

Personal Information

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Title: Academic Hospitalist, Assistant Professor of Clinical Medicine
Department of Internal Medicine

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Languages Spoken: English

Professional Summary

Primary Departmental Specialization Area/Field

Academic Hospitalist
Division of Hospital Medicine
Department of Internal Medicine

Areas of Expertise and Interest

Clinical Education

Fourth-year medical school education, especially the Acting (Sub) Internship rotation

AAMC Core Entrustable Professional Activities for Entering Residency (Core EPAs)

Competency-based medical education

Hospital Medicine

Procedural Medicine

Inpatient management of COPD and readmission reduction

Education

Post Graduate

Internship & Residency in Internal Medicine, Duke University Medical Center, Durham, NC

07/2010 - 06/2013

Graduate

Doctor of Medicine, Virginia Commonwealth University School of Medicine, Richmond, VA

08/2006 - 05/2010

Undergraduate

Bachelor of Science in Finance and Marketing, Chemistry Minor. University of Virginia,
McIntire School of Commerce, Charlottesville, VA
08/2000 - 05/2004

Certification & Licensure

Licensure

License to Practice Medicine & Surgery
Commonwealth of Virginia (renewed 09/2018)
03/2013

Certification

American Board of Internal Medicine
(expires 12/31/2023)
2013

ABIM Maintenance of Certification (MOC)
Certified, Participating in MOC
2014

Hospital Appointments

Virginia Commonwealth University Health
Richmond, VA
07/2013 - Present

Academic Appointment History

Assistant Professor, Department of Internal Medicine
07/2013 - Present

School of Medicine Acting Internship Director, VCU School of Medicine, Richmond, VA
10/2015 - Present

Course Director, Internal Medicine and Medical Respiratory ICU Acting Internship,
Department of Internal Medicine, VCU Health, Richmond, VA
10/2014

Employment History

Staff Physician (Academic Hospitalist), Division of Hospital Medicine
Department of Internal Medicine
VCU Health, Richmond, VA
07/2013 - Present

Special Awards & Honors

Excellence in Clinical Education Award recipient. VCU Department of Internal Medicine. Offers of support were received by Departmental committee who made the selection based upon established criteria.
02/2019

Society Memberships

Member, Society of Hospital Medicine
2014 - Present

Member/Fellow, American College of Physicians
2012 - Present

Alpha Omega Alpha
2008 - Present

Member, American Heart Association
2013 - 2015

Member, American Medical Association
08/2006 - 10/2017

Advising and Mentoring

Fourth-Year Internal Medicine Student Advisor (4 students)
03/2018 - 02/2019

Internal Medicine Resident Mentor - Helen Lin
- Mentored Helen in writing a case report based on a patient case we encountered, helped construct and co-author case report that was published in peer-review journal
- Completed letter of recommendation aiding in Helen's employment as a hospitalist after graduation in 2019
06/2017 - 04/2019

Fourth-year medical student Mentor - Shelia Kapyur
- Mentored Shelia in writing a case report based on a patient case we encountered, helped construct and co-author abstract that was accepted at a national hospital medicine conference for poster presentation
06/2017 - 05/2018

Fourth-Year Internal Medicine Student Advisor (4 students)
03/2017 - 02/2018

Hospitalist Mentor - Internal Medicine Resident, Derek Leiner
- Mentored Derek throughout his PGY-3 year as he considered a career as a hospitalist, which he ultimately pursued
08/2016 - 05/2017

Fourth-Year Internal Medicine Student Advisor (3 students)
03/2016 - 01/2017

Fourth-Year Internal Medicine Student Advisor (3 students)

03/2015 - 02/2016

Research Mentor for resident Graham Gipson

- Mentored and assisted development of a retrospective analysis of over 3 years of data to identify predictors of readmissions for patients hospitalized with Acute COPD exacerbations at VCU Hospital. Resulted in resident research day and SHM national poster presentation.

10/2014 - 06/2016

Presentations

Invited

Internal/VCU

Invited Presenter, "So You Have an Acting Intern with You... Now What? – Teaching Tips and Tricks." Division of Hospital Medicine Grand Rounds. VCU, Richmond, VA.

05/2019

Invited Presenter, "Changes in Resident Procedural Volume and Supervision after Procedure Team Implementation." Department of Internal Medicine Grand Rounds.

VCU, Richmond, VA.

03/2019

Invited Presenter, "Good-bye 'See one, Do one, Teach one' – Educational Outcomes of the Procedure Team." Division of Hospital Medicine Research Meeting. VCU,

Richmond, VA.

12/2018

Invited Presenter, "Utilizing Teaching Scripts to Educate Patients, Learners, and Team Members." Division of Hospital Medicine Grand Rounds. VCU, Richmond, VA

11/2017

Invited Presenter, "Going for the GOLD: New Insights in COPD Management." VCU Practical Frontiers in Primary Care Conference. Virginia Crossings Hotel and Conference Center, Glen Allen, VA

10/2017

Invited Presenter, "Beefing up the Acting Internship: Adding Structure in an Unstructured Environment." Division of General Internal Medicine Grand Rounds. VCU,

Richmond, VA

03/2017

Invited Presenter, "Pathophysiology on the Fly: The Nuts and Bolts of Mechanism-based Clinical Reasoning." Division of General Internal Medicine Grand Rounds. VCU,

Richmond, VA

10/2016

Invited Presenter, "Updates in Hospital Medicine." Division of General Internal

Medicine Grand Rounds. VCU, Richmond, VA
05/2016

Invited Presenter, "Updates in Hospital Medicine." Department of Internal Medicine Residency Core Education Conference. VCU, Richmond, VA
04/2016

Invited Presenter, Department of Internal Medicine Grand Rounds: Clinicopathologic Conference. VCU, Richmond, VA.
02/2016

Invited Presenter, "Speed Designing with Digital Media Workshop." School of Medicine Lunchtime Learning; a professional development workshop series. VCU, Richmond, VA.
01/2016

