

Teaching Portfolio

Jeff Wiese, MD, FACP

Professor of Medicine, Tulane University Health Sciences Center



SECTION 1: BIOGRAPHY

Jeffrey G. Wiese, MD, is a Professor of Medicine with Tenure, and the Senior Associate Dean for Graduate Medical Education at the Tulane University Health Sciences Center. He is also Associate-Chairman of Medicine, the Chief of the Charity Medical Service and the Director of the Tulane Internal Medicine Residency Program. He has also served as the course director for the Clinical Diagnosis, Biostatistics, Advanced Internal Medicine, and Medical Education courses.

Dr. Wiese attended Johns Hopkins School of Medicine, where he received his medical degree in 1995. He completed his residency in internal medicine, chief residency and a medical education fellowship at the University of California at San Francisco. He has been on faculty at Tulane since 2000.

Dr. Wiese has devoted much of his career to teaching and educational research, winning over 50 teaching awards, and logging over 18,000 hours of teaching time. Among his most notable awards: a six-time winner of Tulane's Attending of the Year Award, Society of Hospital Medicine' Education Award, ACGME's Parker Palmer Courage to Teach Award, the AAMC's Robert J. Glaser Distinguished Teacher Award, the ACP's Walter J. McDonald Award, and the Society of General Internal Medicine's Mid-Career Mentorship Award.

Dr. Wiese has written over 100 articles, books, or book chapters and has made over 300 presentations to national and international audiences. He has mentored over 200 student and resident presentations at national meetings. He serves on the Board of Regents for the American College of Physicians, and the ABIM Council; he is the Chair of the ABIM Hospital Medicine MOC Committee. He has been a board member for the Society of Hospital Medicine, The Association of Program Directors in Internal Medicine, and The Association of Subspecialty Professors. During his tenure as president of the Society of Hospital Medicine, he was instrumental in enacting the Academic Hospitalist Academy and the Quality and Safety Educators Academy. As the chair of the ABIM hospital medicine committee, he has been instrumental in developing the Focused-Practice Hospital Medicine Maintenance of Certification pathway.

Dr. Wiese was the pioneer in introducing hospital medicine to Charity Hospital in 2000, writing the \$1.2 million per year hospitalist grant that continues to support hospitalists at Charity today. He has been actively involved in redesigning graduate medical education; his innovations such as the "academic half day curriculum" and the "4+1 residency model of training" have become widely adopted by residency programs across the US. He is the primary investigator for two HRSA grants, providing over three million dollars in support for improving transitions-of-care for vulnerable patient populations. Over the next ten years, Dr. Wiese will bring in over thirty-seven million dollars of additional support for Tulane's GME infrastructure.

SECTION 2: PERSONAL PHILOSOPHY OF TEACHING AND LEARNING

Medicine is about the ability to perform... the ability to take intellectual knowledge and put it in act for the benefit of the patient. What a student knows is immaterial if he or she is unable to put the knowledge into action. Where teaching is about the dissemination of knowledge, coaching is about enabling performance. My philosophy of teaching is not to teach, but to coach. Teaching provides knowledge; coaching enables performance.

In the Teaching Teaching (Coaching) class offered to fourth-year students and residents, I begin with asking the students to recognize the four developmental phases of a teacher:

1. Phase 1: After years of struggling with a clinical topic, the teacher seeks to prove to himself that he has finally gained mastery of the topic. This teacher's lectures are full of details and proceed at a blistering pace. The goal is not for the students to learn or use the material, but rather to be a witness to the teacher's self-driven desire to prove mastery of the topic. The focus is on the teacher's ego, not the students' ability to perform.
2. Phase 2: Along the way, the teacher receives approbation from her students. The approbation becomes her primary motivation for teaching. Like an artist who has sold out to the popular media, the teacher begins to think less about what the student needs to perform (her art), and more about what will make the student happy. While student satisfaction is important, the teacher is at risk for abandoning important lessons in lieu of popularity. The focus is on the teacher's ego, not the students' ability to perform.
3. Phase 3: The teacher discovers that awards are given for teaching, and these awards are important for promotion and pay. The teacher's motivation is for his personal gain, not for the student's performance. The risk of popularity driving the teacher's agenda seen in phase II is increased. The focus is on the teacher's personal gain, not the students' ability to perform.
4. And then there is Phase 4, where the teacher becomes the coach. Whether recognition or popularity come his way, his focus is undistorted: he is driven by a vision of turning the corner of a hospital ward one day, and seeing a former student doing the right thing for a patient, because of something he had taught him. The focus is on the student's ability to perform; the coach is content to be anonymous.

My father was a prolific coach, and while he has not been a part of my life for twenty years, I do remember this important lesson of coaching: to establish greatness in a player, you must begin early in his career, and you must give of yourself completely to ensure his development along the way. In my teaching career, I have been through all four levels, and still I struggle with keeping myself from being swayed by popularity and concerns for my career (phase II and III). When it is all said and done, it is my wish that my coaching career will be characterized by my father's first principle: I want to be able to say that I devoted all elements of myself to the development of my students; my success will be measured by students' ability to perform. I wish too that I can find peace with this goal, such that I am content with no recognition of my efforts, save the satisfaction of knowing that the world is a better and healthier place because of what I enabled my students to do.

Perhaps this narrative will give you an idea of how I have tried to accomplish this goal, for even though the different courses I teach seem disparate, there is a common vision that holds them all together.

I evoke the idea of coaching and teams not only because I think it is a better paradigm for an educational venture with performance as its ultimate goal, but also because at the end of all training, medicine is about being a part of a team. I think this team philosophy that underlies each of my courses and teaching ventures not only makes for better physician “players,” but more importantly, it makes for better physician “team players.”

SECTION 3: TEACHING RECOGNITIONS

2009 Society of General Internal Medicine Mentorship Award

2008 Arnold Drapkin Memorial Award

2008 Leonard Tow Humanism in Medicine Award

2008 Arnold Gold Humanism in Medicine Award

2007 President's Award for Excellence in Teaching; Graduate Teacher of the Year

2007 Walter J. McDonald Award for Outstanding Achievement (ACP)

2007 Tulane Student Advocate Award

2007 Tulane Outstanding Faculty/Class Sponsor

2006 Alpha Omega Alpha Robert J. Glaser Distinguished Teacher (AAMC)

2006 Parker Palmer Courage to Teach Award (ACGME)

2006 Category 5 Award: 5 Professors Instrumental in Tulane's Recovery

2006 Tulane Third-Year Outstanding Professor

2006 Alpha Omega Alpha Distinguished Teaching Award; Tulane

2005 Society of Hospital Medicine Excellence in Teaching Award (SHM)

2005 Induction into the Tulane Teaching Scholars Academy (one per year)

2005 Tulane Fourth-Year Outstanding Professor

2005 Tulane Outstanding Course: Advanced Internal Medicine

2005 Tulane Third-Year Outstanding Professor

2005 Tulane Second-Year Outstanding Professor

2004 Virginia Furrow Award for Medical Innovation

2004 Tulane Outstanding Faculty/Class Sponsor

2003 Alpha Omega Alpha Distinguished Teaching Award; Tulane

2003 Tulane Course of the Year: Clinical Diagnosis

2003 Tulane Third-Year Outstanding Professor

2003 Tulane Second-Year Outstanding Professor

2003 Tulane Internal Medicine Residency Faculty of the Year

2002 Homulsky Award (SGIM)

2002 Tulane Outstanding Faculty/Class Sponsor

2002 Tulane First-Year Outstanding Professor
2002 Tulane Second-year Outstanding Professor
2002 Tulane Third-Year Outstanding Professor
2002 Tulane Fourth-Year Outstanding Professor
2001 Young Researcher Award, American Federation of Medical Research
2001 Tulane Third-Year Outstanding Professor
2001 Tulane Fourth-Year Outstanding Professor
2001 Graduate & Professional School Student Government Teacher of the Year
2001 Tulane Internal Medicine Residency Faculty of the Year
2000 UCSF Teacher of the Year; Clinical Faculty
2000 Outstanding Small Group Instructor, UCSF
1999 Outstanding Small Group Instructor, UCSF
1999 Alpha Omega Alpha Teaching Award: UCSF
1998 Outstanding Clinical Preceptor; UCSF
1998 Outstanding Small Group Instructor, UCSF
1997 Keith Johnson Award; Outstanding Teaching Resident, UCSF

SECTION 4: LEADERSHIP IN MEDICAL EDUCATION

A. NATIONAL SERVICE

1. Committee Chairman; American Board of Internal Medicine Hospital Medicine Certification Committee
2. Course Director: Teaching Hospitalist Educators (THE) Course; SHM 2008
3. Board of Directors; Association of Program Directors in Internal Medicine; 2007 to 2010
4. Board of Directors; Society of Hospital Medicine; 2006-2008
5. ACP, SGIM, ASP, SHM Joint Task Force of Internal Medicine Recruitment; 2006
6. ABIM Task Force on Ambulatory and Hospital Medicine Certification; 2006-2007
7. National Meeting Planning Committee: Society of General Internal Medicine; 2007
8. Chairman, National Society of Hospital Medicine Critical Care Course; 2004
9. Chairman, National Clinical Vignette Review Committee; SGIM; 2004
10. National Meeting Planning Committee: Society of General Internal Medicine; 2004
11. National Meeting Planning Committee: Society of Hospital Medicine; 2004
12. Chairman, Clinical Medicine Review Committee; SGIM; 2003
13. Society of Hospital Medicine Southern Regional Council; 2003-2004
14. Society of Hospital Medicine Education Committee; 2002-Present
15. Chairman, National SAE Men's Health Committee; July 1, 2000- July 2002
16. Host and Curriculum Director; Louisiana & Mississippi ACP Meeting; 2003, 2005, 2007, 2009
17. Faculty; Association of Program Directors in Internal Medicine; 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009
18. Vignette Review Committee; Society of General Internal Medicine; 2002-2004
19. Abstract Review Committee; Southern Society of General Internal Med.; 2001-2003
20. Vignette Review Committee; Southern Society of General Internal Medicine; 2000-2003

