

NOTE: THIS APPLICATION DID NOT SUMMARIZE EVALUATIONS FROM RESIDENTS AND STUDENTS RESULTING IN 60 PAGES OF EVALS- PLEASE SUMMARIZE IN APPLICATION.

DOCUMENTATION OF TEACHING

I. STATEMENT OF PHILOSOPHY OF TEACHING

To be a doctor is a role of lifelong teaching and learning. Every day is another opportunity to further enhance the education of oneself or of someone else. For the past twenty-five years I have been vested in the education of pediatric knowledge as well as lifelong skills to succeed as a person and physician. I believe in starting off with a strong foundation. If you don't have this foundation, you need to build one concurrent with learning the curriculum at hand.

Learning takes many forms and teaching needs to take many forms, as well, to try to connect with and complement the learner. Rome wasn't built in a day and no one is going to learn all that they need to know in a day, eight weeks, or three years. It is imperative that the learner realize this, so they can focus on the task at hand and know that they are in a process of building a lifelong learning structure.

Repetition is the key to assimilating knowledge. Therefore, when the learner states that they have already been over that material, I say, "Let's go over it again and take it one step further". Take the innocent murmurs of childhood, for example. Knowing the different murmurs is one thing. Then, where are they located? What are the typical qualities? How do you distinguish them from pathologic murmurs? Then let's talk about pathologic murmurs in more depth. All along briefly going over the base information learned and building upon it each time we discuss the topic.

My personal theory of learning is that you learn best by doing. Just as there is more than one way to skin a cat, there is more than one way to learn. I try to give the learner autonomy in their treatment options, as long as they are sound and evidence based. I encourage them to learn different ways to treat diseases and or do procedures because when they go to another place or practice, the standard resources that they have been using might not be available. They will need to have more than one trick up their sleeve.

Study what's in front of you. I try to have the learner take a topic encountered during the day and research it in the evening. Make a list of different topics that have been mentioned and read about them, if only for five minutes per topic. In this way the learner builds on daily experiences.

Teaching should be fun and engaging. I try to have a positive attitude about learning, not take life too seriously, and have fun when you can. I think critical thinking and daily learning should occasionally be interrupted, switch gears, so to speak. One example would be while discussing the pathology of a patient while on newborn nursery rounds, I might ask the learner what kind of flower is in the picture hanging on the wall. Something to briefly break up the learning session while actually trying to teach that there is more to life than just medicine.

It's nice to know that zebras are out there, but common things are common. I like to teach practical and cost effective medicine. Not everyone needs a full work up but know when one is needed. Reassurance to the parents may be all that's needed, instead of diving in on a long list of lab items to order.

Try to keep the learner engaged. Over the years I have tried to improve on the didactic lectures that I give. Mix things up and teach by using different methods within the same lecture. My ear exam lecture has evolved and includes a didactic portion, a time for the student to take a pointer and get up out of his seat to point out landmarks, and a time when flash cards are held up denoting a diagnosis. On rounds, I might look at one learner while asking a question then look at another learner and expect him to provide the answer. This encourages active engagement and keeps students on their toes.

I try to make learning an active, not passive, process. In the newborn nursery while one is reading off the hypnotic prenatal labs, I might interrupt to ask “What if mom’s RPR is positive? What is the next step?”, trying to engage the learner with the reason they are gathering the information.

Essential characteristics of a good teacher include being a good listener. Teaching is a two-way exchange. The teacher observes and listens to the learner in order to diagnose what the learner has and has not grasped, as well as to be able to learn from the student. A good teacher also shows by example, is a self-educator, and can teach at the drop of a hat and in multiple situations, such as at the bedside, in a hallway, in the lecture hall, in the elevator, or even while having lunch. For example, to teach fluid and electrolytes I might start by asking the student what size patient would their drink size be maintenance fluid volume for a day. The teacher should be prepared and able to teach multiple levels of learners, as if in a one room schoolhouse. An effective teacher should be able to provide positive feedback while correcting errors, together with teaching general rules and principles, while stimulating reflection. All the while, the teacher is diagnosing the patient and the learner at the same time.

Over time, my development as an educator has been one of continued study and seeking new ways to teach. One has to be able to improvise and try to seize opportunities to teach when they arise. I have mellowed some in that I think it is okay for the learner to have some autonomy as long as it’s not at the patient’s expense, they learn from mistakes, and accept responsibility for their actions. My goal is to increase and nurture students’ desire to learn and provide an environment in which they can take the next step.

II. EDUCATIONAL CONTRIBUTIONS

A. INSTRUCTIONAL RESPONSIBILITIES

1. Medical Student, Resident and Graduate Teaching

Course/Topic	Activity Format/ Description/Content	Contact Time (Hours per Year)	Years	Learners/ Number/ year	Institution/ Comments
Clinical Skills	Clinical Skills for 1 st and 2 nd year students for Medical Hx, Abdominal, Blood Pressure, HEENT exams	2-4	5	8-15	MUSM
	Introduction to Pediatric Clinical Exam to Sophomore Students	3	14	2012-2016: ~55 2010-2012: ~50 2008-2010: ~42 1995-2008: ~36	MUSM

Basic Sciences	Oral Exams Cardiology and Musculoskeletal	6	1	10-15	MUSM	
Standardized Patient Program	Standardize Patient Training for Step II of NBME	3	12	3	MUSM	
Preceptor for remedial students for the Performance-Based Clinical Exam	In office review of Physical Exam techniques	2	3	3	MCCG campus	
3 rd Year Pediatric Clerkship	Ward Rounds	30-120	10	6	MCNH	
	NBN Rounds	120	20	20	MCNH	
	Ambulatory Clinic Attending	360	20	45	MCNH	
	Small group Discussions	50	20	20	MCNH	
	One-on-One Discussions	30	20	30	MCNH	
	Organize and oversee 6 rotations per year	120	14	60	MCNH	
	Rotation Orientation – First Day	6	14	30	MCNH	
	Organize Clinical Reasoning Lecture discussions with appropriate case-based learning cases. 26/rotation	5	5	2012-2016: ~55 2010-2012: ~50 2008-2010: ~42 1995-2008: ~36	MCNH	
	Organize CLIPP case-based Lecture Series. 26/rotation	5	7		MCNH	
	Ear Exam Lecture	9	16		MCNH	
	Dermatology Lecture	6	7		MCNH	
	HEENT Lecture	6	14		MCNH	
	Nephrology Lecture	2	2		MCNH	
	Mid-rotation evaluation and counsel. 6/yr	9	11		MCNH	
	Mid-rotation Test Review 3/yr	3	11		MCNH	
	OSCE: observe encounters, grade, post encounter notes. 3-4 times per year	24	10		40	2 OSCEs/ Student
	Clerkship Orientation for new faculty and residents annually	1.5	5		8-12	MCNH
	Faculty Advisor for 3 rd and 4 th year students	5	20	2-8	MCNH	
Sophomore Medical Student Class Annual Orientation to 3 rd year	1	5	60	MUSM		

Pediatric Residency	Formulized Teaching Rounds at Bedside	30-120	10	15	MCNH
	Newborn Nursery Attending	120	20	18	MCNH
	Ambulatory Clinic Attending	360	20	30	MCNH
	Continuity Clinic Attending	150	16	18	
	Faculty Preceptor-Methodist Home	30	6	6	Methodist Children's Home
	Faculty Preceptor-Morning Report	5	7	30	MCNH
	Faculty Preceptor-Newborn Lectures	6	6	18	MCNH
	Faculty Preceptor-Radiology Case of the Week	6	3	18	MCNH
	Faculty Advisor for Residents	6	20	3	MCNH
	Faculty Preceptor Physical Findings/Dermatology Cases of the Month	6	6	18	MCNH
	Faculty Preceptor for Disease Picture Show	4	2	18	MCNH
	Co-Facilitator Residents Journal Club	4	1	18	MCNH
	Faculty Preceptor Resident Outpatient M&M Conference	3	4	30	MCNH
	Faculty Preceptor Resident Outpatient Consult Review	7	5	30	MCNH
	Faculty Preceptor Thursday Case Conference	6	7	30	MCNH
	Faculty Preceptor Resident Board Review	4	2	18	MCNH
	Faculty Preceptor Resident Wednesday Board Review Conference	6	5	18	MCNH
	Teach: Residents as Teachers	1	6	18	MCNH

2. Describe the experiences you have had with various instructional methods. Examples might include but are not limited to lectures/resource sessions, PBL, TBL, bedside/teaching rounds.

Medical student instructional responsibilities mainly involve working with the junior medical students through different methods to accomplish the goals of the curriculum.

Ward and Newborn rounds involve bedside, hands on, one-on-one, and/or small group instruction. Reading assignments, internet assignments, and/or patient related research assignments may be discussed during rounds. Topical discussions often arise as an outgrowth of any given patient encounter. I see these as opportunities to

help the student assimilate their daily experiences with the medical knowledge they are learning. In more structured, serial discussions on a topic, such as fluids and electrolyte issues, I take a longitudinal approach to teaching the learner throughout the time spent in a particular setting.

I give didactic lectures, problem-based learning discussions, as part of a scheduled lecture series or on the fly during down-time while in the ambulatory or newborn setting. This is usually the case with the newborn dermatology and perinatal infectious disease discussions.

Down-time is a good opportunity to teach. In the ambulatory setting, this may be a brief reading assignment or an article handed out for further instructional purposes. Flash cards are good for a quick lesson on matching pediatric exanthems. Down-time is also a good opportunity for giving the learner feedback. Instructional quizzes may be given as a springboard for discussion on topics such as ear exams, landmarks, pathology, or treatment of disease. I also use other, less overt, teaching tools during down-time. I routinely post photographs of physical findings with a brief description of the patient's clinical presentation for learners to research, using the books and other resources on hand, to identify the disease process of pathology.

Learning can be fun as well. I have had students play charades of pediatric disease physical findings, developmental milestones etc. I also use a grab bag and have students blindly pull out an object to springboard a topic to assess knowledge and teach.

As with any instructor, one of the most important assessment tools is the evaluation of the student's assessment and plan developed for each patient encounter. This allows the instructor not only to assess the student's knowledge and clinical skill-set, but to identify areas of weakness in need of instruction, as well.

Resident instructional responsibilities mainly involve working with the Pediatric, Family Practice, and at one time, Transitional Residents through methods similar to those previously mentioned here, pertaining to 3rd and 4th year medical students, but with a higher degree of expectation.

I have developed two different workshops that I have given on multiple occasions to the Pediatric and Family Practice Residents. One is the circumcision workshop which is a hands-on exercise following a didactic lecture on the procedure. The other is a two-day workshop on the ear exam. Day one being more knowledge and diagnostic based and day two more hands on with equipment, insufflation, use of the video otoendoscope, tympanometry demonstration and interpretation, cerumen removal, and problem solving the otoscope that isn't working properly. Additional faculty and residents facilitate as instructors in these workshops to assist in achieving the workshop goals and objectives, as well as, encouraging scholarly collaboration.

B. CURRICULUM DEVELOPMENT

Course	Item	Dates	Description	Role
3rd year Pediatric Clerkship	Pediatric Core Rotation Orientation Manual	2016-1997 19/Editions	Responsible for annual revisions and updating of information within clerkship manual. Starting 2005 in conjunction with Savannah's clerkship director, 2011 with Columbus	Initial Developer and has been adopted at other MUSM Campuses Collaboration with other MUSM Clerkship Directors
	Newborn Orientation Resource Manual	2016-1997 9/Editions	Manual with vital day to day expectations, protocols, and educational materials needed for NBN daily operation	Developer and has been adopted at other MUSM campuses
	Evaluation and Grading Clerkship Redevelopment	2014	Revision of Attending and Resident Evaluations of students to reflect goals and objectives of MUSM	Collaboration with other MUSM Clerkship Directors
	Teachers Guide to COMSEP Clinical Cases	2013	National Publication to assist Clerkships worldwide Click here to access C3 Teacher's Guide	Distribute to Attendings and residents to assist in teaching of medical student core lectures
	EMR Curriculum Development for Pediatric Students	2011	Pediatrics department was the first clerkship to offer EMR skills to medical students starting in the outpatient department	Increase training in EMR knowledge and skill
	Extended Clerkship site to Sandersville and Thomasville	2011	Site was developed to help with the expansion of the class size. One student would rotate for 4 weeks in the outpatient setting	Collaboration and instruction with distant sites
	Required PE Findings	2011	Developed required PE findings for Clerkship	Collaborative with Savannah Clerkship Director
	Clinical Reasoning Lectures	2011	Implementation of Clinical Reasoning lectures into clerkship (16/per rotations)	Collaborative with Savannah Clerkship Director
	Night Shift	2011	Implementation and development of night shift week into Clerkship	Collaborative with Savannah

				Clerkship Director
Development of Pediatric Clerkship Expansion	2010	Restructure due to increase of class size	Complete revamping of the service in collaboration with Savannah, new services were incorporated into the clerkship	
OSCE	2008	Otis Media with Effusion and Acute Otis Media in 7-year-old patient	Author	
OSCE	2008	Pediatric Patient with Viral Pharyngitis	Author	
OSCE	2008	Patient with a fever and a rash. Communication with caretaker on the telephone	Author	
Pediatric Grade Report Sheet Revision for use by All Clerkships	2007	Grade sheet was modified and structured to be the same on both Savannah and Macon Campus	Other clerkships adopted grading format	
CLIPP Case 2: Infant Well Child	2007	Nationally known educational resource (Computer-assisted Learning in Pediatrics Project)	Author and editor in the redevelopment and multiple revisions to case also used in MUSM clerkship	
Pediatric Competencies	2005	Development mapped pediatric competencies to Clerkship's goals and objectives	Collaborative with Savannah Clerkship Director	
Numbers and Kinds	2005	Developed numbers and kinds patient requirements for Clerkship	Collaborative with Savannah Clerkship Director	
Pediatric Mid-Term Review Form Development	2005	Requirement by LCME	Developer	
Pediatric Grade Report Sheet Development	2005	Automation of grade calculation was developed to decrease errors and create standard format	Developer	
Student Lecture Series	2004-2003	Developed lecture series for students covering curriculum based topics	Developer	

	CLIPP Cases	2004	Implementation of CLIPP (Computer-assisted Learning in Pediatrics Project) case based lectures into the Clerkship 17/per rotation	Collaborative with Savannah Clerkship Director
	Pediatric Clerkship Professionalism Curriculum	2003	Development of standard guide across the clerkships to assessing and evaluating the medical student with regards to professionalism	Committee member
	Pediatric Flashcard Development	2003	Instructional information delivered in a reachable way to assist the student with Developmental milestones, telephone triage, and adolescent interviews	Developer
	Pediatric Clerkship Remediation Guidelines	2002	Standard set of guidelines to address remediation	Developed in collaboration with Savannah Campus
	Pediatric Clerkship Grading System Revision	2002	Developed a grading system in to Excel Document	Developer
	Design Newborn Nursery Curriculum for 4 th year elective	2001	2-week elective developed and organized for the students interested in pediatrics	Developer
Pediatric Residency	Ambulatory Curriculum	2012	Revision of outpatient curriculum coincide with the decrease in outpatient resident months	Collaboration with attendings
	Continuity Clinic Curriculum	2004	Structure to the Continuity Clinic teachings for consistency among all educators and to cover all topics during each 1.5years	Developer
	Coordinator of Newborn Nursery Curriculum	2004-1996	Incorporation the ACGME NBN requirements into the curriculum	Collaboration with Residency Director
	Newborn Nursery Curriculum	2003, 1996	Core curriculum	Developer
	Well child check visit sheets	1996-2001	Utilized by resident and students for well visits. Incorporated age appropriate milestones, dynamic aspects of the PE and age-related anticipatory guidance	Developer

	Feedback Workshop	2008-2004	Discuss methods of giving feedback through ppt, role-play, and videos	
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C. LEARNER ASSESSMENT

Item	Course	Frequency/	Learners	Role
Clinical Reasoning Mid Term Exam A (Multiple Choice) 10/2011	3 rd year Pediatric Clerkship	6/year	2012-2016: ~55 2010-2012: ~50	Developed and revised questions in conjunction with Savannah Clerkship Director
Clinical Reasoning Mid Term Exam B (Multiple Choice) 3/2012		3/year	2012-2016: ~55	
OSCE 2003-2016		12 per year	2012-2016: ~55 2010-2012: ~50 2008-2010: ~42 1995-2008: ~36	Faculty Observer and grader
Mid-Term A (Multiple Choice) 7/2009		Twice a year	2010-2012: ~50 2008-2010: ~42	Developed and revised questions in conjunction with Savannah Clerkship Director
Mid-Term B (Multiple Choice) 8/2009				
Mid-Term C (Multiple Choice) 10/2009				
Final A (Multiple Choice) 7/2009				
Final B (Multiple Choice) 8/2009				
Final C (Multiple Choice) 10/2009				
Midterm Exam revision 2007				
Final Exam revision 2007				

