

Associate Professor Narrative Statement Example A — “The Clinical Practitioner”

Primary Area of Distinction: **Health Care Delivery**

A candidate who devotes a majority of effort (> 75%) to health care delivery with a minority of effort for education and academic service.

Expected Achievements:

- **Established** level in **Health Care Delivery**
 - Entry level in Education
 - Entry level in Academic Service
-

J.J. SAMPLE, MD

Assistant Professor, Department of Medicine

My goal is to provide exceptional care for older patients with multiple chronic diseases to improve their quality of life, assure coordination of care, and educate students, residents, patients and families about unique aspects of their care. As a physician trained in general internal medicine, geriatrics, and palliative care, I integrate each of those perspectives to create models of quality care that improve patient outcomes, enhance clinical education, and benefit our health system. I seek promotion to Associate Professor based on my achievements in the Area of Distinction in Health Care Delivery, in Education, and in Academic Service.

Area of Distinction in Health Care Delivery

My clinical practice focuses on the care of elderly patients with chronic diseases in the Internal Medicine Clinic, where I attend for seven half-day sessions per week. After completing fellowships in geriatrics and palliative care, I was recruited to UMMS/UMMHC to establish a clinic dedicated to elderly patients within the Division. These patients often present with chronic co-morbid conditions, requiring care by both general internists and specialists. Multiple medications raise adverse drug interaction and compliance issues. Decreased mobility and quality of life are additional concerns that require ancillary services. Navigating our complex health care system—a challenge for the healthiest of our patients—is particularly difficult for these patients. Lastly, poor coordination of care increases the financial burden on both the patient and the health system.

To meet these challenges, on my arrival at UMMS I designed and implemented a patient-centered model for the care of elderly patients in Internal Medicine. With support from my Division Chief and Chair, I recruited an interprofessional team that included nurses, a pharmacist, social worker, and a behavioral psychologist. Particularly important members of this team are two senior nurses who serve as Care Managers. They provide the “front end” of the team, working with each patient as a single point of contact to coordinate care, interact with insurers, and address social issues.

In the four years that the clinic has been established, we have seen a progressive decrease in the rates of emergency room visits and readmission by our patients. The incidence of drug interactions have decreased and quality of life scores have improved. Our biggest surprise was an increase in the engagement of the patients themselves in managing their care. The number of patients has increased, fuelled in part by word-of-mouth referral, such that we have added a physician and a nurse to the team in each of the last two years. A recent financial analysis demonstrated that the increased efficiency of care and decreased readmission and ED visits resulted in a net decreased cost per patient within the system.

The design, implementation and evaluation of our model for geriatric care was reported in the Journal of General Internal Medicine (Sample et al., 2017). I have also given presentations on the model at other institutions within New England and at the 2018 New England Regional meeting of the Society for General Internal Medicine.

I am constantly seeking to improve the model of care. For example, through participation in the UMMHC Quality Scholars program, I implemented a study to accelerate communication of changes in medications, treatments, and health status by use of inbox/EPIC functionality. This intervention has resulted in a further decreases in hospital readmissions and drug interactions, and increases in quality of life scores in the initial pilot population of 50 patients. We have published the initial pilot data (Sample et al, 2018) and used that to refine our strategies for this project. Expansion of the care model is moving forward with a Patient Centered Outcomes Research Initiatives (PCORI) award for which I am the co-PI with my division chief. This funding has enabled us to extend the project to primary care sites throughout the system

Education

Students and residents rotate with me in the outpatient clinic and I receive above average evaluations for my clinical precepting. Recognizing the brief exposure of learners to patients and their families, I developed a series of “classic” patient stories and problems. These stories are based on the composition of our clinics and include issues of drug-drug interactions, side effects of chronic disease, and support issues that might come up in the meeting with a patient. But I am most proud of my student and resident mentees. Out of 13 mentees over the last 5 years, 10 have chosen internal medicine and geriatrics for their specialization.

Academic Service

My focus on high risk geriatric populations has led me to serve on the Palliative Care committee, the Pain management Task Force, and now to chairing the steering committee for Hospital Readmissions. Each of these committees has made changes in policies and procedures that are advancing our overall care of these patients. I look forward to continuing these efforts as Chair of the Palliative Care committee in the next year.

Summary

I came to UMMS/UMMHC to apply my expertise in internal medicine, geriatrics and palliative care to improve the health of our elderly patients. We developed a geriatric clinic that integrates both medical and social care to support patients with chronic co-morbid conditions. Overall costs have been reduced without compromising patient care and patient satisfaction has been increased. Our model of care has been disseminated nationally. In addition, the clinic is an excellent example of teamwork in healthcare for our students and residents. With the aging of our population we must ensure that we can deliver the most effective and efficient care for older individuals with multiple chronic diseases. I am pleased to be part of the initiatives here and nationally that are addressing this critical healthcare challenge.