Local/Regional (Virginia but Non-VCU)

Invited Presenter, "As Good as GOLD! Updates in COPD Management." Bon Secours Medical Group Continuing Education "Night Out" Series. Bon Secours Heart & Vascular Institute, Richmond, VA
02/2018

National

DiazGranados, D; Olex, A; **Garber, A**; Santen, S; McInnes, B; Goldberg, S. *Utilizing Natural Language Processing to Automate the Identification of Acting Intern Challenges*. Accepted for 50-minute podium "Innovation Presentation" at the AAMC ChangeMedEd 2019, Accelerating Change in Medical Education (National Conference). Chicago, IL.
09/2019 (in progress)

Garber A, Lang V, Ayers S, Merel S. (2018, March). Time for a Change: Innovation in the Subinternship. Workshop presented at Alliance for Academic Internal Medicine Week 2018 (National meeting). San Antonio, TX
03/2018

Garber A, Narayana S, Tang S. (2017, May). *Back to Basics: Empowering Hospitalists to Teach Physiology at the Bedside*. Workshop presented at Hospital Medicine 2017 National Conference. Las Vegas, NV.
05/2017

Carter T, **Garber A**, Jokela J, Laird-Fick H. (2017, March). *The Core EPAs in Action: Lessons from the Pilot Schools*. Workshop presented at Alliance for Academic Internal Medicine Week 2017 (National meeting). Baltimore, MD
03/2017

Posters or Other Unsolicited Presentations

Internal/VCU

Marcelo, C; Paletta-Hobbs, L; Brooks, MN; Kurbanova, N; Wong, A; **Garber, AM**; Jessee, DK; Miller, R; Meadors, E; Ritter, E; Brunson, K; Gordon, A; Pedram, KS; Qayyum R. "Peer Observations: Enhancing Teaching Behaviors." Abstract published at VCU Health Sciences Education Symposium 2019. Richmond, VA. March 2019.
03/2019

Smith H, Miller R, **Garber A**, Malik M, Call S. "Creating Competency, A Retrospective Evaluation of Procedural Quantity Following the Implementation of an Internal Medicine Procedural Service." Poster presented at VCU Health Resident/Fellow Research Day. Richmond, VA. June 2018.
06/2018

Garber AM, Feldman M, Dow A, Ryan M, Santen S, Goldberg S. "Implementation of a School-wide, EPA-based Acting Internship Curriculum." Poster presented at: VCU 2018 Medicine Education Symposium. April 2018. Richmond, VA
04/2018

National

Garber, AM; Miller, R; Kimberly, C; Malik, M; Call, SA; Qayyum, R. "Effect on Resident Procedure Volume and Supervision After Implementation of an Inpatient Procedure Service." Abstract published at Hospital Medicine 2019. National Harbor, MD. March 2019.
03/2019

Marcelo, C; Paletta-Hobbs, L; Brooks, MN; Kurbanova, N; Wong, A; **Garber, AM**; Jessee, DK; Miller, R; Meadors, E; Ritter, E; Pedram, KS. "Peer Observations: Enhancing Teaching Behaviors." Abstract published at Hospital Medicine 2019. National Harbor, MD. March 2019.
03/2019

Miller, R, Smith H, **Garber A**, Call S. "A Retrospective Evaluation of Volume of Bedside Procedures Logged Following the Implementation of a Longitudinal Procedure Medicine Curriculum." Poster presented at: Alliance for Academic Internal Medicine, Association of Program Directors in Internal Medicine (APDIM) 2018 National Conference. Oct 2018. Orlando, FL
10/2018

Aiyer M, **Garber A**, Trimble G, Ownby A. "Teaching Medical Students the Elements of an Effective Patient Handover during the Clinical Years." Poster accepted for presentation at: AMEE 2018. Basel, Switzerland. Aug 2018.
08/2018

Garber AM, Kapyur S, Carter N. "The Case of the Vanishing Potassium: Refractory Hypokalemia with Acute Ogilvie's Syndrome." Poster presented at: Hospital Medicine 2018 National Conference. April 2018. Orlando, FL
04/2018

Garber AM, Yen MS, Hartigan S, Qayyum R. "Association between Steroid Modality and Length of Stay in Acute COPD Exacerbations." Poster presented at: Hospital

Medicine 2018 National Conference. April 2018. Orlando, FL
04/2018

Chopski B, Malik M, **Garber AM**, Modi S, Miller R, Meliagros P, Ritter E. "Take My Picture, Please! Does Ultrasound Guidance Reduce Complications in Inpatient Paracentesis?" Poster presented at: Hospital Medicine 2018 National Conference. April 2018. Orlando, FL
04/2018

Ritter E, Malik M, Miller R, **Garber AM**, Chopski B, Meliagros P, Modi S. "Bigger Is Not Always Better When Obtaining Venous Access In Hospitalized Patients." Poster presented at: Hospital Medicine 2018 National Conference. April 2018. Orlando, FL
04/2018

Garber A, Lang V, Ayers S, Merel S. *Time for a Change: Innovation in the Subinternship*. Workshop presented at Alliance for Academic Internal Medicine Week 2018 (National meeting). San Antonio, TX
03/2018

Garber A, Narayana S, Tang S. *Back to Basics: Empowering Hospitalists to Teach Physiology at the Bedside*. Workshop presented at Hospital Medicine 2017 National Conference. Las Vegas, NV.
05/2017

Garber AM, Gipson G, Hartigan S, Yen MS. "Predictors of COPD Readmissions - A Retrospective Study." Poster presented at: Hospital Medicine 2017 National Conference. May 2017. Las Vegas, NV
05/2017

Chopski B, Malik M, **Garber AM**, Modi S, Miller R, Meliagros P, Ritter E. "Picture Makes Perfect: Does Ultrasound Guidance Reduce Complications in Paracentesis?" Poster presented at: Hospital Medicine 2017 National Conference. May 2017. Las Vegas, NV
05/2017

