Academic Portfolio

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Section I

Personal Statement and Long-Term Goals

Personal Statement

My career started in education; I taught math to third through 12th graders and I have not lost the passion to teach nor the interest in the learning process. In fact, that interest has only grown stronger. I find that in almost every aspect of my job I am fundamentally a teacher. This is the case whether I am in a clinic room with a patient, in the precepting room or at the bedside with a resident or medical student, conducting a resident’s semiannual evaluation or meeting with clinic staff about the resident clinic.

I know that each part of my work life complements the others. The three largest aspects are direct patient care, clinic precepting and serving as Associate Program Director for the internal medicine residency program. I excite my own intellectual curiosity, develop my knowledge base and strengthen my skills in the doctor-patient relationship when I see patients myself and when I precept. I believe that my genuine interest in general internal medicine and commitment to accompany each student on their learning course encourages their intellectual curiosity and increases their engagement in the learning process and direct care of the patients.

My role as Associate Program Director allows me to put my strong interest in the growth and development of the residents into practice both in individual meetings and in curriculum development. The institution of the transition to resident workshop, ambulatory care performance improvement projects and videotape review curriculum are clear examples of this pursuit. I strongly encourage self-reflection during the residents’ semiannual reviews and I strive to create a challenging but safe environment where their mistakes and successes are appreciated and debriefed.

In all of these endeavors, meaningful real time feedback is essential both for the residents and for the faculty. I think back to one of the fundamental aspects of teaching: we are here to assist our students in their success and development; if feedback is done with that in mind, we will succeed in our goal. To this end, I have worked to develop my observation skills and to deliver constructive criticism in a nonjudgemental manner, always focused on the genuine goal of improvement for the learner. I also encourage my learners to give me constructive feedback, at times pushing them to identify one concrete item that they think I should continue and one item for improvement.

In the end, I think what underlies my educational philosophy is something I learned when teaching grade and high school: a true outward passion for the subject and an honest belief in the students’ ability to succeed transcends all. I hope that what I do each day reflects this and builds on my passion to teach medicine, to assist in the professional development of our learners, and to make the care environment conducive to this endeavor.
Long term goals

Statement

Based on the themes I discussed in my personal statement, my professional development goals are:

- to gain a better understanding of how people learn
- to develop teaching skills targeted to each learner's developmental phase and to better incorporate their learning style
- to gain a better understanding of the principles of assessment of individuals and to further refine this skill in order to improve my feedback to learners
- to complete a more rigorous evaluation of the new curriculum developments including the ambulatory care performance improvement projects and videotape review curriculum
- to investigate the developmental models of moral reasoning
- to more fully incorporate evidence-based medicine into my routine precepting

Thus, over the next two to five years I will:

- attend yearly academic conferences such as ACP and SGIM
- attend the yearly AACH winter course
- commit to giving more frequent feedback to my preceptees in the clinic
- create a scholarly project to investigate our semiannual meeting process and videotape review curriculum in relation to the skill of self-reflection
Associate Program Director

**Role**  
Assistant/Associate Directorship

**Title**  
Associate Program Director, Internal Medicine Residency Program

**Duration**  
July 2008 - January 2011

**Institution**  
NYU School of Medicine

**Description of Responsibility**

In my role as Associate Program Director (APD) for the categorical internal medicine residency program, I have multiple responsibilities. These include mentoring a group of interns and residents with whom I meet at least twice a year to review their progress, establish learning goals and facilitate professional growth. I, along with the other ambulatory care APDs, oversee the ambulatory care curriculum, scheduling, RRC compliance and conference planning for the ambulatory care experience. In addition, I am responsible for ensuring that each resident in the VA clinic is evaluated twice a year by their assigned continuity preceptor and serve as a member of the clinical competency committee.

**Evidence of Impact**

I generally receive excellent verbal feedback on my role as mentor of the interns and residents with whom I meet twice a year. We have a robust ambulatory care curriculum which receives good feedback from the residents.

