January 11, 2013

Dear CORD Academy,

Please accept my materials for consideration for the CORD for the Academy for Scholarship in Education in Emergency Medicine "Distinguished Educator" Award in Educational Research.
I hope that I have demonstrated that I have a commitment to educational research which can be seen through my peer reviewed publications, presentations and personal statement. For evidence of quality, I have been invited to speak regionally and nationally as well as many of my projects are published in peer review publications. I believe there has been an impact on Emergency Medicine from the research I have participated in and I strive to continue that impact through publication and mentoring. For evidence of breadth, I have research across the continuum of learners from students, to residents, to faculty. Additionally, I have breadth of topics as well as breadth of methodology from quantitative to qualitative to program development and evaluation. These speak to my ability to choose adequate methods and the ability to present the results effectively. I have 35 peer reviewed publications, with 181 citations of my published materials based on SCOPUS review of citations, which shows both impact and dissemination. Further, I hope that I have demonstrated through this statement the personal reflection and individual process improvement that has led me down this path.

Thank you for considering me as a Educational Research Distinguished Educator.

███████, MD, PHD

████████, M.D., Ph.D.
Assistant Dean for Educational Research and Quality Improvement
Associate Chair of Education, Department of Emergency Medicine
████████ Medical School

Educational Research Portfolio

Match to standard-setting example(s): In column 1 check 1 or 2 of the standard-setting examples (which are found on the introductory page of materials of this category). Determine which you believe best matches the type of enduring materials you do and have included in your mini-portfolio. In column 2, briefly identify major similarities and differences in the type of enduring materials between your mini-portfolio and the example(s)	
☑ <u>Example 4 -</u> MD in Clinical Department	MD in a clinical department with leadership responsibilities as Associate Chair for Education and also Assistant Dean for Educational Research and Quality Improvement with responsibilities to encourage research within the school and including my department. I continue to work clinically and therefore my portfolio best matches an MD in a clinical department. While I also have a PhD my primary appointment in the department is clinical 20-50% of time, and 50% in the medical school functioning primarily as administrative with some research. Matching to standard-setting examples, my work matches the example of MD in a clinical department. My portfolio documents my primary research interests, research with teams of other physicians, residents and students, and evidence of dissemination through publication and numbers of citation as well as presentations.

Educational Research Portfolio

███████████, M.D., Ph.D.

Assistant Dean for Educational Research and Quality Improvement
Associate Chair of Education, Department of Emergency Medicine
███████████ Medical School

Structured Summary: Personal Statement	
Personal Goals	•Educate using the evidence available from the medical education literature and practice • Contribute to and improve educational research in Emergency Medicine • Contribute to educational research in across the continuum of Undergraduate, Graduate and Continuing Education • Improve education across the continuum through the use of good educational practices and by furthering research to improve education
Preparation	•Obtained a PhD in Education, ███████ University • Participate in regional, national, international faculty development through CORD, SAEM, AAMC, AMEE
Ongoing Reflection	• Maintain a mentoring committee to help develop as an educational researcher • Solicit feedback from students, resident, and faculty on how to improve • Assisting in the development of University of ████████'s Master in Health Professions Education • Continuous use of literature to improve my own work • Use of a colleague network for identification, development, and critique of research efforts in education

Research Efforts
I have a number of unique publications but also have some themes of research which are described

below
Theme: curriculum development (Selected publications)
• How Competent are Emergency Medicine Interns for Level 1 Milestones: Who is Responsible? (in press)
• Defining a Core Curriculum for Education Scholarship Fellowships in Emergency Medicine.
• The MERC at CORD Scholars Program in Medical Education Research: A Novel Faculty Development Opportunity for Emergency Physicians.
• The Emergency Department as an Applied Pharmacology Laboratory.

Theme: professionalism and ethics (selected publications)
• Patients Do not Know the Level of Training of their Doctors Because Doctors do not Tell Them.
• 'Sorry, it's my first time!' Will patients consent to medical students learning procedures?

