Educator's Portfolio
Name and Current Academic Rank
Date

Prepared for Consideration for Promotion to _____ (state rank) on the _____ track (tenure or non-tenure)

Note: Your EP should present a summary of your contributions in education and should not be longer than necessary to paint a picture of the quantity and quality work, generally not exceeding 5 pages. You may want to attach supporting documents as appendices. Keep it short so the members of the P&T committee read the whole document. It may need to be longer if education is your primary responsibility.

- State **purpose** of preparing EP (e.g., for promotion from assistant to associate professor (non-tenure track; for tenure; for promotion from associate to full professor (with tenure)
- State whether you are documenting **"Outstanding" or "Competent" contributions** in teaching/education.
- State **percent of time you devote to teaching/other educational activities**.

Emphasize activities of the last 5 years or since you joined the MCG faculty. Separate learner categories if you teach at multiple levels (e.g., medical students, graduate students, allied health students, residents/fellows, peers).

Use the following five categories:
- Teaching
- Curriculum development
- Assessment of learner performance
- Mentoring/advising
- Educational administration/leadership

More is not better (most faculty contribute to one or a few categories).

Contribution(s) to Education
Use *only* applicable categories

Direct Teaching Responsibilities (e.g., lectures, small group facilitating, precepting, laboratory)

- *State teaching venue* (e.g., lectures, clinical preceptor)

- *Describe your role:* Your philosophy about teaching; strategies you use; how you teach in various settings; how you strive to improve your teaching and students' learning ("reflective" teaching)

- ***Provide evidence of quantity, quality, and, if applicable, a scholarly approach and/or scholarship***
  Summary of student evaluations with comparison to course means, if available

(Provided by Andria Thomas, PhD; Director, School of Medicine Evaluation
Services; available for SOM required courses)
Peer evaluations
Teaching awards (with selection criteria)

Graphic displays are easier to read than a lot of narrative

Curriculum Development (e.g., course development or significant revision)

- ***Describe your of role*** in projects; include objectives of project, teaching methods
  selected, preparation of instructional materials (e.g., syllabi, web-based materials,
  cases)

Educational Administration and Leadership (e.g., course or block director, residency
program director, advising, Curriculum Committee)

- ***Describe your leadership role and outcomes***

Assessment of Learner Performance

- ***Describe your role in assessment and outcomes***

Advising and Mentorship

- ***Describe advising/mentoring activities and outcomes:*** May list advisees/mentees,
  collaborative projects with students (outcomes), work with students with
  academic/personal problems

For each domain, provide evidence of: (1) quantity, (2) quality and, if appropriate, evidence of
engagement with the community of educators. Engagement is demonstrated by a (3) scholarly
approach to the education activity (i.e., learning from relevant education literature and best
practices) and (4) scholarship (i.e., creating a product that is reviewed by peers for quality and
made public for others to learn from and build upon).

Note: This model was influenced by the AAMC's Group on Educational Affairs Consensus Conference on
Educational Scholarship (2/06, Charlotte, NC)

REV 3/07

The following materials were created by Deborah Simpson, PhD, Ruth Marie E. Fincher, MD, Janet P. Hafler, EdD, David M. Irby, PhD, Boyd F. Richards, PhD, Gary C. Rosenfeld, PhD, Thomas R. Viggiano, MD M.Ed. following the 2006 AAMC-Group on Educational Affairs' Consensus Conference on Educational Scholarship.

Illustrations: Presenting Evidence of Quantity, Quality, and Engagement (scholarly approach and scholarship) regarding Education Activities in an Educator's Portfolio