Garber A, Hall L, Goldberg S. "Beefing up the Acting (Sub) Internship: Adding Structure in an Unstructured Environment." Poster presented at: Alliance for Academic Internal Medicine Week 2017. March 2017. Baltimore, MD
03/2017

Carter T, **Garber A**, Jokela J, Laird-Fick H. *The Core EPAs in Action: Lessons from the Pilot Schools*. Workshop presented at Alliance for Academic Internal Medicine Week 2017 (National meeting). Baltimore, MD
03/2017

Garber AM, Edwards S. Don't Let Hashimoto's "Fall" Off of the Radar: A Treatable Encephalopathy. Poster presented at: Hospital Medicine 2016. 2016 March 6-9; San Diego, CA.
2016

Aiyer M, Trimble G, **Garber A**, Ownby A. "Teaching Medical Students the Elements of

an Effective Patient Handover.” AAMC Learn, Serve, Lead 2016: The National AAMC Conference. November 11-15; Seattle, WA.
11/2015

Bishop S, **Garber A**, Phillips A, Fulco F, McIntosh G. Confidence and Competency in Medical Education: “Bootcamps” are an underutilized opportunity. Clerkship Directors in Internal Medicine. Poster presented at: Alliance for Academic Internal Medicine Week 2015. October 2015. Atlanta, GA.
10/2015

Garber A. Cystic Bone Lesions; Not Always Malignancy. Poster presented at: Hospital Medicine 2015. 2015 Mar 29-Apr 1; National Harbor, MD.
03/2015

Garber A, Derby, P. Big Heads, Bigger Problems; From Goiter to Genetic Disorder. Poster presented at: Hospital Medicine 2015; 2015 Mar 29-Apr 1; National Harbor, MD.
03/2015

Garber AM, Mentz RJ, Shaw LK, Al-Khalidi HR, Fiuzat M, O’Connor C, et al. Predictors of Left Ventricular Thrombus Following ST-Segment Elevation Myocardial Infarction: Findings From the Duke Databank of Cardiovascular Disease and the Duke Echocardiography Databank. Poster presented at: American Heart Association Scientific Sessions; 2013 Nov 16-20; Dallas, TX.
11/2013

Teaching Experience

Didactic and Clinical

Substitute Instructor, Principles of Clinical Medicine Course. Small group instructor for our clinical skills course for first- and second-year medical students. (*3 hours per day, 4-6 days per year*)
07/2018 - Present

Core Educator Instructor, VCU Resident Immersive Experience in Comparative Physiology (IECP). Hematology Module. Bi-yearly physiology retreat with second-year Internal Medicine residents. Facilitate laboratory experiments to emphasize core concepts in Hematology, evolutionary differences between species (birds and humans), and translate these results and principles to the clinical setting. (*8-12 PGY-2 residents, 8 hours per day, 10 days per year*)
01/2018 - Present

Faculty Instructor, Resident Procedure Summer Series. Teach second-year Internal Medicine residents how to perform common bedside procedures utilizing simulation-based checklist training during afternoons over each summer. (*6-10 PGY-2 residents per group, 4 hours per day, 3-5 days per year*)
07/2017 - Present

Instructor, M3 Internal Medicine Clerkship Orientation. Introduce the concept of patient handoffs and train third-year medical students how to perform a written

patient handoff using the I-PASS tool during each Internal Medicine clerkship block orientation. 30-38 M3 students per session, (1 hour per day, 6-8 days per year)
04/2017 - Present

Procedural Medicine Inpatient Service Attending. Directly teach PGY2 IM residents through simulation and bedside instruction standardized steps to performing common bedside procedures. Observe and assess every procedure and rate resident performance using our standardized checklist. I helped create the curriculum, simulation experience, and assessment tools for the rotation. *(1-2 PGY-2 residents per block, ~10 per year, 8 contact hours per day, 2 months per year.)*
07/2016 - Present

School of Medicine Acting Internship Director. Serve as Co-Director to supervise and standardize the Acting Internship (AI) expectations and curriculum across the School. Created new, measurable objectives based on the AAMC Entrustable Professional Activities and underlying core competencies; Developed curriculum and a competency-based assessment for all Acting Internships within the SOM; Conduct school-wide orientation for M4 students and associated EPA-based curriculum; Created standardized direct-observations of key clinical functions/EPAs; Instrumental in identifying and creating a new ICU AI offering, Cardiac Surgery Intensive Care Unit (CSICU); Certify and review all M4 AI grades, including INOVA. *210 M4 students (entire class); (3 contact hours, 11 days per year)*
10/2015 - Present

Director, Internal Medicine Capstone Course. Develop yearly curriculum and schedules in a non-FTE position for the Internal Medicine portion of the M4 Capstone course; Created high-yield curriculum to prepare graduating students for upcoming intern year, including high-fidelity simulated urgent patient scenarios and simulation-based procedure training; Aided in developing small group cross-coverage case-based sessions; Recognized as the highest-rated SOM Capstone course in 2019. *80-90 M4 students, 4 contact hours per day, 4 days per year).*
04/2015 - Present

Course Director, Internal Medicine and Medical Respiratory ICU Acting Internship. Created new, measurable objectives for the ward and ICU-based Acting Internships (AIs); Developed a new curriculum utilizing a case-based scenario teaching technique with a flipped classroom model; Redesigned the student evaluation to an electronic competency-based assessment along with direct EPA-based observations; Implemented night float component to the core Internal Medicine AI; Designed a Faculty and Resident career development tool to teaching and assessing Acting Interns; Facilitate AI "morning reports" throughout each rotation. *(8-12 M4 students per block, 11 blocks per year; 3 contact hours per day, 11 days per year).*
10/2014 - Present

Internal Medicine Inpatient Ward-Manager Attending *(2 PGY-2 residents, 2 M3 students, 1 PharmD student; 3-4 contact hours per day, 2 weeks to 2 months per year)*
10/2013 - Present

