**Philosophy of Education Examples**

(Not specific to type of membership)

**Example #17:**

The importance of role models and mentors – who guide, support and lead by example – cannot be overstated in medical careers. Mentoring is one of my personal passions. I read about it regularly and constantly try to improve. I have tried hard to define my personal principles of mentoring which include the following ten priorities: 1) Always make clear to trainees through word and deed that they are a top priority. To underscore this principle, I always provide feedback on manuscripts or presentations within 24 hours, and I try to remain accessible to trainees, without requiring them to make appointments. 2) Emphasize your lifelong commitment to trainees regardless of their current career choice or institution. Trainees receive a “lifetime contract” of my advice and input. I continue to advise former trainees years after they have left the institution, including several who are now full professors. 3) Expect laboratory trainees to think on their own, pose challenging questions, and seek their own solutions, before asking for help. 4) Insist that the work environment remain open and fully collaborative, making clear that “there are no solo artists.” Data, ideas and problems must be shared and collective solutions are encouraged. 5) Require trainees to finish what they start and remain focused. 6) Encourage individuals to seek expertise and collaboration wherever these are available, rather than being resistant to assimilating new methods. 7) Teach young investigators to follow the data wherever it leads and not narrowly define themselves in terms of their current interests or expertise, while remaining focused on their underlying question. 8) Convince trainees that writing and presenting one’s work are essential career skills that require constant practice. Each year I give a lecture to our trainees entitled, “How to give a talk,” emphasizing the basic principles of presentation, through both negative and positive examples. 9) Remain cognizant that the ultimate currencies of success in academic medicine are papers and grants, and thus work that is neither published nor funded will rarely achieve sufficient recognition. 10) Help trainees to recognize that tenacity and persistence are vital in overcoming obstacles and are among the most important determinants of success.

Elaborating on the final principle, I think it’s especially important to help trainees to accept rejection and frustration as part of the process. Those who remain focused on achieving success with their papers, grants and studies are more likely to be rewarded eventually. I often cite my own many rejections of papers and grants, some of which were ultimately felt to be important, as examples of how one must ‘take the long view’ to succeed in biomedical research.

**Example #18:**

My philosophy of education is based on a few simple principles:

**1. Experiential learning and the power of the image:**

There are “memorable moments” that have occurred throughout my own medical education that have stayed with me for years. Most of these are experiences in which a patient’s health hangs in the balance and some critical piece of information is missing. When the diagnosis is revealed there is an indelible impression that is left, and perhaps more importantly, a burning desire to understand the disease process in detail. Medical school textbooks that seem too long in the first year medical school seem too short when one is challenged to solve a patient’s problem.

I have tried to recreate these memorable moments for students in lectures, lab and small group. When we take first years to a real lab and then go to a patient’s bedside, it becomes self evident why one would want to learn every last detail about the disease. The power of the image in re-creating these moments on the web is that CT scans and other lab data create a feeling of virtually being at the bedside.

**2.  Planned redundancy of important points in lecture, lab, and small group:**

Learning medicine is somewhat like learning music. There are certain skills and concepts that are only mastered when they are repeated and practiced. Presenting the important concepts over and over leads to the development of good reflexes. There are also certain concepts that are best seen and not heard and being able to experience them firsthand in the lab gives it a more tangible quality. The small group interactions give insight into the thought process of experienced clinicians and show how the science of medicine is applied every day to patient care.

**3.  Student participation in teaching:**

There is no better way to learn a subject than to teach it. My own understanding of my specialty has been greatly enhanced by the privilege of teaching medical students, residents, and fellows. This year we demanded a lot of our medical student teaching assistants and they delivered. They produced thoughtful practice questions, PowerPoint reviews and creative mnemonics that were incredibly well-received by the first year students. All of the teaching assistants reported that their understanding was greatly enhanced by teaching other students.

**Example #19:**

We seek and have tremendous diversity in our student body and faculty. This diversity extends beyond their culture and ethnicity to their learning styles and abilities to achieve our outcomes and the mission of the Mount Sinai School of Medicine. Our goal is to encourage the development of complex conceptual understanding, often called “critical thinking”. Learning outcomes are affected by how students approach learning and how faculty approach teaching and assessment and the organizational environment we provide them. To achieve this type of learning, I believe we should provide learners with a variety of learning and assessment modalities so that individually they choose how they best learn, demonstrate their learning and receive and give feedback, so that our curriculum is student-focused and learning oriented. I also believe that both educators and students should do personal reflection (of their teaching and learning styles) in order to assess themselves and their peers and provide direct feedback about their interactions. Effective communication is the most important aspect of any relationship, especially between teacher and student and is the foundation of the doctor-patient relationship. Clarity of expectations and goals and alignment of those with our content, teaching and assessment modalities is critical in order to assure that our students graduate with the requisite skills to be lifelong learners and scholars. I hope to role model and empower other faculty to work together to achieve our goals and our students to partner with each other to learn how to be a part of an effective team and promote the mission of our school.

