

## **Guide to Writing Your Cover Letter: Section on *Teaching Activities***

The “Teaching” section of your cover letter is the place where you describe the effectiveness and impact of your teaching and mentoring activities. Especially if you are seeking a rating of “excellence” in teaching, your cover letter should clearly summarize your efforts and accomplishments in all applicable areas: didactic, bedside, or small group teaching; mentorship of students, residents, fellows or junior faculty; supervision of learners in classroom, clinical, research, and community settings; development of innovative curricula or instructional methods or materials; course or curriculum leadership or other administrative service in support of teaching; awards or other recognition for teaching or mentoring excellence; educational scholarship and research; and (if applicable), your national or international reputation as a leader in education.

As you begin to draft your cover letter, remember that teaching is defined broadly. The School of Medicine recognizes the teaching of undergraduate students, graduate students, residents, fellows, and health care providers in all health professions. Teaching also includes leadership or significant contributions to courses, service-learning activities, or other educational programs that focus on health disparities, socioeconomic determinants of health, and teaching in unusually challenging circumstances (for example, during a disaster or public health emergency, in remote or resource- constrained communities or countries, or teaching special needs learners).

As outlined in the [Cover Letter Templates](#) (for the Tenured/Tenure-Eligible and Clinical Practice Tracks), you should begin the “Teaching” section of your cover letter by briefly describing the focus of your work and your priorities and accomplishments as a teacher. You should not describe every teaching activity; rather, emphasize the most impactful activities, such as those that are repeated, that account for a significant portion of your time, that you initiated or led, that were innovative, or that were particularly effective. Teaching evaluations (from learners, mentees, or from peers who have observed your classroom or other teaching) will be part of your supplemental materials.

Depending on your teaching roles and responsibilities, your cover letter may include any of the following (examples are provided in the last section of this guide):

Didactic teaching: Describe your principal roles as a lecturer, laboratory or small group leader, or presenter at grand rounds, research seminars, or journal clubs. Highlight novel lectures that reflect your content and teaching expertise and that have been well-received.

Clinical teaching activities (e.g., bedside rounds, ward attending, ambulatory care preceptor).

Mentorship: Describe your principal activities as a mentor for students, residents, fellows or graduate trainees, or junior faculty. Highlight your role as a research or scholarship mentor, thesis director or thesis committee member, or other mentoring activity. You should consider submitting a table or bulleted list of your mentees’ achievements, including publications, grants, national presentations, awards or current positions in your Supplemental Materials.

Educational leadership, service, and administration: Describe the courses, clerkships, or training programs that you have developed or have directed or co-directed. Describe major curriculum committees you have led or on which you have participated. Mention national service in support of teaching, such as serving as a board examiner or writing exam questions, participating on residency review or curriculum committees, or leading faculty development programs.

A Note About Documenting Service: Since there is no separate pathway to promotion that directly rewards service activities, you should include your most impactful service activities in the relevant section of your cover letter. For example, leading a curriculum committee or directing a service-learning course should be highlighted in the teaching section. Directing a pipeline mentoring program for aspiring high school scientists or serving as a member of the editorial board for an education journal are also examples of service activities that should be described in the teaching section of your cover letter.

Regional or national education-focused activities: These may include CME presentations, visiting

professorships, regional or national lectures, or service on national committees or other task forces.

**Self-study and improvement:** If significant, you may mention workshops or fellowships you have attended aimed at improving your skills and effectiveness as a teacher.

**Teaching honors or awards:** If you have received or been nominated for one or more teaching or mentoring awards, you may mention these in your cover letter, although documentation in your C.V. is sufficient and should be cited in your Personalized Promotions Matrix. Should you choose to mention these in your cover letter, you might state, *Over the past 5 years, since my appointment as Assistant Professor, I have received 5 teaching awards from students, residents, and fellows; details provided on page 19 of my C.V..*

**Teaching evaluations:** In the teaching section of your cover letter, you should summarize evidence of your teaching and mentoring effectiveness, typically referring to evaluations from learners. Then, you will include actual teaching evaluations or other documents that attest to your teaching effectiveness in your Supplemental Materials. For instance, you might write: *I have always received excellent evaluations from my peers as well as from interns and residents, for both bedside teaching and didactic lectures. The residents regularly report that I provide immediate feedback to them at the end of their clinical shifts, and that I give helpful advice on their monthly evaluations. My teaching evaluations for 2020 – 2025 are included in my Supplemental Materials.*

**Curriculum innovation and teaching scholarship:** Describe your creative work in developing or revising high-quality syllabi, innovative competency-based curricula, laboratory exercises, patient care simulations, problem-based or team-based learning exercises, online courses, educational podcasts, evaluation tools, or other instructional materials. Also, describe your education-oriented research and other scholarly activities, education-focused publications and grants, and other creative work that has led to new understandings of the best methods, or outcomes, of teaching.

