

CLINICAL EDUCATOR-PROMOTION TO ASSOCIATE PROFESSOR

Application for Promotion and Tenure

NOTE: APPLICATION PROVIDED DETAILED INFO ON MENTEES AND ADVISEES. IF YOU DO NOT HAVE INFORMATION IN THIS DETAIL, SUMMARIZE BY YEAR GIVING ESTIMATE OF NUMBER AND SERVICE PROVIDED-ACADEMIC OR CLINICAL ADVISEE, CV AND PERSONAL STATEMENT REVIEW, LETTER OF RECOMMENDATION, ETC.



Mercer University School of Medicine

PLEASE SUMMARIZE EVALS FROM STUDENTS AND RESIDENTS. ABOUT 40 PAGES OF THIS APPLICATION CONSISTED OF EVALS. IF YOU WANT TO INCLUDE INDIVIDUAL EVALS, PLACE IN AN APPENDIX

October 1, 2015

TABLE OF CONTENTS

Curriculum Vitae

Personal Summary of Contributions to Mercer University School of Medicine

- TEACHING
 - I. Philosophy and Goals of Teaching
 - A. Instructional Responsibilities
 - B. Curriculum Development
 - C. Learner Assessment
 - D. Advising / Mentoring
 - E. Educational Leadership and Administration
 - F. Professional Development
- EVALUATION OF TEACHING
 - 1. Evaluation of Teaching by Students
 - 2. Evaluation of Teaching by Residents
- INNOVATIONS IN EDUCATION
- RESEARCH AND SCHOLARLY ACTIVITY
 - I. Philosophy and Goals of Research/ Scholarly Activity
 - II. Major Accomplishment/ Contributions in Scholarship
- DOCUMENTATION OF INNOVATION / QUALITY IMPROVEMENT INITIATIVES
 - I. Statement of Philosophy Related to Quality Improvement
 - II. Improvement Projects
- GUIDELINES TO DOCUMENTATION OF CLINICAL PRACTICE
 - I. Philosophy and Goals
 - II. Mission Integration
 - III. Clinical Services Activity
 - IV. Clinical Service Contracts
 - V. Other Accomplishments in Clinical Service
- PHILOSOPHY AND GOALS OF INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICE
 - I. Specific Contributions/ Accomplishments
 - A. Institutional
 - B. Professional
 - C. Community (Outreach)

CURRICULUM VITAE

Depart 
Mercer University School of Medicine



EDUCATION:

- 09/89-06/93 M.D., Medical College of Georgia
Augusta, Georgia
- 09/84-06/88 B.S., University of Georgia
Athens, Georgia

POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS:

- 07/96-06/97 Fellow, Ambulatory Pediatrics
The Children's Hospital Outpatient Center
Memorial Health University Medical Center
Savannah, Georgia
- 07/93-06/96 Resident
Pediatric Department
Richland Memorial Hospital
University of South Carolina School of Medicine
Columbia, South Carolina

SPECIALTY CERTIFICATIONS:

- 9/2014 American Board of Pediatrics, Re-certified
- 10/2013 Passed Cognitive Expertise – Secure Exam (Part 3)
General Pediatrics Maintenance of Certification Examination
- 10/2013 Lifelong Learning and Self-Assessment (Part 2)
- 5/2013 Professional Standing and Licensure (Part 1)
Secure Examination License Verification
- 2010-2015 American Board of Pediatrics, Maintenance of
Certification/Recertification in process
- 2003 American Board of Pediatrics, Re-certified
- 1996 American Board of Pediatrics, Certified
- 1994 Diplomat, National Board of Medical Examiners

OTHER CERTIFICATIONS:

- 1995-present Pediatric Advanced Life Support Certification

LICENSURE:

- 6/1996-present Georgia State Board of Medical Examiners-042283 (Active)
- 6/1996-2007 South Carolina State Board of Medical Examiners-017479 (Inactive)
- 7/1994 Diplomat of the National Board of Medical Examiners

ACADEMIC APPOINTMENTS:

- 1997-2006 Clinical Instructor of Pediatrics
Department of Pediatrics
Mercer University School of Medicine
- 2006-present Assistant Professor of Pediatrics
Department of Pediatrics
Mercer University School of Medicine
- 1997-2014 Clinical Assistant Professor of Pediatrics

Department of Pediatrics
Medical College of Georgia

ADMINISTRATIVE APPOINTMENTS

2007 – Present **Director of Clinical Skills, Mercer University School of
Medicine, Savannah Campus**

- Oversee execution of Clinical Skills curriculum to first and second year students (~40 students per class). Responsibilities include review and development of revised Clinical Skills curriculum annually; development of revised quizzes annually (~10 per year), mid-term (1 per year), final (1 per year); training of standardized patients (60 SPs) for 17 practicums; provide Feedback Workshop for SPs annually; organization of lecturers for overviews (17 per year); give lesson overview lectures (~3 per year); view, grade, and provide feedback to students individually after practicums (17 practicums per year); provide resource sessions prior to each practicum (17 each year); educate faculty observers on curriculum goals and objectives for each lesson

07/03-Present **Pediatric Clerkship Director, Department of Pediatrics,
Memorial Health University Medical Center,
Savannah Campus**

- Manage 6 Mercer rotations per academic year; coordinate clerkship curriculum and activities with Macon Pediatric Clerkship and Columbus Pediatric Clerkship; Provide mid-rotation feedback; monitor student completion of patient encounters, grade OSCEs, organize lecture series for each rotation (16 per rotation), review student evaluations and generate final clerkship evaluations for each student.

HOSPITAL APPOINTMENTS/PRIVILEGES:

04/03-Present Pediatric Hospitalist
The Children's Hospital at Memorial University Medical Center

07/97-09/02 Ambulatory Attending
Backus Children's Hospital Outpatient Center
Memorial Health University Medical Center

2000 – 2002 Medical Director, Reach Out and Read Program
The Children's Hospital Outpatient Center at
Memorial Health University Medical Center, Inc.
Evidenced-based nonprofit organization promoting literacy.

1998-2000 Alliance Emergency Physicians
Locum Tenens
Memorial Health University Medical Center

PROFESSIONAL EXPERIENCE:

2014-2015 American Academy of Family Physicians
Active Teacher in Family Medicine

6/1988-8/1988 Research Assistant University of Georgia
"Study of Thermography and the Functions of Adipose
Tissue in Obese Zucker Rats"

PROFESSIONAL SOCIETY MEMBERSHIPS:

2003-Present COMSEP - Council of Medical Student Education in Pediatrics
Evaluation Task Force 2010-Present
Faculty Development Task Force 2003-2010

1993-present Fellow, American Academy of Pediatrics

1996-2006 Medical Association of Georgia

1995-1996 American Academy of Pediatrics Resident Representative

1993-1996 South Carolina Medical Association

1989-1997 American Medical Association

1989-1993 American Medical Students Association

1989-1990 Women's Physician Council

HONORS AND AWARDS:

2015 Chosen as a Hooder for Class of 2015
Mercer University School of Medicine

2012-Present Mercer University School Medicine
Joy McCann Endowed Professorship
Competitive Selection

- 2012 2012 Mid-Career Women Faculty Professional Development Seminar, Competitive Selection, Austin, TX
- 2006 Chosen as a Hooder for Class of 2006 Mercer University School of Medicine
- 1995-1996 Outstanding Pediatric Resident, Division of Pediatric Critical Care Medicine Richland Memorial Hospital Columbia, South Carolina

Teaching Awards

- 2014 Mercer University School of Medicine Outstanding Clinical Faculty in Pediatrics 2014, 2012, 2011, 2009, 2005, 2003, 2002, 2000, 1998
- 2010 Memorial University Medical Center Faculty Excellence in Teaching Award, Department of Pediatrics
- 1995 Resident Teaching Award Pediatric Department Richland Memorial Hospital Columbia, South Carolina

Leadership

- 1991-1993 Imhotep Leadership Honor Society Medical College of Georgia Augusta, Georgia

Other

- 1988 Scholastic All-American University of Georgia Athens, GA

MEDICAL STUDENT TEACHING

Medical Students-Preclinical

Clinical Skills Director, 2007-present

- Organization, preparation and execution of 17 Lesson Overviews and Practicums per year, ~ 30 students per class 2008-2010, ~40 students per class 2010-2015
- Train Standardized Patients for events (2008-2015) ~60 SPs/year
 - 12 Clinical Skills lessons per year
 - 12 Pediatric OSCE cases per year

Medical Students-Clinical

Pediatric Clerkship Director, 2003 – present

- Organize and oversee 6 rotations per year, Mercer University, 2003-2008 ~24 students/yr; 2008-2010 ~30 students/yr; 2010-present ~45 students/yr
- Organize lecture series, provide mid-rotation evaluation and counsel, monitor completion of patient encounters, provide feedback, and grade OSCEs, complete final clerkship evaluation for each student.

MUSM Pediatric Residency Program

- Involved in development and teaching of core pediatric curriculum with a special interest in Hospital Medicine.
- Other responsibilities include: advising, participating in direct observation, evaluating residents, interviewing resident applicants.
 - Pediatric Residents PL 1-3
 - Family Medicine Residents PL 1-3

OTHER COLLEGE (Medical College of Georgia)

Georgia Health Sciences University

Pediatric Clerkship, 2003 – 2014

- Manage 8 Georgia Health Sciences University rotations of 2 students each per academic year; orient students to rotation, provide mid-rotation evaluation and council to students; complete Individual End of Rotation Clerkship evaluation for each student. Educate faculty to curriculum goals and objectives.

MENTORING/ADVISING

Mercer University School of Medicine

2006-present

2015 – Present Academic Advisor to 2 Mercer Students per year

2014 – 2015 Academic Advisor to 7 Mercer Students per year

2013 – 2014 Academic Advisor to 3 Mercer Students per year

2012 – 2013 Academic Advisor to 4 Mercer Students per year

2012 Supervised Summer Scholar’s Project for 2 Mercer Students

2006 – 2009 Academic Advisor to 2 Mercer Students per year

2015 Mentor 10 Mercer Students per year

- 2014 Mentor 6 Mercer Students per year
- 2013 Mentor 11 Mercer Students and 1 MCG Student per year
- 2012 Mentor 13 Mercer Students per year
- 2011 Mentor 15 Mercer Students per year
- 2010 Mentor 6 Mercer Students and 1 MCG Student per year

Letter of Recommendations Students

- 2008 – Present Completed Letters of Recommendation for Senior Medical Students (5- 15 Students per year)
- 2000-2004 Pediatric Interest Group Mentor
Memorial Health University Medical Center
Provided guidance for events, organized speakers and location of functions.

Faculty Advisor for Residents

- 2010-2015 Completion of Resident Individualized Learning Plans for advisees 1-2 per year
- 2009-2011 Pediatricians Educating Parents (PEP) Mentor for resident, Jennelle Little, MD. Initiated community program series to educate parents on common pediatric issues.

COMMITTEE SERVICE:

Memorial University Health Center

- 6/2014-Present Program Evaluation Committee
Pediatric Residency Program
- 2002-2010 Residency Recruitment Committee
Department of Pediatric
Education, Memorial Health University Medical Center
- 2008-present Chair
Pediatric Clerkship Curriculum Committee
Memorial Health University Medical Center
- 2006 Pediatric HEO - Horizon Expert Orders Project Committee

2003-2004	Residency Curriculum Committee Department of Pediatrics Memorial Health University Medical Center
2000	Chair, House Staff Issues Committee Department of Pediatric Education Memorial Health University Medical Center
1996-1997	Resident-Faculty Liaison, The Children's Hospital Memorial Health University Medical Center, Inc. Savannah, GA

Mercer University School of Medicine

2012-Present	Planning Committee for Women in Medicine Annual Event
2012	Professionalism Committee
2011-2012	LCME Self-Study, Educational Program Committee, Pediatric Clerkship
2011-2012	LCME Self-Study, Educational Program Committee, Clinical Skills
2008 – Present	Fundamentals of Clinical Practice
2005	LCME Self-Study, Educational Program Committee, Pediatric Clerkship
2003– Present	Clerkship Directors Sub-Committee of the CIC

Medical College of Georgia

1993-1996	Resident Council-Patient Care Committee Medical College of Georgia Augusta, GA
1989-1993	Class of 1993 Vice President Social Affairs, Medical College of Georgia Augusta, GA
1991-1992	Clinical Mentor, Medical College of Georgia
1990-1991	Sophomore Advisor, Medical College of Georgia

QUALITY IMPROVEMENT – SYSTEM INNOVATION

2004-2007 Hospital Team Identification Project
Designed magnet boards for individual patient rooms for placement of medical team pictures to assist families in identifying the various members and their role in the patients' care.

PUBLICATIONS:

Other Material

Dent M. and Hogan N. Health Maintenance Visit for 18 months old toddler. (Pediatric OSCE Case). 2008

Dent M., and Hogan N. Health Maintenance Visit for 17 year old (Pediatric OSCE Case). 2008

Evidence-based Medicine Physician Order Sets

Hogan N. Hyperbilirubinemia. Evidenced-Based-Medicine physician order sets for Computerized Physician Order Entry. Memorial University Medical Center. 2010

Hogan N. Gastroenteritis. Evidenced-Based-Medicine physician order sets for Computerized Physician Order Entry. Memorial University Medical Center. 2010

Hogan N. Diabetes. Evidenced-Based-Medicine physician order sets for Computerized Physician Order Entry. Memorial University Medical Center. 2010

Hogan N. Failure to Thrive. Evidenced-Based-Medicine physician order sets for Computerized Physician Order Entry. Memorial University Medical Center. 2010

Patient Education

2011 Flu Blog: Educational Information for Parents Next Generation, Benefitting The Children's Hospital at Memorial Health University Medical Center

1998 Hogan N. Development of age specific Anticipatory Guidance Handouts for parents
Backus Children's Hospital
Memorial Health University Medical Center

Books, Teaching Materials, Other Scholarly Documents

Hogan, N., Renken, B., Kyriacou, M., Physical Exam instructional videos.

