**ANNOTATED GUIDE TO MUSM APPLICATION FOR PROMOTION**

The following guide can be used as a template for documenting your contributions in domains that are applicable to your specific promotion track: teaching, scholarship, clinical practice, administration, and service.

* Omit and delete any section(s) that is not applicable to your promotion track.
* Example entries in red font within the application and in the tables can be deleted so that they may be used for your application. Similarly, explanatory text/directions in black font can also be deleted prior to submitting your application.
* Minor modifications, either additions or deletions, of the headings may be necessary to best reflect your accomplishments.
* Use 11- or 12-point type and black font.
* If you have included information in your CV, it isn’t necessary to include that same information in the application unless you have been instructed to do so. For example, in the Scholarship Section, do not include a list of your publications, presentations, grants, etc. You may be asked to provide a few examples and if so, a few select items can be cited.
* Occasionally there are page limitations listed in the template; please follow these directions as closely as possible.

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6. **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, block committee, clerkship director, and residency program director, etc.) here in the Teaching Domain, not in the Administrative Domain.

1. **Teaching philosophy**

In 1-2 pages, describe your approach to education and the principles that underlie your teaching. For example, you might include learning theories you use, pedagogical principles, what you consider as characteristics of a good teacher, a description of your development as an educator, your educational goals, your perspective on roles and responsibilities of students and teachers, self-assessment of successful teaching, 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 create a separate table or format in which to provide information related to your instructional responsibilities, dates, experiences with various instructional methods, etc.

1. **Instructional responsibilities**

**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 hours* | *2014-2016* | *8 students* | *MUSM* |
| *Block 1* | *Group Facilitator* | *24 hours* | *2016-2019* | *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* | *2013-2018* | *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* | *2015-2019* |  *55 -60 medical students; 40 residents*  | *Navicent* |
| *BMS 610*  | *Lecture based course on Biochemistry and Molecular Genetics*  | *45 Contact hours* | *2018-2020* | *20* | *MUSM* |
| *Clerkship Lecture -“Assessment of the Newborn”*  | *Pediatric Clerkship* | *6 times each year* | *2005-2015* | *40 medical students* | *MUMC* |
| *Resident Lecture- “Central Line placement”* | *Lectured to residents in surgery and internal medicine* | *3 times each year* | *2009-2019* | *20 residents total* | *Navicent* |

**Describe the various instructional methods you have used in your teaching. Examples might include but are not limited to lectures/resource sessions, PBL, TBL, bedside/teaching rounds.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructional method** | **Course/topic** | **Learners** | **Comments** |
| *Patient-based learning* | *Block 1* | *MS-I* | *Small group learning in the preclinical curriculum. Case-based* |
| *Family Medicine clerkship* | *Learning in the clinical environment* | *MS-III* | *Microteaching to learn auscultation skills* |
|  |  |  |  |

1. **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. You may use the table below or develop your own table.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Course** | **Dates** | **Description** | **Role** |
| *Monograph* | *Hematology*  | *2017-2019* | *Monograph on pernicious anemia* | *Author and subsequent editor* |
| *Study Guide* | *Hematology* | *2007-2013* |  | *As block coordinator* |
| *Case Development* | *Brain and Behavior* | *2005-2009* | *Teaching cases for PBL phase* | *Reviewed and modified 11 cases; developed two new teaching cases* |
| *Study Guide* | *Block 2, Module 3* | *2017-2019* | *Learning objectives and resources for the module* | *As member of block committee reviewed and revised guide* |
| *Ethics Curriculum* | *Surgery Residents* | *2009-2013* | *Created and implemented the ethics curriculum used in the residency* | *Developer; revise as needed* |

**Curriculum Development: Review the quantitative guidelines for your promotion track and use the form below to document your roles in curriculum development. Some tracks and/or ranks require documenting more than one example of curriculum you have developed.**

**Documentation of Curriculum Development**

|  |  |
| --- | --- |
| **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.* |

