**DOCUMENTATION OF REQUIRED INFORMATION FOR PROMOTION AND/OR TENURE-ANNOTATED**

**MERCER UNIVERSITY SCHOOL OF MEDICINE**

**CURRICULUM VITAE (CV) STYLE GUIDE**

GENERAL INFORMATION

* 1-inch margins, left justified only (do not right justify)
* Use 11 or 12 point type
* Single space within categories
* Entries may be placed in either chronological order or reverse chronological order, preferably reverse chronological order
* Years should be inclusive, with start and end years clearly listed. If an activity is ongoing, use the format: “2006 to present”
* Include activities only once on the CV. For example, if an item is both a published abstract and a presentation, make the best choice and include only once.
* Include brief descriptions of such items as administrative, educational, and research appointments if the titles do not accurately or intuitively describe the responsibilities
* Minor modifications, either additions or deletions, of the headings may be necessary to reflect more clearly an individual’s accomplishments.
* If an entry in the template is not applicable to the individual, it may be omitted
* Faculty name should be bolded. If first author is not the corresponding author, underline the name of the corresponding author in publication citations
* Grants/Contracts and Clinical Trials should be separated into four categories: active, completed, pending and submitted but not funded

**MUSM Curriculum Vitae Template**

 **NAME, (all awarded degrees)**

***Professor of \_\_\_\_\_\_\_***

**Department of \_\_\_\_\_\_\_\_\_\_\_\_**

**Mercer University School of Medicine**

**HOME ADDRESS**

**OFFICE ADDRESS**

**CONTACT**

 (office/cell phone)

 (fax number)

 (e-mail address)

 (website, if applicable)

**EDUCATION**

*Name of institution, location, degree type, field of study and dates*

**POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS**

 **Internship:** *institution, location and dates*

 **Residency or Post-Doctoral Training:**  *institution, location and dates*

 **Other such as** Leadership Training and Fellowships

**SPECIALTY CERTIFICATION**

*Include board name, status (qualified, certified, eligible, current, etc.), certification date, latest recertification date, and expiration date*

**LICENSES and CERTIFICATES**

*License type, state, number, status and dates (when awarded, when expires)*

**ACADEMIC APPOINTMENTS**

*Begin with current appointment: include inclusive years, rank, institution, and department/division*

**ADMINISTRATIVE APPOINTMENTS**

*Include inclusive years, title/role, institution, department/division, location. These should include appointments as dean, chair, division head, etc.*

**EDUCATIONAL APPOINTMENTS**

*Include inclusive years, title/role, institution, department/division, location. Appointments as course director, clerkship director, residency program director, graduate program director should be noted here.*

**RESEARCH APPOINTMENTS**

*Include inclusive years, title/role, institution, department/division, location*

**HOSPITAL APPOINTMENTS/PRIVILEGES**

*Include inclusive years, title/role, institution, department/division, location*

**MILITARY/GOVERNMENT EXPERIENCE**

**OTHER PROFESSIONAL EXPERIENCE**

**PROFESSIONAL SOCIETY MEMBERSHIPS**

*National and local, include active years and any offices held, indicate whether membership is elected or non-elected*

**HONORS AND AWARDS**

*Recognition for expertise or accomplishment. Description/title, year/years. If an award was won multiple times, for example the same teaching award, it may be listed once, with all years indicated*

 Teaching Awards

 Academic Awards

 Research Awards

 Service Awards

 Leadership Awards

 Honor Societies

**EDITORIAL POSITIONS/INVITED REVIEWER**

**NATIONAL ADVISORY COMMITTEES**

**TEACHING INTERESTS/RESPONSIBILITIES**

*Include type of teaching (small group, lecture, etc.), inclusive years.* ***SUMMARIZE HERE; PROVIDE DETAIL IN DOCUMENTATION.***

Medical Students – Basic Sciences

 Medical Students – Clinical

 Medical Students-Population Health

 Graduate Program Teaching (MPH, MFT, CRNA, NP, PA)

 Residents

 Fellows

**OTHER COLLEGE TEACHING**

**MENTORING/ADVISING ACTIVITIES**

***SUMMARIZE.*** *This section could include such relationships as theses committees chaired, formal advisee relationships, Summer Scholars, etc. More complete listings and explanations can be included in documentation.*

 **UNIVERSITY/MEDICAL SCHOOL/HOSPITAL COMMITTEES**

University Committees

Medical School Committees

Hospital Committees

**RESEARCH SUPPORT, PROJECTS, CONTRACTS, AWARDS**

Active

Completed

Pending

Submitted but not funded

*Include title/name of award, funding agency, role (indicate whether PI, Co I, Sub I), start and end dates, amount of funding, and brief description of award. Principal Investigator (PI) - Individual who is responsible for initiating the writing and procuring of grant/contract and providing the majority of the effort. Co-Investigator (Co I) Individual who may assist the PI in writing and procuring the grant/contract and provides a significant part of the effort. Sub Investigator (Sub I) - Individual not involved in the writing or procuring of the grant/contract but provides a portion of the effort.*

