

Teaching Sabbatical 2014
University of California Los Angeles
David Geffen School of Medicine



Åsa Eriksson
Karolinska Institutet
Department of Clinical Neuroscience
Division of Psychology
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Introduction

I am a 56-year old psychologist with an academic career starting late in life. My Ph.D. was earned in 2008 and I have since then been a researcher and a teacher at Karolinska Institutet, KI. I teach clinical psychology and clinical forensic psychology at the Psychology Program and have, since the very beginning of my teaching career, been very interested in teaching and learning. In 2012 I was awarded "Master" Pedagogy Prize by the Medical Students' Association in Stockholm. I am also the chairman of the International Committee at the Psychology Program and thus involved in teacher and student exchange. When I was asked by the director of the program if I would be interested in a possible nomination for a STINT fellowship, I did not need to consider it for more than two minutes. What an opportunity!

Preparation and planning

First contacts

I was notified that I was to become a 2014 STINT-fellow in December 2013 and that my location would be UCLA – the University of California Los Angeles, <http://www.ucla.edu>. Plenty of time for planning, as it seems at first glance! My academic contact was Dr. Margaret Stuber at David Geffen School of Medicine, <http://dgsom.ucla.edu>, Department of Psychiatry and Biobehavioral Sciences. My administrative contact was German Espárza at the UCLA International Institute, <http://www.international.ucla.edu/institute>. I immediately contacted them both through e-mail – and forgot to notify STINT that I happily accepted the fellowship... However, we settled that in January.

A few e-mails were exchanged between the continents before the schedule for my planning trip was set up. It included academic as well as administrative meetings. Since I am a single woman with grown-up children there was no need to plan for visits to day care facilities and schools, and I was not very nervous about housing. My main concerns were (embarrassingly) what to wear in LA. My summer wardrobe consisted at that time of shorts and T-shirts. A few resolute days of shopping fortunately put an end to that (and I somehow succeeded in buying clothes that did not deviate too much from what was worn over there).

Planning trip

The planning trip took place in the end of March. I stayed in a hotel close to UCLA and spent a lot of time taking walks in the neighborhood, thinking about where I would want to live during fall (yes, in Westwood!). I also did some sightseeing by bus. There was enough time to visit the Getty Center, <http://www.getty.edu>, and to take a full day at the beach. Mass transit in LA is, despite its reputation, both accessible and inexpensive and a really good alternative to driving. (Especially if you combine it with bike riding... LA is such a cool city for cyclists!)

Monday – Thursday included meetings and participation in the course in which I would teach next semester. It turned out to be a course in interviewing skills – for medical students. That was a little bit of a shock to me, so far having had most of my teaching experience with students of psychology. But my supervisor, Dr. Margaret Stuber, assured me in a meeting Monday morning that I was competent to do it. I also met with Professor LuAnn Wilkersson, the Senior Associate Dean for Medical Education, who gave me information about the curriculum of the medical education at UCLA. That was very valuable for a person with no knowledge about medical education at all.

During the planning trip I also met with Germán Esparza at the UCLA International Institute. The primary aim of the meeting was to start the paperwork but also to discuss housing options. Germán advised me to contact the UCLA Faculty Accomodations, <https://housing.ucla.edu/faculty-housing/faculty> , and to keep my eyes open at Craigslist, <http://losangeles.craigslist.org> , advise that I followed (unfortunately with no success).

Further preparation

Visa

An advise to future STINT-fellows is to take visa issues seriously. It takes a lot of time to fill out the application forms and you are required to know things like when your parents died and when your divorce was set by the court. No worry, everything is there in your “Personbevis med alla relationer” that you need to show when you get interviewed at the American Embassy. Order it from Skatteverket before you sit down to do the paper work. And do things in due time; the embassy may have to interview many hopeful visa applicants during late spring and early summer.

Also, adhere to notifications from your university about visa check-ins and similar. In my case, I had to check in at the UCLA International Office within a few weeks after arrival. Not doing so may lead to serious consequences, as may not acquiring the right stamps on your visa in beforehand in case you go abroad during your stay.

Housing

So, what about housing? I mentioned previously that neither UCLA nor Craigslist was of any help, and neither was Zuma Housing, <http://www.zumahousing.com> , to which I paid some dollars, never to be refunded, of course. My solution was Airbnb, <https://www.airbnb.se/s/Los-Angeles--CA> . In the end of May I signed up for a studio in Westwood, that is a single room with a kitchenette and a bathroom. The rent was 18 000 SEK per month. My apartment was not among the coziest ones, but it was nice and clean and had a very large window with a nice view over Westwood. So I was totally OK in that matter.