B. UNIVERSITY SERVICE

1. Tulane

- a. Secretary, Tulane General Medical Faculty. 2008-2009
- b. Parliamentarian; University Senate; 2007 to Present
- c. Tulane University Senate; 2006-2008
- d. General Clinical Research Center Oversight Committee; 2006-2008
- e. Chairman T3-T4 curriculum committee; 2005-2008
- f. Medical Education Management Team; 2005- present
- g. Student Academic Progress Committee; 2003- present
- h. Curriculum Committee; 2002-2005
- i. Institutional Review Board, 2002-2008
- j. Tulane Housestaff Appeals Board (dean's appointment) 2003- 2005
- k. Institutional Graduate Medical Education Advisory Committee (IGMEAC) 2002-2005
- l. General Competencies and Outcomes Assessment Committee
- m. T2 curriculum committee; 2002- 2008
- n. SCOPE Advisory Committee; 2001-present
- o. Curriculum Review Committee; Pharmacology 2000-2001

- p. Medicine clerkship review committee 2000-present
- q. Resident review committee; 2000-2002

2. Charity and University Hospitals (MCLNO)

- a. Task force for the VA/MCLNO collaborative hospital design; 2006-present
- b. Clinical Opportunities Study Group Commission (LSU, Tulane,VA)- 2006
- c. MCLNO Hospital Planning Commission; 2003-Present
- d. President, MCLNO medical faculty 2004-2006
- e. Vice-president, MCLNO medical faculty 2002-2004
- f. Utilization Management Committee; 2002-2004
- g. Executive committee; Charity Hospital; 2000-present
- h. Credentials committee; Charity Hospital; 2000-present
- i. Quality assurance committee; Charity Hospital; 2001-present
- j. Ethics committee; Charity Hospital; 2000-present
- k. Information and technology committee; 2003-present
- l. Pain management committee; Charity Hospital; 2003- present
- m. Tissue Labeling and Processing committee; Charity Hospital; 2003- present
- n. EMTALA committee 2001-2002
- o. Chairman; Root cause analysis/ JCHO Committee; 2001-2002
- p. Operational excellence committee; Charity & University Hospital; 2000-present
- q. MCLNO medical faculty parliamentarian 2002-present
- r. Tulane-LSU joint internal medicine committee; 2000- present

C. VISTING PROFESSORSHIPS

1. University of Missouri, Kansas City AOA Visiting Professor; 2010
2. University of Minnesota; 2009
3. NIH Student Education Visiting Professor; 2009
4. Baylor University; 2009
5. Miami University; 2009
6. Mt. Sinai; 2008
7. Tufts University; 2008
8. University of Mississippi; 2008
9. Legacy Health System; Portland, Oregon; 2008
10. University of Alabama Birmingham; 2008
11. University of Alabama; Montgomery; 2008
12. University of Texas, Houston; 2008
13. St. Luke's-Roosevelt Hosp Center, NYC; 2008
14. Washington University, St. Louis; 2008
15. Texas A&M University, 2007
16. Medical University of South Carolina 2007
17. University of Virginia, 2007
18. Ohio State University, 2007
19. Brigham and Women's Hospital/ Harvard Medical School 2007

20. Legacy Health System; Portland, Oregon; 2007
21. Univ. of Chicago 2007
22. Chicago Medical School AOA Visiting Professor; 2007
23. Univ. of Iowa; 2007
24. Lehigh Valley Hospital, 2007
25. University of Indiana, 2006
26. University of California, Davis 2006
27. University of Michigan, 2006
28. Temple University, 2006
29. University of California, San Francisco, 2005
30. University of Texas, Galveston 2002
31. University of California, San Francisco, 2002
32. Ohio State University; 2001

D. JOURNAL REVIEWER

1. Journal of General Internal Medicine, 2003- present
2. American Journal of Medicine, 1998 – present
3. Editorial Board, American Health Consultants, 2000-2005
4. Internal Medicine Alert, 2000-2005
5. Seminars in Medical Practice, 2003- present
6. Teaching and Learning, 2004-present
7. Addiction; 2002- 2005
8. Alcohol and Alcoholism, 2002-2005

E. MEMBERSHIPS AND OFFICES IN PROFESSIONAL SOCIETIES

1. Society of General Internal Medicine
2. ACGIM
3. Society of Hospital Medicine
4. American College of Physicians (Fellow #1038886)
5. Association of Program Directors in Internal Medicine
6. American Medical Association (Member #02307951625)
7. Southern Society of Clinical Investigation
8. American College of Physician Executives
9. American Federation for Clinical Research
10. New Orleans Academy of Internal Medicine
11. Louisiana Sate Medical Society

SECTION 5: TEACHING AND LEARNING RESPONSIBILITIES

- See teaching log (Section 11) for details on individual lectures

COURSE DIRECTORSHIP

- Course Director; Clinical Diagnosis Course; 2001-2008
- Course Director; Biostatistics; 2001-2008
- Course Director; Advanced Internal Medicine Course; 2001-present
- Course Director; Clinical Teaching Course; 2001-present
- Course Director; Research in Internal Medicine; 2001-present
- Course Director; Medical Art and Observation Training; 2002-2005
- Assoc. Clerkship Director & Curriculum Director: Third-Year Medicine Clerkship (Tuesday School)
- Program Director; Tulane Internal Medicine Residency Program
- Curriculum Director; Tulane Friday School Curriculum
- Curriculum Director; Fellowship Core Conference Curriculum

ADDITIONAL TEACHING

- Professor's Rounds, Charity Hospital (MSIII) 2000-present (one hour/ week)
- Professor's Rounds, Charity Hospital (MS IV) 2000-present (one hour/ week)
- Preceptor; Charity Hospital medical clinic; 2000-2005
- Preceptor; Charity morning report (daily) ; 2000-present
- Interdisciplinary course instructor; weekly; 2000-2003
- Foundations of Patient Care physical exam instructor; 1998- 2002
- Foundations of Patient Care group leader; 1998-2000

CLINICAL TEACHING

Attending physician; Charity Hospital:

- 2000 August, October
- 2001 March, July, August, September
- 2002 March, April, June, July, August, September
- 2003 March, May, June, July, August, September
- 2004 March, June, July, September
- 2005 March, June, July, August
- 2006 November, December
- 2007 January, February, March, May, July, September
- 2008 May, July, September

Medical Consultation Attending: Charity Hospital:

- 2000 August, December
- 2001 January, April, August, October, November
- 2002 January, March, April, June, July, August, September
- 2003 January, March, April, June, July, August, September
- 2004 January, March

- 2006 June, August, October, December
- 2007 July, August, September
- 2008 May, July, September

Faculty

- Curriculum Director; Tulane Medicine Grand Rounds Curriculum
- Graduate Medical Education Faculty Development Curriculum

National Curricular Efforts

- Program Director, LA-MS ACP Annual Conference
- Faculty; American College of Physicians National Meeting
- Faculty; Society of General Internal Medicine National Meeting
- Faculty; Society of Hospital Medicine National Meeting
- Visiting Professorships (22); See above

SECTION 6: EDUCATIONAL PUBLICATIONS

(other publications removed)

A. ARTICLES

1. Rigby PG, Braun K, Hilton C, Pinsky W, Wiese JG, Chesson A, Guidry J. The Medical Education Commission Report 2007: GME is Recovering from Katrina. *J La State Med Soc.*, 161(1): 32-40.
2. Wiese JG. Accounting to the Public through Focused-Practice Certification. *Virtual Mentor*. Dec. 2008, Vol. 10, No. 12:797-800
3. Wiese JG. Dispensing with Noon Conference: The Friday school alternative to a residency core curriculum. *Academic Medicine* (Under Review)
4. Wiese JG. Beginning with the end in mind: Hospital Medicine Electives. *Jo Gen Intern Med*. 2008. xxx(v):pp-pp.
5. Wiese JG Leadership in Graduate Medical Education: Eleven Steps Instrumental in Recovering Residency Programs Following a Disaster. *American Journal of Medical Sciences*; 2008, 336(2):168-173.
6. Bagatelle S, Wiese JG. The Elite Code Grey Team: A New Model for Residency Preparedness and Training in Advance of a Disaster. *American Journal of Medical Sciences*; 2008, 336(2):174-178.
7. Wiese JG, Jaffer A. A New Home Awaits the Hospitalist. *Journal of Hospital Medicine*. 2007; Vol 2(1): 4-5
8. Wiese JG. Making SOAPS SAFER: An Outline for Teaching Students How to Perform the Oral Case Presentation. *The Portal of Geriatric Online Education*. October 24, 2006.
9. Wiese JG, Holman R, Updates in Hospitalist Medicine, *Annals of Internal Medicine*, 2006; xxx(v):pp-pp.
10. Hauer KE, Teherani A, Wiese JG; Fenton CL. A strategy to standardize the learning of core clerkship objectives. *Advances in Health Sciences Education* 2003; 8: 213-221.
11. Wiese JG, Saint S, Tierney L; The spoken case presentation: issues and recommendations. *Seminars in Medical Practice*. 2002; 5(3): 29-37.
12. Wiese JG, Varosy P, Tierney L; Improving oral presentation skills with a clinical reasoning curriculum: a prospective, controlled study. *American Jo Med*. 2002; 112: 5-12.
13. Mihalopoulos N, Khan A, Wiese JG; Influenza: recommendations and public health strategies; *La Med Jo*, 2001; 153: 596-602.
14. Wiese J, The Rational Physical Examination; The Abdominojugular Reflux, *American Jo Med* 2000; 16; 76-80.
15. Saint S, Wiese J, Amory J, Bernstein ML; Lack of Physician Awareness of Urinary Catheters in their Patients: Ignorance is not bliss, *American Jo Med*, 2000; 16; 476-478.
16. Wiese J; Didwania A; Kerzner R; Chernow B; Use of different

B. BOOKS:

1. Wiese JG (editor) Textbook of Hospital Medicine; McGraw Hill Publishing. (IN PROGRESS)
2. Wiese JG (editor), Teaching in Hospital Medicine; ACP Publishing. (IN PROGRESS)
3. Wiese JG. The Answer Book: A Guide to the Clinical Wards, Lippincott, Williams & Wilkins, New York, NY, 2005. (680 pages)
4. Puschett J, Wiese JG, Kahn M, (Editors). Biotest Study Aids in Internal Medicine, 2002. (300 pages)
5. Wiese JG, Values In Conflict: The Lincoln-Douglas Debate; Kansas City; Clark Publishing, 1991.