1. **Learner assessment**

**Identify the methods you have used to assess learners using the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment method** | **Course** | **Frequency/** | **Learners** | **Role** |
| *Summative examination questions* | *Block 2, PBL curriculum* | *1/year from 2014-2019* | *MS-I* | *Patient-based learning case developer and question writer*  |
| *OSCE* | *Internal Medicine* | *6 times per year; 2019-2020* | *6 per year, MS-III* | *Reviewer* |
| *Multiple Choice questions* | *Block 1, PBL curriculum* | *Immunology* | *MS-I* | *Developed new questions; revised previous questions* |
| *MPRA* | *Block 2* | *1/year; 2016-2019* | *MS-I, 8 per year* | *Examiner* |
| *Skill Assessment* | *IM Residency* | *6/year from 2017-2019* | *MS-III* | *Examiner* |
| *PBL Group Performance* | *Hematology* | *1/year from 2016-2020* | *MS-I* | *Assessed student performance during group* |

1. **Advising/mentoring**

**Graduate Students:** List the name of each graduate 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*  | *2016-2020* | *BMS* | *BMS/ MUSM* |  *Design and characterization of a small molecule inhibitor of adenylate cyclase* |
| *2* |  |  |  |  |  |

**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, Clinical Advisor, Career Advisor).

|  | **Name** | **Dates** | **Program** | **Department/ Institution** | **Comments**  |
| --- | --- | --- | --- | --- | --- |
| *1* | *Joe Jones* | *Summer, 2015* | *Summer Scholars* | *Family Medicine* | *Supervised summer scholars project entitled: Transcytosis of IgG across the neonatal mouse epithelium* |
| *2* | *Mary Smith* | *8/2010-6/2012* | *Academic Advisor*  | *Biosciences* | *Advised student on study habits and test taking skills* |
| *3* | *Mary Jones* | *7/2017-6/2019* | *Clinical Advisor* | *IM* | *Met periodically to provide advice* |
| *4* | *John Carter* | *7/2019* | *Career Advisor* | *Peds* | *Reviewed CV and personal statement; wrote letter of recommendation* |

**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* | *20015-2020* | *Postdoc* | *Biosciences, MUSM* | *Contributed to the NSF-funded project* |
| *2* |  *Mary Johnson* | *2017-2020* | *Peds Residency* | *Peds, MUMC* | *Faculty mentor, faculty advocate for resident with special circumstances* |

1. **Educational Leadership and Administration**

**List phase/course, clerkships, graduate programs, residency programs, fellowships etc. that you direct, or have directed, and include the dates. Note: provide more detail on accomplishments/innovations than as illustrated in the examples provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Activity** | **Department/Division/ Institution** | **Accomplishments/Innovations** |
| *2014-2016* |  *Clerkship Director* | *Internal Medicine* | *Redesigned curriculum* |
| *2012-2015,2017-2018*  | *Hematology Phase Coordinator* | *Basic Sciences* |  |
| *2015-2020* | *Block 4 Committee Member* | *BMS/MUSM* | *Developed and revised new curriculum* |
| *2019-present*  | *MS Biosciences* | *Biomedical Sciences* |  |
| *2017-present* |  *Residency Program Director* | *Surgery* | *Improved pass rate to 90%* |

1. **Professional development**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course/ Activity/Description**  | **Dates**  | **Location** | **# of hours** |
| *1* | *NBME item writing workshop* | *November 29, 2012* | *Macon, GA* | *4 hours* |
| *2* | *Team-Based Learning workshop* | *March 2016* | *Macon, GA* | *4 hours* |
| *3* | *Angoff Workshop* | *April 2017* | *Savannah, GA* | *2 hours* |

1. **Learner evaluation of teaching**

For this section, document learner (i.e., undergraduates, graduate students, medical students, house officers, fellows, or continuing professional education participants) evaluations of your teaching.

* Documentation should include **SUMMARIES** of aggregate 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.”
* Provide 2-3 examples of both positive and negative learner feedback. For negative feedback, provide a brief reflection and the action taken to improve.
* **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 from residents
		- 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.