Facilitator, M3 Orientation Simulation day. Simulated ward experience for our rising third-year medical students. *(60 M3 students, 3 hours per day, 1 day per year).*
04/2018

Facilitator, M3 Orientation Simulation day. Simulated ward experience for our rising third-year medical students. *(60 M3 students, 3 hours per day, 1 day per year).*
04/2016

Instructor, Inter-professional Education for Collaborative Care Simulation. Facilitated a multi-disciplinary, interprofessional simulation-based experience of a clinical encounter including pharmacy, nursing, and medical students. (3 contact hours per day, 1 day per year)
02/2014

Instructor, Principles of Clinical Medicine (Formerly Foundations of Clinical Medicine). Teach clinical examination skills, documentation, and development of differential diagnosis to a small group medical students as a part of the clinical skills course for our first- and second-year medical students. *(3 contact hours per day, 8-12 days per year).*
07/2013 - 05/2018

Internal Medicine Inpatient Consult Service Attending *(1-2 residents, 2-3 M3 students; 4 contact hours per day, 1 month per year)*
07/2013 - 07/2016

Educational Innovations

I have grouped my educational innovations by experience or role as listed below:

Core Educator Instructor for the Immersive Experience in Comparative Physiology (IECP) resident retreat - This semi-annual Internal Medicine resident experience involves taking second-year residents away from the hospital and rekindling their love of physiology through lab experiments, comparative physiology, and applying this knowledge back to patient care. I have served as a core educator instructor and developed the curriculum and lab experiments for the Hematology module along with Dr. Christian Barrett, Dr. Stephanie Call, and Dr. Michael L'Heureux. *This module impacts ~20 residents per year. 01/2018 - present*

Hospital Medicine Faculty Teaching Observation Project – As an educational leader within the hospital medicine division and a Hospital Medicine Education Strategy committee member, I helped develop a faculty teaching observation form adapted from the Stanford Faculty Teaching curriculum. This observation checklist is utilized by committee members, including myself, to observe fellow hospitalists teaching on the wards in order to provide directed feedback on teaching skills and behaviors. We provide individualized recommendations to enhance teaching skills based on our observations and this has led to an increase in observed, desired teaching behaviors by our fellow hospitalists based on our data analysis. These direct teaching observations are now being expanded outside of our division within VCU. Based on this work, I am co-author of poster presented at a national hospital medicine conference and an

abstract accepted for oral presentation given at the VCU Health Sciences Education Symposium in 2019. I am also co-author on a manuscript that is currently under journal review, which highlights our observation tool and faculty outcomes data regarding changes in teaching behaviors as a result of our direct clinical teaching observations with targeted feedback. *This teaching educational innovation has impacted ~30 teaching faculty. 09/2017 - present*

Internal Medicine Clerkship Orientation Instructor - Given my expertise in teaching patient handovers, especially in the undergraduate medical education setting to fourth-year medical students, I now teach patient handovers to third-year (M3) students during the Internal Medicine Clerkship orientation. In this volunteer role, I use Process-Oriented Guided Inquiry Learning (POGIL) and active learning techniques to introduce the concept of patient handovers. This allows M3 students, often with little clinical experience, to independently identify the core components essential to patient handovers, prioritize the information, and compare it to the preferred format used to construct a written patient handover. *This impacts all M3 students in each class (210 students). 04/2017 - present*

VCU School of Medicine Core EPA Implementation Committee – As a member of this committee of educational leaders within the SOM, I have worked alongside SOM leadership to develop VCU-specific longitudinal Core Entrustable Professional Activities (EPA) assessments (including workplace-based assessments), technological platform (e-curriculum) changes and innovations, and implementation recommendations and guidelines for all four years of medical school. This Core EPA initiative is a pilot project of 10 schools from the Association of American Medicine Colleges (AAMC) to incorporate these 13 identified clinical activities that medical students should be “entrusted” or competent to perform with indirect supervision by graduation. This project involves curriculum design, reform and changes in assessments to include more direct observations of students performing these clinical tasks. *All medical students (first through fourth-years) are impacted by our work (~840 students per year). 02/2017 - present*

Procedural Medicine Resident Curriculum Development and Implementation - I collaborated with a group of fellow hospitalists to create a new Procedure Medicine rotation and develop standardized procedure curriculum and assessments. This consultative service, consisting of one attending and two second-year residents, provides critical procedural training. I was instrumental in developing the rotation objectives, curriculum, and standardized assessment checklists with the ultimate goal of being able to assess procedural competency based on objective data from direct observations. Residents are instructed on bedside procedures utilizing simulation-based checklist training during the transition from their first to second year of residency and at the beginning of the rotation. During the rotation, residents refresh their procedural knowledge and skills and once they demonstrate ability to safely perform these procedures in the simulated setting, they perform the procedures using ultrasound-guidance under direct attending supervision. This rotation is one of the favorite rotations of the residents and we have made tremendous strides in standardizing bedside procedure training and competency-based assessments. I have been first

author and co-author of multiple abstracts and poster presentations at national conferences as well as our Departmental Grand Rounds highlighting our educational success of the resident curriculum, the effect of the curriculum and procedural service on resident-performed procedures, as well as patient outcomes from this procedure service. In addition, I am second author on a manuscript in final revision preparation for journal submission that further describes our novel curriculum and educational outcomes of the residents that rotated on the Procedure medicine service.

