LETTER OF SUBMISSION

XXXXXXXXXX, MD, FACEP

Title

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Structured Summary Template for Teaching and Evaluation Portfolio

(Last Revised 6/15/07)

, MD, FACEP, Associate Professor of Emergency Medicine, University of

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 material of this category). Determine which you believe matches the type of teaching and evaluation you do and have included in your mini-portfolio. In column 2, briefly identify major similarities and differences in the type of teaching and evaluation between your mini-portfolio and the example(s)	
☐ Example 1 PhD in basic science department who actively participates in both medical school and graduate school courses. ☐ ***Example 2 MD in clinical department who teaches both students and residents in lecture, small groups, and at the bed-side.*** ☐ Example 3 Faculty in 8th year at Baylor in basic science department who teaches almost entirely in the graduate school, ☐ Example 4 MD in clinical department who primarily works with learners in a clinical setting.	Like the physician described in the standard-setting example 2, I teach medical students, residents, and fellows in lecture, small groups, and at the bedside, and have done so since I became faculty in 2000. Unlike the example, however, my role has expanded since 2006 when I became Assistant Program Director of the Residency. I have become much more involved in simulation training, mentoring, direct observation, and teaching on a national level, such as writing for SAEM and ACEP publications and textbooks.

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Personal Statement	
Personal Goals	To inspire learners to elicit teaching behavior from faculty To study and improve the interpersonal dynamic of teacher and learner To improve my own teaching skills To find innovative and engaging ways to teach, involving the learner as much as possible and adapting to technology and changing times To remain a positive role model for others considering academics or community medicine
Personal Preparation	Faculty development through university sponsored functions Participation in and graduation from the EMF/ACEP Teaching Fellowship Participation on national committees such as SAEM GME Committee, ACEP Education Committee
Personal Reflection/ Process for Improvement	Revision of curricula, lectures, courses, teaching materials, bedside teaching methods, and didactics based upon feedback from learners, peers, and supervisors Review of a 360 degree evaluation, with reflection and modification Development of pre- and post- course surveys and evaluations for didactics Responding to the changing needs of the learners and faculty in our community and adapting curricula correspondingly

Descriptions of Quantity		**Evidence of Quality**
Educational Program Teaching and Development		
2000-2009	Co-Director, Adult Inpatient Medicine Clerkship: Responsible for small group sessions all with emergency medicine content. 8-10 3rd year medical students per session for 4 hours per session, 8 different content sessions per 8-week rotation. Recruited faculty and taught 25-75% of sessions. Curriculum review, meetings, and performance evaluations required 3 hours per 8 week block.	Over the first five years of my taking over the emergency medicine portion of the clerkship, evaluations improved dramatically, and then stabilized at a 4-5 out of 5 Likert scale on each area evaluated.
2002-2004	Lecturer, Outpatient Antibiotics: One hour 4th year medical student lecture once a month for those participating in the 4th year EM elective (3-10 students)	Consistently strong teaching evaluations by students, asked to return up until lecture discontinued in favor of simulation
2002-2012	In-training exam review sessions: Led two-hour review session on cardiovascular disorders or trauma for 8-15 residents once yearly	Positive informal evaluations, asked to return each year
2001-2007	Workshop Facilitator for orthopedic splinting and wound care workshop for 3rd year medical students, 2 hours monthly	Informal summative evaluations were positive, asked to return

