Documenting	your	educati	onal	efforts:
What we	wish	we had	kno	wn



Fathima Palot Manzil, M.D. (Radiology)
Gitanjali Bajaj (Radiology)
Jason Arthur, M.D., MPH(Emergency Medicine)
Roopa Ram, M.D. (Radiology)
Katle Kimbrough, M.D. (Surgery)
Beatrice A. Boateng, Ph.D. (Pediatrics)

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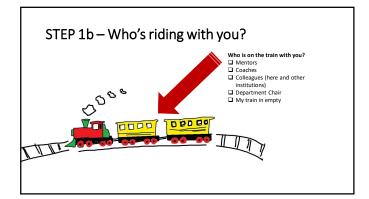
Where do I Start?

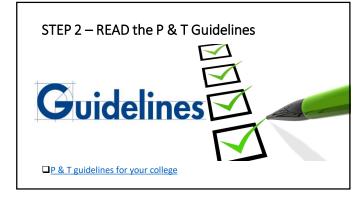


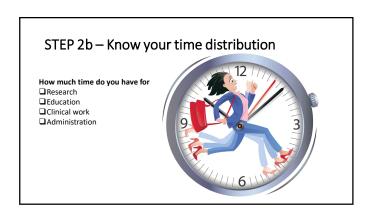
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What track are you on? | Clinician Educator | Basic Scientist | Clinician Scientist | Clinician | Clinician | Just another faculty in my college | I'm on a track? Didn't know that!!

STEP 1 – Know your TRACK







Time distribution											
			asic ntist-TP		asic tist-NTP		nical entist		nical ıcator		nical nding
(in P	ercents)	Range	Typically	Range	Typically	Range	Typically	Range	Typically	Range	Typically
Tea	ching/Mentoring (Total)	10-35	30	0-30	5	5-10	7.5	10-50	25	0-30	20
	Didactic Teaching					1-3	2.5	2-10	5	0-2	1
	Bedside Teaching					2-10	5	10-40	20	0-30	20
Res	earch	50-85	60	90-100	90	40-90	75	5-30	10	0-10	5
Clin	ical Service (Total)					10-50	20	40-80	80	70-100	90
	Direct Patient Care					10-50	15	40-60	60	70-100	70
	Bedside Teaching					2-10	5	10-40	20	0-30	20
Lea	dership/Admin, Service	0-35*	10	0-10*	5	0-10*	2.5	0.20*	- 5	0-10*	5

- Time Allotment

 Typical: 5 10% Teaching/Mentoring (Medicine)

 How many hours do I have per week/month?

 ✓ ~2 4 hours per week (based on 40 hour work week)****



STEP 3 – DOCUMENT	

W	here	do	l sta	rt?

- ☐ Read your P&T guidelines
- ☐Update your CV regularly
- ☐Brag, brag, brag Not the time to be humble.
- ☐Review examples
- ☐ Keep physical and electronic copies
 ✓ UAMS BOX
- ☐ Get feedback

 - ✓Evaluations
 ✓Feedback as your prepare your packet

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How to	ı get	eval	luation	Sť

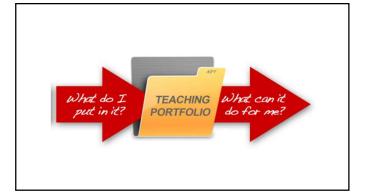
- ☐Obtain feedback from all activities
- \square Set up through your department. End of semester evaluations
- ☐ Resident lecture evaluations (New Innovations OR other system)
- ☐ Medical Student Evaluations (OASIS)
- □Clinical teaching evaluations (New Innovations)
- ☐Other lectures

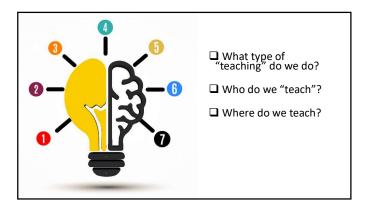
☐Get evaluation templates from department

 $\square \\ Summarize$

How do I document in a way that counts?

UAMS.