*Example:*

1. *Bridging the Cultural Divide: Building Collaboration between Public Health and Medicine. Association of American Medical Colleges and Centers for Disease Control and Prevention. Principal Investigator. 12/03-11/04. $50,000.*

 Clinical Trials, Active

 Clinical Trials, Completed

 Clinical Trials, Pending

 Clinical Trials, Submitted but not funded

*Include either clinical or pharmaceutical trials, PI initiated or company initiated. Title, brief description, start and end dates, faculty member’s role/hours, amount of funding, etc.*

**SYSTEM INNOVATION AND QUALITY IMPROVEMENT ACTIVITIES**

System Innovation and Quality Improvement efforts within institution

*Dates, name of site intervention, your role, and results (e.g., clinical outcomes, process measures, financial)*

System Innovation and Quality Improvement efforts outside of institution

*Dates, name of site intervention, your role, location {s) and results {e.g., clinical outcomes, process measures, financial)*

Production of guidelines and/or protocols:

*Date, name of guideline and/or protocol, your role, location(s) adopted, current status {to demonstrate sustainability)*

**PUBLICATIONS**

*For all entries, number each citation and include complete information for the citation (authors, title, publication name, publication date, volume, issue, pages; if book include editors, publisher, city). Articles in predatory journals should not be included. If you are unsure, verify with the library whether a journal is predatory.*

Peer Reviewed Journal Articles (*if unsure whether an article is peer-reviewed, ask the library to verify this information)*

 Peer Reviewed Journal Articles Accepted for Publication/In Press

Peer Reviewed Journal Articles Under Review

Other Original Articles

Peer Reviewed Abstracts

Scholastic Books

Book Chapters

Book Reviews

Case Reports

Procedures/Protocols

Peer Reviewed Electronic Publications

Non-peer Reviewed Electronic Publications

Other Publications *(newspaper, magazine, nonscholarly books)*

Other material: Specify (*for example, video/film/web/CD*)

**INVITED LECTURES/PRESENTATIONS**

 *Include title/description, dates, location, organization, type (plenary, keynote, or other presentation). Enter Grand Rounds given at another institution in this Section; include Grand Rounds presented at the home institution in the Grand Rounds Section later in the CV. Note invited Community Presentations in the appropriate Service Section*

**PROFESSIONAL PRESENTATIONS**

National and International

*Examples:*

1. *Authors. Family Centered Medicine: Integrating Family Systems Education into the Medical School Curriculum. Society for Teachers of Family Medicine. Vancouver, British Columbia. November 2017. Lecture-Discussion. Accepted.*
2. *Authors. Faculty Governance and Regional Medical Campuses. Group on Regional Medical Campuses. Association of American Medical Colleges Annual Meeting. Boston, MA. November 2016. Poster Presentation.*
3. *Authors. Community-Responsive Physicians: Roles and Responsibilities. Society for Teachers of Family Medicine Annual Meeting. Baltimore, MD. May 2013. Platform Presentation.*
4. *Authors. The Cultural Genogram: A Tool to Educate Culturally Competent Physicians. Society for Teachers of Family Medicine Annual Meeting. Healthy People, Healthy Communities. Atlanta. September 2019. Workshop Developer and Presenter.*

*Depending on the number of presentations, they may be subdivided by type. For example,*

*Professional Presentations*

*National and International*

*Workshops*

*Platform Presentations*

*Posters*

Regional and Local Presentations

**GRAND ROUNDS**

 *Include title, date, location and sponsoring institution/department*

**INSTITUTIONAL AND ACADEMICALLY RELATED SERVICE**

*Other specific groups of activities such as medical school noncommittee interviewer; organizer of Workshops, Symposiums, and Programs and/or Participant; peer reviewer for conference submissions, etc.; study section reviewer. Include description, start and end dates, and candidate’s role*

Institutional

Professional Activities

Community Service/Outreach/Presentations related to area of professional expertise

**COMMUNITY SERVICE**

*Service activities not related to professional expertise*

Posted on the website are individual forms to document each section-teaching, scholarship, clinical practice, administration, and service. The following formats are included but without the annotation.

**GUIDE FOR DOCUMENTATION OF TEACHING**

The P&T Committee will review contributions in five domains of teaching: **instruction, curriculum development, learner assessment, mentoring/advising, and educational leadership/administration**. Please note: Document administrative/leadership responsibilities for an educational program (e.g. Clinical Skills Director, phase coordinator, clerkship director, and residency program director) in the Teaching Domain, not in the Administrative Domain.