2000-2012	Lecturer, Emergency Medicine Grand Rounds: Original lecture topics such as: Parasitic Infections, Soft Tissue and Ligamentous Disorders, ENT Emergencies, Drug Overdose and Cardiac Toxicity, Finger and Hand Injuries, Cervical Spine Trauma, Thoracic and Respiratory Disorders, Interpretation of Wrist X-rays, Introductory Ophthalmology, Advanced Ophthalmology, ECG interpretation. All 1 hour lectures to group of 36-58 residents and 10+ faculty and fellows.	Informal and formal evaluations positive, asked to return and develop new lectures/teaching sessions
2004-2012	CT scan curriculum course director: Developed original lecture series and didactics involving learner participation in interpreting CT scans of the head, chest, abdomen and pelvis for first and second year emergency medicine residents. 4 hours total didactics for 1st and 2nd year residents yearly.	Overwhelmingly positive evaluations. Scores 4.75-5.0 out of 5 point scale. Incorporated constructive feedback into future versions of the sessions. See Appendix 1.
2003-2012	Oral Exam/Board Review Sessions: Wrote 10 cases to be used in 2 separate sessions per year with first year EM residents, each getting to work through 3 cases. Facilitated one case per session for 16 interns (5 hours). Case development/modification/assignment an additional 5 hours per session.	Positive evaluations of cases and my response to feedback by faculty. Anecdotal reports from interns that the experience was educational. Near 100% pass rate on oral boards for our program.
2003-2012	Simulation Curriculum Development and Instruction: Courses include: Difficult Airway Management (8 hours) for 16 interns yearly, Difficult Airway Refresher (4 hours) yearly for 16 2nd years and 16 third years, OB/GYN Emergencies (4 hours) for 16 1st years and 16 3rd years yearly, Critical Illness Simulation (4 hours) 16 interns yearly, Neurologic Emergencies (4 hours) 16 2nd years yearly, Central Venous Cannulation (4 hours) 16 interns yearly,	Overwhelmingly positive evaluations of teaching from learners. Re-designed course and cases based upon feedback from learners. See Appendix 2 for written comments on evaluation. Note: My colleagues and I provide the airway course to community physicians and faculty as well, and teach at other locations nationwide.
2005-2012	Course Director and Facilitator: Resident as Teacher Course for EM Residents. Put on for 16 2nd year residents per year. Developed course on bedside teaching and providing feedback to 3rd year medical students. Simulation used to role-play teaching procedures, small groups with medical students to facilitate discussion. 1 half-day course yearly.	Excellent evaluations. Changed course multiple times based upon feedback from medical students and residents. See Appendix 3 for comments.

2006-2012	Course Director: Emergency Ophthalmology Curriculum. Developed pre- and post- tests, evaluations, and didactic curriculum and handbook for ophthalmology rotation. 16 2nd year residents per year go through program.	I have had repeated requests for my handbook from physicians from my teaching fellowship, from faculty in my own and other departments, and from residents and fellows in other training programs. I have had it complimented by ophthalmologists seeing patients in our department and have gotten many positive comments from residents who use it even after graduation. See Appendix 4 for comments.
2011-2012	Electrocardiography Tutorial Curriculum Director: ECG interpretation sessions and online modules to teach residents to read ECGs in a stepwise fashion asynchronously. Developed modules with one of my residents and served as his faculty mentor. Currently finishing development of program consisting of 12 online modules covering essentials of emergency ECG interpretation. Conducting pre and post assessment.	Lectures received great reviews with 4.7-5.0 out of 5 evaluations. All 12 online modules not completed yet but evaluations thus far included in Appendix 5. Overall positive response.
2004-2012	Author and member of Editorial Board for publications for ACEP. Wrote, as well as edited publications.	
2008-2012	Co-Director, conference series: Clinical Practice Variations. Grand Rounds series once a month for 1 hour addressing clinical practice variations by site and faculty to address concerns/confusion by residents. Led over half of the monthly sessions myself, and facilitated topics for many others. Preparation included polling faculty regarding clinical topic and preparing discussion.	Positive informal evaluations. Many requests for conference series to continue from faculty and residents and for additional topics. Have been invited and adapted this for faculty-only conferences as well.
2010-2012	Co-Director, conference series: Simulation and Audience-Response Assisted Case Review Conference. Developed novel method to review cases using contemporaneous video conferenced simulation of cases and audience-response system to involve learners in decision-making and engage audience. Yearly 2 hour conference with plans to increase frequency.	Overwhelmingly positive informal evaluations and requests to continue.
2011-2012	Co-Director and Facilitator: Get Ready for Residency Course. Primarily simulation based 4th year medical student elective aimed at preparing students for internship. My involvement was development of new simulation cases for the course, revamping the curriculum, and we will be teaching this spring for 1 month, 3 days a week for 8 hours per day. 120 students have enrolled this year.	Enrollment has surpassed expectations. This is my first year teaching this course. I am developing a similar course for our incoming interns that will be abbreviated and used during orientation this summer.

Clinical Bedside Teaching		
2000-2012	Attending Physician	Summary of comments and scores included in Appendix 8. Scored in top decile numerically of EM faculty during my tenure as faculty with strong verbal comments commending my bedside teaching. Comments from faculty from 360 degree evaluation are also included in Appendix 6. Received Faculty Excellence Award, 2008
Evaluation/Assessment/Mentoring		
2006-2012	Director, Direct Observation Program: involving residents of all training levels, but mainly 2nd year residents. Modified the Standardized Direct Observation Template Form for our use. Supervised others using form and performing observation.	Positive evaluations of program including many residents asking that I repeat the experience with them.

