

EDUCATIONAL PORTFOLIO for Dr. XYZ

1. Educational Narrative

a. Personal Description

One of the primary reasons I chose to pursue an academic career is to be able to continue to be part of the education of medical students and residents. I truly believe that I will have the greatest and most far reaching impact on the future of medicine and patient care by positively impacting the training of future physicians. Excellence in teaching has been an integral mission of all my roles here at UF - as a researcher, as a clinician, and as an educator. Through years of educating a variety of learners in diverse settings, I have developed certain core principles that continue to guide my teaching philosophy and quest for teaching excellence: enthusiasm, innovation, development of critical thinking skills, and teaching by example.

I firmly believe that trainees who sense that their teachers and mentors are excited and passionate about their work will become more interested learners, more engaged in the material being taught and, thus more likely to retain the information. I continue to be very active, interested, and excited in taking care of a diverse group of General Internal Medicine patients with a wide range of disorders. Thus, it is easy for me to convey my enthusiasm about practice of medicine, patient care, and teaching to our trainees.

It has been my personal experience that optimal education in medicine involves associating each educational opportunity to patient care as material is best retained when it can be related to an individual patient or clinical setting. Thus, I constantly focus on how to best integrate medical information and patient care. In the clinical setting, this has meant capitalizing on teaching moments and clinical pearls. In didactic settings, it has meant formatting talks and lectures in a case-based approach. I believe that this style immediately allows the target audience to appreciate the relevance of the topic, thus maintaining interest and optimizing long term retention. In addition, I am passionate about mentoring learners in scholarly activities, such as research and preparation of abstracts and manuscripts, which further augments their learning experience and attracts them to academic medicine.

Furthermore, I thoroughly enjoy getting to know each learner as an individual, and believe I have been able to encourage individual learners in various settings to develop critical thinking skills that will guide them throughout their careers and make them effective life-long learners, ultimately improving the patient care they will provide beyond their training years. The high scores on my learner evaluations and my solicited peer assessments have driven my own self-expectation to continue to perform at this high caliber of teaching. From my learners' feedback, I have specifically taken heed to communicate clear expectations in the beginning of each rotation and provide constructive criticism to each of my trainees at the end of each rotation. In addition to advocating medical education and scholarly activity in general, I hope to create more women's health focused educational activities for medical students and residents and eventually even implement a Women's Health fellowship at UF.

In summary, I feel fortunate and privileged to serve as an educator. My students and residents have taught me much throughout the years and constantly challenge me to improve and be a

better teacher.

b. Letter from an Educational Supervisor

As, Director of the residency program, and the director of Evidence-Based Medicine course for the medical school, Dr. PD can offer a complete evaluation of my involvement in the education of medical students. He has successfully served as a mentor and leader in almost every capacity of medical education and can therefore assess my efforts.

(Letter from Dr. PD removed for privacy)

2. Instructional Activities and Evaluations.

a. Teaching Activities and Evaluations

i. Course Director

Health Elective (MDT 7200, College of Medicine; Fall and Spring Semester 2013-14)

As summarized in Section 9 of the promotion packet, I developed this multi-disciplinary elective for fourth year medical students. This course was successfully implemented in 2013 and includes multiple topics, such as age-appropriate cancer screening and prevention, vaccinations, breast health, prevention of coronary artery disease, and management of common comorbidities seen in the ambulatory setting. All didactic sessions are presented in an interactive and case-based format with sample questions throughout the lectures. To date, four medical students have participated in this elective course. These medical students who plan to pursue Internal Medicine, Family Medicine, and Obstetrics and Gynecology, have consistently given excellent evaluations of the course and faculty.