C. BOOK CHAPTERS:

1. Wiese JG, The Patient History: Evidence Based Approach. Edema. Lange, 2004.
2. Wiese JG, The Patient History: Evidence Based Approach. Gait Disorders. Lange, 2004
3. Wiese JG, Infectious Disease in the Emergency Department. Pharyngitis. McGraw Hill, 2005.
4. Wiese JG, Biotest Study Aids in Internal Medicine; General Medicine; 2004.
5. Parekh N, Wiese JG, Biotest Study Aids in Internal Medicine; Ophthalmology; 2004.
6. Wiese JG (Reference editor). In Tierney LM, McPhee SJ, Papadakis MA (Ed): Current Medical Diagnosis and Treatment (38th Edition). Appleton & Lange, 1997.
7. Wiese JG, Saint-Francis Guide to Outpatient Medicine; Chapter 29: Wrist injuries. Lippincott Williams & Wilkins, Baltimore, Maryland, 2000.

D. PUBLICATIONS IN PREPARATION

1. Guidry M, Toprani A, Wiese JG. A decision analysis of the financial benefit to patients of "free" pharmaceutical samples.
2. Khot S, Wiese JG. The Yellow Berets
3. Pollack A, Fernandez C, Wiese JG. Parametric auscultation
4. King D, Rosen D, Kahn A, Wiese JG. Quantification of peripheral edema
5. Wiese JG. Cougar; A curriculum to observe underachievers and give assisted remediation.
6. Choe, E, Wiese JG. Assessing a teaching teaching elective.
7. Davidoff S, Wiese JG, Assessing a clinical problem solving innovation.
8. Gambala C, Lyons C, Wiese JG. Using fine art to improve observation

SECTION 7: REGIONAL, NATIONAL, & INTERNATIONAL PRESENTATIONS

A. PEER-REVIEWED ORAL PRESENTATIONS

1. Wiese JG, Mechaber A, Mechaber H, Instructing students and residents in interview skills and constructing the curriculum vitae. Society of General Internal Medicine, Pittsburgh, PA. April 2008
2. Wiese JG, Clinical Coaching. Society of Hospital Medicine, San Diego, CA. April 2008
3. Wiese JG, Ten Advanced Organizers. Society of Hospital Medicine, San Diego, CA, April 2008
4. Wiese JG, Mentoring Skills. Society of Hospital Medicine, San Diego, CA, April 2008
5. Wiese JG, Clinical Coaching. Society of General Internal Medicine, Pittsburgh, PA. April 2008
6. Wiese JG, Dressler D, McKean S, Integrating the Society of Hospital Medicine Core Competencies into Residency Training. American College of Physicians, San Diego, CA. April 2007
7. Wiese JG, Mechaber A, Mechaber H, Instructing students and residents in interview skills and constructing the curriculum vitae. Society of General Internal Medicine, Toronto, Canada. April 2007
8. Wiese JG, Clinical Coaching. Society of Hospital Medicine, Dallas, TX. April 2007
9. Wiese JG, Price E, Friday school: a novel curricular alternative to noon conference. Association of Program Directors in Internal Medicine, New Orleans, LA. Oct. 2006.
10. Wiese JG, Price E, Disaster Preparedness for Residency Programs. Association of Program Directors in Internal Medicine, New Orleans, LA. Oct. 2006.
11. Wiese JG, Clinical Coaching. Society of Hospital Medicine, Chicago, IL. April 2006
12. Guidry M, Toprani A, Wiese JG. Providing pharmaceutical samples: a cost-effective analysis. Society of General Internal Medicine. New Orleans, LA. May 2005.
13. Wiese JG, Baker EA, Cifu AS, Riddle JM, Uchida T. Identification and remediation of problem medical students in the clinical years. Society of General Internal Medicine. New Orleans, LA. May 12, 2005
14. Wiese JG, E Green, Designing a spoken case presentation curriculum using the iterative hypothesis. Society of General Internal Medicine. New Orleans, LA. May 12, 2005
15. Wiese JG, E Green, Designing a spoken case presentation curriculum using the iterative hypothesis. Association of Program Directors in Internal Medicine, Nashville, TN. Oct. 15, 2004.
16. Wiese JG, B Sharp, E Green, Designing a spoken case presentation curriculum using the iterative hypothesis. Society of General Internal Medicine. Chicago, IL. May 12, 2004.
17. Wiese JG, Lyons C, The effect of a fine art curriculum in improving observational skills. Society of General Internal Medicine. Chicago, IL. May 12, 2004.
18. Wiese JG, Aliota J, The use of an on-line sign-out system to track resident work hours. Association of Program Directors in Internal Medicine, Washington, D.C., Oct 2003
19. Wiese JG, Shlipak MS, The effect of *Opuntia ficus indica* on thromboxane production during the alcohol hangover. Society of General Internal Medicine. Atlanta, Ga. May 4. 2002.
20. O'Conner C, Wiese JG, Relating the cognitive impairment of the alcohol hangover to that of alcohol intoxication. Society of General Internal Medicine. Atlanta, Ga. May 4. 2002.
21. Wiese JG, Shlipak MS, Using previously validated measures of cognitive impairment to assess the severity of the alcohol hangover. Society of General Internal Medicine. Atlanta, Ga. May 4. 2002.

22. Wiese JG, Elevation of thromboxane B2 and C-reactive peptide with the alcohol hangover. Society of General Internal Medicine. May 3, 2002.
23. Wiese JG, The effect of the alcohol hangover on electrolytes and cortisol, Society of General Internal Medicine. May 3, 2002.
24. Wiese JG, Shlipak MS, Cognitive impairment in the alcohol hangover. American Federation of Medical Research. New Orleans, La. Feb. 2002.
25. Wiese JG, Shlipak MS, The effect of *Opuntia ficus indica* on the severity of the alcohol hangover. American Federation of Medical Research. New Orleans, La. Feb. 2002.
26. Hauer KE, Wiese JG, Fenton CL, A strategy to improve and standardize students' learning of core clerkship objectives. Clerkship Directors in Internal Medicine. Oct 13, 2000.
27. Wiese JG, Remediation of Problem Students: A prospective evaluation. Southern Society of General Internal Medicine. March 2, 2001.
28. Wiese JG, A prospective evaluation of a curriculum to observe underachieving students and give assisted remediation. (COUGAR) American Program Directors in Internal Medicine. Oct 13, 2000.
29. Wiese JG, Varosy P, Tierney L, Improving oral presentation skills with a clinical reasoning curriculum: a randomized, controlled study. Society of General Internal Medicine. May 5, 2000.
30. Wiese JG, A curriculum to observe underachieving students and give assisted remediation. (COUGAR) Society of General Internal Medicine. May 5, 2000.
31. Wiese JG, Improving resident teaching ability with a venue-specific teaching curriculum. Society of General Internal Medicine. May 5, 2000.
32. Wiese JG, The use of the physical examination in the evaluation of medical crisis. Society of General Internal Medicine. May 5, 2000
33. Wiese JG, Myopathy due to the interaction of lovastatin-indinavir. Society of General Internal Medicine. May 5, 2000.
34. Saint S, Wiese JG, Lack of physician awareness of urinary catheters. National Association of Inpatient Physicians. April, 2000
35. Wiese JG, The evaluation of a curriculum for improving oral communication skills. Society of General Internal Medicine. April 29, 1999.
36. Wiese JG, Mendelson T; The use of the physical exam in asystolic arrest. Society of General Internal Medicine. April 25, 1998.
37. Wiese JG, Miller J, Bhatiani A, Kerzner R, Davison L, Sigal B, Chernow B; Proper handling of blood samples for lactate determinations: a prospective, controlled trial. Society of Critical Care Medicine Scientific Symposium Feb. 1, 1995.
38. Wiese JG, Sigal B, Davison L, Bernstein W, Aduen J, Chernow B; Increased blood lactate concentrations in cardiac surgery patients: results of a prospective, longitudinal study. Society of Critical Care Medicine Scientific Symposium Feb. 2, 1995.
39. Aduen J, Wiese JG, Kerzner R, Altman M , Chernow B; Discordance between increased circulating lactate concentrations and lactic acidosis: results from a large clinical data base (N= 1,424). Soc. of Critical Care Medicine Scientific Symposium Feb. 4, 1995.