Collaborators: Drs. Stephanie Call, Rebecca Miller, Pete Meliagros, Manpreet Malik, Ben Chopski, Evan Ritter, and Sarika Modi. This impacts all PGY2 residents per year along with a few PGY3 residents (~40-50 residents/year). 07/2016 - present

AAMC National Core EPA Pilot Project, EPA 8 (patient handovers) Multi-Institution Workgroup – Based on my expertise in teaching patient handoffs in the UME setting, I, along with other educational leaders in the group, serve on this national workgroup. We have developed a patient handover curriculum, assessment forms (both formative and workplace-based observation forms), and an educational toolkit (published on the AAMC website). The toolkit includes multiple resources, including a one-page schema, that UME educational leaders can utilize as a framework to implement a patient handover curriculum at their institution. We have had multiple abstracts and poster presentations accepted at national educational meetings and I also facilitated a Core EPA Implementation workshop at a national conference as a representative from this workgroup. I am also first author on a manuscript (current submitted for journal review) outlining our lessons learned developing our curriculum, applying our handover resources across multiple institutions, and the assessment tools we created, revised, and implemented. *All fourth year students at VCU are impacted by this curriculum and assessments (210 students) as well as students across the other 2 pilot institutions in our workgroup (~ 400 per year). 05/2016 - present*

School of Medicine Acting Internship Director - I was selected as one of two School of Medicine Acting Internship (AI) Directors based on the competency-based changes I implemented in the Internal Medicine Department AI. This role was established with the aim of standardizing the experience of the AI rotation across the school, irrespective of the department. I was able to adapt and implement many of the curricular changes I utilized in the Medicine AI across all the AI rotations, including the criterion/competency-based summative evaluation, the handover curriculum, and direct workplace-based observations. My co-director and I also developed additional curriculum with associated specific objectives and competencies focused around the AAMC Core Entrustable Professional Activities (EPAs). Our school-wide curriculum addresses the following:

- Providing a verbal and written patient handover
- How to call effective consults
- Tips to providing cross-coverage
- Admission orders and how to place orders in the electronic medical record

We implemented direct-observation requirements (workplace-based assessments) that include observed patient handoffs on the wards, calling consults, recognizing “sick” patients, informed consents, and order entry. The observational data from these assessments will be utilized to identify students that need additional training and

ensure students become competent and “entrustable” to perform these activities with indirect supervision by graduation as a part of the AAMC EPA pilot institution cohort. With these changes, we now teach and directly assess 6 of the 13 Core EPAs during the AI course. In addition, we have also required weekly reflective blog posts by the AIs regarding their experience and growth on the rotation to promote self-directed learning and wellness.

I have had multiple abstracts accepted for poster presentations and facilitated workshops on EPAs and implementation of a school-wide AI curriculum at national educational conferences. I am also first author on a recently published manuscript outlining our approach, administration, and curriculum of our school-wide AI course. I am also co-author of an abstract that was accepted for a podium “Innovation Presentation” at the AAMC ChangeMedEd 2019 national conference detailing analysis of the student reflective blog posts. *Collaborator - Dr. Stephanie Goldberg (Surgery). This curriculum directly impacts all fourth-year students of each class (~210 students per year). 10/2015 - present*

Director of the Internal Medicine Capstone Course - I have also served in this unfunded teaching role, developing curriculum to serve as a high-yield preparatory review for the fourth-year medical students as they near graduation. Through my leadership, I developed a robust procedure simulation training portion with formal teaching guides for faculty facilitators and mentored two third-year Medicine residents IM in creating high-yield small group exercises for commonly encountered patient care issues in the hospital setting. I also developed high-fidelity case simulations, conducted in a simulated patient room with SimMan mannequin, to teach emergent patient care (cross-coverage) scenarios, involving patients with an acute gastrointestinal bleed, severe infection (sepsis), and acute coronary syndrome. This simulated experience includes nursing pages, calling consults, handing off patients, triage, and patient management. Students have thoroughly enjoyed this simulation as the IM Capstone course was the highest rated capstone course this year (2019). I have been a co-author and first author on manuscripts within the national educational organization (AAIM) circular (*Academic Internal Medicine Insights*) that highlighted the novel curriculum and student perceptions of the fourth-year IM capstone course. *Collaborators: Dr. David Jessee, Dr. Steven Bishop (previously), Sam Dow (resident) and Jonathan Hillyard (resident). This course impacts ~80-90 students each year. 04/2015 - present*

Internal Medicine Ward and Medical Respiratory ICU Acting Internship (AI) director - I recognized the need for a structured curriculum and made sweeping changes to the Medicine ward and ICU AI course. These changes included:

- creating measurable objectives, which were later tied to the AAMC Core EPAs;
- developing an electronic, competency-based rubric that served as the student summative assessment, which was based on national Internal Medicine AI guidelines;
- implementing a night float (overnight shift) requirement to the ward AI;
- designed a faculty and resident guide to teaching AI students in order to align expectations and requirements;
- developed and implemented a patient handover curriculum, based on the needs assessment of my AI students and the changing landscape of duty hours;

- created and required direct workplace-based assessments of observed patient handovers throughout the AI rotation allowing for direct, immediate, and specific feedback to the students to facilitate deliberate practice and competency attainment (this model was later implemented in all AIs across the School of Medicine);
- implemented a high-value care experience for students on the AI, focused on limiting daily labs and fostering students' recognition of the costs this can incur for their patients;
- constructed a flipped-classroom experience with a short online video (micro-lecture) and associated case-based questions on insulin dosing and electrolyte repletion in the inpatient setting. Students watch the video and answer online question prior to AI orientation.
- created AI "Morning Reports," in which I facilitate "morning-report" style patient case discussions with the AI students to help teach clinical decision-making and foster their development in high-value care;
- facilitated more autonomy and better direct clinical teaching for the students by transitioning the IM AI students at both MCV and the McGuire VA Hospital from the traditional housestaff ward teams to the hospitalist services, allowing students to work one-on-one with hospitalist attending physicians;
- utilize Twitter with the AIs to facilitate asynchronous learning via a VCU AI Twitter account as an avenue to emphasize high-yield concepts and ask clinical questions to promote evidence-based medicine

In recognition of my educational innovations and teaching skills, I recently received an Excellence in Clinician-Educator award from the Department of Internal Medicine. I have numerous abstract publications and presentations at national educational conferences related to this innovative work and utilized as a model for curriculum development by leaders at other institutions. I am first author on a manuscript currently under review that highlights the flipped classroom model I implemented in the IM AI along with associated student outcomes and perspectives. *This role impacts an estimated 110 students per year. 04/2015 - present*

Service Activities

Clinical Service

Inpatient Activities

Procedure Medicine Inpatient Service Attending
07/2016 - Present

Academic Hospitalist VCU Inpatient Service
07/2013 - Present

Internal Medicine Inpatient Consult Service Attending
07/2013 - 07/2016

Service to the Profession

Alliance for Academic Internal Medicine (AAIM) Medical Student to Resident Interface Committee member (4-year term). (National Committee of educational

leaders from both UME and GME).

