Weill Cornell Medicine

Hospital Medicine
Clinical Scholars Program

2018–2019

Table of Contents

Introduction

The Weill Cornell Hospital Medicine Clinical Scholars Program is a one-year, intensive faculty development program that aims to foster academic success and personal growth for hospitalists. While geared towards the training of academic hospitalists, it is a program relevant for any new faculty who are committed to becoming leaders in academic medicine. Although there is a common curriculum, each participant also formulates a uniquely tailored curriculum that fits their personal academic interests.

Program Content

The program focuses on developing skills in foundational areas of academic medicine: clinical teaching, clinical epidemiology and advanced evidence-based medicine, quality improvement and patient safety, and leadership. There is an emphasis on how best to teach physical diagnosis and clinical reasoning and how to properly evaluate and incorporate research evidence into clinical decision-making. The program also helps assure proficiency in bedside ultrasound, a diagnostic modality that most hospitalists are now expected to master. Additionally, there are introductory courses in research methods, data analysis, medical ethics, resiliency training, peer coaching, medical writing, and humanism in medicine.

Program Structure and Expectations

This is a one-year program that includes:
- 16–20 weeks of clinical work, divided between the main hospital (majority of time) and a community hospital; between teaching (majority) and non-teaching services; and between days (majority) and nights;
- 12 weeks of didactic instruction;
- 4 weeks of vacation and holidays;
- 12–16 weeks of individualized academic pursuits and research.

Each clinical scholar is expected to complete a scholarly project and prepare a manuscript for publication by the end of the year. For those wanting to focus on clinical research, it is recommended that years 2 and 3 be spent getting additional training in research methods, epidemiology, and advanced data analysis. Other expectations include participating in the teaching of students and residents in physical diagnosis, evidence-based medicine, clinical reasoning, and bedside ultrasound

Clinical Teaching
Total Hours: 22

Course Director

Ernie Esquivel, MD
Assistant Professor, Hospital Medicine
Medicine Clerkship Director, Weill Cornell Medical College

Objectives

We will address specific teaching skills that enhance patient-centered clinical learning, with an emphasis on activating learners, interviewing patients, physical diagnosis, and exposing and critiquing clinical reasoning. We plan on a 1-week intensive interactive curriculum on clinical teaching that is modeled after Kelly Skeff's program at Stanford, with extensive supplementation using materials from Harvard's Macy program for health educators and from two master teachers, Jeff Wiese (*Teaching in the Hospital*) and Brendan Reilly (*One Doctor; Inconvenient Truths about Effective Clinical Teaching*). There will be direct observation of each participant's teaching with confidential feedback and design options for dedicated practice. Additional personalized coaching sessions will be arranged.

Description

During an intensive 5 days, there are over 20 hrs of instruction. Many of the sessions are interactive seminars, some require role-play among participants, and other sessions critique teaching observed in the hospital (morning rounds; small group teaching; large lectures). The major topics are divided into several 1–3 hour sessions, covering:

- Peer coaching to improve clinical teaching: using direct observation and principles of appreciative inquiry.
- Learning environment. How to monitor and control the learning climate to foster greater learning and a growth mindset.
- Teaching style. Appreciating the range of styles and where one's own style fits along that spectrum.
- Control. How to control the learning interaction so learning objectives are met.
- Communicating goals. What goals to communicate and how to do it well.
- Assessing understanding and retention of the learners.
- Cognitive load. Reviewing evidence on the optimal cognitive stress (load) that maximizes growth and learning.
- Evaluating oral presentations of medical students and residents.
- Feedback. Techniques, strategies, pitfalls, culture.
- Critiquing the learning on morning rounds.
- Critiquing the learning in small groups as clinical teams discuss patient-related topics.
- Self-directed learning. Promoting self-assessment, self-direction, and self-regulation.
- Bedside teaching. How to efficiently incorporate teaching about interviewing and physical diagnosis at the bedside.
- Clinical reasoning. Critiquing and enhancing clinical reasoning; exposing cognitive biases.