<https://www.youtube.com/channel/UCn7kpc5x77OMkFZ3UEraTKQ>

Advanced Cardio: 54,586 views; Blood Pressure: 1,725 views; Neuro: 1,980 views; GI: 1,442 views

Evaluation Task Force of COMSEP, April 2010. Medical Student Pediatric Competency Document. As a member of the task force, we developed a document that delineated the curriculum based skills necessary to demonstrate competency of the medical student. The document corresponds to the COMSEP Curriculum and may be used for developing clerkship experiences and evaluations such as OSCEs (Objective Structured Clinical Examination). April 2010.

<http://www.comsep.org/TaskForces/pdfs/MinimalAcceptableSkillsfinalApril2010.pdf>

Hogan, N., Clark, E.K., Peterson, C., Templeton, D., Bossak, M., Robinson, J.,2015. Pediatric Core Rotation Orientation Manual: 19th Edition.

Hogan, N., Solms, K., 2015. Newborn Nursery Manual: 3rd Edition

Hogan, N., Clark, E.K., Peterson, C., Templeton, D., Bossak, M., Robinson, J.,2014. Pediatric Core Rotation Orientation Manual: 18th Edition.

Hogan, N., Clark, E.K., Peterson, C., Templeton, D., Bossak, M., Robinson, J.,2013. Pediatric Core Rotation Orientation Manual: 17th Edition.

Hogan, N., Clark, E.K., Peterson, C., Templeton, D., Robinson, J., 2012. Pediatric Core Rotation Orientation Manual: 16th Edition.

Hogan, N., Clark, E.K., Templeton, D., Robinson, J.,2011. Pediatric Core Rotation Orientation Manual: 15th Edition.

Hogan, N., Clark, E.K., 2010. Pediatric Core Rotation Orientation Manual: 14th Edition.

Hogan, N., Solms, K., 2010. Newborn Nursery Manual: 2nd Edition

Hogan, N., Clark, E.K., 2009. Pediatric Core Rotation Orientation Manual: 13th Edition

Hogan, N., Clark, E.K., 2008. Pediatric Core Rotation Orientation Manual: 12th Edition

Hogan, N., Clark, E.K., 2007. Pediatric Core Rotation Orientation Manual: 11th Edition

Hogan, N., Clark, E.K., 2006. Pediatric Core Rotation Orientation Manual: 10th Edition

Hogan, N., Clark, E.K., 2005. Pediatric Core Rotation Orientation Manual: 9th Edition

Hogan, N., 2005. Newborn Nursery Manual: 1st Edition

PROFESSIONAL PRESENTATIONS

Local and Regional Presentations

- | | |
|----------------|-------------------------------------------------------------------------------------------------------------|
| 4/20/2007 | Faculty Development Feedback Workshop
Department of Pediatrics,
Memorial University Medical Center |
| 2008-2015 | Standardized Patient Feedback Workshop, annually
Mercer University School of Medicine |
| 2006 – Present | Residents as Teachers, (part 1) annually
Department of Pediatrics,
Memorial University Medical Center |
| 2006 – Present | Residents as Teachers, (part 2) annually
Department of Pediatrics,
Memorial University Medical Center |
| 2006 – Present | Residents as Teachers, (part 3) annually
Department of Pediatrics,
Memorial University Medical Center |
| 2006 – Present | Feedback Conference, annually
Department of Pediatrics,
Memorial University Medical Center |

LOCAL GRAND ROUNDS

- | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 9/5/2014 | Oh The Things You'll See! The Need for Direct Observation
Pediatric Department Grand Rounds,
Memorial Health University Medical Center |
| 2/3/2012 | Rapid Response Teams
Pediatric Department Grand Rounds,
Memorial University Medical Center |
| 4/2/2010 | Lots of Lupus
Pediatric Department Grand Rounds,
Memorial University Medical Center |

2/6/2009 The Good, the Bad, and the Ugly: Junk Science
Pediatric Department Grand Rounds,
Memorial University Medical Center

6/1/2007 Avian Flu
Pediatric Department Grand Rounds,
Memorial University Medical Center

PROFESSIONAL DEVELOPMENT:

8/19/2015 Teaching Skills: Observation of Handoffs Made Easy
Memorial Health University Medical Center

3/ 26-29/2014 Council on Medical Student Education in Pediatrics
Annual Meeting
Ottawa, Canada

12/ 14-15/2012 Emergencies in Pediatrics 4th Annual Conference
New York City, New York

3/ 21-24/2012 Council on Medical Student Education in Pediatrics
Annual Meeting
Indianapolis, IN

10/22/2011 Fall Faculty Development at MUMC/Mercer/MCG
Training the Teachers

2010 Council on Medical Student Education in Pediatrics
Annual Meeting
Albuquerque, New Mexico

2009 Pediatric Emergency Medicine Conference
Lake Buena Vista, Florida

2008 Standardized Patient Test Development
Faculty Development Workshop, NBME
Philadelphia, Pennsylvania

2007 7th Annual Winter Conference on Pediatrics Emergencies
Breckenridge, Colorado

2006 Council on Medical Student Education in Pediatrics
Annual Meeting
San Antonio, Texas

- | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2004 | Council on Medical Student Education in Pediatrics
Annual Meeting
Greensboro, North Carolina |
| 2004 | Pediatric Emergency Medicine Conference
Lake Buena Vista, Florida |
| 2002 | 6 th Annual Spring Conference on Pediatrics Emergencies
Puerto Vallarta, Mexico |
| 2000 | 16 th Annual Fall Pediatric Conference on
Pediatric Emergency Care
St. John, U.S. Virgin Islands |
| 2000 | 23 rd Annual Review: Selected Topics in the Care of Children
And Youths
New York University School of Medicine
New York, New York |
| 1998 | The Tetons Symposium: Selected Topics in Emergency and
Wilderness Medicine,
Jackson, Wyoming |
| 1998 | McLemore Birdsong Pediatric Conference
University of Virginia School of Medicine
The Homestead, Hot Springs, Virginia |
| 1997 | Pediatrics for the Primary Care Physician
Amelia Island, Georgia |
| 1996 | 13 th Annual Pediatric Emergency Medicine Conference AMA |

INSTITUTIONAL AND ACADEMIC SERVICE

- | | |
|--------------|-----------------------------------------------|
| 1997-present | Resident program interviews
10-15 per year |
| 2000-present | Faulty interviews
Department of Pediatrics |
| 3/2015 | SACS survey team meeting |
| 2/2015 | LCME limited site visit |
| 2011-2012 | LCME document preparation |

2013	Pediatric reviews for CIC
2/2013	LCME full site visit
2012	Pediatric reviews for CIC

COMMUNITY ACTIVITIES RELATED TO THE PROFESSION:

2006-Present	Health Screen Evaluations Chair Blessed Sacrament School Savannah, GA
2009 – Present	Board Member Mom’s Lemonade Fund, LLC Savannah, GA Chair, Laughs for Lemonade, 2010 - 2012
4/2010	Savannah Freshman High School Symposium Nutrition and Related Healthcare Issues Presenter Savannah, GA
2005-2008	Board Member Ronald McDonald House Savannah, Georgia
1997-1999	Pediatric Life Support Instructor Waycross, GA
1997-1999	Pediatric Life Support Instructor Jesup, GA
1989-1991	Students for Community Involvement, Medical College of Georgia Augusta, GA
1989-1993	Homeless Health Clinic Volunteer Medical College of Georgia Augusta, GA

COMMUNITY SERVICE

- 6/2015-Present Parish Council Member
Church of the Most Blessed Sacrament
Savannah, GA
- 8/2014-Present First Inaugural White Mass
Catholic Diocese of Savannah
Task Force Member
- 8/2014-Present Blessed Sacrament Catholic School Capital Campaign
Fund Raising Committee Member
- 2009 – 2012 Board Member
Blessed Sacrament School, Savannah, GA
Public Relations Committee

Personal Summary of Contributions to Mercer University School of Medicine

Teaching

I. PHILOSOPHY AND GOALS OF TEACHING

My career as a pediatrician has had a two-fold focus: providing competent, compassionate care to my patients and educating medical learners. My teaching philosophy has always combined enthusiasm with a relaxed learning environment. I make it a point to get to know each learner on a personal level. This allows me to personalize my teaching in hopes of presenting the material in a format best suited for them as a group, but with an eye for meeting the needs of each individual. While maintaining a respectful demeanor and decorum when engaged in patient care, I endeavor to make learning as fun and engaging as possible. A strong attribute I possess is approachability. Residents and students alike know that I have an open door policy and that they are welcome any time. When I am on service or on call, they realize I am there for them. At the same time, they are provided a healthy degree of autonomy and independence. Even though I work with learners at various levels, they all appreciate that I am accessible and make them a priority. Over the years, as medical education has expanded and improved, I have learned to utilize competencies set forth by the Accreditation Council on Graduate Medical Education and the Council of Medical Students Education in Pediatrics as both a means to teach students and residents, but more importantly as a guideline by which I can learn to be a better teacher. My philosophy has always been to prepare myself for daily teaching so I may present the information to the learners in a manner that is both fresh and engaging. As all good teachers know, I am frequently the recipient of more knowledge from my students as that I impart to them.

The teaching method I value most is my ability to both teach and lead by example. When teaching medical students and residents, I am cognizant of my representing the medical profession and do my best to exemplify the profession's highest expectations as to ethics, compassion and conduct. The manner in which I have been able to successfully balance a family and career is both a unique and positive attribute for our students and residents to witness. It is truly a privilege to have an opportunity to teach residents and students on a daily basis and to play a part in their introduction to both the personal and professional aspects of patient care.

A. INSTRUCTIONAL RESPONSIBILITIES

Medical student instructional responsibilities in the Clinical Skills department focuses on teaching the students communication skills, interview techniques and physical exam practices. Through a series of lessons utilizing Standardized Patients (SP), the students are introduced to standard procedures for taking an appropriate and thorough history and completing a comprehensive physical exam. I organize and instruct the students through lectures, interactive resource sessions and recorded practicums with SPs. While observing the students during their encounter with an SP, I am able to offer specific instructional

feedback immediately following the encounter at bedside. Following the encounter, students document their findings using standard documentation practices. I grade each student note, offering formative comments for improvement. Often, I meet with students individually to ensure they have a solid understanding of the traditional format used in medical practice. As they advance to their second year, I introduce more pathology and expand their skills to include development of assessments and plans. I also offer two computer based learning sessions as an introduction to abnormal lung and heart sounds. Teaching this course to the students has allowed me to expand my methods of instruction. It takes various modalities to teach this course. I have learned that hands on practice and immediate feedback are greatly appreciated by the students. Working with the SPs has given me a great insight into the needs and wants of patients that I was not as keenly aware of before. My clinical experience has enhanced my ability to share subtle nuances that allow for a more seamless exam. I dedicate a lot of time to teaching this course as I feel these skills are paramount to becoming an excellent physician.

Medical student instructional responsibilities within the clerkship involves working with junior medical students through different methods to accomplish the goals of the curriculum. As ward attending, rounds involve bedside, conference room, larger group or one-on-one instruction. Topic specific presentations, internet assignments, patient related research assignments may be discussed during rounds. Concentration on specific areas of care or a specific exam portion may be addressed on a particular day. Some topics may take a longitudinal approach throughout the week such as fluids and electrolytes. An important part of teaching is observing the student perform the skills you are teaching. Direct observation of presentation skills, interview techniques and physical exam performance are vital to successful teaching. I offer a quiz each Friday that consists of PREP questions that cover the topics discussed throughout the week. This ensures the students not only read, but are able to apply the knowledge to a clinical situation. Notes are reviewed and discussed with the students and feedback provided for improvement or confirmation of correct content.

Resident instruction is very similar to the approach and methods utilized with the student on the clerkship. During family-centered rounds I am able to assess a resident's communication skills and offer examples to become more effective. During these rounds I often have the residents perform a portion of the physical exam. This allows me to see if the resident is performing the exam correctly as well as demonstrating it to the rest of the team for instruction. Again, topic specific presentations, internet assignments, patient related research assignments may be discussed during rounds. Instructional quizzes are given on Fridays to assess the retention of topics covered during rounds that week. I occasionally play instructional games to teach various topics. The residents really enjoy this method and the competitiveness to "win" drives their desire to prepare and excel in front of the group.

Standardized patient training requires yet a whole different technique. I use group based discussions, role-play, and videos to teach. I must offer different modalities to this diverse group. I have found that in order to keep their attention, it is necessary to offer several forms of instruction within one training. I offer one-on-one instruction for OSCE cases that

is usually discussion based and sometimes have them watch a video from a previous encounter.

