

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 involved in courses and committees at the undergraduate, graduate, and CME levels.

Personal Statement	
Goals and/or Philosophy	<ul style="list-style-type: none"> • Create an environment that enables learners to reach their maximum potential • Create opportunities for students to practice holistic, patient centered medicine across disciplines and have cause to learn medicine broadly • Provide elements that help learners succeed (i.e. one-on one coaching, teaching rounds, effective administration systems)
Preparation/ Ongoing Reflection	<ul style="list-style-type: none"> • Participation in educational seminars • Keep abreast of new educational theories and practices through current literature • Participation in leadership of two national-level educational workshops in which osteopathic principles were reviewed and related to the full continuum of medical education
Sharing Leadership Strategies and/or Experiences with Peers	<ul style="list-style-type: none"> • Establish collegial, mutually supportive relationships with other educational leaders • Share and receive ideas about specific solutions to organizational and/or programmatic issues • Contribute to the osteopathic profession through annual educators’ meetings and selected listservs

Dates	Descriptions relative to quantity	Descriptions relative to quality
Position: Director of Medical Students Selective for Department (Year1-Year5) (60-70% of students take the 2-week selective; average enrollment is 8-10 students)		
Y1-Y2	1. Led faculty effort to identify learning objectives for selective. <ul style="list-style-type: none"> • 4 one-hour meetings of 3 faculty • involved educational specialist as consultant 	<ul style="list-style-type: none"> • consensus of faculty about 25 key objectives, organized into 4 categories • email from educator consultant commenting on quality of process and outcome (see Appendix A). • average student ratings of clarity and value of learning objectives consistently above 4.5 on a 5-point scale (n=25 over 3 years; see Appendix B – Table 1) • positive comments from learners their perception of impact of objectives (See Appendix B – Table 2)
	Y1-Y2	2. Facilitated development of a series of cases to complement clinical exposures to ensure coverage of learning objectives <ul style="list-style-type: none"> • personally wrote cases (approximately 100 hours work over 3 months) that crossed discipline lines and included musculoskeletal medicine • solicited 2 faculty volunteers to provide peer review • tested and revised with learners on selective

Standard-setting Example #2 Educational Leadership

Y1-Y2	3. Assisted with design/implementation of a lecture series integrated across the clinical selectives	
	<ul style="list-style-type: none"> attended 3 1-hour meetings and represented interests of department recruited 3 faculty from department to give lectures oversaw ongoing participation of faculty to ensure effectiveness 	<ul style="list-style-type: none"> consistent participation by faculty volunteers (suggesting effectiveness of schedule) curriculum committee confirmed lecture series meets needs informal learner feedback that lecture series is well-received by learners (see Appendix A).
Position: Coordinator for Departmental Electives (Year1-Year3)		
Y1-Y2	1. Led subcommittee of 3 faculty in a review of elective offerings by department	
	<ul style="list-style-type: none"> conducted 4 2-hour meetings over 6 month period coordinated review of student participation in departmental electives for the past 5 years surveyed 20 clinical faculty in department and compiled results 	<ul style="list-style-type: none"> needs assessment results used to eliminate outdated electives and to identify where new electives are needed results of needs assessment survey accepted after peer review of abstract and presented at AACOM annual meeting
Y1-Y2	2. Helped initiate and gain approval for 3 new elective offerings	
	<ul style="list-style-type: none"> recruited 6 faculty (2/elective) led faculty in effort to establish goals for elective prepared written description for elective catalog 	<ul style="list-style-type: none"> electives filled (4 students per offering for 2 years) two students completing elective matched as residents in Year1 and one student in Year2
Position: Chair Curriculum Reform Task Force (Year1-Year3)		
Y1-Y2	1. Conducted needs assessment	
	<ul style="list-style-type: none"> held 10 1-hour meetings with committee of 7 faculty over 12-month period held two focus groups with 6 students to obtain their perspective about issues 	<ul style="list-style-type: none"> results of needs assessment presented to curriculum committee; results guided planning and implementation of change solicited letter from member of committee who reflected on methods and outcomes of task force and my role as chair to ensure its success (see Appendix A)
Y1-Y2	2. Developed proposal for changes in courses	
	<ul style="list-style-type: none"> held 10 meetings with committee of 6 faculty over 15 month period prepared, presented and revised written proposal after several iterations Emphasized distinctive osteopathic features in curriculum including musculoskeletal medicine and the biopsychosocial model 	<ul style="list-style-type: none"> Recommendations well received by curriculum committee. (See letter from chair of curriculum committee in Appendix A which speaks to value and quality of recommendations) majority of recommendations implemented in new curriculum in Year1 and only modestly modified in interim
Position: Director CME course (Year1-Year3)		
Y1	1. Designed 2-day course (12 1-hour sessions involving 12-15 faculty/year; 100-120 participants/year)	
	<ul style="list-style-type: none"> conducted informal on-line needs assessment of potential participants and established 10 goals and objectives for course recruited 5 nationally recognized speakers and 10 COM faculty; oriented them to goals for session coordinated logistics with CME office 	<ul style="list-style-type: none"> 80%-90% of participants indicate on post course evaluation that session objectives are met Average overall rating for course is consistently above 4.5 on 5-point scale (n=70-90 evals/year).(See Appendix B – Table 4) Unsolicited letter from course participant expressing high regard for course organization and preparation of speakers (See Appendix A).

