

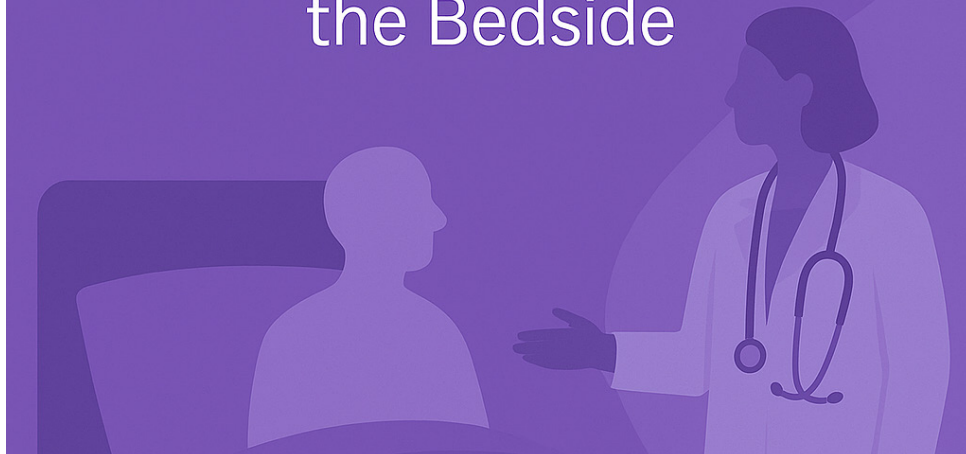


Shapiro Institute

BETH ISRAEL DEACONESS MEDICAL CENTER
HARVARD MEDICAL SCHOOL

Core Faculty for Medical Students

Enhancing Teaching at
the Bedside



Newsletter
December 2025

LETTER FROM THE EXECUTIVE DIRECTOR

The clinical education of a medical student is increasingly challenged by the medical and technological era in which we live and work. Following 18 months of largely classroom work in which students learn the foundational concepts of human biology as well as the thinking skills (focusing on inductive reasoning from core principles) necessary for clinical reasoning, students spend 12 months dedicated to 7 clinical specialties (medicine, surgery, pediatrics, obstetrics and gynecology, neurology, radiology, and psychiatry). Students spend time on clinical units, in the operating room, radiology suits and ambulatory settings.



The pedagogical approach is largely “learning while doing,” although formal didactic sessions are part of the weekly schedule for students as well. Much of the teaching is done in the context of providing clinical care – the distinction between “service” and “learning,” too often raised as a problem in medical education when patient responsibilities are heavy, is somewhat artificial; one learns medicine by doing clinical care.

Much of this clinical learning is done at the bedside where students hone their skills in acquiring a history, performing a physical exam, evaluating laboratory data, and then synthesizing all this information to reason toward diagnoses and the formulation of treatment plans. To be successful, however, this “on the job” education is highly dependent on observation of and feedback to the student by housestaff and faculty - therein lies a major challenge.

Our interns, residents and supervising faculty, who work most closely with the medical students, are increasingly occupied with the myriad demands of clinical medicine in 2025, from placing orders to checking on results to communicating with consultants and patient families, to scheduling appointments. The reduction in duty hours for trainees and students and increasingly fragmented housestaff shifts

further complicates the education environment. Consequently, clinical students have not been consistently getting observations of and feedback on their interactions with patients. As a result, there have been growing concerns about the acquisition of necessary skills by our students.

To address this problem, Harvard Medical School introduced a new program during the primary clinical year (Principal Clinical Experience or PCE) – a “core faculty.” The individuals who have taken on the role of core faculty are selected for their teaching abilities and clinical skills and for their dedication to clinical learning which, in the ideal, is linked to and builds upon the classroom work of the first 18 months of medical school. The core faculty have dedicated time to work individually with students, to watch them interact with patients, to do physical exams, to reason about the laboratory results. In the ideal, they connect the dots with content learned in the classroom courses, a process termed “vertical integration” of the curriculum. We want our students to know not just “what” to do, but “why” they are doing it.

