

Kansas Exemplary Teaching Award Winner – Full Time Category

MICHAEL L KENNEDY MD, FAAFP

The KAFP Exemplary Teaching Awards recognize family medicine faculty members in Kansas who have demonstrated exemplary teaching skills or have developed and implemented innovative new teaching models or programs. Medical students, residents and peers nominate the family physician teachers.

Congratulations to the 2014 Kansas Family Physician of the Year award winner in the full-time category, **Mike Kennedy, MD, FAAFP** (Kansas City). Dr. Kennedy is currently an Associate Professor in the Department of Family Medicine at the University of Kansas Medical Center (KUMC), Kansas City, Kan. He serves as the Associate Dean for Rural Health Education - Joy McCann Professor for Rural Health Education.

Dr. Kennedy shares his involvement, philosophy and even anecdotes and advice on teaching:

1. As faculty at KU School of Medicine, how did you become involved in teaching?

Actually my teaching career began before medical school. I was a respiratory therapist before going to medical school. I did both clinical & classroom teaching in respiratory therapy in Washburn University's respiratory therapy program. Then when I came to medical school I was acting as a tutor for my study group for the sections that involved respiratory care. As a resident I was involved in student education and always thought that I wanted teaching to be part of my professional career. When I left to go to Burlington, Kan. for my rural practice, I continued to come back to the residency to precept the resident clinic once a month. I also precepted medical students in my practice in Burlington. One-on-one teaching with students and residents was enormously rewarding. But I did find that it just wasn't quite enough for me. My love for classroom teaching never faded. When KUMC notified me that there was a full-time faculty position open that would involve classroom education I was excited about the possibility. But, this presented a real dilemma. Because I'd also grown to love my rural practice. Going to the medical center to teach require that I leave rural practice. I struggled with this decision. Ultimately my love for teaching won out. So I actually came to KUMC to become faculty in the medical school and specifically to teach the clinical skills course in medicine. Since then my teaching has changed. I now also teach workshops, small groups, and problem-based learning but continue to teach one-on-one in the clinical setting. I feel very fortunate that I have so many opportunities to teach medical students and residents.

2. Any anecdotes from teaching that you would like to share?

I recently taught a class in clinical skills about "difficult situations with patients" to help students navigate encounters with patients who have communication issues.

In my mind it is one thing to have the student read a book or listen to a lecture about the subject, and it is yet another thing to demonstrate with live theater. So I have an experienced standardized patient who does role-play with me in front of the class. We "ad lib" demonstrations dealing with patients who are angry, talkative, and pushy to get their way. These brief and sometimes loud live presentations really get the students thinking about "what happens when I'm in that situation?" Another interesting lecture that I do this with is the musculoskeletal exam. We use one of the other faculty as the demonstration model. He dresses in shorts and a T-shirt. The students have commented to me that this is very entertaining. And at the same time, it is very instructional and memorable.

3. Anything memorable about medical school or residency?

I think one of the most memorable aspects of medical school is those teachers who inspire you. Dr. Chen Cho was such a teacher. His extremely kind manner with patients and his concern with their well-being left an indelible mark. Dr. Cho challenged us to think. He did so in a way that was nurturing. And this is where I learned a great deal about my style as a physician and my style as a teacher. My goal in education is to provide a safe place for the student to be wrong. At that point I can offer redirection and new knowledge. But if the student doesn't feel safe about being wrong then learning is inhibited. The trick is to find a way for the student feels safe about being wrong. That's where the nurturing comes in. I always found it ineffective to teach through intimidation. Many of my instructors thought that "pimping" was the way to teach, asking rapid-fire questions until the student was stumped. This is a way of assessing the knowledge limitations the student has. But

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while it does accomplish that, it seldom shows what the student knows. The other thing that stood out in my medical school education was rural health weekend. I went with Dr. Neuenschwander in Hoxie, Kan. This gentleman had been the only physician in Hoxie for 40 years when I was there. His son had recently joined the practice. I was lucky enough to work with his father. I think many in KAFP know him. He also was an extremely kind gentleman who cared deeply about his patients, had a very broad scope of practice, and the resiliency of a great oak tree. He inspired me. After working with him and seeing how he worked with his patients I thought to myself, "I could really do this. I can see myself working like this."