**Note:** If you describe your teaching scholarship in the “Research or Other Scholarly Activity” section of your cover letter, do not repeat the details here. Simply state, *This work is described in more detail in the “Research or Other Scholarly Activity” section of my cover letter.*

With respect to documenting your teaching scholarship, remember that educational scholarship is more than being “an excellent teacher.” To be considered educational scholarship, your work must extend beyond the classroom or the clinic; it must reflect creativity, leadership, and a rigorous scholarly approach.<sup>1</sup> Further, you must be able to show tangible products of scholarship. You may include more detailed descriptions of your scholarly products in your supplemental materials, or you may provide links to these documents in your cover letter. For more information about the criteria for demonstrating educational scholarship, see the Defining Scholarship document on the Dossier Preparation website.

In preparing the Teaching section of your cover letter, remember that your goal is to summarize and explain the highlights of your career as an educator, whether you are seeking promotion in the Clinical Practice or the Tenured/Tenure-Eligible Track. Refer to the [Cover Letter Templates](#) for a suggested format for your cover letter. Additional guidelines and examples are included below.

## **Examples**

### **Didactic Teaching: Seminars and Journal Clubs**

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<sup>1</sup> To document teaching scholarship, you may include a description of the objectives, methods, content, and impact in your supplemental materials, highlighting the following elements: a) clear objectives (*What need or gap in curriculum did the course or program fill?*); b) how the content of course was developed (literature, consensus, national guidelines, assessments of needs of learners); c) appropriate teaching methods (*What techniques were selected, and why?*); d) significant results (for example, numbers of learners, test scores, measures of learning, evaluations, and feedback; dissemination (for example, through publications, presentations, or incorporation into existing curricula); e) reviewable scholarly “products;” and f) a description of your leadership role as a faculty member.

- Biomedical Sciences Core Course (IDPT 7801): *How Proteins are Studied: NMR Spectroscopy*. I directed this lecture- and laboratory-based course, introducing students to the theory and application of NMR spectroscopy to the study of protein structure and dynamics. Each year, approximately 55 graduate students enroll in this course. Besides serving as director, I present 4 1-hour lectures and facilitate 5-6 small group discussions. My responsibilities also include leading weekly journal clubs and frequent one-on-one career planning sessions with graduate students. Additional details and the results of course evaluations are included in my supplemental materials.
- Course Co-Director: *An Introduction to Clinical Microbiology* (MICB 7704). I have served as one of three co-directors of this course, which emphasizes interactions between pathogen and host, since 2006. It consists of lectures and small-group seminars which focus on the reciprocal changes and adaptations that occur during infectious illnesses. The curriculum covers host responses from the innate to the adaptive, and from intracellular to systemic. We discuss a wide range of infections, including bacteria, viruses, fungi and parasites. I am responsible for several lectures and content areas, in which I routinely receive outstanding evaluations from students. I serve as facilitator for a group of about 14 students for the microbiology laboratory section of this course.

#### Didactic Teaching: Novel Lectures

- *Ethnicity and Culture in Biomedicine*. I developed a lecture, complemented by small group follow-up discussions, entitled “Ethnicity and Culture in Biomedicine” (with special reference to cancer). Each year, I present this material to first-year medical students, and it is now a required learning module in the core curriculum. The goal is to upend students’ assumptions and to help them identify overly simplistic uses of this concept in the medical literature and in practice. Over the past 4 years, the lectures and discussions have been well-received by students and by the social sciences and genetics faculty who have participated in the course. Evaluations are included in my supplemental materials.
  - Informed by this experience, I wrote a chapter, “Cross-cultural Communication” for the textbook, “Behavioral Medicine in Primary Care.” *Note: This is a clear example of teaching scholarship, which can also be referred to in the “Research or Other Scholarly Activity” section.*
- *Testing the Test*. Over the past 4 years, I developed two formal 50-minute classroom lectures. The most recent, in June 2023, was for internal medicine residents and fellows. The material included an overview of the test characteristics of the prostate-specific antigen (PSA) blood test, modification of the PSA to improve accuracy, downstream diagnostic dilemmas in the face of abnormal PSA results, conflicting professional guidelines for screening, and the challenges associated with counseling patients. Student comments included one who said, “This was a great exploration of how a commonly-used test has evolved over time and the implications it has had on routine medical practice.”