Theme: Professionalism (publication)
• A Window on Professionalism in the Emergency Department Through Medical Student Narratives.

Theme: Medical student development (publication)
• Burnout in Medical Students: Examining the Prevalence and Associated Factors

Theme: The Foundations of Educational Research
• Medical Education Research in the Context of Translational Science.

Contributions to the Dissemination of the Research Results of Other Investigators

Manuscript Reviewer
• Academic Emergency Medicine
• Annals of Emergency Medicine
• Medical Education
• Journal of Graduate Medical Education

Role as Assistant Dean of Educational Research
• Mentor students, residents and faculty with research projects

MERC at CORD- Mentor and steering committee
Mentoring medical students, residents, and faculty is important to me and is reflected both in publications, but particularly in abstracts with over 30 abstracts through mentoring

Discussion of Breadth

• I have breadth across several dimensions- the level of the learner, the area of research and the methodology.
• I consider my educational practice to be across the continuum from students to residents to practicing physicians
• I have pursued educational research across a range of areas for the ethics of patients consenting to resident learning, discriminatory questions for resident applicants to professionalism
• I have used a variety of methodologies from curriculum evaluation, quantitative methods, to qualitative methods

████████, MD, PhD

Personal Statement

I welcome this opportunity to reflect on where I have come from, where I said I would go and where I have come by reviewing previous Personal statements. I have planned my trajectory with hope and motivation.

A Timeline Perspective

The choice in college was between medicine and teaching, thus I determined I would try to do both. Further, I performed research as an undergraduate, while in medical school and published my first first-author publication based on my residency research project. As a resident I became involved in teaching both in ultrasound and also as a chief resident.

I entered Academic Emergency Medicine from residency with a position at ████████ while also working at University of ████████████ (for personal reasons). During that period, I threw myself into teaching and became the assistant residency director at ████████. I also found great challenge in designing and implementing research projects with medical students. From that work, we presented and published over 20 abstracts, some of which are listed in my CV. During that time I was developing skills to frame a question, design research, implement research methods, and analyze data. While at the time I felt that I accomplished much with the abstracts, I focused on that rather than getting the papers to publication. Eventually I learned the key lesson-that abstracts are less meaningful than papers. Therefore time is better spent working to get the papers to publication. While for students, residents and junior faculty the work surrounding abstracts is useful for development and reward, in the end one needs to transition to paper publishing productivity. I began to focus more on paper publication. During this time, I also found one of the major themes of my research- the tension between teaching learners and ethics of patient autonomy (consent to procedures by trainees).

In 2002 I became clerkship director at ████████, while remaining involved in the residency. During this time, I took to heart the advice of mentors to convert teaching innovations into scholarship. This became another theme in my scholarship, intentionally studying and disseminating curricular and teaching efforts. The clerkship was rated as one of the top clerkships nearly every year, in part due to my work, but also based on the commitment to teaching by Dr. ████████.

It was from the clerkship teaching and leadership that I developed a discomfort with the "see one, do one, teach one" model of education. I did not feel fully prepared to be an excellent teacher. I began the Masters in Education program at ████████████ School of Education. Working on the Masters, I realized that my true interest lay in educational research. I wanted to build that data and theories upon which we base our practice. I applied to and transitioned into the PhD program in the School of Education. This program is selective based on GRE (taking them was a challenging learning experience), grades, and experiences and takes on average six students a year. This program was rated the top education program in the US during this time.

