

I've always said that if I was not a doctor, I'd be a teacher. Truth is, I have been fortunate enough to do both. What we do as doctors is interesting, valuable and meaningful. While the volume of information needed to become a physician is vast, each concept is not complex. Our culture has placed physicians on a pedestal, as if the training is possible only for the especially gifted. This stereotype, along with the arduous admissions process for medical school, contributes to the concept that a student must be 'perfect' to be successful in our field. This idea of perfection is unrealistic and unattainable, leading to burn-out, feelings of inadequacy and the infamous 'Imposter Syndrome'.

In all of teaching roles, I have tried to de-mystify the training process and remind students that doctors are just people. I believe that teaching needs to begin at the level of the student, with an assessment of prior knowledge. Through asking questions and interacting with the students, I always try to assess where we are beginning our journey of learning. To accomplish a valid assessment, the classroom must be a safe space where it is 'OK' to be wrong, 'OK' to ask a question, and 'OK' to need help. Once students see the classroom as a safe space, they have the confidence needed to fill in missing gaps. A student who feels confused is missing a piece of information necessary to move to the next stage of learning. I aim to teach the learner to identify that missing piece, with the confidence that they can conquer the material, rather than assume that they lack the ability.

I believe that behavior should be modeled – especially in a professional school. In medical school, we are teaching academics alongside tenets of professionalism. Our students will be successful if they understand what is expected of them, and they can understand what is expected of them if they see it modeled by their faculty. Being a professional in a classroom entails controlling my emotions and treating each learner with respect. I do my best to model professional communication in the classroom, in the building and through electronic communication. It is critical that our learners be evaluated in terms of their professionalism, and they must have opportunities to receive feedback regarding their professional behaviors. Without this feedback, they cannot improve.

Lastly, I aim to teach students that taking care of people is a complex, beautiful gift. Patients come to us with symptoms, life situations and strongly held beliefs. The treatment of patients entails far more than the ability to diagnose illness – one must be able to communicate a plan and ensure that the plan is acceptable/feasible/understandable to the patient. The best physicians excel at diagnosing as well as communicating, and we must foster the emotional intelligence of our learners. The ability to build relationships is critical to both functional care teams and strong physician/patient encounters. In the clinical space, as a Family Physician, I model the skills to create and highlight the benefits of such relationships.

I am at a point in my career where my administrative time far outweighs my teaching time. While I thought I would miss out on teaching, I find that I continue to be able to educate. I teach other faculty how to model the behaviors above and foster what we wish to see in our learners. In my role with our students, I have a huge opportunity to model and educate regarding professional behavior. An administrative role offers a larger reach with higher stakes and more responsibility. I am humbled at the opportunity to serve.