Teaching

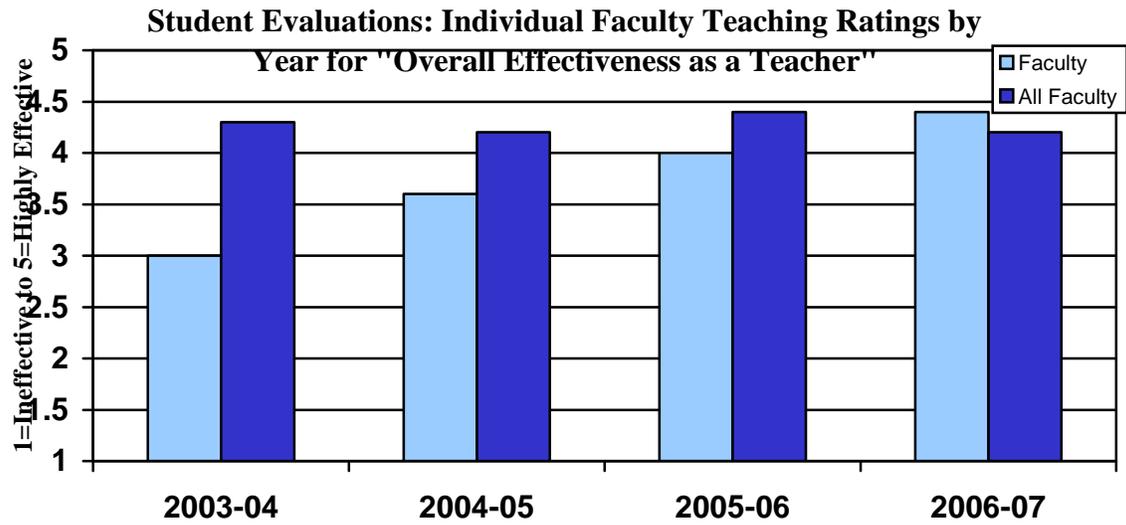**Educator's Portfolio Format**

1. Statement of teaching activity and role (with reflective critique)
2. Evidence of Quantity
   - Narrative or tabular display of who, what, when, where, how much, how many
3. Evidence of Quality
   - Summary of student/peer evaluations; change over time, normative data
   - Short excerpts from supporting letters (complete letters should be appended)
   - Invitations to teach outside department or school
   - Repeat invitations to teach to the same group or in the same /course
4. Evidence of Engagement with the Community of Educators
   - Teaching awards, including the criteria for judgment and selection
   - Invited presentations (e.g., workshop, discussion group) related to teaching expertise Peer review of teaching and/or instructional material (Cite where and how peer reviewed)
   - Describe public dissemination and use
     o Presentation in a peer-reviewed or invited forum at regional/national meeting
     o Use of teaching product by others
     o Indicate inclusion in a national repository (data re: number of "hits", adoptions)

Educator's Portfolio Documentation Examples for Direct Teaching

Evidence of Quantity and Quality

Teaching Activity/Role	Year	Quantity	# Learners	Quality * Additional details available in appendix
Seminar Leader (Medical students)				
Family Medicine Clerkship	1997-present	~ 19 hrs/yr	8-12/yrhr	For 2004-2005: "Was an effective seminar leader"; Mean rating = 5.41 on a 7-point scale (n=181 ratings)*

*Comparative ratings for each year should be given, and compared to peer group if possible.

Student Evaluations: Individual Faculty Teaching Ratings by Year for "Overall Effectiveness as a Teacher"

Chart: Y-axis labeled "1=Ineffective to 5=Highly Effective" ranging from 1 to 5. Legend: Faculty (light blue), All Faculty (dark blue).

- 2003-04: Faculty 3.0, All Faculty 4.3
- 2004-05: Faculty 3.6, All Faculty 4.2
- 2005-06: Faculty 4.0, All Faculty 4.4
- 2006-07: Faculty 4.4, All Faculty 4.2

Evidence of Engagement with the Educational Community

1. Statement of instructional Material and role
   - Interactive diagnostic decision making cases: Cough, chest pain
   - Co-developer of 3 cases, designed to help students develop problem-solving skills
2. Evidence of quantity
3. Evidence of quality
4. Evidence of engagement with the community of educators
   - Scholarly approach: Resources/education that influenced product
   - Scholarship
     - Peer review: 500 people have accessed web-site. Feedback reveals 10 schools adopted or adapted at least one case. Representative comments include:
       - "Cases are realistic. . . adopted for required Medicine clerkship to supplement 'real' patient cases."
       - "The evidence for diagnostic and therapeutic decisions is documented using current literature, emphasizing the importance of evidence-based decision making."
         The cases have not been formally peer reviewed for inclusion in a national repository.
   - Dissemination: Available at http://www. . . .