Discussion of Breadth

My full time career in education involves teaching prehospital providers, nurses, medical students, residents from many departments including Emergency Medicine, Internal Medicine, Surgery, PM&R, Med-Peds, Family Medicine, Preliminary IM, Transitional, Psychiatry, and Anesthesia, and fellows in Pediatric EM, Toxicology, Research, EMS, and Critical Care. I am involved the development of and personally engaged in providing didactics, lectures, bedside teaching, small group sessions, simulation, and have taken on a leadership role in teaching which is now involving faculty development as well. I have many volunteers that shadow me in the ED, from high school students to foreign emergency physicians. I am an ACLS instructor and am involved in developing educational modules for EMS providers as well. My most valuable role, however, is the mentorship that is involved in being an Assistant Program Director of a residency.

Personal Statement, , MD, FACEP

Just as the many educators that have contributed to my own education have inspired me, I seek to inspire others. As a student, the educators I found myself wanting to emulate were engaging and astutely aware of the level of understanding of their learners. My favorite teachers were passionate about the subject matter and were dedicated to building an intellectual community that inspired learning. These instructors were consistently thinking of new and innovative ways to involve the learner in their own education. These qualities are what have helped to shape my own educational philosophy, that it is not only up to the educator to enthusiastically teach the learner, but rather a bi-directional exchange that leads to the most meaningful teaching interactions.

I had no true formal training or experience in teaching other than what I got teaching for the Princeton Review MCAT course as a medical student. I approached my own medical student and residency education with my favorite educational leaders in mind, and engaged in eliciting teaching behavior day to day from each of my instructors through careful questioning, with the guidance of some of my role models. Over time, and by observation and modeling, I developed my own teaching style and took an academic faculty position at the University of_____. I seized teaching opportunities as they presented themselves. I wrote articles for our toxicology newsletter. I accepted an offer to write a textbook chapter. I wrote and gave lectures. I led in-training exam study sessions. I developed an orientation program for residents rotating through our emergency department that was standardized. I was offered a co-directorship of a medical student course, and was responsible for revising the curriculum and the small group sessions, and taught many of the sessions myself. I read every evaluation I got word for word, and took each type of evaluation I got very seriously. I began learning to teach by doing.

A year or two after I began working as an attending I was asked to run the intern oral exams and develop the oral board review for these residents. I was asked to participate on a simulation development team that eventually led to development of our residency's entire simulation curriculum and program. These two opportunities were pivotal in inspiring me to seek further training in education. I applied for and accepted a position in the EMF/ACEP Teaching Fellowship just as I was developing more courses and curricula, such as an imaging/CT series, an ophthalmology training program, and a teaching course in which we trained our residents how to teach. The teaching fellowship was instrumental in honing my teaching and educational leadership skills. It also provided a forum for seeking feedback and presenting ideas. I am still in close touch with many of my classmates from the fellowship, and continue to seek their guidance regarding my current projects.

My colleagues that I worked with on the resident teaching course also helped me inspire me to broaden my fund of knowledge regarding educational research and literature. We studied the literature and developed the course, and it was one of the first of its kind both at our institution, and among my colleagues in the teaching fellowship. During this time

period I was able to develop my interest in how to better develop novel programs for our students and residents, and even for faculty development.

Over the last 5 years I have focused my energy on studying the teacher-learner relationship at the bedside. I have spent hundreds of hours performing direct observation in our emergency department. This experience has not only taught me how to observe, provide feedback and respond to the needs of each individual learner, it has also provided me with a unique opportunity to observe different teaching styles and get tips from my wonderfully skilled colleagues, some of which are those individuals that inspired me in the first place. This experience combined with the fellowship and camaraderie that I found through CORD when I became an Assistant Program Director helps me continue my self-reflection as an educator and helps me now elicit teaching *ideas* from the entire emergency medicine community. I have sought out opportunities to interact with the national EM community, the SAEM GME committee, and the ACEP Education committee, and by writing and editing for publications such ___. I find myself consistently asking for feedback both informally and in a structured format from my learners and colleagues, and have made it routine to develop an assessment by the learners of the programs I develop. I ask for feedback about my programs from emergency medicine leaders as well.

The past 10 years I have spent as an educator have taught me that education is not a one-way path from instructor to learner. My students, residents, and faculty have inspired me to be the best educator that I can, and teach me something new each day. This can only happen in an environment in which the educator feels comfortable being questioned, and the learner feels comfortable asking, and the environment supports feedback in both directions.

TABLE OF APPENDICES