

A PASSION FOR KNOWLEDGE

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Dr. Lori Whitehead and Dr. Azim Gangji: Innovation in Education

If you ask Dr. Lori Whitehead about the most valuable skills students can acquire, she won't point to a specific lesson or hands-on experience.

Instead, Dr. Whitehead – the director of the Internal Medicine Residency Program – says some of the most valuable things students can learn at McMaster are innovation, creativity, and flexibility.

“We teach them about the importance of creative thinking. We try to do that at McMaster with our learners, but it threads through the entire university,” Whitehead said.

Dr. Whitehead's work as director of the Internal Medicine Residency Program focuses on seeing 118 postgraduate students through the intensive, three-year stretch after medical school that allows students to hone their skills and zero in on a specialty.

Under Dr. Whitehead's tenure, one of the most exciting innovations to come to McMaster's residency program has been a new model of learning called reflective practice. This method, which stems from new teaching guidelines from the Royal College of Physicians, encourages residents to set goals, focus on their progress, and – along with the help and mentorship of academic advisors – seek advice and encouragement if they run into roadblocks along the way.

Dr. Whitehead says the move to the reflective practice model “has been a

bit of a culture change for residents.”

“I believe that what we've done is sort of inspired our residents to look at how reflective practice is a technique for lifelong learning and self-assessment,” she said. “Lifelong learning very important to a physician. If you don't keep up with your learning and the trends in medicine you're not going to provide best practices.”

This type of self-reflection can also be useful to residents when it comes to meeting the intense demands of balancing learning with their clinical schedules. Residents can spend 10 to 12 hours a day seeing patients, but are still required to complete their academic and research work – a schedule that can become grueling and overwhelming, Dr. Whitehead points out.

“Residents need to recognize when they're directly working with patients they need to take advantage of every opportunity to learn on the job,” she said. “They should reflect on, “Even though I was busy and I ran around all day doing a hundred things, I kind of learned these different things.” I think they need to keep their eye on that ball.”

Ultimately, self-knowledge – including understanding how to balance work with personal time and to seek support

when they're feeling overwhelmed – makes residents into better doctors, Whitehead says. Each student brings their own ideas and passions to their experiences as a resident.

“If someone is passionate about a certain subject matter or a project, they will probably get more traction from that -- even if initially the idea sounds like it may not be as high a priority as something else,” she said. “But if a learner or a physician has passion and sees the need for something, and it does have merit, it's my job to inspire that resident to follow their dreams and to follow their passion – because that's going to make them happy, give them a lot of satisfaction, and teach them about the importance of creative thinking.”

Just as Dr. Whitehead has ushered in new teaching models and philosophies as the director of the Internal Medicine Residency Program, Dr. Azim Gangji, the director of the Nephrology and Transplant Fellowship Program and the Vice President of Education at St. Joseph's Healthcare Hamilton, has introduced various innovative programs for internal medicine residents.

One of Dr. Gangji's biggest innovations in teaching was introducing a case-based learning curriculum for internal medicine residents along with



Photo taken pre-COVID



Dr. Ted Xenodemetropolous, the first one of its kind in the country. This means that instead of learning in a lecture-based format, McMaster residents break into smaller groups and learn by reviewing specific scenarios that mirror real-world examples.

Dr. Gangji says that this model not only develops medical expertise, but also allows residents to build skills as collaborators, communicators, leaders, health advocates, scholars, and professionals (roles that are laid out by the Royal College of Physicians as part of the CanMEDS framework). This hands-on learning and collaboration has led to residents gaining a more well-rounded, contextualized understanding of the material, Dr. Gangji says.

“As opposed to the traditional lecture-based style, which is more passive learning, case-based learning is more active learning and the residents participate and are encouraged to problem solve and address not only the medical aspects of the case but to address the patient’s overall issues,” he said.

“We always practice as a team, and the idea was to recognize that when you’re working in a team, you’re learning as a team as well – as opposed to lecture-based model, where information is just fed to you and you’re not necessarily taking it in.”

Since its inception, Dr. Gangji’s case-based learning curriculum continues to involve, including incorporating standardized patients.

But Dr. Gangji says his true legacy of innovation in education lies with the

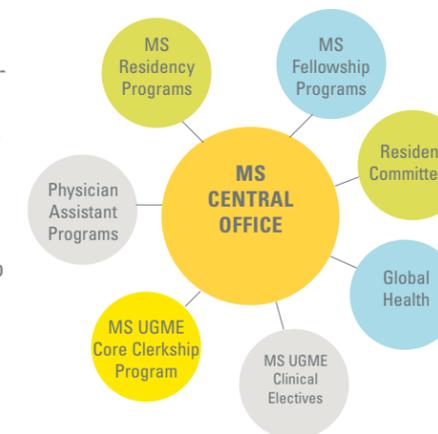
incorporation of a Medical Specialties Central Office structure, which brought the 18 individual medical specialty residency programs and 51 fellowships under one umbrella in the Department of Medicine.

Dr. Gangji identified the need for a centralized hub to manage a range of programs through his leadership roles, which at one point ranged from overseeing undergraduate clerkships through to fellowship programs. He noticed that some programs were “have” programs, while others were “have nots” lacking human resources and basic financial supports.

“It really kind of harmonized these programs, enhanced efficiencies, and made sure the programs were well-resourced,” he said. “The idea is to bring about unity and innovation.”

Throughout his work enhancing, modifying, and transforming education systems, it’s the concept of collaboration and partnership that drives Dr. Gangji.

“My theme always is to work together as a team, and to develop more harmony and build structure to enhance efficiencies,” he said. “The legacy of building unity is really important to me.” ■



Creating a centralized office structure allowed funding to be provided fairly between divisional residency programs, allowed for consistency in administrative staff, promoted collaboration between programs and furthered residency education by instituting a combined medical specialties academic half day as well as social and wellness committees.

Photo taken pre-COVID