Resident Clinic Site Director

**Role**  
Directorship

**Title**  
VA Resident Clinic Site Director

**Duration**  
July 2008 - January 2011

**Institution**  
NY Harbor VA Medical Center

**Description of Responsibility**

As the VA resident clinic site director I am responsible for overseeing the resident's clinic experience. As such, I ensure that residents have the appropriate number of clinic sessions, supervisors and receive written and verbal feedback twice a year. I work closely with the VA primary care clinic director and the VA clinic chief resident to assist in the administrative functioning of the clinic and ensure the educational value of the clinic sessions for the residents. In addition, I have been a crucial member for the implementation team of the VA medical home (PACT model) in the resident clinics.

**Evidence of Impact**

The VA clinic uniformly receives excellent reviews from the residents.
Medical Student Ambulatory Care Rotation

Category of Teaching       Medical Students
Teaching Site               VA Medical Center -- NY Harbor Primary Care Clinic
Course/Session Title       Ambulatory Care Rotation
Your Role                  Preceptor
Duration                   January 2008 - January 2011
Frequency of Sessions      3 Monthly
Average Length of Sessions 3
Number of Participants     1
Contact Hours (hrs/year)   18

Description of Teaching Sessions or Courses
I supervise a 3rd or 4th year medical student during their ambulatory care rotation for one general medicine clinic a week for approximately 5-6 months a year. Each session, I identify an appropriate patient for the student to see for a history and physical. The student then presents the patient to me and together we make an appropriate assessment and management plan. In addition, I complete direct observations of the students and give verbal and written feedback. I have also served as a mentor for the course, in which I met with my assigned student approximately 3 times during the rotation, developed learning objectives with the each student, assessed their progress, and read and graded 2 patient write-ups.

Evidence of Impact
I have been asked to continue as a regular preceptor for the course.

Who can verify this?     Dr Joseph Leung

Resident Primary Care Clinic Preceptor

Category of Teaching       Residents
Teaching Site               VA Medical Center -- NY Harbor Primary Care clinic
Course/Session Title       Resident Primary Care Continuity Clinic
Your Role                  Preceptor
Duration                   July 2008 - January 2011
Frequency of Sessions      1 Weekly
Average Length of Sessions 4
Number of Participants     4
Contact Hours (hrs/year)   180
Description of Teaching Sessions or Courses

I serve as the continuity preceptor for 5 interns and residents in the primary care clinic at the VA. As such, I hear all their cases for the precepting session and assist in the formulation of the clinical assessments and treatment plans for each patient. During these sessions we review clinical guidelines, the latest literature and ensure that the residents are appropriately knowledgeable in the assessed competencies. In addition, I serve as their surrogate in the clinic when they are not available. In my role as preceptor I give regular verbal and written feedback to my assigned residents.

Evidence of Impact

My evaluations from the residents in most categories have been "exceeds expectations"

Who can verify this? Dr Joseph Leung

Ward Attending

Category of Teaching Residents
Teaching Site VA Medical Center- NY Harbor General Medicine Wards
Course/Session Title Medicine Wards rotation/block
Your Role Ward Attending
Duration August 2008 - January 2011
Frequency of Sessions 24 Yearly
Average Length of Sessions 3
Number of Participants 5
Contact Hours (hrs/year) 72

Description of Teaching Sessions or Courses

In my role as ward attending on the VA NY Harbor General Medical Wards, I lead attending rounds approximately three times a week with the entire medical team (resident, intern(s), sub-intern(s) and medical student(s)). In these sessions I review the current patient cases on the service, review appropriate medical literature and lead didactic session on relevant medical topics. In addition to these formalized rounds, I am available to the team at all times and routinely discuss the cases and relevant medical literature with the team's resident outside of the designated teaching rounds. In addition, I am responsible for evaluating each member of the team in the appropriate competencies at the end of the rotation and complete written feedback at that time. Throughout the rotation I am responsible for giving verbal feedback to all members of the team and do so, formally, twice a rotation.

