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Editorial

Where are Pedagogies in Teaching Hospitals? A Call to Action

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Teaching hospitals and academic medical centers are the heart of medical education, serving as the primary environments where future physicians and allied health professionals are formed [1]. However, a striking imbalance has emerged in institutional discourse. While these centers are founded on a dual mission of service and education, current literature is dominated by management, revenue generation, and financial sustainability [2,3]. Pedagogy the intentional science of learning is conspicuously absent.

The Management-Pedagogy Gap

This absence is not merely academic; it is structural. Pedagogy represents the deliberate design of how clinical knowledge is transmitted, how ethical reasoning is cultivated, and how learners are supported in high-pressure environments [4]. Yet, in many modern teaching hospitals, success is increasingly measured through throughput, cost recovery, and income diversification [5,6].

Under growing financial pressure, the "service identity" of the hospital often overwhelms its "educational mission." When institutional evaluation prioritizes operational efficiency over educational outcomes, learners become invisible in their own narratives [2,3]. Teaching becomes implicit and assumed rather than designed and explicit.

From Apprenticeship to Intentionality

In affiliated or satellite hospitals, this tension is particularly acute. Operational reports frequently emphasize efficiency metrics and cost-benefit analyses, rarely addressing how learners are supervised or supported [6,7]. Consequently, education becomes ancillary to service delivery. The human cost is tangible: learners report burnout and depersonalization, feeling treated as labor rather than developing professionals [2].

While experiential learning through immersion is essential, it is not synonymous with pedagogy. True pedagogy requires intentionality: structured supervision, guided reflection, and attention to the learner's psychological well-being [4]. It also requires engagement with the "hidden curriculum" of power and culture [1,8].

A Call for Policy Reform

For teaching hospitals to fulfill their mandate, leadership must recognize pedagogy as a core institutional function, not an assumed byproduct

of service delivery. Governance frameworks must evolve to include:

- Pedagogical Indicators: Establishing educational KPIs alongside financial metrics [8].
- Protected Time: Investing in faculty development and dedicated teaching hours.
- Scholarship: Applying the same rigor to educational research as to financial performance.

Conclusion

The marginalization of pedagogy represents a profound oversight. Without explicit educational intent, teaching hospitals risk becoming mere service providers where learners are collateral participants. We must re-center the learner and make pedagogy visible, studied, and evaluated. Only then can these institutions truly integrate patient care with the responsible shaping of the future of medicine.

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