Course/Topic	Activity Format/ Description/Content	Contact Time (Hours per Year)	Years	Learners/ Number/ year	Institution/ Comments
Clinical Skills	Organization & preparation of overviews MS1: 10/yr; MS2: 7/yr	MS1: 20 hrs MS2: 14 hrs	8	2008: (30)MS1	MUSM
	Physical Exam Resource sessions MS1: 6/yr; MS2: 4/yr	MS1: 10 hrs MS2: 6 hrs	8	2009: (30) MS1 (30) MS2	
	Development and revisions of Clinical Skills curriculum annually	35	7	2010: (40) MS1 (30) MS2	
	Orientation to MS1 annually	1.5	8	2011-present: (40) MS1 (40) MS2	
	Orientation to MS2 annually	1	7		
	Viewing recorded practicums and providing feedback individually after each practicum; 5-7 students/practicum, 15 practicums/yr	100	8		
	Grading practicum write-ups	100	8		
	Pulmonary Simulation Session for MS2	4	2		
	Introduction to the Pediatric Exam for MS2	2.5	7		
	Generate quizzes for overviews	~30	8		
	Link learning objectives to quiz questions	25	3		
	Abnormal Cardiac Sounds Simulation session, 2 nd yr	4	6		
	Organized and transported students to Claxton, GA for Male GU experience with Dr. Mazo, 3 times/year	15	3	2009-2010: 30 2011: 40	
	Individual Remediation	10	8	5-10	

3rd year Pediatric Clerkship: MUSM	Organize and oversee 8 rotations per year	~120	12	2003-2009: ~25 2009-2011: ~30 2012-2015: ~40	MUSM Contact hours vary weekly.
	Rotation Orientation	6	12		
	Organize Clinical Reasoning Lecture discussions with appropriate case-based learning cases. 16/rotation	5	4		
	Organize CLIPP case-based Lecture Series. 16/rotation	5	7		
	Fluid and Electrolyte Lecture 6/rotation	9	11		
	Formalized In-patient teaching rounds, Bedside Teaching Rounds, and Family-Centered Rounds	240	5 2003-8		
		180	3 2008-11		
		150	4 2011-15		
	Mid-rotation evaluation and counsel. 6/yr	18	10		Emphasis on presentation skills and basic pediatric knowledge
	Mid-rotation Test Review 3/year	3	7		
	OSCE: observe encounters, give individualized face-to-face feedback, grade post-encounter notes. 4-6 times per year	48	5 2005-10		
		24	5 2010-15		
	Individual End Rotation Clerkship commentary	20	8		
	Small Group Discussions	50	12		
Clerkship Orientation for new faculty and residents annually	1.5	10	8-14		
Junior Medical Student Class Annual Orientation	5	5			
3rd Year Pediatric Clerkship: Georgia Health	Organize and oversee 8 rotations per year	~50	11	15 2003-2014	
	Mid-rotation evaluation and council	8	11		
	Individual End Rotation Clerkship commentary	8	11		

Science University	Formalized In-patient teaching rounds, Bedside Teaching Rounds and Family Centered Rounds	240	5		
		180	3		
		150	4		
Pediatric Residency Program	Formalized Teaching rounds, Bedside Teaching Rounds, and Family-Centered Rounds	240	5 2003-8	1997-2002: 12	MHUMC Emphasis on pediatric knowledge, assessment & management
		180	3 2008-11	2003-2004: 15	
		150	4 2011-15	2005-2011: 18	
	Instruction of ACGME Pediatric Residency Curriculum	150	17	2012-2015: 24	
	Board Review	4	3		
	Teach <i>Residents as Teachers</i> curriculum: 3 parts	3	8		
	Hospital-based noon conferences 3-4/academic year	3-4	~15		
	Direct Observation for in-patient service, 4-6/yr	4	4		
	Provide weekly formal feedback to ~3 residents/week	12	10		
	Ambulatory Clinic Attending		6 yrs 1997-2003		
Standardized Patient Program	Established SP Program on Savannah Campus	100	1 2007-8		Recruitment and personal development
	9 Sessions: 1 st year 5 Sessions: 2 nd year	18 10	8 8	30-40	
	OSCE Training	12	4	12	Pediatric cases
	Review of SP student comments	30	3	2008: (30)MS1 2009: (30) MS 1 (30) MS2 2010: (40) MS1 (30) MS2	

	Feedback Workshop annually	14	7		

B. CURRICULUM DEVELOPMENT

Course	Item	Dates	Description	Role
Clinical Skills	Student resources on Blackboard	2008-2015	Responsible for maintaining and updating resources for each lesson annually. 10 lessons/MS1 7 lessons/MS2	Collaborative with Macon CS Director
	Post-encounter sample notes	2014-2015	Developed sample write-ups for each written practicum for students to reference during their self-assessment exercise. 5 write-ups/MS1 3 write-ups/MS2	Author
	Student Checklists	2009-2015	Annual revision of practicum checklists & write-up grading checklists	Editor in Chief
	Instructional Physical Exam Videos	2012	Developed educational videos consistent with the current curriculum and clinical skills exams.	Collaborative with Summer Scholars
	Cardiac Sounds Simulation Lab	2015 In progress	Developing a lab using a case based approach with computerized heart sounds to teach abnormal heart sounds more effectively to 2 nd year students. Implementation anticipated this fall. (In conjunction with Dr. Patrick Broderick.)	Co-author
	Faculty CS Curriculum Manual	2013	Organized faculty information for each lesson on zip-drive and distributed to all observers. Reviewed material, methods of providing feedback and individual counsel to all faculty observers.	Developer
3rd year Pediatric Clerkship	Student Lecture Series	2003-2004	Developed lecture series for students covering curriculum based topics.	Developer
	Pediatric Core Rotation Manual	2005-2015	Responsible for annual revisions and updating of information within clerkship manual in conjunction with Macon's clerkship director.	Collaborative with other MUSM clerkship Directors

	Newborn Nursery Reading Material	2007	Collection of curriculum specific articles pertaining to relevant newborn topics, care and management of newborn diseases.	Developer
	CLIPP Cases	2004	Implementation of CLIPP (Computer-assisted Learning in Pediatrics Project) case based lectures into the clerkship (17 per rotation)	Collaborative with Macon clerkship director
	Clinical Reasoning Lectures	2011	Implementation of Clinical Reasoning lectures into clerkship. (16 per rotations)	Collaborative with Macon clerkship director
	Night Shift	2011	Implementation and development of night shift week into clerkship	Collaborative with Macon clerkship director
	Pediatric Competencies	2005	Mapped pediatric competencies to clerkship's goals and objectives	Collaborative with Macon clerkship director
	Numbers and Kinds	2005	Developed <i>numbers and kinds</i> patient requirements for clerkship	Collaborative with Macon clerkship director
	Required PE findings	2011	Developed required <i>PE findings</i> for clerkship	Collaborative with Macon clerkship director
	OSCE	2008	Foreign adoption case of an 18 month old with developmentally delayed, malnourished, microcytic anemia.	Co-Author
	OSCE	2008	17 yo Adolescent Health Maintenance Visit	Collaborative team member
Pediatric residency	In-patient curriculum	2008-2010	Developed in-patient required reading curriculum for 1 st year residents using RRC guidelines	Co-author with Residency Program Director
	Well child check visit sheets	1997-2001	Utilized by resident and students for well visits. Incorporated age appropriate milestones, dynamic aspects of the PE and age-related anticipatory guidance.	Chair committee member
	Ambulatory Reading Requirements	1998-2001	Developed essential curriculum based articles relevant to ambulatory medicine	Primary Developer
	Feedback Workshop		Discuss methods of giving feedback through ppt, role-play, and videos.	Author

	Residents as Teachers Workshop		Discuss residents' role as teachers with students. Offer techniques (ex. one minute preceptor) and methods to incorporate teaching into daily activity.	Author
Standardized Patient Program	Patient Case Scenarios	2009-2015	Responsible for maintaining and updating material for each lesson annually 10 lessons/MS1 & 7 lessons/MS2	Collaborative with Macon CS director
	SP checklists	2009-2015	Annual revision of SP checklists 10 lessons/MS1 & 7 lessons/MS2	Independent and collaborative with Macon CS director
	Feedback Workshop	2010-2015	Annual workshop exploring different approaches to giving feedback	Primary Developer
	New SP Orientation Workshop	2008-2015	Responsible for discussing SP requirements, duties, and professional behavior.	Key Speaker
	Pediatric OSCEs	2010-2015	Responsible for maintaining and updating SP materials.	Primary Reviewer

C. LEARNER ASSESSMENT

Course	Item	Frequency/	Learners	Role
Clinical Skills	Mid-Term Instrument Skills Assessment 1/2011	Once per year	2011-present: (40) MS1 (40) MS2	Faculty observer and grader
	Clinical Skills Assessment Year 1 (Multiple Choice)	Once per year	2008: (30)MS1	Developed new questions; revised old questions

	Clinical Skills Assessment Year 2 (Multiple Choice)	Once per year	2009: (30) MS1 (30) MS2 2010: (40) MS1 (30) MS2 2011-present: (40) MS1 (40) MS2	
	Lesson Quizzes	8 per year 1 7 per year 2		
	SP Practicums Year 1	6 per year	30 MS1	Faculty observer and assessed student performance.
	SP Practicums Year 2	5 per year	25 MS2	
	Remediation	5-8 per year	5-8 MS 1&2	Observe students' performance with an SP
3rd year Pediatric Clerkship	Mid-Term A (Multiple Choice) 7/2009	Twice a year	2009: ~25 2009-2011: ~30	Developed and revised questions in conjunction with Macon 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			
	Clinical Reasoning Exam A	6/year	2011: ~30 2012-2015: ~40	

	(Multiple Choice) 10/2011			
	Clinical Reasoning Exam B (Multiple Choice) 3/2012	3/year		
	OSCE	12 per year	2005-2009: ~25 2009-2011: ~30 2012-2015: ~40	Faculty observer and grader

D. ADVISING/MENTORING

1. Medical Students:

NAME	DATES	Program	Department/ Institution	Comments
Matthew Pearce	2015 - Present	Academic Advisor	Mercer	Serves as Academic Advisor
Bryan Renken	2015 - Present	Academic Advisor	Mercer	Serves as Academic Advisor
Chris Rogers	2014 - 2015	Academic Advisor	Mercer	Served as Academic Advisor
Carolyn Kuhn-Glendye	2014 - 2015	Academic Advisor	Mercer	Served as Academic Advisor
William Knight	2014 - 2015	Academic Advisor	Mercer	Served as Academic Advisor
Chitra Chaudhury	2014 - 2015	Academic Advisor	Mercer	Served as Academic Advisor
Bailey Alford	2013 - 2014	Academic Advisor	Mercer	Served as Academic Advisor
Melissa Steele	2013 - 2014	Academic Advisor	Mercer	Served as Academic Advisor
Amy Thompson	2013 - 2014	Academic Advisor	Mercer	Served as Academic Advisor
Virginia Adkins	2012 - 2013	Academic Advisor	Mercer	Served as Academic Advisor
Joseph Kramer	2012 - 2013	Academic Advisor	Mercer	Served as Academic Advisor
Stephen McConnell	2012 - 2013	Academic Advisor	Mercer	Served as Academic Advisor
Bonnie McIntyre	2012 - 2013	Academic Advisor	Mercer	Served as Academic Advisor
Bryan Renken	Summer 2012	Summer Scholars	Mercer	<i>Supervised summer scholar's project: Clinical Skills Physical Exam</i>

				Videos – 7 week program
Maria Kyriacou	Summer 2012	Summer Scholars	Mercer	<i>Supervised summer scholar's project: Clinical Skills Physical Exam Videos – 7 week program</i>
Jimmy Smith	2007 - 2009	Academic Advisor	Mercer	Served as Academic Advisor
Reanne Parrenas	2006 -2008	Academic Advisor	Mercer	Served as Academic Advisor
Amanda Westbrook	2015	Mentor	Mercer	Reviewed personal statement and provided LOR
Chitra Chaudhury	2015	Mentor	Mercer	Reviewed CV, personal statement and provided LOR
Matthew Pearce	2015	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
William Roberts	2015	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Bryan Renken	2015	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Emily Clarke	2015	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Carolyn Kuhn-Glendye	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Richard Callen	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Christopher Rogers	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
William Knight	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Maria Kyriacou	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Bijal Shah	2014	Mentor	MUSM	Reviewed CV, personal statement and provided LOR

Aisha Akhtar	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Alison Smith	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Amy Thompson	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Bailey Alford	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Jessica Miller	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Linda Nguyen	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Megan Witrick	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Melissa Steele	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Michael Tjahjadi	2013	Mentor	MCG	Reviewed CV, personal statement and provided LOR
Patrick Mullinix	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Rachel Clark	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Scott Morgan	2013	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Aaron Adams	2012	Mentor	MUSM	Reviewed personal statement and provided LOR
Anna Deal	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Bonnie McTyre	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Brian Gardner	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR

Joseph Kramer	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Lindsey Boxxe	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Pamela Smith	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Pegah Ghafourian	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Robert Krause	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Tali Wojnowich	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Tiji Philip	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
William Adams	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Merritt Kaluzne	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Allen Ligon Jr.	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Ashley Shearman	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Blaine Cunningham	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Chris Gaunder	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Heath Petty	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Jignesh Patel	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Jonathan Botstein	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR

Nicol Awadalla	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Roy Takei	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Shaun Abraham	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Shea Cheney	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Steven Smith	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Umangi Patel	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Will Griffeth	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Carly Winters	2011	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Alex Canfield	2012	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Alma Yum	2010	Mentor		Reviewed CV, personal statement and provided LOR
Amber Teague	2010	Mentor	MCG	Reviewed CV, personal statement and provided LOR
Ben Jarrett	2010	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Bryan Covert	2010	Mentor	MCG	Reviewed CV, personal statement and provided LOR
Kassandra Ratowsky	2010	Mentor	MUSM	Reviewed CV, personal statement and provided LOR
Nika Howell	2010	Mentor	MCG	Reviewed CV, personal statement and provided LOR

2. Postdoctoral fellow, research associates, residents:

Name	Dates	Program	Department/ Institution	Comments
Anna Mooney, MD	2013 - Present	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Connie Chin, MD	2012 - 2013	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Heather Clemons, MD	2011-2014	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Rachel Burke, MD	2009 - 2012	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Jennelle Little, MD	2008 - 2011	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Katarina Stopko, MD	2007 - 2010	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Tina Tripp, MD	2005 - 2008	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Amy Murray, MD	2001 - 2004	Faculty Advisor	Pediatrics/ MUSM	Served as Advisor and completed ILPs for Advisee
Jenelle Little, MD	2009 - 2011	Mentor	Pediatrics/ MUSM/MHUMC	PEP (Pediatricians Educating Parents) Initiated community program series to educate interested parents on common pediatric issues.