ii. Lectures

1. **Board Review in General Internal Medicine.** UF Internal Medicine Residency Conference. June 16, 2014.
2. **Workshop on Pregnancy in Internal Medicine.** Society of General Internal Medicine. April 24, 2014.
3. **Update on Health Maintenance in Women.** Orlando Regional Medical Center Medicine Grand Rounds. March 13, 2014.
4. **Update on Cancer Screening and Prevention.** UF Internal Medicine Residency Conference. September 6, 2013.
5. **Preventive Health Maintenance.** UF Internal Medicine Residency Conference. May 13, 2013.
6. **Update on Prevention of Cardiovascular Disease in Women.** Orlando Regional Medical Center Medicine Grand Rounds. May 10, 2012.

iii. Small group and seminar sessions led

1. **BMS 6015 Essentials of Patient Care I:** Fall semester 2010, 2011
 2. **BMS 6016 Essentials of Patient Care II:** Spring Semester 2010, 2011, 2012
- My student evaluations have always exceeded the departmental means for these two courses. Please find selected unsolicited learners' comments from BMS 6015/6016 Essentials of

Patient Care I and II on my teaching abilities:

“I loved the insight that she brought to the group. She was knowledgeable but extremely nice. She was relaxed and encouraging, and always made students feel comfortable.”

“She was excellent. Always willing to help us and she was always looking for ways to help us improve our interviewing and examining skills. Very knowledgeable in her field and had great suggestions. One thing that I really liked, is she always pointed out the things we did great and it boosted our confidence. Then she would tell us how to improve on things that we did not do so well on. She was awesome.”

3. **BMS 6823 Evidence-Based Medicine:** Spring Semester 2010, 2011, 2012, 2013, 2014 and Fall Semester of 2013

My student evaluations have always exceeded the departmental means for this course. Please find selected unsolicited learners' comments from BMS 6823 Evidence-Based Medicine on my teaching abilities:

“Dr. XYZ is amazing. She is one of the best small group leaders I have had in all of med school thus far. She truly seemed to care about us and cared that we learned the material. She was great at asking us questions and never made us feel bad if we did not know the answer.”

“Really good teacher and always wanting to make sure we understand the concepts. She would go out of her way to print out other material and explain to us as many ways as possible until we understood. Really stellar small group leader.”

“Leader took a lot of time to make sure people understood the material and I always felt more confident walking out than walking in.”

“Dr. XYZ was a great group leader because she went through the material very methodically and made sure we understood what was going on with each question. She was extremely helpful at explaining the more difficult concepts and went out of her way to make sure we had our questions answered.”

4. **MS2 2000 Collaborative Learning Groups:** Fall and Spring Semester 2013-14

My student evaluations have exceeded the departmental means for this course. Please find selected unsolicited learners' comments from this course on my teaching abilities:

“Dr. XYZ is an excellent CLG leader. She came in after the sudden departure of our original small group leader, Dr. Dunbar, and has done an admirable job in the role. Her style is very different from Dr. Dunbar's, but she clearly has both high levels of clinical competence and caring. She empathizes particularly well with our experience as medical students and is very candid about her own experiences during training. She is an excellent physician and is highly skilled in the art of medicine, so her clinical advice has been much appreciated. Furthermore, after a particularly difficult personal episode, I confided in Dr. XYZ and her warmth and empathy were much appreciated -- she clearly has a real commitment to her students that is very genuine.”

5. **GMS 7093 Introduction to Clinical and Translational Research (ICTR):** Summer 2013

This course is offered to UF junior faculty, fellows, Ph.D. students and others interested in patient-oriented research careers. I co-led practical, interactive small-group sessions in which participants used concepts they had learned about basic elements of study design, database design and management, health center resources, regulatory issues, and biostatistical considerations to develop an interdisciplinary protocol.

I have been asked to lead a small group in summer 2014, based on positive feedback from my small group participants:

Group Leader	Category	Total	Total Poss.	%	n	Mean
XYZ	Engaged students	18	20	90%	4	4.5
	Illuminated key issues	19	20	95%	4	4.8
	Linked/related ideas to goal	18	20	90%	4	4.5
	Total Score:	55	60	92%	12	4.6

iv. **Clinical teaching of professional students**

1. **BCC 7110 Medicine Clerkship:** As an inpatient medicine ward attending, I teach and mentor two third year medical students daily during their medicine clerkship. I serve on the inpatient service four to eleven weeks a year and have had the opportunity to teach four to twelve medical students in this capacity each year.

