

1/5/12

Letter of Submission (Application) for [REDACTED], MD, FACEP, FAAEM
Co-Program Director, [REDACTED] EM Residency Program
Clinical Professor (Affiliated) of Surgery (Emergency Medicine), [REDACTED] University
Senior Emergency Physician, [REDACTED] Proud CORD member
(since 1991)

CORD Academy for Scholarship in Education in Emergency Medicine “Distinguished Educator” Award

Category: Enduring Educational Materials

To whom it may concern:

Please accept my on-line submission for the above recognition. It would be my honor to be selected for the inaugural class of this prestigious group of talented educators, and my privilege to serve as a member, mentor, and leader within the CORD Academy for Scholarship. My materials are submitted in the format provided in Example 5 (MD in a Clinical Department).

I have the support of the following individuals (contact information provided for convenience): [REDACTED], MD -
Dean of [REDACTED] -

[REDACTED], MD - Division Chief (EM)

[REDACTED], MD - Department Chair (Surgery)
[REDACTED] School of Medicine/[REDACTED] Hospital and Clinics

[REDACTED], MD - Chief of Emergency Department

[REDACTED], MD - Physician-in-Chief/Chief of Staff

Included in my documents for submission are Appendices A – H. Although this may seem to be a lot of material, please do not omit Appendix H, which includes three solicited letters from national and international leaders in EM and medical education who know me well and are very familiar with my educational activities:

1. [REDACTED], MD, MSM (Professor and Vice Chair, [REDACTED], Department of Emergency Medicine)
2. [REDACTED], MD (Executive Director, [REDACTED])
3. [REDACTED], MD, PhD (Vice Chair for Education, Department of Internal Medicine and Co-Director Faculty Development Center, [REDACTED])

I sincerely appreciate that CORD has established an Academy for Scholarship for individuals like me who are passionate about EM education and scholarship. Furthermore, I am grateful to those who have volunteered time and energy to establish and support the Academy, and to review submitted applications. I look forward to the opportunity to serve the Academy in a number of ways, including as a mentor for potential members and a judge of future applications.

Respectfully submitted, [REDACTED], MD

Match to Standard Setting Examples for [REDACTED], MD, FACEP, FAAEM:

CORD ACADEMY FOR SCHOLARSHIP “Distinguished Educator” Award

Category: Development of Enduring Educational Materials

Example 5 – MD in a Clinical Department

My application portfolio is comprehensive and submitted based on similar passion and experience to that of Gary DeVine, MD (Cardiology) in the above example. In my 2-page structured summary and 2-page personal statement, I highlight some of my most respected enduring educational materials (textbooks, peer-review manuscripts, textbook chapters, PowerPoint lectures). Please refer to my CV for additional materials and activities that further demonstrate my passion for education, teaching, and innovation.

Similar to Dr. DeVine's portfolio, I have developed and produced multiple educational materials related to a wide array of content areas (as described in my structured abstract). Many of the reasons that these educational materials endure are that they are meaningful, creative, learner-centered, and valuable to learners. Many of these materials were developed to fill educational gaps or needs (for example, *The Career Planning Guide for Emergency Medicine*). I believe that my portfolio represents similar (or greater) depth and breadth as Dr. Devine's materials, and that we share similar talents as educators. Although my work is used by a greater variety of learners having greater background diversity, one difference apparent between our educational products is that my work is not typically directed at patient education. Many years ago, I produced a patient information sheet describing the Emergency Department experience that was given to patients and visitors on arrival to our ED. I did not include this in my application (nor do I include this on my CV), as this is not my primary focus educationally and my patient-centered handout was not published. In my clinical practice, I always educate my patients and their visitors, and also include them in decision-making (when appropriate).

Dr. DeVine is clearly a talented scholar, with whom I share similar academic successes based on his portfolio example. I believe that I have demonstrated long-term and far-reaching impact in emergency medicine education, creating distinctive, innovative, learner-centered and enduring materials that have breadth and depth, a wide audience of healthcare professionals, and lasting utility.

Thank you for your consideration.

██████████, MD, FACEP, FAAEM

Structured Summary (2 pages)

Development of Enduring Educational Materials MD in a Clinical Department (Example 5)

██████████, MD, FACEP, FAAEM

Clinical Professor (Affiliated) of Surgery (Emergency Medicine)

██████████ School of Medicine; ██████████ Medical Group

Active **CORD** member (since 1991)

Personal Statement Summary	
<i>Personal Goals</i>	To continue integrating my skills and abilities as an educator, mentor, author, and innovator of educational materials to produce outstanding and enduring materials that benefit students, interns, residents (in and outside of EM), and junior faculty. The broad-based nature of my work also benefits mid-level providers (physician assistants and nurse practitioners), in addition to emergency nurses, paramedics, and EMTs. My body of work often benefits senior EM faculty in their roles as clinicians, scholars, and educators as well. My ultimate goal is to improve patient care and patient care outcomes for all patients using all types of emergency (or urgent) services at any time.
<i>Personal Preparation in the Area of Educational Materials Development</i>	Through courses and independent efforts, I have gained extensive knowledge and skills related to teaching, writing, editing, and lecturing (at the bedside and in formal didactic sessions, to both small and large groups). I attended the Emergency Medicine Foundation (EMF) Teaching Fellowship offered by ACEP (on scholarship from EMRA), Navigating the Academic Waters conference, as well as several incredible Faculty Development courses and seminars led by ██████████, MD, PhD (Director, ██████████ Faculty Development Center at ██████████ and renowned former IM Program Director at ██████████). I have also been fortunate to train directly under ██████████, MD, MSM (Professor and former Chair, ██████████ Department of EM) as his Chief Resident in Emergency Medicine and mentee. I have actively participated in a number of writing, medical editing, leadership, and communication courses; these assist me in conveying my ideas more clearly when writing, teaching, or lecturing.
<i>Personal Reflection/ Process for Improvement</i>	Part of my passion as Co-Program Director and educator is offering specific and useful feedback to learners, and encouraging them to solicit feedback from others. Following my own recommendations, I seek feedback related to all of my teaching, writing, and lectures from learners and participants, and integrate this feedback into subsequent presentations, textbooks, textbook chapters, or manuscripts whenever possible. Integrating this feedback into my work greatly improves the content of my educational material and, more importantly, improves the outcomes for my learners (by helping them meet their objectives, performance gaps, and their own expectations). I believe that I endorse a positive approach to teaching by using updated literature, memorable examples (including cases), and important messages. Teaching is not only my passion, but also a privilege and an opportunity that I take extremely seriously. I never want to “waste” a learner’s time, as their time is valuable, limited, and there is so much to learn. This perspective motivates me to give my best effort and do my best work at all times.

Development of Enduring Educational Materials MD in a Clinical Department (Example 5)

(Updated 1/5/12)

List of Structured Abstracts

Briefly list the enduring educational materials that you are including as part of your portfolio. You will provide more details about the materials you have developed in the Structured Abstract section.