**EXAMPLES OF SUMMARIES OF TEACHING EVALUATIONS**

The following tables provide some examples of how you might summarize your evaluations

**Summary of teaching evaluations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of learner | Number of learners | Years evaluations were completed | 2-3 examples of positive feedback | 2-3 examples of negative feedback | Reflection on negative feedback and action(s) taken  |
| MS-I | 50 | AY 2018-19 | Provided succinct learning objectives | Dr. …. Doesn’t give us enough time to answer questions | I shared the negative feedback with a colleague who suggested that I intentionally set a timer for 2 minutes before asking students to respond to a question. This helped me to give students time to reflect and think.  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Aggregate summary data of teaching evaluations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course | Evaluation rating scale | Years evaluations were completed | Number of evaluations | Average rating | Range |
| Block I- Module 1 | 1-5 (1 poor, 5 excellent) | AY 2018-20 | 16 | 4.3 | 4.1-5.0 |
| Peds Clerkship | 1-5 (1=poor, 5= excellent) | AY 2016-2019 | 110 | 4.5 | 4.2-5.0 |
|  |  |  |  |  |  |

**Residents: XXXXX service-16 residents each year including PGY-1 through PGY-4, table reflects 5 years of data, 80 responses. Scale of 1-5 with 1= outstanding and 5=poor**

|  |  |  |
| --- | --- | --- |
| **Item** | **Individual Mean** | **Peer Average** |
| 1. Rate the preceptor’s use of etiquette-based medicine by appropriate use of introductions and communication
 | 1.17 | 1.29 |
| 1. Assess the preceptor’s availability for teaching and coaching
 | 1.17 | 1.25 |
| 1. Evaluate the preceptor’s capability to use appropriate communication tools in a timely and effective manner
 | 1.12 | 1.17 |
| 1. Recognizes the routine use of small mini[lectures given by the preceptor throughout the rotation to reinforce teaching points
 | 1.00 | 1.23 |
| 1. Evaluate preceptor’s preparedness for daily rounds
 | 1.01 | 1.14 |
| 1. Determine the preceptor’s timely feedback on your progress including history and physicals
 | 1.20 | 1.20 |
| 1. Evaluate the preceptor’s ability to provide constructive feedback in a supportive manner
 | 1.15 | 1.38 |

**Evaluations by medical students for XXXXX clerkship. Evaluation of teaching for Dr. XXX 2014-2019. Scale of 1-5 with 5= outstanding and 1=poor**

|  |  |  |
| --- | --- | --- |
| Item | Mean | # Responses |
| 1. Attitude towards students
 | 4.8 | 33 |
| 1. Time spent with students
 | 4.3 | 33 |
| 1. Willingness to discuss patients
 | 4.6 | 33 |
| 1. Attitude towards patients
 | 4.8 | 33 |



1. **SCHOLARSHIP**

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

1. **Summary of scholarship focus**

Briefly describe the focus of your area(s) of scholarship. Comment on the impact of your work on the field and the direction(s) of your future work in this area. This section should be no longer than 1 page.

1. **Summary of major accomplishments/contributions in scholarship**

Summarize in 100-200 words each up to **three** of your most important/noteworthy discoveries, advances, contributions, etc. 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:

* Peer-reviewed publications or presentations
* Funded research/grant.
* Peer-reviewed 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.
* 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).
* 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.
1. **Documentation of external funding: THE FOLLOWING DOCUMENTATION IS REQUIRED FOR MUSM PAID FACULTY ONLY.**

**For each of the last 5 years, please indicate if external funding (grants or contracts acquired outside of MUSM and MUSM clinical affiliates), has supported your salary, including the percentage of time and the source of funding.**

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

**For each of the last 5 years, please indicate if your external funding (grants or contracts acquired outside of MUSM and MUSM clinical affiliates) 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **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. **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):***