- Serve on a number of subcommittees, including AAIM MSRIC Residency Application Primer subcommittee which recently released recommendations regarding avoiding overextending interview invitations that exceed capacity and best times to extend interview invitations to IM applicants for residency to avoid daily workplace interruptions

07/2016 - Present

AAMC Core Entrustable Professional Activities (EPAs) Patient Handover (EPA 8) National Pilot Work Group

- Serve on a multi-institution work to develop curriculum, assessment tools, and educational toolkits to teach patient handovers, which can be utilized by institutions across the country as a part of the national AAMC Core EPA pilot initiative
- Instrumental in developing a curricular toolkit on EPA 8 (handoffs) that is published on the AAMC website, viewed as a resource from experts in specific EPAs, that other institutions can utilize to implement an EPA-based handoff curriculum
- Currently piloting handoff curriculum across the three institutions represented on the work group

05/2016 - Present

Poster Judge. Alliance for Academic Internal Medicine Week 2019 (National meeting). Philadelphia, PA

04/2019 - 04/2019

Invited Manuscript Peer-Review. Article title, "The Resident Procedure Coordinator: Decreasing Time to Diagnostic Paracentesis." Journal of Hospital Medicine. Impact Factor 2.33.

02/2019

Invited Manuscript Peer-Review. Article title, "Randomized multicenter study on safety and efficacy of peripherally inserted central catheters: anatomical landmark vs. electrocardiographic technique." Journal of Hospital Medicine. Impact Factor 2.33.

12/2018

Poster Judge. Alliance for Academic Internal Medicine Week 2018 (National meeting). San Antonio, TX

03/2018 - 03/2018

MKSAP 18 External Peer Reviewer. Hospitalist-Based Content, Gastroenterology and Hepatology chapters.

08/2016 - 09/2016

Service to the University

VCU Internal Medicine Residency Applicant Interviewer

Review applicant files and interview residency candidates each year to aid in resident selection

10/2016 - Present

Service to the School of Medicine

Appointed Member, SOM Core EPA Implementation Committee

Biweekly meeting amongst SOM leadership to develop strategies and policies for the implementation of Core EPAs across the medical school

02/2017 - Present

Internal Medicine M3 Clerkship Grading Committee

2015 - Present

Director, Internal Medicine Capstone Course

Non-FTE volunteer position, involves planning yearly week-long review course to help prepare graduating fourth-year students for internship. Includes procedure and case-based high-fidelity simulations and didactic sessions.

04/2014 - Present

Service to other Affiliated Institutions

VCU Medical Student Documentation Work Group Committee member

Worked alongside other educational leaders across VCU Health to develop student documentation implementation guidelines based on new CMS documentation changes, piloted these changes, and continue to provide guidance on evolving changes after implementation across the health system.

03/2018 - Present

Hospital Medicine Education Strategy Committee member

Primary aim of providing ways to improve teaching abilities of our Academic Hospitalists and provide structured feedback to do so through direct observations

09/2017 - Present

VCU Health Markham Award Selection Committee

03/2014 - Present

Chair, Chronic Obstructive Pulmonary Disease Readmissions Committee

Appointed position. Developed Acute COPD exacerbation Cerner powerset for use across the health system on those hospitalized with acute COPD exacerbations; Identified gap in patient education regarding COPD and inhaler use; Implemented pilot project to teach patients proper inhaler use and indications for each inhaler

01/2014 - Present

General Internal Medicine Chair Search Committee member

Chair: Gonzalo Bearman; successful recruitment of Dr. Kushinka to this position

06/2017 - 07/2017

Member, Diabetes Mellitus Clinical Care Subcommittee

12/2013 - 05/2014

Publications

Papers Published in Peer Reviewed Journals

1. **Garber, AM**; Ryan, MS; Santen, SA; Goldberg, SR. Redefining the Acting Internship in the Era of Entrustment: One Institution's Approach to Reforming the Acting Internship. *Med Sci Ed*. Published online as "Online First" article on Feb 6, 2019. DOI: 10.1007/s40670-019-00692-7
2. Lin, H and **Garber, AM**. Intra-Abdominal Varix Rupture: A Life-Threatening Case of Hemoperitoneum. *Am J Med*. 2018 Oct;131(10); Pages e419-e420. Epub 2018 Jun 15. <https://doi.org/10.1016/j.amjmed.2018.05.028>
3. **Garber, AM**; Hall, L; Goldberg, SP. Beefing Up the Acting Internship: A Pilot Project Adding Structure in an Unstructured Environment. *Academic Internal Medicine Insight*. 2017 Vol 15: Issue 3.
4. **Garber AM**, Mentz RJ, Al-Khalidi HR, Shaw LK, Fiuzat M, O'Connor CM, Velazquez EJ. Clinical Predictors of Left Ventricular Thrombus Following ST-Segment Elevation Myocardial Infarction. *J Thromb Thrombolysis*. 2015 Jul 23; (DOI) 10.1007/s11239-015-1252-0
5. Bishop S, **Garber A**, Phillips A, Fulco F, McIntosh G. "Why Are We Saving the Best for Last? "Boot Camps" Should Be Expanded beyond the Fourth Year." *Academic Internal Medicine Insight*. 2016 Vol 14: Issue 2.