Publication or completion dates	Title/Citation of Enduring Material	Type of Enduring Material and Short (1 – 3 sentence) Description of Material
2005	<i>An Introduction to Clinical Emergency Medicine.</i> [REDACTED]. Cambridge University Press. ISBN: 978-0-521-54259-3.	Co-editor of this 798-page award-winning textbook; over 8400 copies sold worldwide (data from [REDACTED], CUP, Senior Commissioning Editor), in its 5 th printing. This is the preferred textbook for the majority of EM clerkships and many EM residency programs. Reviews (print and internet) have been overwhelmingly favorable, with a 2 nd edition in press. Over 50 chapters and 70 nationally respected collaborators. I authored or co-authored 3 chapters, created, and co-edited the entire book.
2009	<i>An Introduction to Clinical Medicine Casebook.</i> [REDACTED]. Cambridge University Press. ISBN: 978-0-521-71964-3.	Co-author of this case-based textbook with 111 clinical cases from our ED, including teaching points and high quality color images, tables, and radiographs. Used by many students, residents (in and outside of EM), and EM faculty. Reviews comment on its innovative approach to learning, and that the “patient is right there to learn from.” Over 1700 copies sold.
2007	<i>Career Planning Guide for Emergency Medicine, 2nd edition.</i> [REDACTED]. EMRA. ISBN: 1-929854-13-7.	Much-needed resource written and developed for senior EM residents at a time when there were few resources on career planning in EM. Distributed as a member benefit by EMRA (at my insistence), with over 6,300 copies sold/distributed since the 1 st edition (1996). Records may reflect as many as 12,000 total.
2004 in <i>Acad</i>	Mentoring Medical Student Academic Emergency Medicine. [REDACTED]. <i>Emerg Med</i> 2004;11(12):1351-57.	Peer-review manuscript published in 2004, cited by 33 (Google Scholar), plus additional citations on the internet, non-EM and non-PubMed journals. Impact factor for <i>Acad Emerg Med</i> is 2.197. ISI Journal Citation Reports Ranking 5/23 (Emergency Medicine). Many consider <i>Acad EM</i> as EM's most rigorous academic journal.
2008 Medicine.	Conflict Resolution in Emergency Medicine. <i>In Adams Emergency Medicine.</i> [REDACTED]. ISBN: 978-1-4160-2872-7.	Textbook chapter (invited), 15 pages with tables, charts, diagrams; 36 references. Invited for 2 nd edition (web and print), in press. Also invited to be part of a national grant from [REDACTED] Chapter, ACEP, to develop a new Residency Leadership Curriculum on this topic. Over 6000 copies sold (communication, [REDACTED], MD [editor]).
2008 Complex	Wide Complex Tachycardias: Understanding this Complex Condition (parts 1 and 2). [REDACTED]. <i>West J Emerg Med</i> 2008;9:28-39 and 97-	Two distinct publications in a peer-review journal (parts 1 and 2), divided by the editor-in-chief ([REDACTED], MD, MHPE). These publications are founded on my passion for and expertise in ECGs, Wide Complex Tachycardias in particular. There have been 1753 unique requests for these (eScholarship data). I also published a

Standard-setting Example #1 Enduring Educational Materials

103.	textbook chapter as an invited author in <i>Electrocardiography in Emergency Medicine</i> (Mattu, <i>et al.</i> , ACEP, 2007), been invited to give several lectures at state and national meetings, and published a review article that I developed and produced (<i>Hosp Phys</i> , 1998).
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<p>2006 Resident Professionalism in the Emergency Department. [REDACTED] Ca JEM 2006;VII;3:55-58.</p>	<p>Peer-review manuscript for which I developed the project idea and served as co-author for publication and mentor to a visiting EM resident needing a scholarly project. This manuscript and my continued passion regarding the topic of Professionalism in Emergency Medicine (and Medicine in general) has lead me to be invited to present at numerous workshops, give PowerPoint lectures, and teach on this topic to students, residents, and medical staff. I am also an invited presenter at our medical center's annual New Physician's Orientation. Over 60 physicians from different disciplines at various points in their career join our medical center each year and attend this orientation.</p>
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Discussion of Breadth

I have taken advantage of opportunities to be involved with and produce a number of educational materials, many filling a niche or special need in EM. As a result, some of these materials have become *enduring*. Examples of the scope of

my work include 3 distinct textbooks (two currently in their 2nd edition), 22 invited textbook chapters, over 50 published scientific papers, over 25 distinct lectures, 5 research presentations, and 12 media activities (e.g., invited podcasts, Audio Digest, media interviews). I have attended several national and regional courses to improve my teaching abilities and to further develop my writing, editing, and lecturing skills. I have been involved with 5 scholarly journals as a reviewer or senior editor, which helps others produce enduring materials. My teaching, writing, and lectures have been aimed at medical students, residents in EM and other disciplines, faculty, nurses, PAs and paramedics, in addition to patients and their support teams. I enjoy the opportunity to educate wide target audiences. I also enjoy mentoring students, residents, and junior faculty as they start their careers, and have produced enduring materials that help others in this important role. When I see an educational gap, I focus my work so that others may benefit. For example, limited resources existed for EM residents on career planning, so I developed a special senior year-directed curriculum in 1993, and wrote my first textbook on this topic (published by EMRA in 1996). Similarly, cohesive EM education materials for rotating (off-service) interns in EDs across the country were lacking, so a colleague and I developed a textbook that is now used by students, EM interns and residents, off-service rotators, PAs, nurses, and paramedic students – a far greater audience than initially intended. In addition, I teach and mentor EM faculty through lectures and writing, and annually assist them at local, regional, and national levels with Lifelong Learning and Self-Assessment (LLSA) and Maintenance of Certification (MOC).

Development of Enduring Educational Materials MD in a Clinical Department (Example 5)

Personal Statement (2 pages)

Personal Statement (Begin your personal statement on a new page.) Include your personal statement here. Describe your personal philosophy, motivation and goals as a developer of educational materials, your preparation for this type of activity (past and ongoing), and how you use feedback (from learners and peers) to improve.

My passion is educating and mentoring residents, students, faculty, and other allied healthcare personnel. I am fortunate that I have the skills and ability to convey important messages to those in a position to learn. Whether educating patients, their support teams, trainees at all levels, or other experienced healthcare professionals, I feel that I must utilize my talents as an educator to the best of my ability. Fortunately, I am a capable teacher, writer, and communicator. Even more fortunately, the opportunities I have to teach in emergency medicine are limitless. I truly enjoy every opportunity afforded me to teach, and value the importance of every learner.

My talents are evident in my accomplishments with the written and spoken word. I have produced three distinct textbooks in Emergency Medicine, two currently in their 2nd editions. I am regularly (and repeatedly) asked by those in my specialty to contribute to their projects; most of the time, I agree. Only on rare occasions must I decline these incredible opportunities, based on my schedule or other commitments. Every textbook chapter I have contributed to someone else's work has been received and reviewed with appreciation. I am committed to submitting carefully written and rigorously researched products on time, matching the format requested, with the goal of offering immediate and lasting impact. I have been invited to contribute to subsequent editions without fail, based on the quality of my initial work. This is also true for lectures, being invited back repeatedly to give my "Getting the Most from your EM Clerkship" lecture at SAEM's annual Medical Student symposium (my syllabus remains posted on the internet via the SAEM website), or my annual LLSA article review for CAL/ACEP and other organizations (since 2004, when LLSA began). Although no one asks me to update or improve my lectures, I do this willingly and with pleasure. It is important to me that I honor every opportunity to educate individuals and produce materials that are as current as possible and happen to endure.

