

Reply to Sharma

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We thank Sharma¹ for commenting on our article on the teaching climate.² We are pleased that our emphasis on cultivating positive work environments for clinical supervisors in residency training programs resonates with the broader community.

We concur with Sharma on the critical importance of fostering positive educational climates for residents, as these are essential for high-quality residency training and patient care. However, our study intentionally focused on the perspective of the clinical supervisors and program directors. What Sharma considers omissions—namely, the heavy responsibilities, limited time, and increasing pressure clinical supervisors face—were, in fact, the driving forces behind our study. We contend that, beyond the scope of faculty development practices, the acknowledgment of clinical supervisors (ie, those responsible for the daily training of residents) is long overdue. Others in the field support this view.^{3,4}

To our knowledge, our study was the first attempt to identify and define the key components of a supportive teaching climate. By coining the concept of the “teaching climate,” we not only intend to emphasize physicians’ vital yet often unseen contributions, but we also aim to substantiate that sustainable postgraduate medical education requires full professional support for those who provide it. The concept may encourage improvement plans for the work environments of supervisors and enable future comparisons with other concepts or frameworks, such as the learning climate for residents.

We agree that exploring the (bidirectional) effects of supportive teaching climates and resident learning environments/well-being is an important area for future research. This research question falls outside the scope of our present study and requires a focused study in the future. Components of the teaching climate have already been linked to resident well-being; for example, research indicates that effective teamwork within teaching teams enhances the residents’ learning climate.⁵ We suggest that future studies should also consider the perspectives of clinical supervisors and program directors, not to juxtapose the teaching and learning climates but to gain a better and integrated understanding of both. Using the holistic concept of the teaching climate might aid in this endeavor. To support such efforts, we are currently working on

developing a validated instrument to assess the quality of local teaching climates. In addition to providing a scientific foundation for examining the teaching climate, this tool primarily aims to guide program directors, administrators, and faculty developers in their support of clinical supervisors.

In summary, we hope that our article will spark an academic debate on improving the teaching climate. Clinical supervisors and program directors deserve recognition and support for their vital roles in training the next generation of medical specialists. This support should first and foremost be experienced by those working “in the trenches,” which is why we focused our efforts in this study on their experiences, desires, and opinions on a constructive teaching climate. We view this first study as the beginning of a much longer journey and are hopeful that more people will join us on the road.

Conflicts of interest

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Ethical approval

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Disclaimers

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Previous presentations

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Data availability

No new data were generated or analysed in support of this research.

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