Midterm Exam revision 2002				
Ear Quiz	2 nd , 3 rd year Medical Students, NP, PA students, Pediatric, Family Practice Residents	Students 6/year Residents 1/year	2012-2016: ~55 2010-2012: ~50 2008-2010: ~42 1995-2008: ~36	3-part quiz used to assess knowledge with regards to landmarks and diagnosing ear pathology
Childhood Exanthems matching cards		15 times/year	20 learners	Used during down-time
Miscellaneous outpatient quizzes			50 learners	
Assessing the learner during questions on rounds and content of Presentations, Assessment and Plans		Daily	2012-2016: ~55 2010-2012: ~50 2008-2010: ~42 1995-2008: ~36 Residents: 25	Used on a daily basis
Resident Clinical Skills Assessment Form	Pediatric Residents	During Continuity Clinic 6 times/year	2002-2006: 15	ACGME requirements
Newborn Nursery competency exam	Pediatric Residents 1996-2016 Family Practice, Transitional Residents 1996-2000	1/year/1 st year resident	6-10	Developer Exam given at the end of first NBN month to assess competency

D. ADVISING/MENTORING **VERY COMPLETE LIST OF MENTORS/ ADVISEES. IF YOU DON'T HAVE ALL INFO, SUMMARIZE BY YEAR-NO. AND TYPE**

1. Medical Students:

Name	Dates	Program	Department/ Institution	Comments (Thesis, paper titles, etc.)
Minh Hang	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
Lauren Spradley	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
Michael Gower	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor

Jake Kirkpatrick	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
Kyle Lawson	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
Laura Lowrey	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
David Garcia	2016-2017	Academic Advisor	MUSM	Served as Academic Advisor
Nicole Wischmeyer	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
Aaron Worth	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
Michelle Hamby	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
Ginny Brown	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
Ulysses Davila	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
David Sorensen	2015-2016	Academic Advisor	MUSM	Served as Academic Advisor
Jonathan Wood	2014-2015	Academic Advisor	MUSM	Served as Academic Advisor
Hannah Hulsey	2014-2015	Academic Advisor	MUSM	Served as Academic Advisor
Jonathan Wood	2013-2014	Academic Advisor	MUSM	Served as Academic Advisor
Amanda Craig	2012-2013	Academic Advisor	MUSM	Served as Academic Advisor
Dana Mayo	2012-2013	Academic Advisor	MUSM	Served as Academic Advisor
Saletha Smith	2012-2013	Academic Advisor	MUSM	Served as Academic Advisor
Lindsay Kinnebrew	2006-2007	Academic Advisor	MUSM	Served as Academic Advisor
Minh Hang	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Lauren Spradley	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Michael Gower	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jake Kirkpatrick	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Kyle Lawson	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Laura Lowrey	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
David Garcia	2016-2017	Mentor	MUSM	Reviewed CV, personal statement & provided LOR

Patricia Tran	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Michelle Payne	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Bryan Renken	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Sean Morris	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Nicole Wischmeyer	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Aaron Worth	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Chelsey Bayer	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Ulysses Davilla	2015-2016	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jonathan Wood	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Matthew McGee	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Carter Wallace	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Kacie Sweat	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Hannah Hulsey	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Rachel Turner	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Tori Grenade	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Therese Farmer	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Alyssa Walden	2014-2015	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Carla Rutherford	2013-2014	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Ashley Edmonston	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jonathan Smith	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Ashley Booth	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Brooke Schraudenbach	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Saletha Smith	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Trang Bui	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR

Seth Gregory	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Stephanie Lewis	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Nick Kelley	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Dana Mayo	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Amanda Craig	2012-2013	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jenny Thomas	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Ashley Easom	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Becky Biscoglia	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Anna Hoffa	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jamie Aye	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
George Hsu	2011-2012	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Justin Mann	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Robert Abdullah	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Nira Patel	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Amber Dodgen	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Andrew Dodgen	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Cemre Robinson	2010-2011	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Matthew Campbell	2009-2010	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jessica Enclard	2009-2010	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Elizabeth Hendrix-Parsons	2009-2010	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Daniel Justin Dukes	2009-2010	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Deepali Rane	2008-2009	Mentor	Visiting Student	Reviewed CV, personal statement & provided LOR
Saima Hussain	2008-2009	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Meghann Gossett	2008-2009	Mentor	MUSM	Reviewed CV, personal statement & provided LOR

Amanda Mashae Evans	2008-2009	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Sharlisa Walker	2007-2008	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Lindsay Kinnebrew	2007-2008	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jinyue Li	2006-2007	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Nick Moseley	2006-2007	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Salli Lehman	2006-2007	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Basil S. Alawabdy	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Cassandra Wilson	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Elizabeth Eanes	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jeffery Miles Butler	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Julie Ann McElroy	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Mary Anita Thurman	2005-2006	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Chris Bowers	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Allison Rank	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Anna Bramwell	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Brandy Geelsing	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Chris Cawley	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Crystal Bailey	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Drew Moorman	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
George Petro	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Jonathan Lynch	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Kendra Lynch	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Steven Powell	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Wendy Coto-Puckett	2004-2005	Mentor	MUSM	Reviewed CV, personal statement & provided LOR

Kelly King	2003-2004	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Brian Tinch	2003-2004	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Garrett Gore	2003-2004	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Elizabeth Tharpe	2003-2004	Mentor	MUSM	Reviewed CV, personal statement & provided LOR
Coy Miller	2002-2003	Mentor	MUSM	Reviewed CV, personal statement & provided LOR

2. Postdoctoral fellow, research associates, residents:

Name	Dates	Program	Department/ Institution	Comments
Sarah Gangi, MD	2015-2016	Academic Advisor	MCNH	Served as advisor for Transition & Remediation
Matt Campbell	2010-2013	Academic Advisor	MCNH	Provided LOR. General Practitioner Practice, Tennessee
Albright Gayagoy	2011-2012	Academic Advisor	MCNH	Provided LOR. PICU Fellowship Jacksonville, FL
Maxine Eikani	2009-2010	Academic Advisor	MCNH	Provided LOR. Pulmonology Fellowship
Tricia Moss	2008-2009	Academic Advisor	MCNH	Provided LOR. General Pediatrics Practice
Stephanie Payton	2008-2009	Academic Advisor	MCNH	Provided LOR. General Pediatrics-Academic
Leah Helton	2007-2008	Academic Advisor	MCNH	General Pediatrics Practice, Dublin, GA
Robert Ford	2007-2008	Academic Advisor	MCNH	General Pediatrics Practice, Warner Robins, GA
Amy Levine	2007-2008	Academic Advisor	MCNH	General Pediatrics Practice, Atlanta, GA
Michael Williams	2006-2007	Academic Advisor	MCNH	Provided LOR, Pediatric Academics, Virginia
Letitia Hillsman	2006-2007	Academic Advisor	MCNH	Provided LOR
Ben Elder	2006-2007	Academic Advisor	MCNH	Provided LOR. Pediatric Academics.
Beth Harrleson	2005-2006	Academic Advisor	MCNH	Neonatology Fellowship
Beth Harrleson	2005-2006	Academic Advisor	MCNH	Provided LOR
Jennifer Dunn	2005-2006	Academic Advisor	MCNH	Provided LOR
Molly Sims	2004-2005	Academic Advisor	MCNH	Provided LOR

Jill Waters	2004-2005	Academic Advisor	MCNH	Provided LOR
Lezlie Biles	2004-2005	Academic Advisor	MCNH	Provided LOR
Lance Slade	2003-2004	Academic Advisor	MCNH	General Pediatrics Practice, Macon, GA
Shameza Boyd	2002-2003	Academic Advisor	MCNH	Provided LOR. General Pediatrics Practice, Alabama
Sokar Kendor	2002-2003	Academic Advisor	MCNH	Provided LOR
Regina Justice	2002-2003	Academic Advisor	MCNH	Provided LOR
Ken Turk	2002-2003	Academic Advisor	MCNH	Provided LOR

E. Educational Leadership and Administration

Dates	Name/Title of Activity	Department/Division	Accomplishments/Innovations
2002-Present	Clerkship Director	Pediatrics	<p>14 years of successful clerkship</p> <p>Mentored Clerkship Director at Savannah Site</p> <p>Mentored 3 Administrative Assistants and 1 Assistant Director for clerkship</p> <p>Instituted a curriculum based lecture series</p> <p>Instituted a night shift schedule</p> <p>Instituted a web based curriculum</p>

III. PROFESSIONAL DEVELOPMENT

Course/ Activity/Description	Dates	Location	# of hours
Teaching Related CME			
Council on Medical Student Education in Pediatrics (“COMSEP”) Annual Meeting 1. “Teach and Assess Clinical Reasoning Using Practical, Validated Written and Oral Case Presentation Rubrics” 2. “Come on Down: How to Develop, Implement, and Tailor and Exciting Game Sow Program for your Learners”	04/06/16	St. Louis, MO	19.25
COMSEP Annual Meeting 1. “I spent How Much on That Medical Workup?” 2. “Something for Everyone: Engaging Multiple Levels of Learners in the Clinical Setting?” 3. “And Action! Making Video a Part of Your Educational Repertoire”	03/11/15	New Orleans, LA	18.25
MUSM Faculty Development Workshop: “Program Directors Sub Committee”	05/13/14	Macon, GA	2.0
COMSEP Annual Meeting 1. “Doing a Flip to Make the Learning Stick!” 2. “Questioning As An Effective Teaching Tool?” 3. “Activity is Health for Learners-How Can the Faculty Train in Active Learning Models”	03/27/14	Ottawa, ON Canada	18.25
APPD/COMSEP Joint Annual Meeting 1. “Boot Camp-Best Practices: Designing a rotation to prepare 4 th year Medical Students for Pediatric Internship” 2. “Resident as Teacher: A mutually Beneficial Arrangement”	04/10/13	Nashville, TN	17.25
COMSEP Meeting 1. “Stop Lecturing Me-How to Use Interactive Teaching Techniques”	03/22/12	Indianapolis, IN	18.5
MUSM Faculty Development Workshop “Program Directors Sub Committee”	02/24/12	Macon, GA	2.0
MUSM Faculty Development Workshop: “Crucial Elements of Education through Simulation”	05/26/11	Macon, GA	2.0
COMSEP Annual Meeting 1. “Clean Up Your Approach to the Problem Learner Using SOAP” 2. “Thinking about Thinking: Coaching Strategies to Promote Clinical Reasoning”	03/04/11	Sand Diego, CA	13.75

<p>COMSEP Annual Meeting</p> <ol style="list-style-type: none"> 1. "Medical Student Documentation: An Asset or a Liability?" 2. "Medical Education in the Age of Electronic Health Records: How to Achieve Best Utilization" 3. "Learning Styles in Action: Connection with All of Your Students" 	03/24/10	Albuquerque, NM	14.25
<p>COMSEP Annual Meeting</p> <ol style="list-style-type: none"> 1. "The Institute for the Advancement of Human Behavior, A Medical Education Company" 2. "Achieving Curricular Objectives through Active Learning" 3. "Panning for Gold: A sharing of the Best Teaching Practices" 	04/28/09	Baltimore, MD	8.00
MUSM Faculty Development Seminar	06/04/08	Macon, GA	2.0
<p>COMSEP Annual Meeting</p> <ol style="list-style-type: none"> 1. "Gone in 60 Seconds: The One-Minute Preceptor" 2. "Mind the Gap: Developing Case-Based Materials for Training in Cross Cultural Communication" 3. "Tune Up Your Clerkship and Boost Performance" 	04/03/08	Atlanta, GA	10.5
<p>COMSEP Annual Meeting</p> <ol style="list-style-type: none"> 1. "Feedback: How to Give It, How to Get It" 2. "Teaching the Teachers How to Teach: Creating or Enhancing Residents as Teachers" 	03/09/07	San Antonio, TX	15
COMSEP Annual Meeting	03/16/06	Salt Lake City, UT	12.5
MUSM Faculty Retreat	06/10/05	Macon, GA	2.0
<p>COMSEP Annual Meeting</p> <ol style="list-style-type: none"> 1. "The Art of Grading in the Clinical Clerkships: The Most Abstract of all the Arts" 2. "Feedback: How to Give It, How to Get It" 3. "You Can See a Lot by Just Looking: Using Fine Art to Teach Clinical Medicine" 	04/07/05	Greensboro, NC	13.75
COMSEP Annual Meeting	03/05/04	Panama City, FL	12.25
<p>2003 Pediatric Academic Societies' Annual Meeting</p> <ol style="list-style-type: none"> 1. "Effective, Efficient and Innovative Medical Student and Resident Teaching" 2. "Who Says It Can't Be Done" 3. "The Art of Lecturing" 	05/03/03	Seattle, WA	

4. "Medical Student Education-Special Interest Group-Professionalism Evaluations"			
COMSEP Annual Meeting 1. "Leading the Clerkship in Pediatrics: A Workshop for New Clerkship Directors 2. "You Can See a Lot by Just Looking: Using Fine Art to Teach Observational Skills" 3. "Encouraging Medical Students to Express and Learn from Their Diagnostic Errors: Disclosure Without Blame" 4. "Effective Use of Computer-Assisted Instruction to Teach Pediatrics and Clinical Reasoning Skills" 5. "Preparing Students for the Clinical Clerkships: Teaching Students to Think Like Clinicians"	04/03/03	Denver, CO	19.0
MUSM Faculty Workshop: "Residency Competency Exam"	09/03/02	Macon, GA	1.5
MUSM Workshop: "Being a Better Teacher"	09/19/02	Macon, GA	1.0
MUSM Workshop: "Maximizing Educational Effectiveness with Reduced Resident Work Hours"	09/19/02	Macon, GA	1.0
MUSM Faculty Workshop: ACGME/ABMS Joint Initiative, "Toolbox of Assessment Methods Competency Based Evaluations"	08/26/02	Macon, GA	1.0
MUSM Faculty Workshop: "Resident Evaluations-360 degree, New Interactive Case Studies, Resident Work Hours"	07/22/02	Macon, GA	1.0
MUSM Faculty Workshop: 1. "Competency Evaluation of Residents, Understanding Concept Differences" 2. "Paradigm Shift, Process Step I-Defining, Retaining, Setting"	06/03/02	Macon, GA	2.0
MUSM Faculty Workshop: "GMEC and Medical Records, Medical Student Notes, Verbal Orders"	09/24/01	Macon, GA	1.0
COMSEP Annual Meeting 1. "A Train the Trainer Workshop on Telephone Triage" 2. "Internet and the Pediatric Clerkship" 3. "Presentations via the Computer"	04/14/00	Vancouver, Canada	4.5
MUSM Department of Pediatrics, Faculty Development Workshop	06/11/99	Macon, GA	1.0
MCCG PALS Instructor Course-Update	10/13/98	Macon, GA	2.0
MUSM Department of Pediatrics, Faculty Development Workshop	05/22/98	Macon, GA	1.0
MUSM Department of Pediatrics, Faculty Development Workshop	11/07/97	Macon, GA	1.0
MUSM Department of Pediatrics, Pediatric Resident Advisor Workshop	10/22/97	Macon, GA	1.0
MUSM Faculty Development Workshop	05/30/97	Macon, GA	1.0

COMSEP Annual Meeting 1. "It's How Doctors Think" 2. "Changing from a Lecture to Problem Based Learning Cases" 3. Feedback: "Beyond Jack Ende" 4. "Providing Effective Feedback for Further Interpersonal and Problem Solving Skills" 5. "Integrated Evaluations" 6. "Acquisition of General Pediatric Knowledge in a Clerkship after Curricular Reform" 7. "Clinical In-Training Evaluation"	03/20/97	Phoenix, AZ	12.5
MUSM Seminar: "Evaluation of Medical Student Oral Exams"	09/18/96	Macon, GA	1.0
PALS-Instructor Update	12/04/93	Greenville, SC	2.0
PALS-Instructor Course, Update EMS Council, Inc.	10/02/91	Greenville, SC	2.0
Scholarly Activities Related CME			
The Memorial Health University Medical Center: "Preparing Students for the Step 2 Clinical Skills Exam"	09/15/14	Savannah, GA	7.0
MUSM Pediatric Faculty Retreat: "Developing Opportunities for Scholarship-Group Leader Clinical Growth"	10/05/13	Macon, GA	1.0
APPD/COMSEP Annual Meeting 1. Faculty Development: "Time for New Tricks for the Old Dog"	04/10/13	Nashville, TN	1.5
Harvard School of Public Health Executive and Continuing Professional Education Program for Chiefs of Clinical Services	01/13/13	Boston, MA	55
MUSM Faculty Development Workshop	05/03/12	Macon, GA	1.25
COMSEP Annual Meeting 1. "Mindfulness matters: Using Your Educator's Portfolio to Advance in the Academic Promotion Process" 2. "Bite-Sized Morsels: Effective, Efficient Faculty Development"	03/22/12	Indianapolis, IN	3.0
MUSM Faculty Workshop: "Promotion and Tenure"	08/2011	Macon, GA	1.0
COMSEP Annual Meeting 1. The Institute for the Advancement of Human Behavior, A Medical Education Company "Introduction to Educational Scholarship"	04/28/09	Baltimore, MD	1.5
2003 Pediatric Academic Societies' Annual Meeting 1. "An Innovative Approach to Self-Directed Professional Lifelong Learning"	05/03/03	Seattle, WA	1.5
COMSEP Annual Meeting 1. "Understanding Why Reviewers Accept or Reject Manuscripts Submitted for Publication"	04/03/03	Denver, CO	1.5

MUSM Faculty Workshop: "Promotion and Tenure"	08/26/02	Macon, GA	1.0
COMSEP Annual Meeting: Pre-Conference Workshop: "Educators Portfolio"	03/20/97	Phoenix, AR	1.5

IV. EVALUATION OF TEACHING

Student Evaluations of Dr. Clark's Clerkship Curriculum Lectures

Classes of 2011 through 2013

Prior to the class of 2013, the clerkship curriculum was based on CLIPP Cases and lecture evaluations were completed by students at the end of the clerkship rotation. The scale of scores is 1 – 5 where 1 is poor and 5 is excellent. These scores are averaged by the number of evaluations completed for each lecture.