1. **STATEMENT OF PHILOSOPHY OF TEACHING**

In 1-2 pages, describe your approach to education and the principles that underlie your teaching. For example, you might include your personal theory of learning, characteristics of a good teacher, a description of your development as an educator over time, your educational goals, perspective on roles and responsibilities of students and teachers, self-assessment of success, areas needing improvement, plans for improvement, etc. You may illustrate with examples from your own teaching.

1. **EDUCATIONAL CONTRIBUTIONS**

The role of an educator can be structured around five domains: teaching, curriculum development, learner assessment, advising/mentoring, and educational leadership and administration. The tables and examples provide some guidance, but you are free to provide information related to your instructional responsibilities, dates, experiences with various instructional methods, etc. in another form if the examples provided do not reflect your activities.

1. **INSTRUCTIONAL RESPONSIBILITIES**
2. **Medical Student, Resident and Graduate Teaching**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course/Topic** | **Activity Format/ Description/Content** | **Contact Time (Hours per Year)** | **Years** | **Learners/ Number/ year** | **Institution/ Comments**  |
| *Hematology* | *PBL Group Tutor* | *45 Contact Hrs* | *2008-2012* | *8 students* | *MUSM* |
| *Prenatal diagnosis and ultrasound* | *Residents spend 1 month learning and performing genetic counseling, genetic amniocentesis and other invasive procedures.*  | *700 contact hours* | *2006-2012* | *5 residents per year* | *MUMC* |
| *OB/GYN Morning Report* | *Cover morning reports, LD rounds with residents and medical students. Discuss all admissions with emphasis on complicated cases and therapeutic plans* | *150* | *2006-2013* |  *55 -60 medical students; 40 residents*  | *MCCG* |
| *MPH 660* | *Lecture based course on public health systems in Georgia* | *45 Contact hours* | *2008-2010* | *20* | *MUSM* |
| *Clerkship Lecture -“Assessment of the Newborn”*  | *Pediatric Clerkship* | *6 times each year* | *2005-2013* | *40 medical students* | *MUMC* |
| *Resident Lecture-* *“Central Line placement”* | *Lectured to residents in surgery and internal medicine* | *3 times each year* | *2009-2013* | *20 residents total* | *MCCG* |

**An alternative approach to documentation might be the following:**

**PBL Tutor**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phase** | **Contact Hours/ year** | **Learners** | **Year** | **Year** | **Year** | **Year** | **Year** | **Year** |
| *Hematology* | *45* | *MS-I* | *x* | *x* |  | *x* | *x* |  |
| *Pulmonology* | *54* | *MS-II* |  | *x* | *x* | *x* | *x* | *x* |
| *Neurology* | *63* | *MS-I* |  |  | *x* | *x* |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Describe the experiences you have had with various instructional methods. Examples might include but are not limited to lectures/resource sessions, PBL, TBL, bedside/teaching rounds.**
2. **CURRICULUM DEVELOPMENT**

**Course materials (syllabi, reading, handouts, monographs, web based materials etc.) developed by the candidate. Indicate the use of these materials in a specific course or workshop. Further, describe some items by documenting them on the “Curriculum Development” form found on page 15.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Course** | **Dates** | **Description** | **Role** |
| *Monograph* | *Hematology Phase* | *2007-2013* | *Monograph on pernicious anemia* | *Author and subsequent editor* |
| *Study Guide* | *Hematology* | *2007-2013* |  | *As phase coordinator* |
| *Case Development* | *Brain and Behavior* | *2005-2009* | *Teaching cases for PBL phase* | *Reviewed and modified 11 cases; developed two new teaching cases* |
| *Ethics Curriculum* | *Surgery Residents* | *2009-2013* | *Created and implemented the ethics curriculum used in the residency* | *Developer; revise as needed* |

1. **LEARNER ASSESSMENT**

**Identify the methods in which you have engaged related to assessing learners**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course** | **Frequency/** | **Learners** | **Role** |
| *SOCA* | *Brain and Behavior* | *1/year from 2004-2011* | *MS-II* | *Case Developer*  |
| *SOCA* | *Endocrinology* | *1/year from 2010-2013* | *MS-II* | *Oral Examiner* |
| *OSCE* | *Internal Medicine* | *6 times per year; 2009-2013* | *6 per year, MS-III* | *Reviewer* |
| *Multiple Choice questions* | *Phase A, Host Defense,*  |  |  | *Developed new questions; revised previous questions* |
| *Skill Assessment* | *IM Residency* | *6/year from 2007-2010* |  |  |
| *PBL Group Performance* | *Hematology* | *1/year from 2006-2013* | *MS-I* | *Assessed student performance during group* |