Type of teaching ✓ Lectures (semester long) ✓ 1 hour long "lecture" ✓ Workshops ✓ Just in time teaching / Mentoring ✓ Bedside teaching	✓ Who we teach ✓ Students (Medicil Professions, etc.) ✓ Graduate Studen ✓ Residents / Fellor ✓ Post Docs ✓ Faculty
□ Where do we	sroom alking meeting

What to document?

☐Content – What you teach

- ✓ Content area
- ✓ Area of expertise**

☐ Process – How you teach

- \checkmark What methods do you use?
- ✓ Are the methods appropriate for your learners?
- ✓ Are the methods current / evidence based?

☐ Outcomes – Results or impact

✓ What is the impact of your teaching / mentoring



Teaching

☐Classes, Seminars, 1 hour Didactics

☐Recurrent lectures

☐Web based Instruction

☐Continuing Education

☐TBL, Game Based

□Informal Teaching



Teaching

☐Teaching activity

□Role

☐Learners and amount of contact

- Describe Quantity: Summarize teaching data time spent in each teaching activity and how often it is repeated, number and types of learners involved, and how the activity fits into a curriculum or training program.

 Describe Quality through Process and Impact: Describe carefully (but briefly) the efforts you put into planning your teaching activities. By explaining how you customize your teaching through the use of innovative and creative teaching methods to accomplish the learning objectives, you show the impact of your teaching in a way that goes beyond numbers.
- Interpret Quality through Outcomes: Are you collecting data to demonstrate your teaching effectiveness?



Teaching	Eyamn	le 1 i	One time	lecture
reacilling	LAGITIP	15 7 1	One unite	icciui c

Teaching activity: Lecture on Otitis Media. Where and when? date?

Role: Instructor / Co-presenter with who?

Learners and amount of contact: 1 hour lecture to Pediatric Residents.

• This was a TBL session that included active learning strategies to engage learners. I used Kahoot/Black Board/Jeopardy to engage the learners

Outcomes

- Quantitative and qualitative data from your evaluations
- Pre and Post test
- Audience response systems Poll everywhere



Teaching Example 1 – Outcomes

- Sep 26 2018
- Great examples!
- Great job!
- Excellent, very engaging!!
- Informative lecture!
- Good lecture, very insightful. Really enjoyed it!
- Nov 4 2018
- Extremely well organized.
- Great talk on pertinent findings.
- Clear and concise! Felt like I learned a lot.
- Great lecture that didn't overwhelm with information.

Teaching Example 2 (Recurring lecture)

Teaching activity: Anatomy Human Structure

Role: Instructor

Learners and amount of contact: 4 hours every week to 180 Medical Students for the entire semester . This lecture series introduces medical students to human anatomy

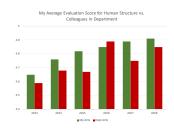
Outcomes:

Quantitative and qualitative data from your evaluations

Add graph with your rating vs. faculty in your department from year to



Teaching Example 2 - Outcomes



- Comments:

 I have always struggled with understand something about Anatomy. Dr. B helped me to understand it better.
- ☐ I liked the use of Poll Everywhere in the class. I don't usually speak up and the tool helped me to be more engaged by asking questions online and getting them answered.
- ☐ I couldn't make it to class one day and when I emailed Dr. B, she responded and shared the day's notes with me. I was able to catch up with the class.



Teaching Example 3 (Simulation / Clinical skills)

Teaching activity: Communication Skill development

Role: Instructor

Learners and amount of contact: 2 hours bi-monthly to IM residents

Developed a course to teach IM residents how to break bad news to patients and families. This course involved developing cases, training standardized patients, developing feedback instruments.

Outcomes: Quantitative and qualitative data from your evaluations

- Number of residents/fellows trained
- Published in Med Ed Portal



Teaching example 4 (Grand Rounds)

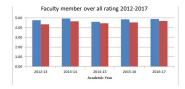
Teaching activity: Invited speaker Role: Expert on Multi disciplinary Panel

Learners and amount of contact: 1 hr talk on liver cancer imaging to a group of approximately 75 fellows and faculty in oncology, hepatology, surgery as well as researchers.

