

## Non-Research Training Curriculum

An important objective of the Research Track in the FM-GIM Academic Fellowship Program is to maximize the amount of time the trainee devotes to research training. However, we believe that research-oriented faculty also need some non-research training during their fellowship in (1) *pedagogical skills* and (2) *management skills*. Fellows rarely have had formal training in teaching methods or have had supervised teaching experiences prior to their fellowship. At a minimum, a successful investigator has responsibility, to train the investigators of the future. Many will also be engaged in some clinical teaching or supervision during their careers. It is also important to learn management skills such as personal time and work management, project and staff management, program administration, and budget preparation and financial management. Thus, the need to protect the research-oriented trainee's time so that he or she can pursue research and research training should be balanced against the value of training in teaching and management methods. This can be adequately served in the Program by a time commitment of not more than 10% to the development of pedagogic and management skills. The pedagogical skills and management training are described in the following sections.

**Training in Teaching Methods:** Training in clinical teaching methods is an important component of the Program. This curriculum was introduced into the Program in 1989 and consists of (1) a core twice a month seminar on teaching methods, and (2) teaching practicums in which fellows perform supervised teaching. These are described below.

**Teaching Methods Seminar:** Fellows currently meet for two-hours twice a month in seminars to learn methods in clinical teaching, applicable to a variety of clinical settings (ambulatory, acute care hospital and long-term care), and settings (one-on-one supervision, small group discussion and lectures), and to research teaching (also one-on-one supervision, small groups and lectures). Dr. Orlander runs this seminar. These methods are applicable to a variety of types of students (medical students, residents, fellows, practicing and academic physicians, and non-physician professionals). Table 18 (on page 61) contains a list of the topics the fellows cover in the seminars. For each topic listed in the Table, there is a reading list for the fellows. They are expected to read core materials prior to each session. The topics covered in the teaching seminar are covered over a two-year cycle except for key topics like soliciting and giving feedback, which are covered yearly. Fellows participate in both years of their fellowship.

**Supervised Teaching: The Practicums:** The practical teaching training takes advantage of pedagogical training taking place in various clinical sites in the FM and GIM section. The teaching practicums for GIM fellows take place at the Boston VAMC and BMC and for FM fellows in FM clinics at BMC and two affiliated CHCs. These practicums involve supervision of one-on-one teaching of medical residents by the fellow. Each ambulatory, primary care practicum is six months, with the fellow engaged in supervised teaching one half day per week with the same supervisor. The format for all practicums is the same. For the first few teaching sessions of the practicum, the fellow observes the faculty person teaching, but gradually takes over the role of teacher. The fellow teaches alone but is observed by the faculty who comments on each teaching episode or session. The focus of the faculty-fellow interactions is to review the fellow's

observational skills, motivational techniques, pacing of teaching and effective use of teaching methods (such as brainstorming, role-play, use of iterative hypothesis testing, giving feedback). In addition, each ambulatory care session has a 30-60 minute didactic portion that covers an important topic in ambulatory and primary care. The fellow leads the sessions under faculty observation on the days he/she has his/her practicum. During the practicum, the fellow reads a text (*The Physician as Teacher*, by Schwenk and Whitman) and articles from medical and educational literature.

There are also elective teaching practicums in inpatient attending and medical student teaching, including courses for Medical Interviewing, Physical Diagnosis and Integrated Problem Solving (a seminar course that uses patient cases to illustrate issues in patient care and the application of biomedical knowledge to patient care). Only the six month ambulatory/primary care practicum is required for Research Track Fellows. Education Track fellows do at least two ambulatory/primary care and two inpatient attending rounds practicums with different preceptors to learn the teaching styles of different faculty.

**TABLE 18. CLINICAL TEACHING METHODS SEMINAR SESSIONS**

Session #	Topic
1.	Overview of Seminar Curriculum, Organization and Objectives; Principles of Adult Learning; How the Professional Learns
2.	The Characteristics of Teachers and Students; The Seven Components of Good Teaching
3.	Review of Teaching Techniques: Brainstorming, Demonstration, Role-Playing, Socratic Method, Iterative Approach, Using Cases, Using the Media
4.	Review of the Cognitive Processes Involved in Clinical Reasoning: Implications for Teaching Problem Solving
5.	Motivational Techniques
6.	Role Modeling
7.	The Role of Interpersonal Skills and Group Dynamics in Teaching
8.	Giving Feedback/The Problem House Officer
9.	Formative and Summative Evaluation
10.	Teaching in Ambulatory Care
11.	Bedside Teaching
12.	Research Teaching