Critical Readings

1. Wiese. Teaching in the Hospital.
2. Reilly. Inconvenient truths about effective clinical teaching.
3. Vaughn. Psychological size and distance.
4. Musselman. Under the gun.
5. Bunce. How long can students pay attention?
6. Roscoe. Teacher and situational characteristics.
7. Yeager. Mindsets that promote resilience.
8. Dweck. Academic tenacity: mindsets and skills that promote long-term learning.
9. Chou. Millennials.
10. Elwyn. Leadership in groups.
11. Sklar. Competencies, milestones, entrustable professional activities.
12. Harden. Learning outcomes and instructional objectives.
13. University of London. Improving teaching.
14. Ericsson. Deliberate practice and expertise.
15. West. Advance organizer.
16. Prince. Does active learning work?
17. Rowe. Wait time: slowing down.
18. Wear. Pimping
19. Eva. I'll never.
20. Bounds. Self-assessment role when receiving feedback.
21. Burack. Teaching compassion and respect.
22. Parkes. Feedback sandwiches affect perceptions but not performance.
23. Molloy. Seeking a different angle on feedback.
24. Telio. Educational alliance as framework for reconceptualizing feedback.
25. Rougas. Assessing feedback culture.
26. Verghese. Beside evaluation. Ritual and reason.
27. Feddock. Lost art of clinical skills.
28. Steinert. Systematic review of faculty development initiatives designed to enhance teaching effectiveness. 2016.
29. Sutkin. What makes a good clinical teacher in medicine?
30. Nothnagle. Struggling to be self-directed.
31. Premkumar. Does medical training promote or deter self-directed learning?
32. Duran-Nelson. Should we Google it?
33. Regehr. Self-assessment, self-direction, and self-regulating profession.

Clinical Epidemiology and Advanced EBM

Total Hours: 40

Course Directors

Arthur Evans, MD, MPH
Professor of Medicine, Hospital Medicine

Amiran Baduashvili, MD
Assistant Professor, Hospital Medicine
Associate Program Director, Internal Medicine Residency Program

Objectives

A sampling of the learning objectives include:
1. **Diagnosis**
   - Correctly interpret and calculate test characteristics (sensitivity, specificity, accuracy, likelihood ratios) from different data sources.
   - Accurately interpret an ROC curve and identify best cutpoints.
   - Appreciate work-up bias and bias from indeterminate results.
2. **Treatment: Risks and Benefits**
   - Appreciate difficulties and ambiguities of describing risks in quantitative and qualitative terms.
   - Calculate NNT and risk difference from relative risks and odds ratios.
   - Understand the limitations of hazard ratios.
3. **Clinical Reasoning**
   - Correctly interpret P-values and confidence intervals.
   - Apply universal principles to make decisions about when it is best to observe, test, or empirically treat.
   - Describe how disease-specific mortality can be biased by sticky diagnoses or slippery linkages (and why disease specific mortality should be considered a surrogate outcome).

Description

All teaching is problem-based and interactive, where learners are encouraged to struggle, fail, and persist until they feel comfortable in teaching the concepts to others. Successfully applying research findings reported in the literature to an individual patient's unique circumstances requires an ability to judge the validity (internal and external) of the reported results and an ability to translate research findings into something clinically meaningful. This requires a robust appreciation for the role of chance, bias, and confounding in producing erroneous conclusions. It also requires skills in the interpretation and use of likelihood ratios, ROC curves, odds ratios, relative risk reductions, hazard ratios, regression coefficients, P-values, and confidence intervals.

