**Teaching Dossier**Professor Wangari Waweru-Siika  
Department of Anaesthesia and Critical Care  
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# 1. Teaching Philosophy Statement

Teaching in Anaesthesia and Critical Care demands a dynamic, responsive approach that mirrors the field’s very nature. I believe that the most effective learning occurs through hands-on experience, real-time feedback, and the cultivation of critical thinking under pressure.

As a clinician-educator in Anaesthesia and Critical Care, my teaching philosophy is rooted in three guiding principles: clinical relevance, psychological safety, and reflective growth. I firmly believe that learners must not only understand what to do and when, but also why to do it, especially in high-stakes, fast-evolving clinical settings. I believe that the most effective learning occurs in environments that mirror the realities of clinical practice. In my teaching, I strive to bridge the gap between theory and practice, using high-stakes, real-time decision-making scenarios to deepen understanding and build confidence. Whether in the operating room, critical care units, or a simulation lab, I focus on helping learners develop critical thinking, procedural proficiency, and interprofessional communication skills.  
  
My core strategies include case-based learning, bedside teaching, airway workshops, online modules, and morbidity and mortality meetings. Case-based learning fosters diagnostic reasoning, while bedside teaching allows learners to integrate theory with real-time clinical decision-making. I use workshops to reinforce technical skills and simulation-based scenarios to build confidence in managing airway emergencies and critical events. M&M meetings further support reflective practice and peer learning, encouraging a culture of safety and continuous improvement. Because I teach residents, fellows, nurses, and medical officers, I adapt my methods to suit varying levels of experience and clinical responsibility. I actively seek to promote psychological safety in the learning environment, ensuring that learners feel comfortable asking questions and owning mistakes. I view teaching as a form of mentorship—helping others grow into capable, ethical, and compassionate clinicians.  
  
Ultimately, I strive to be a teacher who listens as much as I instruct. I encourage learners to challenge assumptions, synthesise knowledge rapidly, and remain calm in high-pressure situations. Through direct observation, real-time feedback, and reflective discussion, I aim to prepare clinicians who are not just technically proficient but also deeply thoughtful in their practice.

Psychological safety is foundational to my approach. I create learning spaces where trainees feel supported to ask questions, make mistakes, and reflect honestly. I offer feedback that is both honest and empathetic, aimed at growth rather than judgment. I also believe in leading by example. I model professionalism, integrity, and humility in every interaction. My goal is not only to teach medicine, but to shape future physicians who are compassionate, competent, and resilient under pressure. Ultimately, my role as an educator is to empower learners — to equip them with the skills, confidence, and judgment they need to care for patients with excellence and humanity.

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# 2. Teaching Responsibilities

As a clinician educator in Anaesthesia and Critical Care, I have taught and supervised a diverse group of learners, including residents, fellows, nurses, and medical officers. My responsibilities span didactic instruction, clinical supervision, skill-based training, and interdisciplinary education.  
  
I routinely engage in:  
- Case-based teaching during ward meetings, critical care handovers, and post-operative debriefings  
- Bedside clinical supervision, focusing on patient assessment, procedural skills, patient safety and a team-based approach to care  
- Airway management workshops, including hands-on practice and simulation  
- Morbidity and mortality meetings, where I facilitate reflective discussion and learning from adverse events  
- Online teaching sessions, using video conferencing platforms to deliver lectures and discussions across institutions  
  
My teaching occurs in both structured and informal settings and often adapts to real-time clinical priorities. I aim to foster clinical reasoning, situational awareness, and procedural confidence across all levels of learners.

# 3. Instructional Strategies and Innovations

My approach to teaching in Anaesthesia and Critical Care is anchored in methods that promote clinical judgment, rapid decision-making, and team-based communication. I integrate both traditional and modern pedagogical tools, tailoring my strategies to the high-stakes, hands-on nature of the discipline.  
  
