

Candidate Statement / Teaching Philosophy for Promotion

I believe that students learn from their teachers as much based on what they see modeled as on what they hear taught. Therefore, I focus my teaching by trying to be a role model first.

I think about my teaching from two basic perspectives - the content and the process.

Content can be taught by acting as the primary source of information, or it can be taught by teaching students to learn how to access primary sources of information, and how to critically appraise it. Because my background is in clinical epidemiology, I feel it is important for students to access and appraise literature critically in order to be able to function independently as consultants. I focus my teaching on reviewing what the literature says, and then by discussing the strengths and limitations of the literature, and about what additional kind of research information is needed to better answer the clinical question we are addressing. To best teach adult learners, it is critical to ensure that information is relevant to them, and so I begin my teaching by asking learners about their background and clinical interests, and determining whether there are areas in which they feel there are gaps that they would like to fill.

Process is more difficult to teach. Process includes a variety of areas including: the process of how to run a clinic, the process of how to think through a problem, and the process of communicating with patients and their providers. As the clinical director of our Endocrine Program, I am able to provide insight to the students around the logistics of running a practice. I try to give a sample of LEAN processes and how we use them to students, to encourage them to think about efficient clinical practice. During patient clinical review, I focus on approach and on problem-solving as an approach to assisting patients.

Most importantly, I feel it is critical to teach excellent practice through role-modeling. Our students are largely intelligent and well-trained, particularly on the CanMEDS Scholar role. However, our students get less teaching on the other roles. Because I have expertise in advocacy, I focus on this role. In clinic we talk about opportunities to advocate for our patients. We delve deeper into 'difficult' patients to determine barriers for them and to help alleviate those barriers, rather than concluding that we are unable to help. We discuss approaches to facilitation of care and self-management of our patients, and the evidence of the effectiveness of self-management.

Because of my experience, I have decided to focus my curriculum development on advocacy training. I have supervised the Endocrinology fellows Advocacy Project (a required part of the fellowship) since 2009. I developed, in conjunction with Dr. Lisa Richardson, an undergraduate half day for 2nd year undergraduate medical students at the University of Toronto that includes didactic and practical workshop experience in creating an advocacy plan. Some of the students have proceeded to carry out their advocacy plans and we have them working with us to assist in training their junior colleagues. I encourage students to focus on passionate engagement with their chosen areas, as well as critical appraisal of the gap between what is needed and what is available in their communities. Dr. Richardson and I plan to extend this curriculum to postgraduate core medicine trainees in the near future and I have been invited to teach on this most recently at the McGill Medical School. Because I believe role

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modeling is key to attitudinal development in students, I continue to advocate and use selected examples to guide students as they plan their advocacy projects.

Although Sustained Excellence in Teaching does not require evidence of impact, I do believe that my work has had impact, both with respect to my clinical area of expertise (polycystic ovary syndrome, or PCOS) and with respect to my curriculum area of expertise (advocacy). Although PCOS significantly impacts the lives of an estimated 8-10% of women of reproductive age, there were no endocrinologists specialized in PCOS. As such, essentially all of the trainees in endocrinology since 2004 have received their PCOS training either through me, or through newer staff who were in turn trained by me. Many of those individuals continue to consult with me both formally and informally for advice regarding PCOS management. Fellows in reproductive endocrinology and infertility (a subspecialty of obstetrics and gynecology) rotate through my practice for 2 months. All have indicated that this is their main opportunity to get training in reproductive endocrinology (their training focuses on infertility). There has been a change in the clinical environment from one in which PCOS was largely ignored in the community (to the frustration of women who often came from out of province to see me), to one in which women's concerns are both validated and managed. I believe that I am recognized nationally as the leading expert in PCOS.

With respect to advocacy, I feel that in the Division of Endocrinology we have significantly improved awareness of the need to advocate, and confidence in the ability to advocate for patients. We have also, through these projects, impacted positively on patients' lives. Advocacy projects have been evidence-based, to support the concept that advocacy is not separate from science, and is in fact most effective when the outcomes which are advocated are supported by data. Projects have included diabetes outreach to patients with severe mental health issues (the project was extended, and Dr. Jeannette Goguen continues to provide this clinical outreach which began as a student advocacy project), social policy advocacy for children with Type 1 diabetes, and the current students plan to provide endocrine support to the Crossroads Clinic (a new refugee clinic recently started at Women's College Hospital). My goal is to empower and excite new physicians to feel that their medical expertise makes them particularly well-positioned to work to affect issues of social justice.