Class of 2011 Groups 1 – 6

Topic	# of Responses	Teaching Quality	Overall Usefulness
Dermatology	28	4.51	4.47

Comments:

- Excellent lecture. Super helpful. One of the most useful.
- This needed to be more time for adequate coverage.
- Excellent. Nice stepwise work through of exanthems.

Class of 2012 Groups 1 – 6

Topic	# of Responses	Teaching Quality	Overall Usefulness
Ear Exam	47	4.63	4.64

Comments:

- This was one of the best lectures. Dr. Clark taught a systematic approach to looking at ears- very helpful.
- Liked the videos. Maybe bring ear computer/ machine?
- Somewhat tough to appreciate due to complexity of subject matter.
- Very helpful- Now I need to practice the exam.
- Very helpful lecture. More examples & practice questions for students could improve lecture.
- I felt this was high yield for peds.
- I think it would have been good to go over the basics for 5 min before jumping into the cases because, although we should know them, I think a lot of us are still uncomfortable with the ear. Otherwise very helpful.
- Very useful info- presented well- going around the room allowing each student to analyze an image was extremely helpful in showing me what I did not know.
- So helpful! Didn't like filling out questionnaires.

Topic	# of Responses	Teaching Quality	Overall Usefulness
Dermatology	47	4.74	4.74

Comments:

- Pictures were useful.
- This was high yield.
- Excellent!
- It would be helpful if he would share his PPT so that we could review the images.
- It's a lot to take in at once so they all run together by the end.
- Very important. Thank you.

Topic	# of Responses	Teaching Quality	Overall Usefulness
ENT	8	4.50	4.75

Comments:

- None

Class of 2013 Groups 1 – 6

Topic	# of Responses	Teaching Quality	Overall Usefulness
Ear Exam	48	4.71	4.73

Comments:

- One of the better lectures throughout the clerkship. Although I did not get great opportunities to apply it, I was able to understand the basic principles of how to perform the basic ear exam.
- Lecture very informative. I really enjoyed the videos/clips and the subsequent discussions.
- Great cases!
- Perfectly good lecture for a tough topic.
- Most students were not prepared to go that in-depth on the ear.
- One of my favorite lectures. Great visuals.
- Fantastic lecture. Covered a lot of clinically useful topics.
- Excellent teacher. I like and appreciate the reception, making sure we truly understand the topic.
- Very informative. Videos really helped enforce the teaching very well.
- Very useful
- I would prefer the quiz have been after the teaching, so as to reinforce the material.

Classes of 2014 through 2017

Beginning with the class of 2014, each student completes an evaluation immediately following each lecture. The scale of 1 – 5 is the same and four aspects are now evaluated.

Class of 2014 Groups 1 – 6

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Ear Exam	35	4.94	4.97	4.97	4.97

Comments:

- Great lecture. Very informative. Well worth the time
- This was very helpful & useful! Very good at explaining pictures & pointing out important concepts.
- Loved the lecture. I learned a lot!
- Excellent lecture. Very relevant, useful, and informative.
- Awesome lecture. Much needed info.
- The video examples were great!
- Great lecture. Very informative. Clinically relevant.
- Great teacher!
- Great lecture. I learned a lot about ears. I liked using pictures to demonstrate.
- Very good demonstration. I liked the interactive format.
- Very impressive and interactive. One of the best I've had.

Class of 2015 Groups 1 – 6

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Ear Exam	48	5.00	4.98	4.98	4.93

Comments:

- Quizzes were humbling. PPT was awesome. Discussion was even better. Great lecture.
- Loved the used of slides and video as teaching aids. The pre-lecture quizzes were humbling. I feel much more confident about giving an ear exam.
- Great overview of ear exam. Brought a lot of things together for me.
- Excellent & helpful. The pre-test thing wasn't helpful, but I get he needed the data.
- I like that he had some interaction with us, holding up cards rather than doing a straight lecture.
- This was an extremely valuable lecture that I thought will help tremendously with my clinical skills. I never really knew exactly what to look for on the ear exam. Now I feel much more confident in performing it properly. The examples were also really good in helping to ID pathology.
- It was very helpful and cleared up some misconceptions that I had.
- Great teacher. The use of quizzes before the lecture made the lecture more interesting and a lot more relevant.
- Really helpful! I appreciate how interactive & relevant it was.
- Dr. Clark's lecture was outstanding!! I wish he had given out clinical skills lecture on the ear first year.
- Very informative and educational. Hopefully I will remember the landmarks.

- Good format. Kind of long.
- Kept lecture interactive and was very engaging. Feel much more prepared for ear exam.
- Excellent lecture, very helpful. Great practice.; Lecture was very informative & integrative. Helped students get involved.
- I would have liked more teaching time and less quizzes in the beginning.
- Needs better pictures.

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Nephrology	7	5.00	5.00	5.00	5.00

Comments:

- I wish all 3rd year lectures were like this. "What are you going to do next..."

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Dermatology	7	5.00	5.00	5.00	5.00

Comments:

- None

Class of 2016 Groups 1 – 6

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Ear Exam	47	4.98	4.96	4.96	4.98

Comments:

- The interactive pieces of the lecture were phenomenal in assisting my learning by providing instant feedback and discussion. I know at least 10x more about the ear than prior to the lecture.
- This was a very useful lecture. It had a good mix of practical knowledge and fun games.
- One of the best lectures so far.
- Learned a lot! Good for making us go to the board.; Learned a lot w/ Dr. Clark today!
- Entertaining, engaging presentation. Thorough yet simple explanation of normal, AOM, & DME.
- Engaging. Appreciated the cards with the diagnoses & holding them up depending on the video clip.
- Thank you for getting us involved. I liked the videos.; Great videos to facilitate lectures.
- Lecture was incredibly interactive, fun, and helpful!!! I've always struggled with establishing landmarks in the ear, and this workshop gave me a solid foundation. So, thanks!
- Well prepared to teach lecture. I actually learned the "ear" exam this time. Very good clinical lecture. Thank you for taking the time to teach us.
- Extremely useful lecture!!! Interactive & fun.
- Best lecture! Extremely helpful, practical, & loved the interactive nature!
- Thank you! Great talk, demonstration, & videos. Very helpful. I feel much more comfortable with the ear exam now. Thanks!
- Great lecture. Thank you for instructing us on the insufflator.

- Awesome! Very useful. First time my ear exam has improved.
- Showed me how little I know about ears... inspiration to read :)
- I learned so much that I didn't know. Awesome!
- Need more time for lectures.
- Excellent lecture. I feel much more prepared to examine and diagnose ears now.
- Dr. Clark is a very good teacher and he is very knowledgeable. He made sure to involve everyone
- Most useful lecture I have had so far. Thank you for the practical teaching points.
- Great lecture. It was very helpful. The diagram of how to diagnose ear problems was very helpful.
- Best ear lecture I've ever had! Seriously, this format of non-graded quiz first survey provided for and promoted a foundation for attentive learning. It was visually appealing and active learning. Helped solidify knowledge of the material!

Class of 2017 Groups 1 – 6

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Ear Exam	41	5.00	4.95	4.94	4.90

Comments:

- This helped me out a lot, I'll feel much more comfortable distinguishing ear pathology.
- I knew nothing about ears before today! This was very helpful. Thanks!
- This was extremely helpful and a nonthreatening environment to learn a valuable exam
- Helpful session for ear path
- An amazing lecture. Wish all doctors/teachers were as gifted as Dr. Clark
- Go slower on quizzes (at least at first) before answering... we're learning... and personally a slow thinker
- One of the best lectures I have attended. Very interactive and informative. I really appreciated how Dr. Clark used multiple styles of teaching and a plethora of examples. Thank you so much!
- Student involvement was a nice way of learning the material.
- I feel much better about examining kids' ears after this lecture!
- I felt much more confident after the presentation, when it comes to ear exams. Very helpful.
- The video quality was very poor but you explained landmarks/visuals very well! Very helpful lecture. Thank you.
- Excellent learning experience. Enjoy the learning method and I feel I can fully take care of ear infections. Great!
- Going through the different pictures of the ear was very helpful.
- Interactive & interesting.
- Very helpful lecture & much needed! I'm now prepared to do ear exams confidently.
- Great lecture. It seems basic, but was an excellent review of an important topic. I would have liked to go over the answers to the quizzes he gave.
- We spent a lot of time answering questions and didn't get enough time to go over the answers. I would have liked to have more time to discuss the material but the lecture was otherwise great.

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Ears, Eyes, & Nose	19	5.00	5.00	5.00	5.00

Comments:

- Great lecture! I really like how we went through the scenarios as a group
- Love it
- Awesome!
- Thank you! Great
- Great and needed!
- Great presentation!
- Great teacher!

Topic	# of Responses	Preparedness	Teaching Quality	Alignment to CRQs	Overall Usefulness
Nephrology	8	5.00	4.00	4.00	4.00

Comments:

- I found it difficult at times to stay engaged.
- Great lecture. I enjoy the interaction.
- The notes page was very good for helping me organize my notes.
- Very clinically useful
- Very helpful. Good format.
- Lots of good info for differentials.

Mercer University School of Medicine Clerkship Evaluation

Beginning in 2013, MUSM asks the students to complete a very comprehensive overall clerkship evaluation when they sit for the clerkship shelf exam. The following is a distillation of the data gathered from this evaluation.

Class of 2015 Pediatric Clerkship Evaluations Compiled for 37 Respondents

	non-existent	poor	adequate	good	excellent	N	Mean
The overall quality of the didactic teaching by faculty (lectures, not including teaching rounds, bedside teaching or in the office setting) was:	0	0	4	16	17	37	4.4
The overall quality of the didactic teaching by residents was:	0	1	6	15	15	37	4.2
The overall quality of the clinical teaching by faculty (e.g. round, precepting) was:	1	0	4	14	17	36	4.3
The overall quality of the clinical teaching by residents (e.g. rounds and precepting) was:	0	0	8	13	15	36	4.2

When asked to explain the basis for their overall evaluation of the clerkship, students most often cited the following elements:

Pros	Cons
Residents & attendings were enthusiastic about teaching	Too much busy work
Great balance of inpatient & outpatient	Many times the lecturer did not show up
Everyone was extremely friendly	Midterm was entirely too difficult
Learned a lot	Should have Thursday before shelf exam off to study
Excellent organized	The weighting of grades needs to be re-evaluated
Student autonomy	Take out written notes & allow students to write notes for the residents
Lunch lectures were really helpful	

When asked to identify strengths of the clerkship, students most often cited the following elements:

- Wonderful faculty
- Attending doctors who actually care about the students, want them to learn, and include them in patient care
- Great residents
- The residents did a great job teaching
- The people
- Hands on experiences and direct contact with the patients
- Diversity of areas seen in the clerkship
- Felt like a member of the team
- Autonomy but with enough guidance to participate in patient care
- Helped me to push myself to think more like a doctor and formulate my own assessments and plans.
- Variety of clinical and subspecialty experiences
- Very well organized
- Good mix of inpatient and outpatient
- The noon lectures were very helpful

When asked to identify the weakness of the clerkship, there were several common themes. The following table identifies the most common themes, with an example, and the action taken to improve:

Common Theme	Example Comment	Action Taken
Midterm Exam	The midterm seemed like it was questions written for attending and not medical students.	Questions are validated via use of AAP prep questions. Questions were checked and chosen from the ones that 75% of interns were correct
Writing Notes	On ward service, writing paper notes is not useful anymore since all charting is done on the computer.	Worked with IS to allow a student template in Power Chart to be available for student use.
Night Shift	I thought the night shift experience didn't add to the clerkship. I feel that set weeks of floor x2, PICU and NICU would be best because they are each different and students learn more.	Explain that night shift is a part of residency and that the student needs to be aware of the process. Night shift hours were arranged so students have built in study time early in the afternoon prior to check out and dismissed at midnight to help with student call room needs on other rotations
Thursday Before Shelf Exam	Students should be allowed to have the day before the shelf	Clerkship directors discussed and agreed that

	exam off so as to adequately prepare for the test.	medicine is a lifelong learning experience and waiting till the last minute to study is not promoted. Extra study time was allowed during the week, especially the subspecialty weeks
Lectures	Lecturers were not reliable, especially the morning lectures, which should be terminated as it is inconvenient to the students and not one of the 8am lecturers showed up.	Increase reminders to the lecturer.
Subspecialty Weeks	Subspecialty week is spotty.	Improve choices of subspecialty and ask students their preference improve interest. Insert study time during subspecialty weeks
Problem Resident(s)	Working with some of these residents made me question doing pediatrics, and definitely made me not want to stay here for residency.	Brought this issue up with Residency Director, Chief Resident, and Chair. Discussed with residents about how to improve teaching and interactions with students. Started a teaching award for best resident along with incentive gifts
No Weakness	I do not think that there really are any weaknesses	

Class of 2016 Pediatric Clerkship Evaluations Compiled for 46 Respondents

	non-existent	poor	adequate	good	excellent	N	Mean
The overall quality of the didactic teaching by faculty (lectures, not including teaching rounds, bedside teaching or in the office setting) was:	0	0	2	17	27	46	4.5
The overall quality of the didactic teaching by residents was:	0	0	4	21	20	45	4.4
The overall quality of the clinical teaching by faculty (e.g. round, precepting) was:	0	0	5	14	27	46	4.5
The overall quality of the clinical teaching by residents (e.g. rounds and precepting) was:	0	0	6	16	24	46	4.4

When asked to explain the basis for their overall evaluation of the clerkship, students most often cited the following elements:

Pros	Cons
Exceptional residents	Some residents fail to recognize their role as a teacher & were not enthusiastic towards students
Wonderful faculty	Too much grade emphasis on midterm
The teaching	Boards level midterm
A nurturing learning environment	The number of handwritten H&Ps and SOAP notes
The people were awesome	The evaluation system seemed to be very subjective
Opportunities for students to do things	Long hours, especially on wards
Working one-on-one with patients	We don't have a lot of exposure to pediatrics in the first 2 years of medical school
The diversity of cases seen and fields experienced	Too many lunch lectures
Well organized & structured clerkship	

When asked to identify strengths of the clerkship, students most often cited the following elements:

- The faculty members were passionate about the topics they taught
- The excellent teaching of the faculty and residents
- The residents are all excellent teachers and mentors

- Faculty teaching especially at the bedside/ during rounds is exceptional
- Gives student a lot of responsibility which helps motivate learning
- The attendings took extra time on teaching opportunities
- Variety of exposures and experiences
- Incredible patient contact and unique pathology not experienced in other rotations
- The diversity of the cases seen and the fields we were able to experience
- The ability to work one on one with patients, staff, and residents
- Ample patient contact time
- The people
- The daily lectures were very helpful
- Very friendly atmosphere
- Well organized and student oriented
- The structure of the outpatient/inpatient time

When asked to identify the weakness of the clerkship, there were several common themes. The following table identifies the most common themes, with an example, and the action taken to improve:

Common Theme	Example Comment	Action Taken
Problem Resident	Some issues arose with one resident's attitude towards students	Discussed with Residency Director, Chief Resident, and Chair. Discussed with residents about how to improve teaching and interactions with students. Started a teaching award for best resident along with incentive gifts.
Midterm Exam	Not having experience in a Pediatric setting and being required to take a test that is of Pediatric Boards level is inappropriate	Explain that 75% of interns answer correctly and that questions are similar to shelf test.
Not Enough Study Time	Not enough time for independent study	Point out all of the built in study time during the rotation.
More Direction for Shelf Study	I wish there was more emphasis on covering topics that are likely to appear on the Shelf test	Share list of topics that have been seen in the past. Relook at lecture topics and breakdown of shelf test topics
Writing Notes	Hand written documentation is time consuming	Increase computer documentation and stress importance of organized and succinct note writing
Timely Feedback	Timely feedback from residents, rather than waiting until evaluations to see what I should work on.	Encourage asking for feedback. Give feedback lecture to the residents

Thursday Before Shelf Exam	Last day of rotation should at the least be a half day to give time to review for the shelf	Encourage lifelong study skills
Subspecialty Weeks	Variable experience on subspecialty weeks, although on the whole I enjoyed those weeks	Students get to choose preferences
Night Shift	Should be changed to Monday- Friday	Important to see operation on weekends
Inconsistent Resident Teaching	A few of the residents were less knowledgeable than others	Review lecture expectations to residents along with goals and objectives and supply teaching materials.

