

## Reflective Statement – Teaching Portfolio

[REDACTED]  
Assistant Professor, Special Title Series  
Departments of [REDACTED]  
University of Kentucky College of Medicine

As a medical student and [REDACTED] intern, I anticipated a career as a primary care physician in the community. Although I had always enjoyed teaching, most of my initial role models were community physicians, so I naturally intended to follow in their footsteps. As I became more involved in both medical student and resident education, I discovered how invigorating a career in medical education could be. Students and residents raise numerous questions that need to be answered; they want to understand the rationale for common medical dogma which compels the teacher to understand the complexities of medical problems. In addition, every learner brings unique perspectives and knowledge to each session, so everyone gains during each session.

As a medical educator, although I provide a number of didactic lectures and conferences, the majority of my teaching occurs in the context of patient care in the clinics and hospital wards. These teaching sessions are often short or intermixed with clinical duties. My teaching is often targeted toward making medical decisions for individual patient care. I try to emphasize the importance of incorporating the patient's history and physical exam in to guiding medical decisions. Whereas many learners may not remember the specifics about individual patient care, I do hope to teach broad concepts and to instill an enthusiasm for medical education. In my long history in education, I always remember the enthusiasm of my teacher and their approach to problems or challenges. After working with me, I hope that students and residents will ask themselves challenging questions and actively seek out the answers in order to provide the best quality of care.

My teaching style emphasizes the importance of individual involvement. Whether a student, resident, fellow or attending physician, everyone has a unique perspective and brings prior knowledge and experience. Some of my best teachers have been students who ask intriguing questions and have innovative approaches to clinical problems. As such, I strive for everyone to actively contribute. The most effective sessions are those in which individuals feel at ease to ask the "stupid" questions or to speculate answers. I also try to create an atmosphere which facilitates the needs of all learners. One of the most challenging aspects of clinical teaching is meeting the educational needs of individuals who are throughout a spectrum of knowledge and experience. Thus, I try to determine the goals of each individual with whom I work and try to facilitate their achievement of those objectives.

### Resident Activities

#### 1. [REDACTED] Residency Program Director

Throughout my residency, I remained active in the [REDACTED] residency program. During my [REDACTED] chief residency year, I helped design a new [REDACTED] curriculum, changing the rotation schedule, the number of electives and the distribution of rotations. Since that time, my goal is to design a [REDACTED] curriculum which provides the foundations of [REDACTED] care, but still retain the flexibility for residents to develop their own interests. With residents choosing careers as primary care outpatient

physicians, hospitalists, and a wide variety of [REDACTED] subspecialties, each resident has unique educational needs which we try to meet. In addition, I have started a monthly [REDACTED] noon conference during which I cover a wide range of programmatic and educational issues. During these sessions, we discuss current issues in medicine as well as ways to improve our practice of medicine.

2. [REDACTED] Continuity Clinic Director

My first initiative for the [REDACTED] residency was to establish a combined [REDACTED] clinic. Prior to 2004, all [REDACTED] residents had separate [REDACTED] clinics precepted by categorical faculty. Whereas this is a good model for resident education, significant advantages exist for [REDACTED] residents to have a single clinic at which they can see both adults and children. This is the future practice model for most of our residents, which should be modeled during residency. In addition, the combined clinic also allows all of our residents to work with dedicated [REDACTED] physicians, which provides essential role-modeling and mentoring. With the establishment of this clinic, I established a definitive set of goals and objectives and a timetable for the development of competency in all of the ACGME general competencies. In order to meet all objectives, I also established a pre-clinic conference which provides a small group interactive atmosphere to discuss the evaluation and management of outpatient clinical problems. The preclinic conference curriculum is designed around three broad areas: preventive healthcare, symptom-based care and disease management. This curriculum consists of a 2-year repeating schedule of topics, with an accompanying reading list. One of the challenges I encountered was the lack of comprehensive up-to-date resources for outpatient practice. So, I maintain a continually updated list of journal articles and guidelines for each topic.

3. [REDACTED] Continuity Clinic Attending Physician

With the development of the [REDACTED] clinic, I consider my role as continuity clinic attending to be essential to resident education. Beyond the obvious mentoring and role-modeling, this is an excellent opportunity to guide the development of medical knowledge and patient care of residents in the ambulatory arena. With undergraduate and graduate medical education focused on inpatient experiences, most residents find the ambulatory care of patients to be challenging. Outpatient medicine is less structured with more complex medical decision-making which is intimidating to beginning physicians. One of my most rewarding experiences is to watch residents who initially approach their clinic with great trepidation develop into competent, passionate primary care physicians.

4. [REDACTED] Journal Club Preceptor

The [REDACTED] residents and attendings meet once per month to discuss recent [REDACTED] journal publications. I precept these sessions and lead the discussion on evaluating journal articles and applying research evidence in to the practice of medicine. Our emphasis is to critically read the literature and decide how each article will impact our practice of medicine.

5. [REDACTED] Inpatient Attending

I lead general [redacted] ward teams approximately two months every year. As attending physician, I must meet the needs of multiple learners including upper-level residents, interns, acting interns and third year medical students. Prior to each month, I distribute a 1-page summary of my expectations and goals for the rotation for each individual team member. On rounds, I encourage each team member to become involved in patient care – to learn through doing. My teaching style is to discuss pathophysiology and medical decision-making within the context of rounds working from general to specific. Thus, I will begin by asking basic questions to the students and then progress to more advanced questions for the interns and finally the resident. I also emphasize the importance of a thorough history and physical exam by taking time each morning to interview and thoroughly examine at least one patient. I point out key features and we discuss as a team how our findings change our medical decision-making.