E. Educational Leadership and Administration

Dates	Name/Title of Activity	Department/Division	Accomplishments/Innovations
2/2007-present	Clinical Skills	Medical Education	Established this program on Savannah campus

			<p>Modified cases and revised curriculum</p> <p>Implemented resource sessions for each lesson 2008</p> <p>Implemented a faculty observer program 2008</p>
7/2003-present	Clerkship Director	Pediatrics	<p>12 years of successful clerkship</p> <p>Mentored coordinator and assistant for clerkship</p> <p>Development of Pediatric manual</p> <p>Instituted a curriculum based lecture series</p> <p>Instituted a night shift schedule</p>
2008-present	Champion for Residents as Teachers Program	Pediatric Residency	Instituted this 3 part series as part of the residents' curriculum
2008-present	Standardized Patient Program	Clinical Skills	<p>Founded program</p> <p>Train SPs for events</p>

F. PROFESSIONAL DEVELOPMENT

Course/ Activity/Description	Dates	Location	# of hours
<p>Mid-Career Women Faculty Professional Development Seminar</p> <p>This course was designed to enhance the knowledge and skills needed to support progress along the path to leadership in academic medicine. The seminar covered skills related to the formation and use of teams, central to effective collaborative in various mission-critical activities. Leadership topics were organized into workshop tracks that spanned communication skills, institutional finance and management issues. Small group sessions focused on mentoring participants in career building skills, in narrative/CV development, and strategic thinking about career development.</p>	12/1-4/2-12	Austin, TX	30
<p>National Board of Medical Examiners Standardized Patient Test Development Faculty Workshop</p> <p>This workshop focused on the development of tests and cases where standardized patients are utilized. Concentration was placed on ensuring valid scoring interpretations for Clinical Skills Examinations. Small group sessions allowed for collaboration to develop several case scenarios and proper assessment tools to go along with it. Time was devoted to learning the methods used for assessing interpersonal and communication skills using standardized patients. Concentration was also placed on how to train the SPs properly to improve reliability of SP encounters.</p>	7/28-30/2008	Philadelphia, PA	20

I am committed to life-long learning and attend annual conferences in my specific field of medical student education. The Council on Medical Student Education in Pediatrics (COMSEP) is a dynamic organization, which champions the cause of pediatric medical student education. I take advantage of these conferences annually and implement new ideas into our clerkship curriculum.

*Additional items are noted in CV.

I. EVALUATION OF TEACHING

Evaluation of Teaching by Students

Mercer University School of Medicine

In the pediatric clerkship we do not have the students complete faculty evaluations. Therefore, I have compiled information from the pediatric clerkship as a reflection of my performance as a clerkship director.

2010-2013:

Scale: poor – fair – average – excellent - superb

The majority of the students appointed rankings in the average to excellent range for the overall evaluation of the clerkship.

Some comments specific to rotation: Great rotation. Thanks for a great experience. Great rotation-better organized than previous ones. Overall a very well organized clerkship. Dr. Hogan did a great job. Never thought I'd do Peds, but now considering it. Really liked how it was structured and perfect amount of time on inpatient and outpatient. The Attendings were all really great and enjoyed teaching.

2014-2015:

Scale: non-existent – poor – fair – good – excellent

7 fair, 17 good, 5 excellent

Some comments specific to the rotation: The clerkship was very good. I really enjoyed the clerkship. I feel I learned a good deal from my interactions with the patients. Too many lectures and not enough study time. I would consider the clerkship to be somewhere between good and excellent. As a group the pediatric faculty is excellent, and working with the Attendings made the experience valuable. Good learning on wards and in clinics. I liked that the clerkship covered many areas of pediatrics. Lectures ranged from good to excellent. Need to have more independent study time.

2004-2015:

Each rotation I give the students a lecture on Fluids and Electrolytes. The students evaluate the lectures based on: (1) Preparedness of the lecture, (2) Quality of the teaching, (3) Alignment of the clinical reasoning questions they are given to research before the lecture, and (4) the overall usefulness of the lecture. The scale used is: (1) not prepared, (2) poor, (3) average, (4) very good, and (5) excellent. So far all feedback is very good or excellent. Some of the comments given by the students are:

- I've been wanting to learn about this!!! Thanks
- Great very helpful
- Great lecture! That was really helpful!
- So helpful!
- Very helpful; appreciate your actually going through the math
- Thought it was a difficult subject until you cleared it up

- Very interactive with working problems on the board. Open to questions and further explanations
- Great!!!
- It was great.
- Great lecture. Helpful with understanding formulas
- Super, super helpful. Thought I knew it before hand, but definitely didn't! This helped clarify so much!
- The calculation portion of this lecture has been the most helpful and practical application yet! Thanks!
- Thank you - so helpful! Yay!
- Dr. Hogan was very prepared and it was more instructional than lecture, in that there were problems to work prior to arrival.

My lectures are usually 1 hour, but due to the below comments, I have started giving the lecture in 2 parts, to ensure the students really understand.

- Good lecture. Still a little confusing, but practice will help.
- Great lecture but would have been helpful during the first week! Thank you!

7/2013 - 6/2014 Faculty Evaluation Report completed 12 times by MCG Students

Question	number responses	score for Hogan, Natalie	ont of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	12	4.20	5	4.60	4.50
This physician's ability to convey knowledge to you:	12	4.20	5	4.60	4.50
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	12	4.20	5	4.60	4.50
Extent to which this physician demonstrated caring and respectful behavior toward patients:	12	4.40	5	4.70	4.70

Question	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	12	4.40	5	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward learners:	12	4.50	5	4.70	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	12	4.50	5	4.80	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	12	4.50	5	4.70	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	12	4.50	5	4.80	4.70
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	12	4.00	5	4.50	4.30
Extent to which this physician's availability met your needs:	12	3.80	5	4.50	4.40
Extent to which this physician modeled teamwork:	12	4.30	5	4.60	4.60

Question	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician included you as part of the team:	12	4.40	5	4.60	4.50
Overall effectiveness of the instruction you received from this physician:	12	4.20	5	4.60	4.50
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	12	4.20	5	4.60	4.40

What did you find most helpful about this physician's teaching methods?

- I really enjoyed the instruction I received from Dr. Hogan during walking rounds on the inpatient service. I appreciated how she pointed out the pertinent physical exam findings for each patient and had me examine the patient as well, as opposed to just talking about it during sit-down rounds.
- Very encouraging attitude all the time. She acknowledges students by telling interesting physical findings of patients so that students can re-examine patient and learn about the physical exam.
- I thought the fact that she formally arranged a block of time to orally evaluate us was very helpful. I always ask for verbal feedback from Attendings, but it's usually spontaneously at the very end of the rotation and thus, I often just get "Oh you did a great job." The fact that she scheduled a time made the evaluation seem a little more thorough and formal. Also, I really enjoyed her efforts to teach us things every day during inpatient. She was very helpful, very nice, a pleasure to work with, and an effective clerkship director.
- Dr. Hogan was very engaging with the students and made sure to make them feel like they were part of the team. She pushed us to do better, made sure to give short lectures, and also bedside lessons in examination of the patient. She was a great teacher and attending to have.
- One of the best Attendings that I have had as a third year medical student. She is really dedicated to education and goes out of her way to provide teaching points.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- Dr. Hogan seemed great, I would have liked to interact more with her. I hear she is great at teaching physical diagnosis, so perhaps the students could get a lecture/clinical time with her.

- I don't really have any suggestions for Dr. Hogan. She was great. I listed a few suggestions for the clerkship on that official evaluation, as well as to her during my evaluation with her during the clerkship. However, for her, particularly, I have no suggestions.
- Keep doing what you are doing! Thank you!

7/2012 - 6/2013 Faculty Evaluation Report completed 15 times by MCG Students

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	15	4.30	5	4.60	4.50
This physician's ability to convey knowledge to you:	15	4.60	5	4.60	4.50
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	15	4.60	5	4.60	4.50
Extent to which this physician demonstrated caring and respectful behavior toward patients:	15	4.50	5	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	15	4.50	5	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward learners:	15	4.50	5	4.70	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	15	4.60	5	4.70	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	15	4.60	5	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding	15	4.60	5	4.70	4.70

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:					
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	15	4.10	5	4.40	4.30
Extent to which this physician's availability met your needs:	15	4.20	5	4.50	4.40
Extent to which this physician modeled teamwork:	15	4.60	5	4.60	4.60
Extent to which this physician included you as part of the team:	15	4.40	5	4.60	4.50
Overall effectiveness of the instruction you received from this physician:	15	4.40	5	4.50	4.50
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	15	4.50	5	4.50	4.40

What did you find most helpful about this physician's teaching methods?

- Ability to include student in the healthcare team, stimulate discussion of cases and raise important questions.
- Dr. Hogan is very good at including students in the care of patients. I appreciate her encouraging the residents and fellow colleagues in also allowing students to get our hands on patients, also encouraging us to examine and ask questions like a resident would. I think this is one of the best ways I learn, to try and do things on my own. Dr. Hogan is very kind, I enjoyed her instruction.
- She was very proactive and included students while doing many round-table discussions following or during rounds. She was especially good at asking general and directed questions such as building a differential diagnosis to help our future skills at becoming a better clinician.
- Excellent teaching overall, and by far the best in my opinion. She should continue her teaching method as she's done. Also very respectful towards learners and residents. Tries to include everyone in the discussions and learning sessions.
- Dr. Hogan was by far the best teacher and physician that I have worked with in the inpatient setting. She created variety in her rounds (walking or sitting) to make things were exciting. At the same time, she made it a point to ensure that teaching was a

priority during rounds. She brought in other specialty physicians to talk and discuss our patients during the rounds, which I thought was awesome in order to learn exactly what our consulting team does and thinks with our inpatient team. Not only that, but she made sure that the medical students and residents created presentations to emphasize and enforce the patient presentations in a way that we would never forget.

- I really appreciated how Dr. Hogan wanted us to perform a physical exam in front of her, which allowed me to actually learn and solidify into my long-term-memory on how to perform my physical exam maneuvers the correct way. Instead of just observing, I was allowed to create mistakes and be corrected. Dr. Hogan was tremendous in making the students feel that it was "ok" for being wrong or making mistakes in that wrong answers or wrong maneuvers can be turned around to be a learning experience to not make such as mistake in the future.
- Dr. Hogan demonstrated tremendous respect and compassion to her patients, which was an excellent model for me to mold my future patient interactions in the future. I was very impressed and really want to strive to be able to create such a semblance with the patient when having to break bad news or consoling the patient with their ailments.
- Dr. Hogan is one of the most knowledgeable, welcoming and excited physicians I've ever worked with. I had never imagined myself working in academic medicine, but after working with Dr. Hogan, I realized I would absolutely love it. She's compassionate and understanding, while simultaneously efficient and focused. So fun to learn from-academically/clinically!
- Only had one day with Dr. Hogan, but learned SO MUCH in that one day! She really took the time to explain things after rounds and went on afternoon rounds with just students to help us learn more about the physical exam. Really enjoyed the day.
- Dr. Hogan created a very productive learning environment which was very comfortable for all participants. Her infusion of humor into the daily tasks were also enjoyable.
- Dr. Hogan allows students to learn and make mistakes in a relaxed setting and is excellent at communicating ideas. She also challenges students on rounds.
- I thought Dr Hogan did a great job of involving students in the evaluation and assessment of patients. She directly observed student performance of history and physical exam skills and provided constructive and helpful feedback. Additionally, her availability to students on this rotation was excellent, especially given the circumstances of a recent tragedy she was facing. I thoroughly enjoyed the time I spent learning from Dr Hogan.
- she was obviously interested in teaching and had good rounds daily with emphasis on why certain things were being done with patients for a good review

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- I think she does a wonderful job with the students, keep it up.
- She did very well and I cannot think of many things upon which she needs to improve.
- If I had to think of something, sometimes when students are prepared to present, there are last minute changes in letting one of the residents present instead. However, this is not a major issue, and for the most part, she does an excellent job at letting the residents and students learn and making sure everyone is included.
- Cannot think of anything to improve teaching effectiveness other than having students spend more time with Dr. Hogan.

- None.
- None. Keep up the fantastic work.
- Nothing -- I only wish I had worked with her more!
- No suggestions for improvement
- I only wish I had more interaction with her while I was on my rotation

7/2011 -12/2011 Faculty Evaluation Report completed 10 times by MCG Students

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	10	4.40	5	4.50	4.50
This physician's ability to convey knowledge to you:	10	4.30	5	4.60	4.50
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	10	4.40	5	4.50	4.50
Extent to which this physician demonstrated caring and respectful behavior toward patients:	10	4.60	5	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	10	4.60	5	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward learners:	10	4.60	5	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	10	4.50	5	4.70	4.70
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	10	4.30	5	4.70	4.70

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Augusta: Yr3 Peds Clerks	average score for all MCG: Augusta: Yr3 Clerks
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	10	4.30	5	4.70	4.70
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	10	4.20	5	4.40	4.30
Extent to which this physician's availability met your needs:	10	3.60	5	4.40	4.40
Extent to which this physician modeled teamwork:	10	4.40	5	4.60	4.60
Extent to which this physician included you as part of the team:	10	4.50	5	4.60	4.50
Overall effectiveness of the instruction you received from this physician:	10	4.10	5	4.50	4.50
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	10	4.10	5	4.40	4.40

What did you find most helpful about this physician's teaching methods?

- Engaging students in rounds and treatment--Dr. Hogan was the most engaging of my preceptors and incorporated student interest and presentations into rounds and patient care so that I felt that my opinion was solicited at rounds and that I was a part of the treatment team.
- By having the entire team give feedback on my presentation, I learned much more about how I could improve. I was able to take the feedback from her and all of the residents and quickly apply to future patients and presentations, which steeply increased my learning curve.
- Dr. Hogan is a very enthusiastic, effective and pleasant teacher. She was also very open and direct with feedback.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- If feedback for a presenter is going to be asked after their presentation, give others a heads-up before the presentation.

7/2010 - 6/2011 Faculty Evaluation Report completed 14 times by MCG Students

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Yr3 Peds Clerks	average score for all MCG: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	14	4.60	5	4.50	4.50
This physician's ability to convey knowledge to you:	14	4.60	5	4.50	4.40
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	14	4.60	5	4.50	4.50
Extent to which this physician demonstrated caring and respectful behavior toward patients:	14	4.90	5	4.70	4.60
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	14	4.80	5	4.70	4.60
Extent to which this physician demonstrated caring and respectful behavior toward learners:	14	4.60	5	4.60	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	14	4.70	5	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	14	4.70	5	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	14	4.60	5	4.70	4.60

Questions	number responses	score for Hogan, Natalie	out of	average score for all MCG: Yr3 Peds Clerks	average score for all MCG: Yr3 Clerks
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	14	4.40	5	4.30	4.20
Extent to which this physician's availability met your needs:	14	4.40	5	4.40	4.30
Extent to which this physician modeled teamwork:	14	4.80	5	4.60	4.50
Extent to which this physician included you as part of the team:	14	4.60	5	4.60	4.50
Overall effectiveness of the instruction you received from this physician:	14	4.60	5	4.40	4.40
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	14	4.70	5	4.40	4.30

What did you find most helpful about this physician's teaching methods?