Books, Book Chapters and Monographs

1. Carter, T.J., Brock, E.L., Fulco, F.A., **Garber, A.M.**, Hemrajani, R.H., Lee, B.B., Matherly, S.C., Miller, E.R., and Pierce Jr, J.G. "Building Professional Identities by Learning from Mentors and Role Models." *Transformative Learning in Healthcare and Helping Professions Education: Building Resilient Professional Identities*. T.J. Carter, C.J. Boden, and K. Peno (Eds.). Charlotte, NC. Information Age Publishing (IAP). Published 30 April 2019. ISBN 978-1-64113-679-2.
2. Carter, T.J., Brock, E.L., Fulco, F.A., **Garber, A.M.**, Hemrajani, R.H., Lee, B.B., Matherly, S.C., Miller, E.R., and Pierce Jr, J.G. "The Influence of Mentors and Role Models on Teaching and Learning in Academic Medicine." *Mentoring in Formal and Informal Contexts*. K. Peno, E. Silva Mangiante, and R. Kenahan (Eds.). Charlotte, NC. Information Age Publishing (IAP). Published 16 Feb 2016.

Published Abstracts or Proceedings

1. **Garber, AM**; Miller, R; Kimberly, C; Malik, M; Call, SA; Qayyum, R. EFFECT ON RESIDENT PROCEDURE VOLUME AND SUPERVISION AFTER IMPLEMENTATION OF AN INPATIENT PROCEDURE SERVICE. Abstract published at Hospital Medicine 2019, March 24-27, National Harbor, MD. Abstract 65. <https://www.shmabstracts.com/abstract/effect-on-resident-procedure-volume-and-supervision-after-implementation-of-an-inpatient-procedure-service/>. Accessed May 26, 2019.
2. Marcelo, C; Paletta-Hobbs, L; Brooks, MN; Kurbanova, N; Wong, A; **Garber, AM**;

Jessee, DK; Miller, R; Meadors, E; Ritter, E; Pedram, KS. PEER OBSERVATIONS: ENHANCING TEACHING BEHAVIORS. Abstract published at Hospital Medicine 2019, March 24-27, National Harbor, MD. Abstract 81. <https://www.shmabstracts.com/abstract/peer-observations-enhancing-teaching-behaviors/>. Accessed May 26, 2019.

3. **Garber, AM**; Hartigan, S; Yen, M; Hall, L; Qayyum, R. ASSOCIATION BETWEEN STEROID MODALITY AND LENGTH OF STAY IN ACUTE COPD EXACERBATIONS [abstract]. Abstract published at Hospital Medicine 2018; April 8-11; Orlando, Fla. Abstract 120. <https://www.shmabstracts.com/abstract/association-between-steroid-modality-and-length-of-stay-in-acute-copd-exacerbations/>. Accessed June 20, 2018.

4. Chopski, BD; Malik, M; **Garber, AM**; Modi, S; Meliagros, PD; Miller, B; Ritter, E. TAKE MY PICTURE, PLEASE! DOES ULTRASOUND GUIDANCE REDUCE COMPLICATIONS IN INPATIENT PARACENTESIS? [abstract]. Abstract published at Hospital Medicine 2018; April 8-11; Orlando, Fla. Abstract 113. <https://www.shmabstracts.com/abstract/take-my-picture-please-does-ultrasound-guidance-reduce-complications-in-inpatient-paracentesis/>. Accessed June 20, 2018.

5. **Garber, AM**; Kapyur, S; Carter, N. THE CASE OF THE VANISHING POTASSIUM: REFRACTORY HYPOKALEMIA WITH ACUTE OGILVIE'S SYNDROME [abstract]. Abstract published at Hospital Medicine 2018; April 8-11; Orlando, Fla. Abstract 582. <https://www.shmabstracts.com/abstract/the-case-of-the-vanishing-potassium-refractory-hypokalemia-with-acute-ogilvies-syndrome/>. Accessed June 20, 2018.

6. Ritter, E; Malik, M; Miller, R; **Garber, AM**; Chopski, BD; Meliagros, PD; Modi, S. BIGGER IS NOT ALWAYS BETTER WHEN OBTAINING VENOUS ACCESS IN HOSPITALIZED PATIENTS [abstract]. Abstract published at Hospital Medicine 2018; April 8-11; Orlando, Fla. Abstract 171. <https://www.shmabstracts.com/abstract/bigger-is-not-always-better-when-obtaining-venous-access-in-hospitalized-patients/>. Accessed June 20, 2018.

7. Chopski, BD; Malik, M; **Garber, AM**; Modi, S; Miller, R; Meliagros, P; Ritter, E. PICTURE MAKES PERFECT: DOES ULTRASOUND GUIDANCE REDUCE COMPLICATIONS IN PARACENTESIS? [abstract]. Abstract published at Hospital Medicine 2017, May 1-4, 2017; Las Vegas, Nev. Abstract 71. <https://www.shmabstracts.com/abstract/picture-makes-perfect-does-ultrasound-guidance-reduce-complications-in-paracentesis/>. Accessed June 20, 2018.

8. Gipson, G; **Garber, AM**; Yen, MS; Hartigan, S. PREDICTORS OF COPD READMISSIONS – A RETROSPECTIVE STUDY [abstract]. *Journal of Hospital Medicine*. 2017; 12 (suppl 2). <http://www.shmabstracts.com/abstract/predictors-of-copd-readmissions-a-retrospective-study/>. Accessed October 24, 2017.

9. **Garber AM**, Edwards S. Don't Let Hashimoto's "Fall" Off of the Radar: A Treatable Encephalopathy [abstract]. *Journal of Hospital Medicine*. 2016; 11 (suppl 1). <http://www.shmabstracts.com/abstract/dont-let-hashimotos-fall-off-of-the-radar-a-treatable-encephalopathy/>

10. **Garber A.** Cystic Bone Lesions; Not Always Malignancy [abstract]. *Journal of Hospital Medicine*. 2015; 10 (suppl 2). <http://www.shmabstracts.com/abstract/cystic-bone-lesions-not-always-malignancy/> Accessed January 22, 2016.