Outcome:

- Qualitative and quantitative evaluations
- Post talk time spent on Q and A
- Email follow up

Overall teaching assessment



Written faculty evaluations annually by the residents with Ratings on 14 dimensions using a 5-point Likert-type scale anchored by 5 for "outstanding" and "1" for poor. Confidential evaluations by diagnostic radiology residents have consistently rated Dr. X as "outstanding" to "highly satisfactory."

Summary of teaching activities

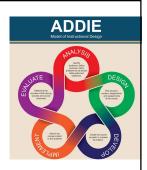
Teaching Activity /Role	Year	# of sessions	# / type of learners	Quality / Feedback
Grand rounds	2016	1	Faculty, medical students, residents # = 80	Mean rating of 4.85 out 5 N = 20
Resident Lecture	2016 - 2018	3	Pediatric residents # = 120	See evaluations and comments
Simulation	2012	8	Graduate students	See emails / thank you notes in appendix
Team based learning session	2017	12	Medical Students	See graph attached.



Curriculum Development

- Curriculum Development / Instructional Design
 Developing / Modifying a course, Journal Club, etc
 Convert from face-to-face to online or asynchronous

- Convert from face-to-face to online or asynchronous
 Why did you develop / Change the curriculum?
 Learner or clinical needs? Include this!
 Guidelines or accreditation requirements? Include this!
 What was your role?
 You do NOT have to be the PD or Course Director to have a meaningful role in curriculum development
 Describe how you contributed
 Document collaboration and funding if you had any!
 What were the outcomes of the curriculum?
 Input assessments, learner reviews, scholarly activity, etc.
 For public facing electronic curricula consider metrics!



Curricu	lum Deve	lopment
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My successful direction of the Summer in Surgery program is another accomplishment of which I am very proud. The Summer in Surgery program also brings together all of the components required for promotion and tenure as demonstrated below.

- and tenure as demonstrated below.

 1. Teaching: to c-created the program and curriculum. This program, above all else, is an educational program for the medical students. The program gives students the opportunity to not only learn from directly students are program gives students the opportunity to learn surgical skills through various simulation sessions in the students of the program and sill of the students of the program and all of its components effectively.

 2. Administration: As the director of this program, Idemonstrate leadership in the Department of Surgery. I organize and manage the program and all of its components effectively.

 3. Research: The addition of the Summer in Surgery program has connected numerous students with surgical faculty and residents and has added to the body of scholarly work from UANS considerably.

 4. Clinical: The foundation of the Summer in Surgery program is teaching the students good patient care. By fostering student interest in surgical careers earlier in the pre-clinical years, we hope to ultimately help students decide on which career is right for them while also generating more clinically sound, well-trained future surgeons.

Exam	d	e	1
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Project title: Summer in Surgery Medical Student Program

Summary: 4-week program for UAMS students completing the M1 year to learn more about a career in surgery. The program allows medical students the opportunity to gain clinical experience by shadowing surgeons, gain research experience by participating in various selected research projects, and enhance presentation/public speaking skills by presenting at the end of the course on clinical and research activities.

Role: Co-creator and director. Organization of program activities such as participant selection, students' rotations, orientation day events, simulation sessions, and faculty lectures, including recruiting and scheduling faculty and resident volunteers for lectures and simulation sessions.

Funding: None

Outcomes: The program maintains and supports the students' interest in surgical careers, at least thus far. There is some evidence to suggest there may be "trickle-down" effects of the program as well. That is, the proportion of LIAMS students who pursue careers in general surgery has shown demonstrable increases in the past few years compared to prior years. In 2014 to 2016 the numbers of students matching into general surgery from UAMS were on the decline. In 2017 and 2018 and 2018, the numbers have increased to 7 and 6 and 6, respectively. The program also pairs students with surgical faculty who can collaborate on various scholarly activity.

- · List scholarly activity
- List survey results
- List other documentation (program timeline, program schedule(s), emails lauding the program, notes from students, etc)



Example 2

Topic: Pediatric Resident Communication Skills Training via Simulation

Role: Evaluator, Instructional designer, Co-Investigator with who? (two Physicians) Funding: \$25 000 Innovations in Pediatric Education in 2018

Summary:

- Observed that residents were struggling with communicating effectively with patients. I / We developed / re-designed the curriculum to include simulation. The goal of curriculum is to assess and improve the knowledge and corridence level of the future providers in managing difficult conversations.