Curriculum Development

Educator's Portfolio Format

1. Name and educational activity
2. Role/contributions (e.g., consultant, collaborator)
3. Context (e.g., need, change planned and implemented, description)
4. Document degree to which activity meets scholarship assessment criteria
   - Clear Goals
   - Adequate preparation
   - Appropriate methods
   - Significant results
   - Effective presentation
   - Reflective critique
5. Dissemination of product
6. Support garnered for activity (including grants)

Educator's Portfolio Documentation Example for Curriculum Development

Title: *Evidence-Based Medicine (EBM) course (First-year students)*

Role(s):   *Course Director*
   - Organized lectures and individual exercises for 5 credit course
     - Developed objectives to introduce basic concepts of EBM
     - Recruited and trained small group leaders
     - Oversaw case development with statisticians and clinicians

Clear Goals: Create a new EBM course for all first-year students that students perceive as clinically relevant. The predecessor course consistently received "very poor student evaluations" and EBM content was "lacking in the curriculum."

Adequate Preparation
   - PhD in Public Health
   - Review of "best practices: McMaster's curriculum, NBME test content

Appropriate Methods:
   - *Multi-method approach including: Interactive lecture series, Real time clinical vignettes, Abstract critique followed by article critique*
   - Increased collaboration as small groups co-led by basic scientist/physician team
   - *Assessment methods: Test questions are application (not rote memorization)*

Significant Results (Outcomes)
   - Didactic series evaluation improved 1 standard deviation from prior offering
   - AAMC graduate survey — from inadequate exposure to appropriate/excessive
   - NBME performance from below to above average
   - Improved OSCE performance on ambulatory practice module
   - Developed 4th year selective involving basic scientists and clerkship directors

Effective Presentation (Dissemination)
   - Results presented to curriculum committee
   - Internal review in progress with comparative data over last two years
   - Content replicated in some clerkships and replication in residencies planned

Reflective Critique (Next steps for continuing improvement)

   - Convert course to on-line format to minimize number of faculty needed
   - Submit to AAMC MedEdPORTAL

Advising and Mentoring

Educator's Portfolio Format

Name	Level of Protégé	Purpose	Process	Current Status	Outcome(s)	Documentation
of Individual and specify Protégé or Advisee	Level of training or rank, title	or specific goals of relationship	Dates and description with details of Mentoring or advising relationship	of protégé or advisee including positions, academic rank, related academic achievements	Examples include Abstracts, Publications, Awards, Grants, Examples of goal attainment, resolution of concern or problem	Reference to abstracts, presentations, publications, ongoing collaboration, continued influence etc.

Educator's Portfolio Example for Advising/Mentoring

Name of Advisee or Protégé	Level of Protégé	Purpose of Relationship	Duration and Process	Current Status of Protégé	Outcome(s) of Relationship	Documentation of Effectiveness
1. Charles Woodson (Protégé)	o Medical Student now resident	o Development of professional identity o Career guidance in service of minority health care.	9/2001–present o 1-on-1 meetings o Edit paper, CV o M1-2 Curriculum auditor via PDA o Advocate for LCME liaison position o Link to faculty role models	o Internal Medicine Resident	o MD received 2006 o Published essay in *Acad Medicine* o Appointment as AAMC Student Liaison to LCME o Maturation as physician matching career choice to values	"Thank-you" card at MD graduation stated: *I wanted to thank you for the time you spent with me over the years in making me the young man I am today. I'm not sure if you realize the impact that you've had in my life, always believing in me, helping me to question things and teaching me about life and medical education.*
2. Kimberly Marie (Advisee)	o Junior Faculty now Associate Professor	o Preparation of academic promotion documents	8/05-12/05 o 1-on-1 + e-mail o Revise/reframe CV and portfolio o Consult with department chair re: letter of rec	o Associate Professor	o Promoted 6/06 to Associate Professor	"Thank you" via e-mail for *academic make-over* and lunch invitation
3. Ronald Albert III (Advisee)	o Junior Faculty	o Mentor educ project Teaching CQI in the ED"	9/04-8/06	o Assistant Professor	o Received Educ Innovation Grant o 2 Publications (#4 & #6 on CV)	

Educational Administration and Leadership

Educator's Portfolio Format

For each educational leadership project/initiative describe each relevant component
1.   The project/initiative and inclusive dates of the project
2.   Need/problem/opportunity – rationale for change
3.   Goal(s)
4.   Leadership role and contribution
5.   Actions taken and connection to literature and best practices
6.   Resources garnered and utilized (human resources, internal budgets and grants)
7.   Evaluation (including external peer review if relevant), outcomes and/or impact
8.   Dissemination
9.   Reflective Critique