#### Teaching in Clinical Settings

- *Bedside Teaching – University of Colorado Hospital Emergency Department*. My main teaching responsibilities lie in the bedside teaching of emergency medicine (EM). I work an average of 20 clinical hours every week in the Emergency Department, side-by-side with first-, second- and third-year EM residents and with interns from Medicine, Surgery, and Obstetrics and Gynecology. We discuss each patient and design a specific diagnostic plan, after reviewing the history and clinical examination. Importantly, we establish a prioritized differential diagnosis for each patient. I am also responsible for teaching the residents the importance of continually re-triaging the entire ED to establish which patients need priority for acute or evolving illness. Another skill I teach is the efficient balancing of multiple patients simultaneously, while answering calls from paramedics, referring physicians, consultants, pharmacists, lab technicians, and patients’ family members.
- Additionally, from a leadership and administrative perspective, I am on the Emergency Medicine Education Committee; in this role, I help plan and organize our department’s Case Conferences and provide regular verbal and written feedback to residents after their lectures and conference presentations. I participate regularly in our department’s journal club and have recently assumed new roles in co-leading medical simulations at the Wells Simulation Center, where I am responsible for evaluating case scenarios such as beta blocker overdose and tension pneumothorax and using these simulations to enhance resident learning. I have served as an EM preceptor for LIC students every year since the implementation of the Trek curriculum.

Here are examples of tables that can be used to document teaching in clinical settings. Usually, the cover letter will include only a brief description of the faculty member’s principal teaching responsibilities, with reference

to the table as a component of the Supplemental Materials, although some faculty may instead include tables such as these in the body of their Cover Letter.

#### Teaching on the cardiology service

Clinical Teaching Activity	Responsibilities
Cardiology service attending (x weeks per year)	Teach cardiology consult fellows, rotating residents and medical students; includes teaching at the bedside and on rounds, as well as in small didactic sessions.
Non-invasive cardiology attending (y weeks per year)	One-on-one teaching with the non-invasive cardiology fellow in the following areas: interpretation and performance of transthoracic echocardiography; transesophageal echocardiography; exercise treadmill testing; Holter and event monitoring; and ECG interpretation. This rotation serves as a critical introduction to the interpretation of echo-cardiography (TTE and TEE), and is the only rotation with formal one-on-one interpretation of ECG's in our system.
Cardiology outpatient attending (z weeks per year)	Primary teaching role centers on the staffing of patients being seen by cardiology fellows and nurse practitioners; includes one-on-one presentations, followed by shared patient interviews and examinations and formulation of a diagnostic assessment and treatment plan.

#### Teaching on the pediatric outpatient service

Site	Nature of teaching activities	Dates	Examples of educational topics	Number and types of trainees
Same Day Sick Clinic at Child Health Clinic	Didactic lectures (1-2 45-minute lectures per month)	1999 – present	<ul style="list-style-type: none"> <li>Anticipatory guidance</li> <li>Surveillance for developmental delay</li> <li>Immunization review</li> <li>Impact of television viewing on children</li> </ul>	<ul style="list-style-type: none"> <li>2-4 Pediatric and Family Medicine residents</li> <li>1-2 medical students</li> <li>2 Physician Assistant interns</li> </ul>
Same Day Sick Clinic	Patient-centered teaching through precepting	1999 - present	Broad range of primary care topics, depending on patients' presenting illnesses	<ul style="list-style-type: none"> <li>2-4 Pediatric and Family Medicine residents</li> <li>1-2 medical students</li> <li>2 Physician Assistant interns</li> </ul>
Short Stay Unit at Children's Hospital Colorado	Lectures (3-5 one-hour lectures per week, 3 weeks per year)	2003 - 2007	<ul style="list-style-type: none"> <li>Fever without focus</li> <li>Bronchiolitis</li> <li>Community-acquired pneumonia</li> <li>Evaluating hematuria</li> </ul>	<ul style="list-style-type: none"> <li>2 Pediatric residents</li> <li>1 Physician Assistant intern</li> </ul>

#### Mentorship:

Here are examples of tables that can be used to document success as a mentor, provided to supplement information included in the cover letter.