Class of 2017 Pediatric Clerkship Evaluations Compiled for 49 Respondents

	non-existent	poor	adequate	good	excellent	N	Mean
The overall quality of the didactic teaching by faculty (lectures, not including teaching rounds, bedside teaching or in the office setting) was:	0	5	4	20	20	49	4.1
The overall quality of the didactic teaching by residents was:	1	4	11	16	17	49	3.9
The overall quality of the clinical teaching by faculty (e.g. round, precepting) was:	1	3	9	13	23	49	4.1
The overall quality of the clinical teaching by residents (e.g. rounds and precepting) was:	2	6	12	11	17	48	3.7

When asked to explain the basis for their overall evaluation of the clerkship, students most often cited the following elements:

Pros	Cons
Seeing all the aspects of Pediatrics	Disorganization
Exceptional attendings and residents	Not enough patient exposure
Friendly & enthusiastic people	Some residents aren't interested in teaching students
The balance between inpatient and outpatient	Crowded ward workspace
Faculty and residents are devoted to teaching	Material not covered in BMP
Students are included as members of the team	The midterm
The patients and the pathologies	Lecture no-shows

When asked to identify strengths of the clerkship, students most often cited the following elements:

- Lectures were helpful
- The Children's Hospital and convenient transit from place to place.
- The outpatient week is informative and interesting
- The amount of study time they gave us was great
- The attendings are wonderful!
- Working with kids is a lot of fun
- Getting to know the subspecialty docs
- Very organized and structured rotation with friendly faculty, administrators and residents to assist

- Exposure to many different sub-specialities
- The faculty and residents do a great job at increasing your understanding of what is going on with each patient.
- Great teaching by attendings
- Quality of teaching and everyone is really friendly
- Hands on/in the field teaching (ie during rounds, down time, etc.)
- It is organized, and there is an emphasis on note writing for the students
- The balance of teaching between faculty and residents

When asked to identify the weakness of the clerkship, there were several common themes. The following table identifies the most common themes, with an example, and the action taken to improve:

Common Theme	Example Comment	Action Taken
Problem residents	There are a few residents and attendings who make it clear they don't like dealing with students.	Discuss the importance. Discuss with residency director. Reevaluate the resident as teachers curriculum
No feedback on OSCE	I would like to have gotten OSCE feedback at midterm evaluation. I believe this would have helped me throughout the rest of the rotation	Explain that films need to be reviewed and comments obtained. Discuss feedback at midterm evaluation.
Too much downtime	A lot of downtime spent at the hospital without much patient contact especially in the NICU and on the Wards/PICU	Explain reality of patient numbers. Review numbers and kinds documentation requirements.
Lectures	Some of the resident formal lectures were lacking in substance and structure	Review with residents goals and expectations
No direct feedback	I never felt that anyone would give me feedback directly to me. I received a lot vague "you're doing great", when I asked. I never felt that I got honest or reliable feedback	Increase resident feedback lecture to twice a year instead of once.

Resident Evaluation of Dr. Clark's teaching on the services

2004 FACULTY EVALUATION COMPLETED BY 9 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Teaching Style			
Presents material or leads discussion in an organized clear fashion	9	3.8	4
Includes material that is interesting, practical relevant, accurate, current	9	3.7	4
Emphasizes conceptual understanding of subject and problem solving	9	3.8	4
Teaches approaches to problems, basic concepts and not simply facts	9	3.8	4
Makes difficult concepts easy to understand	9	3.3	4
Answers questions carefully and precisely	9	3.3	4
Encourages participation and criticism	9	3.7	4
Provides fair and constructive feedback without belittling resident	9	3.8	4
Attending Style			
Stimulates intellectual curiosity and promotes self-directed learning	9	3.6	4
Deals with medical problems in thorough, organized fashion	9	3.7	4
Demonstrates sensitivity in dealing with families and patients	9	3.9	4
Available and willing to help	9	3.7	4
Interested in residents and aware of their needs and problems	9	3.7	4
Provides timely and useful feedback	9	3.6	4
Provides clearly defined rotation objectives	9	3.4	4
Conducts self in professional/respectful manner to others	9	3.11	4
Overall Experience			
Poor – Excellent	9	3.78	4

Comments:

Suggestions for Improvement:

- Need to state orders, goals or directions more clearly and accurately. Otherwise a very good teacher and doctor.

Strengths/Weaknesses/Other

- Did very well especially after not being a ward attending in a while.
- Good teacher.
- Enjoyed lecture and information on evaluating CSF gram stain, and labs & H/P, evaluation & management of seizures in infants and children.
- Excellent person, professor and physician.
- Dr. Clark did an excellent job on the floor. Was always on time. Very interested in the team and our learning. Can't wait to work with him again.
- Great teaching/presentations.

2005 FACULTY EVALUATION COMPLETED BY 11 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Patient Care			
Demonstrates empathy, comfort and compassion toward patients.	11	4.6	5
Serves as an excellent patient advocate	11	4.6	5
Presents current information effectively with a problem-based approach	11	4.5	5
Medical Knowledge			
Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment	11	4.5	5
Presents in an organized fashion and has clearly defined goals and objectives (expectations)	10	4.5	5
Emphasizes concept understanding and problem solving encouraging questions and self-directed learning	10	4.0	5

Practice-Based Learning & Improvement			
Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices	11	4.2	5
Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care	11	4.4	5
Professionalism			
Interacts with patients, staff, and colleagues in a respectful manner	11	4.6	5
Provides constructive feedback on my progress in a timely fashion	11	4.4	5
Demonstrates integrity, honesty, and compassion	11	4.6	5
Interpersonal Skills & Communication			
Demonstrates effective communication with all members of the healthcare team	10	4.7	5
Demonstrates how to communicate effectively with diverse patient populations	9	4.9	5
Demonstrates cultural sensitivity to patient needs	9	4.9	5
System-Based Practice			
Discusses the importance of practicing cost effective medicine and demonstrates by example	10	4.6	5
Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources	10	4.7	5
When Working with this Attending:			
You are given autonomy and support appropriate for your level of training	10	4.8	5
Teaching experiences are prioritized to your needs	10	4.6	5
The attending was sensitive to your problems and needs	10	3.6	5

Comments:

- Dr. Clark is a great floor attending. He should do it more often. He had great advice and took an active effort in our learning.
- Like both the teaching round and didactic sessions provided.
- Prompt, specific feedback to residents & students.
- Needs to attend floor more often!

2006 FACULTY EVALUATION COMPLETED BY 18 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Patient Care			
Demonstrates empathy, comfort and compassion toward patients.	18	4.7	5
Serves as an excellent patient advocate	18	4.7	5
Presents current information effectively with a problem-based approach	18	4.5	5
Medical Knowledge			
Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment	18	4.4	5
Presents in an organized fashion and has clearly defined goals and objectives (expectations)	18	4.3	5
Emphasizes concept understanding and problem solving encouraging questions and self-directed learning	18	4.6	5
Practice-Based Learning & Improvement			
Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices	18	4.4	5
Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care	18	4.4	5

Professionalism			
Interacts with patients, staff, and colleagues in a respectful manner	18	4.6	5
Provides constructive feedback on my progress in a timely fashion	18	4.4	5
Demonstrates integrity, honesty, and compassion	18	4.7	5
Interpersonal Skills & Communication			
Demonstrates effective communication with all members of the healthcare team	18	4.3	5
Demonstrates how to communicate effectively with diverse patient populations	18	4.5	5
Demonstrates cultural sensitivity to patient needs	18	4.3	5
System-Based Practice			
Discusses the importance of practicing cost effective medicine and demonstrates by example	18	4.6	5
Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources	18	4.5	5
When Working with this Attending:			
You are given autonomy and support appropriate for your level of training	18	4.5	5
Teaching experiences are prioritized to your needs	18	4.5	5
The attending was sensitive to your problems and needs	18	4.4	5

Comments:

- Excellent Instructor. Strongly interested in Residents based & student teaching.
- Always available and ready to assist.
- Strong patient advocate.
- I appreciate how much Dr. Clark teaches. He tries to make each encounter a valuable learning experience.
- I notice a stronger attending presence on this rotation and we love it.
- I enjoy the autonomy. It is great to see the attendings arrive and help with precepting.
- Dr. Clark is dedicated and punctual.

- Takes time to teach and we really appreciate it.
- Likes to teach on rounds; does useful exercises (e.g. IVF calculations) to ensure that residents & students learn while on the floor.
- Dr. Clark is an excellent floor attending. He teaches, he stays late if needed, he is even on time.
- Teaching has been great.

2007 FACULTY EVALUATION COMPLETED BY 9 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Patient Care			
Demonstrates empathy, comfort and compassion toward patients.	9	4.8	5
Serves as an excellent patient advocate	9	4.8	5
Presents current information effectively with a problem-based approach	9	4.8	5
Medical Knowledge			
Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment	9	4.7	5
Presents in an organized fashion and has clearly defined goals and objectives (expectations)	9	4.4	5
Emphasizes concept understanding and problem solving encouraging questions and self-directed learning	9	4.6	5
Practice-Based Learning & Improvement			
Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices	9	4.3	5
Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care	9	4.4	5

Professionalism			
Interacts with patients, staff, and colleagues in a respectful manner	9	4.6	5
Provides constructive feedback on my progress in a timely fashion	9	4.6	5
Demonstrates integrity, honesty, and compassion	9	4.8	5
Interpersonal Skills & Communication			
Demonstrates effective communication with all members of the healthcare team	9	4.7	5
Demonstrates how to communicate effectively with diverse patient populations	9	4.4	5
Demonstrates cultural sensitivity to patient needs	9	4.6	5
System-Based Practice			
Discusses the importance of practicing cost effective medicine and demonstrates by example	9	4.4	5
Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources	9	4.4	5
When Working with this Attending:			
You are given autonomy and support appropriate for your level of training	8	4.0	5
Teaching experiences are prioritized to your needs	9	4.4	5
The attending was sensitive to your problems and needs	9	4.4	5

Comments:

- Likes to teach. He was very patient in teaching us procedures (circumcisions).

2008 FACULTY EVALUATION REPORT COMPLETED BY 3 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Patient Care			
Demonstrates empathy, comfort and compassion toward patients.	3	5.0	5
Serves as an excellent patient advocate	3	5.0	5
Presents current information effectively with a problem-based approach	3	5.0	5
Medical Knowledge			
Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment	3	5.0	5
Presents in an organized fashion and has clearly defined goals and objectives (expectations)	3	5.0	5
Emphasizes concept understanding and problem solving encouraging questions and self-directed learning	3	5.0	5
Practice-Based Learning & Improvement			
Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices	3	5.0	5
Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care	3	5.0	5
Professionalism			
Interacts with patients, staff, and colleagues in a respectful manner	3	5.0	5
Provides constructive feedback on my progress in a timely fashion	3	5.0	5
Demonstrates integrity, honesty, and compassion	3	5.0	5

Interpersonal Skills & Communication			
Demonstrates effective communication with all members of the healthcare team	3	5.0	5
Demonstrates how to communicate effectively with diverse patient populations	3	5.0	5
Demonstrates cultural sensitivity to patient needs	3	5.0	5
System-Based Practice			
Discusses the importance of practicing cost effective medicine and demonstrates by example	3	5.0	5
Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources	3	5.0	5
When Working with this Attending:			
You are given autonomy and support appropriate for your level of training	3	5.0	5
Teaching experiences are prioritized to your needs	3	5.0	5
The attending was sensitive to your problems and needs	3	5.0	5

Comments:

- Always enjoyable to work with.

2009 FACULTY EVALUATION REPORT COMPLETED BY 18 PEDIATRIC RESIDENTS

Questions	Number of responses	Score for Edward Clark	Out of
Patient Care			
Demonstrates empathy, comfort and compassion toward patients.	18	4.7	5
Serves as an excellent patient advocate	18	4.7	5
Presents current information effectively with a problem-based approach	18	4.6	5
Medical Knowledge			
Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment	18	4.7	5
Presents in an organized fashion and has clearly defined goals and objectives (expectations)	17	4.4	5
Emphasizes concept understanding and problem solving encouraging questions and self-directed learning	18	4.7	5
Practice-Based Learning & Improvement			
Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices	18	4.5	5
Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care	18	4.2	5
Professionalism			
Interacts with patients, staff, and colleagues in a respectful manner	18	4.4	5
Provides constructive feedback on my progress in a timely fashion	17	4.0	5
Demonstrates integrity, honesty, and compassion	17	4.4	5

Interpersonal Skills & Communication			
Demonstrates effective communication with all members of the healthcare team	18	4.3	5
Demonstrates how to communicate effectively with diverse patient populations	18	4.5	5
Demonstrates cultural sensitivity to patient needs	17	4.3	5
System-Based Practice			
Discusses the importance of practicing cost effective medicine and demonstrates by example	18	4.8	5
Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources	18	4.5	5
When Working with this Attending:			
You are given autonomy and support appropriate for your level of training	18	4.6	5
Teaching experiences are prioritized to your needs	18	4.3	5
The attending was sensitive to your problems and needs	16	3.9	5

Comments:

- I really enjoyed the lectures during rounds. His teaching is focused and very related to our patients.
- I would request rounding at an earlier time.
- Vast appropriate medical knowledge. Good with patients. Points out subtle findings.
- Enjoyed working with Dr. Clark.
- I enjoyed his approaches to patient care.
- Great doctor, I love working with him and learning from him.
- I was giving a lot autonomy during this rotation.
- Dr. Clark is a lot of fun, smart & efficient.
- When he supervises clinic it is always a good time.
- Always available and on time. Very helpful.
- Smart care about patients.
- The best outpatient teacher.
- This month he helped us more than any other attendings.
- He is always available.
- He has taught me the most out of any others attending during my time.

Medical Center of Central Georgia

Pediatrics Teresa Beard Help

Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 11 times
 Has completed 8 evaluations
 Rotation Data...

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Overall Tags Comments Grading Profile Problems Compliance Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.88	4	5	0.42

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.86	4	5	0.42

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.6	4.84	4	5	0.52

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.78	4	5	0.48

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.79	4	5	0.53

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.6	4.79	4	5	0.52

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.63	4.78	4	5	0.52

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.67	4.74	4	5	0.50

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.82	4	5	0.48

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.8	4	5	0.42

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.6	4.76	4	5	0.52

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.79	4	5	0.48

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.8	4	5	0.48

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.8	4	5	0.44

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.8	4	5	0.44

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.81	4	5	0.44

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.76	4	5	0.44

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.76	4	5	0.44

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Hiding Anonymous data

Medical Center of Central Georgia

Pediatrics Teresa Board Help

Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 20 times
 Has completed 27 evaluations
 Rotation Data...

Filter ▾ 07/01/2008 - 06/30/2009 ▾

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Overall Tags Comments Grading Profile Problems Compliance Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.81	4	5	0.45

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.81	4	5	0.39

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.84	3	5	0.62

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.84	3	5	0.62

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.27	4.75	2	5	1.01

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.73	4.82	3	5	0.65

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.64	4.81	3	5	0.67

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.36	4.7	2	5	0.92

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.67	4.77	4	5	0.49

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.82	4	5	0.39

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.76	4	5	0.45

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.67	4.82	4	5	0.49

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.81	4	5	0.45

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.79	4	5	0.45

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.78	4	5	0.48

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.79	4	5	0.45

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.73	4.75	3	5	0.65

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.77	4	5	0.45

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.76	4	5	0.35

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.75	4	5	0.35

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.72	4	5	0.46

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.72	4	5	0.46

Hiding Anonymous data

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.61	4	5	0.46

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.71	4	5	0.46

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.6	4	5	0.46

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.6	4	5	0.46

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.25	4.38	2	5	1.04

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.59	4	5	0.53

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.63	4.45	4	5	0.52

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.61	4	5	0.53

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.43	4.62	4	5	0.53

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.64	4	5	0.41

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.71	4.59	4	5	0.49

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.55	4	5	0.35

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.7	4	5	0.35

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Hiding Anonymous data					

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Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 18 times
 Has completed 22 evaluations
 Rotation Data...