One of my ongoing roles is Chairperson for the [REDACTED] Annual National EM Conference. Several hundred individuals attend this meeting each year, despite limited marketing (based on budgetary constraints). I use this opportunity to provide an educational forum to peers based on needs assessment, performance gap analyses, and CME requirements. After each conference, I pour over feedback, evaluations, and suggestions for the next meeting. My goal is to continually improve this annual conference, to best meet the needs of those attending. This is another example of my dedication to the needs of learners, to which I commit whenever I develop and produce educational materials in any format.

I enjoy writing, and find it a wonderful manner in which to share information – concisely, accurately, clearly, and with style. I believe I am a talented writer. Several of my peer-reviewed manuscripts have been accepted for publication without revision; authors cite these routinely (including authors outside of EM). It is a wonderful feeling to know that my work matters and has made a difference. I enjoy receiving and incorporating feedback from colleagues, learners, reviewers, and mentors regarding my work, as this allows me to consistently improve my educational products (textbooks, chapters, manuscripts, lectures, etc.), inspires me to do more, and expands my skill set for future educational projects.

I enjoy and take great pride in the varied scholarship that I have contributed to the specialty of EM. I believe that I have multiple skills, including an intuitive sense of what learners need to learn and how they can best learn it. I passionately dive deeply into the materials related to the topic(s) that I prepare. My personal philosophy is that teaching is a privilege; that no teachable moment should ever be wasted; and that

preparation, passion, and dedication to the learner are the most important elements of an outstanding teacher.

Enduring materials are simply the byproduct of quality preparation and stellar work, incorporating intuition for what learners need and addressing potential gaps existing in their education. I am motivated not by accolades or the recognition I have been fortunate to have received throughout my career, but rather by the pleasure of sharing information with others using my gift for teaching. In this way, others benefit from my skills, with our patients the ultimate beneficiaries.

My goals in producing enduring educational materials are simple: to help others learn and be excited about learning, to use my talents as an educator, and to honor the wonderful teachers and mentors who have helped shape my life's work. Educational materials endure if they are thoughtfully produced, well researched, insightful, innovative, creative, and user-friendly. All of my efforts at teaching and producing educational materials integrate these simple concepts; as a result, the majority of them endure. I incorporate feedback into each type of educational material I develop, including reviews that point out limitations or areas that need improvement. I embrace and solicit unbiased feedback. In fact, for the 2nd edition of one of my textbooks, I added seven new chapters (including one I co-authored on clinical decision rules) plus an entire section on focused bedside ultrasound (with eight subsections) based on comments from expert reviewers. I could have taken the easy route and rested on my laurels (this textbook received the first place national award for medical book of the year, physicians category from the American Medical Writers Association), but this is simply not part of my DNA.

My preparation for my work as a distinguished educator has been shaped over a lifetime of teaching, including more than two decades as a student and resident educator, writer, and researcher. I tutored many students when I was in high school and college, not for the money (although I was paid handsomely in college), but because I felt joy seeing someone “get” organic chemistry, math, science, or English. Despite possessing a “gift” for simplifying difficult concepts, I learned from these experiences. I worked hard at being the best tutor I could be, and gained tremendous insight into the process (and importance) of teaching. I have taken formal educational courses throughout my career because I enjoy learning and cultivating my skills. The EMF Teaching Fellowship by ACEP (which I attended after being selected by EMRA to receive their national scholarship), [REDACTED]'s Faculty Development courses at [REDACTED], and several Leadership courses offered through CORD, ACEP, and Kaiser Permanente (including Training the Trainer) have been fun for me. I have no shame stating that I enjoy spending time improving my “education toolbox.”

I consider myself an equal opportunity educator. By this, I mean that I will teach and work with any learner, regardless of his or her current or future specialty. Furthermore, I particularly enjoy the challenge of working with and teaching a reluctant or recalcitrant learner. By producing educational materials in a variety of formats, I am able to approach learners regardless of their level of interest, preferred style of learning, or level of ability. That these educational materials endure is beyond my control, but I believe reflects quality, relevance, consistency, learner-centeredness, and user-friendliness.

CORD should be thanked for providing the opportunity for passionate and talented individuals to be recognized as distinguished educators. I am truly honored yet humbled to be considered for such distinction.

Respectfully submitted,

[REDACTED], MD, FACEP, FAAEM

Structured Abstracts

(Your structured abstracts may take as many pages as necessary.)

Structured abstracts: (Begin each structured abstract on a new page.) This component is unique to the category of Development of Enduring Educational Materials and Educational Research. A separate structured abstract should be included for each enduring material listed in your structured summary. Serial editions of a work or a related series of materials go in one abstract. (See instructions and examples) Abstracts should include the following sections. Supporting documentation should be in Appendices at the end of all of the structured abstracts.

See next page

(in order to start at top of the page)

Standard-setting Example #1 Enduring Educational Materials

(Begin each structured abstract on a new page.)

TYPE OF ENDURING EDUCATIONAL MATERIAL (1)	Textbook
Title(s)	<i>An Introduction to Clinical Emergency Medicine</i>
Citation(s) (if published) or other publication information (date, location, URL, etc.)	[REDACTED] (eds), 2005. Cambridge University Press, UK. ISBN: 978-0-521-54259-3 (1 st edition). (2 nd ed. ISBN: 978-0-521-74776-9, expected Feb. 2012 – in final production)
Goals and/or learning objectives of the materials	This textbook is an introductory text to familiarize students, residents, nurses, paramedics, and emergency providers with basic and advanced EM principles. The ultimate goal is to establish a strong foundation for advanced practice in EM, resulting in outstanding care provided to “undifferentiated” patients.
Intended uses and/or users of the materials	The textbook is intended as an educational and reference text for learners practicing in an Emergency Department or urgent care setting. EM faculty often use these materials for teaching purposes as well. This textbook is also used by healthcare professionals in both hospital and clinic environments (although not its primary intended use).
Topics covered/content of the materials	<p>This textbook is divided into 4 parts:</p> <ul style="list-style-type: none"> •Principles of Emergency Medicine (8 chapters) •Primary complaints (32 chapters) •Unique issues in Emergency Medicine (5 chapters) •Appendices (6 sections) <p>Chapters often have more than one distinct section (for example, ENT and Environmental emergencies), and Appendices have more than one focus (such as Common emergency procedures and Interpretation of emergency laboratories). The Unique issues section includes important (and “unique”) material specific to EM, such as Abuse, Neglect, Intimate Partner Violence (IPV), Ethics, End-of-life and Legal issues, and Environmental and Occupational exposures not covered (or not covered well) in most EM textbooks of this size, scope, and intended audience. The 2nd edition expanded this Unique issues section, adding a chapter on Patient Safety written by a national expert in the field, and added numerous new chapters (over 10%) by leading authorities in EM.</p>
Size or scope of the materials	This textbook has 798 pages, with high quality color images, ECGs, radiographs, tables, illustrations, and photographs.