I am quite sure it is possible to find less expensive housing in LA if you stay cool and await ads at Craigslist – in May there were mostly ads for tenants from June and on. Another opportunity would be to call the landlords directly. Most apartment buildings have their phone numbers posted at the building. Many landlords prefer, however, that tenants stay for 12 months as a minimum.

Insurance

All faculty, staff and students at UCLA must show that they have insurance. If you bring your own insurance from Sweden, you can opt out from the mandatory insurance system, but it takes quite a lot of paperwork since it has to be approved by Garnett-Powers, who offers insurance to visiting scholars, <http://www.garnett-powers.com/academics/ucla/>. I was lucky to have insurance from Kammarkollegiet, paid for by my institution at Karolinska Institutet.

UCLA and the educational system

When I took off for my Teaching Sabbatical I did not know very much about neither the American university system in general nor the medical education system at UCLA. I could probably have prepared myself better since I spent a lot of time while in LA in front of my computer, checking up on things that I did not know. I had counted on possibilities to meet with other foreign researchers and teachers for information (and social events!) but aside from a mandatory visa orientation, there was not so much offered. I had some help, however, from a very informative webpage from the Dashew Center, <http://www.internationalcenter.ucla.edu>. I also believed that I would have daily contact with colleagues at work, and thus get valuable information (along with some social chatting), but the Department of Psychiatry and

Biobehavioral was a very anonymous place with long corridors and closed doors, and there were, to my knowledge, no routines such as coffee-breaks, going out for lunch, or having a Friday After Work. I had monthly meetings with my supervisor (and could always e-mail her) but was otherwise left on my own to find things out.

Tasks and responsibilities

UCLA

UCLA – University of California Los Angeles – is one of ten campuses in the huge University of California. The student body amounts 42 000 students, 28 000 in undergraduate studies and the rest in one of twelve professional schools, for example law, engineering, and medicine. UCLA is the American university with the largest number of applicants.

Tuition at UCLA is around 13 000 dollar (107 000 SEK) annually. In addition there are expenses for food, accommodation, books, and health insurance. Around half of all newly admitted students have financial aid.

There are great efforts to increase diversity at UCLA. Among the freshmen, there are more females than males, 55 %/45 %. The largest ethnic group at UCLA is Asian-Americans, 35 % (14%), followed by Caucasians, 28% (39%), Hispanics, 18% (38%), international students, 12%, and Afro-Americans, 4% (7%). (Numbers in parentheses refer to the population of California).

Since 1929 UCLA is situated in Westwood, a neighborhood in west Los Angeles, around 10 kilometers from the Pacific Ocean. The original buildings were inspired by Roman architecture. Many of the later buildings are similar to the original ones in color and material, but there are also newly constructed buildings in very different styles. The southern part of the campus is designed for health care with lecture halls, research facilities, and in- and outpatient clinics. Those buildings clearly look like modern hospital buildings.

UCLA is in many aspects integrated with the city of LA and the people living there. One example is the variety of educational programs for children managed by UCLA, including the UCLA Community School with more than a thousand students, <http://cs.gseis.ucla.edu> . Another example is the student run clinic for homeless people, <http://www.uclahealth.org/main.cfm?id=2763> . There is also a center at UCLA called Mindfulness Awareness Resource Center, MARC, <http://marc.ucla.edu> , which besides from doing research also offers classes in mindfulness to the public. I have previously taken mindfulness classes in Stockholm and had the opportunity to take two different classes at MARC during the fall. They were both well managed and had excellent instructors. MARC also offers public drop-in meditation sessions in cooperation with the Hammer Museum,

<http://hammer.ucla.edu> , in Westwood, 30 minutes during lunch every Thursday. I visited those sessions as often as I could together with some other hundred people.

David Geffen School of Medicine

David Geffen School of Medicine (DGSOM; <http://dgsom.ucla.edu>) is situated at the southern part of campus. It is one of twelve professional schools at UCLA. The school admits 150 medical students annually. To be admitted, the student must have an undergraduate degree. Many medical students have undergraduate degrees in Science from universities inside and outside of California, but students with other types of degrees, such as Sociology, are also welcome to apply. Students are admitted on the basis of previous academic achievement and other important experience but they are also interviewed individually.

The medical education at DGSOM includes two years of theoretical courses, clinical practice during the third year, and clinical work, research, and preparation for specialization during the fourth, and last, year. DGSOM offers specialization in around twenty fields. Specialization usually starts right after graduation and is carried through for three – six years.

