

Educator Portfolio

Revised September 2016

I feel that fostering confidence in the learner is a key component of good teaching. Ever mindful of maintaining a healthy ratio of confidence to competence, I first work ~~with~~ my students to convince them that they have skills of critical thinking and purposeful learning that will permit them to excel. I emphasize the importance of exercising those attributes within the architecture of passion, humility and a strong work ethic. I teach ownership for outcomes as a form of empowerment. Although I initially found it uncomfortable, I intentionally model fallibility and commend my students for thinking of things beyond the boundaries of my expertise. I then use that situation as a forum for discussion on how to find answers and problem solve the unknown, a vital skill in my field. Although I am generally considered the authority figure as I teach, I am comfortable with the shifting authority that often happens in a robust teaching exchange. It is generally the case that my students have much that they can teach me and I encourage them to participate in the educational process for all of us. I tell my residents that the mark of my success as a teaching attending is when they will ~~are~~ with me. In the crucible of the critical care unit this is not easy for them. I explain that I want them to have learned so much about their individual patients and the process of clinical care that they can independently form a diagnosis or care plan and defend it using evidence from their exam, history, clinical information supported by evidence from the literature. It is remarkable to see them rise to the task, invigorated with knowledge, poised and (respectfully) confident.

When circumstances are appropriate, I try to engage my learners with creative pedagogy. This has proven invaluable for learner engagement. I take the opportunity to point out analogies between clinical medicine and Greek myths or Irish folktales. To teach prioritization of information I have on occasion asked my residents to present a patient in Haiku or verse. I use impressionism to ~~teach~~ interpretation. Fortunately, Pediatrics is a field that demands a healthy sense of humor and creativity of its practitioners. Although these are not primary teaching means they are very effective in getting the learners' full attention.

Finally, frequent reassessment is a core principle of my teaching philosophy. I carefully read my evaluations, solicit verbal feedback from my students and solicit skilled observers. Similarly, I am a keen observer of others' teaching methods and styles. I test how well I have taught by watching my students apply their new knowledge to clinical medicine, explain ~~some~~ something to a patient or teach the topic to another learner. The iterative nature of all elements of education from curricular design to learner assessment to well done research will fill many years to come as I endeavor to serve as best I can in a career in medical education.

Date of last update: September 2016

FIVE-YEAR GOALS AS AN EDUCATOR

1. Increase outcome metrics for PCCM fellowship, including board pass rates, ITE scores and scholarly productivity by the PICU fellows
2. Create Graduate Survey that can be used by the PICU fellowship for monitoring outcomes of their fellows, track utilization by fellowships and track graduate data.
3. Attend Harvard Macy course on Leadership for Medical Educators. Use this training to implement GME system wide process for promoting best practices in professionalism and remediation of gaps between expectations and performance.
4. Publish medical documentation curricular study
5. Revise and improve Department of Pediatrics Core curriculum for fellows. Increase participation by those divisions not currently utilizing this resource.
6. Submit workshop to APPD Spring on departmental Core Curriculum topics and ultimately publish including other FDs.

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			Fellowship Director, Peds Heme Onc, Baylor, TX	development plans and imminent mentoring needs and provided written feedback and resources for mentee	
Ingrid Walker Descartes	2016	<1	Asst. Professor, Pediatric Child Abuse	Served as speed mentor Reviewed CV, career development plans and imminent mentoring needs and provided written feedback and resources for mentee	TBD, first interaction Mar 2016

Fellows (1.2015 12.2015)	Period of Mentoring/Advising	Years of relationship	Mentee/Advisee Role	Specific contributions to mentee/advisee development	Mentee/Advisee's
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				experience, promote supplemental training (conferences, workshops, clinical opportunities)	presentations or research related to thrombosis risk. Manuscript in preparation. Secured clinical position in PICU in Louisiana.
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Jason
Clayton

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				workshops, clinical opportunities)	
Marla Carter	07/2015-current	.5	PCCM Fellow	Oversee all aspects of Fellowship Training including general career development clinical elective choices, review evaluations, advise research from conception through presentation, supervise clinical experience, promote supplemental training (conferences, workshops, clinical opportunities)	On target for successful promotion into second year of PICU training. Active in ongoing research and QI projects. Consistently good ratings in faculty and peer assessments.
Bryan McKee	07/2015-current	.5	PCCM Fellow	Oversee all aspects of Fellowship Training including general career development clinical elective choices, review evaluations, advise research from conception through presentation, supervise clinical experience, promote supplemental training (conferences, workshops, clinical opportunities)	On target for successful promotion into second year of PICU training. Active in ongoing research and QI projects. Consistently good ratings in faculty and peer assessments.
Renee Willett	08/2011-current	4.5	PICU Fellow, Johns Hopkins		

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3. "Difficult Conversations; Moving from Conflict to Construct(ive)

Mason K, Rosenbluth G

Presented at APPD Fall Meeting, Atlanta, GA Sept 2016

Audience: Pediatric Program Directors, Associate Program Directors, Fellowship Directors and Coordinators

Format: Didactic Presentation