During this period, I further developed research and scholarship. I developed interest in simulation as an assessment tool and worked with Dr. ████████ to create workshops on standard setting as a means to disseminate the method of critical action for standard setting. Using my coursework in the graduate program, I wrote several papers and disseminated the

work through research and workshop presentations. The topics included projects studying: medical student development and burnout, correlations between faculty clinical productivity and excellent teaching, *Peer Assessment of Professionalism* and *Potentially Discriminatory Questions During Residency Interviews*. My development during this time was the realization that I wanted to focus my work across the spectrum of learners from medical student to resident to practicing physician. Further, when developing research theories and questions, I pull from my Emergency Medicine practice both clinical and teaching practice to more deeply understand the origins and implications and to develop research questions. Which is, in part to say, that I consider the Emergency Department to be my "research laboratory." I was promoted to associate professor based on my educational service and research.

One of my continued interests is assessment of professionalism, which grew into my dissertation- *Promotions Committees: a Role in the Regulation of the Profession of Medicine.* During these years while continuing to work clinically and directing the EM clerkship, I completed my coursework for the doctoral degree, passed the qualifying examination, delineated dissertation, defended my dissertation proposal, completed and defended my dissertation, and was conferred my doctoral degree. I have presented this work in several venues both nationally and internationally and am working on a paper for publication.

In 2008 during the dissertation phase, I moved to work at ▮▮▮▮ School of Medicine (50%) and Emergency Medicine (50%). My role in the department was to encourage educational research and with colleagues during this period we presented over 10 research abstracts. I felt that I was successful in working with residents and faculty to promote educational research. I began a deep dive into physician development looking at burnout, resiliency, and empathy in medical students and residents. After completion of my dissertation, I was promoted to Assistant Dean in the ▮▮▮▮ University School of Medicine.

In 2011, I moved to the University of ▮▮▮▮ Medical School to be the Associate Chair of Education in the Department and the Assistant Dean of Educational Research and Quality Improvement. This is a natural fit for me. On the School of Medicine side it combines my commitment to research as well as working to improve the teaching, assessment and curriculum. On the EM side, again there is a symbiosis of being able to lead the clerkship, residency and fellowship to strong educational practices as well as to develop students, residents and faculty in their educational scholarship. During this transition time, I again looked at my publication productivity and have been intentional about being sure to get the majority of abstracts to publication, not only for myself but also for the colleagues I work with. In the short time here, the research teams I have worked with have had multiple papers and abstracts accepted.

Throughout my time, I feel it is important to share what I am learning. As a result, I have presented at many meetings on topics about pedagogy, educational research and research methods. An example is the workshop: *Improve Your Teaching: Evidence-based teaching workshop using articles that will change your teaching practice*. Further, I became involved in the Medical Education Research Certificate (MERC and CORD Scholar program) from the beginning. I am dedicated to improving the field of EM education research and this is a tangible way to do this. Moreover, I participated in the Education Research Consensus Conferences. I was honored to be invited to write a commentary: *Medical Education Research in the Context of Translational Science.* This paper allowed me to write about my core value that as educators

we must use the educational evidence in our practice and as education researchers we are responsible for creating that evidence. Further, I continue to be involved in my own development through expert mentoring by master medical educators and by continuing to participate in faculty development sessions.

Major Research Threads

My challenge as an EM physician has been a difficulty focusing in research. As I look at my range of publications, there are unique topics of research such as discrimination in interviewing for which I was compelled to research because I felt there was a knowledge gap. In addition there are long standing threads. While many would say claiming medical education research as an area, I have felt the need to dive deeply into specific areas to become expert and also to influence the field. These will be bulleted below. Some of the areas are still shallow with the intention to continue the deep dive. The papers are described in the segment on structured abstracts. I have included what I consider to be my "best" work in the appendix.

- Theme: Professionalism and ethics.
- Student and Resident Development
- Professionalism
- The Foundations of Educational Research

Summary

I hope that I have shown a commitment to educational research which can be seen through my peer reviewed publications, presentations, and personal statement. For evidence of quality, I have been invited to speak regionally and nationally as well as many of my projects are published in peer review publications. I believe there has been an impact on Emergency Medicine from the research I have participated in and I strive to continue that impact through publication and mentoring. For evidence of breadth, I have research across the continuum of learners from students, to residents, to faculty. And I have breadth of topics as well as breadth of methodology from quantitative to qualitative to program development and evaluation. These speak to my ability to choose adequate methods and the ability to present the results effectively. I have 181 citations of my published materials based on SCOPUS review of citations. These show both impact and dissemination of my research. Further, I hope that I have demonstrated through this statement the personal reflection and individual process improvement that has led me down this path.

