

Self-assessment - Somnath Mookherjee, MD

As a faculty member on the University of Washington School of Medicine Clinician-Educator pathway, I can say without hesitation that I did not begin my career as a “natural teacher.” After completing medical school and Internal Medicine residency training at the University of Washington, my first faculty position was as an academic hospitalist. In this role I cared for hospitalized patients while simultaneously training medical students and residents. I often reflect on what trainees said about my teaching in those early days: “very detail oriented” (this is code for “micro-managing young attending who does not give trainees enough autonomy”) and “sometimes hard to read” (a polite way of saying “gives ineffective and unhelpful feedback”). Along the same lines, some of my early evaluation scores quickly caught my attention when I realized that they were lower than average. I took this feedback to heart and realized that if I was going to reach my goal of becoming an excellent teacher, I needed to actively and purposefully take steps to improve. This effort to improve my own teaching has succeeded and has also informed the core of my scholarly work: discovering and disseminating optimal practices in medical education.

First, regarding my own teaching: I have made concerted efforts to improve my skills and knowledge throughout my career. After a year at UW as a hospitalist, I went on to complete an Academic Hospital Medicine Fellowship at the University of California, San Francisco (UCSF). There I learned research design and the principles of medical education. After this fellowship, I joined the UCSF faculty as an Assistant Professor in the Division of Hospital Medicine (DHM). While at UCSF, I participated in the Stanford Faculty Development Program (SFDP) Clinical Teaching seminar series. This training has been incredibly influential on my teaching practices as well as my scholarly work. The SFDP emphasizes the importance of using effective “teaching behaviors” to maximize the learning of trainees. Rather than an intangible, subjective approach to teaching, the SFDP provides a structured, objective framework allowing teachers to make specific, incremental changes in technique to improve learning. I found this framework to ring true with my own experiences. During my time at UCSF, I was selected to join the Teaching Scholars Program. This year-long program supports the development of Clinician-Educators into educational leaders and scholars; it has been invaluable in my career development. Since returning to the University of Washington, I continue to strive to improve my medical education skills: I am presently participating in the American Association of Medical Colleges Medical Education Research Certificate program.

As a result of these efforts, my evaluations quickly and steadily improved. I am now considered to be among the top teachers in our group. For example, a learner at UCSF wrote, “Dr. Mookherjee was an incredible physician-teacher” I am proud of a more recent comment from a UW student, “Dr. Mookherjee is a stellar physician-educator. His obvious love for teaching contributes to his excellence....” Validating the effort I have undertaken to not be overly “detail-oriented,” a UW resident wrote, “He provided a great balance of support/autonomy....” My evaluation scores have similarly risen to the highest levels; I am extremely proud of these assessments of my teaching, and of the effort I made to achieve them.

My quest to improve my teaching is intertwined with my scholarly work: determining the best educational practices in training the next generation of physicians. I have developed, evaluated, and disseminated curricula in physical examination and quality improvement, written reviews on best practices in physical examination education, used a randomized controlled trial to examine resident education in systems-based practice, and described how to create competency-based blueprints for objective structured clinical examinations. In addition to these peer-reviewed products, I have written several book chapters, co-edited or co-authored four books, and given dozens of local, regional, and national talks, workshops, and abstract presentations. Yet, I am proudest of a project which was neither peer reviewed nor an invited presentation: the "Handbook of Clinical Teaching." I conceived of this book as a way to fill the need for a concise, practical, just-in-time resource to help clinical teachers bolster their teaching. Once again, I sought to emphasize the importance of specific words and actions that teachers can use to provide optimal teaching. Thanks to a partnership with my co-editor Dr. Ellen Cosgrove, and the expert contributions of 37 authors, this book is currently in press and I am confident it will be the most widely read and enduring project that I have initiated to date.

Over time, I have come to realize that the most effective educational interventions are highly educator dependent, and faculty development in clinical teaching will likely have the most impact on the greatest number of future physicians. Therefore, my major area of focus has become developing best practices in faculty development. At UCSF I co-directed the Faculty Development Program for the DHM, and among other projects developed and evaluated a program for peer observation and feedback of clinical teaching. The paper reporting this project was recognized as one of the top twenty-five medical education papers of the year at the 2014 Society of Hospital Medicine annual meeting. After three years as Assistant Professor at UCSF, I returned to UW and proposed the creation of a faculty development program for my clinical group. With the support of my colleagues and divisional leadership, this has been an extremely successful endeavor, and is now expanding to include the over 200 faculty in the entire Division.

Reflecting on my 8 years in practice as a Clinician-Educator, I am satisfied with what I have accomplished. I took a constructive approach to a challenge I faced very early in my career, and transformed it into an academic niche that furthers the field of medical education and provides a helpful career development service to other faculty. Looking forward, I have two major goals. First, I wish to continue to investigate best methods in faculty development and create a nationally recognized model for faculty development that provides the clinical, educational, and research skills needed for academic success and career satisfaction. Second, I want to stay anchored in what motivated me in the first place: to become an excellent teacher. I must prioritize direct teaching of students and residents and take opportunities to teach even when time is limited. Investigating best practices in teaching and teaching others about teaching is enormously satisfying, but ultimately, active and consistent engagement in direct teaching of trainees will remain the core of my professional identity. I look forward to meeting these new challenges in the years ahead.