4. Giving advice to a medical student interested in family medicine, what would you say makes a great family doctor?

I think the best family physicians are those who have common sense, an inquisitive mind, an appreciation for widely diverse beliefs in humans, and a sincere and deep love for their fellow human beings. It is important to have common sense because you have to be a good problem solver. As a family physician you often encounter situations that you've never encountered before. There are many situations that are not in the textbooks. There are many situations where even the finest referral centers in the world cannot help the patient. But, when all that is said and done, the patient comes back to those who continue their care: their family doctor. You must also have an inquisitive mind and become a lifelong learner. If learning is a chore then you will rapidly burn out. If learning is exciting and you always find yourself looking stuff up, then you will be excited about being a family physician. Diversity is also central to family medicine. It runs through the very fiber of every clinic of every day. Diversity only in gender and ethnic origin but also in disease states, personality types and social situations. An appreciation for diversity may also energize a practice. Lastly, an unconditional love for this your fellow human being helps us to empathize to others' human conditions. The beauty of family medicine is the wide variety of people and their maladies that provide intellectual stimulation in every day of your practice. To the extent that a medical student appreciates those qualities I listed above then that student will become a great family doctor.

In recognition of his teaching excellence, Dr. Kennedy he has received numerous awards during his career including four Student Voice Awards for Excellence in Teaching; Excellence in Medical Education of Family Medicine Residents; Outstanding Family Medicine Clerkship Attending; and Nason Family Award for Excellence in Family Medicine Education. In addition, graduating residents started a University of Kansas endowment fund to honor his commitment to KU Family Medicine Residency: The Michael L Kennedy MD Family Medicine Residency Fund.

Here are a few quotes from his nomination letters:

John G. Wood, PhD (KUMC Associate Professor) writes: "As director of cardiopulmonary and pre-matriculation modules, I have watched Dr. Kennedy lecture many times. What has always amazed me about him is his enthusiasm for the material, and even more, his ability to instill this enthusiasm in the students. He is truly gifted at presenting complex concepts in a very logical and understandable manner. He also reminds the medical students how the current material that he is presenting relates to concepts from other lectures. This effort by Dr. Kennedy is especially commendable, and certainly enhances the ability of students to integrate the material into a big picture. In addition to presenting the key concepts during his lectures, he also provides additional references for students who wish to learn more. He also has been one of the early pioneers in using technology to provide novel ways to illustrate the material to students."

Luke Haws, DO (past student/resident) will always remember one particular experience as an intern under Dr. Kennedy. Dr. Haws was managing a woman in labor who had fetal bradycardia and both mother and baby were in danger; Dr. Kennedy calmly stepped in, assessing and moving quickly to save this mother and child. Dr. Haws writes: "While his management of this situation was heroic, perhaps more educational to me was his management of the situation after the delivery. I felt I had mismanaged the patient's treatment or could have prevented the rupture and surgery. Dr. Kennedy perceived this. That evening I received an extensive debriefing from my teacher and mentor. Three days later, he met with me again to review the fetal monitoring strips, recount the sequence of events and evaluate the management of the patient. He instructed me about fetal monitoring, management of difficult labor, and general obstetrics. He spent the extra time to ensure that the next time I was presented with a difficult situation I would know exactly what to do. Dr. Kennedy's example during and following the events that day exemplified the physician I hope to be someday. My situation was one I am sure many physicians would want to forget. However, because Dr. Kennedy seized every opportunity to employ my case a module for learning, I know I will be a better physician. As someone who has trained under Dr. Kennedy through my residency, and continues to learn from him as a colleague, I hope my voice will be heard. He has a lasting legacy at University of Kansas and throughout the state. Dr. Michael Kennedy is the impeccable model of a true educator and is most deserving of the title of an exemplary teacher in the state of Kansas."

KAFP is pleased to honor **Mike Kennedy, MD, FAAFP** (Kansas City) with his award during the KAFP Annual Meeting on June 6, 2014 at the Member Meeting Lunch. He has also been nominated for the national AAFP Exemplary Teaching Award, to be announced this fall.