Faculty Profile: Physician who primarily trains with medical residents in a clinical setting.

## Personal Statement

| Goals | |
|---|---|
| | Develop the knowledge base and thinking skills of medical residents with expectations outlined according to their level of training.<br>Recognize weaknesses in knowledge base and design individual programs to remediate deficits.<br>Model use of OMT incorporated into a busy clinical schedule.<br>Demonstrate quality improvement and patient safety as a priority of clinical practice. |
| Preparation: | Remain current regarding standards of care in my specialty<br>Attend faculty development seminars/lectures dealing with residents as learners.<br>Attend AOGME webinars for continuous professional improvement. |
| Reflection/ Improvement: | Collect data from residents and colleagues regarding my effectiveness as clinician educator, and use information obtained to better my clinical and teaching skills.<br>Seek mentorship to improve my own scholarly activity and to be able to be a better mentor myself. |

| Descriptions of Quantity | | Evidence of Quality—methods and results |
|---|---|---|
| **Attending Physician (one-on-one and interactive group teaching)** | | |
| Y1-Y5 (present) | Patient teaching rounds with residents, fellows, and students: 2 hrs/day for 5 days/week for 2 months/year | Resident ratings since Y1: average 6.0 on a 7-point scale. (10-15 ratings per year) (see Table 1 in Appendix A)<br>Residency teacher of the year award multiple times (see CV) |
| | Inpatient subspecialty consultation service with residents, fellows and elective students: 2 half days/week for 4 weeks per month for 3 months/year | |
| | Supervision in outpatient clinic (5 residents) ½ day/week for 7 months/year | |
| | Clinical didactics for residents; simulation lab direction | |
| **CME Faculty** | | |
| Y2-Y5 | Regional and National presenter of CME on multiple topics including resident wellness, sleep hygiene, and resident remediation plans (9 presentations over 4 years; 3 peer reviewed and presented at OMED nationally) | CME evaluation data consistently positive (see Appendix B) |
| **CQI Facilitator** | | |
| Y3-Y5 | Mentored six residents over the past 3 years on important hospital-based improvement projects. | See patient outcomes data (Appendix C)<br>Manuscript developed for publication (Appendix D) |
| **Discussion of Breadth** | | |
| I am a teacher and evaluator of medical students, residents and fellows in both the clinic and hospital settings. I have worked closely with the program director as we transition our residency to ACGME accreditation. Further, I have been able to share my knowledge and experience with fellow faculty regionally and nationally through invited CME presentations. | | |

## Personal Statement.

The first preceptor I had as a medical student was an older internal medicine physician who was in solo practice in a middle-sized community. Both he and his nurse took time to calm my anxieties and to reassure me that I wasn't expected to know everything by third year, but that I needed to be open-minded to the idea of continuous learning. I vowed then to give back to other physicians-in-training when I became a practicing clinician in order to "pay-it-forward"; to pay homage to those who have taught me my art, and to not limit my precepting to a certain group. They all are rewarding in their own way. I see the excitement and enthusiasm of new interns as they leave the cocoon of medical school for more autonomous patient encounters; I witness the maturation of residents as they become true healers during the time spent in residency; I see fellows become true scholars advancing the body of medical knowledge and improving the future of patient care. Each phase has its own anxieties and rewards, and keeps me invigorated as an attending physician.

I am an osteopathic internist working with three partners in a busy private practice. We train residents, fellows, and medical students. As we have transitioned our residency program to ACGME accreditation, I strive to stay true to my DO roots, currently collaborating on our Osteopathic Recognition application. I have also been fortunate to have had opportunities to teach fellow clinical faculty through CME presentations regionally and nationally. I believe the attendance and participation in CME as well as

being part of teaching one another is important both to keep my knowledge up-to-date, and to model scholarly expectations for residents and fellows.

I also hope that I model the joy of medicine for students and junior doctors. I feel lucky to have the opportunity to care for others. This way of life has been influenced by what I consider a true foundation of osteopathic medicine – the holistic approach to providing patient care. The desire to show students that a clinician can be more than just a writer of prescriptions is what initially prompted me to take students on rotation, and later to get involved with resident teaching and supervision. I wanted to demonstrate that, as osteopathic physicians, we touch patients with our hearts as well as with our hands. In my work with hospice patients, I show trainees by example how to help family members navigate through the trials of a death of a loved one. I teach residents that family members won't always remember the details when being initially informed of a cancer diagnosis, but they never forget that you were there for them at the time of their loved one's death. I strongly believe that this empathy, this compassion for the dying and for those left behind, these labors of love for my patients and my profession are what makes me unique and distinctive.

## Appendices/Documentation

Documentation in appendices to support statements of quantity and quality in the structured summary is not provided for this example (see description of contents of the appendices below). However, you should include such documentation in your mini-portfolio, keeping within the limit of 25 pages (13 pages front and back).

Be sure to make clear reference to the documentation on your summary page by number or name (e.g., "See Appendix A"). If you refer to learner assessments, you should include a **summary** of the forms you received giving you those assessments. The documentation you provide will enable the primary and secondary reviewers to "audit" the quality information you include on your summary page.

### Table of Appendices

| The following table lists the elements that would have been included in this portfolio had it been from an actual faculty submission for the award. | |
|---|---|
| Appendix A | Resident ratings by year for 5 years; 7-point Lickert scale average 6.0 on a 7-point scale. |
| Appendix B | CME Evaluation data: by topic, location, 5-point Likert scale data, written comments |
| Appendix C | Resident white papers on QI projects with patient outcomes |
| Appendix D | Manuscript submitted to JAOA detailing our project on sodium control in hospitalized heart failure patients (Submitted April 2018) |

## Curriculum Vitae

A curriculum vitae is not included in this example, but would be if it were an actual portfolio. The CV, in standard Baylor format, allows primary and secondary reviewers to "audit" statements in the structured summary.