

## CLINICAL FACULTY FORM

Name:

Specialty:

Training:

Date training completed:

Board Certified: (note if Board Eligible)

Date of this application:

Hospital or regional site affiliation or practice location:

- Please indicate your areas of interest in teaching on the page that follows.
- While we may not be able to offer opportunities that a faculty member may be interested in, the information provided is useful in developing clinical faculty contract offers.
- We are not always aware of the expertise of individual faculty. The form that follows may not identify all areas you are interested in teaching. If you have an interest that is not described on the page that follows, please indicate this at the end of the form.
- Clinical faculty salaries are based upon VCOM teaching needs and faculty effort/time commitment.
- Be sure to attach or send a copy of your CV and most current license to practice medicine.

# AREAS OF CLINICAL TEACHING FOR VCOM

(Circle areas of interest)

	Biomedical Subject area of expertise and interest	Clinical Subject area of expertise and interest	Time Commitment
<b>Medical Student Year 1( MS1)</b>	<b>Course: (Circle)</b> Anatomy Physiology Biochemistry Genetics Histology, Embryology Microbiology Epidemiology/Population Health	Pathology ( <i>case-based, clinical oriented cases that center around Pathology</i> ) Radiology Immunology Infectious Disease Physical Diagnosis Primary Care Osteopathic Manipulative Medicine Professionalism and Ethics Patient Communication, Spirituality, Cultural differences Preventive Medicine Addiction Medicine	<b>Hours on Campus Willing to Commit:</b>
<b>Medical Student Year 2</b>	Pharmacology Pharm D Rounds Pathophysiology	Primary Care Cardiology      Nephrology Endocrinology      Infectious Disease Emergency Medicine Psychiatry      Geriatrics EENT      Gastroenterology Dermatology      Rheumatology Neurology      Hematology/Oncology Surgery      PALS, ATLS, ACLS, Clinical Skills labs  OFF CAMPUS Early Clinical Experiences	<b>Hours on Campus Willing to Commit:</b>
<b>Medical Student Years 3 &amp; 4</b>	<b>Clinical on-line lectures or cases you can provide:</b> (specify)   <b>Clinical videoconference lectures or cases you can provide if video connectivity available near your site:</b> (specify)	<b>Clinical Rotations you will provide:</b> Family Medicine Internal Medicine      Cardiology Nephrology      Endocrinology OB/GYN      Pediatrics Infectious Disease Emergency Medicine Psychiatry      Geriatrics Otorhinolaryngology Gastroenterology Dermatology      Rheumatology Neurology      Hematology Oncology      Surgery Urology      Orthopedics Sports Medicine      Palliative Care International Medicine  Other Surgical Subspecialty: Specify _____  Other Medical Subspecialty: Specify _____  Other specialty not listed above: Specify _____	<b>Hours for lecture or number of cases:</b>   <b>Number of one month rotations per year at your facility:</b>   <b>My practice is:</b> (circle one) Hospital Based Office Based Mix of Hospital and Office)

Please describe prior teaching experience (not required in all cases):

## **SPECIAL INTERESTS**

Please describe areas of interest or skills not included above or use this space to qualify areas circled above:

## **FACULTY DEVELOPMENT**

Please circle areas of faculty development you would be interested in attending:

- Making a Classroom Presentation
- Computer Skills for PowerPoint Presentations
- Clinical Teaching: Techniques for Time - Effective Teaching in the Ambulatory Setting
- The Most Effective Bedside Teaching Methods
- Developing a Teaching Clinical Case
- How to Develop Effective On-Line Clinical Teaching Cases
- Participating in Clinical Research

Thank you for your interest; we will contact you over the next few months.

**Please return completed form to:**

Jan M. Willcox, D.O.

Edward Via Virginia College of Osteopathic Medicine • 2265 Kraft Drive • Blacksburg, VA 24060

FAX (540) 231-5252 • Email: [jwillcox@vcom.vt.edu](mailto:jwillcox@vcom.vt.edu)