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Overall | Tags | Comments | Grading Profile | Problems | Compliance | Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.79	1	5	0.98

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.53	4.78	1	5	1.01

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.81	1	5	0.99

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.56	4.8	1	5	0.98

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.67	1	5	0.99

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.56	4.78	1	5	0.98

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.5	4.71	1	5	0.99

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.47	4.62	1	5	1.01

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.72	1	5	0.98

Hiding Anonymous data

Demonstrates Integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.67	4.78	1	5	0.97

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.56	4.67	1	5	0.98

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.73	1	5	0.98

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.76	1	5	0.98

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.74	1	5	0.98

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.61	4.75	1	5	0.98

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.67	4.73	1	5	0.97

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.56	4.71	1	5	0.98

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.56	4.7	1	5	0.98

Overall comments: Entire Date Range



Anonymous
Excellent teaching techniques i.e flash cards and games



Anonymous
very fun to work with. Does a good job of integrating teaching into rounds while still making it enjoyable.



Anonymous
A great attending! Always enthusiastic about teaching!



Anonymous
Dr. Clark is an EXCELLENT teacher who really emphasized understanding basic concepts of management and not relying on shortcuts. As a matter of fact, he spent a Sunday afternoon teaching fluid and electrolyte management, and why we put our patients on D 5 1/2 NS vs. D 5 1/4 NS vs. NS. I have a much better understanding of fluid management now as opposed to relying on the 4-2-1 rule!



Anonymous
Very easy to approach, funny and resourceful. I'll always remember the hair samples he got from an unknown 5 mos baby for control. He inspires one to work and have fun.

Hiding Anonymous data



Anonymous

I enjoyed learning with Dr. Clark. I like the fluids and the cue cards. It is also when he played his saxophone for the children. I had a great time and learning experience



Anonymous

Great teacher! Makes learning fun!

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Hiding Anonymous data

Evaluation Reporting

PROGRAM

Family Medicine
 FM-Palliative Medicine
 Geriatric Medicine
 Infectious Disease
 Internal Medicine
 Obstetrics
 Pediatrics
 Surgery
 Surgical Critical Care
 Transitional



Clark, Edward ▾

Evaluated 25 times
 Has completed 23 evaluations
 Rotation Data...

Filter ▾ 07/01/2010 - 06/30/2011 ▾

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Comments |
 Scoring Details |
 Identify evaluators

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.82	4	5	0.34

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.81	4	5	0.34

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.75	4.75	4	5	0.44

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.71	4.72	4	5	0.46

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.71	4.69	4	5	0.46

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.88	4.77	4	5	0.34

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.7	4	5	0.47

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.67	4	5	0.39

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.87	4.77	4	5	0.34

Hiding Anonymous data

Demonstrates Integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.87	4.81	4	5	0.34

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.7	4	5	0.39

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.76	4	5	0.38

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.78	4	5	0.38

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.76	4	5	0.42

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.78	4	5	0.39

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.79	4.75	4	5	0.41

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.71	4.69	4	5	0.46

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.78	4.74	4	5	0.42

Overall comments: Entire Date Range



Anonymous
GREAT teaching - fun and interactive, definitely appreciated watching the video on kernicterus. Dr. Clark went above and beyond during his week on the floor since we had almost 20 staff patients, by staying almost 12 hours while we all delegated tasks and handled patient care. The entire floor team was very appreciative of him extending himself the way he did!



Anonymous
Dr. Clark is a joy to work with as he is almost always in a good mood. He is an excellent teacher and spends time teaching about important clinical and physical exam pearls that are very helpful.



Anonymous
Working with Dr Clark was very enjoyable. His attitude is awesome and he is truly compassionate towards patients. I worked with him in the weekend where he was covering a lot of services. It would be great to work with him more on the floor.



Anonymous
excellent clinical skills and person to work with .



Anonymous
Having worked with Dr Clark experience .



Anonymous
due to schedule change, did not have Dr. Clark as an attending during this rotation. This evaluation is in error.



Anonymous
I was extremely happy to work with Dr Clark and learn about the newborn exam.



Anonymous
Dr Clark's positive attitude and upbeat personality is great to be around. Rounds with Dr Clark were fun and educational. I really appreciate the lecture he gave the residents and students on treating dehydration. Its always a pleasure to work under Dr Clark and learn from him.



Anonymous
What a mighty good man!

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Hiding Anonymous data

Medical Center of Central Georgia

Pediatrics | Teresa Beard | Help

Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 4 times
 Has completed 7 evaluations
 Rotation Data...

Filter ▾ 07/01/2011 - 06/30/2012 ▾

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Overall | Tags | Comments | Grading Profile | Problems | Compliance | Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.89	5	5	0.00

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.91	5	5	0.00

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.89	5	5	0.00

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.91	5	5	0.00

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.79	5	5	0.00

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Hiding Anonymous data

Demonstrates Integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.86	5	5	0.00

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.77	5	5	0.00

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.74	5	5	0.00

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.79	5	5	0.00

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.77	5	5	0.00

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.8	5	5	0.00

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.81	5	5	0.00

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.85	5	5	0.00

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.86	5	5	0.00

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.83	5	5	0.00

Hiding Anonymous data

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4	4.75	4	4	0.00

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.85	5	5	0.00

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.77	5	5	0.00

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.72	5	5	0.00

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.83	5	5	0.00

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.87	5	5	0.00

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.74	5	5	0.00

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.82	5	5	0.00

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.72	5	5	0.00

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.81	5	5	0.00

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.76	5	5	0.00

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Hiding Anonymous data					

Strongly Disagree1 - Strongly Agree5

5 4.78 5 5 0.00

Overall comments: Entire Date Range



Anonymous

Dr. Clark was a pleasure to work with. He was prepared with reading topics and articles for every type of patient that walked in the clinic, he quizzed us daily and kept us on our toes. He loves outpatient medicine and shared that with each patient encounter and his interactions with myself and the other students. I learned alot from his calm, funny bedside manner. I look forward to working with him again.

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Medical Center of Central Georgia

Pediatrics | Teresa Beard | Help

Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 2 times
 Has completed 10 evaluations
 Rotation Data...

Filter ▾ 07/01/2012 - 06/30/2013 ▾

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- Scoring Details
- Identify evaluators

Form: Faculty Evaluation Form

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.9	5	5	0.00

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.88	5	5	0.00

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.71	5	5	0.00

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.85	5	5	0.00

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.82	5	5	0.00

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.82	5	5	0.00

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.78	5	5	0.00

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.71	5	5	0.00

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.86	5	5	0.00

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.9	5	5	0.00

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.9	5	5	0.00

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.73	5	5	0.00

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.84	5	5	0.00

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Medical Center of Central Georgia

Pediatrics | Teresa Beard | Help

Evaluation Reporting

PROGRAM

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 11 times
 Has completed 21 evaluations
 Rotation Data...

Filter ▾ 07/01/2013 - 06/30/2014 ▾

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Overall | Tags | Comments | Grading Profile | Problems | Compliance | Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.91	4.8	4	5	0.30

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.86	5	5	0.00

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.91	4.82	4	5	0.30

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.84	4	5	0.40

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.81	4	5	0.40

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.78	4	5	0.40

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.81	4	5	0.40

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.55	4.67	2	5	1.04

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.91	5	5	0.00

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.91	5	5	0.00

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.87	5	5	0.00

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.89	5	5	0.00

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.9	5	5	0.00

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	5	4.83	5	5	0.00

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.82	4.78	3	5	0.60

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.91	4.78	4	5	0.30

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.55	4.63	3	5	0.82

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.64	4.61	3	5	0.67

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Medical Center of Central Georgia

Pediatrics | Teresa Beard | Help

Evaluation Reporting

PROGRAM

Family Medicine FM Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 13 times
 Has completed 42 evaluations
 Rotation Data...

Filter ▾ 07/01/2014 - 06/30/2015 ▾

Overall | Tags | Comments | Grading Profile | Problems | Compliance | Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.76	4	5	0.38

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.74	4	5	0.39

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.77	4.72	4	5	0.44

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.75	4	5	0.38

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.76	4	5	0.38

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.69	4.73	3	5	0.63

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.69	4.69	3	5	0.63

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.73	4	5	0.38

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.83	4.76	4	5	0.39

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.77	4.69	4	5	0.44

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.77	4.71	4	5	0.44

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.85	4.77	4	5	0.38

Overall comments: Entire Date Range

 Anonymous
Dr Clark shows exemplary leadership and has a vast amount of knowledge and experience. It is a pleasure working with him

 Anonymous
One of the best attendings our program has. Always fun to be around while continually providing quality care and teaching residents and students.

 Anonymous
He stimulates my thinking and encourages me to be a better physician

 Anonymous
Dr. Clark is a lovely attending. He teaches with great enthusiasm, such that one is able to clearly see his passion for medicine. He is very approachable and is willing to answer questions without judgement.

 Anonymous
Amazing attending who dedicates valuable time to teaching residents and students. Will consider him a mentor for the rest of my career.

Hiding Anonymous data

Evaluation Reporting



PROGRAM

Search name

Family Medicine FM-Palliative Medicine Geriatric Medicine Infectious Disease
 Internal Medicine Obstetrics Pediatrics Surgery Surgical Critical Care Transitional



Clark, Edward ▾

Evaluated 10 times
 Has completed 46 evaluations
 Relation Data...

Filter ▾

07/01/2015 - 06/30/2016 ▾

View PDF

Overall Tags Comments Grading Profile Problems Compliance Exportable Data

Comments Scoring Details Identify evaluators

Form: Faculty Evaluation Form 01/14/2009

Demonstrates empathy, comfort and compassion toward patients.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.81	4	5	0.42

Serves as an excellent patient advocate.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.8	4	5	0.42

Presents current information effectively with a problem-based approach.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.8	3	5	0.67

Uses evidence-based medicine to demonstrate skill in clinical assessment, diagnosis and treatment.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.8	4	5	0.42

Presents in an organized fashion and has clearly defined goals and objectives (expectations).

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.7	4.73	3	5	0.67

Emphasizes concept understanding and problem solving encouraging questions and self-directed learning.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.81	4	5	0.42

Demonstrates how to utilize scientific methods, evidence, and computer resources to investigate, evaluate and improve patient care practices.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.78	4	5	0.42

Provided me with productive feedback that helped improve presentation skills, progress notes, and/or patient care.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.63	4	5	0.42

Interacts with patients, staff, and colleagues in a respectful manner.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.77	4	5	0.42

Hiding Anonymous data

Demonstrates integrity, honesty, and compassion.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.79	4	5	0.42

Demonstrates effective communication with all members of the healthcare team.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.69	4	5	0.42

Demonstrates how to communicate effectively with diverse patient populations.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.77	4	5	0.42

Demonstrates cultural sensitivity to patient needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.75	4	5	0.42

Discusses the importance of practicing cost effective medicine and demonstrates by example.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.71	4	5	0.42

Demonstrates how to be an effective patient advocate by providing appropriate referral to community resources.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.78	4	5	0.42

You are given autonomy and support appropriate for your level of training.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.74	4	5	0.42

Teaching experiences are prioritized to your needs

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.7	4	5	0.42

The attending was sensitive to your problems and needs.

Grade Scale	Average	Peer Average	Minimum	Maximum	Standard Deviation
Strongly Disagree1 - Strongly Agree5	4.8	4.73	4	5	0.42

Overall comments: Entire Date Range



Anonymous
Dr. Clark continuously finds ways to effectively teach residents. He is a thorough physician and patient advocate.



Anonymous
Excellent mentor and very approachable

Clark.Edward

Resident Workshop Feedback

From: Davis-Smith.Monique, MD
Sent: Thursday, April 10, 2008 8:05 AM
To: Clark.Edward
Subject: RE: Tues. Teaching

Family Practice
Circumcision Workshop

The residents gave really good feedback on the session stated would like to have it again at some point. They thought the unique and original fashion in which you taught the procedure was useful. One resident had a circ to do the next morning and she stated the workshop was very useful and practical for her. Time will tell about the competency of their technic. Perhaps we can do this again next year???? Thanks again.

Y. Monique Davis-Smith, M.D.
Assistant Professor, Department of Family Medicine
Mercer University School of Medicine
Medical Center of Central Georgia
Ph: (478) 633-5550
Fax: (478) 784-5496
email:davis-smith.monique@mccg.org

From: Clark.Edward
Sent: Wednesday, April 09, 2008 12:39 PM
To: Davis-Smith.Monique, MD
Subject: RE: Tues. Teaching

Thanks, I hope they soaked up some of the information. Did they get anything out of the practical application at the end? There were too many to look over everyone's technic.

Edward

From: Davis-Smith.Monique, MD
Sent: Wednesday, April 09, 2008 12:37 PM
To: Clark.Edward
Subject: Tues. Teaching

Dr. Clark,

Thank you for your time and effort. The residents enjoyed your circumcision workshop.

Y. Monique Davis-Smith, M.D.
Assistant Professor, Department of Family Medicine
Mercer University School of Medicine
Medical Center of Central Georgia
Ph: (478) 633-5550
Fax: (478) 784-5496
email:davis-smith.monique@mccg.org

Resident Workshop Feedback
Family Practice Circumcision
Workshop

From: Weintraut.Roberta, MD
Sent: Wednesday, September 16, 2015 11:16 PM
To: Clark.Edward
Subject: Teaching sessions

Thanks so much for taking the time to do the Circ workshop with the residents Tuesday! They really appreciated it and it was a great set-up!

I was hoping to do a session for the residents again in the SIM LAB in November and another in January. You had mentioned the ear exam practice session – would you be able to do that on Nov 10 or Jan 19th? We'll have some other dates later in the year if that would be more convenient for you.

Thanks again!

Berta W

Roberta J Weintraut MD
Director, Integrative Medicine Division
Asst. Director, Family Medicine Residency
Medical Center of Central Georgia/Mercer University School of Medicine
Macon, GA
weintraut.roberta@mccg.org

The Medical Center
710 Center Street
Columbus, GA 31901
Fax: 706-571-1070

Joseph R. Zanga, MD, FAAP
Chief of Pediatrics
706-571-1220

Jeffrey L. Brewster, MD, FAAP
Intermediate Care
706-660-2575

Paul A. LoDuca, MD
Hematology/Oncology
706-660-2560

Eric Zurbrugg, MD
Neurology
706-660-2730

October 6, 2011

Edward K. Clark, M.D.
Medical Director of The Children's Health Center
The Children's Hospital
Medical Center of Central Georgia
777 Hemlock St., Hospital Box 66
Macon, GA 31201

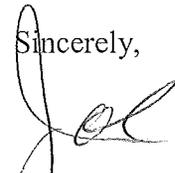
Dear Dr. ^{EDWARDS} Clark:

Thank you for speaking at Pediatric Grand Rounds on September 29, 2011. Your topic "**Pediatrician Perspective on Lower Limb Abnormalities**" was well received by our audience.

A total of (41) attendees completed and evaluated the program. I have enclosed an evaluation summary with comments to provide feedback to you on your effectiveness. Most indicated that this conference was a beneficial learning experience.

I hope that you will consider presenting to us again in the future.

