

ROUNDING WITH NEUROLOGY RESIDENTS

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, discusses his teaching philosophy and approach to teaching today's generation of millennial neurologists.

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 turnabout 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

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 leprosy neuritis.

Dr. Govindarajan said that experience and several mentors that have trained him along the way have informed his approach to teaching. He recalled an attending 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 remem-



DR. RAGHAV GOVINDARAJAN: “As a teacher, I can't get offended when my resident starts googling new information I've just given them and then says, 'This is what I found online.' As a millennial myself, I look up things in front of the patient on something like Up-to-Date. I know that I have limitations, things that I might not know or know incompletely. It's all a part of learning.”

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. The most important rule I have for myself as a teacher is to be sure that I can build a bridge and bond with my students over the shared challenges we have faced. They need to know they're not alone.”

“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

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‘We must take care that the master clinician, who can teach the subtleties and complexities of the clinical examination and history, does not become obsolete.’

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

ber those things, because they make a big difference.”

“My philosophy is that you can multiply your impact as a physician exponentially through teaching, making a difference to multiple patients over many years and generations as

Open Payments: How is the Information about Industry Payments to Physicians Being Used?

BY GINA SHAW

ARTICLE IN BRIEF

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,

As of this fall, the Centers for Medicare and Medicaid Services' (CMS) Open Payments website, www.cms.gov/openpayments, will have officially been operational for two years. The site, mandated by the Physician Payments Sunshine Act, makes public all financial dealings between physicians and industry, in an effort to achieve better financial transparency and decrease conflicts of interest.

But neurologists who are involved with practice management and transparency/conflict-of-interest issues say that they're not certain that the site — which now includes financial reports to the CMS from August 2013 to December 2014 — is revealing much meaningful information about industry-sponsored payments



TO LOOK UP PAYMENTS go to <https://openpayments.cms.gov/search>. Enter first/last name, city, state, zipcode, country, and specialty. The results will include funds related to research and payments not associated with research.

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."

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Teaching Pearls, Dr. Raghav Govindarajan

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rates of burnout in the medical profession. In one, he noted, Bruce Sigbee, MD, FAAN, and James L. Bernat, MD, FAAN, professor of neurology at Dartmouth-Hitchcock Medical Center, called burnout "a 'neurologic crisis,' with rates exceeding 50 percent. "Neurology is the only medical specialty that has both one of the highest rates of burnout and the poorest work-life balance," Neil A. Busis, MD, FAAN, chief of the neurology section at the University of Pittsburgh Medical Center-Shadyside, wrote in an accompanying editorial.

"Young neurologists don't want to repeat these mistakes, and as mentors we need to understand this," Dr. Govindarajan said.

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 when 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 up things in front of the patient on something like Up-to-Date. I know that I have limitations, things that I might not know or know incompletely. It's all a part of learning."

For today's young neurologists, technology is also a tool to build the

physician-patient relationship, rather than a barrier, thanks to the ability to use smartphones and tablets to show the patient charts and images and explain concepts, Dr. Govindarajan said. But he acknowledged that overreliance on technology for diagnosis and treatment may adversely affect the development of finely tuned clinical and diagnostic skills. "We must take care that the master clinician, who can teach the subtleties and complexities of the clinical examination and history, does not become obsolete." •

LINK UP FOR MORE INFORMATION:

- The American Medical Student Association National Golden Apple Award for Teaching Excellence: amsa.org/chapters/golden-apple-award/