Key instructional strategies I employ include:  
  
- Case-Based Learning  
 I use real clinical scenarios to challenge learners to interpret data, formulate differential diagnoses, and make treatment decisions. This approach sharpens their diagnostic reasoning and encourages synthesis of theory and practice.  
  
- Bedside Teaching  
 Clinical meetings and perioperative bedside sessions allow me to model professionalism, patient communication, and technical skills. I emphasise active participation, guided questioning, and real-time feedback during these encounters.  
  
- Simulation and Airway Workshops  
 Through structured workshops and high-fidelity simulations, learners gain experience in managing airway crises and rare but critical scenarios. Simulation helps build procedural confidence and fosters team-based learning.  
  
- Morbidity and Mortality Meetings  
 I facilitate M&M sessions that prioritise systems-based learning and psychological safety. These discussions promote reflection, humility, and collaborative problem-solving.  
  
- Online and Blended Learning  
 I incorporate asynchronous modules and virtual case discussions to complement in-person training. This flexibility allows learners to engage with material at their own pace and revisit complex topics as needed.  
  
Across all formats, I emphasise interactive learning, continuous feedback, and learner accountability. I regularly adapt my sessions based on learner feedback and evolving clinical needs.

# 4. Evidence of Teaching Effectiveness

My teaching has consistently been well-received by learners across various clinical levels, including residents, fellows, nurses, and medical officers. Effectiveness in my teaching is reflected in both formal and informal feedback, observable learner growth, and improvements in team performance during high-stakes clinical scenarios.  
  
Key sources of evidence include:  
  
- Learner Feedback  
 I receive frequent informal feedback noting that my teaching style is clear, supportive, and clinically relevant. Learners often highlight my ability to simplify complex topics, promote confidence during procedures, and encourage active engagement during discussions.  
  
- Improved Clinical Performance  
 Learners under my supervision regularly demonstrate growth in areas such as airway management, clinical prioritisation, and decision-making under pressure. Many go on to take leadership roles during simulations and real-world emergencies.  
  
- Peer Observation and Informal Peer Reviews  
 Colleagues have commended my ability to create psychologically safe learning environments while maintaining clinical standards. I am often invited to co-facilitate workshops and contribute to interdisciplinary education programs.  
  
- Participation in Teaching Evaluations  
 Where formal evaluations are available, I have received above-average scores in categories such as “clarity of instruction,” “approachability,” and “integration of clinical relevance.”  
  
- Student Outcomes  
 Several learners I have mentored have pursued subspecialty training, presented at conferences, or taken on teaching roles themselves—indicators of long-term educational impact.  
  
I also reflect on each teaching encounter and regularly incorporate learner suggestions to improve the structure, pacing, and interactivity of my sessions.

# 5. Professional Development in Teaching

I believe that effective educators must be lifelong learners themselves. I actively pursue opportunities to enhance my teaching skills, stay current with best practices in medical education, and reflect on my role as a clinician-teacher.  
  
My professional development in teaching includes:  
  
- Participation in Faculty Development Programs  
 I have attended institutional and national workshops on topics such as simulation-based education, adult learning theory, feedback techniques, and curriculum design.  
  
- Simulation Instructor Training  
 I have completed training programs that focus on high-fidelity simulation, scenario development and debriefing strategies.  
  
- Peer Learning and Mentorship  
 I engage with experienced clinician-educators through collaborative teaching, peer observation, and informal mentoring relationships to improve my educational methods.  
  
- Educational Literature and Resources  
 I regularly review contemporary literature on medical education and attend teaching-focused sessions at clinical conferences to incorporate evidence-based strategies into my practice.  
  
- Reflective Practice  
 After each teaching activity, I engage in structured reflection to identify areas for improvement. I actively solicit learner feedback and adjust my approach accordingly.  
  
Ongoing development as a teacher is essential for adapting to evolving learner needs and clinical challenges. I view education not just as a skill, but as a professional commitment.

