

How to Create an Unfunded Teaching Fellowship During the Gastroenterology Fellowship that Positively Impacts Subsequent Teaching Activities and Career Path

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The gastrointestinal (GI) pathophysiology course is a 2.5-week required preclinical course at the end of medical school's second-year pathophysiology organ system blocks. In 1993, I was appointed co-course director of this course. One year later, I was appointed sole course director and

continued in that position for the next 22 years. In 2000, after 6 years of directing the course, I was confident that I was an excellent teacher, but the anonymous medical student evaluations of my teaching and the overall course ratings did not agree. According to the anonymous student evaluations from the classes of 1994–2000, I was a mediocre teacher and so was the GI pathophysiology course.

As I was rounding on the Inpatient Service at Beth Israel Deaconess Medical Center as GI Consult Attending with Eric Goldberg, MD, a first-year GI Consult Fellow, I realized that Dr Goldberg had computer and communication skills that I did not have, as well as an outstanding fund of clinical and basic science knowledge. I also recognized that an interested and excellent GI fellow could help me improve the GI pathophysiology course. I asked Dr Ciaran Kelly, GI Fellowship Director, if he would approve of Eric's teaching in the following year's GI pathophysiology course when he was a second-year fellow in an unfunded position that would not interfere with Eric's scheduled research and clinical activities. Both Drs Kelly and Goldberg accepted my proposal and the unfunded GI pathophysiology teaching fellowship was made an optional track during the regular 3-year gastroenterology fellowship program. By the end of the first year of having Eric as the teaching fellow, I knew that I needed to learn how to become a better teacher. The solution to becoming a better teacher arrived in June 2002, when I listened to Professor David Garvin, the C. Roland Christensen Professor of Business Administration at Harvard Business School, describe his Harvard Business School

teaching using the Case-Based Method. In October 2002, I went for the first of numerous times to Harvard Business School to observe and learn from Professor Garvin. Here the professors consistently use the Case Method with question, listen, and respond as the prime teaching strategy. In addition, each professor summarizes with high-yield, take-home points at the end of class. Learning these 3 key teaching strategies made all the difference in my individual ratings, overall course ratings, and how I taught the current teaching and academic fellows to teach.¹

How Teaching and Academic Fellows Were Chosen and their Characteristics

Over the next 16 years, 21 fellows (16 men and 5 women) completed the GI pathophysiology teaching fellowship or academic teaching fellowship. Teaching fellows (16 fellows; 4 women and 12 men) were chosen annually on the basis of a self-identified interest in teaching. Six of the 16 teaching fellows had had teaching responsibilities as a chief resident (4 at Beth Israel Deaconess Medical Center, 1 at Brigham and Women's Hospital, and 1 at the University of North Carolina, Chapel Hill). Each teaching fellow began learning the GI pathophysiology content and the case method of question, listen, and respond teaching beginning in July of their teaching fellowship year for the 2.5-week course occurring 9 months later in March of the following year. Each teaching fellow met with me weekly for 60 minutes. The teaching fellow was responsible for being a tutor for a small group of students for eight tutorials, leading 6 separate small group sessions, being the clinician co-teacher with a pathologist for 3 pathology laboratories, and co-teaching with me 2 whole class review sessions in the medical school amphitheater during the 2.5-week-long GI pathophysiology course each March. Academic fellows (2 women and 3 men) joined the teaching fellows in 2010, 2012, 2013 (2 fellows), 2015, and 2016. The academic fellow taught only as a tutor and/or small group leader because of their laboratory or clinical research commitments. One fellow (Joseph Feuerstein) chose to be the academic fellow 2 years in a row (2012 and 2013). One

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academic teaching fellow (Molly Perencevich; 2013) completed 6 months of the fellowship owing to my move from one hospital to another. Two academic fellows had been chief residents previously (one at Boston Medical Center and one at Brigham and Women's Hospital).

What Were the Time Commitments for Teaching and Academic Fellows?