Evidence of Impact

Over the past years on the service I have routinely recieved ratings of 8 and 9 (on a scale of 1-9).

Who can verify this? Dr Neil Shapiro
Faculty discussant, intern report

Category of Teaching Medical Students, Residents
Teaching Site VA Medical Center-NY Harbor General Medicine Wards
Course/Session Title Intern Report
Your Role Discussant
Duration July 2008 - January 2011
Frequency of Sessions 6 Yearly
Average Length of Sessions 1
Number of Participants 20
Contact Hours (hrs/year) 6

Description of Teaching Sessions or Courses
I serve as the faculty discussant for the inpatient intern report. As such, I contribute to the case conference with the chief resident and assist in facilitation of the housestaff and students.

Evidence of Impact
Over the past year I have been asked to continue in this role by the chief residents and the assistant chief of medicine and to now serve as one of the core faculty members for this conference.

Who can verify this? Dr Neil Shapiro

Preceptor and Lecturer for Physical Diagnosis OSCE

Category of Teaching Residents
Teaching Site NYU School of Medicine/ NY Harbor VA Medical Center
Course/Session Title Physical Diagnosis OSCE
Your Role Preceptor
Duration July 2008 - January 2011
Frequency of Sessions 1 Monthly
Average Length of Sessions 2.5
Number of Participants 8
Contact Hours (hrs/year) 22.5

Description of Teaching Sessions or Courses
I am the core faculty member for the intern physical diagnosis OSCE. As such, I lead a didactic session on the cardiovascular exam. I also participate as a preceptor, leading approximately 3 interns through the cardiovascular exam on three patients with different physical exam findings.
Evidence of Impact

The physical diagnosis OSCE routinely receives excellent reviews from the interns on ambulatory block (usually rated as 4-5/5).

Who can verify this? Dr Ellen Pearlman

Conference leader, resident performance improvement

Category of Teaching Residents
Teaching Site NYU School of Medicine/NY Harbor VA Medical Center
Course/Session Title Resident Ambulatory Care performance improvement conference series
Your Role Discussant
Duration July 2008 - January 2011
Frequency of Sessions 2 Monthly
Average Length of Sessions 1.5
Number of Participants 15
Contact Hours (hrs/year) 36

Description of Teaching Sessions or Courses
I co-lead the performance improvement resident conferences. Each month, we lead a conference series to facilitate each PGY-2 and PGY-3's ambulatory care performance improvement project. During each conference we serve as discussants/facilitators as the residents present their findings and plans for their individual projects.

Evidence of Impact
This is the first year of the project but thus far it has received mostly good reviews. Residents have appreciated the opportunity to investigate their patient panel outcomes, their own practice processes and the opportunities to make plans for change.

Who can verify this? Dr Ellen Pearlman

Facilitator, Transition to Resident Workshop

Category of Teaching Residents
Teaching Site NYU School of Medicine
Course/Session Title Transition to Resident Workshop
Your Role Seminar Leader
Duration June 2006 - January 2011
Frequency of Sessions 1 Yearly
Average Length of Sessions 4
Number of Participants 8
Contact Hours (hrs/year) 4

Description of Teaching Sessions or Courses
I serve as preceptor for a group of 8 interns for this 4 hour workshop in which we discuss and prepare the interns for the change in roles and responsibilities in moving from intern to resident.

Evidence of Impact
Interns evaluate the workshop each year and the evaluations are consistently between 4-5 (out of 5) for most sections of the workshop.