Critical Readings

1. Black, Haggstrom, Welch. All-cause mortality in randomized trials of cancer screening. J NCI. 2002
2. Welch, Schwartz, Woloshin. 5-year survival rates. JAMA. 2000
3. Welch and Black. Overdiagnosis of cancer. 2010
4. Mamede. Availability bias. JAMA. 2010
5. Spruance. Harzard ratio in clinical trials. 2004
6. Chao. Adjuvant chemotherapy. How presentation influences decision-making. J Clin Onc 2003
7. Baduashvili. ROC-on. Getting the most from your diagnostic test. 2018
8. Perneger. Framing bias. 2011
9. Goodman. P-value falacy.
10. Goodman. P-values and Bayes. 2001
11. Goodman. Evidence-based Statistics. Ann Intern Med
12. Flemming. Surrogate endpoints.
13. Nuzzo. Statistical errors. Nature. 2014
14. Ioannidis. Why most published research findings are false. PLoS Medicine. 2005
15. Greenland. Statistical tests, P-values, confidence intervals, and power: misinterpretations. 2016
16. Cook. Use and misuse of ROC curves. 2007
17. Lachs. Spectrum bias. 1992
18. Punglia. Verification bias and PSA. NEJM. 2003
19. Button. Power failure. 2013

Quality and Patient Safety

Total Hours: 18

Course Director

Jennifer Lee, MD
Associate Professor, Hospital Medicine
Vice Chair and Quality and Patient Safety Officer, Weill Department of Medicine

Objectives

- Learn and integrate rigorous QI and patient safety tools into clinical practice.
- Develop skills to become effective leaders and mentors in clinical excellence.
- Apply simple tools to maintain personal and project team wellness to prevent burnout and overcome barriers to success.
- Explore opportunities for academic productivity through scholarship in QI.

Description

Career success at academic medical institutions has been centered on achievements in the tripartite mission of research, education and patient care. With continuing changes to the academic environment and expectations in healthcare delivery, new challenges arise for many junior faculty without traditional research training in balancing those three domains and achieving professional fulfillment of the mission. Training in advanced quality improvement (QI) and safety science provides junior faculty with a pathway to achieve academic scholarship through curriculum development, mentorship and publications.

Critical Readings

1. Davidoff F, Batalden P, Stevens D, Ogrinc G, Mooney S. *Publication Guidelines For Quality Improvement In Health Care: Evolution Of The SQUIRE Project.* Qual Saf Health Care 2008;17(SupplI):i3–i9
2. Neeman N, Sehgal NL. *Perspective: A Road Map for Academic Departments to Promote Scholarship in Quality Improvement and Patient Safety.* Acad Med 2012;87(2):168-71.
3. Scott SD, Hirschinger LE, Cox KR, et al. *The Natural History Of Recovery For The Healthcare Provider "Second Victim" After Adverse Patient Events.* BMJ Quality & Safety 2009;18:325-330.
4. Schiff GD. *Diagnosis And Diagnostic Errors: Time For A New Paradigm.* BMJ Qual Saf 2013. doi:10.1136/bmjqs-2013-002426.
5. Amalberti R, Auroy Y, Berwick D, Barach P. *Five System Barriers to Achieving Ultrasafe Health Care.* Ann Int Med 2005; 142(9)756-765.
6. Siddique SM, Ketwaroo G, Newberry C, Mathews S, V Khungar,1 Mehta SJ. *How to Incorporate Quality Improvement and Patient Safety Projects in Your Training.* Gastroenterology 2018;154:1564–1568.
7. Langley GL, et al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. 2nd Edition. San Francisco, California, USA: Jossey-Bass Publishers; 2009.
8. Wachter RM. Understanding Patient Safety. 3rd Edition. McGraw-Hill Education; 2018.

Point-of-Care Ultrasound (POCUS)

Total Hours: 80

Course Directors

Tanping Wong, MD
Assistant Professor, Hospital Medicine
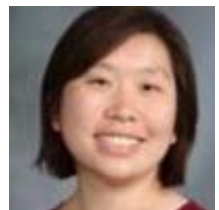Director, Weill Cornell POCUS Program

Gregory Mints, MD
Assistant Professor, Hospital Medicine
Member, Executive Council, Society of Hospital Medicine POCUS Interest Group

Elaine Gee, MD
Assistant Professor, Hospital Medicine

Objectives

This course is designed to achieve competency in image acquisition, image interpretation, and clinical integration in the following areas: basic cardiology, lung and pleural disease, kidney and bladder, lower extremity veins, and approach to shock, dyspnea, and acute renal failure.

