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Teaching and Mentorship Overview

As a new faculty member, I received favorable feedback from students and residents for lectures and clinical teaching. The continued positive impact on learners brought on more requests for increased educational involvement with students, residents and CME audiences. Education and mentorship has grown to be a significant part of my typical monthly schedule. However outside of formal dedicated education times, my work contains a significant amount of education and mentorship in unstructured forms. The amount of educational work done and the feedback from that work demonstrate growth and excellence as an educator

CME- I have been invited to deliver CME lectures nationally and internationally on lung cancer epidemiology and tobacco control. Nine regional CME lectures include an invited Keynote Address at an outside cancer center's annual symposium, and invited lecturer for grand rounds at two out of state surgery departments. Local talks include AHEC visits across the state, CME talks at community hospitals, and grand rounds at UAMS for Surgery, Anesthesia, Internal Medicine, and the Cancer Institute.

2009-present	International	National	Regional	Local	Total
CME	2	1	9	38	50

Resident Education- Teaching residents is a daily activity integrated into my practice. The PGY3 surgery resident on our service joins me on most operations and a good deal of their defined category Thoracic cases—those are cases required in thoracic surgery for completion of their residency—come from working with me. I participate in resident didactic lectures, lead journal clubs, write oral exam questions and administer oral exams throughout the year as well. Of all groups that I interact with, the residents likely get the closest and most thorough view of my practice, my educational style and my character. I am honored that feedback from this group has been extremely positive. Resident quantitiative data in the form below represents one year prior to a newer educational tracking system (New Innovations), but the data from that time indicates all scores above faculty mean in every metric measured.

Criteria Evaluated	Your Average	Department Average
Teaches effectively in the clinical setting (Ward rounds, clinic, ICU).	4.00	3.48
Teaches effectively in the OR, including instruction on improvement of technical skills.	3.86	3.50
Probes residents with questions to improve critical thinking skills.	3.86	3.39
Provides appropriate feedback to residents about their performance.	3.71	3.27
Develops and maintains good rapport with residents.	4.00	3.46
Is routinely available or has on-call coverage for supervision of patient care.	4.00	3.67
Provides a role model for professional and caring interaction with patients.	4.00	3.56
Demonstrates effective use of the literature to support views on patient evaluation and management.	3.71	3.60
Attends and contributes to teaching conferences.	3.86	3.56
Stimulates house staff to higher personal and professional goals.	4.00	3.50

Resident feedback from New Innovations is different format but also demonstrates excellence in those reviews as well. Some comments which reinforce this include

"Dr. Steliga is a crown jewel for UAMS. He is an exquisitely gifted surgeon and clinician. His demeanor is exemplary of how a doctor should act with his colleagues and patients. One of the best physicians at UAMS, without a doubt and a true role model for any resident from any service…"

"Dr. Steliga is a great example at what it takes to be an outstanding physician. He illustrates compassion and great detail when treating patients. He is an exceptional teacher and full of knowledge."

"Dr. Steliga is a great teacher. He teaches interns to do procedures (like bronchoscopy) on SICU patients. He was always available for any questions/concerns regarding patient care. He also took notice of duty hours and ensured that duty hour rules were followed."

"Dr. Steliga is a model surgeon who spends the extra time to go the extra mile for his patients. He is very patient and always eager to listen. He provides good teaching moments and takes his time to improve our surgical skills in the OR. He provides helpful and important feedback, and always has a great attitude."

Many more comments in this vein are in the attached evaluation summaries.

Student Education- Medical students comprise the largest and most common audience that I serve educationally. I have delivered 2-3 didactic lectures to every M3 surgery student who has come through the rotation. "Common Complications" "Dysphagia and Esophageal Cancer" are ongoing lectures given 6-8 times a year 2009—present. "Lung Mass and Chest Radiographs" was a lecture also 8 times a year 2009—2011. I had built and organized mentor group scenarios (development under leadership / administration) and discuss one of these topics with 4-5 students almost weekly from 2010—present. There are 2-3 students on our service at all times and they work closely with me in the operating room, clinic and inpatient wards. Not only am I deeply involved with delivering student education, but feedback from the students is very positive in terms of education and my character as a role model.

Mentorship- I have been sought out to guide residents in their surgery training, through fellowship applications, and career decisions. Medical students frequently ask for career counseling and guidance regarding application, interviews and match ranking. I am pleased and honored to have helped some attain significant challenges- preliminary residents matching into a categorical position, and one of our students who sought my guidance was the first from UAMS to be matched into a new integrated cardiothoracic residency path directly from medical school. That year, the integrated cardiothoracic path had the highest applicant to position ratio for all ERAS residency positions. I have also worked with some mentees whose initial goals were not very reasonable given their board scores, class rank or GPA and the competitiveness of their goal. This situation is often avoided, but of anyone, those students need honest mentorship the most. Working with them, I had been encouraging but also helped to align their career trajectory with a position they could match into, if their first choices did not work out.

While my attached list only cites 7 residents and 25 students as formal mentees, countless other informal discussions, phone calls and emails have provided unstructured guidance. Late night phone calls such as: "Hi, Dr. Steliga. This is Mark Cheek (Surgeon in south Arkansas). Can I run something past you? I have this problem with…(insert disaster here)…" are welcomed and mentorship extends beyond their formal training program. Graduating chief residents from the surgery training program who practice in Arkansas keep my phone number. And they use it. A former thoracic surgery trainee, from UAMS (Hassan Al Masloom) had finished his fellowship training here prior to my arrival so I had never met him. He was unable to pass the ABTS Oral Certification Exam and was working back in the middle east. Through emails, and coordinating times on Saturdays- I set up a study program with him, and did

Skype™calls with him to practice oral board exam scenarios. He passed the exam on his next attempt. Finally, I was honored to have a former classmate, a trauma surgeon I had known from the American College of Surgeons-Surgeons as Educators Course reach out to me for guidance as she took on the role of clerkship director. This peer mentorship was informal, but helped guide her in the transition to that role.

Recognition

Red Sash Award: 2011, 2012

Gold Sash Award: 2011

Outstanding Teaching Attending in Surgery: Selected by Students: UAMS	2009-2010
Outstanding Teaching Attending in Surgery: Selected by Students:	2010-2011
Outstanding Teaching Attending in Surgery: Selected by Residents: UAMS	2010-2011