B. INVITED ORAL PRESENTATIONS

1. Wiese JG, Rose Leibowitz Lecture: 10 Moveable Objects, Long Island Jewish Medical Center, May, 2009.

2. Wiese JG, Plenary Presentation: Creating a Cultural Change in Graduate Medical Education. Association for Hospital Medical Education (AHME), Spring Educational Institute in Savannah, GA in April 2009.
3. Wiese JG, Plenary Presentation: Leadership Lessons in the Wake of Disaster. Association for Hospital Medical Education (AHME), Spring Educational Institute in Savannah, GA in April 2009.
4. Wiese JG, Updates in Hospital Medicine. Louisiana ACP. New Orleans, LA. March. 2009.
5. Wiese JG, Clinical Coaching and Faculty Development; Plenary Presentation, University of Miami Medical Education Seminar. February. 2009.
6. Wiese JG, Updates in Hospital Medicine. SECC. New Orleans, LA. Feb. 2009.
7. Wiese JG, Updates in Hospital Medicine. Southern Society of General Internal Medicine. New Orleans, LA. Feb. 2009.
8. Wiese JG, Plenary Presentation, Mississippi ACP: Leadership Lessons in the Wake of Disaster. Oct. 2008
9. Wiese JG, Plenary Presentation, Mississippi ACP: Clinical Coaching and Faculty Development. Oct. 2008
10. Wiese JG, Leadership Lessons in the Wake of Disaster. Mt. Sinai Grand Rounds, Sept. 2008
11. Wiese JG, Leadership Lessons in the Wake of Disaster. Tufts Univ. Grand Rounds, Sept. 2008.
12. Wiese JG, Plenary Presentation, University of Alabama Graduate Medical Education Seminar: Clinical Coaching and Faculty Development. August. 2008.
13. Wiese JG, Novel Innovations in Medical Education. Univ. of Texas- Houston. Grand Rounds, Sept. 2008.
14. Wiese JG, Using the Hospitalist Model to Facilitate Transitions of Care; Alabama ACP, May 2008.
15. Wiese JG, Professionalism in Graduate Medical Education, Grand Rounds: St. Luke's Roosevelt, NY. May 2008
16. Wiese JG, Preparing Graduate Medical Education Disaster Policies; Washington University, St. Louis, May 2008
17. Wiese JG, Goodenberger D, Medical Crossfire: Hot Topics in Graduate Medical Education. American College of Physicians, May 2008.
18. Wiese JG, Effective Mentoring. Southern Society of General Internal Medicine. March 2008.
19. Wiese JG, Graduate Medical Education Leadership Lessons In Preparing for a Disaster American Association of Medical Colleges, March 2008.
20. Wiese JG, Preparing a Remediation Program for Graduate Medical Education. Accreditation Council of Graduate Medical Education (ACGME), Feb. 2008.
21. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds: American College of Allergy and Immunology, Jan. 2008.
22. Wiese JG, Hospitalist Management of Heart Failure: American Heart Association, January. 2008
23. Wiese JG, Integrating Clinical Reasoning Into Medical Education Training. Legacy Health System; Portland, Oregon, Nov. 2007
24. Wiese JG, The Alcohol Hangover. Special Lecture: Legacy Health System; Portland, Oregon, Nov. 2007
25. Wiese JG, Integrating Clinical Reasoning Into Medical Education Training. Educational Symposium: Univ. of Iowa. Oct. 2007
26. Wiese JG, Lessons Learned from Hurricane Katrina. Educational Symposium: Univ. of Iowa. Oct. 2007

27. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, Ohio State Univ. Grand Rounds, Oct. 2007
28. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, Ohio ACP Visiting Professor. Oct. 2007
29. Wiese JG, Ten Movable Objects; Grand Rounds: University of Virginia, Sept 2007.
30. Wiese JG, Clinical Coaching; Grand Rounds: Medical University of South Carolina, Sept. 2007
31. Wiese JG, Preparing Graduate Medical Education Disaster Policy; Texas A&M University, May 2007
32. Wiese JG, Clinical Coaching. Society of Hospital Medicine, Dallas, TX, May 2007
33. Wiese JG, Dressler D, Pistoria M, Integrating the SHM Core Competencies into Residency Training. American College of Physicians. San Diego, CA, April 2007.
34. Wiese JG, Clinical Coaching (Plenary) APDIM, San Diego, CA, April 2007
35. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds: Univ. of Chicago, March. 2007
36. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds: AOA Visiting Professor, Chicago Medical School. March. 2007
37. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds: Rush University, March. 2007
38. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds: American College of Rheumatology, March. 2007
39. Wiese JG, Lessons Learned from Hurricane Katrina. Annual Educational Lecture/Grand Rounds, Brigham and Women's Hospital, Boston MA, Feb. 2007
40. Wiese JG, Updates in Hospitalist Medicine. Southern Regional Hospitalist Meeting. New Orleans, LA. Nov. 2006
41. Wiese JG, Delirium in the Hospitalized Patient; Tampa Bay, FL. Nov. 2006
42. Wiese JG, Lessons Learned from Hurricane Katrina. AAIM. New Orleans, LA, October 2006
43. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, St. Vincent's; Indianapolis, IN, Oct. 2006.
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45. Wiese JG, Delirium in the Hospitalized Patient; Chicago, IL. Sept. 2006
46. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, Univ. Indiana, Sept. 2006
47. Wiese JG, Strong As Our Weakest Link: Remediating Residents and Students, Univ. Indiana, Sept. 2006
48. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, St. Vincent's; Indianapolis, IN, Sept. 2006
49. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, UC Davis, May 2006
50. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, Univ. Michigan, September 2006
51. Wiese JG, Strong As Our Weakest Link: Remediating Residents and Students, Univ. Michigan, Sept. 2006
52. Wiese JG, Updates in Hospital Medicine. New Orleans Board Review Course. July 2006.
53. Wiese JG, Clinical Coaching SHM, Washington DC, May 2006
54. Wiese JG, Lessons Learned from Hurricane Katrina. SGIM. Los Angeles, CA, April 2006
55. Wiese JG, Clinical Coaching (Plenary). APDIM, Philadelphia, PA April 2006

56. Wiese JG, Lessons Learned from Hurricane Katrina (Plenary). APDIM, Philadelphia, PA April 2006
57. Wiese JG, Lessons Learned from Hurricane Katrina. Grand Rounds, UC Davis, April 2006
58. Wiese JG, Clinical Coaching, UC Davis, April 2006
59. Wiese JG, Lessons Learned from Hurricane Katrina. AAMC. October 2005.
60. Wiese JG, Strong As Our Weakest Link: Remediating Residents and Students, UCSF Grand Rounds, May 2005
61. Wiese JG, Strong As Our Weakest Link: Remediating Residents and Students, UCSF-VA Grand Rounds, 2005
62. Wiese JG, Updates in Hospital Medicine. New Orleans Board Review Course. July 2005.
63. Wiese JG, Leadership in Medicine (Plenary). National Youth Leadership Forum. July, 2005
64. Wiese JG, The Effect of Resident Work-Hour Limitations on Clinical Training (Plenary); AAMC, New Orleans, LA. April 19, 2005.
65. Wiese JG, Homan R, Updates in Hospitalist Medicine, SGIM, New Orleans, LA May 2005
66. Wiese JG, Clinical Coaching (Plenary) APDIM, San Francisco, CA April 2005
67. Wiese JG, Homan R, Updates in Hospitalist Medicine, ACP, San Francisco, CA April 2005
68. Wiese JG, Young Hospitalists Forum, ACP, San Francisco, CA April 2005
69. Wiese JG, Homan R, Updates in Hospitalist Medicine, SHM, Chicago, IL April 2005
70. Wiese JG, Baudendistal T, Using Hospitalist for RRC Compliance, SHM, Chicago, IL April 2005
71. Wiese JG, Instituting a Hospitalist System. LA/MS American College of Physicians. March, 2005.
72. Wiese JG, Young Hospitalists Forum, Society of Hospital Medicine, New Orleans, LA. April 21, 2004.
73. Wiese JG, Course Director; Critical Care for the Hospitalist, New Orleans, LA. April 19, 2004.
74. Wiese JG, Teaching in a lecture format. Association Program Directors in Internal Medicine; April 20, 2004.
75. Wiese JG, Designing and implementing clinical research. Ochsner Hospital. New Orleans, LA. March 16, 2004.
76. Wiese JG, Designing and implementing clinical research. Tulane Hospital. New Orleans, LA. March 15, 2002.
77. Wiese JG, Designing and implementing clinical research. Ochsner Hospital. New Orleans, LA. May 9, 2002.
78. Wiese JG, Teaching in a lecture format. University of Texas Galveston. Jan. 18, 2002.
79. Wiese JG, Innovative teaching techniques. Visiting professor lectureship. Ohio State University. Dec. 14, 2001.
80. Wiese JG, Management of refractory reflux disease: evidence-based recommendations. American College of Family Practice; Atlanta, Ga. October 3, 2001.
81. Wiese JG, Teaching in a lecture format. Association Program Directors in Internal Medicine; March 28, 2001.
82. Wiese JG, Management of Refractory Reflux Disease: Evidence-based recommendations. American College of Physicians; March 28, 2001.
83. Wiese JG, Hospitalists in the 21st Century. March 3, 2001. American College of Physicians
84. Wiese JG, Cultural aspects of medical care in the United States, European Society of Internal Medicine. Sept 22, 1999. Alicante, Spain.

Section 8: COURSE AND CURRICULUM DEVELOPMENT & INNOVATION

Curriculum Design

1. Spartacus- Fall 2009
2. The "4+1" Residency Schedule
3. Tuesday School- 2006
4. Friday School- 2005
5. The Matrix- 2003
6. Developing residency firms to increase residency responsibility & to meet duty hours standards, 2003
7. A curriculum to teach and assess systems-of-care competencies, 2002
8. A curriculum to teach and assess practice-based learning skills, 2002
9. A fine-art curriculum to improve medical student observational skills, 2002
10. Clinical teaching course (one month teaching course for MS IV's); 2002-present
11. Tulane Medical Student Teaching Academy (Night classes for teaching teaching) 2002
12. Clinical Diagnosis Course, 2001
13. Biostatistics Course, 2001
14. Advanced Internal Medicine Course; 2001
15. Research in Internal Medicine Course; 2001
16. Pre-operative and medical consultation curriculum 2000
17. Evidence/physiology-based physical examination curriculum 2000
18. The spoken case presentation and oral communication skills 2000
19. COUGAR: strategies for remediating the problem student 1999
20. Third-year medical clerkship curriculum 1999
21. Adolescent medicine curriculum 1999