6. [redacted] Noon Conference Series

The noon conference series consists of a series of core [redacted] topics which are repeated yearly and then a comprehensive set of lectures which are repeated every two years. For the core series, I discuss the diagnosis and management of delirium in hospitalized patients. As a [redacted] trained physician, I am also in charge of the adolescent [redacted] curriculum for the noon conference series. This is a series of three lectures given over two years covering the basic issues of adolescent development, preventive healthcare and screening.

7. [redacted] Noon Conference Series

For the [redacted] department, I have a two lecture series covering the basics of reading the medical literature and applying evidence-based medicine. My focus is to encourage residents to critically read the literature and recognize what articles should change their practice of medicine.

### Medical Student Activities

1. [redacted] Acting [redacted]

In 2005, I assumed responsibility for the acting internship. Prior to my involvement, the 4<sup>th</sup> year rotation was primarily experiential with no didactic activities. Although this rotation has always been highly regarded, the rotation was quite variable with little consistent curriculum. My first step was to create a syllabus with definitive goals and objectives as well as clarifying the expectations for acting interns in providing patient care and interacting with the team as well as for the residents and attending physician with whom they will be working. The syllabus establishes certain patient complaints (e.g. abdominal pain, chest pain and dyspnea) for which the student should understand how to evaluate and certain conditions (e.g. pulmonary embolism, atrial fibrillation and cirrhosis) that the student should understand both how to evaluate and manage. I also started a weekly case conference to establish a consistent curriculum and ensure that the objectives are met. I developed twelve patient cases followed by specific questions. Each week during the rotation, I meet with the students to review the cases and discuss the intricacies of medical decision-making. Last, I developed a final exam for students to document what they have learned throughout the rotation. The exam consists of five patient

scenarios for which the student must select two cases and provide a comprehensive assessment and plan for the patient problem.

2. ██████████ / ██████████ ██████████ Ambulatory Elective  
As program director of the University of Kentucky ██████████ Residency Program, I frequently encounter students who do not realize the career option of ██████████ or who do not understand the unique contributions which are made by ██████████ physicians. Thus, I created a 4<sup>th</sup> year elective to allow students to explore a ██████████ career by working with a variety of generalist and subspecialty ██████████ trained physicians.
3. MD-██████: ██████████ Clerkship  
The primary care rotation places third year medical students in various primary care clinics in the university clinics. Every month, I have one third year medical student working in my clinics. Teaching students in a busy ambulatory clinic is often challenging. I employ the principles described in the 1-minute preceptor, which requires each student to briefly summarize the key points of the case and make a commitment about the diagnosis and/or plan. After each encounter, I describe a strength in their evaluation, a weakness in their evaluation and then a teaching point for future patient interactions.
4. MD-██████: ██████████ Clerkship – Adolescent ██████████ Coordinator  
In conjunction with a HRSA Predoctoral Primary Care Training Grant, I developed a four hour adolescent ██████████ workshop. This workshop was based upon the clinical care deficiencies in adolescent care documented in the medical literature and the Healthy People 2010 goals. This workshop stresses basic interviewing and communication techniques unique to approaching adolescent patients, screening for at-risk behaviors and counseling for behavior change. The topics discussed include sexual activity, substance abuse, depression and suicide risk, risk-taking behaviors, violence and eating disorders.
5. MD-██████: ██████████ Clerkship  
As described above in the resident section on inpatient attending, I attend two months per year on the general ██████████ wards. On rounds, I focus on teaching the students how to interpret historical, physical exam, laboratory and imaging findings. Students are expected to refine their oral presentations to the essential items which will impact our clinical decision-making. I also provide several didactic sessions to the third year medical students. I review basic topics such as ECG interpretation, acute renal failure, arterial blood gas interpretation and evaluation of chest pain.
6. MD-██████: ██████████ Clerkship  
As described above in the resident section on inpatient attending, I attend one month per year on the general pediatric wards. On rounds, I focus on teaching the students how to interact with children of varying ages, how to obtain a useful history and how to adequately examine all children (even those who are reluctant) in addition to the interpretation of historical, physical exam, laboratory and imaging findings. Students are expected to refine their oral presentations to the essential items which will impact our

clinical decision-making. In addition to team rounds, I provide several didactic sessions to the third year medical students. I review basic topics such as intravenous fluid management, evaluation of fever during infancy, infant and childhood pneumonia, the evaluation and management of gastroenteritis, and bronchiolitis.

7. MD- [REDACTED] : [REDACTED] Year 2 – Cardiac Workshop

In 2005, I created a cardiac workshop using the Harvey Cardiac Simulator to teach advance auscultation and decision-making techniques to second year medical students during the physical diagnosis course. The workshop begins with each student examining the simulator on one of nine settings which demonstrate normal exams, basic heart murmurs and more complex heart murmurs. Each student must make a commitment as to what they have heard, including a description of the murmur, the location on the chest wall and a final diagnosis. Afterwards, I work through each murmur and introduce the finer points of physical diagnosis by incorporating basic physiology into the discussion. In 2006, the University of Kentucky College of Medicine acquired the K-man Cardiac Simulator, so the workshop was adapted for use with this new simulator.