Teaching Philosophy
Dr. Sarah McBane, Family Medicine Preceptor, UCSD
A Teaching Philosophy is a self-reflective statement of your beliefs about teaching and learning that describes your values and ideas, discusses what you aspire to achieve, and justifies your teaching methods. You can include your teaching philosophy in your academic dossier and it can help you reflect on and improve your teaching. Teaching philosophies vary in length, but are usually concise, about 1 to 2 pages. They are in narrative form and are living documents, as they evolve along with your teaching experiences. Some questions to consider when developing your own teaching philosophy include the following: 1) What is the role of my teaching philosophy, 2) What is my motivation in teaching, 3) What outcomes do I expect of my teaching, 4) Under what opportunities and constraints do I learn and do others learn, and 5) How do I measure successful teaching?

Grading & Evaluation Guidelines
Dr. James Colbert, Assistant Dean for Experiential Education, SSPPS
Students are evaluated in four distinct areas: 1) Data collection and Interpretive Skills Drug Therapy, 2) Critique and Planning, 3) Communication and Professional Behavior, and 4) Performance in Clinical Setting. At the end of week three, the student initiates a midpoint evaluation with the preceptor. The midpoint is a self-evaluation with preceptor feedback on performance. At the end of the block, the student is rated by the preceptor on a scale of 1 to 5 on the summative evaluation. In order to pass the rotation, the student must average 3.0 or higher across all the categories. If the student is struggling and/or failing, the preceptor is encouraged to contact the OEE for help in working with the student. The OEE’s goal is to be your partner in education.

How to use a Language Interpreter
Aide Gomez, BA, Instructor, Medical Spanish and Cultural Competency, SOM
Sixty percent of California households as of the year 2000 are categorized as “English Only” households. In the remaining 40 percent, a wide variety of other languages are spoken in addition to English, including Spanish, Chinese, and Tagalog. Because of this diversity, knowing how to work with a language interpreter in the pharmacy environment is extremely important. In order to reduce the number of medical errors and inappropriate editorializing, be sure to select an interpreter who is state certified as a medical interpreter rather than just anyone in the hospital who happens to speak the language you need (including the patient’s family members). Interpreters adhere to a strict code of ethics, ensuring patient confidentiality, respect for patients and families, and a teamwork approach with the healthcare providers. Interpreters can play a variety of roles depending on the situation; as a conduit, they interpret word for word what is being said; as clarifier, they explain terms that have no linguistic equivalent and check for understanding; as culture broker, they provide a cultural framework for understanding the message; and as advocate, they take action on behalf of the patient to ensure not only quality of communication, but quality of care. Healthcare providers should, when possible, meet briefly with the interpreter beforehand to explain the reason for the consultation with the patient. They should speak at a moderate pace using the same terminology as they would with English-speaking patients and provide definitions of medical terminology when appropriate. Following these guidelines will help to ensure proper patient care and improve the patient-provider relationship.