Standard-setting Example #1 Enduring Educational Materials

<p>Description of the development process or methodology</p>	<p>Cambridge University Press approached me directly to develop their first Emergency Medicine textbook. [REDACTED], [REDACTED], [REDACTED], and [REDACTED] were impressed with several of my publications, and had seen my work as Editor of <i>Hospital Physician Board Review Manual in Emergency Medicine</i>. My colleague, mentee, and friend ([REDACTED]) needed an academic project, so I invited him to join me. He desired to be primary editor, to which I agreed (a decision about which I have no regrets). There was a need for educational materials for rotating (off-service) interns in all EDs (from Internal Medicine, Surgery, Pediatrics, and OB-GYN), so we embarked on a journey to write a user-friendly, visually appealing, and readable book with this intended audience in mind. We have been pleased that the quality of the book is so high, and that multiple expert clinician-educators were eager to contribute from across the country, including two international authorities. Due to the breadth and talents of the contributors, our vision, and our medical editing skills, the final product has much broader use than our original expectation. At the time, both of us were responsible for teaching medical students and off-service rotators from other disciplines (I still am responsible for this), and therefore had a good idea of what these learners needed to practice safely in the high-acuity, rapid-paced, often chaotic ED setting.</p>
<p>Applicant's role in the development process</p>	<p>I outlined the anticipated chapters, contacted authors from around the country, and refined and revised the content of this textbook following numerous meetings with my co-editor, [REDACTED]. I was involved in absolutely every phase of this project, from inception to completion. I also helped create tables, identified or improved images, gained all permissions (1st ed.), and assisted with references. My co-editor was also intimately involved; his main role was managing content.</p>
<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea, but this was not an easy project. Thousands of hours over several years.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>In addition to the chapters I authored myself (1) or co-authored (2), I co-edited every chapter, reviewed them for accuracy, helped develop tables and gathered images, and gained permissions (when necessary). I developed our marketing strategy with my co-editor and Cambridge University Press. Of note, Drs. [REDACTED] and [REDACTED] wrote the forwards to the 1st and 2nd editions, respectively, both marveling at the quality, innovation, and relevance of this textbook for all stages of learners.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>This textbook received national attention by its selection as First Place Winner in the American Medical Writers Association (AMWA) Medical Book Awards Competition, Physician Category in 2006. This is AMWA's most esteemed prize. Reviews of the textbook have been stellar (see Appendix A). Many medical schools and EDs use this textbook as required reading for their EM clerkship, and quite a few EM residency programs use this book as well for their residents.</p>

Standard-setting Example #1 Enduring Educational Materials

Usage statistics (copies sold or distributed, etc.; for web-based resources—use the best available usage information - see Google Analytics or Web trends for information.)	The book is considered by many to be the definitive textbook for medical students and rotating interns in EM. It has sold over 8,400 copies worldwide with little marketing, and has become Cambridge University Press's second-best selling textbook. There have been 5 printings, with a 2 nd edition at the printers. This textbook has the greatest usage by medical schools using any EM textbook (see Appendix A: [REDACTED] letter). It is required reading for "competing" medical schools and residency programs in our ([REDACTED]) vicinity.
TYPE OF ENDURING EDUCATIONAL MATERIAL (2)	Textbook
Title(s)	Clinical Emergency Medicine Casebook
Citation(s) (if published) or other publication information (date, location, URL, etc.)	JT Levis, GM Garmel. Cambridge University Press, 2009. ISBN: 978-0-521-71964-3.
Goals and/or learning objectives of the materials	This textbook provides readers with a novel way of learning by utilizing actual cases from the ED. These cases are presented as "unknowns" with history, physical examination, ECGs, radiographs, and patient-consented photographs. Learners are able to turn the page after considering the question "What is your diagnosis?" After turning the page, learners can read about the condition, an extensive differential diagnosis, management, and key teaching points with important and current references provided.
Intended uses and/or users of the materials	The intended use is to improve an emergency medicine clinician's diagnostic skills. It is aimed at learners who retain best through actual case examples, with a logical explanation of how to best approach cases presenting to the ED based on a constellation of symptoms and chief complaints. In other words, these cases are presented without a final diagnosis, and readers have to "develop" their own differential diagnosis, evaluation and treatment strategy, and final diagnosis. This book was intended for EM residents, but has been used by students, residents, and
Topics covered/content of the materials	This case-based textbook covers in detail case examples from: <ul style="list-style-type: none"> - HEENT - Cardiovascular - Pulmonology - Gastroenterology - Genitourinary and Gynecology - Neurology/Neurosurgery - Trauma
Size or scope of the materials	The textbook has 111 cases in 489 full-color pages. Each case has approximately 6-8 references, and is approximately 4 pages. The book itself is 8.5 x 11 inches, which affords plenty of space for educational material (See Appendix B for attached sample case).

Standard-setting Example #1 Enduring Educational Materials

<p>Description of the development process or methodology</p>	<p>The textbook includes cases from the [REDACTED] ED, which were then shared with residents and faculty in the [REDACTED] EM Residency Program. Everyone was positive about the amount of learning that occurred from each case, and about the “style” and format of the cases. This was the impetus to produce a textbook, as it offers a unique (and successful) manner in which to learn important EM principles.</p>
<p>Applicant’s role in the development process</p>	<p>My role was as a co-author, editor, organizer, and layout (graphics) designer for the textbook and its cases. With my prior successful educational venture (see above), Cambridge University Press gave me “carte blanche” to create another textbook using my skills that would educate the most people in the best way.</p>
<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea – I don’t keep track of how long things take. Rather, I do them so they are stellar, and the work is appropriate (and hopefully enduring). This project took several years to complete.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>EM residents and EM faculty in the [REDACTED] EM Residency Program carefully vetted each of the 111 cases prior to publication. Those individuals who managed each patient contributed notes and data to the specific case. Of note, Dr. [REDACTED] wrote the foreword to this book, enthusiastically commenting about its design and educational value for learners.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>EM residents were thrilled to get cases on a regular basis from which to learn (and provide comments), which ultimately comprised the textbook. Published reviews of the book are included in Appendix B. Several reviewer comments included that patients “jumped off the page” and that “learning was made relatively easy” (from this format). Appendix B also includes a solicited letter from my co-author ([REDACTED], MD, PhD) containing positive feedback.</p>
<p>Usage statistics (copies sold or distributed, etc.; for web-based resources—use the best available usage information - see Google Analytics or Web trends for information.)</p>	<p>Statistics from Cambridge University Press have approximately 2,000 copies have been sold/distributed worldwide. They are very pleased with this, and have commissioned us to produce a “Volume 2” of new cases. We already have the substantial portion of new cases and discussions for this volume, and are excited to begin work on its production in 2012-2013.</p>