2. **BCC 7111 Senior Medicine Clerkship:** As an inpatient medicine ward attending, I teach and mentor one fourth year medical student daily during his or her senior medicine clerkship. I serve on the inpatient service four to eleven weeks a year and have had the opportunity to teach an average of two to three medical students in this capacity each year.

My student evaluations have exceeded the departmental means for these two courses. Please find selected unsolicited learners' comments from BCC 7110/7111 Medicine Clerkship on my teaching abilities:

“Dr. XYZ is a fantastic attending because she acknowledges students' strengths and weaknesses and then challenges you individually to improve on specific areas with reasonable and achievable goals. Her patients respect her, and she manages a team very well.”

“Dr. XYZ is a great clinician who took the time to both educate me and make sure I was involved in the patient workup and education process. I had a great time working with her and she made me feel like an integral part of the team. I learned a great deal about both medicine and the art of doctoring as well from my time with her. She was always gentle and caring with patients and has many qualities that I will try to emulate.”

“Dr. XYZ is an EXCELLENT attending. She is an outstanding teacher, always making sure that we understand different concepts with our patients. I really like how she kept us engaged in rounds by making teaching points for all the different cases. She is extremely helpful, and constantly provided feedback and suggestions for improvement. She also is outstanding with her patients, and a role model for professionalism and patient rapport/communication. It was very enjoyable to work with Dr. XYZ, and I really felt that I learned a lot from her.”

“Amazing teacher! She has us do a project every couple of days and spent several hours going over topics that she knew were helpful for out shelf and clinical practice. I really enjoyed working with her!”

“Dr. XYZ was very approachable and would answer any questions I had with great explanations, which substantially enhanced my educational experience during the rotation. Furthermore, her bed side manner was exceptional, something I hope to mimic. She made me look at my weakness and turn them into strength. She went over an excellent educational talk on GI bleed, something I found very useful for my shelf exam studying.”

“Dr. XYZ’s approach to the students on the wards was extremely helpful in thinking independently and challenging us to go beyond our comfort zone, while maintaining a very supportive relationship.”

3. **NGR 6941 Practicum in Nursing:** I served as the clinical preceptor for one nurse practitioner student for the spring semester 2014 during three half clinics a week, totaling 184 hours for the semester. Dr. ABC, the FNP Track Coordinator and Chair of Department of Women's Children's & Family Nursing, has now approached me about precepting more nurse practitioner students in the future.

4. **BCC 7170 Family Medicine/Ambulatory Care Clerkship:** Starting in 2014, I have been precepting one third year medical student on his/her ambulatory care clerkship one to two half-day clinics a week. My student evaluations have exceeded the departmental means for this course. Please find selected unsolicited learners’ comments from BCC 7110/7111 Medicine Clerkship on my teaching abilities:

“Great teacher, learned a lot, allowed me to really think through each assessment and plan and develop a strong differential.”

“Very approachable and kind towards students. Promoted my knowledge of different management options for patients. Modeled exceptional communication skills between physician and patient.”

vi. **Clinical teaching of residents**

1. **Inpatient medicine wards:** As an inpatient medicine ward attending, I teach and mentor three Internal Medicine residents (two interns and one second or third year house officer) during their inpatient medicine rotation. I serve on the inpatient service four to eleven weeks a year and have had the opportunity to teach six to eighteen residents in this capacity each year. My

resident evaluations have consistently been above 4 for these rotations. Please find selected unsolicited residents' comments from these rotations on my teaching abilities:

"Best attending I ever had on wards! Kind, respectful, and allows team to develop plans for patients while supervising in the background."

