SAMPLE NARRATIVES - LONGER SERVICE METRIC

SAMPLE (1) Narrative Report

I am an anesthesiologist who returned to academia after ten years in private practice in order to be able to teach as well as to seek greater clinical challenge. I spend 70% of my effort teaching residents and fellows while providing direct clinical care; 30% is devoted to developing teaching tools, practice guidelines/protocols and administrative systems applicable to my clinical foci of regional anesthesia and perioperative pain relief. I take pride in teaching young physicians and the physicians of the future not only the technical skill crucial to this field but also the importance of vigilance, attention to guidelines, knowledge of medicine beyond the realm of anesthesia, and the importance of interdisciplinary care and communicating with and understanding the concerns of our colleagues.

My three years of service as [redacted] of the MGH Acute Pain Service emphasized teaching residents the postoperative implications of intraoperative anesthesia care in order to improve postoperative care, particularly the use of peripheral nerve catheters for minimizing and even preventing postoperative pain.

Implementation of my protocols for the intraoperative and postoperative care of patients undergoing ACL reconstruction and arthroscopic shoulder surgery enabled patients to go home the day of surgery.

These protocols have been integrated into standard practice at the MGH and, as such, have been used to educate others throughout the hospital and encourage the development of evidence based protocols for care. They constitute a key part of the MGH DACCPM regional and ambulatory anesthesia curricula: this contribution was recognized by nomination for the pretigious Bowditch award. Subsequently I have developed and taught a regimen lauded by the surgeons and regional anesthesiologists and in the process of being integrated into the DACCPM curriculum using regional anesthesia (paravertebral blocks) and intravenous anesthesia to provide breast CA patients undergoing mastectomy and reconstruction a more comfortable course and shorter hospitalization. I have written a patient education pamphlet that is distributed to MGH breast cancer patients preoperatively so they will know what to expect during and after their surgery. I am recognized for the excellence of my clinical care, and often requested to provide anesthesia to members of the hospital community.

I have actively provided didactic teaching by numerous lectures to residents, fellows and faculty. I have served as a mentor to numerous residents, with an emphasis on regional anesthesia and work-life balance. Many trainees and staff look upon me as a role model in both these important areas. I have received laudatory evaluations in the departmental anonymous resident teaching evaluation program.

I hope my consistent important contributions to teaching trainees and faculty over the past decade by clinical hands-on training and supervision; development of clinical protocols and guidelines to improve teaching, medical care and the patient experience; didactic teaching and serving as a mentor and role model; and recognized excellence in patient care qualify me for promotion to Assistant Professor of Anaesthesia.