While all core faculty engage in professional development activities at Harvard Medical School to prepare them for this role, we at the BIDMC go farther. With the assistance of the BIDMC Associate Dean for Undergraduate Medical Education and PCE Director, Dr. Alex Hovaguimian, and our Director of Faculty Development, Dr. Nicole Dubosh, the Shapiro Institute has been providing additional learning opportunities for the BIDMC core faculty to enhance, in particular, the teaching and assessment of physical exam skills, critical thinking abilities, and doctor-patient communication in our students.

This is a new program and still evolving. We have greatly appreciated the work and dedication of the first cohort of core faculty and the cooperation of the Department Chairs in launching the Core Faculty initiative.

- Richard M. Schwartzstein, MD

Strengthening Clinical Education Through Dedicated Teaching Faculty

By Sara Fazio, MD and Alex Hovaguimian, MD

The PCE Core Faculty are dedicated student educators integrated into each of the required core clerkships. They support students' clinical learning and development through direct observation, feedback, and longitudinal assessment, and provide hands-on guidance in developing students' clinical competencies, skills, and knowledge within individual clerkships. These positions are designed to significantly enhance the clinical education and growth of students during the PCE year.

The initiative grew out of a realization that there was a need for reform in the core clerkship year. The clerkships represent a transformative experience in a medical student's education, where the foundational principles of clinical practice come alive, but the structure of clinical education has not kept pace with wholesale changes in the care delivery system.¹ The Carnegie Report in 2010 highlighted the need for integration of basic science, exposure to illness over time, as well as assessment of competencies geared to standardized learning outcomes.² At the same time, recruitment and retention of clinical faculty has become increasingly difficult across academic medicine. Patient volume and acuity is higher, and revenues have declined while physician workload has increased. The learning environment is strained, and rewards for educators are limited. Students often lack authentic roles in patient care. In addition, assessment of clinical skills and student professionalism is often limited by a lack of meaningful faculty-student interactions.³

The core faculty initiative was designed to address these challenges by providing meaningful relationships with additional faculty whose sole focus is student teaching, as well as dedicated opportunities for direct observation and feedback to enhance clinical development and longitudinal assessment. In addition, it was our intention to develop a robust community of educators that would serve as a springboard for career development. At the individual clerkship level, the effort was designed to strengthen clinical teaching, encourage innovation, and improve the overall learning environment.



Sara Fazio, MD



Alex Hovaguimian, MD

In 2022, using funding from an HMS Dean's Initiative in Education, a project manager was hired, and a vision was developed for a core faculty model as well as a timeline for deployment. Through 2023, the PCE Reform Committee worked with the clerkship committees to create discipline-specific core faculty proposals with support from the Dean for Medical Education, culminating with a proposal and funding request made to the Dean's office. In the Spring of 2024, under the visionary leadership of Dean Bernard Chang in partnership with Dean George Daly, HMS secured the funding necessary to bring this initiative to fruition. The funding would support a cadre of teaching faculty in each core clerkship discipline across the HMS teaching hospitals. With this funding, the school would be able to offer meaningful support to these educators, along with protected time.

Over the ensuing summer and fall, the RFA and job descriptions were developed. Nearly 200 faculty applications were received, demonstrating high interest and engagement across clinical sites. A rigorous review and competitive selection process identified 80 core faculty members who represent a diverse group of clinical educators committed to excellence in teaching and mentorship. In January 2025, the PCE Core Faculty initiative launched with the Pathways class entering clinical clerkships. Faculty development efforts have focused on level setting, coaching, clerkship planning, clinical reasoning, feedback, surgical/procedural teaching, patient centered documentation, and assessment.

Continued on next page

HMS CORE FACULTY INITIATIVE

There are eight core clerkships in the PCE, and the core faculty are utilized heterogeneously across these specialties. Their responsibilities are designed to be discipline-specific allowing for important differences between clinical contexts. The number of core faculty varies also by specialty, depending upon relative clerkship duration:

Specialty	-	# Core Faculty
Primary Care	–	2
Internal Medicine	–	6
Surgery	–	6
OB/GYN	–	3
Pediatrics	–	3
Psychiatry	–	2
Radiology	–	2
Neurology	–	2

Since the inception of the core faculty program at BIDMC, these educators have been instrumental not only in the support of the students but also of the clerkship directors, faculty, and residents. The feedback from students has been overwhelmingly positive across clerkships, as illustrated by these representative student quotes:

