

# ***EDUCATOR'S PORTFOLIO***

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**This portfolio highlights activities and evidence focused in these areas.**

**Section I:** Excellence in Clinic Administration and Leadership  
A. Clinic operation  
B. Physician productivity  
C. Innovations in practice management

**Section II:** Excellence in Teaching  
A. Resident Education  
B. Medical Students  
C. CME

## Section I: Excellence in Clinic Administration and Leadership

### Medical Director: Froedtert General Internal Medicine East Clinic

- Responsible for overall operations of a general internal medicine clinic with > 20,000 visits/yr.
- Reorganized clinic infrastructure

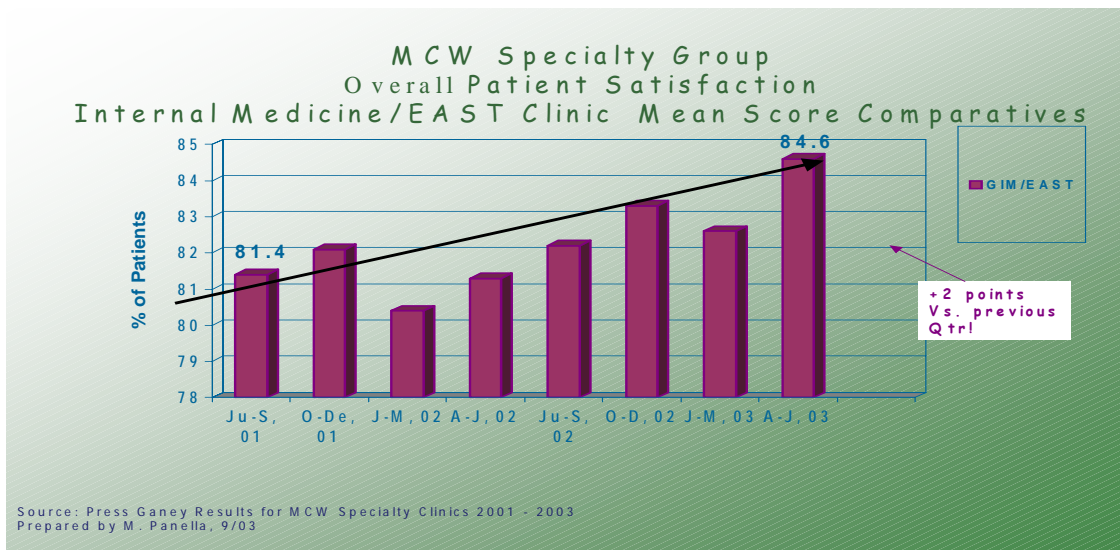
### A. Clinic Operations

#### 2000 - present

- Reorganized clinic infrastructure to improve clinic work flow, patient satisfaction and access to care.
  - Developed protocols for clinic staff duties, patient calls and physician responsibilities.
  - Redesigned nurse and telephone triage to improve quality of care.
- Improved documentation with redesigned progress note to assist in resident supervision.
- Implemented “Advanced Access”: patient is scheduled to be seen by their doctor in the same week when the patient calls.