1. **ADVISING/MENTORING**
2. **Graduate Students:** List the name of each student for whom you served as an advisor or faculty mentor. Underline names of students for whom you served as chairperson. Provide the name of the student, the degree earned, the field of study, name of department and institution and the date.

|  | **Name** | **Dates** | **Degree/****Field of Study** | **Department/ Institution** | **Comments (Thesis/Dissertation Title)** |
| --- | --- | --- | --- | --- | --- |
| *1* | *Mary Smith*  | *2005* | *MPH* | *Community Medicine, MUSM* | *Addressing health literacy as a barrier to care in Georgia’s Hispanic population* |
| *2* |  |  |  |  |  |

1. **Medical Students:** List name of each medical student and dates for which you served as an advisor or faculty mentor, and name of the program (e.g. Summer Scholars, Academic Advisor).

|  | **Name** | **Dates** | **Program** | **Department/ Institution** | **Comments**  |
| --- | --- | --- | --- | --- | --- |
| *1* | *Joe Jones* | *Summer, 2012* | *Summer Scholars* | *Family Medicine* | *Supervised summer scholars project entitled: xxxxx* |
| *2* | *Mary Smith* | *8/2010-6/2012* | *Academic Advisor*  | *Biosciences* |  |
| *3* | *Mary Jones* | *7/2009-6/2011* | *Clinical Advisor* | *IM* |  |

1. **Postdoctoral fellow, research associates, residents:** List name of individuals for whom you served as an advisor or mentor and dates for which you served, and name of the program (e.g. Summer Scholars, Academic Advisor) whom

|  | **Name** | **Dates** | **Program** | **Department/ Institution** | **Comments**  |
| --- | --- | --- | --- | --- | --- |
| *1* |  *John Smith* | *2008-2010* | *Postdoc* | *Biosciences, MUSM* |  |
| *2* |  |  |  |  |  |

1. **Educational Leadership and Administration**

**List phase/course, clerkships, graduate programs, residency programs, fellowships etc. that you direct and include the dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Activity** | **Department/Division** | **Accomplishments/Innovations** |
| *2004-2010* |  *Clerkship Director* | *Internal Medicine* |  |
| *2006-2008,2011-2013*  | *Hematology Phase Coordinator* | *Basic Sciences* |  |
| *2008-2010*  | *MPH Program Director* | *Community Medicine* |  |
| *2006-2010, 2012-2013* |  *Residency Program Director* | *Surgery* |  |

1. **PROFESSIONAL DEVELOPMENT**

**Describe participation in courses, workshops, fellowships, or self-instructional activities, etc. undertaken to advance the education/teaching dimension of career development.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course/ Activity/Description**  | **Dates**  | **Location** | **# of hours** |
| *1* | *NBME Question writing workshop* | *November 29, 2012* | *Macon, GA* | *4 hours* |
| *2* | *Team-based Learning workshop* | *March 2016* | *Macon, GA* | *4 hours* |

1. **EVALUATION OF TEACHING**

For purposes of this section, consider as students undergraduates, graduate students, medical students, house officers, fellows, or continuing professional education participants.

* The documentation should include **SUMMARIES** of all teaching evaluations (including numerical evaluations as well as learner comments) since the last appointment or promotion, pertaining to the learner groups.
* For all evaluations include:  Type of learner, number of learners, years that evaluations were completed. If individual evaluations, please summarize.
* Be certain to mention the standards used, e.g., “scale of 1 to 5, with 5 being outstanding.”
* Actual copies of evaluations may be included as a separate appendix.
* Typical examples include: (if applicable)
	+ - Undergraduate/graduate education: summary of all resource evaluations
		- MS-I and MS-II medical students: tutor evaluations
		- MS-III and MS-IV medical students: clerkship and elective evaluations, yearly summary sheets (available on-line) with summary of comments
		- Attendings: summary sheets of evaluations with summary of comments
		- Fellows: summaries of evaluations
		- Continuing education (Peer education): summary evaluations of lectures or workshops
		- Graduate Students or lab teaching: Individual student feedback may be selectively included if relevant to a major mentoring activity.