Description

This 2-week course will give you the skills to confidently integrate POCUS into your everyday practice. Learn through hands-on scanning, image interpretation, case discussions, and evidence review. The course covers applications in cardiac, pulmonary and pleural, renal, GU, abdominal, biliary, vascular, and musculoskeletal sonography.
- Scan with live models
- Low 2:1 student-to-teacher ratio
- All course faculty are certified by the American Chest Society, engaged in the development of national guidelines, and teach at conferences held by the American College of Physicians and the Society of Hospital Medicine

Critical Readings

1. Soni, N., Arntfield, R., Kory, P. (2015). *Point of Care Ultrasound, 1e.* Philadelphia, PA: Saunders, Elsevier.

Leadership

Total hour: 18

Course Directors

Margaret McNairy, MD, MSc
Assistant Professor, Hospital Medicine Sacerdote
Clinical Scholar in Women's Health
Co-Director, Weill Cornell Hospital Medicine/Global Health Clinical Research
Fellowship Program

Justin Choi, MD
Assistant Professor, Hospital Medicine

Objectives

- Develop leadership skills in mentoring, conflict resolution, and negotiation.
- Design personalized plans for career and personal growth that promote flow, productivity, and vitality.
- Learn tools and methods for innovation and entrepreneurship.

Description

Hospitalists serve a variety of leadership roles in patient care teams, medical education, research collaborations, and hospital operations among many other arenas. This course aims to give new hospitalists the foundational skills necessary to become the next generation of leaders in hospital medicine. Participants will apply their own experiences to discussions on mentoring, conflict resolution, negotiation, and vitality. Activities include designing personalized strategies and plans for career development and personal growth. This course also serves as a model for facilitated peer mentorship, and   will serve as springboard for establishing peer mentoring groups beyond the completion of this course.

Critical Readings

1. Burnett, W., & Evans, D. (2016). *Designing your life: How to build a well-lived, joyful life.* New York, NY: Alfred A. Knopf.
2. Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2013). *Crucial Accountability: Tools for Resolving Violated Expectations, Broken Commitments,   and Bad Behavior, Second Edition.* New Yorkl, NY: McGraw-Hill.
3. Stulberg, B., & Magness, S. (2017). *Peak performance: elevate your game, avoid burnout, and thrive with the new science of success.* Emmaus, Pennsylvania: Rodale Books.

Research Methods

Total Hours: 7

Course Director

Lisa Kern, MD, MPH
Associate Professor of Medicine
Associate Professor of Healthcare Policy and Research
Associate Director of Research, Division of General Internal Medicine

Objectives

By the end of the session, participants should be able to:
- Recognize the key components of a research question
- Think through how a given research question could be answered with different types of study designs
- Articulate potential sources of bias and confounding
- Recognize different approaches to recruitment and sampling
- Compare and contrast different potential sources of data

Description

This course discusses fundamental principles of clinical research and health services research. Participants in this course will gain a greater appreciation for how research studies are designed, and they will then be equipped with the information needed to start to develop their own research projects (in collaboration with their mentors). Participants will also gain insights that will allow more critical reading of research studies in the scientific literature. The course includes lectures and interactive discussions.

Critical Readings

1. Hulley SB, Cummings SR, Browner WS, Grady DG, Newman TB. Designing Clinical Research, 4th edition. Wolters Klumer / Lippincott Williams & Wilkins: Philadelphia, 2013.

Data Analysis

Total Hours: 22

Course Directors

Arthur Evans, MD, MPH
Professor, Hospital Medicine
Chief, Hospital Medicine

Deanna Jannat-Khah, DrPH, MSPH
Quality University Program Manager

Objectives

The goal is to provide an introduction to data analysis as well as training in using Stata statistical software. Participants first learn the basics about importing data, cleaning data, simple data management, and creating new variables. Next, they learn about descriptive statistics and how to visually display the characteristics of individual variables. We then progress to different bivariate analyses and introduce the most common multivariable approaches. At each step, there is an emphasis on the graphical display of results and appropriate interpretation. Finally, we perform a meta-analysis and generate ROC curves.

