

Standard –Setting Example # 1

Structured Summary (limit to 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: PhD in basic science department who participates in both medical school and graduate school courses and committees.

Personal Statement	
Goals and/or Philosophy	<ul style="list-style-type: none"> • Be a team player by being responsive to needs of learners, administration, and colleagues in a collaborative manner. • Serve whenever possible as effective role model and peer mentor. • Help others realize their potential as teachers and leaders. • Build leadership activities on foundation of consistent and effective management activities.
Preparation/Ongoing Reflection	<ul style="list-style-type: none"> • Obtained a Certificate in Medical Education • Actively seek feedback from learners, faculty, and peers. • Use feedback to guide self-reflection and improvement.
Sharing Leadership Strategies and/or Experiences with Peers	<ul style="list-style-type: none"> • Serve as mentor to peer faculty. • Share experience as part of mentor role with entire faculty body. • Selected to serve with school’s peer mentoring and review initiative.

Dates	Descriptions relative to quantity	Descriptions relative to quality
Position: Director of Preclinical Curriculum Course (Year1-Year5)		
Y1-Y4	<p>1. Coordinated major revisions to course in accordance with directives from curriculum committee as part of the Year1 curriculum reforms</p> <p>Negotiated reductions in hours with administration/course directors in order to satisfy goals of reform without sacrificing integrity of my discipline.</p> <p>Led discussions among faculty participating in the course about revisions to course objectives, instructional strategies, and allocation of hours.</p> <p>Frequently met with focus groups of students after new curriculum was implemented to make mid-course improvements and to address learners’ concerns.</p>	<ul style="list-style-type: none"> • Implementation of new curriculum occurred on schedule. • Letter of appreciation from Associate Dean for Medical Education noting the positive impact of my involvement in the outcomes of the reform process. (See Appendix A) • End-of-course evaluations from learners remained stable before and after reform (ranging between 5.3 and 5.6 on a 7-point scale; n = 100-120). Through written comments and higher ratings, these evaluations reveal that students particularly recognized and appreciated our efforts to integrate course material with other courses and to shift focus away from trivia to core concepts. (See Appendix B).

Y1-Y2	2. Implemented less didactic, small group session format	
Y1-Y4	3. Integrated OPP course within the current doctoring course	
Position: Director of two Graduate School Courses (Year1-Year6)		
Y1-Y6	1. Designed, implemented, and directed new course on osteopathic theory in research (4-6 students per year)	
Y1-Y6	2. Directed, evaluated and revised existing course (8-12 students per year)	
Position: Member Medical School Curriculum Committee (Year1-Year2)		
Y1-Y2	1. Presented set of recommendations to the curriculum committee about changes to several fundamental aspects of curriculum governance (See Appendix X for details.)	

Position: Member Peer Review Task Force (Year1-Year2)		
Y1-Y2	1. Contributed to writing of two task force reports	
	<ul style="list-style-type: none"> Regularly attended and actively participated in 90-minute meetings with 6 other members (total of 6-8 meetings per year). Critiqued and helped edit multiple drafts of task force report, using my experience as peer mentor to faculty within course as 	<ul style="list-style-type: none"> Task force reports were presented to appropriate university officials and accepted. Has led to development of Educator Consultation Program.
Y1	2. Participated in pilot of peer mentoring and review designed to gain credibility for activity	
	<ul style="list-style-type: none"> Observed faculty on multiple occasions and provided feedback to individuals observed. A third party then interviewed individuals observed to evaluate value of the process. 	<ul style="list-style-type: none"> Results contributed to ongoing work of task force (see solicited email from chair of task force in Appendix A).
Position: Chair (Year1-Year4)/member (Year1-Year2) of Allied Health Promotions Committee		
Y1-Y2	1. Recruited 3 new faculty to committee (10 total members in committee)	
	<ul style="list-style-type: none"> Approached and "interviewed" 5 faculty. Invited faculty with greatest commitment and experience to participate. 	<ul style="list-style-type: none"> Faculty agreed to serve and they served well.
Y1-Y2	2. Oversaw revisions to promotions criteria and procedures	
	<ul style="list-style-type: none"> Identified need to revise policies. Organized discussion of issues and possible solutions. Helped formalize final recommendations for revisions. Gained approved for recommendations. 	<ul style="list-style-type: none"> Committee recognized need for change and supported final recommendation. Criteria and procedures resolved issues they were designed to address (see solicited letter from current director of PA program confirming their effectiveness in Appendix A).
Position: Member of medical school promotions committee (Year1-Year8)		
Y1-Y2	1. Served on liaison committee (between promotions and curriculum) when fixed grading scale was established	
	<ul style="list-style-type: none"> Actively contributed to discussion. Became strong advocate of adopted recommendations, given disparity in grading procedures among preclinical courses. 	<ul style="list-style-type: none"> New grading scale has been in place since being adopted, without major revision.
Discussion of Breadth		
<p>My educational leadership roles have spanned three major program areas: graduate school, allied health and medical school. These roles have ranged from course director to committee member/chair. The activities have involved negotiating consensus, creating collaboration, leading focus groups, using instructional design strategies, implementing training programs, conducting evaluations, recruiting faculty, organizing meetings, serving as liaison between groups, managing multi-step projects, and writing recommendations and reports. The beneficiaries of my leadership activities have included learners, faculty, and administration.</p>		

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. The personal statement should be limited to 2 pages.

Path To Leadership

I didn't start my career in academic medicine with the intent of becoming an educational leader. In fact, initially I wasn't committed to any substantive role in education because my entire focus was research. Nevertheless, about the time my research program stabilized with a sequence of federal grants, my interest in education was aroused. I was first involved as a lecturer, then I became a director of a medical school course, and eventually I participated in several school committees.