The first year of the medical education starts in the beginning of August and runs until the end of June. Thereafter, the students are kept busy almost all year round.

My teaching assignment

I was assigned to teach Doctoring 1. This is a course that is run alongside all other courses – as a “thread” - during the first year of the medical education. It is designed to help the students to develop interviewing skills and, to a lesser degree, skills in report writing. I teach very similar skills at the Psychology Program at KI, so I felt I would be at least semi-competent. The biggest challenges would be to teach in English and also to teach students from a different future profession than my own. (I now know a lot about coughing, melanoma, and shingles!)

The students were divided in smaller groups of seven or eight students. Each group was led by two tutors, in most groups one medical doctor and one behavioral scientist, such as a psychologist, social worker, or similar. All tutors were clinicians, working on a voluntary basis and earning their necessary CME:s (Continuing Medical Education) this way. I was the constant tutor of my group with co-tutors coming and going during the semester.

The seven students in my group were around twenty-five years old. They all had undergraduate degrees from various universities across the nation and some of them had worked or traveled for some time before starting medical school. Interestingly, only one of the students had a 100% White American background. The other students had grown up in families of other origins; two of the students did not speak English until they started school at six.

The relations with the students were friendly and informal. I was sometimes called "Doctor Eriksson" by students other than my own, but I was "Åsa" in Doctoring 1 and I was warmly hugged after our last seminar. There were, however, discussions within faculty about student conduct and one of the issues was "disrespectful" student behavior towards teachers. In my Swedish ears, those reactions were slightly over exaggerated...

The Doctoring 1 seminars took place one afternoon every other week. They always followed the same routine. All tutors were invited to a pre-seminar lunch meeting (with foods of different ethnic origin every time – the food in LA is really great!) in which the contents of the seminar were discussed. The materials of the seminar had been sent out in advance to both tutors and students. The seminars started with a discussion of today's learning objectives and then the standardized patient entered the room.

Los Angeles is full of actors with schedules more or less filled with acting (and yes, many of them work as waiters and waitresses). Some of them took the chance to earn some money and experience from acting as standardized patients (SP) in Doctoring 1. The SP had read the script and knew what medical problems s/he had when entering the room. S/he was welcomed by one of the students who took the medical history and carried out other assignments as well, such as taking a social history or asking questions about ADL (activities of daily living). The other students were assigned to observe various skills during the interview along with the two tutors, who could also ask for a "timeout" when needed. Most interviews went well and timeouts were rarely requested. Two – four students conducted interviews at each seminar. They had feedback both from their fellow students but also, individually, from us tutors. In the end of the semester each student had a written evaluation from the tutors.

There were a few things that made teaching easier than I am used to from KI. One was the constant help from the administrative staff. They distributed all course material to teachers and students, booked the seminar rooms, and managed the internet learning platform. And yes, they ordered all the good ethnic food!

The lecture halls and seminar rooms were very well equipped. Most of them had a computer and a large screen attached to the wall. If extra equipment was needed, there would be a technician present at the beginning of the seminar to set it all up.

The course was designed to teach interviewing skills, oral reports, and report writing. It started with simple skills, such as asking closed-ended and open-ended questions, and further on added on more complex skills, such as performing a ROS (review of systems) and writing assessment and treatment plans. While each step was logically added to the curriculum, I wish that the students had more time to practice each step. In my experience, it takes quite a lot of practice to

make interviewing skills get so integrated with the interviewer that s/he does not even think about them but can target all attention to the patient.

Other activities during the semester

Even if Doctoring 1 required me to prepare for the seminars (especially concerning medical stuff!) and later on during the semester also included reading the students' written reports afterwards, it did not keep me busy forty hours a week. Thus, I had time to visit lectures and seminars held by other teachers, to participate in research meetings, and to conduct interviews. Dr. Margaret Stuber wrote nice introduction letters to many of her colleagues on my behalf and I was cordially invited to participate in different settings.