These skills will allow participants to replicate some analyses in the literature; generate confidence intervals; generate new insights through appropriate visualization of quantitative data; initiate the analysis of their own data sets; and more successfully interact with research collaborators and biostatisticians. Most research that will be submitted for publication will require input from an experienced analyst/epidemiologist/biostatistician, and this introductory course does not eliminate that need.

Description

This is a 5-day survey of data analysis techniques that is conducted in a computer lab over 22–25 hours. We will ask participants to answer questions that require data manipulation and analysis. They will also be required correctly interpret output and generate graphs to facilitate understanding and communication.

Critical Readings

Parts of the following books:
1. Acock. A Gentle Introduction to Stata.
2. Mitchell. A Visual Guide to Stata Graphics.
3. Norman and Streiner. Biostatistics: The Bare Essentials.
4. Mitchell. Data Management Using Stata.

Clinical Reasoning

Total Hours: 26

Course Directors

Brendan Reilly, MD
Honorary Professor of Medicine, Geisel School of Medicine at Dartmouth

Jigar Contractor, MD
Assistant Professor, Hospital Medicine

Justin Choi, MD
Assistant Professor, Hospital Medicine

Objectives

By the end of the session, participants should be able to:

- Compare and contrast theories of diagnostic reasoning and therapeutic decision making.
- Diagnose common pitfalls in clinical reasoning and develop best practices to mitigate bias and errors.
- Develop best practices for teaching reasoning during clinical and didactic encounters.
- Design a plan for dedicated practice to maintain engagement and vitality throughout a career in hospital medicine.

Description

Academic hospitalists must provide exceptional patient care, serve as leaders for interdisciplinary teams, and teach junior doctors and students the knowledge and skills required for success in medicine. Through group exercises, observation of attending rounds and morning reports, and facilitated group discussions, we review best practices and strategies for mentoring trainees while maintaining personal vitality throughout a long career. Additionally, the course aims to provide a foundational understanding of diagnostic and therapeutic reasoning through a review of clinical reasoning theories, applications in daily practice, and methods to recognize and mitigate errors and bias.

Critical Readings

1. Kahneman, Daniel. *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux, 2011.
2. Bowen, J. Educational Strategies to Promote Clinical Diagnostic Reasoning; N Engl J Med 2006; 355: 2217-2225.
3. Reilly, B. Inconvenient truths about effective clinical teaching; Lancet 2007; 370: 705–711.
4. Simpkin AL, Schwartzstein RM. Tolerating Uncertainty — The Next Medical Revolution? N Engl J Med 2016; 375: 1713-1715.
5. Reilly, B. The Best Medical Care in the World; N Engl J Med 2018; 378:1741-1743.
6. Kassirer, Jerome P. *Learning Clinical Reasoning*. Baltimore: Williams & Wilkins, 1991.

Physical Diagnosis
Total Hours: 10

Course Director
Anthony Ogedegbe, MD
Assistant Professor, Hospital Medicine

Objectives
By the end of the session, participants should be able to:
- Demonstrate at the bedside, in a step-wise and reproducible fashion, physical exam maneuvers most relevant to a hospital medicine practice.
- Articulate clinical scenarios where physical exam maneuvers change management and improve clinical outcomes.
- Impart physical diagnosis concepts in a manner that highlights their value in contemporary medical practice.
- Teach in a way that engenders enthusiasm, interest and purpose in learners with respect to physical exam maneuvers.

Description
This course offers a framework for engaging students and residents on the value of physical diagnosis in contemporary clinical practice. The curriculum will stress physical exam items that are most relevant to hospitalists and will focus on bedside teaching.

The course will be taught in 3 modules: 1) OSCE-based instruction on exam technique and bedside teaching philosophy, 2) teaching on live patients, 3) teaching Weill Cornell students/housestaff (*optional*). Participants receive immediate faculty feedback on a one-on-one basis.