#### *Evidence Highlighting Progress in Improved Clinic Operations*

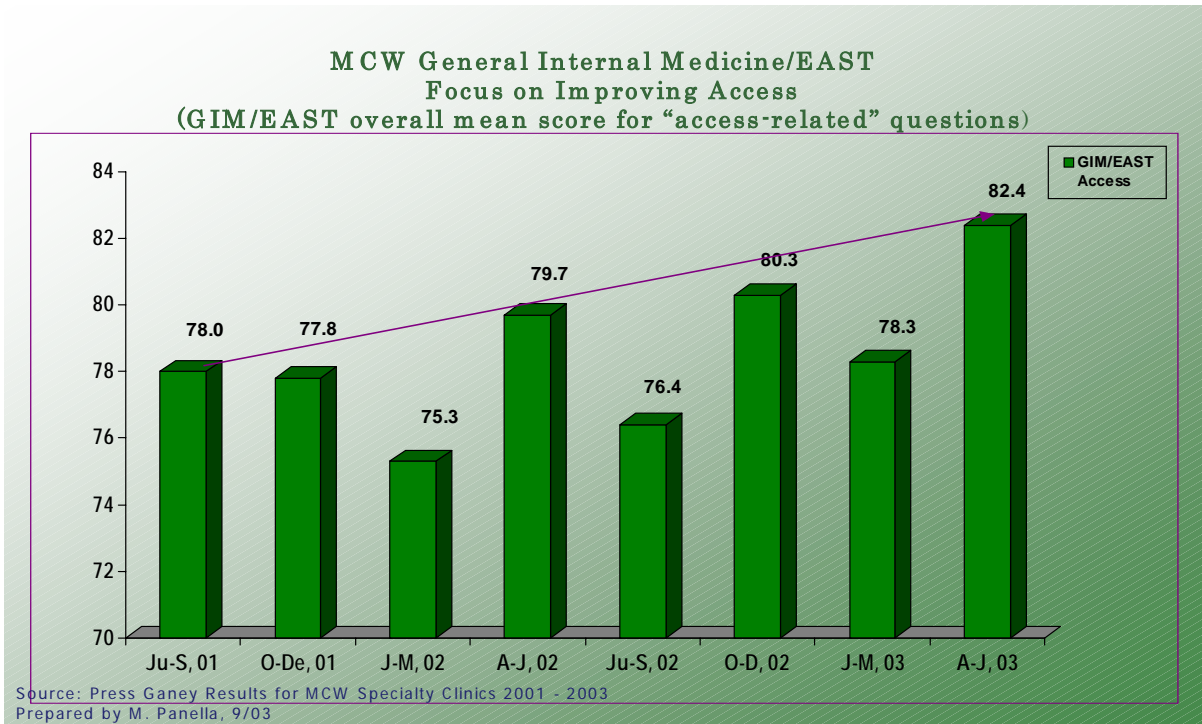
### Evidence: Press Ganey Survey on Overall Patient Satisfaction



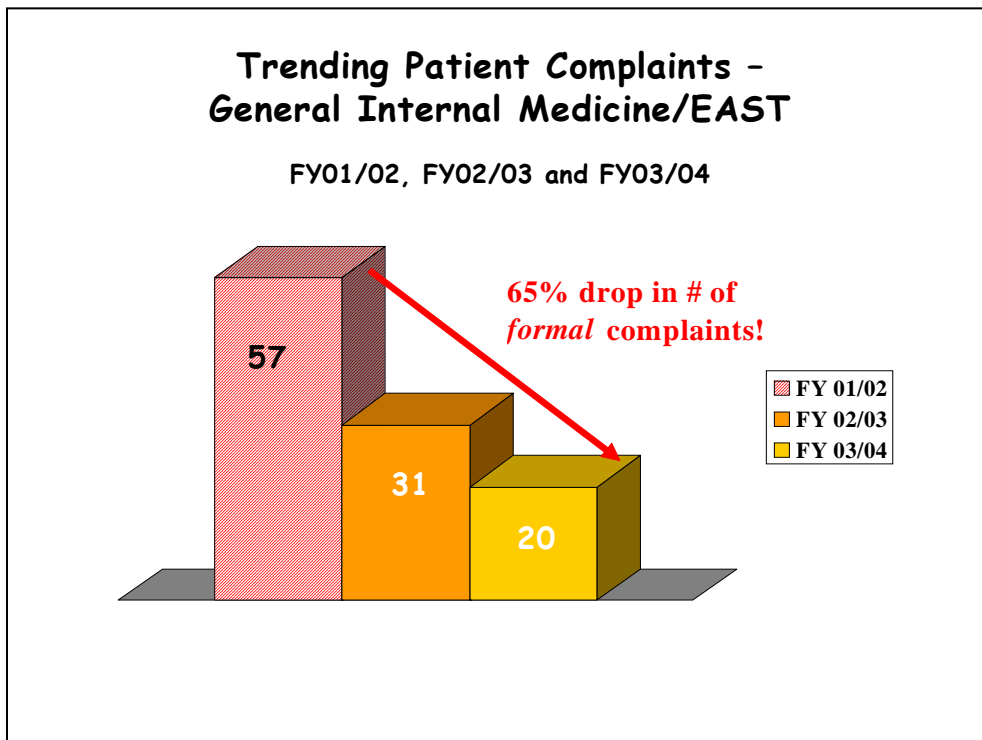
*Recognition by MCW Clinical Practice Group for achieving significant improvement in patient satisfaction score.*

- One of 12, out of 39 MCW clinics, to achieve 2 point mean score improvement in Press Ganey Survey.
- The only Internal Medicine care clinic among 4 Internal Medicine clinics to achieve this goal over 4 quarters.