Problem based learning (PBL)

During August and September I had the opportunity to observe the problem based learning (PBL; http://en.wikipedia.org/wiki/Problem-based_learning) of the first-year medical education. The PBL was introduced into the curriculum some fifteen years ago and runs like a "thread" alongside with other courses, just like Doctoring 1. The idea with PBL is that students work together to acquire and present knowledge, but that the starting point is always a case – at DGSOM a patient with a medical problem of some kind. The case was always presented to the students Monday morning and reported back by them Friday morning. The cases were complicated and should be presented at the Friday seminar from a micro- to a macro level – i.e., students would need to research fields such as biochemistry, cellular medicine, pharmacology, medicine, insurance policy, and epidemiology. The seminars included one tutor and a group of seven or eight students, but the students took turns leading the seminars. The role of the tutor was to facilitate and to supervise the students rather than to do any teaching. I was always impressed by the commitment and level of knowledge demonstrated by the students.

Lectures in psychiatry

The third-year medical students did clinical rotations in various fields, among them psychiatry. During their clinical rotation in psychiatry, they met a couple of afternoons for lectures in different fields of psychiatry and I was invited to observe those lectures. The quality of the lectures varied, both to content and to pedagogy. They were mainly kept in a lecturer-to-student form with little student activity. An interesting observation was that third-year medical students were not at all as concerned about tardiness as the first-year students, probably because they did not get out of their clinical duties in time. They dropped in during the first ten minutes of the lecture in their scrubs. The first-year medical students were never, I repeat, never late for class, not that I could observe. Another interesting observation was that each lecture was evaluated by all of the students in a form that was handed out before the lecture started. Since some of the

lectures lasted for only one hour and there were around fifty students, there were a lot of forms. I wonder if there was time for anyone to type in and analyze all that material – and if all that work really was worthwhile.

Interns' seminars

At the Department of Psychiatry and Biobehavioral Sciences there were two different types of interns. A number of recently graduated psychologists held internship positions within psychiatry, corresponding to our "PTP-psykolog". There were also medical doctors, specializing in psychiatry. The department offered weekly interns' seminars in psychiatry (for psychologists) and in child psychiatry (for psychologists and doctors) and I visited both during the entire semester. The seminars took place in a smaller room with fifteen or twenty interns and were either held at eight o'clock in the morning or during lunch. They were lead by a researcher and/or clinician, and targeted topics such as forensic psychology, substance abuse, and treatment programs for children. They were more interactive and with few exceptions I was impressed by their high standard.

Interviews

October was a little bit of a "mid-month" on my part. The time-consuming PBL seminars were over. Doctoring 1 paused. I did some traveling, commencing with the mid-term STINT-meeting at Berkeley, followed by a vacation in Central America with two of my children. (They live in the US and in Nicaragua, so I saw them more during my Teaching Sabbatical than I usually do).



However, after my little break I came back to UCLA with an urge to understand more about the medical education system and UCLA in general and thus I set up a number of interviews during November.

- Three fourth-year medical students, Steven, Tony and Stephanie, to gain a student perspective on the entire medical education. On the whole, the students were very satisfied with their education (and loyal to the disciplinary measures).
- Professor Cindy Yee-Bradbury, Director of Clinical Psychology, to understand the organization and education of psychologists at UCLA. In short, the psychology program at UCLA and other major universities is research-oriented and produces graduates with a Ph.D., some of them also with clinical competence. It is an exclusive education; only fourteen students in clinical psychology are admitted every year, <https://www.psych.ucla.edu/graduate/areas-of-study/clinical-psychology> . An alternative way to become a clinical psychologist is offered by private institutes such as Alliant, <http://www.alliant.edu/cspp/> . This education is directly targeted at clinical work in psychology, and is thus narrower than the corresponding Swedish programs that also include areas such as work psychology and organizational psychology.
- Dr. Chris O’Neal, responsible for the teaching development at DGSOM, to know more about teaching and learning within the medical education, and
- Professor Larry Loeber, head of the Office of Instructional Development at UCLA, <http://www.oid.ucla.edu> , to gain insights in the pedagogical work at UCLA. Both interviews were really valuable. Pedagogy is moving away from the instruction of individual teachers into a more systemic approach, both in the US and in Sweden. No matter how good the individual teacher is if his/her teaching is embedded in a system that does not facilitate learning among the students. Professor Loeber highlighted some of the present pedagogical efforts at UCLA, for example the development of learning objectives within courses, and the coordination of courses to avoid overlap and to produce progression. Chris O’Neal pointed out that the use of volunteering clinicians has its pros and cons. It gives the students valuable clinical insights, but the pedagogy of the course may not be as clearly visible as planned.

I am so grateful to people using their limited time talking to a foreign scholar without expecting anything back. I hope I can be that generous in the future, now that I have understood what a difference an hour-long interview can make to the understanding of things.

