

## Structured Summary (Your summary should not exceed 4 pages)

### Note about reference to dates in this example:

- Dates are given in relative terms to show length of intervals (e.g., “Year1-Year3” indicates a three-year interval—NOT calendar year when positions began or ended per se).
- In your individual mini-portfolio absolute dates should be used (e.g., 2002-2005).

Faculty Profile: DO in clinical department with leadership responsibilities in graduate medical education, undergraduate medical education, and national professional societies.

Personal Statement	
Goals and/or Philosophy	<ul style="list-style-type: none"> <li>• Influence change by being actively involved</li> <li>• Champion a care model where we partner with patients for optimal medical care</li> <li>• Foster a supportive collegial working atmosphere, sharing responsibilities and credit</li> <li>• In collaboration with course instructors, foster innovation</li> <li>• Meaningfully involve others in leadership opportunities; inspire rather than intimidate</li> </ul>
Preparation/ Ongoing Reflection	<ul style="list-style-type: none"> <li>• Attended course at Harvard on leadership skills</li> <li>• Participated in Master Teachers Fellowship Program (MTFP) with continued involvement in activities</li> <li>• Solicit feedback from colleagues and learners to review efforts and help initiate changes</li> <li>• Reflect on learners' needs at different levels and experiment with change</li> </ul>
Sharing Leadership Strategies and/or Experiences with Peers	<ul style="list-style-type: none"> <li>• Invited to chair as well as function as a member of several local and national committees</li> <li>• Participate in mentoring roles for the advancement of my COM's educational mission</li> <li>• Instrumental in the development of assessment and feedback methods, a major means for educational improvement</li> </ul>

Dates	Descriptions relative to quantity	Descriptions relative to quality
<b>Co-Director, Residency Program (Year1-Year5); Director (Year1-Year4)</b> Program has 7 first-year positions		
Y1-Y5	<p>1. Enhanced and maintained an effective residency selection process.</p> <ul style="list-style-type: none"> <li>• Developed a thorough overview for presentation about the residency program for prospective applicants.</li> <li>• Established innovative methods to involve residents in promoting program and interviewing applicants.</li> <li>• Created structured protocol for faculty interviewers to use when conducting interviews.</li> <li>• (See Appendix X for a brief description of these activities.)</li> </ul>	<ul style="list-style-type: none"> <li>• Applicants in Y1 and Y2 rate program and interview process high on informal survey (mean=6.1 on 7-point scale, n=25) (See Appendix A – table 1)</li> <li>• Solicited feedback from faculty reveals positive attitudes about interview protocol (e.g., “enables balanced consideration of applicants' attributes”). (See Appendix A – Table 2 for summary of survey.)</li> <li>• Successful match every year (lowest ranked applicant in past 4 years was 12 for a program of 7; got top 7 of 7 choices in match, Year1 and Year2).</li> </ul>

Y1-Y3	2. Developed and administered “resident-centered” curriculum.	
	<ul style="list-style-type: none"> <li>• Surveyed residents as to perceived gaps in educational process</li> <li>• Initiated new conference series to fill specific content gaps.</li> <li>• Introduced interactive teaching methods and encouraged/assisted teaching faculty to adopt them.</li> <li>• Revised curriculum objectives in response to learners' feedback and/or to update educational topics.</li> <li>• Established board prep experience/course, including mock examination with “outside board examiners” from other programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Additions to curriculum introduced beginning in Year1 continue today with positive ratings from residents.</li> <li>• 50% of faculty consistently use interactive teaching (e.g., questioning techniques and methods).</li> <li>• Successful self-study and formal faculty development review in Year1. Written feedback suggests that quality of curriculum added to positive outcome. (See Appendix B for summary of feedback from faculty development committee.)</li> <li>• Residents’ performance on board exam has exceeded expectations (i.e., 100% pass rate last 5 years).</li> </ul>
Y1-Y8	3. Served as mentor/coach to residents, challenging and assisting them to excel as clinicians, teachers, and learners.	
	<ul style="list-style-type: none"> <li>• Helped residents in difficulty resolve underlying issues.</li> <li>• Coordinated faculty response to residents needing special assistance.</li> <li>• Assisted residents in getting their fellowship and/or medical practice of their choice.</li> </ul>	<ul style="list-style-type: none"> <li>• Unsolicited letter from graduate, expressing appreciation for help given through mentoring relationship. See Appendix C.</li> <li>• No resident was dismissed or withdrew from program in last 5 years.</li> <li>• Majority of residents in the last 5 years have gotten their number one choices.</li> </ul>
<b>Member, Medical School Curriculum Committee and/or Subcommittees (Year1-Year6)</b>		
Y1-Y3	1. Served on subcommittee that designed and implemented the Integrative Clinical Experiences Elective (ICE)	
	<ul style="list-style-type: none"> <li>• Represented interests of specialty on subcommittee.</li> <li>• Helped write learning objectives for elective.</li> <li>• Negotiated department involvement in teaching.</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment exceeded expectations first year (over 80 students signed up with additional students on waiting list.)</li> <li>• Learner evaluations indicate that learning objectives are met. (See Appendix D)</li> </ul>
Y1-Y2	2. Served on subcommittee that designed and implemented Academic Half Day for 2 <sup>nd</sup> -year students. (Initially called Spring II then called Clinical Applications of Biomedical Sciences--CABS)	
	<ul style="list-style-type: none"> <li>• Represented interests of department on subcommittee.</li> <li>• Wrote learning objectives for specialty.</li> <li>• Helped establish and revise overall schedule.</li> </ul>	<ul style="list-style-type: none"> <li>• Specialty portion of course consistently receives highest ratings from learners. (Mean for specialty for last 4 years was .3 points higher than mean for other specialty areas. See Appendix E.)</li> </ul>
<b>Charter Member, National Medical Student Educators Group within Professional Society (Year1-Year3)</b>		
Y1-Y2	1. Helped organize first annual meeting.	
	<ul style="list-style-type: none"> <li>• Served as member of informal discussion which gave birth to idea and allowed idea to become a reality.</li> <li>• Served as liaison to director of professional society to schedule and advertise the meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Twenty-five individuals attended first meeting.</li> <li>• Attendance at annual meeting has increased every year.</li> </ul>
Y1-Y2	2. Participated in planning of organizational structure for group.	
	<ul style="list-style-type: none"> <li>• Served as member of committee formed at first meeting to establish organizational bylaws</li> </ul>	<ul style="list-style-type: none"> <li>• Invited to chair committee (declined due to professional commitments at COM).</li> <li>• By-laws accepted and continue in use without substantial change.</li> </ul>