SECTION 9: MENTORED PRESENTATIONS

MENTORING: PEER-REVIEWED ABSTRACT PUBLICATIONS

1. Krishnan S, Wiese JG, Addison's Disease, JGIM; xx (Suppl. xx); 2009.
2. Beck R, Hymel B, Miller C, A Covert Operation, JGIM; xx (Suppl. xx); 2009.
3. Dhand M, Carhill A, Wiese JG A Diplococcal Debacle, JGIM; xx (Suppl. xx); 2009.
4. Rimel B, Teran F, VanSickels N, Wiese JG A Tale of Multiple Lesions, JGIM; xx (Suppl. xx); 2009.
5. McDonald-Top J, McConville B, Wiese JG, Psychosis or Cerebritis? A Cerebral Dilemma, JGIM; xx (Suppl. xx); 2009.
6. Burns C, Fleury M, The War on Platelets , JGIM; xx (Suppl. xx); 2009.
7. Gloss D, Cartwright K, Wiese JG, The Eyes Have It, JGIM; xx (Suppl. xx); 2009.
8. Burns C and Glass M, My Mysterious Myxoma, JGIM; xx (Suppl. xx); 2009.
9. Hymel B, Beck R, Miller C, It's All About Heart, JGIM; xx (Suppl. xx); 2009.
10. Bhutto B, Sherling D, Wiese JG, Interfering with Glucose Homeostasis, JGIM; xx (Suppl. xx); 2009.
11. Heimbürger S, Wiese JG, Headache in a chronic pain patient, JGIM; xx (Suppl. xx); 2009.
12. Wiese JG, Hepatocellular Carcinoma (HCC) with Invasion of the Inferior Vena Cava and Right Atrium: Diagnosis, JGIM; xx (Suppl. xx); 2009.
13. Kothari A, Moehlen MW, Regenstein FG, Using Endovascular Tissue Sampling, JGIM; xx (Suppl. xx); 2009.
14. Whelton S, Carhill A, Denny C, First Do No Harm, JGIM; xx (Suppl. xx); 2009.
15. Gloss D, Cartwright K, Wiese JG, Dark Urine Partying Hard, JGIM; xx (Suppl. xx); 2009.
16. Butler I, Wiese JG, A Cure Worse than the Disease, JGIM; xx (Suppl. xx); 2009.
17. Sterett J, Richey L, Chakraborti C, Back to 'Bac', JGIM; xx (Suppl. xx); 2009.
18. Janine T. VanSant, MD; Lisa D. Parikh; Chad S. Miller, MD, Appeasing the Masses, JGIM; xx (Suppl. xx); 2009.
19. Parikh L, Kothari A, Miller C, The Perfect Storm, JGIM; xx (Suppl. xx); 2009.
20. Wasson E, Wiese JG, Now You See It, Now You Don't: A Case of Charles Bonnet Syndrome, JGIM; xx (Suppl. xx); 2009.
21. Fouche J, Wiese JG, A Weak Chief Complaint, But a Strong Diagnosis, JGIM; xx (Suppl. xx); 2009.
22. Hefler H, Gammon B, Wiese JG, You Take my Breath Away, JGIM; xx (Suppl. xx); 2009.
23. Richey L, Wiese JG, A Catty Cough, Jo Hospital Med.; xx (Suppl. xx); 2009.
24. Bhutto J, Wasson L, Iqbal A, Bagatell S, A Fungus Among Us, Jo Hospital Med.; xx (Suppl. xx); 2009.
25. Whelton S, Carhill A, Wiese JG, A Pain in the Neck, Jo Hospital Med.; xx (Suppl. xx); 2009.
26. Patel SA, Wiese JG, A Punch in the Gut, Jo Hospital Med.; xx (Suppl. xx); 2009.
27. Gammon B, Wiese JG, Hickam's Dictum, Jo Hospital Med.; xx (Suppl. xx); 2009.
28. Stringer E, Percak J, Glass M, Cutaneous Histoplasmosis Lesions Associate with IRIS, Jo Hospital Med.; xx (Suppl. xx); 2009.
29. Oskowitz A, Glass M, Missing Meigs, Jo Hospital Med.; xx (Suppl. xx); 2009.
30. Wasson E, Bhutto J, Wiese JG, Beware of the Seemingly Stable Sickle Cell Patient, Jo Hospital Med.; xx (Suppl. xx); 2009.
31. Beck R, Rhodes B, Miller C, The Fugative, Jo Hospital Med.; xx (Suppl. xx); 2009.
32. Cash M, Widmer K, Wiese JG. Under Pressure: Compartmentalizing Renal Failure. JGIM; 23 (Suppl. 2); March 2008.
33. Breaux J, Wiese JG. Liver Disease Is Skin Deep. JGIM; 23 (Suppl. 2); March 2008.

34. Bhutto J, Wiese JG. Steroids: Crazy Without, Crazy Within. JGIM; 23 (Suppl. 2); March 2008.
35. Fowler J, Wiese JG. A Wandering Diagnosis: Vagal Neuropathy Due to The Oldest of Diseases. JGIM; 23 (Suppl. 2); March 2008.
36. Carhill A, Huang, J, Ajaykumar R. The Courage of Seven Nights Can Make You Weak. JGIM; 23 (Suppl. 2); March 2008.
37. Chang T, Wiese JG. Never Say Never, Especially with a Negative Test. JGIM; 23 (Suppl. 2); March 2008.
38. Layton J, Wiese JG. A Stab In the Back. JGIM; 23 (Suppl. 2); March 2008.
39. Chang T, Wiese JG. Cholesterol To Stroke, Stroke To Coumadin, Coumadin To Cholesterol. JGIM; 23 (Suppl. 2); March 2008.
40. Krishnan S, DeGregoria L, Wiese JG. A Bad Day on The Exchange. JGIM; 23 (Suppl. 2); March 2008.
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44. Rice M, Khan Z, Wiese JG. A "Not So Foreign" Liver Infection. JGIM; 23 (Suppl. 2); March 2008.
45. Skelding P, Miller C, Wiese JG. A Hole Problem... A Hole Bunch of Problems. JGIM; 23 (Suppl. 2); March 2008.
46. Widmer K, Lauren R, Aubin K. Crystallizing Your Thinking In Diagnosing Spinal Cord Compression. JGIM; 23 (Suppl. 2); March 2008.
47. Nguyen S, Widmer K, Wiese JG. A Bad Brain Behaves Badly. JGIM; 23 (Suppl. 2); March 2008.
48. Broussard C, Nguyen S, Wiese JG. A Diagnosis in The Pocket. JGIM; 23 (Suppl. 2); March 2008.
49. Kroner C, Skelding P, Wiese JG. Ana-vivaxis. JGIM; 23 (Suppl. 2); March 2008.
50. Wasson L, Wiese JG. Seeing Through The Symptoms: Splenic Rupture as a Complication of Colonoscopy. JGIM; 23 (Suppl. 2); March 2008.
51. Wasson L, Howe E, Wiese JG. To Whom Much Is Given, Much Can Be Received : The Hyperhemolysis Syndrome. JGIM; 23 (Suppl. 2); March 2008.
52. Yalvac E, Khan Z, Miller C. The Wrath of Apollo. JGIM; 23 (Suppl. 2); March 2008.
53. Nguyen S, Miller C. Tuberculosis is Not in the History Books; It's in the History. JGIM; 23 (Suppl. 2); March 2008.
54. Small A, Wiese JG. The Case of the Psuedo-Heart Attack. Jo Hospital Medicine; 4 (Suppl. 1)
55. Nguyen S, Miller C, Wiese JG. Belly Bombers: Peritoneal tuberculosis. LA Med Jo. (In Press)
56. Wasson L, Wiese JG. A Big Belly Breaking the Rules: Ascites as the Presenting Symptom of a Case of Constrictive Pericarditis. LA Med Jo. (In Press)
57. Teixiara L, Guidry M, Wiese JG My lips are sealed; now protect my airway: acquired C1-esterase deficiency. JGIM; 22 (Suppl. 4); April 2007.
58. Beaty E, Wiese JG Protracted pyrexia proves problematic for perplexed physicians JGIM; 22 (Suppl. 4), April 2007.
59. Carhill A, Wiese JG. Your stomach on drugs: cyclic vomiting in association with chronic cannabis abuse. JGIM; 22 (Suppl. 4): April 2007.
60. Cash M, Gloss D, Wiese JG. Mixed drinks and diabetes don't mix: alcohol induced hypoglycemia. JGIM; 22 (Suppl. 4): April 2007.
61. Howe E, Wiese JG. Kikuchi-Fugimoto disease. JGIM; 22 (Suppl. 4): April 2007.