- Dr. Hogan encouraged students to present patients. She gave constructive, meaningful criticism to help us improve our presentations, histories, and physicals. She gave us learning objectives and quizzed us over them to help cement the concepts. She encouraged thinking through differentials and taught in a way that included everyone as a part of the team.
- She is an amazing teacher and is always fun to be around. She can turn a boring diarrhea patient into an amazing 45 minute discussion on all of the different types of bloody/non-bloody causes of diarrhea and their respective ages and anything else that could cause nausea/diarrhea in a child.
- Dr. Hogan has a wonderful personality and great teaching skill. It was a pleasure to work with her.
- Dr. Hogan was always very enthusiastic about teaching her students while at the same time allowing for the best patient care possible. She provided an atmosphere conducive to learning. She is a wonderful role model!
- Friendly, fun and outgoing. Really put me at ease and allowed me to have a lot of fun while on the service. Good pimping questions. I enjoyed that she asked a lot of questions, but they were ones that I had a chance at answering. Good teacher. Good at getting the entire team to work together. Created a non-intimidating environment. I really enjoyed working with her and I am thinking more about Peds Ed after doing my rotation with her.
- She often quizzed students which I found helpful. If I did or didn't know the answer she would still go on to explain things very well. She also helped me become more

thorough in my presentations and notes. To cap off the phenomenal week with Dr. Hogan, she likes to do something called "the Friday surprise". And I must say, it was probably the most fun I have ever had in my life. Best surprise ever! I never thought education and surprises could go so well together! She also helped improve my agility. I am now able to dodge incoming hand slaps with ease.

- Seriously though, Dr. Hogan was great. No complaints. I learned a lot from her and was challenged to work harder.
- Dr. Hogan was an excellent clinician and teacher. She provided feedback every day on presentations. She challenged the team every day in clinical knowledge. I learned a great deal while working with her. She motivated me to study on my own. Also, a pleasure to be around.
- Very laid back learning environment. She loves to teach and really cares about students.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- I really thought the teaching was wonderful and effective. I really liked how the team was asked questions and encouraged to think and research during downtime. So, basically, just more of what if already being done.
- None - I think she wins Mercer's teaching award every year and it is no surprise...she is a fun person to be around, always joking and smiling, yet constantly teaching. She's the best attending I've had so far.
- Dr. Hogan was very involved in making sure that students were learning enough during their time on inpatient, and I think she should continue to make sure that each student has the opportunity to express his/her knowledge, as well as questions they might have. I really enjoyed working with her! Thank you for all your help Dr. Hogan!
- Be tougher on residents and students. When residents or students don't present the way that you would like, please stop them right there and correct them.
- She should incorporate "comma to the top" in whatever she is doing as much as possible. I really wish she had done this more. It would have enhanced my learning tremendously.

7/2009 - 6/2010 Faculty Evaluation Report completed 14 times by MCG Students

Questions	number responses	score for Hogan, Natalie	out of	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	14	4.70	5	4.50	4.30
This physician's ability to convey knowledge to you:	14	4.70	5	4.50	4.30
Extent to which the physician's clinical teaching (ward rounds, clinic)	14	4.60	5	4.50	4.30

Questions	number responses	score for Hogan, Natalie	out of	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):					
Extent to which this physician demonstrated caring and respectful behavior toward patients:	14	4.90	5	4.70	4.50
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	14	4.90	5	4.70	4.50
Extent to which this physician demonstrated caring and respectful behavior toward learners:	14	4.90	5	4.60	4.50
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	14	4.90	5	4.70	4.50
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	14	4.90	5	4.60	4.50
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	14	4.90	5	4.60	4.50
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	14	4.40	5	4.30	4.10
Extent to which this physician's availability met your needs:	14	4.60	5	4.40	4.20
Extent to which this physician modeled teamwork:	14	4.90	5	4.60	4.40
Extent to which this physician included you as part of the team:	14	4.80	5	4.60	4.40

Questions	number responses	score for Hogan, Natalie	out of	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Overall effectiveness of the instruction you received from this physician:	14	4.80	5	4.40	4.20
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	14	4.60	5	4.40	4.20

What did you find most helpful about this physician's teaching methods?

- Her enthusiasm and energy were great. She also made sure to include the students on decisions and made us feel like we were part of the team.
- Dr. Hogan utilized a variety of methods to educate including patient encounters, discussions, question asking, presentation assignments, and games. This variety provided an opportunity for all to learn no matter what method one learns best by. She was always available for questions and encouraged independent thought. Her approach to education was thoughtful and caring - never making the student feel unintelligent for his/her questions. By making the student feel part of the pediatric team, the students were able to connect more with the case, making the details of those cases more memorable. Overall Dr. Hogan was a fantastic educator shown by her genuine personality and dedication to the students.
- Dr. Hogan saved this rotation for me. I was unable to gain much from my clinical encounters prior to her being the floor attending. Her teaching methods during rounds: matching games, topic debates, and overall conduction of rounds proved to be the most helpful time of my entire pediatric rotation.
- Dr. Hogan does an excellent job of including students as part of the team in managing patients, she is an effective teacher and facilitates a great deal of learning, taking the time to teach during rounds and assigning topics to be researched and presented. I enjoyed having here as an attending
- Dr. Hogan was an amazing attending. She was very encouraging and supportive, loved to teach and ask us questions, and always cheerful.
- Dr. Hogan is one of the best Attendings I have had the opportunity to work with as a med student. She is an excellent teacher and really made me feel like I was part of the team.
- Dr. Hogan is extremely enthusiastic and an excellent instructor. Her teaching is very thorough and allows to students to fully grasp the necessary material. I had an excellent experience learning from Dr. Hogan.
- During my inpatient weeks on Peds, I had the pleasure of learning from Dr. Hogan. She is an excellent instructor, engages in meaningful, personalized, and helpful dialogs with students/residents during rounds and lectures. She has a great passion for her role as an educator and physician which is inspiring. She encouraged and

created creative learning environments for students and residents. I found her to be the best preceptor that I have worked with thus far, and took a great deal academically and professionally away from my time with her.

- An excellent teacher. Always gave students the opportunity to present our patients on rounds and provide an assessment and plan. Included students very much as part of the team. Encouraged us to go with patients for procedures for maximum exposure. Also encouraged students and residents to research topics and present daily on rounds. Friday surprises were helpful practice questions.
- Loved Dr. Hogan, she was very enthusiastic about pediatrics and her energy was contagious. She made consistent efforts to teach the students in "fun" ways and paid a lot of attention to the students during this rotation, always made me feel like I was part of the team and that she was interested in my presentations and my learning progress.
- Dr. Hogan is one of the most enthusiastic Attendings I have been able to work with. She is a very effective communicator and a wonderful teacher. She is passionate about teaching medical students, and I feel very privileged to have been able to work with Dr. Hogan.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- With earlier rotations, and thus less clinical understanding, basic explanations for large concepts would be helpful to give a solid foundation of knowledge for the newer students. For example, when making a diagnosis of bronchiolitis state that this was concluded for the patient's low grade fever, rhinorrhea, cough, tachypnea, prolonged expiration, and hyperinflation on X-ray. That way students can correlate presentation, imaging, and labs with diagnoses. Then have students do this themselves and present to the attending their conclusion and why for learning purposes.
- Please don't change anything!
- No suggestions for improvement at all.

7/2008 – 6/2009 Faculty Evaluation Report completed 15 times by MCG Students

Questions	Number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	15	4.70	4.50	4.50
This physician's ability to convey knowledge to you:	15	4.70	4.50	4.50
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care	15	4.60	4.60	4.50

Questions	Number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
(e.g., diagnostic studies and therapeutic interventions):				
Extent to which this physician demonstrated caring and respectful behavior toward patients:	15	4.80	4.70	4.70
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	15	4.80	4.60	4.60
Extent to which this physician demonstrated caring and respectful behavior toward learners:	15	4.90	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	15	4.50	4.60	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	15	4.50	4.60	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	15	4.70	4.70	4.60
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	15	4.50	4.30	4.20
Extent to which this physician's availability met your needs:	15	4.50	4.40	4.30
Extent to which this physician modeled teamwork:	15	4.70	4.60	4.50
Extent to which this physician included you as part of the team:	15	4.70	4.60	4.50
Overall effectiveness of the instruction you received from this physician:	15	4.70	4.50	4.40
Overall effectiveness of the instruction you received compared to instruction you	15	4.70	4.40	4.30

Question	Number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
received by other physicians by choosing one of the following:				

What did you find most helpful about this physician's teaching methods?

- Challenging and motivating rather than discouraging . . . she would often encourage self-guided study which usually correlated to current patient care.
- Dr. Hogan's enthusiasm and love for what she does was infectious. She set a great example of how to be a caring, interested, and knowledgeable physician. Dr. Hogan is also incredibly personable and easy to approach.
- Dr. Hogan is excellent. Her questioning is always appropriate and relevant. She takes advantages of patients on the service to teach. I really appreciate the time that she took to teach me.
- Dr. Hogan's teaching methods were very clear and thorough, and she involved everyone in discussions.
- I think that the most notable feature of Dr. Hogan's teaching style is that she seeks information from the students and asks students to participate in the learning experience whether it be lecture or rounds in addition to providing valuable pearls of information along the way. By doing this she makes the student feel as though they are able to contribute to the learning experience which in turn motivates the student to continue seeking new insight into a disease process or condition. Her style is very inclusive and very personal which makes the students feel comfortable when asking for feedback or if the students have questions a topic. It is extremely evident through her interactions with the patients, residents, students and other faculty that she gives 100% of her heart to the specialty and her colleagues. I could not have asked for a better experience.
- One of the nicest Attendings ever. She treated everyone as an equal and always took the time to teach and explain. Patients/residents/interns/students love her, and rightfully so! Supper efficient
- I was having a difficult time when I first came onto the rotation with issues at home with family. Dr. Hogan made herself available and sat and spoke to me about what was going on. As a third year student it is very hard sometimes because you are constantly being put into new situations and have to reprove yourself every six weeks and have to be able to give a first good impression to ensure the quality of time you have while on the rotation. Unfortunately, life does not always make this easy and when you are having family problems this is made that much harder when you are in a new place and don't have people to talk to and can't leave or take time off. Dr. Hogan really showed respect and empathy for me and made me feel like I did have support from her and that she really cared about me. Her level of caring is something I have not seen from any attending and she was really able to calm me down when I did not think I had anybody to turn to. If more people had this attitude, being a third year medical student would be that much easier! Also she was a great

teacher, gave great feedback, and really made you feel as part of the team while on service with her.

- During rounds Dr. Hogan was always very good at making me think through the course of care for each patient. From diagnosis to testing to treatment I had to ask myself "is this the right choice?" and if so "why?". It is easy for me to miss the forest for trees, so to speak, but Dr. Hogan has a way of making me step back and take another look.
- Friday Surprise quiz is a great learning tool.
- Dr. Hogan was truly among the most energetic, constructive, and important attending physicians I had the opportunity to work with this year. She made sure the students were treated as a part of the team and that everyone involved in the patient care process was using each case and each patient as an opportunity to learn. She quickly and charismatically ensured that the students felt comfortable in their surroundings, which allowed us to easily and thoughtfully bring questions and concerns to her if they did arise.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- Include the student to a greater extent in the process of diagnosis, ordering labs, and treatment of the patient. Asking the student more questions regarding a differential diagnosis, what labs to order, etc. would better enable the student to feel more a part of the team as well as allow the student to identify incorrect thinking or enhance the student's confidence.
- More Friday surprises.
- No suggestions. She is an excellent attending and individual.
- I think Dr. Hogan does a good job with teaching in an inpatient setting.
- none

7/2007 - 6/2008 Faculty Evaluation Report completed 13 times by MCG Students

Questions	number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	13	4.70	4.60	4.40
This physician's ability to convey knowledge to you:	13	4.70	4.60	4.40
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	13	4.60	4.60	4.40
Extent to which this physician demonstrated caring and respectful behavior toward patients:	13	4.80	4.70	4.60

Questions	number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	13	4.80	4.70	4.60
Extent to which this physician demonstrated caring and respectful behavior toward learners:	13	4.80	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:	13	4.80	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	13	4.70	4.70	4.60
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	13	4.60	4.60	4.60
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	13	4.40	4.30	4.20
Extent to which this physician's availability met your needs:	13	4.80	4.40	4.30
Extent to which this physician modeled teamwork:	13	4.70	4.60	4.40
Extent to which this physician included you as part of the team:	13	4.80	4.60	4.40
Overall effectiveness of the instruction you received from this physician:	13	4.60	4.50	4.40
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	13	4.50	4.50	4.30

What did you find most helpful about this physician's teaching methods?

- excellent
- Dr. Hogan's rounding was very educational, and very inclusive of students. We had mini-presentation nearly daily, along with thorough teaching rounds. Both helped with peds knowledge and prepping for the shelf.
- It was such a delight to work with Dr. Hogan. Her energy and personality made learning fun and there was never a dull moment working with her. She was truly dedicated to our education and made sure to set aside time for presentations from both students and residents. Her teaching style is very nonthreatening and created a comfortable learning environment for all. I really enjoyed my time at Memorial and would recommend this rotation to all my colleagues.

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- Midterm feedback before the last week of the rotation would be ideal.
- None. An excellent attending.

7/2006 – 6/2007 Faculty Evaluation Report completed 16 times by MCG Students

Questions	number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
Extent to which this physician helped you fulfill clerkship or selective expectations:	16	4.50	4.50	4.40
This physician's ability to convey knowledge to you:	16	4.60	4.60	4.40
Extent to which the physician's clinical teaching (ward rounds, clinic) helped you understand various aspects of patient care (e.g., diagnostic studies and therapeutic interventions):	16	4.60	4.60	4.40
Extent to which this physician demonstrated caring and respectful behavior toward patients:	16	4.60	4.70	4.60
Extent to which this physician demonstrated caring and respectful behavior toward other healthcare providers:	16	4.70	4.70	4.50
Extent to which this physician demonstrated caring and respectful behavior toward learners:	16	4.60	4.70	4.50
Extent to which this physician demonstrated sensitivity regarding	16	4.80	4.70	4.50

Questions	number responses	score for Hogan, Natalie	average score for all SOM: Yr3 Peds Clerks	average score for all SOM: Yr3 Clerks
diversity issues (e.g., cultural, ethnic, age, gender and/or disability) in patient care:				
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward other healthcare providers:	16	4.70	4.70	4.50
Extent to which this physician demonstrated sensitivity regarding diversity issues (e.g., cultural, ethnic, age, gender and/or disability) toward learners:	16	4.70	4.70	4.50
Effectiveness of feedback you were given by the physician in helping you improve your clinical performance:	16	4.60	4.40	4.20
Extent to which this physician's availability met your needs:	16	4.60	4.50	4.30
Extent to which this physician modeled teamwork:	16	4.60	4.60	4.40
Extent to which this physician included you as part of the team:	16	4.60	4.60	4.40
Overall effectiveness of the instruction you received from this physician:	16	4.40	4.60	4.30
Overall effectiveness of the instruction you received compared to instruction you received by other physicians by choosing one of the following:	16	4.40	4.50	4.30

What did you find most helpful about this physician's teaching methods?