<b>Member of Board of Directors, National Youth Leadership Organization (Year1-Year2) See Appendix X for more information about the National Youth Leadership Organization.</b>			
Y1-Y3	<p>1. Advisor of 8-member coordinating committee.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Organized and conducted 6 committee meetings per year to discuss educational content and methodologies.</li> <li>• Identified and facilitated recruiting of distinguished educators and private health care providers to teach program content.</li> <li>• Coordinated work of subcommittees (e.g., summer course, recruitment).</li> <li>• Identified and recruited residents to talk to students</li> <li>• Implemented rotation of leadership assignments with colleagues from my COM.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Positive written comments from students rating different section (See Appendix F for sampling)</li> <li>• Students gave overall course critique, tabulated and statistically analyzed. Averaged 7.8 out of possible 10 which compares favorably with 8 national programs.</li> <li>• Recognized at national level for approach to research component (See unsolicited letter in Appendix C)</li> <li>• Letter of appreciation from program director (See Appendix C).</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Organized and conducted 6 committee meetings per year to discuss educational content and methodologies.</li> <li>• Identified and facilitated recruiting of distinguished educators and private health care providers to teach program content.</li> <li>• Coordinated work of subcommittees (e.g., summer course, recruitment).</li> <li>• Identified and recruited residents to talk to students</li> <li>• Implemented rotation of leadership assignments with colleagues from my COM.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive written comments from students rating different section (See Appendix F for sampling)</li> <li>• Students gave overall course critique, tabulated and statistically analyzed. Averaged 7.8 out of possible 10 which compares favorably with 8 national programs.</li> <li>• Recognized at national level for approach to research component (See unsolicited letter in Appendix C)</li> <li>• Letter of appreciation from program director (See Appendix C).</li> </ul>
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<b>Discussion of Breadth</b>			
<p>I have been involved in a variety of leadership activities in courses, organizations, and committees on the local, regional and national levels. These include the residency program in my department, osteopathic medical school committees, and a national youth leadership organization for high school students.</p>			

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## Personal Statement

This page contains the entire personal statement. The personal statement is included here to illustrate how to write a personal statement. Note how the statement makes reference to the individual's goals and/or philosophy as an educational leader, preparation, ongoing efforts to improve, and to share strategies, experiences, lessons learned, etc. to benefit others. You should limit your personal statement to 2 pages.

Over the years, I have had a variety of leadership experiences in medicine, the community, public schools, and national organizations. From these experiences, I have learned that the principles of effective leadership are similar across settings. Effective leadership includes having a guiding philosophy with clear goals, a foundation of preparation for leadership, and sharing what you know.

Osteopathic medicine has a guiding philosophy that keeps the patient in the center of everything that we do. My teaching model changes based on the learner or patient that I am influencing. I always strive to understand what is doable. Students need to be grounded on what they can accomplish, and provide realistic interventions. If my students are identified as having a heads up approach and focusing on the people they care for then I have accomplished my goals.

When I leave this life, I want to be remembered foremost as having been a great medical educator. I have spent much of my career refining my teaching and leadership skills and devoting my time to many ages and levels of learners. This knowledge base of skills has served me well as I have functioned in a number of leadership capacities such as lecturer, co-director in a residency program and on educational committees. For example, as an instructor, I once gave a lecture to 2nd year medical students that had been carefully prepared for residents. I discovered that the medical students were unprepared to receive the material presented on that level. After reflecting on feedback from the students and colleagues, I recognized the importance of adapting my lectures to the needs of different

levels of learners. I have since, in leadership and mentoring roles, shared the implications of this discovery and the changes I made in my approach to teaching with many colleagues.

