

### **Teaching Philosophy Statement Example - Medical School**

My role as an educator in graduate medical education has much in common with my hobby of raising orchids. I dabbled in both until greater “collections” befell me-- in one case, several dozen orchid plants bequeathed by an acquaintance, in the other, the opportunity to direct the residency program in Rehabilitation Medicine. Raising orchids means having the right media, creating the right growing conditions for individual plants, and vigilance against weeds and slugs. I keep records and set goals and evaluate my collection. There are many parallels in teaching and evaluating residents and in the administration of a residency training program.

Resident physicians have many demands on their time. I believe they will devote more energy to the learning process if they can see the benefits of devoting time to what I have to teach. In every encounter with a resident, I try to model inquisitiveness, politeness, team management, analytical thinking, and current knowledge. I set the stage for a collegial learning setting, and demonstrate the underlying structure I use to make decisions. As I probe learner knowledge, I allow a healthy level of anxiety into the situation by asking questions and letting my resident struggle a bit for the answer--they have to make a commitment. Then I want to know what process was used to arrive at the answer. Did they use the literature, clinical experience, or ritual? Are they connecting their fund of knowledge with the clinical database? My goals in teaching are not limited to the knowledge domain. Resident physicians must learn team management skills as well. Exposing the underlying structure works when reviewing a patient interview, planning or critiquing a multidisciplinary team meeting, or making a clinical decision. This model easily leads to the important step of giving identified feedback. The learner must also give feedback to the teacher but usually the teacher needs to request it.

Resident physicians must assume substantial responsibility in the learning process. They must take an active approach to learning. I believe the successful learner evolves from just having a case repertoire to connecting their clinical experiences with literature knowledge. By the end of residency, successful learners can learn outside of the context of cases, as they strive to “master” a field.

As the director of the residency training program, my view of the learning process extends beyond my individual encounters with residents. Teachers with varied talents, diverse clinical settings, and organized didactics enter the equation. A training director can influence the educational process in many ways including organization, resident counseling, faculty development, and program evaluation and development. Teachers must have adequate skills, residents must know what is expected, the curriculum must be current, and the evaluation processes must be timely and fair. The educational process must not become subservient to the

demands of clinical service. Having a vision of the program's goals and objectives is key to avoiding this. To prevent myopic vision, it is helpful to consult frequently with graduates of the program and other program directors.

In summary, the learning process is enhanced by

- a collegial relationship between teacher and learner
- evident pride in scholarship by the teacher
- challenge of the learner's knowledge
- elucidation of underlying structure by the teacher
- active connection between cases and literature by the learner
- and mutual feedback.

At a program level, the educational process is enhanced by vigilant planning and reassessment, fertilizing, shaping, and yes, weeding and slug-baiting. Visualize the greenhouse in continuous bloom...