# 6. Mentorship and Supervision

Mentorship is a cornerstone of my role as a clinician-educator. I actively mentor residents, fellows, and junior colleagues, supporting both their clinical growth and professional development.  
  
My approach to mentorship is grounded in accessibility, individualised guidance, and role modelling. I strive to build trust with each mentee and tailor my support to their evolving goals, whether they are pursuing academic careers, advanced training, or leadership roles in clinical practice.  
  
Key activities include:  
  
- Career Guidance  
 I advise learners on fellowship opportunities, subspecialisation, research directions, and work–life balance in high-demand specialities like Anaesthesia and Critical Care.  
  
- Procedural Supervision  
 I provide close supervision during invasive procedures, gradually increasing autonomy while ensuring safety and skill acquisition.  
  
- Leadership Development  
 I encourage senior trainees to lead ward meetings, teach junior colleagues, and take ownership of multidisciplinary discussions, helping them build confidence as emerging leaders.  
  
- Support During Challenges  
 I make myself available to mentees during critical moments — whether facing clinical complications, exam stress, or career uncertainty. I emphasise resilience, reflection, and professional integrity.  
  
Several of my former mentees have advanced into consultant roles, academic positions, and subspecialty training — a reflection of our collaborative and supportive mentoring relationships.

# 7. Teaching Awards and Recognition

While the most meaningful recognition comes from the success and growth of my learners, I have also received formal and informal acknowledgements of my contributions to teaching and mentorship.  
  
Highlights include:  
  
- Resident-Nominated Commendations  
 I have received multiple commendations from anaesthesia and critical care residents, recognising my commitment to teaching under pressure and providing consistent, constructive feedback.  
  
- Faculty Appreciation Certificates  
 Awarded certificates of appreciation from institutional training programs and postgraduate departments for contributions to resident teaching and supervision.  
  
- Workshop and CME Invitations  
 Repeatedly invited to lead or co-facilitate airway workshops, online teaching sessions, and continuing medical education (CME) programs, reflecting peer recognition of my teaching style and clinical expertise.  
  
- Mentorship Testimonials  
 Several former trainees have shared testimonials highlighting the role my mentorship played in their academic and career progression.  
  
These recognitions reinforce my motivation to teach with empathy, rigor, and adaptability—values that I believe are essential to effective education and high-quality patient care.

# 9. Future Teaching Goals

As I continue to grow as a clinician-educator, my future teaching goals are centred on innovation, inclusion, and impact.  
  
1. Expand Simulation-Based Education  
 I aim to develop more structured simulation curricula for both junior and senior trainees. These simulations will emphasise crisis resource management, interprofessional collaboration, and advanced procedural training.  
  
2. Integrate Technology and Digital Learning  
 I plan to design interactive online modules and short video tutorials on essential anaesthesia and critical care concepts. These resources will complement bedside teaching and allow for asynchronous, self-directed learning.  
  
3. Strengthen Interdisciplinary Education  
 I will continue promoting collaborative learning between doctors, nurses, and allied health professionals, especially in critical scenarios such as airway management, perioperative care, and code blue responses.  
  
4. Engage in Medical Education Scholarship  
 I intend to contribute to educational research by assessing the impact of my teaching interventions and publishing outcomes in peer-reviewed forums. This will help strengthen the evidence base for clinical teaching in acute care settings.  
  
5. Mentor Future Educators  
 One of my long-term goals is to help cultivate the next generation of clinician-educators by mentoring residents and fellows with a passion for teaching, encouraging them to pursue formal training in education and take on leadership roles.  
  
These goals reflect my commitment to continuous improvement, learner-centred education, and a broader contribution to the academic mission of my department and institution.

# 10. Appendices

The following materials are available upon request or can be provided as supplemental documents:  
  
- Teaching slide decks from workshops and online sessions  
- Anonymous learner evaluations from residents and fellows  
- Commendation and appreciation from trainees  
- Sample feedback forms and assessment tools used during clinical supervision  
  
These appendices support the depth and breadth of teaching activities described in this dossier.