"She allowed me to operate independently but with supervision. This challenges me to really consider all components of the ward experience from intern supervision, to family interactions, to social issues and discharge, but I always knew that she was there to advise me and facilitate any difficult situations that arose. By far this was one of my most rewarding wards rotations because of her."

"Would do back to back wards if she was the attending!"

"Wonderful teacher, communicates well with team, provides opportunity for resident/intern decision-making yet is always on top of things."

2. **Ambulatory medicine clinics:** I consistently serve as a precepting attending two half-day clinics a week throughout the academic year and have the opportunity to teach and mentor at least four Internal Medicine residents in clinic longitudinally each year. My clinic resident evaluations have consistently been above 4. In fact, due to my overwhelmingly positive evaluations, I have been asked to precept three half-day clinics next year and look forward to working with at least six Internal Medicine residents consistently in 2014-2015.

Please find selected unsolicited residents' comments on my teaching abilities:

"Dr. XYZ is an excellent preceptor. She has good interpersonal skills and bedside manners with patients. She takes her time in listening to resident's presentations and thoroughly discusses each case with them...she allows enough autonomy yet provides supervision when needed."

Note: See Peer Evaluations inserted in the Packet as item #10 B. (Peer Assessments).

b. Learner Outcomes

I have consistently mentored medical students and residents in aiming for and achieving academic and clinical excellence. All of my clinic residents at University of Florida have consistently passed their Internal Medicine Board exams and have been able to pursue the career path of their choosing, whether it is practicing General Internal Medicine or training further in medicine subspecialties. Similarly, I have consistently arranged didactic teaching sessions for medical students on Medicine rotations, geared towards preparing them for their Internal Medicine shelf exams.

Medical students have consistently sought my advice and guidance in choosing and preparing for residency long after we have worked on wards together. While students have sought my guidance in choosing and applying for a variety of residencies, including Pediatrics, Obstetrics and Gynecology, and Orthopedics, the majority have chosen to pursue Internal Medicine. One

senior medical student who was planning to pursue Neurology switched to Internal Medicine after we worked together. I have included an expert from the e-mail he sent to inform me of his decision, “I have just completed my Sub-I rotation this past Friday, and after reflecting on my time on Blue Medicine, as well as talking to my family and friends, I have decided to switch my residency application from Neurology to Internal Medicine. I enjoy the complexity of internal medicine, and I believe I can help my patients much more as an internal medicine physician. I wanted to thank you for serving as a mentor to me during your time on Blue Medicine, and I hope to emulate your practice of medicine in the future.”

3. Educational Scholarship

a. Educational Materials.

1. XX Health Elective

I have developed a curriculum and implemented a multidisciplinary XX elective for fourth year medical students. In this 2 week ambulatory course, a fourth year medical student rotates through ambulatory clinics with an intensive multidisciplinary teaching on topics relevant to women’s health, including age-appropriate cancer screening and prevention, vaccinations, prevention of coronary artery disease, and management of common comorbidities seen in the ambulatory setting. The student will gain a perspective on unique aspects of issues affecting women through hands-on experience in the ambulatory setting and evaluation and management of common medical conditions, such as diabetes and hypertension, as well as health maintenance visits. This ambulatory curriculum includes evidence-based readings, bi-weekly 60-minute didactic sessions, a pretest and post-test knowledge assessment questionnaire, interactive patient-specific case discussions with the medicine attending at the end of each clinic day, and a project specific to women’s health.

Prior to this course, there was no comprehensive elective in our medical curriculum. Since implementation of this elective in summer of 2013, I have developed close collaborations with other clinicians and educators in to expand the course faculty to an innovative multidisciplinary one. Copies of the curricular materials (i.e. syllabus and pretest questionnaire) have been included in Section 33A, subsections a and b. I have developed the 10-question XX health questionnaire to assess the efficacy of the multidisciplinary elective on medical students’ knowledge in areas pertinent to XX health.