 Prior to developing the curriculum, we assessed resident confidence on different topics. 41 of 94 residents (46%) responded to the needs assessment. We identified that residents were less confident in addressing mental health, social determinants of health, delivering bad news and managing oppositional or angry parents.
- . 90% of respondents also indicated that they want to receive more feedback on their communication
- This curriculum is an attempt to provide residents with opportunity to practice communication skills through simulation and feedback
- We implemented the curriculum in 2018 and 60 Pediatric residents have been trained since. **Project ongoing

Outcomes:

2) Scholarly products: 1 intramural grant, 2 presentations, 1 publication

Mentoring and Advising

- You do this more than you realize
 - Mentor, Coach, Sponsor, & Advisor are synonyms
 - You can Mentor a peer!
- Can be formal or informal
 - If formal include your role on committee
- Don't forget off campus & off site
 - Collaborative sites
 - Graduates you continue to mentor



Mentoring and Advising Examples

- Dissertation / thesis committee
- Student advising/mentoring
- POM, Career/Advisor, Research, Self-Guided elective
- Resident advising/mentoring • Career, Research, etc
- Fellow advising/mentoring
 - Career, Research, etc
- Faculty advising/mentoring
 - P&T, Research, etc



Example 1 – Mentoring / Advising

Student(s): Student A, PhD candidate for Microbiology

Graduate student 1: I have served as the chair of this student's dissertation committee since 2014. Their project involves testing a new biomarker on mice models.

Outcomes:

☐Graduate student has graduated and is now a post doc at Johns Hopkins

☐ Published 2 papers on this study. Add paper references



Examp	le 2 –	Mentoring	/ Ac	lvising

Medical Student: Jane Doe, MD

Medical Student: Dr. Doe approached me after my anatomy lecture during their medical school anatomy course and expressed interest in pursuing research in my lab. I met with student for an hour, once a month to discuss their career goals. The student subsequently conducted research with me.

Outcomes:

 $\hfill \square$ Student accepted into Neurosurgery residency (see thank you note in appendix)



Example 3 - Mentoring / Advising

wame	rears Mentored	Residency	Location	Notes	
Dr. B	2016-2018	General Surgery	University of	#1 Choice Match	
			Michigan		
Dr. P	2017-2018	General Surgery	UAMS	#1 Choice Match	
Dr. R	2017-2018	General Surgery	Christiana Care in	#4 Choice Match	
			Delaware		
Dr. M	2015-2018	OB/GYN	UAMS	WISE co-founder	
Dr. L	2017-2018	Otolaryngology	UT-Memphis	WISE co-founder	
Dr. R	2015-2016	General Surgery	VCU	Unknown rank of match	
Dr. T	2014-2015	General Surgery	LSU-New Orleans	Assisted SOAP match as prelim	
Dr. S	2018-current	General Surgery	N/A	Currently mentoring	
Dr. A	2018-current	General Surgery	N/A	Currently mentoring	
Dr. F	2016-current	General Surgery	N/A	Currently mentoring	

Name	Years Mentored	Academic Needs	Results
Dr. K	2014-2015	Oral Board prep	Passed QE/CE 1st attempt
Dr. J	2015-2016	Oral Board prep	Passed QE/CE 1st attempt
Dr. U	2016-2018	ABSITE/Written Board prep	Passed QE/CE 1st attempt
Dr. K	2016-2018	Oral & ABSITE/ Written Board prep	Passed QE/CE 1st attempt

Example 4 – Mentoring / Advising

Residents: Ama Karikari, MD, Paula Escheverri, MD and Alison Burbank, MD

This project involved developing a medical Spanish module for pediatric residents. Dr. Boateng provided instructional design guidance throughout the process of developing and executing the project. This included designing the module, recording and editing audio and content.

☐These residents received the 2014 W. Thomas Dungan Award for Outstanding Scholarly Project for this project.