11. **Garber A,** Derby P. Big Heads, Bigger Problems; from Goiter to Genetic Disorder [abstract]. *Journal of Hospital Medicine*. 2015; 10 (suppl 2). <http://www.shmabstracts.com/abstract/big-heads-bigger-problems-from-goiter-to-genetic-disorder/> Accessed January 22, 2016.

Scholarly Work Published in other Media

Peer Reviewed

Aiyer M, **Garber A**, Ownby A, Trimble G. *Core Entrustable Professional Activities for Entering Residency—EPA 8 Schematic: Give or Receive a Patient Handover to Transition Care Responsibility*. Obeso V, Brown D, Phillipi C, eds. Washington, DC: Association of American Medical Colleges; 2017.
aamc.org/initiatives/coreepas/publicationsandpresentations.
2017

Academic Alliance for Internal Medicine Medical Student to Resident Interface Committee. *AAIM Guidelines for Residency Interview Scheduling*. Co-author as AAIM sub-committee member. Approved and published online June 8, 2018.
<https://www.im.org/resources/ume-gme-program-resources/residency-scheduling-guidelines>
06/2018

Personal Statement

I can vividly remember my first day as an intern. I was on call, had a large patient census with discharges pending, and already two new admissions by mid-morning. Needless to say, I faced a number of significant challenges that day including an unfamiliar electronic medical record and lack of prior experience handling such a large patient census. My inefficiencies were also to blame for the near-midnight departure that evening. While I grew tremendously from that experience, I would not wish it on anyone. This sparked my interest in undergraduate medical education, especially the fourth-year and more specifically, the most important clinical rotation of fourth-year, the Acting Internship. I was fortunate to be named the Internal Medicine Acting Internship (AI) director (ward and ICU) early in my career (2014) as faculty. Not only did my daily clinical responsibilities and role align well with the expertise required in this role, but I had the advantage of being a junior faculty member that had recently gone through the career transition from medical student to intern only a few years earlier.

I have always enjoyed teaching medical students, interns, and residents throughout my training and this is what drew me to academics. I have had a desire to pursue teaching and a career in the academic setting since my early years in medical school for various reasons. First, I thoroughly enjoyed my time in medical school at VCU and feel that my education I received was exceptional and has prepared me well for my

role as an attending physician. Therefore, I hope to give back to School of Medicine (SOM) through teaching medical students and preparing them for patient care. Second, I believe in the training system utilized at VCU, especially the emphasis placed on bedside teaching and clinical skills, which is the heart of the VCU curriculum. In addition, I love teaching medical students and residents alike, including bedside physical exam and physiology teaching, clinical reasoning, how to gain efficiency on the wards, as well as procedural and ultrasound skills.

Throughout my many years of education, I always admired teachers that could make an impact on their learners' lives; those that not only teach with an invigorating enthusiasm but also inspire and help learners find ways to accomplish their goals. While I have had many great teachers, only a select few have had this ability, but I am highly motivated to try to attain this goal as a teacher. I strive to continuously improve in order to help mold the next generation of physicians, challenge myself, and make a positive impact on patient care and ultimately patients' lives. Transitioning from a life-long learner with little formal teaching experience to an official teaching role early in my faculty career was invigorating and a challenge. Through the multiple faculty development courses I completed on the path to obtaining my medical teaching certificate from the School of Education, I thoroughly enjoyed learning about adult learning theory (andragogy) and how different levels of students learn. I feel that incorporating teaching into my professional career has been a great way to diversify my skillset and knowledge. Although I am much more experienced as a teacher and clinician after years of both formal and informal teaching roles, I aim to continually improve as a teacher by learning new teaching strategies and staying abreast of recent advances in medical education.

Given the majority of my teaching involves small groups of medical students (first-year to fourth-year medical students) as well as interns and residents, most often in the clinical setting, my teaching style is one that I feel is ideal for this setting in order to foster growth of my learners. In reviewing different teaching models, I realized that I utilize several andragogy models in my teaching approach depending on my learners and the setting. Creating a welcoming teaching climate is an overarching approach I often utilize, especially in small group settings, which fosters discussion and encourages active participation. I have found that active participation helps learners retain new concepts and knowledge most effectively as opposed to passive learning. This also allows them to ask clarifying questions to help comprehend challenging concepts. Over my many years as a learner, I tended to thrive in this environment as I felt more invested and motivated to learn, which was in large part due to the teacher's personal interest in my education and success.

In reflecting upon my preferred teaching style, my past experiences have certainly influenced my ongoing and likely future teaching views and methods. The combination of the community, developmental, and nurturing models fit well into my current teaching environment and approach. I recognize that this teaching approach is not a "one size fits all" and I have adapted my teaching methods to best reach the students within various settings and class sizes. In addition, I enjoy finding innovative teaching methods and approaches to best impact my students. This includes utilizing process-oriented guided inquiry learning (POGIL) to teach patient handovers to third-year

medical students, asynchronous learning approaches to maintain a structured curriculum within the AI rotation without detracting from the clinical experience, and high-fidelity simulation-based experiences to teach procedures and simulate patient care emergencies encountered in the hospital.

I feel that I am fortunate to have the opportunity to teach medical students and residents and there is no better feeling than witnessing learners truly “get it” and succeed. It is extremely rewarding to see my learners comprehend key concepts, incorporate it into their knowledge base, and readily apply it to patient care. The better prepared the medical students and residents are upon graduation, the easier their next transition will be, regardless of the stage in their career. In molding the next generation of physicians and preparing them for independent practice, I hope to have a positive impact on the lives of future patients they will treat. This is the fuel that keeps me motivated as a teacher and striving to become better.

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