**CURRICULUM DEVELOPMENT IN EDUCATION**

**Use this form to describe/evaluate a curricular product developed for instructional, assessment, and/or leadership/administration purposes**

|  |  |
| --- | --- |
| **Brief description of curriculum** | ***Advance Care Planning and Organ/Tissue Donation Curricular Module****Curriculum that instructs medical students on issues about advance care planning including the State Health Care Proxy Law as well as organ and tissue donation.* |
| **Your role in development** | *Course Director, Co-Developer and key faculty member* |
| **Intended Audience** | *Training level of learners: 2nd year medical students* |
| **Number of Learners** | * *Length of the curriculum: 9 sessions/year; 1- 1.5 hours/session*
* *Total number of hours per year: 10 hours/learner/year*
* *Average # learners per teaching session: 120-140*
 |
| **# Years Curriculum Taught** | *4 years* |
| **Goals and Objectives** | *At the end of the session the students will:** *Identify the importance or organ donation and transplantation in today’s healthcare*
* *Enumerate the current problem in resource allocation in organ failure*
* *Describe the factors and steps in the allocation of these vital organs in the US*
* *Identify the differences in allocating cadaveric versus living donor organs*
* *Define advance care planning in the context of State Law*
* *Review the role of the patient, proxy, physician and others in terms of decision making in the setting of serious illness*
* *Identify pitfalls and limitations in advance care planning*
* *Practice the skills in communicating with patients with regards to the health care proxy*
* *Recognize that the process of arriving at a resolution to this difficulty, albeit, critical decision making is done with involvement of caregivers and loved ones*
* *Discuss the ethical principle underlying these issues: autonomy, surrogate decision making, justified paternalism and clinical justice*
 |
| **Preparation** | *Curricular gaps were identified by the following methods:** *Advance directives and organ/tissue donation have never been part of the preclinical curriculum in the past despite the fact that students in the clinical years discuss advance directives with their patients and certain students volunteer in organ procurement programs at State Hospital.*
* *Personal discussion with medical students, house staff and faculty alike have significantly informed the team in identifying this as a curricular gap in knowledge*
* *Graduation questionnaire results over the last 5 years indicates students perceive inadequate instruction in end-of-life and palliative care*
* *Expert consultation with leaders of the Palliative Care Institute and the State Alliance for Donation, Inc.*

*Resources used to design the curriculum:* * *Pre-existing curricula on Health Care Proxy exists as part of the old 4th year Clerkship and was utilized for the health care proxy component of the module. The palliative care curricula of the Palliative Care institute were also utilized for the advanced care planning component of the module.*
* *Materials developed through collaboration of the State Alliance for Donation, Inc. and State University served as the template for the organ/tissue donation component of the module.*
 |
| **Design** | * *The curriculum consists of lectures, open discussions and a skills based training small group role play exercise focusing on communication skills:*
	+ *1 hour panel discussion on Organ Donation with transplant surgeons, organ recipients and relatives of organ donors*
	+ *1 hour lecture on advance care panning and with emphasis on Sate Health Care Proxy Law*
	+ *Small group role play exercise focusing on these communication skills*
 |
| **Evaluation** | *Evaluation by Learners:** *Learner satisfaction ratings (see below)*
* *Data from learner evaluation has been used to revise and improve the curriculum*

*Evaluation of Learners:** *Self-assessment of their perceived comfort and confidence in discussing organ/tissue donation and advance care planning*
 |
| **Evidence of Quality** |  | *Year 1* | *Year 2* | *Year 3* |
| *Quality of Advance Care Planning Session**Rating Scale (1-5, 5 Superior)* | *N= 105* *Rating = 3.99* | *N= 98**Rating = 3.86* | *N= 125* *Rating = 3.85* |
| *Quality of Organ and Tissue Donation Session**Rating Scale (1-5, 5 Superior)* | *N= 192* *Rating = 3.73* | *N= 97* *Rating = 3.82* | *N= 124* *Rating = 3.83* |
| *Quality of Communication Skills Practice Session**Rating Scale (1-5, 5 Superior)* | *N= 113* *Rating = 3.58* | *N= 98* *Rating = 3.86* | *N= 125* *Rating = 3.85* |
| **Evidence of Dissemination** | * *Module has been adopted by 2 other medical schools in the region*
* *Education materials including 2 Faculty Guides and 3 role play scenarios submitted and accepted for publication by MedEd PORTAL (Citation)*
 |
| **Future Directions** | *A proposal for funding to record role-play episodes has been submitted. These recordings will be used to assess communication skills and to provide feedback to participants. Performance will be assessed using the performance checklist used in the end of the year OSCE.* |

**GUIDE FOR DOCUMENTATION OF RESEARCH/SCHOLARLY ACTIVITY**

**DO NOT REPEAT THE PUBLICATIONS AND GRANTS ALREADY CITED IN THE CV, HOWEVER FEEL FREE TO USE THE CITATIONS AS EXAMPLES.**

1. **Philosophy and Goals of Research/Scholarly Activity**

In 1-2 pages, describe your approach to research/scholarly activity and the principles that underlie your scholarship. For example you might include a description of your development as a researcher over time, your research goals, perspective on roles and responsibilities of scholars, self-assessment of success, areas needing improvement, plans for improvement, etc. You may illustrate with examples from your own work.