Educator's Portfolio Documentation Example for Leadership

Project: Medical Student Basic Science and Clinical Integration (2003-07)
Need: Historically, selected basic science courses have been poorly rated by students, in part because of the perceived "lack of relevance" with clinical practice and poor pedagogy. Students report that in the clinical years, faculty tell them to "ignore" basic sciences.
Goal: To increase integration of basic and clinical science across all four years
Leadership Role & Contribution: Clerkship Director, facilitator, author of cases and tutor training manuals, co-author grant applications.
Actions Taken: Chaired a small working committee that surveyed the literature, sought best practices from other schools, and developed a four-year content map. Worked with course & clerkship directors to design case-based discussion sessions. Authored cases and a tutor training manual. Conducted 4 faculty development workshops (N=50) re: use of the new materials.
Resources Garnered/Utilized: My collaborators' and my time were covered by the respective departments. The Dean's Office provided staff support through an internal instructional innovation grant that I applied for and received.
Evaluation: The new case-based tutorials were used for the first time in the course in 2004-05. Course ratings improved from 3.4/5.0 (good) prior to the introduction of the tutorials to 4.2/5.0 (Very Good) after first implementation.

	2003- 04		2004-05		2005-06	
Scale 1 = Poor 5 = Excellent	Course rating	Average of comparison courses	Course rating	Average of comparison courses	Course rating	Average of comparison courses
Overall quality	3.4	4.0	4.2	4.1	4.3	4.0

- Outcomes related to course integration project includes:
  - Improved evaluation pre-post introduction of cases and faculty development workshops for targeted courses compared to non-targeted courses (clinical relevance statistically improved on AAMC Sr. graduation survey);

- Increased collaboration (1) all small groups in targeted courses now co-led by basic scientist and physician; (2) Developed fourth-year integrative selective with basic scientists and clerkship directors; (3) Developed two collaborative research projects,

Dissemination: (Actual citations would be presented but are omitted for brevity)
- 6 Peer Reviewed Activities (1 journal publication; 3 national presentations; 2 regional posters) and 2 invited presentations
- One case workbook; accepted after peer review to AAMC MedEdPORTAL. In the past year, it has received 150 hits and over 20 schools have adopted the curriculum.

Reflective Critique: Based on evaluation, next year we will increase emphasis on student facilitation of small groups, enhance use of evidence from the literature underlying decisions and add just in time faculty development (before each small group session).

Learner Assessment

Educator's Portfolio Format

1. Context: A brief description of the goal, format, context and faculty role
2. Evidence about quantity of assessment activities
3. Evidence about quality and engagement with the educational community specific to:
   A. Methods (i.e., adherence to best practices, informed by the literature)
   B. Evidence about quality of results (i.e., measures of reliability and validity appropriate to the type of assessment)
   C. Evidence of contribution to the educational community, if applicable, (e.g., dissemination of products, impact)

Educator's Portfolio Documentation Example for Assessment

Description: Per AAMC Sr. Graduation Questionnaire, our medical students perceive that faculty rarely observe their clinical skills. Therefore sought to cost effectively expand use of an established tool [ABIM mini-Clinical Evaluation Exercise (CEX)] in multi-site medical student clerkship.	
Glassick's Criteria	**Evidence**
Clear Goals	o To determine the feasibility of implementing a personal digital assistant (PDA)-based Mini-CEX for third-year medical students in medicine.
Adequate Preparation	o Literature review highlights validity and reliability of ABIM's Mini-CEX. o The literature also provided insights regarding ways to enhance cost-effectiveness of administration procedures. o No PDA-based methods for the Mini-CEX delivery were found.
Appropriate Methods	o Used conventional PDA-software development tools to create PDA-based Mini-CEX observation/checklist tool.
Significant Results	o Demonstrated feasibility of a PDA-based Mini-CEX o Students and evaluators showed a high degree of satisfaction with the tool (comments available in Appendix X).
Effective Presentation	o Peer reviewed platform presentation at national meeting (SGIM 2005). o Invited to be a plenary speaker at the annual national meeting of the Clerkships Director Internal Medicine (October 21, 2005).
Reflective Critique	o My successful experience developing the PDA Mini-CEX has motivated me to continue working to adapt the validated learner assessment form to a PDA-based tool which would facilitate collection and analysis of important data about students' supervision of clinical skills in other venues.