Given this curriculum was just initiated in 2013-2014, no definitive assessment outcomes exist for quality improvement processes. However, continuous curriculum improvements have been made based on ongoing, individual student feedback. This included the addition of other recommended clinics, such as high risk breast clinic, and other faculty, such as Dr. KD, as course faculty. Future plans for outcomes assessment include pre- and post-course assessment of learners and tracking their outcomes.

2. Pregnancy in Internal Medicine – an Oxymoron? What Every Internist Should Know

The interactive workshop was developed in 2013 to teach General Internal Medicine faculty and housestaff evidence-based recommendations about overall primary care of reproductive-age adult female patients. After a peer-review process, the workshop was accepted and presented at the Society of General Internal Medicine annual meeting in April 2014 in San Diego, California.

The curriculum is divided into two sections, each with dedicated case-based discussions (i.e. preconception care and postpartum care). A copy of the workshop proposal has been included in Section 33A, subsection c. Given this curriculum was only recently implemented in April 2014, no assessment outcomes exist for quality improvement processes. However, there are plans to track and analyze attendees' evaluations, feedback, and suggestions.

3. NextGenU Infant-feeding Curriculum

This web-based series curriculum serves to teach health care professionals globally about evidence-based recommendations for infant-feeding in developed and developing countries, in align with validated educational curriculum and teaching materials from World Health Organization and American Pediatric Association. Learners will also learn the benefits of breastfeeding, common complications that can occur in breastfeeding mother and breastfed infant, and effective counseling and care for the breastfeeding dyad. The curriculum is divided into eight modules, each dedicated to specific infant-feeding topics (e.g. benefits of breastfeeding, infant-feeding recommendations, human milk substitutes, and infant-feeding in developing countries).

My research suggests that the majority of physicians report not receiving education specific to breastfeeding in either medical school or residency. Specifically, 78.5% of 130 physicians I surveyed reported no breastfeeding education in medical school and 80.8% reported no breastfeeding education in residency. NextGenU was created as a portal to free, accredited, higher education, with ultimate mission to facilitate distance learning for learners universally and specifically, learners from developing countries. When Dr. Erica Frank, the founder of NextGenU and a world-renown expert in preventive medicine and medical education, approached me in fall 2012 to become a course author and use my expertise regarding breastfeeding and medical education to develop an infant-feeding curriculum for healthcare students and providers, I recognized this as an opportunity to contribute to global education about breastfeeding, thereby addressing the current gap in medical education. This curriculum development has been done entirely on my own time. A copy of the curricular materials has been included in Section 33A, subsection d. Plans for outcomes assessment include pre- and post-course assessment of learners and tracking their outcomes.

4. NextGenU Breast Health Curriculum

This web-based curriculum serves to educate health care providers at various stages of education and training about the normal development, gross and histologic anatomy, and physiology of the breast as well as common breast disorders. The curriculum is divided into three modules, each dedicated to specific breast health topics (i.e. normal breast anatomy and physiology, benign breast disease, and breast cancer).

NextGenU was created as a portal to free, accredited, higher education, with ultimate mission to facilitate distance learning for learners universally and specifically, learners from developing countries. After I completed my first module for NextGenU, I discussed development of a module in Breast Health. This curriculum development has been done entirely on my own time. Copies of the curricular materials have been included in Section 33A, subsection e. Plans for outcomes assessment include pre- and post-course assessment of learners and tracking their outcomes.

5. XX Ambulatory Topics for Pre-clinic Ambulatory Conference at Internal Medicine

Resident Continuity Clinic at Shands Medical Plaza.

The XX Ambulatory Topics is developed based on evidence-based review of key topics in women's health and ambulatory medicine such as coronary artery disease. Once a month prior to clinic, medicine residents with continuity clinics at Shands Medical Plaza receive interactive one-hour discussion of a specific ambulatory medicine topic. The topic includes specific learning objectives, required readings, and selected questions and answers in ABIM format. A sample of the curricular materials for the Topics has been included in Section 33A, subsection f.

