Associate Professor Narrative Statement Example F — *"The Educator-Clinician"*

Primary Area of Distinction: **Education**
Secondary Area of Distinction: **Health Care Delivery**
A candidate who devotes a majority of effort to or who has major achievements in education with some effort (and achievements) in health care delivery.

Expected Achievements:
- **Established** level in **Education**
- **Entry** to **Established** level in **Health Care Delivery**
- Entry level in Academic Service

J.J. SAMPLE, MD

Assistant Professor, Department of Medicine

Education is my passion. Although I seek to provide exceptional care for patients with multiple chronic diseases, my primary goal is to educate students, residents, patients and families about unique aspects of the care of elderly patients. As an educator, I seek to advance the communication and inter-professional skills needed daily in care coordination. As a physician trained in internal medicine, geriatrics, and palliative care, I integrate each of those perspectives to enhance clinical education, as well as create models of care that improve patient outcomes and benefit our health system. I seek promotion to Associate Professor based on my achievements in my primary Area of Distinction in Education, in my secondary Area of Distinction in Health Care Delivery, and in Academic Service.

Area of Distinction in Education

Since arriving at UMMS eight years ago, I have been part of an interdisciplinary program to educate our medical and nursing students on the care of elderly patients, particularly those with chronic diseases. This has been a major gap in clinical education, as the interaction of diseases, drugs, and age are often not appreciated leading to medical errors and unneeded diminution in quality of life for patients. We assembled a team comprising pharmacists, nurses, physicians from multiple specialties, and hospital administrators to create a model "chronic care" simulation program for 2, 3, and 4th year medical students, graduate nursing students, and faculty. I was asked to Co-Chair this group two years ago.

We have published this initiative in Academic Medicine (Sample et al, 2016) as well as provided tools for other institutions to use through MedEd portal (Sample et al, 2015, 2017). We are now actively recruited to advise other medical schools throughout the United States on the development of this program and in the last year I have given presentations on the program at Tufts, New York University, and UCSF, as well as the AAMC Annual Meeting and NEGEA. It was wonderful to receive the "Star" award for educational innovation, a national award from the Institute of Medicine, for this interdisciplinary effort.

Our entire team is proud of the creativity and innovation that led to the chronic care simulation program and publications. We are now moving forward with a national network to track the impact of this educational process in both the disciplinary choices of students as well as their competencies in the care of geriatric patients in concert with the National Board of Medical Examiners (NBME). This novel research may well set the stage for continuing innovation in this area.

Students also rotate with me in both the outpatient and inpatient setting. Recognizing the brief exposure of students to patients and their families, I developed a series of "classic" patient stories and problems. These stories are based on the composition of our clinics and include issues of drug-drug

interactions, side effects of chronic disease, and support issues that might come up in the meeting with a patient. The students review the cases before clinic and then are assigned to interview specific patients and report not only on the present status, but parallels with the case they reviewed and issues they would like to discuss in their care. We are in the process of copywriting these cases to provide a national warehouse that institutions could use to create similar programs and I am delighted to have been awarded a UMMS internal grant to complete the project.

I am, however, most proud of my student and resident mentees. Out of 13 mentees over the last 5 years, 10 have chosen internal medicine and geriatrics for their specialization. Our teaching programs throughout the 4 years have received high ratings and continue to draw students beyond our ability to accommodate them. Our hope is to continue to grow the division and educators to address this need.

Area of Distinction in Health Care Delivery

My clinical practice focuses on the care of elderly patients with chronic diseases in the Internal Medicine Clinic, where I attend for seven half-day sessions per week. I am the only physician in the Clinic with specialty training in both geriatric medicine and palliative care and my colleagues frequently consult and refer their most complex patients to me. The gaps in coordination of care for these patients remain a national concern and a source of both unneeded morbidity and even mortality. After completing the UMMHC Quality Scholars program, I continued a study started in that program to accelerate communication of changes in medications, treatments, and health status in this high risk population by use of inbox/ EPIC functionality. We created rapid in box notification for the key members of an individual patient's team as well as the patient's My Chart that highlighted these elements specifically as well as provided treatment summaries. This project has resulted in a decrease in hospital admissions, drug interactions, and improved quality of life scores in the initial pilot population of 50 patients. Our biggest surprise was the level of engagement of patients themselves in addressing conflicts in medication and care changes. Funding from a Patient Centered Outcomes Research Initiatives (PCORI) grant awarded to my division chief, for which I am a Co-Investigator, has enabled us to extend the project to primary care sites throughout the system.

Academic Service

My focus on high risk geriatric populations has led me to serve on the Palliative Care committee, which I will chair next year, the Pain Management Task Force, and to chairing the steering committee for Hospital Readmissions. Each of these committees has made changes in policies and procedures that are advancing our overall care of these patients.

Summary

I came to UMMS/UMMHC to apply my expertise to educate students in the care of older individuals and to improve the health of our elderly patients. The interdisciplinary chronic care simulation program that we established has been effective in educating both medical and nursing students in the care of older patients with multiple chronic diseases and has received recognition as a national model for clinical education. I look forward to expanding our educational programs, regionally and nationally, as well as continuing to improve patient experience.