As I have thought about my goals and philosophy of leadership, I recognize that most have been established as a result of emulating leaders that I admire and the old-fashioned technique of trial and error. As a leader, my aim is to foster a supportive, collegial working atmosphere, sharing both the work-related responsibilities and the credit for achievements. As a course director, my goal is to collaborate with course instructors and to be innovative in developing new and interesting methods and techniques to meet the needs of the learner. I facilitate the means, through surveys, focus groups, and learner assessments, to provide meaningful feedback from learners to the instructors so that they can evaluate their course goals and teaching methods. To capitalize on the feedback, I feel that it is important to be open-minded and flexible enough to make adjustments in the course. For example, in a course for osteopathic medical students, we implemented major changes in the approach to teaching the material, as a response to learner feedback. To generate more interest and enthusiasm for the course, we reduced the number of lecture hours and employed small group activities. Our methods evolved from strictly a basic science lecture approach to a more interactive clinical approach. This not only increased the level of involvement, but it also helped the students appreciate how the content was relevant and meaningful to them and useful in patient care.

I believe that change can be more effectively influenced by being actively involved, rather than attacking from the outside. I do all I can to keep current with innovative ideas and changes in medical education and to meaningfully involve others in the process of change, as it is needed. Consequently, I use my influence to encourage my colleagues to develop their skills in leadership. I provide time and opportunities for instructors to participate in CME courses, the Master Teachers' Fellowship Program, and other education courses. For example, twenty five percent of the faculty in our department are MTFP graduates, which is proportionately higher than most departments. I also build in time for one-on-one mentoring. When faculty in my department are given a new assignment, the first thing we do is discuss their responsibilities. Then, they observe me in that area of responsibility and give me feedback on my performance. As we talk about their observations, I share my view of the experience and some of what I have learned from past experiences. And finally, I become the observer, after which we have another discussion where I give my feedback. My overall approach to education is to inspire rather than to intimidate. Because of my great enthusiasm for my work, I thoroughly enjoy these mentoring experiences. I believe that I profit as much from these sessions as do my colleagues.

In preparation to be a leader, I participated in the Master Teachers' Fellowship Program (MTFP). I found that the MTFP enhanced my leadership skills in many ways. I have become increasingly comfortable about consulting with colleagues in educational leadership in the same way I might consult with another physician in my practice. Through the MTFP, I was introduced to alternate teaching methods, which as a leader, I try to be a model for others. I honed my skills in giving feedback in constructive rather than destructive ways through the MTFP, enhancing my abilities to be an informed and effective leader. I also attended Harvard's 12-day course on development and leadership.

I have made some major adjustments as a result of my ongoing personal reflection as a process for improvement. Earlier in my career, I might have entered a meeting prepared to present my ideas and convince the group of the wisdom of my approach. Now, after much

experience and reflection, my leadership style has changed. I provide the organizational framework for meetings and do my part to facilitate a collegial atmosphere that helps the group function, so that we can make decisions based on the strength of collaboration.

In my leadership experience, the responsibilities of being a teacher and a leader seem to overlap and are inseparable, making it difficult to think about how to convey the most significant results of my sharing my leadership skills. As an educational leader, I have been invited to present at national meetings on many more education related topics than scientific topics. As both a chair and a member of committees, I have been instrumental in the planning and organizing of medical education events at both national and local levels.

In conclusion, let me stress that the leadership experiences that mean the most to me are (and always will be) products of every day, one-on-one encounters with people I care about.

## Appendices/Documentation

Documentation in appendices to support statements of quantity and quality in the structured summary is not provided for this example. (See description of the contents of the appendices below). However, you should include such documentation in your mini-portfolio, keeping within the limit of 25 pages (13 pages front and back).

Be sure to make clear reference to the documentation on your summary page by number or name (e.g., “See Appendix A”). If you refer to learner assessments, you should include a **summary** of the forms you received giving you those assessments. The documentation you provide will enable the primary and secondary reviewers to “audit” the quality information your includes in your structured summary.

### Table of Appendices

The following table lists the elements that would have been included in this portfolio had it been from an actual faculty submission for the award.	
Appendix A	<input checked="" type="checkbox"/> Table 1: summary of results of applicant survey <input checked="" type="checkbox"/> Table 2: summary of results of faculty survey
Appendix B	<input checked="" type="checkbox"/> Summary of report from RRC review
Appendix C	<input checked="" type="checkbox"/> Unsolicited letter from graduate <input checked="" type="checkbox"/> Unsolicited letter from leader of national “mother” organization <input checked="" type="checkbox"/> Letter of appreciation from local program director.
Appendix D	<input checked="" type="checkbox"/> Table of end-of-elective evaluations
Appendix E	<input checked="" type="checkbox"/> Table of learner ratings comparing various aspects of course

## Curriculum Vitae

A curriculum vitae is not included in this example, but would be if it were an actual portfolio. The CV, in standard format, allows primary and secondary reviewers to “audit” statements in the structured summary.