## Evidence: Press Ganey Survey on Improving Access to Care



## Evidence: Trend in Patient Complaints at MCW *Patient Complaints Significantly decreased in 2003*



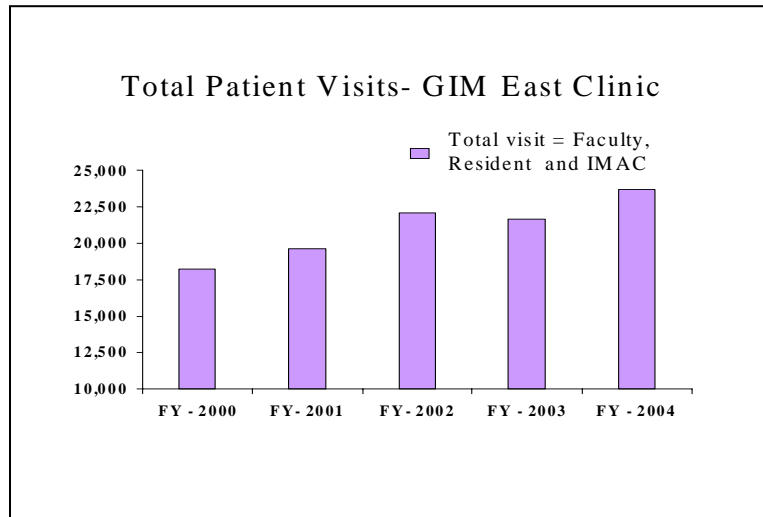
## B. Physician Productivity

- 2001 • Created Web based templates to improve physician patient communication
- 2002 • Standardized physician appointments which generated more clinic visits and improved access
- Redesigned the progress note and streamlined paperwork, which improved both documentation and billing.

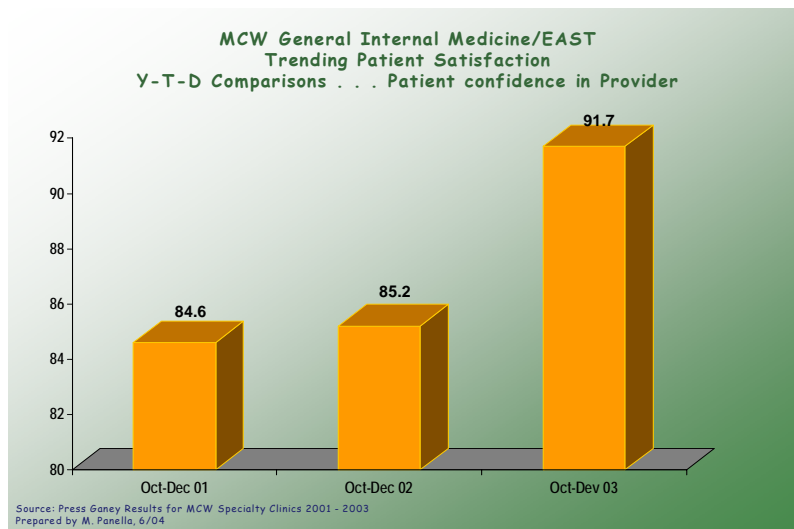
### Evidence: Total Patient Visits at GIM East Clinic

*Patient Visits considerably increased from 18,000 to around 22,000 from 2000 to 2003.*

- Overall, a 35% increase in visits noted over the three years despite change in faculty and resident work hours



