

Standard-setting Example #1 Educational Leadership

Page 1

1/10/12

Dear Council of Emergency Medicine Residency Director's Academy for Scholarships in Education in Emergency Medicine "Distinguished Educator" Award Selection Committee,

I am nominating myself for this most prestigious award. I have completed all of the necessary information and have several letters of support. I hope you agree that I possess the qualities required to receive this award. I have selected Education Leadership as the category for consideration. Please feel free to contact me with any comments or questions. Thank you for considering me for this award.

Sincerely,

██████████, MD

Associate Professor of Emergency Medicine

██████████
Director of Continuous Professional Development

Standard-setting Example #1 Educational Leadership

Page 2

Match to Standard

Example 5: MD in clinical department with leadership responsibilities in Graduate Medical Education, Undergraduate Medical Education, and national professional societies.

Standard-setting Example #1 Educational Leadership

Structured Summary

Personal Statement (Include in bulleted form, a limited number of key points from your personal statement which will help reviewers make judgments about the criteria of scholarship which are less likely to be adequately represented by the list of positions and activities below.)	
Goals and/or Philosophy	<ul style="list-style-type: none"> • Create a culture of inclusivity • Use some of everyone's ideas • Create a culture of open communication • Never stop trying to make the educational experience better • Do not be afraid of change
Preparation/ Ongoing Reflection	<ul style="list-style-type: none"> • Completed U of M Ross School of Business Healthcare Leadership Institute • Completed U of M LEAN Healthcare course • Completed AAMC Education Research Certification Program • Solicit feedback from students, resident, and faculty on how to improve my teaching techniques • Solicit feedback from residents on how to improve the program
Sharing Leadership Strategies and/or Experiences with Peers	<ul style="list-style-type: none"> • Invited to chair or be a member of multiple local, regional, national, and international committees dealing with education • Lead the development of the newly formed UMMS Director of Continuous Professional Development • Leading the U of M Department of Emergency Medicine Ghana Research and Education Initiative • Mentoring the new U of M/St. Joseph Mercy Hospital Emergency Medicine Residency Director

Dates	Descriptions relative to quantity	Descriptions relative to quality
Program Director, ██████████ Emergency Medicine Residency		
Y1-Y4.75	1. Enhanced and maintained an effective residency selection process	
	<ul style="list-style-type: none"> • Developed a thorough overview for presentation about the residency program for perspective applicants • Established innovative methods to involve residents in promoting the program • Initiated new process of having residents be involved in the interview process • Developed new applicant screening tools and interview evaluation tools • Initiated applicant feedback process 	<ul style="list-style-type: none"> • Applicants rated the program and interview process using a survey (See Appendix A- Applicant Survey) • Applicants rated the program and interview process using a survey (See Appendix A- Applicant Survey) • Initiated due to "Brain storming session." Residents uniformly supportive, applicants supportive. (See question #__ on Applicant survey) • See Appendix A- pre-interview evaluation tool and interview evaluation tool • Improved match list rank • Successfully matched every year with improved rank list numbers
Y1-Y4.75	2. Improved and administered "Resident Input" curriculum	
	<ul style="list-style-type: none"> • Surveyed residents as to perceived gaps in education process • Surveyed graduates as to perceived gaps in educational process (Developed the survey) • Revised curriculum objectives and rotations in response to learners' feedback and/or to update educational topics • Incorporated simulation as an educational tool • Improved resident evaluation tools • Incorporated in-training reviews into didactic curriculum • Helped develop longitudinal elective/tracks in Healthcare Administration, Education, and Research 	<ul style="list-style-type: none"> • Additions or edits to curriculum incorporated into curriculum accuracy from year one with positive ratings • Graduate surveys used to improve the program with positive results (See Appendix A- Graduate survey) • Successful 5 year ACGME RRC Review (See Appendix B- Summary Report from RRC) • Uniformly positive feedback from residents on evaluations Residents and faculty more satisfied with the new evaluation process (See Appendix A- Global Procedure/Resuscitation/360 Degree Evaluations) • Uniformly positive resident evaluation • Uniformly positive evaluations of residents preparation in these tracks (See Appendix A- Examples Evaluations of Tracks)