Critical Readings
1. Evidence-based Physical Diagnosis, 4th Edition, by Steven McGee
2. Clinical Examination: A Systematic Guide to Physical Diagnosis, 7th Edition, by Nicholas J Talley and Simon O'Connor.
3. Reilly B, Smith C, Lucas B. Physical examination: bewitched, bothered and bewildered. MJA. 2005;182:375-376.
4. Feddock CA. The Lost Art of Clinical Skills. Am J Med. 2007;120:374-378.
5. Kugler J, Verghese A. The physical exam and other forms of fiction. J Gen Intern Med. 2010. 25:756-7.
6. Verghese A, Brady E; Costanzo Kapur C; Horwitz R. The Bedside Evaluation: Ritual and Reason.
   Ann Intern Med. 2011;155:550-553.
7. Gowda, Deepthiman MD, MPH; Blatt, Benjamin MD; Fink, Mary Johanna MD; Kosowicz, Lynn Y. MD; Baecker, Aileen MPH; Silvestri, Ronald C. MD A Core Physical Exam for Medical Students: Results of a National Survey. Acad Med. 2014;89:436-442.

Medical Ethics

Total Hours: 4

Course Directors

Joseph Fins, MD
The E. William Davis, Jr. M.D. Professor of Medical Ethics Chief,
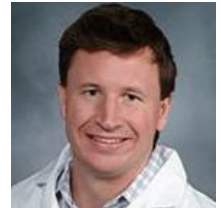Division of Medical Ethics

Matthew McCarthy, MD
Assistant Professor, Hospital Medicine

Ezra Gabbay, MD
Assistant Professor, Hospital Medicine

Nekee Pandya, MD
Assistant Professor, Hospital Medicine

Objectives

This course surveys the ethical issues facing hospitalized patients, medical trainees, and patients. Participants will learn how to confront ethical challenges in real time and will examine the various methods of resolving ethical conflicts on the wards. The course will also cover clinical research ethics and funding opportunities for hospitalist- investigators.

Description

Participants will discuss common ethical issues encountered on academic hospitalist services and will explore how those decision impact patient care and medical education. Participants will also learn how to transform ethical dilemmas into teachable moments.

Critical Readings

1. Gabbay E, McCarthy MW, Fins JJ. The Care of the Ultra- Orthodox Jewish Patient. *J Relig Health.* 2017;56(2):545-560.
2. McCarthy MW, Real de Asua D, Fins JJ. The Rise of Hospitalists: An Opportunity for Clinical Ethics. *J Clin Ethics.* 2017;28(4):325-332.
3. William McCarthy M, Fins JJ. Teaching Clinical Ethics at the Bedside: William Osler and the Essential Role of the Hospitalist. *AMA J Ethics.*2017;19(6):528-532.

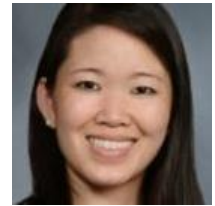# Resiliency Training
Total Hours: 4

Course Directors

Alice Tang, MD
Assistant Professor, Hospital Medicine

Kimberly Bloom-Feshbach, MD
Assistant Professor, Hospital Medicine

Objectives
By the end of the session, participants should be able to:
- Define and explain the relationships between wellness, resiliency, and burnout.
- Recognize physical and cognitive manifestations of stress in self and others & apply adaptive strategies to mitigate stress and prevent burnout.
- Teach learners and apply techniques from resiliency training to own practice.

Description

This two-part resiliency training session is designed to help participants enhance resiliency in both their learners, as well as themselves. Participants will undergo a guided discussion of personal experiences and beliefs about resiliency. They will be introduced to a framework to conceptualize burnout, resiliency, and wellness. They will be trained in several tools from the mindfulness and positive psychology literature that can enhance resiliency, through experiential learning. Finally, they will develop a Resiliency Road Map, where participants will set goals for how they will enhance resiliency in their learners and themselves, anticipate barriers to implementation, and brainstorm solutions for how to overcome these barriers.