Prior to its implementation, no formal ambulatory clinic curriculum existed in our medicine residency program to educate our residents on key ambulatory medicine topics pertinent to XX. Learning of such topics was dependent on experiential training during busy, fast-paced clinic settings. XX Ambulatory Topics was implemented in the academic year 2012-2013 in the Internal Medicine residents' continuity clinics at Shands Medical Plaza. I personally developed and gathered all the curricular materials for this topic, including specific learning objectives, required readings, and ABIM-like questions and answers.

Given this curriculum was not initiated until 2012-2013, no definitive assessment outcomes exist for quality improvement processes. However, future plans for outcomes assessment include tracking learners' outcomes on ambulatory women's health questions in their yearly in-service exam.

b. Peer Review Activities Related to Educational Scholarship.

Society of General Internal Medicine (SGIM).

Since 2010, I have consistently served in different educational capacities at SGIM: a member of XX Workshop Review Committee, Education Scholarship Workshop Review Committee, Innovations in Medical Education Abstract Review Committee, and Clinical Vignette Abstract Review Committee. I have also been an invited judge for the Clinical Vignette Oral Presentation at the SGIM Annual Meeting.

4. Educational Leadership/Recognition

a. Major Educational Responsibilities.

Course Director XX elective MDT 7200 2013 to present

My role is summarized in Section 9 (Teaching, advising, and Instructional Accomplishments) of the promotion packet and Section 2, subsection ai of this educational portfolio. I have developed and implemented this elective for fourth year medical students. Since its implementation in 2013, I have served as the course director for this course. Further details can be found in the aforementioned sections.

b. Awards and Recognition.

i. Department

**Department of Medicine Excellence in Teaching (Attending of the Year)
2013-2014**

Department of Medicine Excellence in Teaching Award 2011-2012

ii. College

Incentive & Exemplary Teachers Award 2012-2013

iii. Other

Certification of Appreciation for Outstanding Service to the Division of General Internal Medicine of Johns Hopkins University
Baltimore, MD. August 2009

c. Membership or leadership in institutional educational committees, task forces or panels, etc.

The Harrell Professional Development and Assessment Center Supervisory Committee
2009- present

This committee is charged with the oversight of development and implementation of instructional methods and evaluation strategies in the Harrell Center for an integrated clinical skills curriculum. This committee meets monthly and ad hoc to discuss development and implementation of educational and assessment modules.

d. Membership or leadership in extra-mural (regional and national) educational committees, task forces or panels, etc.

1. Society of General Internal Medicine (SGIM).

Since 2010, I have consistently served in different educational capacities at SGIM:

- a. Women's Health Workshop Review Committee, member
- b. Medical Education Scholarship Workshop Review Committee, member
- c. Innovations in Medical Education Abstract Review Committee, member
- d. Clinical Vignettes Abstract Review Committee, member
- e. Clinical Vignettes Abstract Oral Presentations, judge

5. Mentorship.

One of my core teaching principles is the value of mentoring and role modeling as the keys to medical student and resident professional growth and career development. In addition to discussion of career decisions and cultivation of their research and clinical interests, I have served as mentor or advisor in scholarly activities to both medical students and Internal Medicine residents.

With my tutelage, these learners have proudly turned their scholarly activities into formal academic publications and oral/poster presentations at various academic conferences. To date, I have worked with 9 medical students and 13 Internal Medicine residents at UF in the development of research projects and the preparation and submission of 32 publications/presentations (12 abstracts/manuscripts, 18 poster presentations, and 2 oral presentations). Specific publications and presentations are cited in Sections 16 and 17.

The scholarly accomplishments noteworthy to mention include the ones by Dr. RA. Dr. A, now a pathology resident at Duke University, approached me about a research elective in XX Health after rotating with me on inpatient Medicine wards when she was a third year medical student. I mentored her in developing her research idea, "infant-feeding among lawyer mothers," into a research project, developing a study instrument appropriate for her study, obtaining IRB approval, conducting her study, analyzing the data, and preparation and submission of abstracts and manuscripts to disseminate our findings. She has presented her project in various national

and international meetings, including the Women's Health Congress and Academy of Breastfeeding Medicine Annual International Meeting. The manuscript, which Dr. RA co-authored, is currently under review for publication (See Section 33B #1).