Who can verify this? Dr Ellen Pearlman (intern medicine residency program director)

Patient, Physician and Society Seminar Leader

Category of Teaching Medical Students
Teaching Site NYU School of Medicine
Course/Session Title Patient Physician and Society
Your Role Seminar Leader
Duration September 2007 - June 2010
Frequency of Sessions 2 Monthly
Average Length of Sessions 2
Number of Participants 8
Contact Hours (hrs/year) 40

Description of Teaching Sessions or Courses
I served as a seminar leader for the 1st and 2nd year patient, physician and society course. As such I led seminars on various topic including: Medical Interviewing, Prevention and Behavior change, Medical Ethics, Culture and Diversity in Medicine, and the Health System. In addition, I served as a preceptor for the five OSCEs incorporated into the course.

Evidence of Impact
see attached letter of recommendation

Files:
PPS LOR

Who can verify this? Dr Kathleen Hanley (course director)
VA clinic PACT workshops

**Category of Teaching**  Residents, Faculty (MD, RN, DDS, etc), Staff (Nursing, Mental Health, Dentistry, Pharmacy, etc)

**Teaching Site**  VA NY Harbor Primary Care Clinics, Manhattan and Brooklyn campuses

**Course/Session Title**  PACT Team-building workshop

**Your Role**  Seminar Leader

**Duration**  September 2010 - January 2011

**Frequency of Sessions**  4 Yearly

**Average Length of Sessions**  4

**Number of Participants**  25

**Contact Hours (hrs/year)**  16

**Description of Teaching Sessions or Courses**

I served as workshop leader and creator for the initial workshops introducing each general medicine patient-aligned care team (medical home team) in the VA medical center. As such, I led a 4 hour interactive workshop in which participants did small group activities, team-building exercises and role play designed to cover the topics of the team huddle and clinic flow.

**Evidence of Impact**

The workshop was named as a "best practice" in the implementation of the VA PACT model for the local VA network.

**Who can verify this?**  Dr Joseph Leung (chief of general medicine at the VA)

**Facilitator, Videotape Review**

**Category of Teaching**  Residents

**Teaching Site**  NYU School of Medicine/NY Harbor VA clinic site

**Course/Session Title**  Resident Videotape Review

**Your Role**  Seminar Leader

**Duration**  July 2010 - January 2011

**Frequency of Sessions**  1 Monthly

**Average Length of Sessions**  1

**Number of Participants**  3

**Contact Hours (hrs/year)**  12
**Description of Teaching Sessions or Courses**

I, along with one other clinic preceptor, facilitated a peer videotape review each month. The participants were PGY-2s with VA clinic who had videotaped at least one patient encounter. Each resident made learning goals at the start of the session and as a group, we reviewed the tapes with these in mind and developed additional goals for the resident to continue to work on.

**Evidence of Impact**

This is the first year of the conference series. In general it was received well in verbal feedback from the residents. Specifically, they identified the opportunity to review their performance with peers and appreciated the similarities and common struggles that residents at this level of training grapple with. They also appreciated the opportunity to discuss strategies to approach these situations both with their peers and with faculty.

**Who can verify this?** Dr Ellen Pearlman

**Facilitator, Ambulatory Care Conferences**

**Category of Teaching** Residents

**Teaching Site** NYU School of Medicine

**Course/Session Title** Ambulatory Care Resident conference series

**Your Role** Facilitator

**Duration** July 2008 - January 2011

**Frequency of Sessions** 2 Monthly

**Average Length of Sessions** 2

**Number of Participants** 15

**Contact Hours (hrs/year)** 48

**Description of Teaching Sessions or Courses**

Served as faculty facilitator for several resident ambulatory care conferences a month. These included our "updates" series presented by the residents, performance improvement projects, and journal clubs.

**Evidence of Impact**

These specific conferences generally receive good reviews for each ambulatory care block.

**Who can verify this?** Dr Ellen Pearlman

**Lecturer, Intern ambulatory care conference series**

**Category of Teaching** Residents

**Teaching Site** NYU School of Medicine

**Course/Session Title** Intern Ambulatory Care Conference Series

**Your Role** Lecturer
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<tr>
<th><strong>Duration</strong></th>
<th>July 2008 - January 2011</th>
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<tr>
<td><strong>Frequency of Sessions</strong></td>
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<td><strong>Average Length of Sessions</strong></td>
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<tr>
<td><strong>Number of Participants</strong></td>
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<td><strong>Contact Hours (hrs/year)</strong></td>
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**Description of Teaching Sessions or Courses**

Serve as lecturer for intern ambulatory care course. I usually give a lecture on anemia 4-6 times a year.