Research meetings

Dr. Margaret Stuber gathered some of the faculty members at a weekly meeting to discuss primarily educational research. The meeting was called "Margi’s Think Tank" and even if I was

never involved in the research I enjoyed listening to the discussions. The participants of the research group managed, presented and published educational research conducted at DGSOM, a type of “do-research-whenever-you-are”-approach that I believe is important at all levels of education. Teachers continuously try new methods but rarely evaluate them or share their experience with others.

Teaching seminars

Finally, I participated in two teaching seminars held at DGSOM. One of the seminars was devoted to “clickers” while the second seminar included a more general discussion on the value of lectures and how to improve (and change) lecturing. The seminars were non-mandatory and really not very well attended despite their very interesting content. Pedagogy is often not given the priority it deserves, and in that respect I guess there are no differences between the higher education systems of Sweden and the US.

Comparison between the foreign and the home institutions (in Sweden)

This report should include some comparisons between David Geffen School of Medicine/UCLA and Karolinska Institutet. I believe I have already covered many of the required topics, but here are some additional ones.

The relation between research and education

In my discussions with faculty at DGSOM and UCLA, I understood that research is what matters when it comes to promotion and to the building of an academic career. This is similar to what we generally see in Sweden, even if efforts are made (for instance at my own university) to value teaching more. There may also be a change coming up at UCLA, since many teachers recently have been appointed right after their Ph.D to manage the growing numbers of students. Some of those teachers lack affiliation to research groups and in order to keep them within the academy the system needs to upgrade the value of teaching.

Curriculum and courses offered

One of the most pronounced differences between the American and the Swedish systems for professional education is that the American system requires the student to have a college degree before admittance to a professional school, while Swedish students can start their professional education right after the “gymnasium” (12th grade). The students at UCLA had different opinions on the necessity of the college degree. While some of them argued that without that possibility to mature, they would never have thought of becoming a doctor, others saw it as a waste of time and also something that added to their (already very large) student loans.

At first glance the four year long medical education seems to be shorter than the Swedish equivalent. This is also the case for psychology program at UCLA since it comprises six years, but includes a Ph.D. But the students are kept busy almost all year around with almost no leave during summer and thus the length of the programs are similar between our countries.

Interestingly, I find mostly similarities when making comparisons between KI and UCLA as to the content of the professional schools of medicine and clinical psychology. Both institutions emphasize practical/professional skills along with theoretical knowledge and a scientific approach. Both institutions give practical and theoretical examinations and all students are required to write scientific papers.

This comes as no surprise. Medicine and psychology deal with similar problems globally. Successful universities develop their professional schools so that students are well prepared for their future profession and they use both clinicians and researchers as teachers and pedagogic leaders. Also, while international teacher exchange is a scarce phenomenon, researchers are in constant connection with each other and may share many ideas, not only on research but also on education. (To be a professor from KI probably opened a lot of doors for me at UCLA - many members of the faculty had research collaborations with people from KI, knew someone there, or had been doing research in Stockholm).

Relations between the institution and its environment

I am ignorant when it comes to the financial systems of education and my ignorance unfortunately includes both the Swedish and the American systems. However, one issue that was discussed at DGSOM during my stay was how Obamacare – or, correctly, the Affordable Care Act <https://www.healthcare.gov> - would affect the medical education. One of its important financial sources is the UCLA Hospital, <http://www.uclahealth.org>, with its patient fees. They are expected to decrease due to the new system in which patients will pay a certain fee regardless of how many laboratory tests, MR scans and similar that have been performed. While no one I talked to during the entire semester – neither faculty nor students – expressed disapproval of Obamacare, there may be unwanted consequences for the medical education.

Important lessons and action plans

I have learned a number of important lessons for my role as a teacher/researcher during my time as a STINT-fellow. Some of those will be brought home and I will present them later on in this section. However, first a few words of warning...

The cultural context

Educational systems cannot be outright exported or imported. Even if we aim to educate our students for a global world, much of what we do is aligned to our own cultural context.

I often grumble over the constant tardiness of Swedish students, both when they are late for lectures and when they hand in assignments too late. At DGSOM there was a no tardiness policy and teachers were required to report students being late. And, no wonder, there was no tardiness. What a dream for a teacher. Most students I talked to also said that they appreciated the strictness, since that prepared them for their future careers.

Another aspect of the medical education at DGSOM was the close follow-up of all students. All students lagging behind in grades or in other types of evaluations were contacted by someone from the faculty very early on. Thus, extra help could be provided.

