Faculty Profile

Jesse Levin

Where are you from?
Originally, I’m from outside of Boston (Medford), and I moved to Sante Fe when I went to high school. Afterwards, I went back east for college at Bowdoin, which is in a beautiful part of coastal Maine. I wasn’t sure then if I would go more into research than into clinical work, but knew I wanted to work with people.

After college, I moved back to Boston and worked at the Dana-Farber Cancer Institute, which is sort of the Fred Hutch of Boston. It was there that it solidified that I definitely wanted to go into medicine.

I went to medical school in New York and did residency in Los Angeles. I worked as a nocturnist at UCLA before I came to Seattle and I started at UW in 2014.

“...we can change some of the microcultures or habits in the profession of medicine, particularly around interpersonal communication, power and hierarchy that may detract from our ultimate goal of outstanding patient care, provider wellness and sustainability.” - Dr. Molly Jackson

We also have a really huge school, over 9000 faculty across the five-state region, plus staff, residents, medical students and a lot of microclimates of culture from research spaces to clinical, from academic to administrative. It’s important that we think carefully about how professionalism is communicated as part of onboarding as well as regular development uniquely in each of those spaces.” - Dr. Molly Jackson

Congratulations Molly Jackson

Molly Blackley Jackson has been named Assistant Dean for Professionalism. This is a newly created position within the UW School of Medicine.

Dr. Jackson is tasked with leading the school’s efforts in medical professionalism, including overseeing and coordinating a unified program of activities and initiatives to ensure the highest level of professionalism by faculty, staff, trainees and students in the UW School of Medicine and across the UW Medicine health system. Her role includes overseeing policies related to professional conduct, development of safe and effective mechanisms for reporting and management of concerns, and collaborating with leaders to develop and implement education and communications that support professionalism.

“I think the biggest challenge before me with this position is to work on ways we can change some of the microcultures or habits in the profession of medicine, particularly around interpersonal communication, power and hierarchy that may detract from our ultimate goal of outstanding patient care, provider wellness and sustainability.

Contact us at mdaware@uw.edu
Look for us at our website: https://gim.uw.edu/md-aware
Find us on Twitter: https://twitter.com/UW_HospMed

Volume 3, Edition 1
News from across the UW Hospital Medicine Program

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Dr. Molly Jackson continued

Dr. Jackson joined the UW School of Medicine faculty in 2007, and provides clinical care with the UW Medical Center Medicine Consult Service, for which she was the Director from 2014-2016. She is the Head of Cascade College, and has been a UW School of Medicine College Mentor since 2008.

Dr. Jackson joined the UW Medicine Continuous Professionalism Improvement (CPI) Committee as a resident in internal medicine in 2006 and became the Chair in 2014. Originally from Elkin, North Carolina, Dr. Jackson is a graduate of the University of North Carolina at Chapel Hill School of Medicine, where she was the Whitehead Medical Society Student Body Co-President.

She is currently the Chair Elect of the Learning Communities Institute, and a member of Alpha Omega Alpha Honor Society.

Giving Feedback to Medical Students using PRIME

- Susan Merel, Associate Director of Medicine Student programs for Explore and Focus Phase

Our groups at all three sites will be seeing an influx of subinterns on our services in late March with the start of the new academic year. I wanted to take a moment to remind everyone to use the PRIME system when giving feedback to medical students.

For more information about giving feedback using the PRIME system, go to http://bit.do/d3BYG or use the QR code to watch a 7 – minute video.

Please see teaching rubric on page 3.

Recent Publications, Presentations and Awards

Shobha Stack is a co-author of “It’s Not Just Time Off: A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents” in the Journal of Graduate Medical Education.

Dr. Paul Cornia, associate professor (General Internal Medicine) wrote the correspondence: “Chronic Cough” in the New England Journal of Medicine.


Jesse Levin continued

Do you have a personal goal for this year?
I would love to travel more in 2018, and I am in the process of planning a trip to Montreal and Quebec City in the Fall with my family. My husband Shane’s dad lives in France, and during our last big trip in 2016, we were able to meet up with him in Paris.

We also had an incredible 4 months off to travel in Australia and Europe during our transition from LA to Seattle.

Can you tell me a bit about your billing project?
In addition to coaching individuals within the hospitalist groups, I am giving presentations to all of the divisions within the Department of Medicine (and in some cases, the HMC and UWMC sections of each division) to help improve their documentation practices.

Faculty Development Bootcamp 2018
### Upcoming Events

**Non-Face to Face Billing Tip:**
Don’t forget that you can bill for Prolonged Coordination of Care when you spend at least 30 mins throughout the day that is not directly with the patient. This may include reviewing extensive records, working on a complex transfer, conversations with multiple specialists, or spending extra time to set up a recently discharged patient with tests, procedures, or expedited follow-up. Make sure to write a note to document what you did with the Start and Stop Times. In ORCA, make sure to use one of our normal Note Types (but NOT a Telephone Note) to be sure your note will be reviewed by the coders!

**Registration is now open for the 2018 Academic Internal Medicine Week.** [Click here to register.](#)

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<thead>
<tr>
<th>Professionalism</th>
<th>A professional exhibits compassion, responsibility, integrity and respect for patients, colleagues and the interprofessional team.</th>
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<tbody>
<tr>
<td>Reporter</td>
<td>A student at this level can collect data independently and report the information accurately and concisely in oral and written form.</td>
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<tr>
<td>Interpreter</td>
<td>In addition to Reporting skills, students at the Interpreter level can generate a reasonable differential diagnosis for the chief presenting problem(s) and weigh the different possibilities appropriately.</td>
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<tr>
<td>Manager</td>
<td>In addition to Reporter and Interpreter skills, students functioning at the Manager level can generate and carry out a reasonable diagnostic and therapeutic plan for the chief presenting problem(s).</td>
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#### Enhanced Communication

**With patients:** avoids medical jargon; can adapt to the patient’s physical, cognitive and cultural needs; uses techniques such as teachback; responds to emotion.  
**With colleagues and the interprofessional team:** listens actively and encourages ideas and opinions from others; uses closed-loop communication when discussing tasks; responds to emotion.

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This is a suggested outline for a brief mid-rotation feedback session with a medical student, using the PRIME rubric:
1. “What is going well?” Ask the student what they think they are doing well.
2. “What are you working on?” What skills are they working to improve?
3. Remind the student of the PRIME system, and ask them what level they think they are on.
4. Tell the student where you think they are in the PRIME system. Give specific examples:
5. Suggest one or two specific skills to work on in order to advance to the next level or improve their performance:
6. Create a plan together, including a specific time for additional feedback if this is a mid-rotation feedback session.

In an effort to increase the percentage of students in all Medicine subinternships reporting that they received mid-rotation feedback, I have implemented a standard mid-rotation feedback form based on PRIME. If you are working with a student near the middle of their rotation, they may bring you the form and ask you to fill it out with them. They are responsible for turning it in – it is just a tool to help the student ask for feedback using PRIME.