**Evidence of Impact**

Generally received good reviews with ratings of 4-5 on a 5 point scale on the end of block feedback forms.

**Who can verify this?** Dr Ellen Pearlman

**Performance Improvement Curriculum Development**

**Target Learners** Residents

**Curriculum Title** Ambulatory Care Performance Improvement

**Duration** July 2010 - January 2011

**Description of Curriculum Development**

As a co-creator of the ambulatory care performance improvement project, I developed a diabetes outcomes project and a conference series to facilitate this required performance improvement project for each PGY-2 and PGY-3 in the categorical internal medicine residency program. The residents participated in 2 conferences during their fall ambulatory care block and 3 conferences during their spring block. The series was based on the PDSA cycle and required residents to investigate data on the core Diabetes outcomes for their patient panel. During the ambulatory block, they were charged with identifying their current practice, creating a plan to improve these outcomes and then implement that plan between ambulatory care blocks. When they returned to block they were asked to study their implementation for viability and impact on the stated outcomes and then continue the PDSA cycle. They will determine whether they should continue, change or replace their initial plan and carry out this next phase between ambulatory care blocks. The following year, the PGY-3 residents will meet with clinic administrators to discuss their individual plans and attempt to work cooperatively to integrate them into the clinic structure as possible.

**Evidence of Impact**

This is the first year of the project but thus far it has received mostly good verbal reviews. Residents have appreciated the opportunity to investigate their patient panel outcomes, their own practice processes and the opportunities to make plans for change.

**Transition to Resident Curriculum Development**

**Target Learners** Residents

**Curriculum Title** Transition to Resident workshop
Duration       June 2006 - January 2011

Description of Curriculum Development
As creator of the transition to resident workshop I have developed a 4 hour interactive curriculum to assist in the transition from intern to resident for every categorical and primary care internal medicine intern. During this workshop the interns work through the upcoming change in responsibilities through group discussion, team-building exercises and role play. The topics covered include delegating and prioritizing, sign-out, work rounds, taking admissions, feedback and coaching.

Evidence of Impact
The workshop consistently receives excellent reviews with scores of 4-5 (on a 5 point scale) on most sections of the workshop.

Cardiovascular Exam OSCE curriculum development
Target Learners       Residents
Curriculum Title      Cardiovascular exam OSCE
Duration       July 2008 - January 2011

Description of Curriculum Development
As leader and co-creator of the cardiovascular exam OSCE for interns on ambulatory care we have developed a experiential learning session for the cardiovascular exam. Each categorical internal medicine intern participates in this exercise while they are on ambulatory care block. Prior to the OSCE they are sent readings on the exam and are given the opportunity to watch a exam demonstration online. On the morning of the OSCE, they start with a short didactic on the CV exam led by a faculty member, listen to heart sounds online and then examine 3-4 patients with heart murmurs accompanied by a faculty member throughout the exams.

Evidence of Impact
The Physical Diagnosis OSCE consistently receives good feedback (scored 4-5 on a 5-point scale) by the interns. In addition, the participating faculty consistently report a good teaching experience during the session.

VA PACT team-building workshop Curriculum Development
Target Learners       Faculty (MD, RN, DDS, etc), Residents, Staff (Nursing, Mental Health, Dentistry, Pharmacy, etc)
Curriculum Title      PACT team-building and huddle workshop
Duration       September 2010 - January 2011

Description of Curriculum Development
I created a 3 hour interactive workshop for all members of the VA clinic PACT teams which includes attending physicians, residents, interns, RN care managers, LPNs and clerical assistants. The workshop was designed to assist in team-building through interactive introductory exercises as well as to establish huddle and improved clinic flow techniques. This was accomplished through small group work and role play.
Evidence of Impact
The workshop was names as of the "best practices" for the PACT model implementation in the local VA network.