“I feel that the core faculty greatly enhanced my experience by providing continuity with a single faculty member who was able to facilitate my growth at different stages of the clerkship and tailor feedback to my learning goals and progress.”- OB/GYN

“I really appreciated the opportunity to have both one-on-one and group-based core faculty didactics that allowed for learning in a smaller environment.”- Internal Medicine

“Wonderful! The core faculty model here was being embedded in a precepted clinic which I felt super prepared for and was a really great experience in terms of helping me think through the differential and feel supported in practicing my exam.” -Neurology

“My core faculty advisor was incredible! He was very caring and gave ample opportunities for me to learn. He also generated various spaces to provide constructive feedback.”- Surgery

“Constructive, clear, and actionable. It was very helpful to have longitudinal touch points with my Core Faculty member to track my progress over the course of the rotation.”-Psychiatry

Additionally, we have already seen the core faculty model serving as a means of career development. As anticipated, two core faculty at BIDMC have transitioned out of their roles into new leadership positions. The number of applications for these vacancies was much greater than experienced with the initial recruitment phase. Another of the BIDMC core faculty members has been promoted to associate clerkship director, demonstrating the potential for career development in the educator track.

As with all educational initiatives, the core faculty program is evolving. There are specialty specific plans to enhance the roles for the coming academic years and both HMS and the Shapiro Institute are providing ongoing faculty development. Multiple faculty members are currently participating in programmatic assessment, which will lead to scholarship and further academic advancement.

This program would not exist without the leadership and vision of Dr. Bernard Chang, the faculty drivers from the initial PCE Reform Committee (Dr. Sara Fazio, Dr. Erik Alexander, Dr. Meredith Atkins, Dr. Alberto Puig and Dr. Katie O'Donnell), and the incredible hard work of the HMS teams that supported its inception. We would like to offer a special recognition and thanks to the BIDMC clerkship directors who developed the core faculty programs for their curricula, recruited and trained the faculty, and continue to lead this important initiative within their clerkships. The BIDMC PCE is incredibly grateful to everyone for their commitment to our students, faculty, and our educational mission.

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1. Klamen DL, Williams R, Hingle S. Getting Real: Aligning the Learning Needs of Clerkship Students With the Current Clinical Environment. Acad Med. 2019 Jan(1):53-58.
2. Irby, David M. „Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010“ Acad Med. 2010 Feb; 85(2): 220-227.
3. Holmboe ES. Faculty and the Observation of Trainees' Clinical Skills: Problems and Opportunities. Acad Med. 2004 Jan(1):16-22.



The power of qualitative methods for medical education research

In medical education, we often talk about the value of quantitative methods, especially when measuring learning or educational outcomes. But numbers alone can't tell us how learners or educators experience a curriculum, workshop, or training, or why an educational intervention does or doesn't work. This is where qualitative research comes in.

Qualitative methods help us uncover the more nuanced factors that shape teaching and learning in medicine - for example, how medical students describe their learning through interprofessional interactions in their clinical clerkships,¹ or how faculty who serve as coaches describe the personal and professional impact of longitudinal coaching relationships with learners.²

If you're interested in getting started with qualitative research, a few foundational steps can guide your process:

- Begin with an exploratory question. For example: How do residents perceive the impact of simulation-based training on professional identity formation?
- Conduct a targeted literature review to see how others have approached similar topics and to identify where there are still gaps to be addressed.
- Select methods that fit your question, such as one-to-one interviews for exploring individual experiences, focus groups for understanding shared perspectives and group dynamics, observations of interactions in clinical settings, and/or qualitative analysis of existing data, such as course evaluations.

- Choose an analytic approach that aligns with your question - for example, thematic analysis, framework analysis, or phenomenology.

As an example of current work underway by faculty at BIDMC, Michelle Silver, MD, an internal medicine attending, is leading an evaluation of her Narrative Medicine curriculum through one-to-one interviews and surveys with participating residents. Dr. Silver and her team are exploring whether and how the program has impacted residents' sense of professionalism, relationships with other residents, and clinical care for patients. Through the Shapiro Institute Office of Research Consultation Program, Dr. Silver received guidance in best practices for creating interview guides and conducting and analyzing qualitative data. As Dr. Silver reflected:

"Qualitative methods provide a richer analysis of my narrative medicine curriculum. The medical humanities are challenging to study, and using this approach allows for a nuanced and holistic appreciation that would not be captured in a survey or more objective format. Consulting with the Shapiro Institute was essential in helping me develop this new skillset."