But... students have profound rights in Sweden. And furthermore, we expect them to take responsibility for their own studies. Culturally, we encourage independence and our society has a reputation for being non-hierarchical and to value equality. After reflecting on some of the cultural differences I have stopped grumbling so much over my students at home. After all, we try to educate most of them for professional work in our own society, similarly to what they do at DGSOM. (However, I keep thinking about how to approach my students when I notice them falling behind without interfering with their integrity and their rights).

Action plans

Personal actions

Standardized patients. Standardized patients were used in both Doctoring 1 (actors) and in PBL (detailed case material). It is of great advantage to the students to practice clinical skills with standardized patients before they meet with patients in clinical settings. During my Teaching Sabbatical I applied for, and received, funding from KI to set up a module of virtual standardized psychiatric patients to be used in diagnostic and treatment-related teaching. The work will mainly be carried out during the fall of 2015.

Educational research. "Margi's Think Tank" inspired me to reflect on my own teaching practices and I have now set up a plan to evaluate one of my courses in psychological report-writing, a course that will be run during the fall of 2015. I hope to be able to publish the results.

For the department

Interviewing skills. Interviewing skills are taught in a very systematic manner at the Psychology Program at KI, but after talking to a few colleagues at other programs I am not so sure that is the case everywhere. Even if I believe that the Doctoring 1 moved too fast into the more complex aspects of interviewing, I was impressed by the importance that was placed upon interviewing

skills, shown in the organization of the course and the resources allocated to it. My belief is that the ability to talk to patients is not something that you either have or do not have, but a skill that can be developed and refined.

The systematic teaching of interviewing skills should, in my opinion, be implemented in all professional health care education if that has not already been done. Even though I believe the pace was a little too hasty, the structure of Doctoring 1 could serve as inspiration in future course design.

Problem based learning (PBL). I was very glad I was invited to observe the PBL seminars. There are many opinions on PBL among teachers in higher education and one of them is that it cannot be introduced into the curriculum before the students have gained quite a lot of knowledge in the field. Observing first-year medical students doing such a great job in the seminars convinced me that PBL can and should be used very early during the professional education. The students were new to medicine, but they had previous knowledge from various other scientific and professional fields and through sharing that knowledge with their fellow students they gained a holistic view of the medical case presented.

I believe that PBL used early on in professional education could arouse interest among the students in the clinical aspects of their future profession and also help them to stand the frustrations of being stuck with so many theoretical courses during the first couple of years. I would like to see early-onset PBL at the Psychology Program at KI and I will gladly share my experiences from DGSOM with my colleagues.

Students at risk. As a member of the program council at the Psychology Program I will raise the issue of routines for students at risk of lagging behind in their studies. I personally feel I need guidelines concerning my role as a teacher and how to care for students while, at the same time, respecting their integrity. If there were ways in which we could identify and support those students better, I would use them.

Welcoming routines. Being a visiting professor from a foreign country far away has its ups and downs. I know that by now, and I am sure it is the same for exchange students and researchers, too. A proper introduction and some social inclusion are important ingredients for a successful exchange. As a chairman of the International Committee at the Psychology Program at KI, I will definitely work for better welcoming routines for foreign teachers, students, and researchers within my department.

New exchange agreements. The Teaching Sabbatical has really made me aware of educational differences and the various conditions for teachers and students in higher education around the

world. Those insights will without doubt be very useful to the work of the International Committee in setting up new agreements for exchange with universities worldwide.

For the institution

I have started to schedule talks about my Teaching Sabbatical and the experiences gained at various meetings at KI, the first one coming up next week. Thereby I hope to contribute to the efforts to internationalize KI and its education. In a more long-term (and career-wise) perspective, I hope to get more involved in pedagogical leadership at KI, working with pedagogy at a systems-level to develop excellent education for a global world.

A few last words

This report has been written by *one* teacher at *one* university in the US and describes experiences that may be entirely unique to me as a person and as a professional. I nevertheless hope that at least some of the lessons learnt may be useful to my students, my department, and my university – and that the collective experiences of all STINT-fellow may prove themselves to be valuable to the Swedish higher educational system.

Let me also state the following: Being a STINT-fellow was one of the most fantastic experiences in my life so far, both professionally and personally. This report deals mainly with the professional aspects of the fellowship, but I value the personal aspects just as highly. It made me good to live somewhere else for a while and to try to be without everything I usually have around: routines, things, and people. Leaving your familiar context is an excellent opportunity for reflection and one of the reflections I made was that there are a lot of routines, things, and people that I can be without. An unexpected effect of my Teaching Sabbatical!

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