Resident Videotape Review curriculum development
Target Learners Residents
Curriculum Title Resident Videotape Review
Duration January 2010 - January 2011

Description of Curriculum Development
As co-creator of the videotape review process and curriculum for the internal medicine residents, I was responsible for developing a process by which the residents videotaped a patient encounter in clinic, reviewed the tape and then participated in peer-review of the encounter. The residents were given a checklist to assist in their reviews and were asked to develop learning goals from the videotapes. We then met as a group to review specific portions of the videos that the residents identified.

Evidence of Impact
This is the first year of the conference series. In general it was received well in verbal feedback from the residents. Specifically, they identified the opportunity to review their performance with peers and appreciated the similarities and common struggles that residents at this level of training are grappling with. They also appreciated the opportunity to discuss strategies to approach these situations both with their peers and with faculty.

Resident Ambulatory Care Curriculum Development
Target Learners Residents
Curriculum Title Resident Ambulatory Care Conference series
Duration July 2010 - January 2011

Description of Curriculum Development
As one of the ambulatory care site directors, I am charged with developing the ambulatory care curriculum for the housestaff. We have instituted several new conferences including a biweekly "in the clinic" conference in which common outpatient topics are covered along with a subspecialist discussant. We have improved our outpatient journal clubs with greater direction for the residents and in the moment feedback. We have instituted a new course for the spring block which is based in resident-led conferences on medical subspecialty topics.

Evidence of Impact
The residents have given generally positive reviews to the ambulatory care conferences on the end of the year survey and have positively commented on the new resident-led model of conference in the medical subspecialty course started in January of 2009.
VA Health Promotion and Disease Prevention committee

Committee Name: NY Harbor VA Medical Center Health Promotion and Disease Prevention Committee
Role: Member
Duration of Service: January 2011 - January 2011

Description/Purpose of Committee
The mission of the New York Harbor Health Promotion and Disease Prevention Program Committee is to ensure the integration of health promotion and disease prevention services into clinical care delivery within the medical center and affiliated community based outpatient clinics (CBOCs). The committee will assess patient and programmatic needs, identify internal and community resources, and develop, implement, coordinate and evaluate evidence based HPDP programming that address the core prevention messages.

Evidence of Impact
In our first few months we have focused on flu vaccination rates and smoking cessation with campaigns at all campuses.

Clinical Competency Committee

Committee Name: NYU Internal Medicine Residency Program Clinical Competency Committee
Role: Member
Duration of Service: July 2008 - January 2011

Description/Purpose of Committee
The committee meets biweekly to review the clinical progress of the internal medicine residents. We are also responsible for carrying out remediation plans when necessary.

Evidence of Impact
As a committee we have had noted impact in assisting struggling residents succeed and I have been responsible for overseeing several successful remediation plans.
Resident Mentoring

Statement
I serve as mentor to 5 PGY-1, 5 PGY-2 and 5 PGY-3 internal medicine residents each academic year. We meet at least twice a year, form learning contracts and discuss professional development, and career guidance. I typically write 2 to 3 letters of recommendation each year.
2009 PrMEIR Grant

**Funding Agency**   Program for Medical Education Innovations and Research

**Duration**   September 2010 - September 2011

**Grant Title**   A Faculty Development Program: Improving Precepting Skills Using Individual and Peer Videotape Review

**Total Grant Amount**   $15,000

**Role**   Co-Investigator

**% Effort**   5%

**Description**

One year study to evaluate the benefit of a faculty development program incorporating individual and peer videotape review on faculty precepting skills.
Publications

Statement


Presentations

Statement

Horlick M, Pearlman R E Teaching Leadership and Professionalism to Senior Residents: A relationship-centered approach AACH October 2008