Standard-setting Example #1 Educational Leadership

Y1- Y4.75	3. Served as a mentor/coach to residents, challenging them to excel as clinicians, teachers, researchers, and learners	
	<ul style="list-style-type: none"> Helped residents with difficulties resolve underlying issues Coordinated faculty mentorship to residents needing special assistance Assisted residents in getting their fellowship on medical practice of their choice 	<ul style="list-style-type: none"> Gave national presentation with former chief resident and resident with substance abuse problem- publicly thanked for M1 support No residents dismissed in ten years Most residents in last five years have gone to their first choice

	Member, Medical School Curriculum Committee and/or Subcommittees (Year1-Year5)	
Y1- Y4.75	1. Serving on UMMS GME Internal Review Committee (IRC)	
	-Review all ACGME and Non-ACGME training programs at UMHS	-The IRC committee has been highly successful > 90% at defining citations that if not corrected, are subsequent RRC citations
Y3-4.5	2. Serve as a member of the UM GME Innovations GMAC review board	
	-Review GME innovations grants	GMAC review board -Multiple grants awarded to worthy recipients
Y2	3. Chair- GME disaster policy task force	
	Chaired task force that developed the UM GME disaster policy	-Approved by Executive Committee (See Appendix C- Executive Committee GME Disaster Policy)
Y 2-Y3	4.) -Member, U of M House Officer Associate Contract Negotiation Team	
	-Member of a team of Faculty that negotiated the house officer associate UMON contract	-Successful ratification of new house officer associate contract
Y4-4.75	5.) Member, UM GME Duty Hours Task Force	
	Developed institutional strategies to incorporate new GME Duty hour rules	-Relatively few duty hour violations have been reported
Y5	6.) Member, Clinical Teacher Skills Committee	
	Developing faculty development courses to improve clinical teaching skills	-Held first two day conference with Dr. Lawrence Carmichael at University of Michigan
Y5	7.) Member, U of M Continuing and Professional Education Advisory Counsel	
	-Successfully implemented CORD academy for scholarship -Member of University wide council with aim of "cross pollenating" continuous professional development strategies	-Had first meeting and currently planning activities and strategies
Y5	8.) UMMS Director of Continuous Professional Development	
	1. Director of CME -Responsible for approving CME courses for AMA category 1 credits 2. Program Lead for ABSM Multi-specialty MOC Part IV Pilot Project -Responsible for developing process, educating faculty and approving QI projects for MOC IV credit	-Successfully fulfilling role -Only 2 nd institution that has successfully started approving projects
	Member, Regional, National, and International Education Related Committees & Task Forces	2. Participated in planning of organizational

Standard-setting Example #1 Educational Leadership

		structure for group.
Y1-Y5	1. Michigan College of Emergency Physicians	
	-Former chair and new member; Education and program committees that develop continuing medical education programs	-Successful winter and summer CME courses
Y1	2. American College of Emergency Physicians	
	-Member Educational Meeting Committee responsible for planning an annual scientific assembly	-Very successful CME courses -Program committee responsible for planning the annual meeting.
Y1-5	3. Society for Academic Emergency Medicine	
	-Program committee responsible for planning the annual meeting.	-Strong program evaluations
Y2-Y4	4. SAEM Medical Student Symposium	
	Chair and Co-chair; Responsible for developing the annual medical student symposium	-Strong program evaluations

██████████ Personal Statement

I have been involved in academic emergency medicine since completing residency in 1991. I served as a faculty member at ██████████ Hospital Department of Emergency Medicine, where I was involved in research and education. I eventually served as the Assistant Program Director. In 1997 I became Program Director of the ██████████ Emergency Medicine Residency. I continued to conduct research and served as an educator to medical students and residents. In 2002 I became Program Director at the ██████████ ██████████ Medical Hospital Emergency Medicine Residency. I served in this position until October, 2011. In March 2011, I was selected as the first ██████████ Medical School Director of Continuous Professional Development, a position within the Dean's office. I continue to be active as an educator of students, resident and faculty.