There are many excellent books and articles that can guide you in getting started in qualitative research. We have provided a reference to one article that provides a brief overview of the steps described above.³ You can also make an appointment for a research consultation with the Shapiro Institute Office of Research for help with your qualitative design, research questions, and/or analysis.

If you're interested in scheduling a consultation, please reach out to Johannah at jmitch12@bidmc.harvard.edu or visit our website at: www.shapiroinstitute.org/education-research

References:

1. Miller, Kelsey A. MD, EdM; Barker, Andrea M. PA-C; de Bruin, Anique B.H. PhD; Ilgen, Jonathan S. MD, PhD; Stalmeijer, Renée E. PhD. Exploring Medical Students' Learning Through Interprofessional Interactions in Clinical Clerkships: A Qualitative Analysis. *Academic Medicine* 100(11):p e24-e32, November 2025.
2. Blanco, Maria A. EdD; Boehm, Lauren MD; Hayes, Victoria MD. Coaching Learners During Medical School Training: Faculty Reflections on the Coaching Experience. *Academic Medicine* 100(9):p 1074-1079, September 2025.
3. Cristancho SM, Goldszmidt M, Lingard L, Watling C. Qualitative research essentials for medical education. *Singapore Med J*. 2018 Dec;59(12):622-627. doi: 10.11622/smedj.2018093. Epub 2018 Jul 16.

Welcome New GME Program Directors

Fourie Bezuidenhout, M.B.,Ch.B.
Abdominal Radiology

Dr. Bezuidenhout focuses his research endeavors on benign and malignant pancreatic pathologies. As a co-director of the Multidisciplinary Pancreatic Cancer Program at BIDMC, the Chair of the national Society of Abdominal Radiology Pancreatitis Disease-Focused panel and memberships in national and international Pancreatic Cancer Study Groups he has multiple ongoing collaborative research efforts as it pertains to pancreatitis and pancreatic cancer and is initiating a multidisciplinary collaborative research effort in correlating radiomics and pathology on ex-vivo human pancreatic cancer specimens on preclinical 9.4T MRI.



Julie Bulman, M.D., RPVI
Interventional Radiology Integrated & Independent Programs

Dr. Bulman has served as associate program director of Interventional Radiology Integrated & Independent Programs since 2019. Dr. Bulman also serves as the Medical Director, Accredited Vascular Ultrasound Lab at BID-Needham. She is also an active member of our GME Annual Program Review (APR) Committee and is the Physician lead, Procedural Advanced Practice Provider Program in Interventional Radiology at BIDMC. Nationally Julie is a member of the 2025 ACC/AHA Acute Pulmonary Embolism Guidelines Peer Review Committee of the American College of Cardiology Foundation/American Heart Association.



Program Directors Wellness Retreat

On October 20, we hosted the GME Program Directors Wellness Retreat - a day dedicated to collaboration, reflection, and exploring new ways to create an environment where our trainees can truly flourish.

Guest speaker Jim Doorley, PhD., CMPC, presented lessons from sports psychology including on topics like goal setting, mental rehearsal, and visualization.

Other retreat topics included using coaching to enhance the resident experience, mental training for physicians and trauma-informed learning as a path to resilience.

The inaugural event offered a welcoming lunchtime gathering designed to bring program directors together in a relaxed, collegial setting. Over shared conversation and a chance to connect outside their day-to-day routines, attendees were able to strengthen relationships and continue building a supportive, collaborative community.



Faculty Development Sessions

On November 12, the Office of Undergraduate Medical Education hosted two engaging faculty development sessions for Primary Care Clerkship and PCE faculty. The Primary Care Clerkship session, Turning Feedback into Growth for the Struggling Learner, offered practical tools and case-based strategies for delivering effective, compassionate feedback and introduced faculty to using BLUE to support learner growth.

The PCE Clerkship Directors Retreat included breakout sessions on AI in medical education, the BRIDGES course and student preparation for the Principal Clinical Experience, and BLUE, a new evaluation platform designed to provide real-time student feedback. These sessions created opportunities for faculty to collaborate, share insights, and strengthen approaches to teaching and evaluation across the clerkships.