Respectfully,

_____, MD, PhD

Structured Abstracts (by Theme)
███████████, M.D., Ph.D.
Assistant Dean for Educational Research and Quality Improvement
Associate Chair of Education, Department of Emergency Medicine
University of ██████ Medical School

Theme: Student and Resident Development
█████████, ████ ., ██████, ███████████ ., (2010) Burnout in Medical Students: Examining the Prevalence and Associated Factors. *South Med J.* Aug;103(8):758-63.

Objective, Content, & Methods: This paper highlights the rate of burnout in medical students. The work was performed when I was at ██████████ School of Medicine. It demonstrates how burnout increases with each year of medical school, peaking in the third year (clinical year). Burnout is a significant issue in physicians and this study shows that it starts in medical school. Further work to be published looks at whether resiliency affects burnout and empathy. These have been published or presented as abstracts at national meetings.

Role: PI

Usage Statistics & Impact: citations (9)

Theme: Professionalism and ethics.
████████████████████████████████████. (2005). 'Sorry, it's my first time!' Will patients consent to medical students learning procedures? *Med Educ*, 39(4), 365-369. (

████████████████████████████████. (2004). Patients' willingness to allow residents to learn to practice medical procedures. *Acad Med*, 79(2), 144-147.

██████████████████████████████████. (2004). Do patients understand their physicians' level of training? A survey of Emergency Department patients. *Acad Med*, 79(2), 139-143.

███████████████████████████████. (1999). Do ED patients know their physician's level of training? *Acad Emerg Med*, 6, 339-344.

Objective, Content, & Methods: This is a series of studies building on theme of professionalism and ethics. The first 2 studies looked at whether patients in the Emergency Department knew that they were being cared for by residents (physicians-in training). Both studies show that patients do not know the meaning of the words used for training physicians. For example, they do not know what a "resident" or an "intern" means. However, patients felt it was important to know if physician-in-training was taking care of them.

Building upon the first studies, the third study, specifically taught patients who residents are, what their training is and how they are supervised. Then, patients were asked, now that they understood medical training, would they allow physicians-in-training to perform procedures on them. The procedures went from minimally invasive (suturing) to complicated (lumbar puncture). Again patients felt they should know if physicians-in-training were caring for them and some patients did not want these physicians to be performing procedures, even if supervised. This study has been replicated in many different specialties in the US and abroad.

The final study moved from theoretical- a survey of whether patients would allow medical and procedures to an in-practice study. This study looked at Emergency Department patients needing minor procedures. Medical students, again taught patients about medical training, explained the procedures that needed to be done, and then asked patients to consent to allowing the student to perform the procedure. If the patient consented, the procedure was performed by the medical

students under supervision. Contrary to other studies, nearly all the patients consented to the medical student performing procedures.

Role: PI

Usage Statistics & Impact: citations (10+22+24+23 respectively)

Theme: Professionalism

███████████████████., (2011) A Window on Professionalism in the Emergency Department Through Medical Student Narratives. *Ann Emerg Med.* 58: 288-294.