- For example, the cover letter may state: *Since 2021, I have served as research advisor for 8 residents and 2 fellows, as well as a mentor for 4 medical student Mentored Scholarly Activity (MSA) projects. Details of my mentees' publications and academic success are included in the Supplemental Materials.*

- Or, the cover letter may state: *Over the past 6 years, I have provided supervision and direction for seven graduate school research projects. I served as thesis committee chair or project director for 6 of them. Refer to my Supplemental Materials for a table containing further details.*

Example 1

NAME	MY RESPONSIBILITIES AS MENTOR	ACHIEVEMENTS OF MENTEE
Kevin Jones, Ph.D.  Post-doctoral fellow (2003-2008)	<i>[Include a description of your role as research supervisor, thesis committee chair, instructor, career counselor, or other duties]</i>	<ul style="list-style-type: none"> <li>• AHRQ R01 (2008)</li> <li>• Hartford Scholars Award (2006)</li> <li>• Current Position: Assistant Professor, Stanford University</li> <li>• <i>Also list important presentations and publications by mentee</i></li> </ul>
Manual Franklin, B.S.  Graduate student (Neurosciences Ph.D.)	<i>[Include a description of your role as research supervisor, thesis committee chair, instructor, career counselor, or other duties]</i>	<ul style="list-style-type: none"> <li>• RWJ Clinical Outcomes Research Award , 2002</li> <li>• Current Position: Associate Professor and Director of Pediatric Research, University of Iowa</li> <li>• <i>Also list important presentations and publications by mentee</i></li> </ul>

## Example 2

STUDENT, RESIDENT OR FELLOW	DEGREE (DATE) <i>Role</i>	THESIS TITLE	MENTEE'S PUBLICATIONS, PRESENTATIONS, AWARDS
Geneveve Smith, RN	Master of Science, School of Nursing (1989)  <i>Project Director</i>	Lack of Utility of Orthostatic Vital Signs in Emergency Department Patients	<i>Annals Emerg Med</i> , 1991 (PMID: ____)  Emergency Nursing Scientific Assembly, 1989  <i>ENA/Micromedex Best Original Research Award, 1989</i>
Michael J. Mandell	Master of Science, Public Health (1989)  <i>Project Director</i>	An Evaluation of the Colorado Mandatory Safety belt Law	Report to the Colorado General Assembly and Colorado Department of Transportation  Colorado Public Health Association Annual Meeting, 1989
Francis DeGroot, M.D.	Master of Science, Public Health (1991)  <i>Project Co-Director</i>	Prevalence and Clustering of Injury Risk Factors in a Primary Care Medical Practice  Safety Belt Use by Internal Medicine Patients: A Missed Opportunity in Clinical Preventive Medicine	<i>Ann Intern Med</i> , 1990 (PMID: ____) <i>Amer J Med</i> , 1995 (PMID: ____)  Ann Meeting, Society Gen Intern Med, 1991 (Top-Five abstract award winner); Ann Mtg, SGIM, 1992  <i>Mark Lipkin Sr. Award, Best Scientific Research, 1991</i>

A bulleted list can also be used to document research and career mentorship. Usually, a detailed list will be included as part of Supplemental Materials, although in some cases such a list may fit within the body of the Cover Letter.

- Below, I list 5 clinical trainees to whom I have provided research mentorship and career guidance:
  - KM, M.D., Resident in Internal Medicine (PGY2-PGY33)
    - I Supervised Dr. M's research project, "Barriers to colorectal cancer screening: Patients' perspectives." Dr. M was involved in background library research, development of a survey instrument, data collection and analysis and presentation to faculty members and residents at three UCD research conferences. He also presented his work at a regional meeting of the Society of General Internal Medicine, and he co-authored a manuscript published in 2008 in the *Annals of Internal Medicine*. Dr. M was awarded the Resident Research Top Honors award at the 2006-2007 meeting of the Mountain West Society for Ambulatory Care Medicine.
  - JP, M.D., Gastroenterology Fellow
    - I served as both a career advisor and a research mentor for Dr. P, during her three-year gastroenterology fellowship. Dr. P participated in two studies related to identifying patients' preferences regarding timing and types of cancer screening. Her work involved patient interviews and tracking of visit "no-shows" and patient non-adherence to screening recommendations, and we published two manuscripts (with Dr. P as first-author) in the *Journal of Community Health* (in 2019) and the *Archives of Internal Medicine* (in 2021). Dr. P also presented this work at the Western Regional Meeting of the Society of General Internal

Medicine and at the 2019 Annual Meeting of the American College of Physicians. I also mentored Dr. P on a narrative literature review of Barriers to Effective Screening for Cancer in Geriatric Patients,” which has been accepted for publication in the *Journal of the American Geriatrics Society*.

