

TEACHING DOSSIER

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I. TEACHING PHILOSOPHY

Introduction

Teaching carries with it great responsibility. Teaching in undergraduate medical programmes and training future specialists has the potential to affect the healthcare of current and future generations. It is therefore extremely important that we are aware of current educational methods and the evidence for their effectiveness, prepare for teaching sessions very carefully, ensure the optimal educational environment, and evaluate the feedback we obtain from students. Of paramount importance is that a teacher stimulates intellectual curiosity and enthusiasm for learning, particularly in view of the need for continuous medical education for the medical professional today.

Teaching Preparation

I spend a lot of time preparing for teaching sessions. It is important to have clear objectives for presentation at the beginning of a teaching session. I edit material repeatedly to ensure that the most important facts are not lost in less important information, and objectives are met. At more formal lectures, I may begin with a clinical problem, to which I return for a solution at the end of the session. Alternatively, clinical scenarios follow more didactic information. I probably spend the most time preparing for undergraduate teaching, because I find choosing what facts are critical for the undergraduate student to know the most challenging. Where feasible, material is given to students ahead of time as in the Phase II block. On other occasions, printouts or digital information may be given with the teaching session.

The Teaching Session

I enjoy teaching very much, so it is not difficult to be enthusiastic during teaching sessions. It is helpful if an educator's interest in a topic can be conveyed to a student. This provides a stimulus for the student to explore the subject independently. Didactic lectures are often enhanced by using the information in a clinical context associated with clinical problem solving. Interactive sessions with questions are key, and provide me with a yardstick to measure how clear I have been in transmitting information. They also promote an evidence based approach, which provokes critical thinking. However, I have learnt that it can be intimidating for some students to have questions directed to them, particularly in larger classes, and therefore directed questions are not always a useful educational tool. I usually ask for volunteers in large classes. In smaller groups, questions are a good preparation for future oral examinations, provided they are not directed in a stressful way. How to ask questions clearly and without ambiguity is a learned skill, and I have found workshops at the Royal College of Physicians and Surgeons of Canada helpful in this regard. Problem solving is a very useful educational approach and it can generate wide discussion. However, one has to be aware that students do not all learn the same way, and there are cultural and other factors that may influence one's effectiveness as a teacher. It is therefore particularly important to leave some time available to students after a teaching session, when they may feel more comfortable asking for clarification of the material. In one-on-one sessions, I often ask the student what he/she has learnt after the session, because I find repetition with feedback consolidates the information in the student's mind.

Evaluation

It can be difficult to accept the criticism of students, but it is one very important way to improve as an educator. It certainly has had a major influence on my teaching methods. On the other hand, good evaluations can be very rewarding. Evaluating resident performance at the end of a rotation and providing feedback is also very important. I usually ask the resident how they think they performed in the rotation, and what could improve the rotation for future residents.

Other Educational Roles

One can also support educational goals in other ways. Giving or directing reference material to students can be very constructive, as well as providing feedback on their oral presentations or reports. There are also other less structured educational roles such as being a professional role model in dealing with clinical problems and communicating with professional colleagues, being a team player, and many others. Uncertainties about career path, progress, and certain family choices are all areas where one can provide support, suggest alternatives for consideration, and act as a mentor.

Summary

Educating tomorrow's doctors and other allied professionals is a privilege. One can do this most effectively by constantly evaluating and applying the best educational tools, stimulating critical thinking and evidence based learning, and being a professional role model for students.

II. QUEEN'S UNIVERSITY TEACHING**A. LECTURES**

- (i) Undergraduate Medical Programme
- (ii) Postgraduate Programmes
- (iii) Undergraduate Life Science and Graduate Programmes

B. GRADUATE PROGRAMME SUPERVISOR AND TRAINING

(Give Examples)

C. OBSERVERSHIPS, SUMMER STUDENTS, CLINICAL CLERKS, ELECTIVES

(Give Examples)

D. RESEARCH STUDENT SUPERVISOR

- (i) PhD Committee Member *(Give Example)*
- (ii) Graduate Student PhD Examination Committee Member *(Give Example)*
- (iii) Reading, Marking, and Providing Feedback for Theses *(Give Example)*
- (iv) Postgraduate Programme Research Projects with Residents *(Give Example)*
- (v) Undergraduate Medical Programme *(Give Example)*

E. ADMINISTRATIVE POSITION IN EDUCATION

- (i) External
 - (a) Member and Vice Chair
Examination Subspecialty Board for the Royal College of Physicians and Surgeons of Canada
 - (b) Advisor for North America/Canada for ISBT:ASTM
 - (c) Member, Subcommittee for QMP-LS
- (ii) Internal
 - Member, Residency Training Committee for Two Programmes

F. WORKSHOPS ATTENDED

Royal College of Physicians and Surgeons of Canada Modular Workshops for Examiners

G. EVIDENCE FOR TEACHING EFFECTIVENESS

- Teaching Awards
- Awards to Supervised Students (e.g. names)
- Residents and Clinical Fellows : Royal College of Physician and Surgeons Examination Success

H. QUEEN'S UNIVERSITY PROGRAMMES

- Mentorship Programme
- Medical Student Interview Process

I. EVALUATIONS OF TEACHING PERFORMANCE

Evaluations derived from:

- Phase IIA Teaching (60 – 100 Students/Class)

Phase IIA Teaching Evaluations

	Year	1	2	3	4	5	Number of Students	
<i>Score 1 – 5 (Poor – Excellent)</i>								<i>Total of Students Excellent (5) Very Good (4) Good (3)</i>

Please see Appendix for student comments.

- Residents and Clinical Fellows
Please see Appendix for evaluations.

J. TEACHING TESTAMONIALS

Testimonials obtained from previous students.