Sincerely,


Joseph R. Zanga, MD, FAAP
Chief of Pediatrics

JRZ:mc

Enclosure:

7. Overall, the program was

Excellent	(23)
Good	(12)
Fair	
Poor	

8. Comments for this speaker and/or suggestions for future topics/speakers

1. Good presentation
2. Great Review
3. Great talk; very helpful/informative
4. Good overview
5. This information covers medical conditions that all primary care providers will see. It was very relevant to pediatricians and family practitioners
6. Great speaker. Would love to have him come back to present
7. Great presentation
8. Very informative
9. Clear easy explanation
10. TMI on slides
11. Better description (models, props) of how to measure angles of lower extremities

1. How well did this program achieve the educational objectives?
Completely (33)
Somewhat (2)
Not at all

2. Was the information presented valuable?
Yes (35)
No

3. Was the program free of commercial bias?
Yes (34)
No (1)

4. Would you like to have this topic area presented again next year?
Yes (25)
No (9)

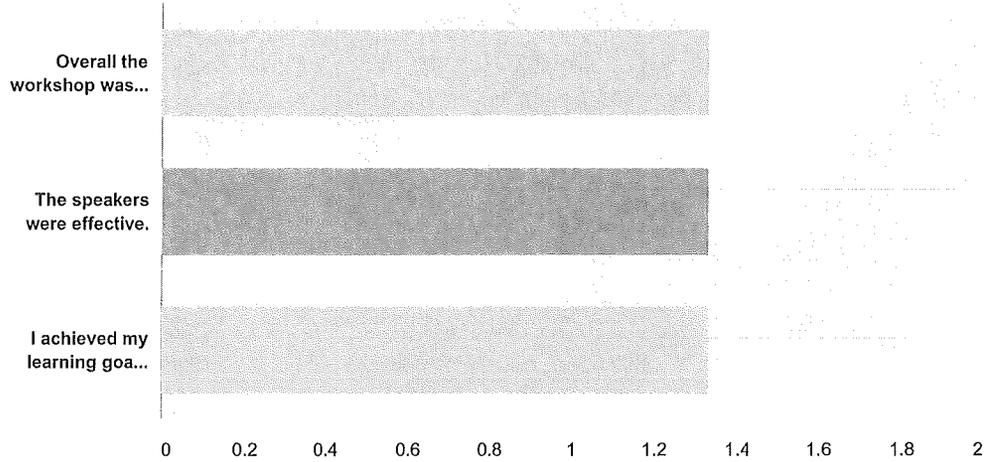
5. Would you like this speaker to present other topics again next year
Yes (31)
No (3)

6. How will this CME change the you practice
 1. Aware of children's gait/ext-development issues
 2. Be more relaxed with some tx. and let time for child to improve on their own
 3. Better recognition of normal/abnormal limb conditions
 4. I will be more aware of the conditions discussed
 5. I will access LE abnormalities in children < 5 yr of age more thoroughly, so I could decrease unnecessary referrals or procedures
 6. Better knowledge of limb abnormalities
 7. Better education for parents
 8. I have age specific guidelines for parents
 9. Less referrals – better explanation to parents
 10. Improve assessment of ped LE deformity
 11. When I refer
 12. Probably less ortho referrals
 13. How I refer to ortho
 14. Not. I'm compliant now
 15. More parental re-assurance
 16. Know better how to evaluate these children
 17. Nice review of common problems

COMSEP 2016 Annual Meeting Evaluation

Q101 Please rate the Incorporating the Fundamentals of Health Care Value Into Daily Practice workshop.

Answered: 9 Skipped: 177



	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total	Weighted Average
Overall the workshop was effective.	66.67% 6	33.33% 3	0.00% 0	0.00% 0	0.00% 0	9	1.33
The speakers were effective.	66.67% 6	33.33% 3	0.00% 0	0.00% 0	0.00% 0	9	1.33
I achieved my learning goals for this session.	66.67% 6	33.33% 3	0.00% 0	0.00% 0	0.00% 0	9	1.33

#	What was most effective? How might the speakers make the session more effective in the future?	Date
	There are no responses.	

COMSEP 2016 Annual Meeting Evaluation

Q102 What was most helpful? How might the speakers make the session more effective in the future?

Answered: 5 Skipped: 181

#	Responses	Date
1	Good combination of didactics and small work activities.	5/13/2016 4:55 PM
2	Very good session. We already returned to our institution and tried a health care value case with our residents. Excellent practical materials to use after the workshop.	5/12/2016 2:29 PM
3	Marvelous teaching tools and discussion with attendees. It reminded me of how many clinical and psychosocial subtleties affect value. The only changed I'd consider is how to include (in facilitating a learner discussion) differential diagnosis, as it will naturally come up.	4/22/2016 1:36 PM
4	presented info from a workshop then gave the entire workshop out to use	4/19/2016 10:09 AM
5	Great workshop with lots of valuable resources.	4/19/2016 8:20 AM

COMSEP 2016 Annual Meeting Evaluation

Q103 Please identify one idea you are committed to using as a result of this workshop.

Answered: 6 Skipped: 180

#	Responses	Date
1	Use cases shared with participants to teach HCV at home institution.	5/13/2016 4:55 PM
2	Facilitating discussion with these cases a few times during continuity clinic lecture time	5/12/2016 2:29 PM
3	The authors graciously shared their materials, and we plan to use them for the first time in residency continuity clinic next month as a pilot.	4/22/2016 1:36 PM
4	Incorporate HCV into student case discussions	4/19/2016 11:10 AM
5	integrate some aspect in one of my courses	4/19/2016 10:09 AM
6	I plan to incorporate a High Value Care module into my clerkship.	4/19/2016 8:20 AM

INNOVATIONS IN EDUCATION

Brief description of curriculum	Development of cases for OSCE's (Objective Structured Clinical Examination). The three cases involved 1) otitis media with effusion and acute otitis media, 2) patient with a sore throat and demanding antibiotics, 3) caretaker on the telephone discussing a child with fever and a rash.
Your role in development	Author and Co- Author in collaboration with Savannah Campus and the Clinical Skills Department
Intended Audience	MS-3 students located in Macon, Savannah, and Columbus
Number of Learners	2012-2016: ~90-120 (All three campuses combined) 2010-2012: ~85 2008-2010: ~42
# Years Curriculum Taught	8 years
Goals and Objectives	To assess pediatric history, clinical and communication skill proficiency while on the clerkship and also in preparation of CS Step 2 Exam.
Preparation	The overall yearly course and experience with the OSCE's was evaluated for equality amongst the different clerkship groups. We needed more representation of common childhood illnesses and needed more communication in our cases.
Design	Standardized patients in the young age are difficult to obtain so we innovated using a telephone case where the student talks to the caregiver over the phone. Consistency with the ear exam was solved by using video clips on the computer for the student to view after the exam.
Evaluation	The cases are piloted. Evaluation is performed by reviewing comments and input from the student, standardized patient, and physician viewer and clinical skills staff on bi yearly schedule. Evaluation of Learners: <ul style="list-style-type: none"> • Learner is evaluated by observations from standardized patient and physician observer. Self-assessment from the student by reviewing the video.
Evidence of Quality	Usage for over eight years with consistent scores among students

Evidence of Dissemination	Cases have been shared with other institutions along with usage among all three campuses
Future Directions	Plans have been proposed to alter the cases to have different variations of diagnosis for the same presentation.

Brief description of curriculum	Designed two different workshops. One to Improve diagnostic and clinical skills when using the otoscope. Second, to improve procedural skills when performing a circumcision.
Your role in development	Developer, designer, innovator and key faculty member
Intended Audience	Ear exam workshop intended for medical students and residents. Circumcision workshop intended for residents.
Number of Learners	Ear Exam Workshop: Medical Students 2012-2016: ~55; 2010-2012: ~50, 2008-2010: ~42; 2000-2008: ~36 Pediatric and Family Practice Residents: 6-15/year Circumcision Workshop: Pediatric and Family Practice Residents: 10-20 every other year
# Years Curriculum Taught	Ear Exam Workshop: Medical Students 2000-Present (1-day workshop) Pediatric and Family Practice Residents (2-day workshop): 2004-Present Circumcision Workshop: Pediatric and Family Practice Residents: 2008-Present
Goals and Objectives	Ear Exam Workshop: Day 1 <ul style="list-style-type: none"> • Know the landmarks of the ear • Know the terminology for diagnosis of ear pathology • Know two approaches to diagnosing ear pathology • Know how to insufflate the tympanic membrane Day 2 <ul style="list-style-type: none"> • Practice insufflation technique • Become familiar with the use of video otoendoscope and identify landmarks

	<ul style="list-style-type: none"> • Learn how to operate the tympanometry machine and how to interpret the results • Practice cerumen removal • Trouble shoot the otoscope that doesn't work • Learn how to change the otoscope light bulb <p>Circumcision Workshop:</p> <ul style="list-style-type: none"> • Know the different types of circumcisions • Know different ways to anesthetize for circumcisions • Learn and practice safe technique with the gomco method • Learn the pitfalls when performing circumcisions
Preparation	<p>Ear Exam Workshop: Construction of the quiz materials, pictures, flash cards, and video clips. Video clips were taken with permission from Phil Kalida MD and a representative eleven were taken from a bank of fifty clips. Audio visual assisted in making the video quiz. These clips were tested on the pediatric ambulatory faculty. Formation of the Day 2 workshop entails pulling the needed equipment together for the day of demonstration. The cerumen removal station requires drilling holes in a melon and placing peanut butter or partial raisin in a one-inch straw then inserted in the melon with a piece of paper attached to the bottom of the straw.</p> <p>Circumcision Workshop: Working in the newborn nursery allowed me to discover a way to make a fake phallus to use for practicing circumcisions. Take a red nipple and place it in a yellow nipple and tape it across the bottom and screw the yellow nipple back onto the plastic two-ounce bottle. Now you need something to hold the bottle. I talked with plant operations and we designed and prepared a platform consisting of blocks made out of two by fours with a hole drilled in the block the diameter of the plastic bottle. Once the bottle is pushed into the block, the nipple is at the right height as if strapped to a circumcision board. Twenty of these blocks were made. Circumcision kits are recycled. All nipples are prepared before each workshop.</p>
Design	<p>Ear Exam Workshop: Day 1: A three-part quiz assessing knowledge of landmarks, diagnostic skills, and interpretation of physical findings from video clips. Didactic lecture on landmarks then two approaches to diagnosing are gone over then using what they have learned, we go back through the eleven video clips to commit to a diagnosis by holding up flash cards with the diagnosis indicated on the cards. Then to reinforce the skill, the learner goes to the board and points out the landmarks and defends their answer. Day 2: Stations are set up so that the residents can rotate to each station. The stations consist of Insufflation, video otoendoscope, tympanogram, cerumen removal, trouble shooting station with an otoscope that doesn't work properly in five different ways. The cerumen removal station is designed so if all the "cerumen" is removed, the words can be read at the</p>

	<p>bottom and if improper technique is used the straw is pushed into the core of the melon.</p> <p>Circumcision Workshop: 30 min didactic lecture given followed by video demonstration of anesthesia technique and proper circumcision technique. Then, the learner practices the technique at their own station.</p>
Evaluation	<p>Ear Exam Workshop: Medical student evaluations of Day 1 of the workshop are in the teaching evaluation section.</p> <p>Learner evaluation can be performed on grading the three-part quiz and observation and feedback during the interactions during the second part of the workshop.</p> <p>Circumcision Workshop: Family Practice residents have evaluated the workshop very favorable and have asked to repeat the workshop almost yearly.</p> <p>Learner evaluation is performed via immediate feedback during observation of procedure.</p>
Evidence of Dissemination	<p>Two Residency programs continue to ask for these workshops The ear workshop has been well received regionally and internationally</p>
Future Directions	<p>Publish the data gathered on the Ear workshop to show if there is a difference in the students learning curve if one is taught via the video otoendoscope</p>

DOCUMENTATION OF RESEARCH/SCHOLARSHIP/CREATIVE ENDEAVORS

I. Philosophy and Goals of Research/Scholarly Activity

As a clinical educator, my main focus on scholarly activity has been related to curriculum development, teaching, learning, patient education, and clinical applications. With an emphasis centered around teaching the medical student in different modalities. It is important that the resources that we provide our learners are current, state of the art, innovative, and in sync with LCME and ACGME requirements. I have been involved with curricular committees and development for students and residents since becoming an assistant clerkship director. I remain actively involved to this day and plan on carrying it into the future.

I have been involved with scholarly activities on the local, regional and national level. When I first became involved with the Council on Medical Student Education in Pediatrics, early in my career, I became a member of the curriculum committee. From there I have taken part in revising the organization's National Pediatric Curriculum on two different occasions. It was there that I became involved in writing and reviewing CLIPP cases, which are electronic cases used nationally for web based medical student education. Macon and Savannah campuses incorporated the CLIPP cases into the pediatric curriculum for almost five years.

I have also chaired the COMSEP Clinical Cases (C³) Teacher's Guide sub-committee. For the past 5 years, this sub-committee has been heavily engaged in planning, coordinating, developing, publishing, and maintaining a teacher's guide for the two hundred and twenty-five COMSEP Clinical Cases. Because of this work, over half of the cases now have peer-reviewed teacher's guides published and accessible on COMSEP's website. This work is ongoing. The C³ Teacher's Guide sub-committee is working to publish teacher's guides for 100% of these cases and to develop different ways to incorporate the teacher's guide into production of scholarly activities and how the guide can be incorporated in different settings of medical education. The Macon, Savannah, and Columbus campuses have already incorporated C³ cases and teacher's guides, into the MUSM curriculum. They serve as the foundation for the pediatric lecture series, midterm testing, and assist residents and faculty in developing lectures.

I believe that research and scholarly activities should be pertinent, practical, and centered around patient care and or teaching the student or resident. I have done chart reviews and studies centered around improving patient care of the newborn and ambulatory patients. I have written and revised many orientation, teaching, and patient care manuals and have encouraged this scholarly activity among junior faculty and regional schools. I continue to gather data on my interest on student and resident education of the ear exam and pathology. I have written or been involved in writing numerous protocols, guidelines, and practice improvement initiatives.

My goal is to continue to sharpen my teaching skills through further research, scholarly, and collaborative activities.

II. Underlying Themes of Research/Scholarly Activity or Future Directions of Scholarly Activity

My major themes of research and scholarly activity are centered around Medical Student curriculum, education, and evaluation. In the future, I plan on incorporating scholarly activity through the initiative of applying for Patient Centered Medical Home for the Children's Health Outpatient Center. I also would like to participate in clinical research through an initiative of the Chronic Kids Clinic and Home Visit project, possibly involving the use of THC oil in the treatment of epilepsy and other extrapyramidal movement disorders. I am one of two physicians in the area that offer this option to the pediatric special needs patient.

III. Unfunded Projects

Editor for the COMSEP Clinical Cases Teacher's Manual. This has been a time-consuming and ambitious undertaking, to produce and publish teacher's guides for over 225 cases. Work is ongoing. Over half of the cases have electronically published guides, with more in the pipeline. This scholarly project has participation throughout the Navicent Health Pediatric Medical Education Department, involving the Clerkship Administrator, faculty, residents, and medical students.

IV. Major Accomplishments / Contributions in Scholarship

Peer Reviewed Publication:

As a member of the COMSEP Curriculum Taskforce, we developed a Teacher's Guide to the clinical cases found in the COMSEP curriculum. Click on this link to see product. <http://www.comsep.org/educationalresources/Documents/C3TeachersGuideFullPublication.pdf> . Some clerkship directors and educators use these problem sets to teach factual information and clinical reasoning. Others use these as teaching resources for residents and faculty who may be out of their comfort zone. The C³ Teacher's Guide is peer-reviewed and published on the COMSEP website. This has been an ideal opportunity for scholarship for faculty, fellows, residents and Sub-Interns. The answers are written to address the learning objectives of junior medical students. To-date, we have published 125 of 225 cases. We are using a template that includes definition of terms, review of important topics and supplemental learning activities. We have recruited COMSEP members and other interested professionals to write individual guides to specific clinical cases. These undergo two levels of peer review before they are published as part of the C³ Teacher's Guide. This curricular tool has been incorporated into the lecture series during the clerkship for the Macon, Savannah, Columbus campuses. They are used to assist the lecturer in preparation for lecture. Campuses across the country use the teacher's guide in many other ways. When surveyed about how respondents used the C3 Teacher's Guide, responses included: as a resource in developing student lectures, in every or almost every clerkship course, guidance

for outpatient clinical preceptors, in small group problem-based learning, and with students needing remediation. See Appendix B.

Contributions to Clinical Care through guidelines, protocols, and standards of Clinical Care:

As Medical Director of the Newborn Nursery for ten years, I developed protocols pertaining to the management of the hypoglycemic newborn, pain and sedation protocol during circumcisions, management of hyperbilirubinemia in the newborn, Group B Strep protocol, newborn discharge protocol, and kernicterus prevention and risk assessment protocol. Most or part of all these protocols are still in use today. As Medical Director of the Children's Health Center for the past ten years, my most recent initiatives have been protocols with development and implementation of obesity management, asthma management, and cholesterol screening. All of these guidelines are in use today.

Quality Improvement through process and practice improvement:

When I first joined the faculty in 1995 at the Children's Health Center, it was obvious there was a great need for conformity with documentation in the ambulatory setting, as well as, the newborn nursery. A large amount of time was spent on standardization of patient documentation of well child checks, history, hearing and vision, vaccination consent and administration, nebulization documentation, to even the super bill. These forms were used and adopted by other institutions and private practices for over thirteen years until 2009 when the office switched over to electronic medical records. Many of these forms were converted over to EMR templates, as well as, multiple sick visit templates were designed for the EMR. These have been updated to accommodate the recent change to ICD-10 billing.

Patient education is very important. I have written and revised parent teaching handouts for the ambulatory settings and booklets for the newborn nursery. These are now available in English and Spanish versions. All of these teaching materials have been adopted by graduates near and far.