Standard-setting Example #1 Enduring Educational Materials

<p>TYPE OF ENDURING EDUCATIONAL MATERIAL (3)</p>	<p>Reference book</p>
<p>Title(s)</p>	<p><i>Career Planning Guide for Emergency Medicine, 2nd edition</i></p>
<p>Citation(s) (if published) or other publication information (date, location, URL, etc.)</p>	<p>██████████. EMRA, 2007 (1996), Irving, TX. ISBN: 1-929854-13-7.</p>
<p>Goals and/or learning objectives of the materials</p>	<p>Residents in EM (especially seniors) need assistance with planning their careers in EM after graduation from residency training. At the time of the 1st edition (same title and author), limited information existed about this important topic. Learning objectives were simple – to educate residents about the job market in EM, to assist them with decisions related to their career and their futures, and to help them prepare for the job search, the job interview, and post-graduation positions.</p>
<p>Intended uses and/or users of the materials</p>	<p>Readers were intended to be senior residents in EM (in their final year of training), although the audience has become much larger. The job market in EM became more competitive and the need for this information became necessary earlier in an EM resident's career (see Appendix C, Letter from ██████████, EMRA).</p>
<p>Topics covered/content of the materials</p>	<p>Topics covered in this textbook include:</p> <ul style="list-style-type: none"> - Career possibilities in EM - Getting started - Time-line - Putting together your CV and Cover Letters - Professional placement services - The interview - Contracts and Emergency Medicine (██████████, contributor) - Evaluating benefits as part of your compensation (Leonard Justice, contributor) - Negotiations - Summary pearls - Notes <p><i>Note: To improve the value of this book to learners, I solicited two chapters from leading experts on Contracts and Benefits, as these topics are incredibly detailed and complex. I believe this was in the best interest of the intended users.</i></p>
<p>Size or scope of the materials</p>	<p>This book is 98 pages, soft-cover bound, with 10 chapters, each approximately 10 pages. The book itself is 5.5 in x 8.5 in, keeping with the size of other EMRA publications.</p>

Standard-setting Example #1 Enduring Educational Materials

<p>Description of the development process or methodology</p>	<p>I developed a special senior year-directed curriculum in 1993 for the first class of senior residents in the ██████████ EM Residency Program, which I co-direct. In 1993 at ACEP Scientific Assembly, I bumped into a former ██████████ medical student at a top-notch program and asked out of interest if I could see her CV. She had not put one together, and had no idea what her plans were despite this being her senior year of training. My senior residents all had CVs prepared and job interviews lined up at the ACEP meeting. It was at this time that I realized that a national need for this material existed, and discussed the idea of writing a book with faculty and resident colleagues. As a recipient of EMRA's scholarship to attend the EMF Teaching Fellowship, I started my project of writing this book based on my senior resident directed educational curriculum for other residents around the country. I negotiated with EMRA (rather than ACEP, who wanted to sell copies of my book) to distribute it as a member benefit. After numerous negotiations to make production free of industry support, this dream of mine (and need of senior EM residents) was realized.</p>
<p>Applicant's role in the development process</p>	<p>I conceived of the entire project, based on the curriculum that I developed, using what I felt was important knowledge that senior EM residents needed to find the best career fit for them. At this time, there was literature that stated graduating residents weren't happy and changed jobs more than 50% of the time (I can't recall the exact number, it may have been as high as 70-80%). I believe that part of this unhappiness was due to unscrupulous business practices of some ED administrators, but also due to senior residents entering the job market and embarking on careers in EM lacking the appropriate information necessary to make wise career decisions. Numerous residents and faculty advisors have shared with me that my book was extremely helpful to them (See review, Appendix C).</p>
<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea – I happily worked on this project for a few years, as it was a labor of love. I did receive a national award from EMRA as a result of my contribution(s) to it and to residents in 2001.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>ACEP leaders, EMRA leaders, and resident officers of EMRA reviewed and commented on this book prior to publication. In fact, ACEP would not allow publication until I removed specific details of the Independent contractor v. Employee worksheet (reinstated on page 71, 2nd edition) due to concerns over legal (financial) issues. At the time, I was able to negotiate a mutually satisfactory solution (as was published) that remained beneficial to senior residents during their career planning but did not include specific monetary figures.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>I have received a tremendous amount of positive feedback from residents around the country. For many years, I participated each year in the EMRA Career Planning sessions held at ACEP SA, which included Drs. ██████████, ██████████, and ██████████. I always received incredibly positive comments about my presentation from residents in attendance. Attached is an email from ██████████ (2006), a regular contributor to <i>EM News</i> (ACEP publication) and EMRA's Career Planning Sessions (held at ACEP SA, see Appendix C).</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>This textbook has been favorably reviewed by residents, faculty, ██████████ (see above), and ACEP/AAEM leaders (Drs. ██████████, ██████████, ██████████). Significant improvements were made between the 1st and 2nd editions.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>Appendix C has a review (<i>Annals Emergency Medicine</i>), as well as an (unsolicited) email from ██████████ (leader of perhaps the most respected professional placement service in EM) stating "... it is the best written tool that residents have available to them."</p>

Standard-setting Example #1 Enduring Educational Materials

Usage statistics (copies sold or distributed, etc.; for web-based resources—use the best available usage information - see Google Analytics or Web trends for information.)	According to EMRA (██████████, Executive Director), over 6,000 copies have been distributed or sold since the first edition in 1996. I have also heard from ██████████ (former EMRA Executive Director) that this number is much higher (over 12,000). Appendix C also includes unsolicited praise from two EM leaders about the value of this educational resource (Drs. ██████████ and ██████████).
TYPE OF ENDURING EDUCATIONAL MATERIAL (4)	Peer-review article
Title(s)	Mentoring Medical Students in Academic Emergency Medicine
Citation(s) (if published) or other publication information (date, location, URL, etc.)	██████████. <i>Acad Emerg Med</i> 2004;11(12):1351-57.
Goals and/or learning objectives of the materials	The objective of this article is to help medical students understand the importance of mentoring from faculty advisors, and to help faculty mentors improve their mentoring skills of medical students.
Intended uses and/or users of the materials	<p>This article has been (and is) used by medical students, faculty advisors, and residents involved in mentoring medical students. Interestingly, faculty outside of EM have referred to this article and have used it in their teaching and mentoring activities, which far exceeds my original intentions. Results of this article include:</p> <ul style="list-style-type: none"> - cited by 33 other authors (Google scholar statistics, 12/30/11) - referred to specifically by Mentoring/Leadership site at: http://residency.kp.org/ncal/current_residents/courses_and_workshops/leadership_primer/index.html (██████████, MD, Program Director IM, author) - invited textbook chapters, editions 1 and 2 (Mentoring Medical Students in Emergency Medicine, <i>In Medical Student Educators' Handbook</i>, 16 pages, 57 references – see CV) - invited textbook chapter (Mentoring in Emergency Medicine, <i>In Practical Teaching in EM</i>, ██████████ (ed), 2nd ed [in press] – see CV) - Mentoring podcast (EM:RAP Educators' Edition, ██████████, MD, producer, October 2009) – over 2,300 downloads - Leadership role for ██████████ Mentoring program for new physician hires (██████████, MD, director, OB/GYN).
Topics covered/content of the materials	My manuscript covers the topic of mentoring, its history, the benefits and challenges of mentoring, how to be a good mentor, how to author letters of recommendation (another special area of scholarship), and other aspects of mentoring medical students. The textbook chapters that I have developed as a result expand on the topic of mentoring to include residents, junior faculty, and individuals outside of emergency medicine (students, residents, and junior faculty).
Size or scope of the materials	This peer-review manuscript is 7 pages long, has 6 comprehensive tables, and 43 references. It was one of only 2 manuscripts submitted as part of an on-line textbook selected for publication by editors of <i>Academic Emergency Medicine</i> .