**Example #20:**

**Philosophy of education and long term goals:**

I am passionate about medical education! From my direct teaching roles to my educational administration responsibilities, to my scholarship in teaching and learning, medical education is what keeps me going as a doctor. A fundamental reason I am an academic physician today is because of the great regard I have for the role of medical education in the development of model physicians. My own training was responsible for the kind of clinician, teacher and researcher that I am today. Yet it was less the formal curriculum, and more the superb educators I met along the way that account for who I have become. These mentors and role models taught me by example, tested my abilities and gave me feedback so that I might improve. A few principles that I believe guide my work each day are:

* The best teachers are flexible and reflective
* Encouraging curiosity is the single most important priority to me as a teacher
* Evaluation should be a part of my every endeavor and results of the evaluation can and should be used to bring about change
* We can demonstrate relevant outcomes in medical education research
* Assessments of clinical competency are critical to patient care and should not be seen as just an accreditation hurdle we have to conquer.
* The quality of collaborative work far exceeds what I can accomplish alone
* …and, as perfectly stated by Osler: “ the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.”

**Example #21:**

No bubble is so iridescent or floats longer than that blown by the successful teacher.

*Sir William Osler (1849-1919)*

Good teaching is a skill and art that can be enhanced in everyone, even the best of teachers. Exploration of our environment, the world, and acquisition of new information is what we have all done since birth. It is the joy of learning that embellishes our very existence and therefore the facilitation of that learning is a great privilege and responsibility for the educator.

I subscribe to the philosophy that teaching is what transpires with effective communication and interaction. It results in a behavioral change in the learner with the discovery of a new skill, technique, or acquisition of meaningful information. The classroom serves as only one of the possible locations where learning and teaching can take place. For me, the classroom has always been universal and diverse: at home, in the junior high school where I taught Russian language to underprivileged gifted teenagers, as a park ranger at the Grand Canyon facilitating the discovery of nature with international youngsters...

Today my teaching environment is still diverse, and the classroom can be the phone while speaking with a patient, at the bedside interacting with a health care team, a patient and her family, in the laboratory reviewing results, in the hallway chatting with one of the fellows, in the small group rooms or the lecture hall of the medical school, or on the Internet, responding to a medical student's question about glucose metabolism.

I take pride in striving to be an effective educator. My general goals as a teacher are to promote excitement in the student and cultivate a love for learning and teaching. This is an age of explosion of information and the goal for teaching and learning can no longer be the acquisition of facts or knowledge alone. The main goal is to be able to maintain the skills to retrieve information and to process information with critical thinking. Case-based learning which is a student-centered learning process, can promote the cultivation of these skills. These principles are very applicable for the trainee in medicine at any level, as diagnostic skills require problem-solving proficiency and integration.

I believe that a post-graduate curriculum and any scholarly program must follow educational principles and must define the methodologies to achieve its goals. I support interactive methods. They can be achieved even in a large group setting, as often occurs in a medical school lecture hall or a continuing education conference. Finally, a sound curriculum allows for evaluation of the student and of the curriculum.

One of my special goals in teaching medicine is to teach doctors to be better teachers. Historically, medicine was taught by apprenticeship, and in many ways this still occurs. The fellow trains the resident, who supervises the intern, who in turn teaches the medical student. It has been one of my aims to improve the teaching skills of our students, and I have implemented this in all of my interactions with students. The line between teacher and student often becomes indistinct. Cooperative, interactive experiences result in mastery for both teacher and student of a skill, a problem, or concept .

Diversity, problem-solving, opportunity, communication, and interaction are all ingredients necessary to promote effective learning and teaching. Creativity of the teacher, infectious enthusiasm, zeal, and resourcefulness enlighten and inspire the student to achieve the goals and achieve independence. This is what I strive for - and my greatest source of satisfaction and sense of accomplishment comes from observing that student, who in turn will illumine the spark in another learner, thus continuing the cycle of discovery and exploration.