Teaching Pearls from the American Medical Student Association’s First Award-Winning Neurologist for Teaching Excellence

BY GINA SHAW

ARTICLE IN BRIEF

Raghav Govindarajan, MD, likes to tell his students that being a neurologist is “like being Sherlock Holmes. You have some clues—the history, the exam, testing. Some clues point the right way, and some do not.”

And sometimes the most important details reveal themselves in ways unexpected, resulting in a complete 360-degree turnaround in care for the patient, he told Neurology Today.

That process of always digging deeper keeps things fresh, he said, and it is what he likes to impart to his trainees, who nominated him to receive the American Student Association’s National Golden Apple Award for Teaching Excellence. He will receive the award on April 1. He is the first neurologist to be granted the award.

Dr. Govindarajan, MD, an assistant professor of neurology at the University of Missouri School of Medicine and a neurologist at MU Health Care, said he often shares with his students an experience from his undergraduate years at Bangalore Medical College in India.

The patient had weakness in his legs, and after a thorough evaluation and investigation, he and his colleagues were ready to diagnose vasculitic neuropathy and treat him with steroids.

“The patient had come with family on his first visit, but when he came the second time, he was alone,” Dr. Govindarajan said. “He confessed something to me and the rest of the medical team: he had been diagnosed with leprosy within the past year.”

“He was from a wealthy family, and leprosy carried a great stigma, so he hadn’t wanted to tell us before,” Dr. Govindarajan said. “We were shocked: we would have missed something and gone in the wrong direction if the patient had not shared this important detail. The patient was successfully treated for leprosis neuropathy.”

Dr. Govindarajan said that experience and several mentors that have trained him along the way have informed his approach to teaching. He recalled attending an teaching he worked with during his PGY-2 year. He had arrived at the hospital already dressed in formal wear for a family event. The patient they were rounding on had had a stroke, after having been sent home previously by the emergency department team following complaints of dizziness.

“The attending could have left early to get to his family commitment, but he knew there was an important teaching point about differentiating between vertigo, ataxia, and other causes of dizziness,” said Dr. Govindarajan. “I hated to ask questions, because I knew he was busy, but I did, and he made it a point to stay back and explain the answers. If he’d missed that teaching point, we might not have learned it properly. I remember your students become clinicians and teachers themselves,” said Dr. Govindarajan, who completed his neurology residency at the Cleveland Clinic in Florida in 2013 and a neuromuscular fellowship at Washington University in St. Louis in 2014.

TEACHING MILLENNIALS

Dr. Govindarajan said he relates to the upcoming class of young neurologists, because he, like they, are members of the “millennial” generation born between 1984 and 2004. Effectively teaching this generation of students requires a much greater focus on connection than the top-down models of teaching many senior neurologists may recall from their own days in medical school and residency, he said.

“Millennial neurologists have broken the traditional patriarchal physician-patient relationship and have become advocates for patient-centered, patient-partnered care,” he said. “And that is the way that they prefer to learn as well. I can have all the knowledge and expertise in the world, but if I can’t make a personal connection with my students, the ideal flow of information and exchange of ideas won’t happen.”

“Medicine is becoming much less patriarchal and hierarchical, and millennials are really helping to make that transformation happen,” Dr. Govindarajan said. “When teachers are uncomfortable talking freely with today’s students, those students really find it difficult to connect and may even feel intimidated.”

He models this approach on his own mentors at the Cleveland Clinic and Washington University in St. Louis. “They had an open door policy. You could go to them and ask them anything, and they never sent you back saying they were busy. They always made eye contact, they never made me feel like I was disturbing them, and they always had time,” Dr. Govindarajan recalled. “At that time, I didn’t know how busy they were. Now that I do, I have come to appreciate their approachability even more.”

Some senior neurologists may be taken aback by the current generation’s focus on work-life balance, Dr. Govindarajan said. “Perhaps because they feel that they never had these kinds of expectations when they were starting out in their own careers. It’s not that millennials are lazy or don’t want to take care of patients, but they have seen first-hand the effects of poor work-life balance on marriages and family in their parents’ generation. They also understand the impact of burnout on promising neurologists.”

PREVENTING BURNOUT

Dr. Govindarajan cited articles, published in Neurology 2014, that show that neurologists face one of the highest Continued on page 33
Open Payments: How is the Information about Industry Payments to Physicians Being Used?

BY GINA SHAW

Two years after the launch of the Open Payments website, which reports industry payments to physicians, neurologists say the information may lack the needed context to make it meaningful to their patients, to the neurologists, or even whether their patients are paying attention.

The media likes to look for outliers, but I've never had a patient come to me asking about anything they found on the database,” said Brian Callaghan, MD, FAAN, an assistant professor of neurology at the University of Michigan and a member of the AAN Medical Economics and Management (MEM) Committee. “I haven’t heard anyone else talking about patients bringing it up to them. I don’t think that many patients go look up their doctors on Open Payments, and even if they did, I don’t know if they’d know how to interpret what they might find.”

Dr. Callaghan noted that out of context, the information patients may glean from an Open Payments search doesn’t mean much. “Right now, the data isn’t meaningful. If your doctor took $1,000 last year from pharmaceutical companies, is that a lot? What’s the average? Who am I comparing it to? Figuring that out is asking a lot of individual patients.”

Dr. Callaghan is planning a research article on the subject — and therefore is probably more savvy about Open Payments than even the average physician, much less the average patient — but he said it has taken him hours of searching to gather basic information on clinicians he knows. “I’ve looked up everyone in our department, and found that most people get like ten bucks,” he said. “Looking at colleagues in private practice, it’s highly variable.”

Today’s up-and-coming neurologists are also looking for clear expectations and immediate feedback from their instructors, Dr. Govindarajan added. “In previous generations, evaluation happened at monthly or yearly scheduled intervals. I find that giving students input so infrequently is of no use. My students like to have clear targets and know immediately when they are not meeting those expectations.”

In fact, Dr. Govindarajan said that one of the first things he gives each of his new residents is a printed statement about all of his objectives and expectations, and exactly how they will be graded. “In multiple evaluations, they’ve told me that they enjoy that upfront setting of goals and requirements.”

At the top of his expectations list: participation and enthusiasm. If a resident or medical student is just working away on a laptop without interacting or asking questions, he said, they may be diligent, bright, and interested in learning — but it’s hard to know for sure.

Students who are, indeed, active and engaged learners are more frequently using technology to inform their questions — often during the actual teaching experience or clinical encounter, rather than just looking something up afterward.

“As a teacher, I can’t get offended if my resident starts googling new information I’ve just given them and then says, ‘This is what I found online,’” he said. “As a millennial myself, I look on a laptop without interacting or asking questions, he said, they may be diligent, bright, and interested in learning — but it’s hard to know for sure.

Students who are, indeed, active and engaged learners are more frequently using technology to inform their questions — often during the actual teaching experience or clinical encounter, rather than just looking something up afterward.

“What’s the average? Who am I comparing it to? Figuring that out is asking a lot of individual patients.”

Dr. Callaghan is planning a research article on the subject — and therefore is probably more savvy about Open Payments than even the average physician, much less the average patient — but he said it has taken him hours of searching to gather basic information on clinicians he knows. “I’ve looked up everyone in our department, and found that most people get like ten bucks,” he said. “Looking at colleagues in private practice, it’s highly variable.”

Continued on page 34