Standard-setting Example #1 Enduring Educational Materials

<p>Description of the development process or methodology</p>	<p>I was invited by editors of a new on-line textbook to contribute a chapter on Mentoring Medical Students. I wrote this chapter (which was published on-line). The editors submitted all chapters to the reviewers of <i>Acad Emerg Med</i>, and my chapter was 1 of only 2 (from 26) selected on its merits for publication after strict editorial review. I have been a successful mentor for medical students at [REDACTED] (and prior to that during my residency and chief resident year at [REDACTED]), and am passionate about mentoring and the importance it has in personal and career development. In fact, I actively mentor (formally and informally) newly hired physicians from all disciplines (including EM) at my hospital.</p>
<p>Applicant's role in the development process</p>	<p>I conceived the concept for the chapter, and revised it accordingly for publication in a peer-reviewed journal. I selected all references, quotes, topics, and developed all tables and conclusions for this (and related) manuscript(s).</p>
<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea – mentoring is a passion, this manuscript and others related to it are ongoing, and I don't keep track of my hours or time. I would estimate that doing a literature search, reading 50 – 100 references, thinking about what I felt was important to say and how I wanted to say it, writing, editing, revising, editing again, reflecting, submission, etc. required many hundreds of hours of scholarship.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>Peer reviewers are blinded to authors, and have detailed backgrounds on the review (editorial) process. Senior editors and reviewers also participate in the review, in addition to monitoring reviewers.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>Indicators of quality of the material include citations by other authors, including those from non-EM disciplines. In fact, [REDACTED], MD extensively referred to my article in an article he co-authored on Mentoring ([REDACTED], [REDACTED], [REDACTED], <i>CJEM</i> 2010;12(2):143-9). Also, [REDACTED], MD (Professor of Medicine and Chair/Director Acute Care College, [REDACTED]) requested that <i>NEJM</i> use me as an outside expert reviewer for an article she submitted related to Mentoring. I have also been invited to give several workshops and lectures on Mentoring at various national and international EM meetings (see CV), based in part on this manuscript and my skills as a mentor and educator.</p>
<p>Usage statistics (copies sold or distributed, etc.; for web-based resources—use the best available usage information - see Google Analytics or Web trends for information.)</p>	<p>As of December 2011, there have been 33 cited uses of this article (Google scholar), in addition to internet use of related Mentoring materials that I have authored. I am not aware of how many uses this article or my 2 distinct textbook chapters on Mentoring have had (one chapter is in its 2nd edition), or if this information is available. The published mentoring podcast (<i>How to be a Good Mentor</i>, October 2009, has been downloaded 2,330 times – data from Dr. [REDACTED], personal communication 10/28/11). In addition, Cambridge University Press started a medical blog and asked me to contribute something on mentoring, which I did, available at: http://cambridgemedicine.wordpress.com/2009/09/08/mentoring/. I</p>

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TYPE OF ENDURING EDUCATIONAL MATERIAL (5)	Textbook Chapter (with several related PowerPoint lectures)
Title(s)	Conflict Resolution in Emergency Medicine (also, Conflict Resolution in Medicine and Conflict Management)
Citation(s) (if published) or other publication information (date, location, URL, etc.)	Adams Emergency Medicine. [REDACTED] (ed). Saunders/Elsevier, 2008. ISBN: 978-1-4160-2872-7. Also available on-line via <i>Expert-Consult</i> .
Goals and/or learning objectives of the materials	The goal of this chapter (invited author) was to provide critical information about the topic of conflict and conflict resolution in EM to readers of this 2276 page textbook. This chapter was highlighted in the "Leadership, Communication, and Administration section of this new textbook (1 st edition).
Intended uses and/or users of the materials	Readers include predominantly faculty in EM and residents in EM, although other allied health professionals and medical students also use this textbook as a reference.
Topics covered/content of the materials	Conflict Resolution in Emergency Medicine is the topic of this chapter, and how it relates to patient care and physician practice in the ED.
Size or scope of the materials	This chapter has 15 pages of text, with 2 figures, 8 tables (boxes), plus "Key Points" and "Red Flags" summary tables. There are 36 references cited. This material is also conveyed in a PowerPoint lecture presentation (slides) that I have given at national EM meetings, several Grand Rounds at EM residency programs, and at hospital staff educational programs.
Description of the development process or methodology	Extensive literature review was performed of over 50 articles (not all articles were included in the references or citations); this chapter was developed entirely based on learning objectives and a loose framework of textbook guidelines. As this textbook was a new book, and there were no chapters on this topic, I was given relative "freedom" to design and develop the chapter as I determined best for the readers/learners. I was invited back to contribute an updated chapter on the same topic for the 2 nd edition (a comprehensive on-line version with an abbreviated print version), which is in press.
Applicant's role in the development process	As the sole author of a new textbook chapter, I created the content, selected the references, developed the tables and modified figures as needed. Despite the senior editor ([REDACTED]) being an expert on this exact topic and reviewing my chapter contribution, he had essentially no requests for modification and was extremely pleased with the final product, as were other editors and the section editor.
Estimate of time (hours) invested by applicant in the development process	No idea. I had already read many of the references, as I was invited (selected) as a national expert to develop a comprehensive lecture for a Residency Leadership Curriculum for this same topic (grant received). [REDACTED], MD, former EM Residency Director at [REDACTED], was project lead for [REDACTED] ACEP.