62. Feagans J, Wiese JG HSV hepatitis in an immuno-competent patient. JGIM; 22 (Suppl. 4): April 2007.
63. Krishnan S, Miller C, Wiese JG. True, True, and Related: Crohn's disease as a presentation of HIV. JGIM; 22 (Suppl. 4): April 2007.
64. Lafreniere J, Wiese JG. Secretory Diarrhea: A paraneoplastic presentation of hepatocellular carcinoma. JGIM; 22 (Suppl. 4): April 2007.
65. Mohan M, Wiese JG Losing Weight and Losing Control: Complications of gastric bypass. JGIM; 22 (Suppl. 4): April 2007.
66. Nyogi A, Wiese JG. Tetanus: a forgotten disease makes a comeback. JGIM; 22 (Suppl. 4): April 2007.
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68. Wasson L, Wiese JG. The chicken or the egg: thymoma and myasthenia gravis JGIM; 22 (Suppl. 4): April 2007.
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72. Cash M, Miller C, Wiese JG. Brewing up a storm: the management of thyroid Storm. JGIM; 21 (Suppl. 4):227, April 2006.
73. Coleman N, Guidry M, Wiese JG. Aseptic meningitis. JGIM; 21 (Suppl. 4):63, April 2006.
74. Feagans J, Wiese JG. M.R.E. (Meals Ready to Exacerbate): Re-designing civilian disaster relief supplies. JGIM; 21 (Suppl. 4): 249-250, April 2006
75. Gloss D, Wiese JG. Prolongation of primum non nocere: The risk of torsades in single haloperidol administration. JGIM; 21 (Suppl. 4): 261-262, April 2006.
76. Hamblin M, Wiese JG. The causes of erythema multiforme. JGIM; 21 (Suppl. 4): 273-264, April 2006.
77. Howe E, Wiese JG. Varicella pneumonia. JGIM; 21 (Suppl. 4): 253, April 2006.
78. Howe E, Wiese JG. The risk of hyperglycemia due to gatifloxacin. JGIM; 21 (Suppl. 4):239, April 2006.
79. Kahlon S, Wiese JG. Obvious Signs to Diagnose the Otherwise Unapparent: Kaposi's Sarcoma. JGIM; 21 (Suppl. 4): 257, April 2006.
80. Kurkjian M, Donald C, Wiese JG. Myocardial infarction due to menstrual-related iron deficiency. JGIM; 21 (Suppl. 4):63, April 2006.
81. Miller C, Wiese JG. The clinical presentation of scleroderma. JGIM; 21 (Suppl. 4): 275, April 2006.
82. Miller C, Wiese JG. Portal vein thrombosis due to alcoholism. JGIM; 21 (Suppl. 4): 247, April 2006.
83. Victor D, Wiese JG. The clinical presentation of Twiddler's Syndrome. JGIM; 21 (Suppl. 4): 275, April 2006.
84. Beaty E, Wiese JG. A Hole in my Heart: The Diagnosis and Management of Atrial-Septal Defects. Louisiana Med Jo.; Feb. 2006.
85. Feagans J, Wiese JG. M.R.E. (Meals Ready to Exacerbate): Redesigning Relief Supplies for Civilian Citizens. Louisiana Med Jo.; Feb. 2006.
86. James J, Choe E, Wiese JG. Getting A Patient Off the Couch: The Manifestations of Hypothyroidism. Louisiana Med Jo.; Feb. 2006
87. Victor D, Wiese JG. The clinical presentation of Twiddler's Syndrome. Louisiana Med Jo.; Feb. 2006
88. Guidry M, Toprani A, Wiese JG. Providing pharmaceutical samples: A cost effective analysis. JGIM2005; 20: (in press).
89. King D, Wiese JG. The correlation of pit-recovery time with albumin concentration. JGIM 2005; 20.

90. Dehghani H, Aliota J, Wiese JG. Whose line is it anyway: shared central infections. *JGIM* 2005; 20.
91. Delgado, Wiese JG. When a good thing goes bad: learning from medical mistakes. *JGIM* 2005; 20.
92. Donald C, Wiese JG. Close cousins: TB and histoplasmosis. *JGIM* 2005; 20.
93. Glass M, Wiese JG. Don't drink the water: hyponatremia from psychogenic water-drinking. *JGIM* 2005; 20.
94. Gloss D, Wiese JG. Those who do not learn from history are condemned to repeat it: the importance of past medical history. *JGIM* 2005; 20.
95. Kenney J, Wiese JG. A clinical history that is hard to swallow: Gastroparesis. *JGIM* 2005; 20.
96. Schieffelin J, Wiese JG. Ring-enhancing lesions. *JGIM* 2005; 20.
97. Yoon E, Wiese JG. It's just pharyngitis, or is it? Lemierre's syndrome. *JGIM* 2005; 20.
98. Wishik G, Wiese JG. Fencing zebras: A tragedy of the commons: Iron-deficient thrombocytopenia. *JGIM*; 2005; 20.
99. Towbin J, Wiese JG. Feel my thigh, save my life; the clinical presentation of necrotizing fasciitis. *JGIM* 2005; 20.
100. Schieffelin J, Wiese JG. Just listen to me. *JGIM*; 2005; 20:
101. Schieffelin J, Wiese JG. Body-builder with nausea. *JGIM*; 2005; 20.
102. Wright N, Wiese JG. When pneumonia is not pneumonia. *Louisiana Jo of Medicine* 2005.
103. Christopher S, Wiese JG. A hip fracture already? Diagnostic criteria for premature osteoporosis. *JGIM* 2004; 19:28.
104. Glass M, Wiese JG. A necrotic penis: calciphylaxis. *JGIM* 2004; 19:29.
105. Guidry M, Wiese JG. An essential case of non-essential hypertension. *JGIM* 2004; 19:34.
106. Evans S, Wiese JG. An unusual cause of cirrhosis: Gastric bypass-induced cirrhosis. *JGIM*; 2004; 19:35.
107. David S, Wiese JG. Carpe Diem: Non-convulsive status epilepticus as a cause of altered mental status. *JGIM*; 2004; 19:41.
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112. Nadimpali A, Wiese JG. I'm dizzy could this be cancer? *JGIM*; 2004; 19:54.
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117. Kahlon S, Wiese JG. Diagnostic criteria for MAC. *JGIM*; 2004; 19:69.
118. Leggett C, Wiese JG. Sarcoidosis inducing right-heart failure. *JGIM*; 2004; 19:72.
119. Anderson B, Wiese JG. Saving my life but breaking my heart: Hyperlipidemia from protease inhibitors. *JGIM*; 2004; 19:72.
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122. Chakraborti C, Wiese JG. Waiting for the tide to turn: Diagnosing Eisenmenger's syndrome. *JGIM*; 2004; 19:79.

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125. Burgdorf C, Wiese JG. Occult Hyperthyroidism. JGIM; 2004; 19:77.
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137. Guidry M, Wiese JG. A courageous call: saline for heart failure. JGIM; 2003; 18:55.
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157. Hutchings J, Wiese JG; Postpartum shortness of breath. *JGIM*; 2002; 17: 25.
158. Agresta SV, Wiese JG; Intra-cerebral hemangiomas disguised. *JGIM*; 2001; 16: 24.
159. Agresta G, Wiese JG; All asthma is not asthma: an atypical presentation of lupus. *JGIM*; 2001; 16: 24.
160. Agresta SV, Wiese JG; Arthralgias, rash and fever. *JGIM*; 2001; 16: 24
161. Orlando L, Wiese JG. Progressive pneumonia in an immunocompetent host. *JGIM*2001; 16: 56
162. Orlando LA, Wiese JG; Refractory hypoglycemia in an alcoholic. *JGIM*; 2001; 16: 56
163. Trojano J, Landry M, Wiese JG; Finding yourself down in the Big Easy. *JGIM*; 2001; 16: 68

MENTORING: PEER REVIEWED ORAL PRESENTATIONS: REGIONAL*

1. Pandey/Miller. A Unique Partnership. Southern Society of General Internal Medicine. February 22nd, 2008.
2. Patten D, Wiese JG. Portal to Destruction. Southern Society of General Internal Medicine. February 22nd, 2008.
3. Butler I, Wiese JG. A Dang Fine Diagnosis To Make: A Case of Dengue Fever in a Returned Traveler. Southern Society of General Internal Medicine. February 22nd, 2008.
4. Pletsch G, Richey L, Wiese JG. Tough to Swallow. Southern Society of General Internal Medicine. February 22nd, 2008.
5. Tekle T, Wiese JG. Pernicious Anemia. Southern Society of General Internal Medicine. February 22nd, 2008.
6. Hoang V, Nguyen S, Wiese JG. Tying Up Loose Ends. Southern Society of General Internal Medicine. February 22nd, 2008.
7. Ditomasso C, Feagans J, Wiese JG. Sex, Drugs, and NF-1. Southern Society of General Internal Medicine. February 22nd, 2008.
8. Hussain A, Wiese JG. High Output Heart Failure: A Graves Matter. Southern Society of General Internal Medicine. February 22nd, 2008.
9. Seymore J, Wiese JG. Esophageal Dysphagia with a rather unexpected diagnosis. Southern Society of General Internal Medicine. February 22nd, 2008.
10. Gordon A, Wiese JG. Cryptogenic Stroke: What may be better off unknown? Southern Society of General Internal Medicine. February 22nd, 2008.
11. Gordon A, Wiese JG. A Thorough History is ReALLY Important. Southern Society of General Internal Medicine. February 22nd, 2008.
12. Faw D, Guidry M, Wiese JG. A Heart of Stone and a Belly of Fluid. Southern Society of General Internal Medicine. February 22nd, 2008.
13. Shepard J, Wiese JG. Acute Renal Failure: Prerenal Azotemia and Dehydration in Association with Oral Cancer. Southern Society of General Internal Medicine. February 22nd, 2008.
14. Carhill A, Victor D, Wiese JG. Not Just A Case of Achalasia. Southern Society of General Internal Medicine. February 22nd, 2008.
15. Rhim T, Wiese JG. Having problems with building blocks: diagnosing myocardial infarction in the setting of left-bundle branch block. Southern Society of General Internal Medicine. February 9th, 2007.