My tenure as a medical educator began when I responded to an invitation to teach in a course offered by another institution in the medical center. Had I not had the encouragement and support of several mentors, I would have quit after that first attempt. However, over the years, I was able to improve my teaching dramatically, through careful attention to mentor feedback, student comments, and my own perceptions of what worked and what didn't. I also became heavily involved in teaching in the osteopathic profession. After several years, and, as I began to receive teaching awards, my confidence increased and my reputation as a medical educator was established. This led to increased involvement in education, including the responsibility to direct a preclinical course in which I had been teaching and to participate on the curriculum committee. Not long after agreeing to serve in these roles, my institution initiated major reform of its preclinical curriculum. I saw this as an opportunity to create substantive change by integrating OPP/OTM into the existing doctoring course thus creating for students a diagnosis and treatment course that is truly osteopathic. By energetically contributing to these reform activities, I solidified my role as an educational leader.

Goals Regarding Leadership Activities

I believe that the goal of medical education is to help students acquire the knowledge, skills, and attitudes they will need to become competent and caring practitioners. I believe this aligns well with the osteopathic philosophy of mind, body and spirit interactions. Accomplishing this mission requires a juggling act in which educational leaders must translate educational experiences for the learner into curriculum goals, lesson plans, and assessments. At the same time, it requires a responsiveness to students' needs, interests and expectations. My overarching goal as an educational leader has been to achieve and sustain a balance between the demands of my discipline, collaboration with my peers and the needs of students. I learned long ago that there is too much material for students to learn it all. I also learned that students won't retain very much of what they are taught unless they have a strong conceptual foundation with which to organize it. I have sought, therefore, to create a course that focuses on foundational concepts, integrates well with other courses, and provides a challenging but supportive learning environment. Under the umbrella of this overarching goal, I have numerous specific goals, of which I will focus on three.

First, I strive to be a team player. As a leader, I recognize that I cannot operate in a vacuum. In my roles as a course director and committee participant, I have tried to be responsive to administration and other course directors, always putting the greatest good for the students ahead of my own interests. This goal was particularly important, albeit difficult to obtain, during the negotiations leading up to the new curriculum implemented in Year 1. I tried to meet the goals of curriculum leaders to reduce lecture time and increase integration across disciplines, without sacrificing the integrity of my own discipline and the rigor in which it was taught.

Second, I strive to mentor other faculty to help them realize their potential as educators, both as teachers and leaders. Most often this mentorship role is manifest within my course, as I observe and advise faculty who lecture for me. I try to model good teaching techniques as well as an openness to new ideas and critical feedback. I also strive to be a mentor to faculty in other departments. For example, I served on a committee that helped launch current peer mentoring and review services.

Third, I strive to be an effective and fair manager. Running a course requires leadership (e.g., forward thinking, planning, anticipation of the future). It also requires day-to-day problem-solving and oversight of fairly mundane activities such as scheduling, exam scoring, and grade reporting. I believe that students deserve a well-run course where students are informed and where administrative details are handled fairly and in a timely manner.

Past And Ongoing Preparation To Be An Effective Leader

A turning point for me as an educational leader was my involvement in a Certificate in Medical Education program. During the course work, I was able to consolidate my thinking about basic principles of instructional design (e.g., writing instructional objectives) and learning strategies (e.g., active versus passive learning). I gained a greater appreciation for the science underlying education. I also developed a greater appreciation for networking with other educational leaders. Since participating in the program, I have much more frequently approached other faculty for advice and assistance about leadership/management issues.

As a course director, I have always tried to use test results and feedback from learners to inform my decisions about course design from one year to the next. I have sought feedback either through student focus groups or through end-of-course evaluations. I have found that since my medical education training, I have become a more savvy consumer of learner comments. I have felt more comfortable interpreting comments to identify which of them require some action on my part and which reflect inappropriate student expectations.

As a committee chair and/or participant, I have sought to enhance my performance through self-reflection which has been informed by solicited and unsolicited feedback from administration and colleagues. After important committee actions are completed, I have reflected on the nature of the action taken, the process used, and outcomes achieved with an eye to learning from the experience and preparing to use more effective processes in the future.

How has the osteopathic patient-centered philosophy and practice of medicine influenced your aspirations as an educator? How have you implemented these aspirations in your career? How have you helped to define the distinctiveness of osteopathic medical education?

I feel fortunate to have followed a path leading to osteopathic medical education. As stated above, I feel that the osteopathic principles directly correlate not only with the clinical training needed by our students but also with the educational principles I use on a daily basis. In facilitating the revision of the doctoring course to integrate OPP/OTM with physical exam skills, communication, etc. I feel that I have provided curriculum that demonstrates to students the true osteopathic approach to every patient. This will become part of their practice habit. Further, adding a course on osteopathic theory for research students has the potential not only to influence the thinking of these future researchers to think more osteopathically but also to encourage research into osteopathic treatments and methods. I have presented both of these initiatives at national meetings in both the osteopathic and allopathic worlds. I hope that I am making small strides in defining osteopathic medical education through this work.

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 you 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: Associate Dean for Medical Education Director commenting on invited presentations to pilot curriculum revision project Chair of Curriculum Committee Chair of peer review task force Director of PA Program
Appendix B	Summary table of end-of-course evaluations (evaluations by year and average across years); also includes average of all other courses Table of learner’s evaluations of special curriculum innovation
Appendix C	Table with learners evaluations of faculty recruited to course (names of faculty are deleted)
Appendix D	Copy of front page of the website for the Educational Consultation Pool Copy of cover page of peer review task force report with task force members listed.

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.