### Evidence: Press-Ganey Survey on Patient Confidence in Provider at GIM East Clinic



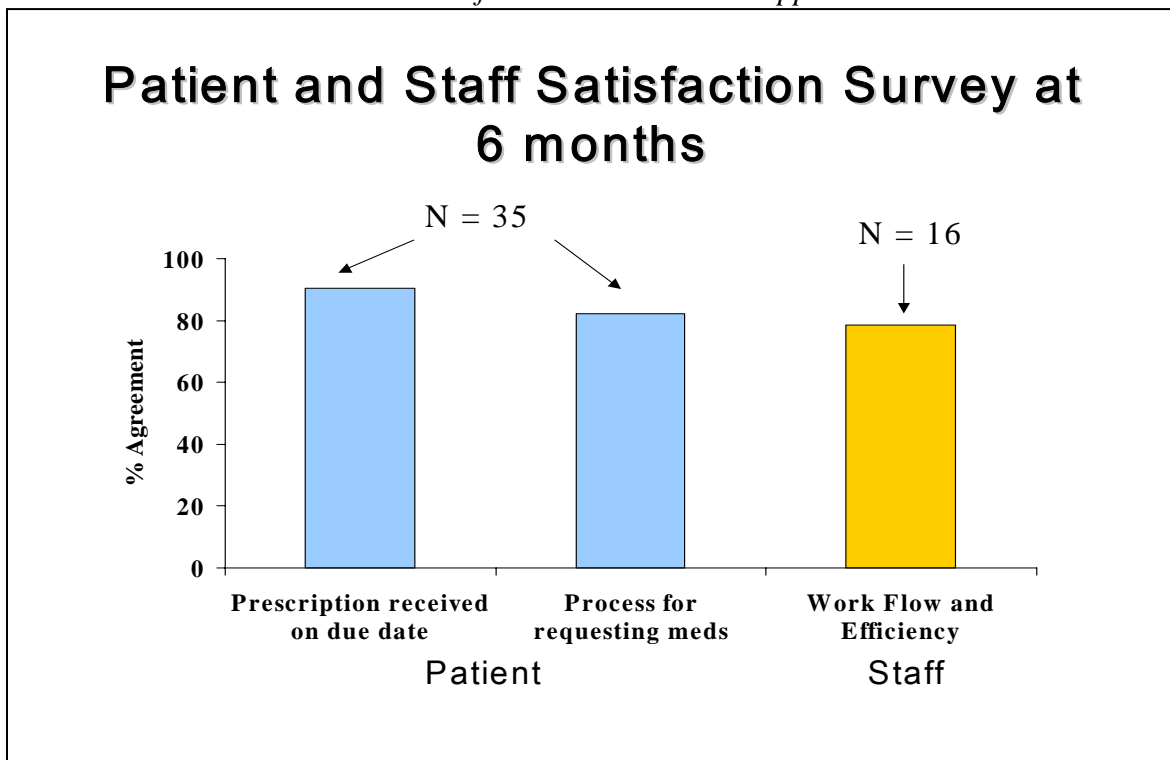
## C. Innovations in Practice Management

### 1. Innovation in Disease Management – Chronic Pain

- 2000**
- Implemented a “Contract Agreement” process for medication management of patients with chronic pain. > 200 patients on contract for their medications for chronic pain.
  - Management principles and process discussed with residents and Faculty periodically, and documented in Resident handbook.
- 2002**
- Designed a novel approach for prescription pick-up of contract medications.
  - Marked improvement in both patient and staff satisfaction.

#### Evidence: Patient and Staff Satisfaction Surveys

*Over 80% satisfaction with the novel approach*



## Section II: Excellence in Education

### A. Resident Education

1. Ambulatory
2. Inpatient

#### 1. Ambulatory Resident Education

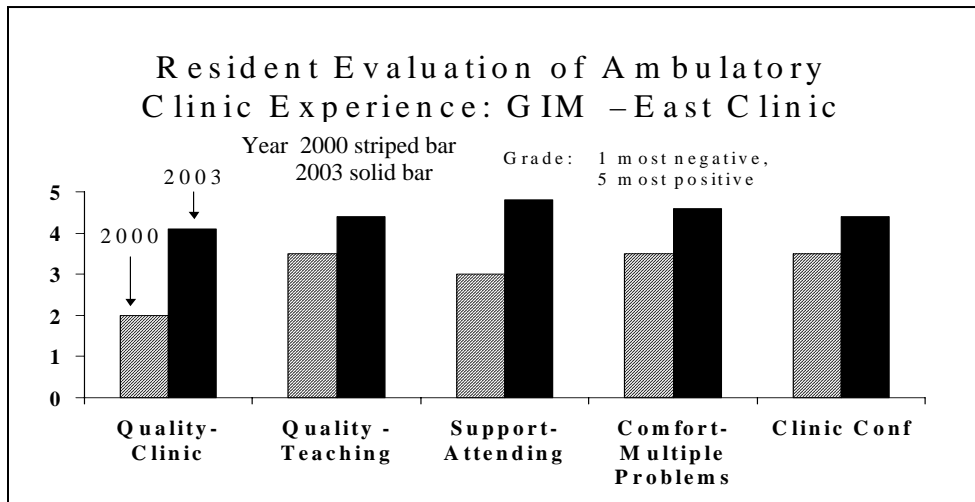
Curriculum Initiatives:

Created a 3-year core curriculum for ambulatory / outpatient resident education consistent with ACGME competencies which include:

- Weekly didactic clinic conference
- Clinical Practice Guidelines
- Patient handouts
- Preventive Care Guidelines
- Resident Handbook prepared yearly
- Residents' Corner: to advance critical thinking skills and incorporate practice-based medicine.