- Promotes a good environment during rounds where learning can take place.
- She made a point to include students in the decision process. She also took time during rounds for teaching sessions. She's a great teacher and motivator.
- Dr. Hogan is an outstanding teacher and physician. I very much appreciated the chance to be a part of her team
- Fully included on inpatient team, able to participate to the best of my ability. Expected to contribute to topic-related teaching during rounds.
- Dr. Hogan is extremely smart and was very helpful in her guidance and teaching. Her method of instruction was superior to others in the past- she is conscientious and caring for students.

- Dr. Hogan made rounds interesting and educational by mini lectures and discussions. She also always made herself available for any problems or questions we had as students.
- She makes an effort to teach students and interested in providing as much information as possible.
- Genuine interest in learning for the students is evident.
- Dr. Hogan gave excellent feedback throughout the rotation. She was genuinely interested in enhancing our learning experience and in our wellbeing. On the floor, she made learning fun, interactive, and had good suggestions for improvement. I thoroughly enjoyed working with her.
- Very supportive, taught lots and taught well. enjoyed my time with Dr Hogan on the floor

What suggestions do you have regarding what the physician could do to improve his/her teaching effectiveness?

- It's ok not to teach "by protocol" sometime.

Evaluation of Teaching by Residents

2014 - 2015 Faculty Evaluation Report completed 9 times by residents

Category/Question	Scale	Average
1 Availability		
Was prompt	1 to 4	3.11
2		
Adhered to rounds and consult schedules	1 to 4	3.22
3		
Kept interruptions to a minimum	1 to 4	3.22
4		
Spent enough time on rounds; was unhurried	1 to 4	3.56
5		
Encouraged active housestaff participation	1 to 4	3.56

Teaching		
6	Stated goals clearly and concisely	1 to 4 3.78
7	Kept discussions focused on case or topic	1 to 4 3.33
8	Asked questions in non-threatening way	1 to 4 3.78
9	Used bedside teaching to demonstrate history-taking and physical skills	1 to 4 3.89
10	Emphasized problem-solving (thought processes leading to decisions)	1 to 4 4.00
11	Stimulated team members to read, research, and review pertinent topics	1 to 4 3.78
12	Accommodated teaching to actively incorporate all members of team	1 to 4 3.78
13	Provided special help as needed to team members	1 to 4 3.75
Patient Care & Professionalism		
14	Placed the patient's interests first	1 to 4 4.00
15	Displayed sensitive, caring, respectful attitude toward patients	1 to 4 3.89
16	Established rapport with team members	1 to 4 3.89
17	Showed respect for residents	1 to 4 3.89
18	Served as a role model	1 to 4 3.78
19	Was enthusiastic and stimulating	1 to 4 3.78
20	Demonstrated gender sensitivity	1 to 4 3.75
21	Recognized own limitations; was appropriately self-critical	1 to 4 3.78

22	Encouraged housestaff to bring up problems	1 to 4	3.78
23	Medical Knowledge Demonstrated broad knowledge of medicine	1 to 4	3.89
24	Was up-to-date	1 to 4	3.78
25	Identified important elements in case analysis	1 to 4	3.78
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.67
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.78
28	Practice-Based Learning & Improvement Explicitly encouraged further learning	1 to 4	3.88
29	Motivated residents to self-learn	1 to 4	3.88
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.75
31	Systems-Based Practice Reviewed expectations of each team member at beginning of rotation	1 to 4	3.56
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.78
33	Balanced service responsibilities and teaching functions	1 to 4	3.22
34	Rotation Questions Were the goals and objectives of the rotation met	Boolean	Yes (9)
35	Did you consider this rotation to be a valuable part of your training in Pediatrics (If no, please comment)	Boolean	Yes (9)
36	Recommendations	Boolean	Yes (9)

All comments available upon request. Some of the comments were:

- Rounds was great, especially walking rounds with pointing out pertinent physical findings
- Taught throughout the entire time and was always pushing residents and students to think and explore other options

- Dr. Hogan is a phenomenal physician and teacher. I look forward to weeks that I get to work with her as I know it will be a positive environment filled with a lot of teaching
- Great work relationship with team members
- Challenged me to learn
- She is the idea Attending
- Love working with Dr. Hogan. Her zeal for teaching is unmatched in this program.
- Dr. Hogan's family-centered rounds to teach residents and students to build strong rapport with the parents
- One of the best Attendings to work with

2013 – 2014 Faculty Evaluation Report completed 25 times by residents

Category/Question	Scale	Average
1 Availability		
Was prompt	1 to 4	3.14
2		
Adhered to rounds and consult schedules	1 to 4	3.25
3		
Kept interruptions to a minimum	1 to 4	3.24
4		
Spent enough time on rounds; was unhurried	1 to 4	3.70
5		
Encouraged active housestaff participation	1 to 4	3.38
6 Teaching		
Stated goals clearly and concisely	1 to 4	3.38
7		
Kept discussions focused on case or topic	1 to 4	3.50
8		
Asked questions in non-threatening way	1 to 4	3.55
9		
Used bedside teaching to demonstrate history-taking and physical skills	1 to 4	3.62
10		
Emphasized problem-solving (thought processes leading to decisions)	1 to 4	3.45
11		
Stimulated team members to read, research, and review pertinent topics	1 to 4	3.50
12		
Accommodated teaching to actively incorporate all members of team	1 to 4	3.50
13		
Provided special help as needed to team members	1 to 4	3.28
14 Patient Care & Professionalism		
Placed the patient's interests first	1 to 4	3.64
15		
Displayed sensitive, caring, respectful attitude toward patients	1 to 4	3.64

16	Established rapport with team members	1 to 4	3.68
17	Showed respect for residents	1 to 4	3.64
18	Served as a role model	1 to 4	3.73
19	Was enthusiastic and stimulating	1 to 4	3.73
20	Demonstrated gender sensitivity	1 to 4	3.47
21	Recognized own limitations; was appropriately self-critical	1 to 4	3.41
22	Encouraged housestaff to bring up problems	1 to 4	3.33
23	Medical Knowledge Demonstrated broad knowledge of medicine.	1 to 4	3.55
24	Was up-to-date	1 to 4	3.59
25	Identified important elements in case analysis	1 to 4	3.55
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.50
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.41
28	Practice-Based Learning & Improvement Explicitly encouraged further learning	1 to 4	3.45
29	Motivated residents to self-learn	1 to 4	3.50
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.38
31	Systems-Based Practice Reviewed expectations of each team member at beginning of rotation	1 to 4	3.30
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.52
33	Balanced service responsibilities and teaching functions	1 to 4	3.41
34	Rotation Questions Were the goals and objectives of the rotation met	Boolean	Yes (24)
35	Did you consider this rotation to be a valuable part of your training in Pediatrics (If no, please comment)	Boolean	No (1) Yes (22)
36	Recommendations	Boolean	Yes (23)

All comments available upon request. Some of the comments were:

- Always thorough on rounds
- Focused on patients and allowed enough time for all educational aspects
- Highly accessible
- Great role model for interns
- Great teacher
- Great at making students and residents comfortable
- Extremely up to date on pertinent topics and reviewed high yield board topics
- Deep fund of knowledge
- Encouraged self-learning and to present topics during rounds

2012 – 2013 Faculty Evaluation Report completed 40 times by residents

Category/Question	Scale	Average
1 Availability		
Was prompt	1 to 4	3.00
2		
Adhered to rounds and consult schedules	1 to 4	3.11
3		
Kept interruptions to a minimum	1 to 4	3.00
4		
Spent enough time on rounds; was unhurried	1 to 4	3.22
5		
Encouraged active housestaff participation	1 to 4	3.08
6 Teaching		
Stated goals clearly and concisely	1 to 4	3.28
7		
Kept discussions focused on case or topic	1 to 4	3.17
8		
Asked questions in non-threatening way	1 to 4	3.31
9		
Used bedside teaching to demonstrate history-taking and physical skills	1 to 4	3.46
10		
Emphasized problem-solving (thought processes leading to decisions)	1 to 4	3.42
11		
Stimulated team members to read, research, and review pertinent topics	1 to 4	3.44
12		
Accommodated teaching to actively incorporate all members of team	1 to 4	3.49
13		
Provided special help as needed to team members	1 to 4	3.00
14 Patient Care & Professionalism		
Placed the patient's interests first	1 to 4	3.44
15		
Displayed sensitive, caring, respectful attitude toward patients	1 to 4	3.42

16	Established rapport with team members	1 to 4	3.39
17	Showed respect for residents	1 to 4	3.42
18	Served as a role model	1 to 4	3.36
19	Was enthusiastic and stimulating	1 to 4	3.44
20	Demonstrated gender sensitivity	1 to 4	3.42
21	Recognized own limitations; was appropriately self-critical	1 to 4	3.29
22	Encouraged housestaff to bring up problems	1 to 4	2.97
23	Medical Knowledge Demonstrated broad knowledge of medicine	1 to 4	3.39
24	Was up-to-date	1 to 4	3.39
25	Identified important elements in case analysis	1 to 4	3.42
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.39
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.06
28	Practice-Based Learning & Improvement Explicitly encouraged further learning	1 to 4	3.39
29	Motivated residents to self-learn	1 to 4	3.39
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.00
31	Systems-Based Practice Reviewed expectations of each team member at beginning of rotation	1 to 4	3.11
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.17
33	Balanced service responsibilities and teaching functions	1 to 4	3.00
34	Rotation Questions Were the goals and objectives of the rotation met	Boolean	Yes (38)
35	Did you consider this rotation to be a valuable part of your training in Pediatrics (If no, please comment)	Boolean	Yes (37)
36	Recommendations	Boolean	Yes (37)

All comments available upon request. Some of the comments were:

- Available and accessible
- Encouraged discussion about cases and learning opportunities.
- Always thorough on rounds
- Overall excellent teacher and truly wants us to learn and grow.
- Good role model
- Great at making residents and students comfortable in our learning environment, so it can be fun yet educational.
- Very smart and current
- Provided multiple avenues for learning
- Encouraged self-reflection and further motivation to improve.

2011 – 2012 Faculty Evaluation Report completed 42 times by residents

	Category/Question	Scale	Average
	Availability		
1	Was prompt	1 to 4	3.21
2	Adhered to rounds and consult schedules	1 to 4	3.10
3	Kept interruptions to a minimum	1 to 4	3.12
4	Spent enough time on rounds; was unhurried	1 to 4	3.50
5	Encouraged active housestaff participation	1 to 4	3.40
	Teaching		
6	Stated goals clearly and concisely	1 to 4	3.32
7	Kept discussions focused on case or topic	1 to 4	3.31
8	Asked questions in non-threatening way	1 to 4	3.48
9	Used bedside teaching to demonstrate history-taking and physical skills	1 to 4	3.68
10	Emphasized problem-solving (thought processes leading to decisions)	1 to 4	3.50
11	Stimulated team members to read, research, and review pertinent topics	1 to 4	3.60
12	Accommodated teaching to actively incorporate all members of team	1 to 4	3.64
13	Provided special help as needed to team members	1 to 4	3.03
	Patient Care & Professionalism		
14	Placed the patient's interests first	1 to 4	3.67
15	Displayed sensitive, caring, respectful attitude toward patients	1 to 4	3.67

16	Established rapport with team members	1 to 4	3.50
17	Showed respect for residents	1 to 4	3.45
18	Served as a role model	1 to 4	3.43
19	Was enthusiastic and stimulating	1 to 4	3.67
20	Demonstrated gender sensitivity	1 to 4	3.41
21	Recognized own limitations; was appropriately self-critical	1 to 4	3.42
22	Encouraged housestaff to bring up problems	1 to 4	3.20
23	Medical Knowledge Demonstrated broad knowledge of medicine	1 to 4	3.55
24	Was up-to-date	1 to 4	3.40
25	Identified important elements in case analysis	1 to 4	3.60
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.26
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.08
28	Practice-Based Learning & Improvement Explicitly encouraged further learning	1 to 4	3.50
29	Motivated residents to self-learn	1 to 4	3.60
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.15
31	Systems-Based Practice Reviewed expectations of each team member at beginning of rotation	1 to 4	2.87
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.26
33	Balanced service responsibilities and teaching functions	1 to 4	3.14
34	Rotation Questions Were the goals and objectives of the rotation met	Boolean	Yes (41)

35 Did you consider this rotation to be a valuable part of your training in Pediatrics (if no, please comment) Boolean Yes (41)

36 **Recommendations** Boolean Yes (42)

All comments available upon request. Some of the comments were:

- Gave ample time for presentations and discussion of each case
- Always encourages participation
- Discusses methods of feedback and giving prompt feedback.
- Good at having all levels of interns, seniors, students present patients
- Excellent teacher, always assigns study topics
- Great teacher. I enjoyed working with Dr. Hogan
- Very professional
- Dr. Hogan is devoted to patient care, and loves to teach at bedside.
- Very knowledgeable
- Always motives to learn