Critical Readings

1. Nedrow, A, Steckler, NA, Hardman, J. Physician Resilience and Burnout: Can you make the switch?
2. *Fam Pract Manag.* 2013 Jan-Feb;20(*1*):25-30.
   a. ***introduces a conceptual framework for how to understand resiliency*
3. How People Learn to Become Resilient - https://www.newyorker.com/science/maria-konnikova/the- secret-formula-for-resilience
   a. ***discusses where the concept of resilience originates from (outside of medicine)*
4. Hipp, DM, Rialon, KL, Nevel, K, et al. "Back to the Bedside": Residents' and Fellows' perspectives on finding meaning in work. *J Grad Med Educ.* 2017 Apr;9 (2):269-273.
   a. ***offers trainee perspective on how to enhance meaning in daily work to combat burnout*

Peer Coaching

Total Hours: 2
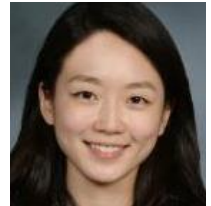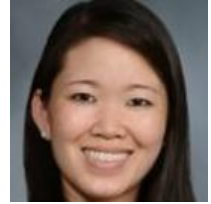
Course Directors

Alice Tang, MD
Assistant Professor, Hospital Medicine

Aram Kim, MD
Assistant Professor, Hospital Medicine

Kimberly Bloom-Feshbach, MD
Assistant Professor, Hospital Medicine

Objectives

- Set clinical teaching goals and incorporate feedback from peer teaching coach to help achieve goals.
- Provide high quality feedback to a peer, prioritizing feedback on peer's teaching goals.
- Self-reflect upon one's clinical teaching skills while in varying roles within the program (prior to meeting with partner for feedback, while observing and providing feedback to partner, etc)
- Develop new scaffolded learning of teaching skills through observing peer during clinical teaching.

Description

Feedback is essential for improving performance through deliberate practice. However, attending physicians have few sources of unbiased feedback about their clinical teaching. This peer teaching coach program is designed to improve clinical teaching skills through the use of in-person and video-based peer observation of teaching. Participants will choose a partner to observe and be observed by while teaching on service during rounds. Each observation will be followed by reflection, feedback, and goal-setting using a standardized feedback tool. Peer teaching coaches will serve as a resource for troubleshooting teaching challenges and brainstorming solutions.

Critical Readings

1. Atul Gawande's article on coaching in medicine:
   https://www.newyorker.com/magazine/2011/10/03/personal-best
2. Ende, J. (1983). Feedback in clinical medical education. JAMA: The Journal of the American Medical Association, 250(6), 777–781.
3. Kathleen Finn, Victor Chiappa, Alberto Puig & Daniel P. Hunt (2011) How to become a better clinical teacher: A collaborative peer observation process, Medical Teacher, 33:2, 151-155.
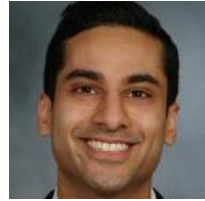
Medical Writing

Total Hours: 2

Course Directors

Matthew McCarthy, MD
Assistant Professor, Hospital Medicine

Dhruv Khullar, MD
Assistant Professor, Hospital Medicine and Healthcare Policy and Research

Objectives

By the end of the session, participants should be able to:
- Describe the basic elements of a compelling op-ed, column, and academic perspective piece.
- Critically evaluate pieces of writing for both lay and academic audiences, and distinguish key elements of both
- Consider ideas and framing that might be useful for their own writing

Description

This course offers a framework for identifying and producing high-quality writing for both lay and academic audiences. The curriculum will focus on 1) identifying the key elements of op-eds and perspectives, 2) packaging and pitching ideas, 3) critically appraising works of writing, and 4) brainstorming ideas for possible articles.

Critical Readings

1. George Orwell. Politics and the English Language, 1946.
   http://www.orwell.ru/library/essays/politics/english/e_polit
2. Pranay Sinha, Why Do Doctors Commit Suicide, New York Times, 2014.
   https://www.nytimes.com/2014/09/05/opinion/why-do-doctors-commit-suicide.html
3. Palav Babaria and Aisling O'Riordan, A Haitian Boy's Needless Death, New York Times, 2013. https://www.nytimes.com/2013/11/15/opinion/a-haitian-boys-needless-death.html
4. Browner. Publishing and Presenting Clinical Research.