Epic Training Drop-In Session

The BIDMC PCE Medical Education Representatives, Near Peer PCE Advisors, and collaborating PCE students of the current class will be holding a drop-in session to provide an overview of Epic for incoming medical students. Topics will include high-yield inpatient and outpatient navigation, specialty-specific tips, and practical tools such as key dot phrases and note templates.

When: Thursday, December 11, 5–6:30 PM

Format: Hybrid — Leventhal Conference Room or Zoom

For details or to volunteer, please contact Naomi Montilla at nmontil1@bidmc.harvard.edu

Join Us for “Principles of Medical Education: Maximizing Your Teaching Skills” - and Explore AI in Teaching

Incorporating best practices, newer principles of adult learning, and widely available technologies into your teaching can significantly improve your ability to engage and inspire students, residents, fellows, and colleagues. This special program, ranked among Harvard Medical School’s highest-rated CME courses, is a uniquely comprehensive exploration of best practices for teaching medicine at the bedside, in ambulatory settings, and in the classroom. **This updated course also takes a deep dive into the pros and cons of AI in education.**

Case-based and hands-on learning are a hallmark of this course, with significant participant interaction and active modeling of instruction techniques. Whether you are newer to teaching or a seasoned educator and mentor, this course will give you modern tools and practices to optimize skills transfer and learner success.

The 2026 program has been enhanced for distance learning with sessions recorded and made available to participants for online viewing for 90 days after the end of the course. Register at: <https://learn.hms.harvard.edu/medicaleducators>



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Shapiro Institute Honorees at the HMS Federman Medical Education Awards

In October, four members of the Shapiro Institute were recognized at the 2025 HMS Federman Medical Education Awards.

- Naomi Montilla received the L. James Wiczai, Jr. Award for Leadership and Excellence in Medical Education.
- Adam Rodman, MD was honored with the Outstanding Innovation in Medical Education Award.
- Jacob Koshy, MD, MPH received the Stone Award for Excellence in Teaching.
- Celeste Royce, MD, MPH received the Senior Stone Award for Excellence in Teaching.

Congratulations to all of our award recipients!



Dr. Shreya Trivedi joins Office of Education Research Consultation Program

Dr. Shreya Trivedi has joined the Shapiro Institute Office of Education Research Consultation Program. Dr. Trivedi is a general internist and co-director of iMED, innovations in Media and Education Delivery at BIDMC. Her research focuses on self-directed learning and discharge communication and she is skilled in qualitative research, survey design, and has led numerous multi-institutional and multi-department studies. To schedule a consultation with Shreya, please visit our website: www.shapiroinstitute.org/education-research-consult

"How Physicians Can Prepare for Generative AI" published by JAMA

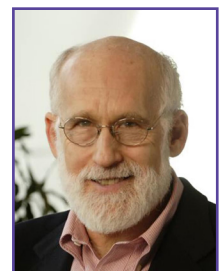


Congratulations to Adam Rodman, MD, MPH and co-authors who were recently featured in JAMA Internal Medicine. The article, title "How Physicians Can Prepare for Generative AI" offers a timely look at how large language models and other AI tools are reshaping clinical workflows. Dr. Rodman and colleagues outline the core knowledge and practical skills physicians will need as AI moves from documentation support to more complex clinical decision-making.

The Shapiro Institute is about to embark on a multi-institutional project to develop a curriculum for medical students to learn about and use AI for their educational and clinical activities. Dr. Rodman and Dr. Richard Schwartzstein, Executive Director of the Institute, will be co-chairing the task force.

For more information, read the full article at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2840192>

Jerome Groopman, MD Gives Annual Sidel Lecture



On November 20, The Shapiro Institute hosted the 2025 Nathan Sidel, MD, Lecture as part of the BIDMC Department of Medicine's Medical Grand Rounds. The lecture, "Mind and Heart in the Art of Medicine", was delivered by Jerome Groopman, MD, Dina and Raphael Recanati Chair of Medicine at Harvard Medical School and Chief of Experimental Medicine at BIDMC.

From all of us at the Shapiro Institute, Happy Holidays!

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