☐The module is currently being used by over 90 pediatrics residents and is available at this link: https://pediatrics.uams.edu/wp-content/uploads/sites/11/modules/MedSpanish2/story_html5.html

Exampl	e 5 – N	nentoring,	/ Ac	lvising
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Fellow: Brian Russ, DO

Fellow: As Dr. Russ' research mentor during his ultrasound fellowship I met with him extensively to mentor him during development and performance of his research project on medicolegal risk of point-of-care ultrasound.

Outcomes

- ☐ Manuscript published in the *Journal of Emergency Medicine* (PMID 35953324 see full manuscript in appendix)
- □Manuscript awarded the SAEMMIES Award for the best-case series of 2023 by the Society of Academic Emergency Medicine (see certificate in appendix).

 ☐ The control of the best-case series of 2023 by the Society of Academic Emergency Medicine (see certificate in appendix).

ADVISER FRIEND TUTOR TEACHER COACH GUID

Example 6 – Mentoring /Advising

Serve on mentoring committees for the following Pediatrics Faculty

Name of Faculty Mentee	Role
Emir Tas, MD	Chair
Vildan Tas, MD	Member
Laura Hobart Porter, MD	Member
Chris Edwards, MD	Chair

Serve as a mentor on the National Research Mentoring Network (NRMN)



Educational Scholarship

- □Scholarship can come from various sources
 - ✓ Research
 - ✓ Quality Improvement Projects
 - ✓ Publication of Curricula
- ☐Gold Standard = meeting the 3 Ps
 - ✓ Peer Reviewed
 - ✓ Published ✓ Public



Example 1
= Student on project * = Summer in Surgery student
= Resident on project
 Peer-Reviewed Publications Kumbis PB, Lee N, Kimbrough MK. Mucomycosis of the Forehead and Sinuses in a Trauma Patient. <u>Journal of Plastic and Reconstructive Surgery-Global Open</u>. 2016 bit 292; 4(7): e818. PMID: 27536497 DOI: 10.1097/GDK.00000000000007933. Kimbrough MK, Thrush CR, <u>Berrett B</u> Bentley FR, Sexton KW. Are Surgical Milestone Assessments Predictive of In-Training Examination Scores? <u>Domand G Singlest Education</u>. 2017 Jul 5; pp. 15931–7204(7):2007-7-PMID:2888988 doi: 10.1016/j.jsurg.2017.06.021. Kimbrough MK, Thrush CR, Smeds MR, <u>Cobox RJ</u>, <u>Harms TF</u>, Bentley FR. National Landscape of General Surgery Mock Oral Examination
Practices: Survey of Residency Program Directors. <u>Journal of Surgical Education</u> , in press.
 Published Abstracts Cobos RJ, Trivah CR, Harris TJ*, Smeds MR, Bentley FR, Kimbrough MK. Shaping Medical Student Perceptions: A Pre-Clinical 'Summer in Surgery Program. Journal of The American College of Surgeons. 2017; 225(4, Supplement 2), e160.
 Gill R, Massey VR⁺, Kimbrough MK, Mizell JS, Bentley FR, Thrush CR. Surgical Career Choices in Medical Students: Timing, Stability, and Important Factors. <u>Journal of The American College of Surgeons</u>, 2017; 225(4, Supplement 2), e161.
Elms C*, Betzold R, Spinks K, Kimbrough MK. Malignant Hyperthermia in a Massively Transfused Gunshot Victim. Critical Care Medicine. January 2018: 46:1-765



Example 2

Project title: Transitioning in self management after pediatric heart transplant.

Summary: Qualitative study to assess how adolescent who have had pediatric heart transplant transitioned into self management. This was a joint national study with the Children's Hospital of Atlanta.