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<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>Dr. [REDACTED] and senior editors were impressed and very pleased with the final chapter that I produced, and therefore invited me back to contribute to this textbook's 2nd edition. Additionally, [REDACTED], MD (co-editor with [REDACTED], MD of <i>Emergency Department Management: Principles and Applications</i>) invited me to co-author with him an updated version of his chapter (Conflict Management) in the 2nd edition of his revised textbook (<i>Strauss and Mayer's Emergency Department Management</i>). This textbook chapter has been completed and is in press. I refer to this as one example of a "review" in that an author/editor on the same topic felt strongly about my abilities and expertise to request my participation in his updated chapter on the "same" topic in his textbook's 2nd edition.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>Please see appendix E for unsolicited feedback from Drs. [REDACTED] (senior editor), [REDACTED] (expert on this topic), and [REDACTED] (colleague who found my chapter extremely helpful).</p>
<p>Usage statistics (copies sold or distributed, etc.; for web-based resources—list page views, downloads or unique user statistics, do not cite numbers of "hits;" see Google Analytics or Web trends for information.)</p>	<p>Over 6,000 copies of the print textbook (original price \$199.00) have been sold (personal communication, estimate by senior editor [REDACTED], MD, email 10/24/11). I do not have the usage statistics for on-line (Expert/consult) activity, nor for the actual usage statistics for my chapter/contribution. As far as individuals who have attended my lectures on Conflict Resolution in EM, I would estimate over 2000 total. I do not have usage statistics from [REDACTED] ACEP, which has made a copy of my PowerPoint lecture and handout available as part of their Residency Leadership Curriculum.</p>

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<p>TYPE OF ENDURING EDUCATIONAL MATERIAL (6)</p>	<p>Peer-review articles (published in 2 consecutive journal issues); also subsequent textbook chapter (ACEP publication, invited)</p>
<p>Title(s)</p>	<p>Wide Complex Tachycardias: Understanding this Complex Condition. Part 1 – Epidemiology and Electrophysiology Part 2 – Management, Miscellaneous Causes, and Pitfalls</p>
<p>Citation(s) (if published) or other publication information (date, location, URL, etc.)</p>	<p>██████████. Wide Complex Tachycardias: Understanding this Complex Condition; Part 1 – Epidemiology and Electrophysiology. ██████████ <i>Emerg Med</i> 2008;9(1):28-39.</p> <p>and</p> <p>██████████. Wide Complex Tachycardias: Understanding this Complex Condition; Part 2 – Management, Miscellaneous Causes, and Pitfalls. ██████████ <i>Emerg Med</i> 2008;9(2):97-103.</p> <p>also</p> <p>██████████: Wide Complex Tachycardias. <i>In</i> <i>Electrocardiography in Emergency Medicine</i>. ██████████, ██████████, ██████████ (eds). ACEP. Dallas, TX. 2007.</p>
<p>Goals and/or learning objectives of the materials</p>	<p>The goal of this project was to educate EM clinicians, academicians, residents, and medical students about the complexities and uncertainties of patients presenting to the ED with WCTs, with hopes to afford patients better treatment and clinicians more comfort with this challenging (and confusing) presentation.</p>
<p>Intended uses and/or users of the materials</p>	<p>These two comprehensive articles were intended for a broad-range of clinicians who evaluate and treat patients in ANY setting with a wide complex tachycardia as their presenting ECG abnormality.</p>
<p>Topics covered/content of the materials</p>	<p>Epidemiology, Electrophysiology, Management, Miscellaneous causes, and Pitfalls related to wide complex tachycardias and ECG abnormalities.</p>
<p>Size or scope of the materials</p>	<p>Two peer-reviewed manuscripts, totaling 19 pages, 83 references, 22 figures (predominantly ECGs), and 10 tables. The invited ACEP textbook chapter (5) was 14 pages, 34 references, and 11 figures.</p>
<p>Description of the development process or methodology</p>	<p>A careful and thorough literature review was performed (textbooks and journal articles), and ECGs from my clinical practice were de-identified, scanned, and included in these manuscripts. If I was not able to demonstrate an important concept using an ECG from my extensive teaching library, I obtained permission from a colleague or reference to expose the reader to this important concept.</p>
<p>Applicant's role in the development process</p>	<p>I had exclusive role in content development, selection of cases, figures, ECGs, and developed the tables.</p>

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<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea – this has been an area of interest of mine for many years, and is always a “work in progress.” I used my prior materials to build on this project, incorporating feedback from lectures, previous manuscripts, and review articles to improve on this final project.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>This manuscript was submitted to <i>Western Journal of Emergency Medicine</i>, and was accepted for publication with one request by the editor-in-chief and section editor – to divide this manuscript into two parts resulting in two distinct publications (letter from ██████████, MD included Appendix F). I agreed to this, and modified the initial submission to better meet readership needs and the needs of the journal.</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>The materials submitted are of excellent quality, as evidenced by the editors accepting for publication without revision (other than dividing this into 2 parts). I have received extensive favorable feedback (██████████, MD, EM-trained and board-certified cardiology fellow said these were extremely helpful to him when he taught residents and students at ██████████ Medical Center – see unsolicited email correspondence, Appendix F). I have also included unsolicited emails from Drs. ██████████ (considered the national expert in EM ECGs), ██████████, and ██████████ (whom I don’t know but contacted me unsolicited after my article was published; see Appendix F).</p>
<p>Usage statistics (copies sold or distributed, etc.; for web-based resources—list page views, downloads or unique user statistics, do not cite numbers of “hits;” see Google Analytics or Web trends for information.)</p>	<p>According to eScholarship statistics (information received 10/23/11 electronically), there have been 1753 unique total requests for Part 1 and 2 of Wide Complex Tachycardias. It is likely that there have been more downloads and utilization than this number, as PubMed and PubMed Central offer these articles to anyone interested in this topic, which I am told is not captured by eScholarship statistics.</p>

Standard-setting Example #1 Enduring Educational Materials

TYPE OF ENDURING EDUCATIONAL MATERIAL (7)	PowerPoint lectures (2) and peer-review article
Title(s)	Professionalism in Emergency Medicine (PowerPoint lecture), Professionalism in Medicine (PowerPoint lecture), Resident Professionalism in the Emergency Department (peer-review article)
Citation(s) (if published) or other publication information (date, location, URL, etc.)	██████████, ██████████. Resident Professionalism in the Emergency Department. <i>Cal J Emerg Med</i> 2006;7(3):55-8 (also in ██████████ <i>Emerg Med</i>).
Goals and/or learning objectives of the materials	The goals of these educational products were to educate, expose, inform, and improve resident and faculty understanding of the important concept of Professionalism in (Emergency) Medicine. Presentations of this material related to history, examples, and action plans for improving Professionalism were offered using written and spoken approaches.
Intended uses and/or users of the materials	This manuscript was published open-access for any reader, educator, student, resident, or faculty. Lecture materials were given to (by invitation) residents, faculty in EM and other disciplines, and new physician hires. Nurses were also present during lecture presentations.
Topics covered/content of the materials	Professionalism in Medicine and Professionalism in Emergency Medicine, with a specific focus on resident professionalism in the ED in the published manuscript.
Size or scope of the materials	The materials were presented as a published manuscript (4 pages, 34 references, 1 table), a 1-hour lecture (Grand Rounds, National EM Conference, or New Physician hire day), or a 2-hour lecture and workshop (LSU/Charity EM Residency Program Grand Rounds).
Description of the development process or methodology	An extensive literature review was performed with a resident mentee for the initial manuscript. Several years later, I further developed this material, adding materials following an even more detailed and updated literature review, and developed 2 distinct lectures (plus one lecture-workshop) on the topic of professionalism. The lectures have been modified and tailored to meet the needs of the learners, which has been necessary because my audiences are mixed (residents and faculty, EM or all physicians, also students with nurses).
Applicant's role in the development process	Co-author of the original manuscript, which was solely my idea and offered to a resident as a project (because this resident was a transfer into our program, her Program Director [██████████, MD] specifically asked me if I could assist her with a scholarly project). The lectures that I prepared were done completely by me, with modifications performed after each presentation based on feedback from learners or as required by different audiences. The lectures have now been given 6 different times to 6 different audiences, with 2 additional invited presentations pending (██████████ EM Residency Grand Rounds and ██████████ Hospital-wide Grand Rounds).