#### Evidence: Residents' Evaluation of GIM Ambulatory Clinic Experience

*Overall Quality of Clinic Experience and Teaching were very highly rated*



#### ✦ Representative Resident Comments (2002-2003)

##### *Clinic Conference*

- “I like the format of clinic conference as is. I like the topics that cover issues not typically seen so we get exposure to those as well. i.e.? STD’s.”
- “I like Residents presenting topics.”

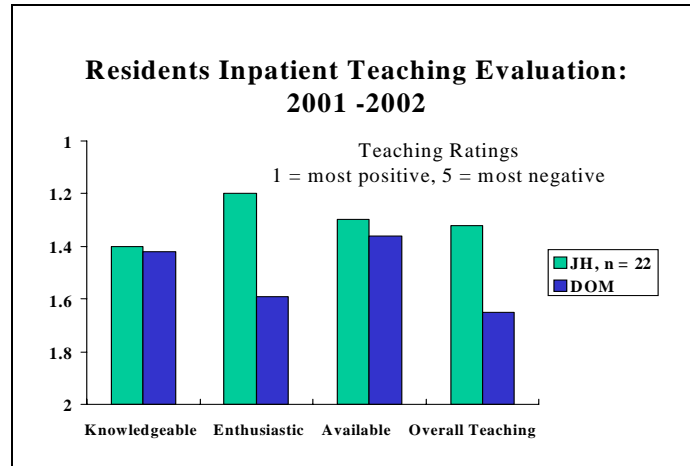
#### 2. Inpatient Resident Education

**Clinical Preceptor:** Inpatient rotation, 3-5 residents per 2 week rotation, 4 times a year. Supervise and teach bedside exam skills, interpersonal interactions, management of an ill adult patient using critical thinking skills and evidence based, and enhance skill at personal time management.

## Resident: Inpatient Teaching Evaluation 2001 - 2003

### **Evidence: Resident Teaching Evaluation (2001-2002)**

Teaching effectiveness rated highly compared to all Department of Medicine Preceptors

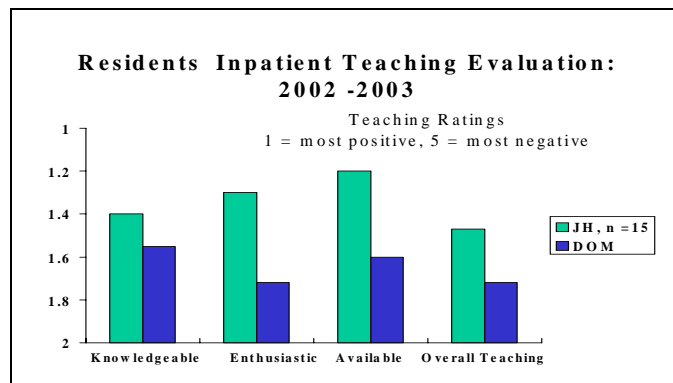


#### ✦ Representative Resident Comments (2001-2002)

- “Easily one of the best attendings I have ever worked with.”
- “Very enthusiastic, always a joy to work with.”
- “Energetic, gives good teaching points.”

### **Evidence: Resident Teaching Evaluation (2002-2003)**

Teaching effectiveness rated highly compared to all Department of Medicine Preceptors