Performance improvement initiatives in the newborn nursery have centered around standardization of physician orders, prevention of perinatal infectious disease through prevention with HBV immunization, correct laboratory testing of multiple perinatal diseases prior to discharge, and hyperbilirubinemia awareness, detection and early treatment. Ambulatory performance improvement initiatives have been discussed in other sections.

DOCUMENTATION OF INNOVATION AND QUALITY IMPROVEMENT INITIATIVES

I. IMPROVEMENT PROJECTS

Project 1 Decrease the risk and incidence of sentinel events related to Hyperbilirubinemia and Kernicterus. The incidence of hyperbilirubinemia had increased across the country and the rise of kernicterus was up. The NBN committee was charged with improving the guidelines for screening for hyperbilirubinemia. This project took place over several years and was extended into the ambulatory clinic setting.

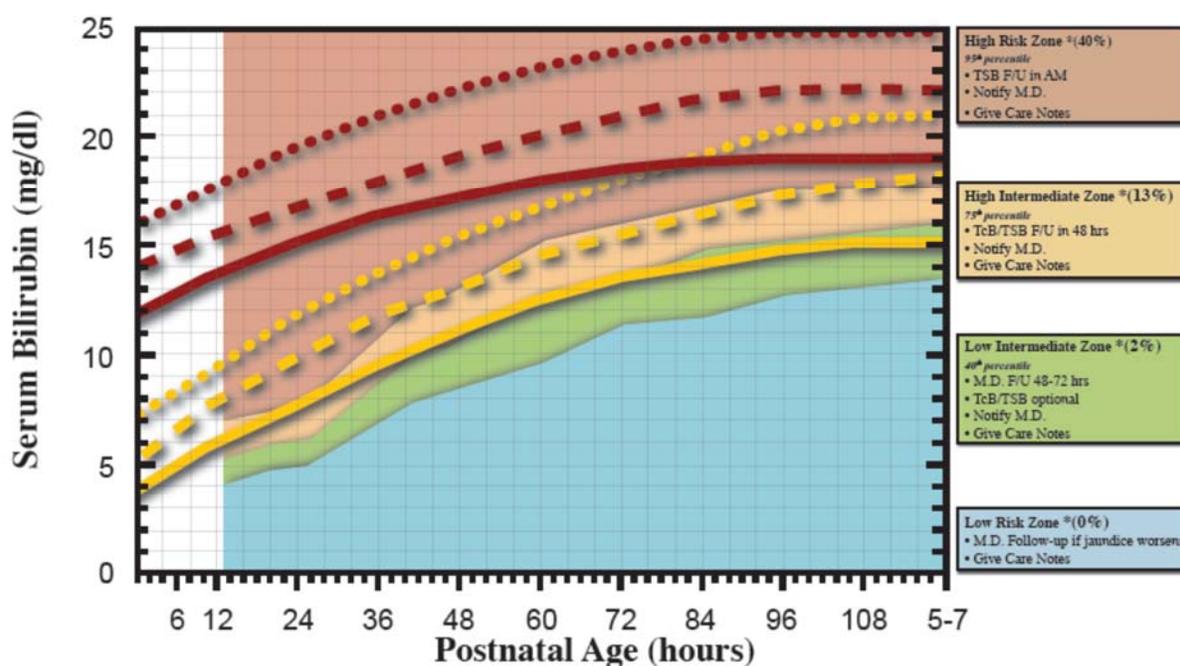
- 2002-Development of Hyperbilirubinemia Guidelines for the NBN
- 2004-Development of Kernicterus Prevention Risk Assessment Protocol
- 2004-Development of the MCCG Bilirubin Care Map for initiating Phototherapy and Exchange transfusion. The bilirubin nomogram took seven graphs from the Butani study and were superimposed all on one chart to make initiation of treatment more obvious and easier to follow the management. The graph also incorporated directives to the nursing staff, as well as, the physicians. This graph has been made into poster size and has been used extensively throughout our institution in the Family Birth Center, Level II nursery, NICU, ambulatory work rooms, and resident call rooms. Graduates from across the southeast have requested its usage in their offices and institutions.

Bilirubin nomogram shown on next page.

- 2005-Initiative to install improved lighting in each mother/baby room to improved visual examination of the infant in order to better detect and evaluate for jaundice
- 2005-Conduct a comparison study on Transcutaneous bilirubin vs Total Serum Bilirubin in order to approve use of the newer technology to improve turnaround time and detection of jaundice
- 2005-Initiation and development of bilirubin labs drawn in the ambulatory setting as a critical value quality metric that is still being followed today.

Example of critical test results audit for the year 2015 follows the nomogram.

Bilirubin Care Map for MCCG



* percentage of patients that remain or move up to high risk zone after discharge bilirubin level obtained

Guidelines for Exchange Transfusion

- Infants at lower risk (≥ 38 wk and well)
- Infants at medium risk (≥ 38 wk + risk factors or 35-37 6/7 wk and well)
- Infants at higher risk (35-37 6/7 wk + risk factors)

- The dashed lines for the first 24 hours indicate uncertainty due to a wide range of clinical circumstances and a range of response to phototherapy.
- Immediate exchange transfusion is recommended if infant shows signs of acute bilirubin encephalopathy (hypertonia, arching, retrocollis, opisthotonos, fever, high pitched cry) or if TSB is ≥ 25 mg/dL (85 μ mol/L) above these lines.
- Risk factors - isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis.
- Use total bilirubin. Do not subtract direct reacting or conjugated bilirubin.
- If infant is well and 35-37 6/7 wk (median risk) can individualize TSB levels for exchange based on actual gestational age.

Guidelines for Phototherapy

- Infants at lower risk (≥ 38 wk and well)
- Infants at medium risk (≥ 38 wk + risk factors or 35-37 6/7 wk and well)
- Infants at higher risk (35-37 6/7 wk + risk factors)

- Use total bilirubin. Do not subtract direct reacting or conjugated bilirubin.
- Risk factors - isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis, or albumin < 3.0 d/L (if measured).
- For well infants 35-37 6/7 wk can adjust TSB levels for intervention around the medium risk line. It is an option to intervene at lower TSB levels for infants closer to 35 wks and at higher TSB levels for those closer to 37 6/7 wk.
- It is an option to provide conventional phototherapy in hospital or at home at TSB levels 2-3 mg/dL (35-50 μ mol/L) below those shown but home phototherapy should not be used in any infant with risk factors.

**Critical Test Result Audit for month of: August 2015 thru August 2016
Unit / Location: Children's Health Center**

Critical Results For Bilirubin

Total # of critical results	# Outliers	% compliance with TAT
6	0	100%

Role Medical Director and Chair of the Newborn Committee

Internal Scope: Family Birth Center, Level II NBN, Neonatal Intensive Care, Ambulatory Clinic

External Spread: All pediatric offices in the middle Georgia area and offices of graduates in the southeast

Sustainability: The protocols and improvements instituted are still in effect today and used daily. The bilirubin care map hangs in all patient care areas, inpatient and outpatient sustained for over 12 years.

Value: Time spent on these projects was incorporated into administrative time

Time/Effort: Project was started in 2002 and completed 2005. Quality metric testing of critical value continues to be monitored in the outpatient setting.

Feedback: All physicians and nursing staff involved have given positive feedback with our efforts from risk protocols, improved lighting, and request nomograms for their practices.

Magnitude of Impact: This project addresses the national priority for sentinel event awareness. We have reduced the risk of hyperbilirubinemia with earlier detection and management.

Results: We have not had any cases of Kernicterus that were born at our institution in the past 12 years.

Project 2 American Academy of Pediatrics recommended universal immunization of newborns with Hepatitis B vaccine prior to 12 hours of age but the community physicians did not want to comply with this recommendation. The consensus was that there was not a problem with Hepatitis B in the newborn period and the vaccine could be given in the office.

Goal: To have all newborns immunized prior to 12 hours of age, increase immunization completion rates, decrease Hepatitis B transmission rates and be in compliance with AAP guidelines.

Method: A clinical case review of 500 charts to show evidence in support of universal prophylaxis use of Hepatitis B Vaccine during the newborn period.

Role: Medical Director of Newborn Nursery and project lead

Internal Scope: At the time two units, The Family Birth Center and the Newborn Nursery which were two separate units.

External Spread: After completion of study two community hospitals, Coliseum and Northside, adopted the new practice along with the Medical Center.

Sustainability: This activity has been sustained for 17 years

Value: Study completed on own time or administrative time.

Time/Effort: Three months of collective time for data collection and interpretation. Study completed in 1999

Feedback: Chairman of the department asked for this to be presented at Grand Rounds.

Magnitude of Impact: The project addresses a national concern of decreasing the transmission of Hepatitis B and increasing immunization rates among the pediatric population.

Results: The outcome of the study revealed that the maternal Hepatitis B immune status was unknown in 20% of newborn births at time of discharge from the Medical Center Navicent Health prompting improved compliance to guidelines with universal prophylaxis of all newborns.

II. PROGRAM AND INFRASTRUCTURE DEVELOPMENT

Initiative 1: Move Pediatric Ambulatory Center to new location

Rationale/Problem: Move Children's Health Center to a new location due to unsafe and inefficient environment

Role: Medical Director of the Children's Health Center and project lead.

Actions Undertaken/Completed: Worked with CEO and Heat Committee to raise \$400,000 dollars for renovations to the second floor of the Children's Hospital. I led the project team for design and renovation of space for maximum effect for patient flow and volume.

Time/Effort: Planning took place over a two-year time period and was completed July 2015.

People/Areas Impacted: Patients from Bibb and surrounding counties. Subspecialty referrals from Southeast Georgia.

Result of Initiative: Facility was expanded from thirteen to twenty-three patient rooms, from a seven to eighteen thousand square foot facility increasing the multipurpose of the facility and allowing growth in the Behavioral Developmental, Sports Medicine, and Adolescent GYN departments. This will help us pursue Patient Centered Medical Home certification.

Initiative 2: Home Visits for Special Needs children

Rationale/Problem: The need for home visits with special needs children of the practice to improve care and outcomes

Role: Medical Director of Children's Health Center and physician contact for the Home Care Team

Actions Undertaken/Completed: Develop staffing model and visit schedule for special needs children under the care at Children's Health Center. Engaged Pediatric Intensivist, Pediatric Palliative Care Physicians, Registered Nurses, General Pediatricians and Pediatric Nurse Practitioners along with improved Home Health communication.

Time/Effort: Project was initiated in 2014 and continues today

People/Areas Impacted: Patients and their families from the Middle Georgia area and Southeast

Result of Initiative: We have decreased office visits, as well as, decreased the number of hospitalizations. Length of stay has been decreased. We have improved with transitioning of the patients to adult care. Patients are receiving better care and in the home environment. We have improved the lives of the families involved. We have begun a trial on Intermittent pulmonary ventilation devices for home use, as well as, advanced hospital use which has prevented pneumonias or cleaned up pneumonias and atelectasis from our chronic aspirators. This has decreased PICU and PIMCU admissions and we have been able to manage these patients better at home with a significant cost savings. We have also utilized an ethanol lock program in our long term central line patients that has resulted in a decrease in infection rates and loss of lines. This has also decreased length of stay and hospitalizations due to (CLABSI) central line associated blood stream infections. Through these initiatives, we have signed on nearby pediatricians with a request to handle all of their chronic and palliative care patients.

Year	2014	2015	2016
# of Home Visits	249	203	180

DOCUMENTATION OF CLINICAL PRACTICE

I. PHILOSOPHY AND GOALS

For the past twenty-five years my patient care has involved the ambulatory setting, as well as, the newborn nursery and sometimes the pediatric wards. No matter what area, my goal is to treat the patient in a manner that I would like to be treated. This involves listening to the patients or parents' concerns, examining the patient in a respectful, thorough, and proper manner, treating the patient with the best possible treatment plan, taking the time to research the difficult cases, and giving appropriate follow up to needed concerns all in the realm of compassionate care.

In a hectic clinic in an academic setting, compassionate care takes a team approach. Everyone, from the front desk, to the nurses and physicians, to the checkout desk is part of the team. I strive to provide the highest quality of care for my patients while hopefully setting an example for the residents and students I teach. Our team works in unison to deliver the best and most up to date care.

In the past ten years, two of my three brothers have passed away after battling chronic diseases. Seeing what they went through has been an eye opening experience for me. This has had a great impact on my outlook on the patient physician relationship. I am more compassionate and patient with the needs of the chronic patient and difficulties that these patients live with.

As the Medical Director of the Ambulatory setting, there are two areas that I am the proudest for making a difference. One is the startup and expansion of care for our chronic patients. A team of nurse practitioners, ambulatory physicians, pediatric intensivists, and palliative care physicians work in concert. We provide home visits on some of our patients as far south as Valdosta and up to Eatonton. The Chronic Kid's Team has made it a point to take care of the children the best that we can and to decrease their time for travel to and from the doctors. We make it a priority to keep them out of the hospital at all cost. If and when the time comes, we involve the palliative care team at the family's wishes. My nurse practitioner and I have been at the bedside of a number of our patients at the time of their passing, pronounced them. I have even played the saxophone at some of the funerals. We try to continue to be there for the families even weeks afterwards, if they would like to come into the office and discuss any matters. **See Appendix C.**

The second area that has made a big difference has been the placement of the Marriage and Family Therapist (MFT) program in the clinic setting. MFTs have been involved with outpatient consults, helping with follow ups with our obesity clinic, and most recently, I have asked them to be involved with our chronic kid's clinic and to help out with our asthma follow up clinic. This program is a great asset in providing continued care to our population.

Our outpatient facility continues to grow. We have recently moved to a bigger location and can serve more patients with better flow. This new location was pivotal in allowing us the room to expand our services. I have always been receptive to expanding our clinics and would like to continue to do so in the future. We have recently added an Adolescent-GYN physician to improve the health care of our female population. This has enhanced the expertise of our adolescent clinic that already involved our Pediatric Sports Medicine physician and Forensic Pediatrician.

It is a great pleasure and honor to be able to teach the new generation of physicians. I hope that my caring attitude, passion for teaching, along with my sense of humor and belief that laughter is the best medicine, second to tincture of time, will make an impact on the learners' perception that there is more to medicine than meets the eye. Taking care of the patient is an all-encompassing endeavor and a life long journey of constant research, self-education, reevaluation of one's self, and constant sharpening of one's skill set.

II. MISSION INTEGRATION

Ninety-five percent of my clinical activity takes place in a setting that involves teaching and education of students, residents, and nurse practitioners. I do not have a private office nor see private patients on a regular basis, so all patient care takes place in an environment of medical education. Teaching takes place in multiple clinical settings such as the outpatient office, pediatric wards, and the newborn nurseries. As a predominately outpatient pediatrician for Navicent Health, a referral center for middle and South Georgia, as well as, the main health care facility for the Middle Georgia area, my patient population spans the inner-city of Macon to the small towns and other rural areas across the state. Part of my practice in recent years has been to participate in home visits along with the nurse practitioners on some of our more chronic patients. This has been a part of our outreach efforts to underserved populations and for patients who unable to come to the office. A very large portion of the population that Children's Health serves is indigent. Being able to take care of the underserved and indigent population is a large part of the mission of the medical school.

While I do not participate in activities as a research scientist would, my goals are to foster interest in research, understand its importance and to teach residents and students to critically examine the medical literature. It is important for the learner to understand that in order to accomplish this that one has to be up-to-date on the literature. I teach evidence-based medicine on the inpatient and outpatient settings and expect the learner to participate and take an active role in determining the best course of action when treating the patient. I have also involved students and residents on a on-going research project investigating the knowledge of caretakers when performing an ear exam, as well as, scholarly activities involving published articles and web based educational teaching materials.