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<p>Estimate of time (hours) invested by applicant in the development process</p>	<p>No idea – putting together the manuscript and literature review took several months, and developing the lectures for various audiences (with modifications) took at least 150-200 hours (due to additional literature review, preparation, rehearsal, actually giving the lectures, and revision according to feedback. I don't keep track of hours spent.</p>
<p>Description of the editorial, scientific, educational or other review processes of the materials</p>	<p>The peer-review manuscript was reviewed by several expert reviewers prior to publication, and was modified accordingly based on recommendations. The lectures have been revised after each presentation based on feedback from the learners and experienced faculty comments present in the audience (see Appendix G).</p>
<p>Indicators of quality of the material (pilot test outcomes, published reviews, letters etc.)</p>	<p>I have been fortunate to be invited back to give these lectures (and invited to present my materials) based on positive feedback and positive reviews of my lectures. For example, the New Physician Orientation at ██████████ invited me to present this material to 75 newly hired physicians from all disciplines in 2010. The response was so favorable (by the organizers of the orientation AND the physicians in attendance) that I was invited back in Oct 2011 for 65 newly hired physicians from all disciplines. See Appendix G for unsolicited letters of appreciation and evaluation from Drs. ██████████ (assistant program director, ██████████ EM Residency), ██████████, MD (OB-GYN, Chair of Physician Wellness Committee, ██████████), and ██████████, MD, MPH (radiation-oncologist). I have also included solicited yet anonymous feedback from a national CME course where I presented this lecture to approximately 150 physicians and nurses (see Appendix G).</p>
<p>Usage statistics (copies sold or distributed, etc.; for web-based resources—list page views, downloads or unique user statistics, do not cite numbers of "hits;" see Google Analytics or Web trends for information.)</p>	<p>eScholarship statistics as of 10/27/11 for the published manuscript states 321 requests (again, these statistics are misleading, as they only count requests through the journal's website and not on-line access sites). I have presented these lectures at national meetings, residency programs, and hospital grand rounds 6 times (2 additional presentations pending) to over 800 total learners.</p>

Table of Appendices

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Appendix A	<ol style="list-style-type: none"> 1. Representative chapter from textbook <i>An Introduction to Clinical EM, 2nd ed.</i> 2. Unsolicited/unbiased review in <i>J Emerg Med</i> (██████, 2006) 3. Unsolicited/unbiased review in <i>Acad Emerg Med</i> (██████, ██████, 2006) 4. Unsolicited reviews from Amazon.com (posted on the internet) 5. Letter from ██████, MD regarding textbook usage study (2011)
Appendix B	<ol style="list-style-type: none"> 1. A sample chapter (case) from textbook <i>Clinical EM Casebook</i> 2. Unsolicited/unbiased review in <i>JAMA</i> (██████, ██████, 2010) 3. Unsolicited/unbiased review in <i>Annals EM</i> (██████, 2010) 4. Unsolicited/unbiased review in <i>Acad Emerg Med</i> (██████, 2010) 5. Solicited letter from ██████, MD, PhD (co-author)
Appendix C	<ol style="list-style-type: none"> 1. Unsolicited and unbiased review by ██████, MD (<i>Annals EM</i> 2009) 2. Unsolicited communication regarding work from ██████, MD (Univ Minn) 3. Unsolicited communication regarding work from ██████, MD (LSU) 4. Unsolicited email from ██████ (2/3/2006) praising 1st edition 5. Communication from ██████, Executive Director ██████ <p>(Note - I am unable to attach a sample chapter but can send the entire textbook as a PDF if desired)</p>
Appendix D	<ol style="list-style-type: none"> 1. Copy of peer-review article on Mentoring in <i>Acad EM</i>, 2004 2. Request by ██████, MD to author chapter on Mentoring in EM (2009) 3. EMRA notification/publication regarding National Mentorship Award (2010) 4. Communication from ██████, MD (editor, EM:RAP Educators' Edition)
Appendix E	<ol style="list-style-type: none"> 1. Copy of chapter 208 (Conflict Resolution in Emergency Medicine) 2. Unsolicited invitation from Drs. ██████ and ██████ to produce a lecture on Conflict Resolution (Negotiation) for ██████ ACEP 3. Unsolicited request from ██████, MD to co-author a chapter on Conflict Management in <i>Strauss and Mayer's ED Administration, 2nd ed.</i> (2011) 4. Unsolicited communication from ██████, MD (████████████████████) regarding my chapter's value (2008) 5. Unsolicited communication from ██████, MD (EM colleague), 2010 6. Unsolicited letter from ██████, MD (editor, <i>Adams EM</i>), 2008
Appendix F	<ol style="list-style-type: none"> 1. Peer-review article (WCT: part 1 – <i>West J EM</i>, 2008) 2. Peer-review article (WCT: part 2 – <i>West J EM</i>, 2008) 3. Acceptance letter from ██████, MD (Editor, <i>WJEM</i>) dividing original manuscript into 2 publications (2007) 4. Unsolicited letter from ██████, MD inviting me to author textbook chapter on topic for ACEP publication (2005) 5. Unsolicited communication from ██████, MD (co-editor) on value of chapter in his textbook <i>Electrocardiography in Emergency Medicine</i> (ACEP) 6. Unsolicited communication from ██████, MD (EM faculty and Cardiovascular fellowship-trained (Naval Medical Center, San Diego, 2011) 7. Unsolicited email from ██████, MD on utility of manuscripts (2008)

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Appendix G	<ol style="list-style-type: none">1. Copy of peer-reviewed Resident Professionalism in the ED (<i>Ca JEM</i>, 2006)2. Unsolicited letter from [REDACTED], MD, MS following invited 2-hr Grand Rounds Presentation for LSU residency program and EM faculty (2011)3. Unsolicited feedback from [REDACTED], MD (Chair of New MD Orientation, [REDACTED]), 20114. Praise of presentation as part of hospital-wide new physician orientation from a radiation oncologist ([REDACTED], MD, MPH), 20115. Overall confidential evaluations from Professionalism in EM presentation at Kaiser National EM Conference, 2011 ([REDACTED])
Appendix H (mscll)	<ol style="list-style-type: none">1. Solicited letter from [REDACTED], MD, MSM (Professor & Chair, [REDACTED])2. Solicited letter from [REDACTED], MD (Executive Director, [REDACTED])3. Solicited letter from [REDACTED], MD, PhD (Director, Faculty Development Center at [REDACTED])