2010 – 2011 Faculty Evaluation Report completed 48 times by residents

	Category/Question	Scale	Average
	AVAILABILITY		
1	Was prompt	1 to 4	3.41
2	Adhered to rounds and consult schedules	1 to 4	3.46
3	Kept interruptions to a minimum	1 to 4	3.41
4	Spent enough time on rounds; was unhurried	1 to 4	3.63
5	Encouraged active housestaff participation	1 to 4	3.53
	TEACHING		
6	Stated goals clearly and concisely	1 to 4	3.66
7	Kept discussions focused on case or topic	1 to 4	3.50
8	Asked questions in non-threatening way	1 to 4	3.65
9	Used bedside teaching to demonstrate history-taking and physical skills	1 to 4	3.83
10	Emphasized problem-solving (thought processes leading to decisions)	1 to 4	3.63
11	Stimulated team members to read, research, and review pertinent topics	1 to 4	3.67
12	Accommodated teaching to actively incorporate all members of team	1 to 4	3.65
13	Provided special help as needed to team members	1 to 4	3.19
	PATIENT CARE AND PROFESSIONALISM		
14	Placed the patient's interests first	1 to 4	3.77
15	Displayed sensitive, caring, respectful attitude toward patients	1 to 4	3.83
16	Established rapport with team members	1 to 4	3.78
17		1 to 4	3.72

	Showed respect for residents		
18	Served as a role model	1 to 4	3.76
19	Was enthusiastic and stimulating	1 to 4	3.80
20	Demonstrated gender sensitivity	1 to 4	3.66
21	Recognized own limitations; was appropriately self-critical	1 to 4	3.53
22	Encouraged housestaff to bring up problems	1 to 4	3.19
	MEDICAL KNOWLEDGE		
23	Demonstrated broad knowledge of medicine	1 to 4	3.78
24	Was up-to-date	1 to 4	3.67
25	Identified important elements in case analysis	1 to 4	3.64
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.56
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.17
	PRACTICE-BASED LEARNING AND IMPROVEMENT		
28	Explicitly encouraged further learning	1 to 4	3.78
29	Motivated residents to self-learn	1 to 4	3.76
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.37
	SYSTEM-BASED PRACTICE		
31	Reviewed expectations of each team member at beginning of rotation	1 to 4	3.45
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.47
33	Balanced service responsibilities and teaching functions	1 to 4	3.28
	ROTATION QUESTIONS		
34	Were the goals and objectives of the rotation met	Boolean	Yes (47)
35	Did you consider this rotation to be a valuable part of your training in Pediatrics (If no, please comment)	Boolean	Yes (46)
	RECOMMENDATIONS		
36	Would you recommend that this faculty member continue to serve as an attending physician for the training program	Boolean	Yes (44)
37	To further enhance professional development, would you recommend that this faculty member receive formal training in teaching and faculty education	Boolean	No (28) Yes (11)

All comments available upon request. Some of the comments were:

- Encourages participation
- Always enthusiastic
- Definitely is enthusiastic about education and patient care
- Dr. Hogan loves to teach and it's evident. She always entertain questions
- Always encourages reading and participation on rounds.
- Did a "Friday Surprise" which made us study all the different cases we encounter during the week
- Rounds is great with Dr. Hogan, there's always a lot of learning and teaching

2009 – 2010 Faculty Evaluation Report completed 51 times by residents

Category/Question	Scale	Average
1 AVAILABILITY		
1 Was prompt	1 to 4	3.72
2 Adhered to rounds and consult schedules	1 to 4	3.77
3 Kept interruptions to a minimum	1 to 4	3.79
4 Spent enough time on rounds; was unhurried	1 to 4	3.80
5 Encouraged active housestaff participation	1 to 4	3.89
6 TEACHING		
6 Stated goals clearly and concisely	1 to 4	3.83
7 Kept discussions focused on case or topic	1 to 4	3.78
8 Asked questions in non-threatening way	1 to 4	3.87
9 Used bedside teaching to demonstrate history-taking and physical skills	1 to 4	3.78
10 Emphasized problem-solving (thought processes leading to decisions)	1 to 4	3.76
11 Stimulated team members to read, research, and review pertinent topics	1 to 4	3.87
12 Accommodated teaching to actively incorporate all members of team	1 to 4	3.81
13 Provided special help as needed to team members	1 to 4	3.79
14 PATIENT CARE AND PROFESSIONALISM		
14 Placed the patient's interests first	1 to 4	3.91
15 Displayed sensitive, caring, respectful attitude toward patients	1 to 4	3.87
16 Established rapport with team members	1 to 4	3.93
17	1 to 4	3.93

	Showed respect for residents		
18	Served as a role model	1 to 4	3.91
19	Was enthusiastic and stimulating	1 to 4	3.96
20	Demonstrated gender sensitivity	1 to 4	3.83
21	Recognized own limitations; was appropriately self-critical	1 to 4	3.83
22	Encouraged housestaff to bring up problems	1 to 4	3.85
	MEDICAL KNOWLEDGE		
23	Demonstrated broad knowledge of medicine	1 to 4	3.83
24	Was up-to-date	1 to 4	3.80
25	Identified important elements in case analysis	1 to 4	3.79
26	Used relevant medical/scientific literature in supporting clinical advice	1 to 4	3.72
27	Discussed pertinent aspects of population and evidence-based medicine	1 to 4	3.70
	PRACTICE-BASED LEARNING AND IMPROVEMENT		
28	Explicitly encouraged further learning	1 to 4	3.84
29	Motivated residents to self-learn	1 to 4	3.83
30	Evaluated residents' ability to analyze or synthesize knowledge	1 to 4	3.74
	SYSTEM-BASED PRACTICE		
31	Reviewed expectations of each team member at beginning of rotation	1 to 4	3.74
32	Provided useful feedback including constructive criticism to team members	1 to 4	3.77
33	Balanced service responsibilities and teaching functions	1 to 4	3.74
	ROTATION QUESTIONS		
34	Were the goals and objectives of the rotation met	Boolean	Yes (46)
35	Did you consider this rotation to be a valuable part of your training in Pediatrics (If no, please comment)	Boolean	No (1) Yes (46)
36	Would you recommend that this faculty member continue to serve as an attending physician for the training program	Boolean	Yes (45)
	RECOMMENDATIONS		
37	To further enhance professional development, would you recommend that this faculty member receive formal training in teaching and faculty education	Boolean	No (34) Yes (7)
38	Overall Comments	Comment	

All comments available upon request. Some of the comments were:

- Dr. Hogan is available for teaching and very approachable
- She encouraged, welcomed, and expected participation by all team members including students. She made time every day during rounds for teaching
- Always encouraged decisions about our patients
- Very professional
- Dr. Hogan was Attending during a very hectic work load, and did well to keep the flow moving while finding some time to teach
- Dr. Hogan used walking rounds and physical exam/history taking skills to teach
- Dr. Hogan enjoys teaching and is an inspiration to all
- Always available to help
- Excellent bedside manner
- Always shows respect and is professional
- Very up to date

I. INNOVATIONS IN EDUCATION

Brief description of curriculum	Produced curriculum compliant clinical skills instructional videos intended as an adjunct to student's resources within the CS course.
Your role in development	Myself, along with 2 summer scholar students, executed, produced and developed these videos.
Intended Audience	MS1 and MS 2. Can also be used by MS 3 during clerkships to review the proper techniques of an exam. MS 4 in preparation for CS step 2 exam.
Number of Learners	30-40 per class
# Years Curriculum Taught	It has been integrated into the curriculum for 2 years
Goals and Objectives	To teach and perform the clinical examination with proficiency in preparation of clinical rotations and CS Step 2 Exam.
Preparation	We reviewed our current curriculum and researched other curricular approaches to teaching physical exams. After analyzing the data, we found a lack of visual aids for the instruction of our course. We purchased the appropriate media software to record our videos, gathered our necessary materials for each lesson, prepared the rooms for recording, and shot many clips before the final product. Each lesson took 8-12 hours to edit and incorporate the curricular material into the video.
Evaluation	We intend to have the students complete surveys that will assess the effectiveness and usefulness of these videos.
Evidence of Dissemination	Videos have been placed on you tube with the following hits: Advanced Cardio: 54,586 views; Blood Pressure: 1,725 views; Neuro: 1,980 views; GI: 1,442 views
Future Directions	Re-evaluate the perceived effectiveness, both objectively and subjectively, of the altered instructional platform. Analyze the data and relevant information pertaining to the effectiveness of the videos.

Research and Scholarly Activity

I. Philosophy and Goals of Research/Scholarly Activity

As a clinical educator, the primary focus of my scholarly activity has been clinical education within the most positive environment for teaching and learning. It is imperative that the resources we provide our learners are state of the art, innovative and congruent with LCME and ACGME expectations. I have spent numerous hours reviewing curricular requirements with an eye toward refining the current curriculum that we offer in Clinical Skills, the pediatric clerkship, and our residency program.

I am continually developing my research skills through faculty and professional development workshops. While I am not rooted in clinical research, my concentration on developing forward-looking instructional methods to enhance the education of learners at all levels is an imperative role within the medical school.

Curricular development has been an area of focus for me. I have produced several videos to augment the instruction of the physical exam for Clinical Skills. These videos have been posted to and are available on the internet. As a co-author of two OSCE cases and editor of several others, I have combined education, clinical practice and student assessment into a scholarly activity that offers a wide range of uses. These cases have been shared at a national level and are currently being utilized in other clerkships.

My goal is to continue to enhance my teaching strategies through research and scholarly activity. I plan to assess the perceived effectiveness of recently implemented teaching modalities both quantitatively and qualitatively. As life-long learners, this is a vital area to ensure constant growth and development. It is also required element for sustained success in the field of medical education.

II. Major Accomplishments/Contributions in Scholarship

The Clinical Skills course teaches students interview and physical exam skills. During a summer scholar program my two students and I evaluated current and past curriculum involved with the education of specific aspects of the clinical exam. The evaluation sought to determine strengths and weaknesses within the curriculum. We identified a lack of any visual teaching modalities for the exam which plays a vital role in the effective delivery of the material. As a team, we produced educational clinical exam videos in accordance with the current curriculum. Those videos that have been edited are currently utilized by the medical students. It is a work in progress as we have a few more videos in need of editing. We plan to implement all of these videos in the clinical education framework and then re-evaluate the perceived effectiveness, both objectively and subjectively, of the altered instructional platform.

<https://www.youtube.com/channel/UCn7kpc5x77OMkFZ3UEraTKQ>

As a member of the Evaluation Task Force in COMSEP (Council of Medical Student Education in Pediatrics), I have worked diligently with my committee to define the minimal acceptable level of skills needed for 3rd year medical students to demonstrate competency by the end of their rotation. We have published these required skills in a document that corresponds to the COMSEP Curriculum on the COMSEP website and is currently being used in our clerkship. This document is available on a national level and can be used for developing clerkships and evaluations such as OSCE's (Objective Structured Clinical Examination).

<http://www.comsep.org/TaskForces/pdfs/MinimalAcceptableSkillsfinalApril2010.pdf>

During our transition at Memorial to computerized physician order entry, I developed several evidence-based physician order sets for clinical practice. These order sets included: hyperbilirubinemia, gastroenteritis, diabetes, and failure to thrive. These order sets have been used for admission orders for residents since developed in 2010. They were implemented into the electronic medical record system, EPIC and are currently being used by the residents and pediatric staff.

DOCUMENTATION OF INNOVATION AND QUALITY IMPROVEMENT INITIATIVES

I. STATEMENT OF PHILOSOPHY RELATED TO QUALITY IMPROVEMENT

Daily work with the residents, modeling introductions and clear professional communication continues to be at root of my quality improvement mission. Strong effective communication has been a common thread through out all my work in medical education and patient care. It has been woven into my efforts of quality improvement as well. Family centered rounds is another strategy that allows for open communication with all team members and the families at one structured time during the day with participation from everyone. This process keeps all members aware of the daily plan and allows for a more fluid execution of management. Questions can be answered and everyone has a role to fulfill and knows what is expected of them at the end of rounds. This has been shown to decrease medical errors, eliminate delays, and expedite order changes.

In a teaching hospital such as Memorial, a common complaint from families is that they have no idea who their "doctor" is with so many different people entering the room throughout the day. This has affected our patient satisfaction rates. In a survey that I developed to assess the families' ability to identify their doctor or other healthcare members caring for their child, it was apparent that this was an area needing improvement. It has often said by a parent, "Not one doctor has been in to see me today." However, in reality, the patient had likely been seen by 2 or 3 doctors. In an effort to minimize their confusion, I implemented a *Hospital Team Identification Program*. This program provided an individual picture board of their

healthcare team in patients' rooms allowing the parents to be able to put a name, face, and role to each healthcare provider on their child's team.

This project reinforced the knowledge that for a team to be effective, everyone obviously must know their role, and equally important, the patients and their families need to be informed of the players on their team. New strategies were needed in order to continue to accomplish these goals. As a Pediatric Hospitalist, I continue work with a multidisciplinary medical team on a daily basis. Over time I have worked to instill the value of communication to the teaching team.

We are not currently measuring the family's ability to identify out team members, however we are measuring the family's satisfaction with our program and our communication. In 2014, 86.48% of our families would "definitely recommend" our program to their family or friends and 92.21% of our families report that they are "always" treated with courtesy and respect by our medical team. Preliminary data for 2015 shows that these numbers are continuing to improve with our ongoing efforts to improve communication

II. IMPROVEMENT PROJECTS

As one of the first pediatric hospitalists at Memorial, I quickly discovered that our traditional medical multidisciplinary team approach to care caused confusion and frustration amongst our families. Our team consists of: different learners (medical students, nursing students, and pharmacy students), various subspecialists, social workers, case managers, nurses, therapists and technicians. A frequent complaint from our families on post hospitalization questionnaires was the inability of the family to actually know who was treating their loved one and what the roles of the individuals who came through the room daily actually were. My goal for the Hospitalist Identification Program was to provide the patients and their families the necessary information for them to be able to recognize the different team participants and, in turn, understand their respective roles within the treatment team. Consequently, this would engender less confusion, better understanding by the families about the care being given, and acknowledgment of the efforts of everyone on the team.

The project began by reviewing post hospitalization questionnaires from the previous 12 months in order to determine the concerns of the families. It was quite evident that our current model failed to make clear to the patient and those concerned with his or her care exactly who the members were on the treatment team. In response, I developed a survey with simple questions related to the providers on their child's team including: 1) who is your attending physician 2) who is your resident 3) who is your nurse 4) who is your therapist 5) who is your consultant. The survey was distributed to all in-patient families during their stay for a duration of two months. After collecting and analyzing the data over several months, it became abundantly clear that our families had no idea who led the team and who all the players were on the team. It also informed us that there was no real

understanding from the families' perspective as to who was responsible for the various aspects of patient care.

