit published jointly by Academy of Medical Royal Colleges (AoMRC), the Conference of Post-Graduate Medical Deans (COPMeD), the General Medical Council and the Medical Schools Council in the UK, [open access](#).
- Peer observation guides with emphasis on constructive, formative dialogue. Examples of peer observation templates for different clinical teaching encounters can be found in the ‘Peer Observation of Teaching Handbook’ published in MedEdPORTAL [12], [open access](#).

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