Teaching fellows and academic fellows started working with me in one-on-one teaching sessions from 7:00 to 8:00 AM (teaching fellows) or 7:00 to 7:30 AM (academic fellows) weekly beginning in July of the year preceding the course occurring in March of the following year. Each teaching and academic fellow did >1 dress rehearsal presentation with me acting as the student audience for each tutorial, small group session, laboratory session, or whole class presentation that they were teaching or co-teaching. In addition, each fellow, who was a tutor or tutor substitute (20 of 21 fellows), was expected to be present at the separate mandatory 8 hours of tutor training. During the GI pathophysiology course, the teaching fellow and frequently academic fellow and I sat together in the amphitheater of the medical school listening to each of the 14 course lectures. In addition, we met daily to go over teaching sessions, design quizzes, review materials, hear feedback, and answer questions. The fellows and I changed things quickly that were not working well for the students. The teaching or academic fellow was usually the first to pick up a problem because the students felt comfortable complaining to him or her about a less than optimal educational experience. Each fellow was paid for face-to-face teaching time by the medical school. No funding or remuneration was provided for the many hours of preparation time during the 9 months from July through March each year.

What Were the Teaching Responsibilities of GI Pathophysiology Teaching and Academic Teaching Fellows?

GI pathophysiology teaching fellows' (n = 15) teaching responsibilities included:

- Three 1.5-hour pathology laboratories with 40 students in each laboratory.
- Eight 1.5 hour tutorials with 7-9 students per tutorial.
- Six 1-hour small group case-based interactive sessions with 15-30 students in each.
- Two whole class (170 students) review sessions during the 2.5-week-long GI pathophysiology course.

The academic teaching fellows (n = 5) taught fewer sessions in the GI pathophysiology course. They also worked on creating new curricula for the course and pathology laboratories as medical education projects. They were tutors and/or small group leaders and/or pathology laboratory

leaders, but did not teach all sessions of the small groups and pathology laboratories as did the teaching fellows, owing to laboratory or clinical research commitments.

As tutors, teaching or academic fellows were required to give individual feedback to each student in their tutorial at least once during the course. The teaching fellows were taught how to give feedback as part of the eight hours of required faculty development for all tutors that preceded the GI pathophysiology course each year.

On January 1, 2013, I moved from Beth Israel Deaconess Medical Center to Brigham and Women's Hospital. Brigham and Women's Hospital's second- and third-year fellows joined me with the approval of Dr Stephen Wright, GI Fellowship Director.

Why Did the Ratings for the GI Pathophysiology Course Improve with the Teaching Fellows' Help?

Over the 16-year period of teaching and academic fellows, the GI pathophysiology course's ratings slowly soared to the top of the ranking charts for all preclinical courses at Harvard Medical School. By 2011-2012, 10 years after creating the teaching fellowship and academic fellowship, the GI pathophysiology course had risen to be the top-ranked course out of all the first- and second-year preclinical courses. The following academic year 2012-2013 and again in the academic year 2014-2015, the GI pathophysiology course was ranked first, making it the number one preclinical course 3 out of 4 years in a row at Harvard Medical School for the academic years 2011-2015.

I attribute the improved overall course ratings to the addition of the GI teaching and academic fellows. Specific ways in which the fellows improved the course are as follows:

- Unique abilities to inspire, engage, and motivate students to learn GI pathophysiology's many mechanisms and concepts.
- Friendly, welcoming, knowledgeable, and available "face" of the course for second-year medical school students.
- Energy and enthusiasm to improve the course content and teaching.
- Students flocked to the fellows' teaching sessions; their sessions were always overcrowded.
- Fellows immediately brought negative and positive feedback to my attention.
- Fellows and I worked to rapidly correct any perceived deficiencies or reinforce things that were going well.
- In 2006, the GI pathophysiology course became the first preclinical course at Harvard Medical School to integrate cross-cultural care into the tutorials with the strong support of the teaching fellow in 2006 (Daniel Leffler).²
- In 2007-2011, the teaching fellows (Paola Blanco, Steven Kappler, Paul O'Farrell, Tyler Berzin, and Paul Sepe) and a committee of pathologists and clinicians changed

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