#### ✦ Representative Resident Comments (2002-2003)

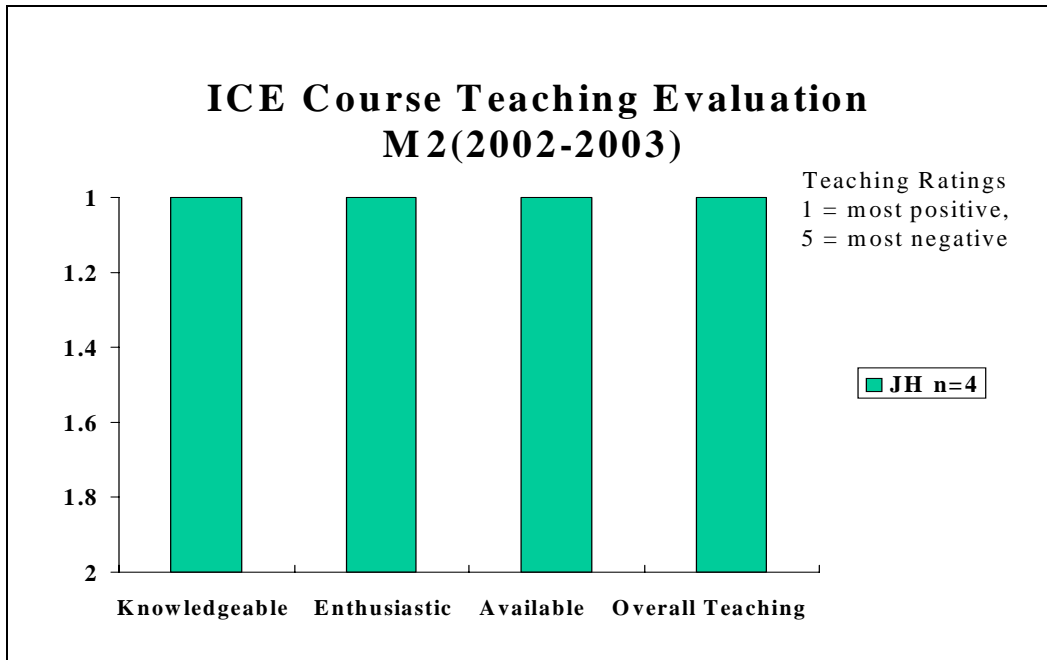
- “Overall very effective clinical teaching style and great patient interaction.”
- “Excellent staff provides ample resident/intern autonomy.”
- “Integrates art of medicine into clinical practice. Thoroughly enjoyed working with her.”
- “Clearly enjoys her role as physician and educator.”

## B. Medical Students

Actively teach medical students in required courses/rotations from M2-4 years (ICE, M3 Medicine, M4 Medically Oriented Sub Internship) and M4 Integrated selectives (Master Clinician).

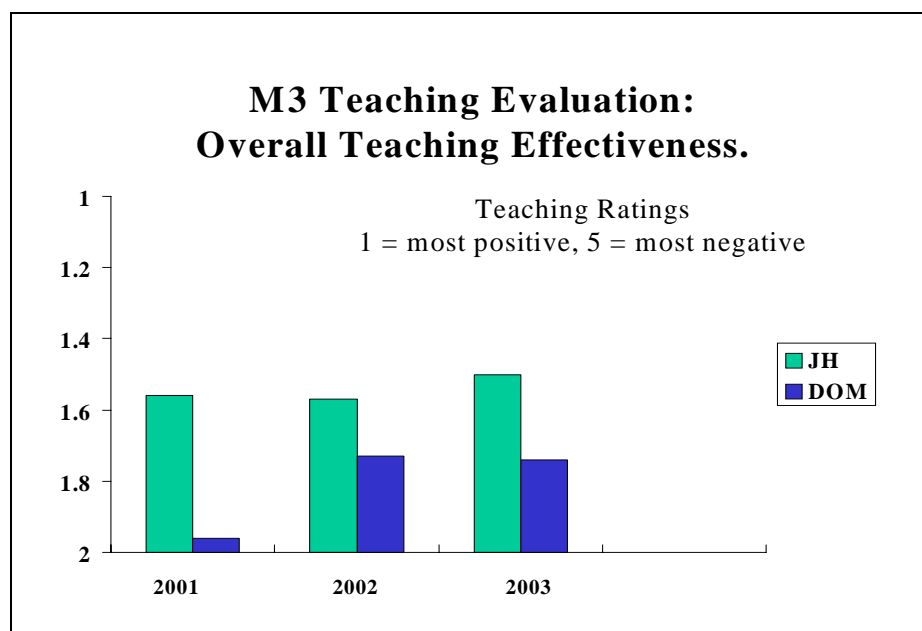
### Evidence: M2 Students, ICE Course Evaluation (2001-2003)

*Excellent rating in all areas evaluated*



### Evidence: M3 Students, Teaching Evaluation (2001-2003)

*Overall Teaching Effectiveness rated very highly compared to all DOM preceptors*



## **C. Regional/National Presentations to Peers**

**(KEEP for consideration )**

### **2. Scholarly Dissemination**

#### **Regional & National Presentations (2003-present)**

- 2-3 Regional presentations/year on clinical topics to practicing physicians
- 1-2 national presentations per year on education and innovations in clinic management

SGIM data..