1. **Underlying Themes of Research/Scholarly Activity or Future Directions of Scholarly Activity**
2. **Financial Support**

What financial sources have supported your scholarly activities since your initial appointment or last promotion? Not necessary to repeat information in the CV. Add pertinent info only.

1. **Unfunded Projects: Describe any unfunded projects to which you are devoting substantial time.**
2. **Major Accomplishments/Contributions in Scholarship (INCLUDE NO MORE THAN THREE)**

Summarize in 100-200 words your most important/noteworthy discoveries, advances, contributions to scholarship. If available, include the link to access the item electronically; it is not necessary to include a copy of the work. Scholarly products may be publications resulting from Scholarship of Discovery, Teaching, Integration, or Application. Examples might include, but are not limited to:

1. Peer reviewed publications/presentations; discovery in funded bench research/grant
2. Contributions to Clinical Care such as guidelines, protocols or standards for clinical care. Indicate if published in print or on the web, provide citation, describe how the material is used; and if developed as a member of a committee, describe your contribution.
3. Patient Safety and Quality Improvement: Describe any initiatives related to patient safety, quality improvement, and process/practice improvement. Include any evaluation related to the effectiveness (quality, utilization, access, cost, etc.) of these initiatives. (Detailed documentation guidance provided in the next section)
4. Librarianship: Describe subject guides, pathfinders, web products, etc. Indicate how the materials are used and/or how they contribute to scholarship or support of scholarship.

**THE FOLLOWING ITEMS ARE FOR DOCUMENTATION BY MUSM PAID FACULTY ONLY.**

1. What is your strategy for obtaining support for the sustained and continued growth of your scholarly endeavors?
2. For each of the last 5 years, please indicate if outside funding (grants or contracts), has supported your salary, including the percentage of time and the source of funding.

|  |  |  |
| --- | --- | --- |
| Year | Source of Funding  | Percent Time Supported or Dollar Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. For each of the last 5 years, please indicate if your outside funding (grants or contracts) has supported the salary of other MUSM faculty members or research staff, including the name of the faculty/staff member, the source of the funding, and the percent time supported or the dollar amount allocated to the faculty/staff member.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Faculty Member/Staff Member | Source of Funding | % Time Supported or Dollar Amount Contracted with Faculty/Staff Member |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**GUIDE TO DOCUMENTATION OF INNOVATION AND QUALITY IMPROVEMENT INITIATIVES**

Publication in peer review journals remains the primary measure of scholarly activity. It is highly recommended that faculty publish quality improvement efforts.

1. **STATEMENT OF PHILOSOPHY RELATED TO QUALITY IMPROVEMENT**

**NOTE:** Only faculty on the Clinical Track are required to complete the Statement of Philosophy. Faculty on the Clinical Educator Track or Clinician Scholar Track should complete Sections II and III below but include philosophy of QI in the philosophy of Scholarship or Clinical Services.

In 1-2 pages, describe your approach to quality improvement and the principles that underlie its importance to patient care. For example, you might provide a description of your involvement in quality improvement over time, your goals and perspective on roles and responsibilities of physicians in this area, self-assessment of success, areas needing improvement, plans for improvement, etc. You may illustrate with examples from your own experience.

1. **IMPROVEMENT PROJECTS**

***Project 1 (brief description of problem, goal, methods} :***

Role (chair, project lead, member)

Internal Scope (# units/clinics/departments/functional units involved in activity)

External Spread (# of external organizations/states/countries adopting practice/ initiative/ methodology)

Sustainability (To what extent was improvement built into daily operations? How long has the project been sustained?) (Was activity sustained over 1 year, over 5 years?)

Time/Effort (% time or length of time devoted to effort; include project initiation and completion dates) Was I provided dedicated time to complete the project?)

Feedback (Feedback from others on the project, leadership that championed initiative (e.g., departmental chair, QI team leader, frontline clinicians and patients affected by change)

Magnitude of Impact (Does the project address a local, hospital-level, or national priority? What is the magnitude of the improvement for patient care or outcomes?)

Results (Process or outcome measures, as applicable to initiative (e.g., reduction in complications, adverse events, medication errors, improved compliance to guidelines, improved throughput, reduced LOS))

***Project 2 (brief description of problem, goal, and methods):***

1. **PROGRAM AND INFRASTRUCTURE DEVELOPMENT**

Describe initiatives that built capacity or developed a lasting infrastructure to improve quality; these may have results that are difficult to quantify.