Another noteworthy mentee is Dr. VK. In his PGY-1 year, Dr. K with my guidance prepared an abstract of an interesting clinical case we had on inpatient Medicine wards involving bath salts, a novel synthetic drug of abuse. He went on to present this case orally at the Florida Chapter meeting of American College of Physicians and in poster format at that Society of General Internal Medicine annual meeting in 2013. Subsequently, I mentored Dr. VK in preparation of a manuscript related to the case that includes a review of the most popular forms of novel synthetic drugs of abuse. This manuscript has now been published by the Journal of General Internal Medicine (See Section 16f #1).

Finally, my mentee, MM, who did his Medicine sub-internship with me this year not only changed his career plans to pursue Internal Medicine training instead of neurology, he has now prepared and presented two poster abstracts at the Florida Chapter meeting of American College of Physicians. He won first prize for the best poster at the most recent meeting.

Please find a list of students and residents that I have been fortunate to mentor while at UF:

a. **Faculty**

None

b. **Residents and fellows**

- 1., PGYIII, years 2013-present. Plans to pursue Hematology-Oncology fellowship.
2. PGY III, years 2013-present. Plans to pursue Inpatient Medicine.
3. PGY I, years 2013-present.
4. PGY III, years 2013-present. Plans to pursue GI fellowship.
5. PGY II, years 2013-present. Plans to pursue Hematology-Oncology fellowship.
6. PGY I, year 2013. Pursuing Radiation Oncology residency.
7. PGY II, years 2012-present. Plans to become an academic hospitalist.
8. PGYI, years 2012-present. Plans to pursue Pulmonary fellowship.
9. PGYI, years 2012-present. Plans to pursue GI fellowship.
10. PGY II, year 2011-12. Pursuing Cardiology fellowship.
11. PGYI, year 2010. Pursuing Endocrinology Fellowship at UF.
12. PGY III, year 2010. Pursuing GI fellowship.
13. PGYI, year 2009-present. Now in Preventive Medicine residency at Mt. Sinai.

Please find the details of the peer-reviewed publications and presentations of my resident mentees in Section 16 (subsections f. 1 and i. 1-4, 7, 8) and Section 17 (subsection a. 1-4, 9, 10, 22 and d. 1, 5, 8, 9).

c. **Students**

With respect to medical student mentorship, I have served as a portfolio advisor for one medical student per medicine clerkship rotation since 2010. My assigned role as portfolio advisor normally consists of reading the students' write-ups and giving them feedback and guidance. However, I also personally meet with each student at least once to discuss their professional goals and career paths.

I have been an invited faculty speaker and panelist for the premedical chapter of the American Medical Student Association at the University of Florida. I have also mentored each of the students below in an academic or research project:

1. MS IV, year 2013-present. Plans to pursue Internal Medicine.
2. MS IV, year 2013-present. Plans to pursue Internal Medicine.
3. MS III, year 2013-present. Plans to pursue Orthopedics.
4. MS III, year 2012-present. Plans to pursue Pediatrics.
5. MS IV, year 2012-present. Now an Internal Medicine intern at UF.
6. MS III, year 2011-12. Now in Emergency Medicine Residency.
7. MS III, year 2010-now. Now in Pathology residency at Duke University.
8. MS IV, year 2011. Now in Internal Medicine residency at Wake Forest.
9. MS IV, year 2008-9. Now in Internal Medicine residency at University of Pennsylvania.

Please find the details of the peer-reviewed publications and presentations of my student mentees in Section 16 (subsection i. 10, 12, 14) and Section 17 (subsections a. 18, 19; b. 1; c. 2 and 4; d. 2-4, 6, 7).

d. Post-doctoral fellows

None