In an effort to create a visual that would bring the team together in each individual patient's room, I spearheaded a project to have magnetic boards placed in each room. The boards were artistically designed by an artist within the Memorial community to match the current themes within the Children's Hospital. Each boards had specified areas labeled for: attending physician, resident, nurse, consultant, and therapist. I then coordinated with our Memorial photographer photo shoots for all Children's Hospital medical staff, residents, nurses, and therapists. These photos were then printed on magnets that could be placed on the boards. This allowed easy identification of all healthcare providers for the individual patients.

A post-project survey was developed to assess the effectiveness of the program. Unanimously, all parents were able to successfully identify their medical team, their roles and their faces. This decreased confusion, increased effective communication, and led to more effective relationships between the healthcare provider and the patient/families. We all know that effective communication results in better outcomes for those for whom we care.

This project was financially sustainable for 3 years. The magnetic photos are expensive and the frequent and constant turnover amongst the residents made this project monetarily difficult to maintain. The Children's Hospital has also moved locations several times since the inception of this project. Moving the boards which were secured to the walls, was labor intensive as well. .

It is my hope that with the momentum that we have for a free standing children's hospital, I will be able to rejuvenate this project. It is my desire to reinvent this project in the digital arena. The financial expenditure on the front end may be greater, but in the long run, less expensive to maintain and easier to transition team members in and out the program.

GUIDELINES TO DOCUMENTATION OF CLINICAL PRACTICE

I. PHILOSOPHY AND GOALS

I entered a career in medicine because I knew I could make a difference in people's lives. I now get to make a difference in a much bigger way; by both caring for patients and by having a role in the instruction and professional formation of the future physicians and healthcare providers for these patients. I strive to provide the highest quality of care for my patients while hopefully setting an example for the residents and students I teach.

I have concentrated my clinical practice to hospital medicine over the years. Managing patients in the hospital is quite different from the clinic settings. Patients in the clinical setting tend to require a higher level of care which necessitates quick responses, critical decision making and effective communication to the entire medical team. All of this has to be done while providing evidence based medical practices. I believe this team approach is at the

core of effective treatment in these situations. Our team works in unison to provide state of the art medical care to the patients. We are available in-house, be it residents or attending physicians, 24 hours a day, 7 days a week. My commitment to my patients is my priority. I'd be remiss were I not to point out that the effective delivery of care can involve everything from rendering care or discussing a management plan to lending an attentive ear or lending that shoulder to cry on. No matter the character of the care required, I am there for my patient.

Over the past 12 years our hospitalist program at Memorial has grown tremendously. We now provide in-patient services for all community pediatricians. Our community has entrusted us with caring for their patients. This is a testimony to both our commitment as well as to the confidence community pediatricians have in us to provide quality care for their patients. Communication with the patients' primary care providers during hospital stays is another required aspect in offering effective medical care. Many of our community pediatricians were in fact residents here at Memorial and have an in depth understanding of our philosophy and approach to medical care.

I am humbled daily and privileged to be able to engage in the most intimate of relationships, that of the patient-physician. As the Clinical Skills director, I teach students how to perform an interview and conduct an examination of a patient. This ritual, as Abraham Verghese refers to it, is "transformative and at the heart of the patient-physician relationship". I value the ability to observe and listen to my patients and carefully examine them in the hope of healing them. This is at the essence of my practice and what I hope will be that of the new doctors I train. As a clinical teacher, I hope that I am able to impart this same sense of respect to my students.

II. MISSION INTEGRATION

As a Pediatric hospitalist for Memorial, a referral center for southeast Georgia, my patient population spans the urban area in which the medical center is located to small towns and other rural areas. Savannah itself boasts a population that has a poverty rate of 26%, and close to one in two children live in poverty. There are communities outside Chatham County, but within Memorial's coverage area, that have poverty numbers as high as 35%. Small local hospitals in the rural areas that have not already closed are constantly battling to keep their doors open. Ravaged by effects of the Great Recession, loss of jobs and population and a refusal on the part of the State to expand Medicaid, these populations suffer from lack of basic health care and often present at Memorial with serious medical conditions. Being able to take care of the underserved pediatric population in Georgia through a large medical center allows me to provide state of the art medicine that would be unavailable otherwise. It is the care of this patient population with which the residents and students are charged as they rotate through my service.

Teaching takes place in the clinical environment while caring for patients. It occurs at the bedside with the patient, through observation of a seasoned physician by the student or the instructor directly-observing a student perform the history and physical exam. These

occasions afford the optimum opportunity for students to witness primary care medicine at its best.

An older physician once told me that you can't competently diagnose and treat a patient without seeing the inside of his or her house. Our setting does not lend itself to this. But we can do our best to understand the circumstances in which our patients find themselves.

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 to critically examine the literature. It is important for them to understand from the beginning that, in order to best serve patients, they must keep on the leading edge of medicine. The best way to accomplish this, is to remain current on the literature and engaging in other forms of continuing medical education. I teach evidence-based medicine on the wards and have the residents and students participate in the process. As a hospital attending, I often provide residents articles to review and discuss with the care team. We also will have debates among residents where they will defend their understanding of the research. In this way they are both learning how to examine the articles and also to apply the information to a clinical setting.

III. CLINICAL SERVICES ACTIVITY

ROLE/TYPE OF ACTIVITY	YEARS	LEVEL OF ACTIVITY	LOCATION
Ambulatory Attending Physician	1997-2002	3 days/week Call coverage (7/mo)	Backus Children's Hospital Outpatient Center
Inpatient Attending Physician		17 weeks/year Call coverage (7/mo)	Memorial Health University Medical Center
Inpatient Attending Physician	2003-2007	22 weeks/year	Memorial Health University Medical Center
	2007-2010	18 weeks/year	
	2010-2014	16 weeks/year	
	2015-present	14 weeks/year Call coverage (5-7/mo)	

IV. CLINICAL SERVICE CONTRACTS

None

V. OTHER ACCOMPLISHMENTS IN CLINICAL SERVICE

A. RECOGNITION OR AWARDS

I have received numerous notes and letters throughout the years from patients thanking me for the care they received from me. These acknowledgements have come from families with infants all the way to adolescents themselves. I have received gifts, photos, drawings, and follow-up phone calls. For me, the greatest demonstration of appreciation from families is when they return to the hospital to visit us with their healthy child. Seeing their child recovered from their illness is the ultimate gratification. I have also been acknowledged in the Memorial newsletter several times for my exceptional care provided to patients and their families. All of this confirms my role as a physician and solidifies my purpose as a healthcare provider.

B. PATIENT SAFETY AND QUALITY IMPROVEMENT

As an organization, the Children's Hospital had recognized the importance of individuals in error prevention and the promotion of patient safety. The challenge was to promote multidisciplinary team collaboration and increase reporting in order to improve patient safety. In June 2013 the Children's Hospital instituted the "SQuIRL Line". This is a dedicated phone line for staff to leave a message regarding Safety, Quality, Information, Requests or Love. Staff can tell their story, make their request, or praise their peer safely and conveniently. For direct feedback, callers may leave their names, or they can leave messages anonymously. All messages left on the SQuIRL line are addressed the next business day. It was our responsibility as the hospitalist to train our residents on utilizing this resource. Our responsibility as attending physicians on wards was to educate the residents on this new process. I worked diligently with the residents to create a new culture in which reporting information, concerns, and needs was accepted, expected, and vital to promoting a safe environment for our patients. This project has proven to be invaluable in many ways, particularly with an increase Quantros reporting (reporting of potential patient safety issues).

I am board-certified in pediatrics and have completed recertification once. I am currently in the American Board of Pediatrics Maintenance of Certification program for the second time and will complete my second recertification by December 2015. This certification process ensures that I maintain the knowledge base required to teach students and residents and provide competent patient care.

C. CLINICAL LEADERSHIP

Having been at Memorial Health University Medical Center for 19 years, I have witnessed many changes and have been at the forefront of numerous endeavors. Progress on this

campus has occurred exponentially during this time. As our residency program grew and our patient population expanded, it was determined that a pediatric hospitalists service was crucial to meet the escalating demands. In 2003, I was one of two physicians who was dedicated to developing this service. Many hours were devoted to creating an in-patient curriculum for our residents and building medical care protocols for our patients that met the standards of care delivered in a state of the art medical facility. Our commitment to our patients and residents has proven to be successful as we now have a dedicated hospitalist service comprised of 6 physicians and two teams.

Eight years ago, Mercer University School of Medicine expanded their campus to Savannah Georgia. I was hired as the Clinical Skills Director and have grown this department over the subsequent years. Standardized patients (actors) are required for the execution of this course which involved launching a Standardized Patient Program. Recruiting efforts proved successful through the years. We started out with a few family members and friends and have now established a program of committed standardized patients upwards of 60. The course itself has been altered and adjusted throughout the years through innovations and collaboration between myself and Macon's Clinical Skills Director. It is a very exciting time for us in this department as we have recently moved to a new facility that lends itself to even greater advancements in the near future.

I have also been the director of the pediatric 3rd year clerkship for 12 years. Our student population has grown tremendously during this time. I have had to construct a community pediatric experience for these students as we outgrew our capacity in the hospital to manage the ever increasing student volume. The clerkship has evolved and expanded throughout my tenure. The pediatric clerkship often leads the way through changes and initiatives put forth by the medical school. I continue to develop my skills as a director by annually attending the Council of Medical Student Education in Pediatrics national meetings. This affords me the opportunity to collaborate with fellow directors and engage in new techniques and methods for teaching, evaluating, and advising students.

D. INNOVATION

Practicing medicine is a progressive and dynamic process. New clinical techniques and practices are always being studied and implemented. As a hospitalists, it is imperative to stay on top of the latest medical treatments and other developments that improve outcomes for patients.

Asthma exacerbations are one of the leading causes of hospitalizations for children. In researching the literature, we found that there were standards of care being administered to hospitalized asthma patients during an acute exacerbation of their illness. As a committee of nurses, respiratory therapists, and doctors, we established a clinical Asthma Pathway Protocol. This pathway design was established using evidence-based medicine demonstrating the most effective management necessary for these patients. It involves a series of standard orders that are implemented upon admission to the hospital and reassessments that are performed frequently throughout their stay. The implementation of this process has led to speedier resolution of symptoms and shorter hospital stays. The

protocol was so successful that it was further developed and expanded to be utilized in the pediatric Emergency Department.

Medical Emergency Teams (MET) have been established in the adult population for quite some time. In the hospital setting we care for very sick patients whose status may change acutely. Not only is it clear from the literature, but observation and practice has shown that intervention before the critical event occurs can reduce mortality and morbidity. After careful review of the literature and extrapolation from the MET literature, we developed our own Pediatric Emergency Team (PET). The purpose of the team was to be readily available at all times to intervene if called upon by another medical team due to acute changes on patients. I was intimately involved in both the development of the team as well as the standard procedures utilized to appropriately activate the team. I gave a grand rounds introducing this new concept to our Pediatric Department. We have been using this protocol for PET activation for several years with a marked decrease in critical events occurring on the floor.

GUIDELINE TO DOCUMENTATION OF INSTITUTIONAL AND ACADEMICALLY-RELATED PUBLIC SERVICE

PHILOSOPHY AND GOALS OF INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICE

I am committed to serving Mercer University School of Medicine as demonstrated by my commitment to both teach and advise students. I have been the advisor for the pediatric interest group for many years facilitating exposure to our residents, faculty, and community pediatricians. On several occasions I have presented informal lunchtime lectures to the female medical students regarding careers in primary care for women. I encourage medical students to shadow me on the ward service as a means to foster interest in pediatric hospital medicine as a career. I have volunteered many hours participating in social events for the students along with other faculty members and participated in several Women in Medicine Socials coordinated by Dr. Marie Dent. I have hosted numerous events at my home to provide an environment where the students can relax and enjoy each other away from the stressors of school and studying. As the most recent recipient of the Joy McCann Professorship for Women in Medicine, I have contributed financial support for various endeavors: Women in Medicine functions, clinical skills equipment for both campuses, and professional development workshops for female students. I write a number of letters for students for off campus rotations and residency applications. On a community level, I have assisted in various community health fairs often involving blood pressure screens as well as high school symposiums.

I. SPECIFIC CONTRIBUTIONS/ACCOMPLISHMENTS

Institutional

ACTIVITY	
Description Service	Joy McCann Endowed Professorship
Duration of Service	June 2012 - present
Outcomes, Accomplishments, and/or Significant Impact	I have been fortunate to have had the opportunity to serve Mercer under this honored professorship. It has allowed me to sponsor several Women in Medicine social gatherings, including medical school and hospital faculty as well as medical students. I have underwritten the attendance of female students to various professional development conferences to assist them in their teaching and research endeavors. I attended an A.A.M.C. leadership conference to enrich my own professional development. Additionally, I have purchased necessary clinical skills equipment for both campuses to enable us to teach the course more effectively. I am interested in attending a Mercer on Mission trip and hope to utilize these funds to support my travel.

Professional

ACTIVITY	
Description Service	Council of Medical Student Education in Pediatrics
Duration of Service	Since 2003
Outcomes, Accomplishments, and/or Significant Impact	As a member of the faculty development task force we established a one year curriculum for our departments. The curriculum included what we determined, after review of the literature, as the most important areas needing development and providing this information in a user friendly format for the council to access. Topics included: evaluation, feedback, and advising. The progression from this task force to the evaluation task force was natural. Our most recent work on the evaluation task force involved the development of a document outlining what we determined to be the necessary skills required of a third year medical student to successfully pass the rotation.

Community (Outreach)

ACTIVITY	
Description Service	Mom's Lemonade Fund; A non-profit organization that raises money for women with ovarian cancer and their families.
Duration of Service	6 years
Outcomes, Accomplishments, and/or Significant Impact	This is a family organization that seeks to raise awareness of ovarian cancer. Funds raised will support equipment, scientific research, support programs and services and community education. Our signature event, Laughs for Lemonade, has raised \$25,000.