III. CLINICAL SERVICES ACTIVITY

ROLE/TYPE OF ACTIVITY	YEARS	LEVEL OF ACTIVITY	LOCATION
Attending Physician, Pediatric Ambulatory Clinic	20	2015-2016: 12wks/yr 2014-2015: 13wks/yr 2013-2014: 12wks/yr	MCCG/Navicent Health Children's Health Center

		2012-2013: 5wks/yr 2011-2012: 7wks/yr	
Attending Physician, Newborn and Level II Nursery	20	9-26 wks/yr	MCCG/Navicent Health
Attending Physician, Resident Continuity Clinic	16	9-10 wks/yr	MCCG/Navicent Health Children's Health Center
Attending Physician, Pediatric Ward Attending	11	1-8 wks/yr 1995-2013	MCCG/Navicent Health Children's Hospital
Attending Physician, Pediatric Hospitalist Service	3	2 wks/yr 2013-present	MCCG/Navicent Health Children's Hospital
Attending Physician, Chronic Kids Clinic	6	1 day / wk	MCCG/Navicent Health Children's Health Center
Attending Physician, Methodist Children's Home	6	1 day / month	Methodist Children's Home Macon, GA
Call Coverage- Pediatric Ward week nights and weekends	10	1-8 weeks and weekends per year	MCCG/Navicent Health Children's Hospital
Call Coverage- Newborn Nursery Service Weeknights and weekends	20	8-13 weeks and weekends per year	MCCG/Navicent Health Children's Hospital
Physician After hours	8	2 nights/month	Primary Pediatrics, Macon, GA Middle GA Pediatrics, Macon, GA

1996-2005 Clinical Responsibilities

	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05
Ambulatory Clinic	32	26	16	16	16	13	14	13	16	15
NBN and Level II	17	22	11	17	13	26	19	26	18	22
Continuity Clinic						0.6	0.6	0.8	5.0	5.0
Chronic Kids Clinic										
Methodist Home										
Ward Attending	2	2	4	2	0	0	0	0	2	2
Hospitalist Attending										
Total Clinical Wks per year	42.5	39	31	26.5	22.5	26.6	24.1	26.8	25.8	31
Call coverage Wards Wks/Wkends	2/2	2/2	4/4	2/2	0	0	0	0	2/2	2/2
Call Coverage NBN Wks/Wkends	/2	/2	/4	/2	0	0	0	0	8	2

2006-2016 Clinical Responsibilities

	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16
Ambulatory Clinic	10.7	14.4	11.2	9.0	7.6	5.7	7	5	12	13	12
NBN Attending (0.5 day in nursery, on call all day)	18	12	11	16	9	10	11	13	10	14	13
Continuity Clinic	5.3	4.5	4.5	6.4	5.5	5.6	5.5	5.0	4.5	5.0	4.5
Chronic Kids Clinic						1.3	2.8	2.2	2.8	2.5	3.4
Methodist Home						1.9	2.7	0.7	1.1	1.3	1.1
Ward Attending	1	0	1	8	7	1	2	0			
Hospitalist Attending									2	2	0
Total Clinical Wks per year	26	25	22.2	31.4	24.6	20.5	25.5	19.4	27.4	30.8	27.5
Ward Call coverage Wks/Wkends	1/1	0	1/1	8/8	7/7	1/1	2/2	0	2/0	2/1	0/3
Ward Call coverage Tuesday Nights										14 nights /yr	13 nights /yr
NBN Call Coverage Wks/Wkends	18/1	12/3	11/7	16/10	9/13	10/8	11/9	13/12	10/12	14/11	13/11

IV. CLINICAL SERVICE CONTRACTS

None

V. OTHER ACCOMPLISHMENTS IN CLINICAL SERVICE

A. RECOGNITION OR AWARDS

Operation Excellence Award, Medical Center Navicent Health 2013, 2001

Operation Suggestion Award, MCCG 1998

Ideal Pediatrician Award, Pediatric Residents MCCG 2013

Pediatric Patient Care Award, Pediatric Residents MCCG 2009

Unsolicited letter from a parent in supplemental materials (**See Appendix C**)

B. PATIENT SAFETY AND QUALITY IMPROVEMENT

The Operation Suggestion Award in 1998 was for improving the practice of screening for syphilis among pregnant mothers. I discovered that a large majority of pediatricians were screening the mothers using cord blood RPR which was not a recommended practice according to the American Academy of Pediatrics. I suggested that we do away with this form of testing and was recognized for improving the quality of care and at a cost savings.

I have been involved with multiple process/practice improvements ranging from development and standardization of all patient care documentation forms from sick visit to all well child check forms. The Family Practice residency program adopted these forms in their practice, as well as many of our graduates when going out into private practice. I have continued to be involved with updating and converting forms to the electronic age.

The "Dr. Clark" newborn nursery history and physical form has been used in the paper form for over two decades. Traveling nurses from around the state and even in the state of Florida have commented that they use the "Dr. Clark" form at their institution. I was recently on a committee that converted the NBN form to the electronic version to continue the systematic approach of assuring no prenatal lab is left unaccounted.

This year I converted three forms that needed to be filled out when performing a circumcision to only one electronic note. This was to help the pediatricians as well as the obstetricians out with documentation and compliance. I also discussed this process with the physicians on the intensive care and sedation service to help streamline their services and be in compliance with hospital requirements.

As Interim Chair of the department, I realized that the majority of the faculty were not keeping their PALS certification up-to-date. I brought this to the attention of the faculty and in less than a year managed to increase the certification rate from twelve to fifty percent.

When recently moving the Children's Health outpatient facility to its new location on second floor of the Children's Hospital, safety issues had to be addressed when redesigning the old hospital rooms into outpatient exam rooms. I was instrumental in pointing out these issues. All electrical outlets had to be child proofed, the garbage receptacle was built so that the trash receptacle was hidden and the opening was tall enough to keep little hands out. When the new exam tables were delivered, I discovered that the top of the table was operated by a pneumatic cylinder that a sibling could operate the lever and send a young infant flying across the room. I had these unassembled so they would not work. When the exam tables were set in place, I discovered that the windows could be reached and opened by the patient. I made sure the windows were all screwed shut.

I am board-certified in pediatrics and have completed recertification three times. I am currently in the American Board of Pediatrics Maintenance of Certification (MOC) program for the third time and will complete my certification in 2017. This certification process ensures that I maintain the knowledge base required to teach students and residents and provide competent patient care. One of the MOC projects completed recently is described below.

Module: Hand Hygiene: Wash, Rinse, Repeat PIM (credits 20)

Organization: American Board of Pediatrics

Despite widespread education and public awareness hand hygiene compliance remains low in health care providers. Failure to perform appropriate hand hygiene is considered a leading cause of health care associated infections allowing the spread of pathogenic organisms including multidrug resistance bacteria such as methicillin resistant *Staphylococcus Aureus* (MRSA).

Appropriate hand hygiene is relevant to virtually every area of pediatric care and is a key component of successful quality improvement efforts in reducing healthcare infection rates in pediatric office setting and other areas. I completed a 3-part module/cycle by including 30 patients in each cycle, the PIM produces run charts reflecting clinical data measurement results, comparative data for groups, benchmarked data and targets for measures. Based on my individual PIM data, I observed hand hygiene rates improve from 65% to 93% of patient encounters in our outpatient facility.

C. CLINICAL LEADERSHIP

I have been a member of the Pediatric faculty at the Medical Center for over twenty years. Throughout this time, I have been heavily involved with the medical student education and with resident training from the beginning of the pediatric residency program when it started in 1995. I have taught every one of the graduates of this program and the majority of current practicing pediatricians in the Macon and surrounding area have trained under my watchful eye. I am well respected and have been asked by many to cover for them in their practices at some time or another.

I was the Medical Director of the Newborn Nursery for ten years and for the past ten years have been the Medical Director of the Children's Health Ambulatory facility. My areas of special interest and expertise are newborn care, perinatal infections, ear pathology and diagnostics, dermatology in the pediatric patient, the pediatric orthopedic exam, care for the chronic kid, and circumcision care of the newborn.

I have given many workshops on performing circumcisions properly and with local anesthesia. Being well trained in performing circumcisions, I was tasked with the job of training our pediatric residents in performing this procedure. This procedure is predominantly performed by the obstetricians in our community but this is not always the case in other communities. Our residents were not being trained. In order for the residents to be trained, the faculty had to be trained. I took it upon myself to supervise four of our faculty members by observing their performance on 20 circumcisions each before I would sign off for credentialing. With this in place, I met with the Ob faculty to agree that this procedure should be a shared responsibility between the Ob and Pediatric residents.

Without a Pediatric Dermatologist in town, I am the go-to dermatologist in the outpatient department. I am consulted on occasion by the ward and PICU attendings on difficult cases that they encounter. Graduated residents consult me on occasion as well to help out with their dermatologic emergencies.

I have been the director of the pediatric 3rd year clerkship for 14 years. Our student population has grown tremendously during this time. I have had to expand and rework the clinical experience in order to accommodate the increasing student volume. The clerkship has evolved and expanded from one to three locations. I take pride in having a great working relationship among my colleagues in Savannah and Columbus. I continue to develop my skills as a clerkship director by annually attending the Council of Medical Student Education in Pediatrics national meetings. This gives me the opportunity to collaborate with fellow directors and learn new techniques and modalities to teaching, evaluating, and advising students.

D. INNOVATION

Innovation in the outpatient setting is a constant with the ever changing treatment guidelines for disease, healthcare delivery systems, and patient populations. It is imperative to stay current in order to improve the delivery of healthcare and the outcomes for patients.

Asthma has been on the rise and so has the morbidity of the disease. We have formed an asthma protocol team to address the problem and develop a streamlined approach to the care of the asthmatic population in the Middle Georgia area in order to decrease Emergency Department visits. Our most recent completed objective is updating the Asthma Action Plan that is used in the outpatient setting. This plan was translated into Spanish, as well as, designed to have a check off format to help expedite its usage. The latest initiative is completing the development of a knowledge assessment tool piloted at Camp Open Airway this summer. Our next step is to revise the tool for clinical use. **See Appendix D and E.** Further initiatives are to form an asthma outpatient follow up clinic with the help of physicians, nurse practitioners, and marriage and family therapist to further the comprehensive care that these patients require.

When I realized that the level of care for our children with chronic and special care needs was worsening, I knew that something needed to be done. These children are frequent flyers in the emergency room and hospital. Additionally, a visit from one acutely ill chronic kid can bring a well running clinic to a grinding halt. To address this patient population, we developed a chronic kid's clinic in 2006 that continues today. The healthcare delivery team consist of the same RN, NP, MD, Intensivist, and Palliative Care physician. This team is vital to proper management, diagnosis, treatment and follow up of the patient. The rate of patients being lost to follow up has been reduced. Emergency room visits, hospitalizations, and lengths of stay have all been reduced. Patient satisfaction scores have improved. Standardization of patient care has improved outcomes and decreased infection rates as these kids are now getting consistent line changes from the same team. Patients are also receiving better financial and home nursing support. Since the outpatient department is located in the Children's Hospital, we can easily follow up on their progress with a bedside visit as well as be involved in the discharge planning before going home.

Obesity in children has reached epidemic proportions. In 2011, the "Healthy Me" clinic was started in order to address this issue. The clinic began as a team approach taking place in the resident's continuity clinic, including support of nutritional services, and Marriage and Family Therapy. A standard protocol of care and operation was developed. During each visit the general health is reviewed and comorbidities are sought out, nutritional counseling is taught, and the family health and dynamics are

evaluated in order to have the best possible outcomes. The initiative has grown to include a summer camp to encourage healthy eating habits, as well as, a long day of activity, education, and self-esteem building. The clinic has grown in numbers and this past year the summer camp expanded to two weeks. This year we had our first patient able to be discharged from the clinic based on no longer being obese or overweight. We are working hard to make it happen again.

DOCUMENTATION OF INSTITUTIONAL AND ACADEMICALLY-RELATED PUBLIC SERVICE

I. PHILOSOPHY AND GOALS OF INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICE

I am committed to serving Mercer University School of Medicine and Navicent Health as demonstrated by my commitment to teach and advise students and residents during clinical hours as well as outside in the community. I believe that one should get involved beyond the nine to five hours. One should be philanthropic and show interest in their fellow man.

I have been an advisor for the pediatric club for many years. I have participated in pediatric awareness meetings from the first year to the fourth year student. I have hosted numerous "pediatrics in the garden" events at my house to provide an environment where the students and residents can relax and enjoy one another's company away from the work or study environment. I have participated in fundraising events that the students have initiated.

I have participated in the Kurobe exchange program and institutional outreach. I have also taken an active role with hosting the Japanese entourage when they are here in Macon, from being able to have one of the students and his father perform on stage at one of the local restaurants to having them drive a Farmall tractor around in the yard. I write a number of letter for students for off campus rotations and residency applications.

Navicent Health has pursued an exhaustive approach to community engagement and wellness. I have been involved with the health fairs at the local malls and Museum of Arts and Sciences delivering information about asthma or obesity. I have been involved with the start of the obesity clinic called the "Healthy Me" clinic. We have increased our summer camp to be two weeks long instead of one. I have taken on being the medical director and advisor for the Bibb County School Nurses. I have delivered talks in the public school system and in numerous churches. I have participated in sports physicals workshops at local schools and many educational television interviews. I have provided musical entertainment for the pediatric HIV Christmas party for the past fifteen years and have provided caroling throughout the hospital including the OR suite.

I have been involved with fundraising and awareness of health issues through the years. I have been involved with the Children's Miracle Network with philanthropic giving, answering the telephone, giving TV interviews, playing background music or taking a pie to the face. I have been involved with the fundraising and production of the Celebrity Golf Classic, MEDCEN Foundation, and Digs to Diamonds events in order to raise money and awareness for improving the health of the patients and the community.

Some of my most recent community involvement has been raising money for the Alzheimer's Association by participating in the local Dancing Stars of Middle GA by raising almost forty thousand dollars and winning the judge's choice award. Currently, I am involved with local physicians to produce a catchy song and video to be shown state wide to increase awareness of stroke and heart attack prevention.

Regional and National commitments are a must and I encourage my fellow physicians to be involved as well. I expand on these relationships below.

II. SPECIFIC CONTRIBUTIONS/ACCOMPLISHMENTS

Institutional

ACTIVITY	Thomas B. and Doris E. Black Interim Chair of Pediatrics and Medical Director and Chief of Pediatrics for the Children’s Hospital, Medical Center NavicentHealth
Description of Service	Responsible for all Chairman and Chief of Pediatrics duties locally, regionally and nationally
Duration of Service	Thirteen Months, 2012-2013
Outcomes, Accomplishments, and/or Significant Impact	Accomplishments as interim chair consist of annual evaluations completed on thirteen faculty members, preparing for LCME site visit, improving outreach and attendance of Grand Rounds, improving documentation of scholarly activity, overseeing promotion of one faculty member, maintaining current Medical School credentialing of faculty, increasing faculty availability for BMP facilitators, assisting in contract completion and negotiations for nine faculty, assisting with new residency director transition, appointing Assistant Clerkship Director and Associate Residency Director, advancing the Pediatric Hospitalist Program, moving forward with recruitment in seven disciplines, campaigning for new location for Ambulatory Pediatrics, serving as Program Chair for the 2012 AAP Georgia Chapter Meeting, and advanced the initiatives of nitrous oxide use, telemedicine, and the sedation services of the Children’s Hospital. I chaired the Children’s Hospital’s Strategic Planning Committee and was involved with Marketing of the brand through regional physician visits. I helped with fundraising for Children’s Hospital through the Medcen Foundation Children’s Golf Classic. I increased PAL certified faculty from 12% to 50%.

Professional

ACTIVITY	Council of Medical Student Education in Pediatrics
Description of Service	Member since 1997, Active member on the Curriculum Committee since 2003, Clinical Reasoning Problem Set Committee Chair since 2011
Duration of Service	1997-Present
Outcomes, Accomplishments, and/or Significant Impact	<p>While on the Curriculum Committee, I was involved with the major revision and development of the current COMSEP curriculum used internationally. All sections of the curriculum were deemed core pediatrics, mastery, or universal. This was when specific attention to the use of numbers and kinds documentation was introduced to the medical school classes. This is the current curriculum used today.</p> <p>While serving as Chair of the Clinical Reasoning Problem Set Committee, I serve on the Editorial Board for the Clinical Cases Teacher's Guide. The Clinical Reasoning Problems enhance and complement the student curriculum and are used in different formats to help instruct teaching to the student. This educational product has been edited and published electronically on the COMSEP website for member's use only. This product is used nationwide, is a spring board for scholarly activity for fellow attendings at home and abroad, as well as, incorporated into the current curriculum at MUSM.</p> <p>When Atlanta hosted the National COMSEP meeting, I was a part of the Host Committee including Atlanta, Augusta, and Savannah medical schools.</p>

ACTIVITY	American Academy of Pediatrics, Georgia Chapter
Description Service	District Representative on the Board of Directors, served on the Nominating, CME Planning, and Entertainment Committees,
Duration of Service	2003-2012
Outcomes, Accomplishments, and/or Significant Impact	I increased regional membership to the organization and brought new leadership on board. I have been on the planning committee for the annual meetings and have provided entertainment for the organization for several years.

ACTIVITY	Georgia Perinatal Association
Description of Service	Served on the board for seven years in the capacity of President Elect, President, and Past President
Duration of Service	1999-2006
Outcomes, Accomplishments, and/or Significant Impact	As Chair of the Bylaws Committee, I oversaw the revision and reorganization of the Bylaws. As Chair of the Strategic Planning Committee, I was able to formulate strategy for the future of the organization. I overall improved the documentation and organization of the Association and served as program chair for two annual conferences.