***Initiative 1:***

Rationale/Problem

Role (chair, project lead, member)

Actions Undertaken/Completed

Time/Effort (% time or length of time person devoted to effort; include project initiation and completion dates)

People/Areas Impacted

Result of Initiative

**GUIDE TO DOCUMENTATION OF CLINICAL PRACTICE**

1. **PHILOSOPHY AND GOALS**

In 1-2 pages, describe your approach to patient care and the principles that underlie your care. For example, you might include your personal theory of care, characteristics of an excellent clinician, your development as a clinician, your goals, self-assessment of success, areas needing improvement, plans for improvement, etc. You may illustrate with examples from your own clinical practice. If you receive feedback, which speaks to personal clinical effectiveness, you are encouraged to cite those data.

1. **MISSION INTEGRATION**

Describe how your clinical activities support the education and research missions of the medical school.

1. **CLINICAL SERVICES ACTIVITY**

List your various roles/types of activity (e.g. ambulatory practice, inpatient or ICU attending, surgery), the level of activity, years, and the name and location of practice; you may also include call coverage. Report clinical activities undertaken as a volunteer in the Institutional and Academically Related Service Section.

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE/TYPE OF ACTIVITY** | **YEARS** | **LEVEL OF ACTIVITY** | **LOCATION** |
| *Infectious Diseases consultant* | *2005-**2013* | *3 months/year* | *St. Francis* |
| *Service Provider* | *2008-**present* | *½ day/week* | *Statesboro Primary Care* |
| *Internal Medicine Clinic* | *2009-**present* | *1 ½ days/week* | *MCCG* |
|  |  |  |  |
|  |  |  |  |

1. **CLINICAL SERVICE CONTRACTS**

List any funds received to perform services for the city, county, state or other organization (please indicate dates, amounts and types of services performed).

1. **OTHER ACCOMPLISHMENTS IN CLINICAL SERVICE: Note-these are example categories. An applicant may not have a contribution in each category, may have multiple examples in any of the categories, or may have accomplishments in a category not specifically cited here.**

* 1. **RECOGNITION OR AWARDS**

Document any awards or recognition that you have received related to your clinical practice. This may include unsolicited letters or comments from patients. If so, provide no more than three examples.

* 1. **PATIENT SAFETY AND QUALITY IMPROVEMENT**

Describe any initiatives related to patient safety, quality improvement, and process/practice improvement. Include any evaluation related to the effectiveness (quality, utilization, access, cost, etc.) of these initiatives. Indicate whether you participate in registries or databases for quality improvement or comparison metrics. If you are involved in Maintenance of Certification (MOC), describe your involvement and indicate which programs. If you described your initiatives in QI and patient safety in the previous section, it is not necessary to repeat the description in this section

* 1. **CLINICAL LEADERSHIP**

Summarize your contributions in 100 words or less as a leader in Clinical Practice.

* 1. **INNOVATION**

Summarize in 100 words or less your role in the development of a new clinical technique(s), services, therapies, or health care delivery systems that have improved the health of the population you have served, up to three. Include any evaluation related to the effectiveness (quality, utilization, access, cost, etc.) of care provided. You may include guidelines, protocols or standards for clinical care developed individually or as a member of a committee. Indicate the type of material (clinical protocol, standard of care, etc.), if published in print or on the web, provide citation, describe how the material is used; and if developed as a member of a committee, describe your contribution.

**GUIDE TO DOCUMENTATION OF ADMINISTRATIVE SERVICES**

**It should not be necessary to repeat items already cited in the CV, however feel free to use the CV citations as examples. Document administrative activities related to your role as a dean, department chair, institutional administrator, etc. If you have a role in educational administration, report this under Educational Leadership as part of Teaching.**

1. **PHILOSOPHY AND GOALS OF ADMINISTRATIVE SERVICE**

In 1-2 pages, describe your approach to leadership and management and the principles that underlie your leadership and management style. For example, you might include your personal theory of leadership, characteristics of a leader, a description of your development as a leader, perspective on roles and responsibilities of leaders, areas needing improvement, or plans for professional development.

1. **LEADERSHIP/ADMINISTRATIVE SERVICE RESPONSIBILITIES**

Your administrative service responsibilities and leadership roles in the medical school, university, and hospital are documented on your CV. Use this space to highlight **MAJOR** responsibilities and leadership roles that describe the impact of your leadership. It is not necessary to describe your role on every committee. For example, identify how the initiative contributed to the improved operation, development and/or improvement of the medical school, hospital. Identify whether the service supported the teaching, research/scholarly activity and/or service missions of the medical school or improved the learning environment. If a committee developed the initiative, describe your contribution as a member of the committee.

Make as many copies of the template as needed

|  |  |
| --- | --- |
| **ACTIVITY** |  |
| Description of Leadership Role |  |
| Duration of Service |  |
| Outcomes, Accomplishments, and/or Significant Impact  |  |

**GUIDE TO DOCUMENTATION OF INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICE**

**It is not necessary to repeat items already cited in the CV, however feel free to use the citations as examples.**

The candidate has demonstrated service to the medical school community including the hospital; service to the profession; and has used his/her professional expertise in service to local community and broader professional community.