Role: Co-investigator: Development of online focus group system to collect data. Analyses of the online system as an effective tool for qualitative research with adolescents. Funding: \$50,000

Outcomes: 2 publications, add presentations,

- Boateng BA, Nelson MK, Huett A, Meaux JB, Pye S, Schmid B, Berg A, LaPorte K, Riley L, Green A. Online Focus Groups with Parents And Adolescents with Heart Transplants: Challenges and Opportunities. Pediatr Nurs. 2016 May-Jun, 24(3):120-3, 154.
 Meaux J, Green A, Nelson MK, Huett A, Boateng B, Pye S, Schmid B, Berg A, LaPorte K, Riley L. Transition to Self-Management after Pediatric Heart Transplant. Progress in Transplantation. September 2014 Vol 24

Example 3

Project title: The Pediatric Milestone Assessment Collaborative

Summary: National examination of the pediatric milestones, a project with the American Board of Pediatrics (ABP) and the National Board of Medical Examiners (NBME)

Role: Review and discuss pediatric milestones with a national committee

Funding: Funded by NBME and ABP.

Outcomes: 1 Publication

1. Hicks PJ, Margolis MJ, Carraccio CL, Clauser BE, Donnelly K, Fromme HB, Gifford KA, Poynter SE, Schumacher DJ, Schwartz A, **PMAC Module 1 Study Group**. <u>A novel workplace-based assessment for competency-based decisions and learner feedback</u>. *Medical Teacher*, 2018, 24:1-8

(NOTE: Authorship listed under the PMAC Module 1 Study Group)

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Project title: The Pediatric Milestone Assessment Collaborative

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Role: Review and discuss pediatric milestones with a nation Funding: None Acknowledgeme Acknowledgements

Outcomes: 1 Publication

The following members of the PMAC Module 1 Study Group also meet

Outcomes: 1 Publication

Ine following members of the PMAC. Module 1 Study Group also meet

1. Hicks PJ, Margolis MJ, Carraccio CIJ Beatrice Boateng. Ann Burke, Su-Ting T. Li, Julia Shelburne, Teri L. Schumacher DJ, Schwartz A, PMAC I Turner. Additional members of the group who should be indexed as competency-based decisions and lear collaborators on this work include Dorene Balmer, Vasu Bhavaraju, Kim (NOTE: Authorship listed under the PM Boland, Alan Chin, Sophia Goslings, Hilary Haftel, Nicola Orlov, Amanda
Osta, Sara Multerer, Jeanine Ronan, Sahar Rooholamini, Rebecca
Tenney-Soeiro, Rebecca Wallihan, and Anna Weiss.

Educational Leadership and Administration

- Program director
- Course director
- Clerkship director
- Vice chair of education





Educational Leadership and Administration Committee Assignments

Standing Committees This committee meets monthly to discuss issues that affect multiple EC blocks and to share results of curricular and administrative innovations. I work closely with Dr. Helen Loser, associate dean for academic affairs, and Dr. Ramu Nagappan, curriculum coordinator, on the steerage of this committee. Chair, fall 2004-present This committee meets monthly to set policy for Essential Core courses. Dr. Manny Pardo, the chair of this committee, and Drs. Loeser and Nagappan and I work together to balance the work of this committee and its sister, the ECCC committee. EC Steering Committee Ex-Officio member 2004–present Committee for Curriculum and Educational Parent committee for the medical curriculum. It sets policy and reviews curricular progress. I update CCEP on ECCC progress. 1999–2001, School of Medicine Admissions Committee Member, 1997–2000, 2004–2005 This committee selects the incoming medical student class. I rejoined this committee and served on Panel 2, which is run by Dr. Leslie Zimmerman.

Col	lege	VS	Dept	Awa	ards
□ Educat	or of the				

☐Red Sash Award

☐Golden Apple Award

☐ Residency Educator Award

☐ Master Teacher Award

☐Mentoring Award ☐Educational Research Award

☐Educational Innovation Award

□Clinical Excellence Awards (Rising Star)
□Leonard Tow Humanism in Medicine Award

https://medicine.uams.edu/faculty/com-awards/
The honorees are recognized during the college's Honors Convocation ceremony on the eve of UAMS Commencement.



What next?

- Start early
- ☐ Expand your network, Make LOTS of friends (need letters of support)

 - DepartmentOther departmentsOther institutions
 - Conferences
- $\hfill \square$ Get involved. Say enough yes's to get you there.
- ☐Review examples
- $\hfill \square$ Grow a thick skin
- lacksquare Then go for it!!!