Y1	<p>2. Introduced innovative interactive session format, modeled after Team Learning</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • consulted with 2 Team Learning experts at Baylor to plan and prepare materials for session • consulted with CME evaluator to plan and implement evaluation of format <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • session implemented as planned, resulting in significantly greater levels of perceived interactivity (See Appendix C). • post-test survey results reveal interactive session increased participants perception of learning gains (See Appendix C) • post-test survey results reveal interactive session was viewed as a positive addition to conference by over 50% of participants (See Appendix C). 	
Position: Member Medical School Admissions Committee (Year1-Year7)		
Y1-Y7	<p>1. Contributed to implementation of new admissions procedure</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • served on ad hoc sub group of admissions committee to plan changes to admissions interview process • piloted use of new procedure before fully implemented • participated in full implementation and provided feedback about impact on interview process <li style="display: inline-block; width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> • new procedure allows MCAT and grades to be de-emphasized in interview, allows for other attributes to be explored with less bias. • Pursued applicants with strong interest in osteopathic medicine likely to practice primary care. • MCAT scores and grades have remained high (and actually have increased in the last two years) 	
Discussion of Breadth		
<p>While my efforts have been concentrated on medical students, I have been involved in a variety of different positions from Director of Selectives and Electives, Director of CME courses, and Chair of Curriculum Subcommittees. More importantly, I have been engaged in a diversity of leadership activities within these positions involving faculty, administration, and students.</p>		

Personal Statement

This page contains the entire personal statement (see below). 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.

Introduction

I chose academic medicine because I wanted to be directly involved in the training of new physicians. With this interest, I have been fairly assertive over the years in getting involved in medical student education at both the preclinical and clinical levels. During the past 5 years, I have served as Director of Medical Students Selective for our department; I have been Coordinator for Departmental Electives; I have actively participated on numerous college-level committees for medical student education; and I have organized and directed a 2-day CME course for my discipline.

Background and Preparation

I gained an interest in education while a college student when I had an incredible physics course and a terrible biology course in the same semester. I thought a great deal about what made the two courses so different and what it would take to improve the biology course. This led me to take several education courses for non-majors, including one focusing on instructional design and leadership. As an osteopathic medical student I volunteered for and was selected to serve on the school's curriculum committee, solidifying my enthusiasm for academic medicine. This interest was augmented in residency training as I took advantage of several opportunities to participate in educational seminars in an attempt to improve my own teaching abilities and to prepare for a leadership role as chief resident.

In an effort to keep abreast of new educational theories and practices since becoming a faculty member, I have subscribed to and consistently read portions of Academic Medicine. I have participated in two workshops about education at the national level, one specifically designed for educational leadership. In both workshops I led a discussion about the applications of osteopathic principles in osteopathic medical education over the full curriculum.

Goals

My overarching goal as an educational leader is to help create an environment that enables learners to reach their maximum potential. I like to think about this environment as a balance between "challenge" and "support". Challenge refers to the opportunities I create for students to practice and/or to enable them to learn new things. In this respect, I like my learners to be forced out of their comfort zone on a daily basis. Support refers to the elements of the environment I provide which help learners to succeed, such as my informal one-on-one coaching, formal teaching rounds, and effective administrative systems.

Leadership as Scholarship

Being a leader in educational efforts can be a demanding responsibility. My tasks have been made increasingly difficult with the increased demands on faculty time from patient care. I have trouble protecting my own time to work on program issues. I also have trouble getting

faculty to spend the same amount of time teaching as they used to. My response to this challenge has been to work smarter, not harder. To do this, I have established collegial, mutually supportive relationships with other educational leaders, both in and outside of the osteopathic community. Through this network, I share and receive ideas about specific solutions to organizational and/or programmatic issues.

Appendix/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	Letters from: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> email from educator consultant/observer which comments on quality of leadership methods observed. <input checked="" type="checkbox"/> unsolicited email from faculty members about the impact of a innovation <input checked="" type="checkbox"/> email from student representative expressing value of lecture series <input checked="" type="checkbox"/> solicited letter from committee member about leadership of committee <input checked="" type="checkbox"/> letter from chair of Curriculum Committee <input checked="" type="checkbox"/> unsolicited letter from course participant about quality of 2-day CME course
Appendix B	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Table 1 student ratings from three years <input checked="" type="checkbox"/> Table 2 representative comments from evaluation about impact of objectives <input checked="" type="checkbox"/> Table 3 summary of ratings of cases <input checked="" type="checkbox"/> Table 4 new course evaluations
Appendix C	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> page from program listing date and time of national presentation <input checked="" type="checkbox"/> summary of results presented at national meeting about impact of innovation

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.