1. **PHILOSOPHY AND GOALS OF INSTITUTIONAL AND ACADEMICALLY RELATED PUBLIC SERVICE**

In no more than 1 page, describe your approach to service to the medical school, the university, and/or the hospital as well as engagement in your professional community such as professional organizations/societies. You might describe the impact of your engagement regarding support of the teaching, scholarship, and/or service missions of the medical school. If appropriate, you might comment on your increasing involvement at the local, regional, national and/or international levels.

1. **SPECIFIC CONTRIBUTIONS/ACCOMPLISHMENTS**

Use this space to highlight **major** contributions/accomplishments that were particularly meaningful**. It is not necessary to highlight every contribution that is noted on the CV.** Sometimes serving on a committee is just that. If a committee developed the initiative, describe your contribution as a member of the committee. Duplicate the table as needed.

**INSTITUTIONAL**

|  |  |
| --- | --- |
| **ACTIVITY** | *Chair of Evaluation Subcommittee of MUSM Curriculum and Instruction Committee (CIC)* |
| Description of Service  | * *Coordinated and led 8 faculty members in the development of reports and recommendations for the CIC*
* *Jointly developed and co-presented monthly reports to the CIC*
* *Established the timeline for evaluation reports for each of the courses/clerkships in MUSM*
 |
| Duration of Service | *Committee Member, 2003-2007**Chair, 2005-2007* |
| Outcomes, Accomplishments, and/or Significant Impact  | * *Coauthored white paper on results from focus groups of graduating students focusing on gaps and redundancies in the curriculum*
* *Poster on results presented at SGEA*
* *CIC commended the evaluation subcommittee for developing the process to collect, analyze and report data*
* *CIC implemented changes in the 4th year curriculum*
 |

**PROFESSIONAL**

|  |  |
| --- | --- |
| **ACTIVITY** |  |
| Description Service  |  |
| Duration of Service |  |
| Outcomes, Accomplishments, and/or Significant Impact  |  |

**COMMUNITY**

|  |  |
| --- | --- |
| **ACTIVITY** |  |
| Description of Service |  |
| Duration of Service |  |
| Outcomes, Accomplishments, and/or Significant Impact  |  |

**LIBRARIANSHIP**

**SPECIFIC CONTRIBUTIONS/ACCOMPLISHMENTS**

Use this space to highlight **major** contributions/accomplishments in service that are indicative of professional service provided by librarians and contribute to the support of the educational, research, and service missions of the school. Duplicate the table as necessary. Address the following major areas:

* Archives/Digital Initiatives
* Collection Services (selection and deselection of materials, licensing)
* Public Service/Outreach (research consultations, etc.)
* Technical Services and Systems (maintaining functionality of electronic resources, database management, etc.)

|  |  |
| --- | --- |
| **ACTIVITY** |  |
| Description of Service |  |
| Duration of Service |  |
| Outcomes, Accomplishments, and/or Significant Impact  |  |

**DOCUMENTATION OF TENURE-RELEVANT INFORMATION**

**If a faculty member is applying for tenure, then the application should already include documentation of the tenure-relevant areas. Include a separate file/section in which the candidate addresses the five areas evaluated for tenure in two to four pages. It is not necessary to repeat the information already documented in the application, but the candidate can cite specific accomplishments or provide commentary to support each area. This facilitates evaluation of the candidate by the P&T Committee.**

***1.* Quality of Teaching:** Candidate demonstrates that he or she is an accomplished teacher through knowledge of the subject matter, use of varied pedagogical tools, meeting teaching obligations, mentoring students, completing educational administrative responsibilities. *Include evidence of high standards of teaching through evaluations by students, peer-review of teaching evaluation, and evidence of improvement.*

***2.* Education and experience.** Candidate provides evidence of continuing education by attending professional meetings, developing new skills, collaborating with colleagues, etc. *Include evidence of continual education in areas of proficiency, evidence of developing expertise, evidence of disseminating skills and experience.*

***3.* Professional achievement and scholarship.** Candidate demonstrates a consistent, sustained high quality portfolio of publications and other scholarly work. *Include evidence of professional achievement and scholarship external to MUSM.*

***4.* Group Efforts, Cooperation with Colleagues and Collegiality*.*** Candidate demonstrates potential for continued positive contribution to overall institutional needs and effectiveness in interpersonal relationships. *Include evidence of participation in group efforts and evidence of cooperation with colleagues and collegiality.*

***5.* Professional responsibility and service to the school and community.** Candidate demonstrates highest levels of integrity including professional ethics, cooperativeness, resourcefulness and responsibility. *Include Evidence of responsibility and service to school; Evidence of responsibility and service to university.*