16. Young S, Wiese JG. Are they just bug bites? The cutaneous manifestation of lupus. Southern Society of General Internal Medicine. February 9th , 2007.
17. Victor D, Wiese JG. Ascitic-Fluid Lipase as an Early Marker for Pancreatic Pseudocysts. Southern Society of General Internal Medicine. February 9th , 2007.
18. Sherman A, Wiese JG. Splenomegaly and gastric cancer. Southern Society of General Internal Medicine. February 9th, 2007.
19. Lewis B, Wiese JG. It's not all in the past: the clinical manifestations of West Nile myelopathy. Southern Society of General Internal Medicine. February 9th , 2007.
20. Reddy A, Wiese JG. From the Land of Lincoln: Diagnosing Marfan's Syndrome. Southern Society of General Internal Medicine. February 9th , 2007.
21. Moehlen, M, Wiese JG. Methods and thoroughness: using the skin exam to diagnose pulmonary complaints. Pulmonary Kaposi's Sarcoma. Southern Society of General Internal Medicine. February 9th , 2007.
22. Kobernick A, Wiese JG. A Reflexive Diagnosis: the clinical manifestations of West Nile myelopathy. Southern Society of General Internal Medicine. February 9th , 2007.
23. Gloss D, Wiese JG. Post-Katrina blues: the diagnosis of mixed cryoglobulinemia. Southern Society of General Internal Medicine. February 9th , 2007.
24. Garrett D, Wiese JG. The headache with a punch: focal neurologic deficits from migraine headaches. Southern Society of General Internal Medicine. February 9th , 2007.
25. Thompson M, Wiese JG. Diagnosis of the Page Kidney as a cause of secondary hypertension. Southern Society of General Internal Medicine. February 9th , 2007.
26. Kitzman, G; Reddy A, Wiese JG. Extreme smoker's cough: hemoptysis due to emphysema. Southern Society of General Internal Medicine. February 9th , 2007.
27. Haderlie M, Wiese JG. Bacteremic shigellosis: another victim of hurricane Katrina. Southern Society of General Internal Medicine. February 9th , 2007.
28. Feagans J, Wiese JG. Use of Polyflex stent in conjunction with Infliximab for refractory Crohn's esophageal stricture. Southern Society of General Internal Medicine. February 9th , 2007.
29. Widmer K, Wiese JG. This Pain Takes My Breath Away. Southern Society of General Internal Medicine. March 5, 2006.
30. Layton J, Wiese JG. The Fourth Time's Not a Charm. Southern Society of General Internal Medicine. March 5, 2006.
31. Haderline M, Wiese JG. One Catastrophe After the Next. Southern Society of General Internal Medicine. March 5, 2006.
32. Gloss D, Wiese JG. Fahr from Normal: A New Exam Finding When You Least Expect It. Southern Society of General Internal Medicine. March 5, 2006.
33. Nnedu, Wiese JG. When cultures take you astray: Nocardiosis. Southern Society of General Internal Medicine. February 2005.
34. Dehghani H, Wiese JG. Whose line is it anyway: shared central infections. Southern Society of General Internal Medicine. February 2005.
35. Yoon E, Wiese JG. It's just pharyngitis, or is it? Lemierre's syndrome. Southern Society of General Internal Medicine. February 2005.
36. Schieffellin J, Wiese JG. Ring-enhancing lesions. Southern Society of General Internal Medicine. February 2005.

37. Delgado, Wiese JG. The longer they stay, the longer they say: learning from medical mistakes. Southern Society of General Internal Medicine. February 2005.
38. Khandekar S, Wiese JG. Gittelman's Syndrome. Southern Society of General Internal Medicine. February 2005.
39. Kenney J, Wiese JG. A clinical history that is hard to swallow; gastroparesis. Southern Society of General Internal Medicine. February 2005.
40. Gloss D, Wiese JG. Those who do not learn from history are condemned to repeat it: the importance of past medical history. Southern Society of General Internal Medicine. February 2005.
41. Glass M, Wiese JG. Don't drink the water: hyponatremia from psychogenic water-drinking. Southern Society of General Internal Medicine. February 2005.
42. Hassett C, Wiese JG. Just a flesh wound: HSP vasculitis. Southern Society of General Internal Medicine. February 2005.
43. Martin-Schild S, Wiese JG. I'm walking like I'm drunk. Southern Society of General Internal Medicine. February 2005.
44. Miller C, Wiese JG. Fighting with one arm tied behind your back. Southern Society of General Internal Medicine. February 2005.
45. Miller C, Wiese JG. Difficult to stomach. Southern Society of General Internal Medicine. February 2005.
46. Miller C, Wiese JG. TB, Or Not TB. Southern Society of General Internal Medicine. February 2005.
47. Pollack SD, Wiese JG. Abnormal lung findings. Southern Society of General Internal Medicine. February 2005.
48. Shah S, Wiese JG. Progressive multifocal leukoencephalopathy. Southern Society of General Internal Medicine. February 2005.
49. Stallings G, Wiese JG. What the Duke Won't Tell You: Staph aureus bacteremia without endocarditis. Southern Society of General Internal Medicine. February 2005.
50. Southern Society of General Internal Medicine. February 2005.
51. Bagatell S, Wiese JG. The tell-tale heart. Southern Society of General Internal Medicine. February 2005.
52. Deming S, Wiese JG. I'm falling apart: Norweigen scabies. Southern Society of General Internal Medicine. February 2005.
53. Gloss D, Wiese JG. Leaping without looking. Southern Society of General Internal Medicine. February 2005.
54. Stallings G, Wiese JG. You talc too much: Talc-induced pulmonary fibrosis. Southern Society of General Internal Medicine. February 2005.
55. Costell B, Wiese JG. A rare but deadly cause of meningitis. Southern Society of General Internal Medicine. March 3, 2003.
56. Wiese JG, All that glitters is not gold. Southern Society of General Internal Medicine. March 3, 2003.
57. Elesh R, Wiese JG; A pregnant woman with alcoholic ketoacidosis. Southern Society of General Internal Medicine. March 2, 2002.
58. Orlando LA, Wiese JG; Recurrent unilateral leg edema. Southern Society of General Internal Medicine. March 2, 2002.

59. Orlando LA, Wiese JG; Invasive consequences from a non-invasive study. Southern Society of General Internal Medicine. March 2, 2002.
60. Nigjjar V, Wiese JG; A pain in the back: occult osteomyelitis. Southern Society of General Internal Medicine. March 2, 2002.
61. Venditto A, Orlando LA, Wiese JG; A new murmur, edema and flushing. Southern Society of General Internal Medicine. March 2, 2002.
62. Hecker S, Agresta A, Wiese JG. Vertebral osteomyelitis. Southern Society of General Internal Medicine. March 2, 2002
63. Nguyen T, Orlando LA, Wiese JG; Hypoxia and anemia in HIV . Southern Society of General Internal Medicine. March 2, 2002.
64. Parekh N, Orlando LA Wiese JG; Paracentral scotoma and papilledema: new symptoms of an old disease. Southern Society of General Internal Medicine. March 2, 2002.
65. Marina J, Orlando LA, Wiese JG; Recurrent abdominal pain after an episode of acute hepatitis. Southern Society of General Internal Medicine. March 2, 2002.
66. Southern Society of General Internal Medicine. March 2, 2002.
67. Mandhare U, Whitehead D, Wiese JG; A woman with hyperemesis gravidarum and tachypnea. Southern Society of General Internal Medicine. March 2, 2002.

SECTION 10: TEACHING LOGS

TOTAL TEACHING; 1998-1999

- Total hours: 1152
- Number of students: 363
- Hours/week: 24
- [1998-99 Teaching Log](#)

TOTAL TEACHING; 1999-2000

- Total hours: 1413
- Number of students: 521
- Hours/week: 29
- [1999-2000 Teaching Log](#)

TOTAL TEACHING; 2000-2001

- Total hours: 1335
- Number of students: 741
- Hours/week: 28
- [2000-01 Teaching Log](#)

TOTAL TEACHING; 2001-2002

- Total hours: 1803
- Number of students: 7489
- Hours/week: 35
- [2001-02 Teaching Log](#)

TOTAL TEACHING; 2002-2003

- Total hours: 1533
- Number of students: 7115
- Hours/week: 32
- [2002-03 Teaching Log](#)

TOTAL TEACHING; 2003-2004

- Total hours: 1407
- Number of students: 6605
- Hours/week: 29
- [2003-04 Teaching Log](#)

TOTAL TEACHING; 2004-2005

- Total hours: 1471
- Number of students: 7054
- Hours/week: 31

- [2004-05 Teaching Log](#)

TOTAL TEACHING; 2005-2006

- Total hours: 852.5
- Number of students: 9410
- Hours/week: 18
- [2005-06 Teaching Log](#)

TOTAL TEACHING; 2006-2007

- Total hours: 1595.5
- Number of students: 11700
- Hours/week: 33
- [2006-07 Teaching Log](#)

TOTAL TEACHING; 2007-2008

- Total hours: 1353.5
- Number of students: 11613
- Hours/week: 28
- [2007-08 Teaching Log](#)

TOTAL TEACHING; 2008-2009

- Total hours: 1182
- Number of students: 10575
- Hours/week: 25
- [2008-09 Teaching Log](#)

11 YEAR TOTALS

- Total hours: 15,097
- Number of students: 84,523

Section 12: METHODS TO ASSESS AND EVALUATE STUDENTS' LEARNING

Year 1 and Year 2

Evaluation of student performance is the most important thing I do as a coach. While the teacher imparts a lesson, a coach teaches and then quickly assesses whether the student has mastered the skill.

Focused Clinical Examinations (FEX)

Standardized patients are a critical component to evaluating the performance of the students in the Clinical Diagnosis course. My work with standardized patients begins with quality instruction of the standardized patients prior to the SP experiences. My approach to teaching standardized patients is the same as that with the students: I emphasize distinguishing the Tier I and Tier II exam. The challenge is in speaking to the physiology that underlies each physical examination finding to an audience that does not have the luxury of advanced physiology training. While I do speak to this, it is naturally at a basic level.

There are two key components to this method of evaluation. First, I personally watch each student (via video) perform at least one SP encounter. I watch not for the ability to perform the examination maneuver; this is the domain of the student's preceptor. Rather, I look for the way in which the student interacts with the standardized patient, especially the comfort with the patient. I devote personal and confidential remediation for students who do not demonstrate competency. Second, I do out-take sessions after each SP session (five per day) where I sit with the students and clarify any points of confusion; the seeds of confusion cannot be allowed to grow. I also do a mini-lecture that is largely predicated upon my assessment of what they have missed from my lectures as evidenced by watching (via video) their SP performance.

