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[Teaching Philosophy]

Although any learner-centered teaching philosophy, or Boyer Model of scholarship, is constantly in flux, the mission of a public or private educator is: [1] to promote positive learning; [2] to motivate students, staff and graduates; [3] to provide a strong foundation for lifelong learning; and in modernity [4] to enhance career and life-work opportunities; to [5] improve bottom-line financial metrics, and [6] to collaborate on a national and global basis.

However, because we are specifically operating in the rapidly changing healthcare and education milieu, even deeper experiential insight is needed.

DEVELOPING NEW TEACHING AND EDUCATION SKILLS FOR HEALTHCARE 2.0

Medicine today is different than a generation ago, and all educators and healthcare professionals need new skills to be successful. Traditionally, the physician - like the classroom professor - was viewed as the "captain of the ship". Today, their role may be more akin to a ship's navigator, utilizing clinical, teaching skills and knowledge to chart the patient's, or student's, course through a confusing morass of requirements, choices, rules and regulations to achieve the best attainable clinical or didactic outcomes.

This new teaching paradigm includes many classic business school principles, now modified to fit the PP-ACA, the era of health reform, and modern technical connectivity. Thus, a Professor, Chair or Dean must be a *subtle guide on the side; not bombastic sage on the stage.* These, newer teaching philosophies must include:

•Negotiation - working to optimize appropriate curricula, services and materials;

•**Team play** - working in concert with others to coordinate education delivery within a clinically appropriate and cost-effective framework;

•Working within the limits of competence - avoiding the pitfalls of the generalist teacher versus the subject matter expert that may restrict access to professors, texts and facilities by clearly acknowledging when a higher degree of didactic service is needed on behalf of the student;

•Respecting different cultures and values - inherent in the support of the academic *Principle of Autonomy* is the acceptance of values that may differ from one's own. As the US becomes more culturally heterogeneous, educators and medical providers are called upon to work within, and respect, the socio-cultural and/or spiritual framework of patients, students and their families;

•Seeking clarity on what constitutes marginal education - within a system of finite resources; providers and professors are called upon to openly communicate with students and patients regarding access to marginal education and/or treatments.

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•Supporting evidence-based practice – educators, like healthcare providers, should utilize outcomes data to reduce variation in treatments and curriculum to achieve higher academic efficiencies and improved care delivery;

•Fostering transparency and openness in communications – teachers and healthcare professionals should be willing, and prepared, to discuss all aspects of care and academic andragogy; especially when disclosing problems or issues that arise;

•Exercising decision-making flexibility - treatment algorithms, templates and teaching pathways are useful tools when used within their scope; but providers and professors must have the authority to adjust the plan if circumstances warrant;

•Becoming skilled in the art of listening and interpreting -- In her ground-breaking book, *Narrative Ethics: Honoring the Stories of Illness*, Rita Charon, MD PhD, a professor at Columbia University, writes of the extraordinary value of using the patient's personal story in the treatment plan. She notes that, *"medicine practiced with narrative competence will more ably recognize patients and diseases; convey knowledge and regard, join humbly with colleagues, and accompany patients and their families through ordeals of illness."* In many ways, attention to narrative returns medicine full circle to the compassionate and caring foundations of the patient-physician relationship.

The educational analog to this book is, The Ethics of Teaching [A Casebook], co-edited by my teacher and colleague Deborah Ware Balogh PhD of the University of Indianapolis.

Finally, these thoughts represent only a handful of examples to illustrate the myriad of new skills that tomorrow's healthcare professionals, and modern educators, must master in order to meet their timeless professional obligations of compassionate patient care and contemporary teaching effectiveness.

Respectfully submitted, David Edward Marcinko