**ii. Program and infrastructure development projects**

**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

1. **Professional development. Describe participation in courses, workshops, fellowships, conferences, or self-instructional activities, etc. undertaken to advance the scholarship dimension of career**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course/ Activity/Description**  | **Dates**  | **Location** | **# of hours** |
| *1* | *AAMC Medical Education Research Certificate workshop: Formulating research questions and designing studies* | *Jan 1-3, 2018* | *Emory University* | *36* |
| *2* | *Cold Spring Harbor Laboratories course: Ion channels in synaptic and neural circuit physiology* | *June 1-5, 2010* | *Cold Spring Harbor* | *40* |
| *3* | *Just Culture Certification – course in the application of Just Culture to Medical Practice* | *February 7-9, 2019* | *Johns Hopkins* | *60* |

1. **CLINICAL PRACTICE**
2. **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 service 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 Academic Service Section.

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE/TYPE OF ACTIVITY** | **YEARS** | **LEVEL OF ACTIVITY** | **LOCATION** |
| *Infectious Diseases consultant* | *2015-**2019* | *3 months/year* | *St. Francis Hospital* |
| *Service Provider* | *20018-**present* | *½ day/week* | *Statesboro Primary Care* |
| *Internal Medicine Clinic* | *20019-**present* | *1 ½ days/week* | *Coliseum* |
|  |  |  |  |
|  |  |  |  |

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 (up to 3 examples).** Summarize in 100-200 words your most important/noteworthy discoveries, advances, contributions to scholarship. 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. Examples might include, but are not limited to:
2. **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 in clinical practice**

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.

1. **Professional development: Describe participation in courses, workshops, fellowships, conferences, or self-instructional activities, etc. undertaken to advance the clinical practice dimension of career**. Continuing medical education (CME) courses and other activities that are required to maintain a medical license should not be included in this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course/ Activity/Description**  | **Dates**  | **Location** | **# of hours** |
| *1* | *Advanced training in addiction medicine certificate program* | *July 5-10, 2018* | *SAMHSA-HRSA Center for Integrated Health Solutions* | *20 h* |
| *2* | *Graduate Certificate program in Palliative Care* | *November 4-8, 2019* | *University of Maryland Graduate School* | *60 h* |
| *3* |  |  |  |  |

1. **ADMINISTRATION**

**It is not necessary to repeat items already cited in your CV, however feel free select a few CV citations as examples. Document administrative activities related to your role as an assistant or associate dean, department chair, institutional administrator, etc. If you have a role in educational administration, report this under Educational Leadership in the Teaching section of the application.**

1. **Leadership/administrative service**

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** | Chair of clinical department of surgery |
| Description of Leadership Role | Responsible for PI coordination, credentialing recommendations, and other clinical department responsibilities  |
| Duration of Service | 1/2015-7/2016  |
| Outcomes, Accomplishments, and/or Significant Impact  | Maintained clinical performance. Maintained designation criteria as a trauma center. Participated in the recruitment of a permanent TPD  |

1. **Professional development. Describe participation in courses, workshops, fellowships, conferences, or self-instructional activities, etc. undertaken to advance the administrative/leadership dimension of career**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Course/ Activity/Description**  | **Dates**  | **Location** | **# of hours** |
| *1* | *Harvard Macy Institute: Leading Innovations in Health Care and Education course* | *June 13-18, 2020* | *Boston, MA* | *40* |
| *2* | *AAMC certificate program: Chief Medical Officers Leadership Academy* | *March 25-26, 2020* | *AAMC Washington DC* | *25* |
| *3* |  |  |  |  |

1. **SERVICE**

**It is not necessary to repeat items already cited in your 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.

**Specific contributions/accomplishments:** If you listed service on a committee in the CV, it is not necessary to list here as well. 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 an initiative, describe your contribution as a member of the committee. Duplicate the table as needed.

1. **Institutional service**

|  |  |
| --- | --- |
| **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*
 |

1. **Academic/professional service**

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

1. **Community/public service**

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

1. **Librarianship**

**Specific contributions/accomplishments:** Use this space to highlight **major** contributions and 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  |  |