Objective, Content, & Methods: We use medical students' reflections to deepen understanding of professionalism in the ED including the ideals that students wish to model and the lapses they hope to avoid. We used 4th year students in a mandatory ED clerkship were required to write 2 narrative reflections during the month. The authors conducted a qualitative analysis to determine professionalism themes. For results we found that the students clearly identified professionalism both positive and negative in the ED. Positive behaviors included compassion, tension between respecting diversity and respecting other core values, and balance between patient-centered care and effective care. In addition, the students wrote about commitment to excellent medical care and ethical principles. Many students struggled with how to deal with patients who might be "drug seekers" and when to prescribe narcotics. They were concerned about the balance of compassion, often noting differences in the patients' backgrounds compared with their own. On the other hand, many students observed unprofessional behaviors. Particularly concerning were the absence of compassion, physicians lying, and a lack of teamwork. Students reflected on how their own professional behavior could improve according to their experiences in the ED. In conclusion, students' reflective narratives are a rich source of information about good professional behavior, as well as threats to professionalism. Their experiences shaped the students' perceptions of emergency medicine and its values. Such reflections may constitute an important resource for faculty, student, and resident development. Further work includes my dissertation which is a paper in progress and abstract presentations at national and international meetings.

Role: PI

Usage Statistics & Impact: citations (3) It was one of the top downloaded articles from the month. In addition, I received a variety of complemetary emails from a diverse group of people from the Dean of the ██████████████ Medical School to the wife of my first cousin.

Theme: The Foundations of Educational Research

███████████████████████████████. Medical Education Research in the Context of Translational Science. (2012) *Acad Emerg Med* 19:1323-1327.

Objective, Content: This paper was a commentary that was just published*. We noted that* health care struggles to transfer recent discoveries into high-quality medical care. Therefore, translational science seeks to improve the health of patients and communities by studying and promoting the translation of findings from bench research into clinical care. Similarly, medical education practice may be slow to adopt proven evidence of better learning and assessment. The Academic Emergency Medicine (AEM) consensus conference was designed to promote the dissemination of evidence-based education research and practice. We will pull from the work developed by the consensus conference as a means to create a roadmap for future medical education research using the framework of translational science.

Theme: curriculum development

- ███. How Competent are Emergency Medicine Interns for Level 1 Milestones: Who is Responsible? *Acad Emerg Med.* (accepted).
- ██, ████████. Consensus Proceedings: A Suggested Core Content for Education Scholarship Fellowships in Emergency Medicine. (2012) *Acad Emerg Med* 19:1425-1433.
- ██. Consensus Proceedings: Development of a Training Needs Assessment for an Education Scholarship Fellowship in Emergency Medicine. (2012) *Acad Emerg Med* 19:1419-1424.
- █████████████████████████████████████. Defining a Core Curriculum for Education Scholarship Fellowships in Emergency Medicine. (2012) *Acad Emerg Med* 19: 1411-1418.
- ██. (2010) Faculty Development in Medical Education Research: A Cooperative Model between AAMC-MERC and CORD. *Acad Med.* 85: 826-836.
- ███, (2009).The MERC at CORD Scholars Program in Medical Education Research: A Novel Faculty Development Opportunity for Emergency Physicians. *Acad Emerg Med.* 16(S2): S37-S41
- ████████████████████████., A short palliative care experience: beginning to learn. *Med Educ* 2009; 43: 1111-2
- ███████████████████████████. (2007). Learning Physical Diagnosis: New Paradigm. *Med Educ*, 41(11), 1097.
- ████████████████████████████. (2007). The Emergency Department as an Applied Pharmacology Laboratory. *Med Educ*, 41(11), 1103.
- ███████████. **(2006).** The Emergency Department as an *In Vivo* Pathology Laboratory. *Med Educ*, 40(5), 469-470

Objective, Content, & Methods: These are a series of curriculum innovations. One of the important metrics is dissemination of materials. With scholarly activity in curriculum development many times this is difficult. I have been intentional about dissemination through publication a number of the curriculum designs that I have been involved with or consulted with. In addition, I worked with students on several of these short papers (Glass and Barfield).

Role: PI on some, middle author (contributor) on some and anchor on others
Usage Statistics & Impact: 21 in total

Appendix A	Letters of Support • ███████, PhD • ████████, MD, PhD • █████, MD • █████████, MD
Appendix B	Papers representing best work
Appendix C	Teaching portfolio documents