Clinical Problem Solving/CRAYON

Perhaps the most important skill of a physician is the ability to reason. In today's age, where information is available at the touch of a palm pilot or web browser, medical knowledge has become less important than the ability to ask the right questions. Recognizing this, I developed the Clinical Reasoning Assessment ONLY computer program. During January of their second year of training, students engage in the Clinical Problem Solving Exercise. They see and examine a "mystery" standardized patient, and then are asked to enter (using the internet-based CRAYON program) the diagnoses they were considering. Meanwhile, the standardized patient enters each question the student asked and each exam maneuver performed (also on CRAYON). The computer program matches each question and exam maneuver to the student's list of diagnoses, and generates a quality score. The more a question pertains to a diagnosis being considered (i.e., "have you had blood in your stools" for the diagnosis of colon cancer), the higher the quality score. Even if the student's list of diagnoses was wrong (i.e., poor medical knowledge), he will receive maximal quality points if he allowed his differential diagnosis to direct his line of inquiry and examination. This is good clinical reasoning, and the CRAYON program allows us to isolate clinical reasoning ability from medical knowledge. The student also enters his orders for the treatment of the patient, as well as the laboratory tests he wishes to obtain. Each laboratory test is also cross-referenced to his differential diagnosis and a quality score is generated here as well. The CRAYON module also generates a cost score for the student's evaluation, giving the student feedback on his frugal (or wasteful) use of medical resources. Finally, the student is asked to write an admission note and return

the following day to do a “post-call” attending rounds presentation to one of our mock attendings (fourth year students from the Clinical Coaching class). In sum, the exercise is a mock day on call on the wards, and it prepares the students for the tasks they will encounter in the third year while a clinical clerk (See the Section 5 Supplement for details on the CRAYON module).

SCOPE

Delia Anderson does most of the planning for the SCOPE examinations, though I provide consultation as to the cases involved and, as with the FEX sessions noted above, I watch each SCOPE videotape to ensure the students are mastering the skills.

Preceptor Experiences

The preceptor experience was traditionally the weakest component of the Physical Diagnosis course, not by design, but by lack of consistency amongst the preceptors. For this reason, I invested in building a preceptor training course, and I recruited internal medicine residents to serve as preceptors for the students. While residents may know less knowledge than faculty, they certainly have more time to spend directly observing the students, and they definitely remember what it was like to not know clinical skills. Again, this evokes the principle of cognitive dissonance- the more a resident admonishes the students to perform the examination correctly, the more likely she is to do it correctly herself. To supplement the training, I designed the Black Diamond Syllabus (Section 8 Supplement) to guide the preceptors in the instruction of the physical examination. This syllabus contains the content the students learn (clinical reasoning, physical examination) as well as useful tricks for teaching students difficult concepts as it pertains the physical examination.

Mid-term Examination

The Clinical Diagnosis Course emphasizes reasoning and understanding over memorization and facts. To be consistent, therefore, I took out the multiple-guess mid-term examination and replaced it with a two-phase essay examination (Section 5 Supplement). Phase I presents twenty short-answer questions and five clinical vignettes. Students are asked to explain their clinical reasoning for each vignette, and to identify the physical examination maneuvers they would perform based upon the differential diagnosis they generated as part of their clinical reasoning. Phase II is the same vignettes but with the examination results provided. Students are asked to design their final assessment and a plan for treating each patient in the clinical vignettes. The goal of this exercise is to consolidate the physical examination and clinical reasoning skills the student has learned during the first semester, and to begin practicing documenting their clinical reasoning in the admission note. I have to tell you, reading 328, twenty-page essay examinations is not fun, and I suppose there is a better use for my time. But I have become proficient in using this exercise to identify which students will struggle on the wards the following year, and that makes it worth it. I meet with these students personally to begin early remediation in their clinical reasoning or communication skills.

To extend the value of this exercise, I have incorporated fourth-year students as clinical coaches. Fourth-year student volunteers are asked to read four student’s examinations and provide comments. While I over-read and grade the exams, it is the fourth-year clinical coach (student) who sits down with the second-year students to review the examination. There are three benefits to this: 1. It allows person-to-person feedback for the second-year students in a small-group (i.e., safe) environment. 2. It allows the

second-year students who are nervous about coming onto the clinical wards to assuage some of this fear (remember, it is fear that paralyzes performance), and 3. It re-consolidates the lessons learned in clinical diagnosis in the fourth-year student (see the discussion on cognitive dissonance above).

Shelf-examination

I use the shelf-examination as part of the course, mostly for me to evaluate where the course stands with respect to delivering knowledge to the students as compared to national norms. The grade weight for the students is large enough so that they try, but small enough so that they stay with the central message: knowledge is necessary, but not sufficient, for clinical excellence. The shelf scores have been impressive over the past four years, with a class mean rising from the 46% (prior to taking over the course) to the 80% over the past three years (Section 6 Supplement).

Year 3 & Year 4

Most of my evaluation of student performance is by watching their clinical reasoning as part of morning report (*vida supra*) and by soliciting resident feedback as to their performance on the wards. Five months of the year I have the luxury of direct evaluation. During my attending months I make it a point to observe at least two full history and physical examinations performed by each student on my team. That seems passé these days, but I think it is important.

For the teaching teaching course, all students are videotaped before, during and after the month. I review each of these videotape sessions to assess their interval progress and to derive areas for improvement in their teaching.

Intern/Residency

I attend on the ward five times a year, and during this time I have the luxury of direct observation and evaluation of the interns and residents. I meet with each resident twice a year to review their evaluations, and this too is a measure of their effectiveness by proxy (from their evaluator). My primary evaluation of their performance, however, comes in reading their admission and progress notes and by talking with their patients. I make a practice of doing this at MCLNO at least once a week. In addition, I use morning report as a venue for evaluating their clinical reasoning (*vida supra*). Finally, there are the standardized tests we use to assess competency. Section 6 has a sample of the improvement in board pass rate and in-service test scores the Tulane Residency has experience over the past five years.

The Tulane Internal Medicine Residency was one of the first programs to institute patient and nurse evaluations of residents. These evaluations provide great insight into the success or failure of the teaching sessions designed to augment professionalism, communication skills and bedside manner in our young physicians (Section 5 Supplement).

Section 13: Assessment & Evaluation of Teaching Effectiveness

I evaluate my coaching effectiveness based upon the performance of my students. There are surrogates such as tests and standardized patient examinations, but the ultimate evaluation is in the student's performance in patient care. See above for methods used to assess this student performance.

As you might have guessed from the first page of this narrative (the four phases of teaching), I try to mentally keep student opinion separate from my teaching. It's difficult, because there is a balance to be struck here. I do believe student opinion is important, especially when it comes to determining how well a topic/skill has been taught (i.e., eliminating points of confusion), and I actively solicit feedback as to the effectiveness of how I have taught a topic or skill. The nice thing is that I have the luxury of being close enough to the students that this feedback usually comes directly from the student to me. However, there are some topics/skills that are not as fun as others, and there is always a risk that over-concern for teaching awards will result in abandoning these skills/topics since they are not as popular with the students. An analogy may be appropriate: if you survey a football team's players, they are apt to say they do not enjoy running wind sprints. The coach, however, knows that physical condition is important for fulfilling the team's goals and for improving each player's performance; thus, the team runs wind sprints. The coach overly concerned with the opinions of the players, however, is apt to dispense with running wind sprints in an effort to augment his popularity. As a coach, I have my agenda for what I think will make the student a great physician, and I try to stick to this agenda in deference to public opinion. The method in which this agenda is delivered, however, is always open to improvement, and student opinion, and this I actively pursue.

So what then to evaluate effectiveness of my coaching? I follow class attendance, and you will note on the teaching logs that the class attendance varies from lecture to lecture, but all numbers are accurate (i.e., they are not estimates based on class size). Almost all students attend the clinical diagnosis lectures, and this speaks to some effectiveness: people vote with their feet (100% class attendance is not a feature of the standard Tulane pre-clinical years). The ultimate measure, however, is how the students do on the clinical wards. The appendix has a recent course review where the students were surveyed (Appendix 2.5) as to how well the Clinical Diagnosis course prepared the students for their wards. Feedback from the T3/T4 clerkship directors and faculty, however, is what I primarily use in adjusting the content of the course and evaluating my effectiveness in teaching each skill.

As for the residency, well, the same standards apply. Students vote with their feet. This is not to say that I am the sole reason for coming to Tulane, but a residency program (like any organization) is largely defined by its leader. I have recognized over the years that the residency cannot be all about me, and in some large part, you could glean my teaching effectiveness by looking at the quality teachers I have recruited and maintained as part of the residency faculty (namely, the hospitalists). As the team prospers, so do I; and as a leader, I see the effectiveness of the team as commentary on my effectiveness. There is no question that the Tulane Internal Medicine Residency has never been stronger, and while the credit goes to so many people, I take personal pride in seeing it prosper. To some extent, perhaps small, but existent nonetheless, it is commentary on my effectiveness as a teacher and as a leader.

Satisfaction with teaching is one measure of success, but not the definitive measure. After all, had my football coach asked me to rate my satisfaction with running wind sprints, I would have given it a zero. Nonetheless, it was important for my development. The ultimate outcome is performance, especially as

it pertains to patient care. The Section 6 Supplement contains evidence of the success of our team's students and residents. Highlights from the past few years of this longitudinal curriculum are listed below:

Medical Students

- The class mean for the Clinical Diagnosis Shelf examination has risen from the 46 percentile (prior to taking over the course) to the 80 percentile over the past three years
- The average NBME Step 1 score in clinical diagnosis and biostatistics has risen five points in the past five years.
- The average NBME medicine clerkship shelf score rose five points in the first two years of the clerkship curriculum, and another ten points following the institution of Tuesday School.
- All Tulane graduates seeking a career in internal medicine have matched to a residency program in their top three choices in the past five years.
- 64% of the graduates of the Clinical Coaching Course go on to win "intern teacher of the year" recognition at their respective programs.
- Forty-four Tulane students (in the past seven years of the above curriculum) have received the honor of being a "Chief Resident" at their respective residency programs around the country.
- Of the 71 students and residents who have entered the COUGAR remediation curriculum, all but 8 have finished their training with distinction.

Residents

- The residency board pass rate has risen from 82% to 97% over the past six years.
- In the past six years, a Tulane resident has presented at a regional or national scientific meeting 183 times.
- In-service scores have risen 50% over the past two years.
- The Tulane residency fills all of its positions in the NRMP match within two people per position offered, making Tulane one of the most competitive residency programs in the country (including post-Katrina).
- 100% of Tulane residents who seek fellowship training receive a fellowship training opportunity of their choosing upon completion of training.