I have held an educational leadership position the past 18 years, the vast majority of my professional career. As a Program Director I have had the opportunity to administer two very different programs. I have been responsible for teaching and eventually graduating hundreds of Emergency Physicians. Being a Program Director goes well beyond providing medical education. The Program Director must develop innovative curricula, and evaluate the effectiveness of the program. My leadership style was to incorporate as many ideas from the faculty and residents. I always felt it was critical for residents to have a seat at the table and a voice on all of the committees that dealt with the residency. Incorporating their ideas, and those of the graduated residents, strengthened my programs every year. Give them ownership and they will be vested in the success of the program. In addition to the required annual review of the program, I had "brainstorming" sessions. These included residents and faculty and occurred every seven years. These sessions were designed to have participants think "outside the box", beyond the rules and regulations. The only rule was that no idea was unachievable. These sessions led to many innovative approaches to education and evaluation. I then led discussions as to how we would evaluate the success of the innovations. If it did not work, we changed it and re-evaluated it. Being nimble is important in education. One must adapt to the changing generations. My policy of inclusivity in building and maintaining the program led to greater engagement and education that was suited to the learner and not just the teacher. In addition to the medical education, I was responsible for the residents' well-being. I always made myself available to them. I have always felt a Program Director is an educator, administrator, disciplinarian, mentor, friend, and, at times, a surrogate parent. My residents rewarded my efforts and leadership style by nominating me for the Emergency

Medicine Resident Association Program Director of the Year Award, which I won in 2006. I have also been involved in education related research with a special interest in the interaction of industry and GME programs, which resulted in a publication.

In addition to my activities within my department I am very active in educationally related leadership roles in multiple regional and national organizations. I am a past-President of the [REDACTED] College of Emergency Physicians and past Chair of the [REDACTED] CEP Education Committee. I am still active in the chapter on the Education and Legislative Committees and serve as a Councilor to the National Conference. I have served on multiple Program Committees for [REDACTED] CEP conferences. I was a member of the American College Emergency Physicians Steering Committee and Education Meetings Committee. I am still a member of the Federal Government Affairs and State Legislative/Regulatory Committees. I am very active in the SAEM and have served on the Program Committee since 2004. I am also very active in the Council of Emergency Medicine Residency Directors and have served as Chair of multiple committees. I have served on multiple CORD Academic Assembly Program Committees. Most recently I negotiated and developed the first CORD-AEM Supplement completely devoted to education and education related research. I served as the CORD-AEM Consulting Editor and am on the AEM Editorial Board. I was elected to the Board of Directors of the American Board of Emergency Medicine, and serve on multiple committees within ABEM. I was recently chosen by the Dean to serve as the [REDACTED] representative to the [REDACTED] State Medical Society [REDACTED] Education/Graduate Medical Education Coalition. I was also chosen to be a member of the ACGME Assessment Review Group. I have also served as a Track Chair for several international Mediterranean Emergency Medicine Conferences.

Being a leader in education requires one to continuously try to improve and learn more. To that end I have enhanced my leadership skills by attending the University of Michigan Ross School of Business Health Care Leadership Institute. A course designed to develop tomorrow's leaders in healthcare. To enhance my ability to mentor others in research I completed the Association of American Medical Colleges (AAMC) Medical Education Research Certification Program. In order to develop, and then be able to incorporate quality improvement activities into the programs I lead, I completed the University of Michigan Lean Healthcare Course.

My most recent position as the [REDACTED] Director of Continuous Professional Development continues my career in an educational leadership role. This role focuses more on the education of faculty. I serve as the Director of [REDACTED] Continuous Medical Education, and project lead for the ABMS Multispecialty Maintenance of Certification Part IV Pilot Project,

among other roles. Most recently I have been asked to lead the UM Department of Emergency Medicine Ghana education and research initiative.

As you can see from my CV, I have been involved in the education of undergraduates, medical students, physician assistants, pre-hospital providers, nurses, residents, and faculty. I have, and continue to hold positions of leadership in education at my home institution and in regional and national organizations. This has been a life-long endeavor which I intend to continue until I retire. I hope this brief summary reasonably illustrates that I am a respected education leader and scholar locally, regionally, and nationally. Please feel free to contact me with any comments or questions.

A teacher never knows where his influence ends.

Standard-setting Example #1 Educational Leadership

Table of Appendices	
Appendix A	#1 Applicant Survey #2 Pre-interview Evaluation Tool #3 Interview Evaluation Tool #4 Graduate Survey #5 Global Evaluation #6 Procedure Evaluation #7 Resuscitation Evaluation #8 Administration Track Evaluation
Appendix B	#1 Summary ACGME RRC Report
Appendix C	#1 [REDACTED] GME Disaster Policy
Appendix D	Letter of Support— [REDACTED], MD
Appendix E	Letter of Support— [REDACTED], MD
Appendix F	Letter of Support— [REDACTED], MD
Appendix G	Letter of Support— [REDACTED], MD
Appendix H	Letter of Support— [REDACTED], MD
Appendix I	Letter of Support— [REDACTED], MD