#### Curriculum innovation and leadership

- *Caring for the Unhoused.* I developed and still direct an elective for medical students that focuses on caring for unhoused populations in the Denver metropolitan area. Our elective helps learners, as well as participating faculty, appreciate the social and environmental challenges facing patients who lack stable housing, including access to routine and mental health care, food insecurity, transportation, protection from infectious diseases (including COVID-19), exposure to extremes of weather, and more. We meet with students regularly and conduct qualitative surveys to measure changes in their knowledge, confidence, optimism and commitment to caring for unhoused populations during their training and later in their careers.
- *Gastroenterology Bench-to-Bedside Seminar Series.* I developed, directed, and taught a novel case-based, bench-to-bedside course for fellows and residents in gastroenterology. This course emphasized principles of immunology, genetics and molecular science that apply to GI diseases. One effective teaching tool that I employed was to use quotations from textbooks of gastroenterology published over the past 5 decades, to illustrate how our understanding of basic disease mechanisms has changed with advances in cell biology, biochemistry and genetics. The course includes a critical review of 12 recently published articles illustrating common flaws in using animal models to simulate human disease. Last year, in response to feedback provided by fellows, we expanded the “critical appraisal of the literature” module. Participants now actively debate the role of blinding and randomization in animal studies, the use of statistical methods such as repeated measures ANOVA with random allocation, and the importance of measuring time-group interactions. As indicated by the course evaluations, these exercises appeared to be an important addition to the evidence-based medicine curriculum for residents who must evaluate the validity and applicability of research conducted using animal models. Since 2001, 24 residents and fellows have taken this course. I have included course evaluations and the results of pre- and post-tests in my supplemental materials (pages x-y). In May 2019 I presented an abstract describing this innovative course at the Western Group on Educational Affairs of the Association of American Medical Colleges. *Note: This is a clear example of teaching scholarship, which should also be noted in the “Research and Other Scholarly Activity” section of your cover letter.*
- *Associate Program Director, Internal Medicine Residency.* For the past 10 years, I have served as Associate Program Director (APD) of the Department of Medicine Residency Program. In this role, I meet regularly with the residency leadership team and staff, including monthly meetings to review resident performance and progress. My responsibilities include review of 20 percent of all residency program applications, supervision of 15 interview days each cycle, regular review of block rotation and curriculum evaluation forms submitted by residents, resident remediation and counseling, and review of residents’ scholarly work. During my tenure in this position, our ACGME surveys have shown an increase in satisfaction with the training program (from x to y), we have sent over z% of our trainees to prestigious fellowship programs (and hired q of them to join the faculty here), and shown an increase in resident performance on in-service exams from s to t.
- *Advanced Cardiac Life Support Course (IDPT 8002).* I developed and directed the Advanced Cardiac Life Support curriculum for 4th-year medical students. This course was designed to synthesize the clinical and theoretical concepts that underlie diagnosis and management of cardiopulmonary arrest. Each year the course content, algorithms, simulated cardiac arrest exercises, and examinations were revised, based on new published evidence or consensus recommendations. Two years ago, we further modified the ACLS curriculum to build on the extensive pharmacology and pathophysiology topics the students had recently learned. Over the past 20 years, more than 1,700 students have taken this course, which provides vital preparation for residency. Students frequently wrote that this course “finally put all the pieces together” and was “one of the best courses in medical school.”

#### Regional or national education-focused activities

- *CME Course Director: Fundamentals of Critical Care Support.* For the past 4 years I have directed *Fundamentals of Critical Care Support*, a 2-day course sponsored by the Society of Critical Care Medicine (SCCM). This course teaches health care providers in Colorado the key elements of stabilizing a

critically-ill patient. The course consists of lectures and skill stations and offers guidance for decision-making in the care of critically-ill patients during the initial hours of management, when critical care specialty consultations may not be available. The course is designed for a broad cross-section of health care providers, including paramedics, interns and residents of numerous specialties, emergency department physicians and nurses, family physicians and other interested providers. As one of only two FCCS franchises in the state of Colorado, and one of only a handful in the Rocky Mountain Region, this course is critical to serving the critical care needs of Colorado. I have trained an additional 4 instructors, 4 associate instructors and 33 trainees. In 2008 we anticipate training 140 additional providers. In my Supplemental Materials (page x), I included the SCCM National Consultant review of our inaugural class, in which the reviewers stated: *“Overall, this was the best directed course I have ever attended or consulted.”*

- *Member, Society for General Internal Medicine (SGIM) Education Committee.* Our national committee, which includes 14 academic internists, meets quarterly to advise SGIM on educational activities and scholarship opportunities for local and national meetings. We develop workshops and lectures and suggest other new educational initiatives at the local and national levels. Our committee also administers the educational awards within SGIM and provides advice to the *Journal of General Internal Medicine* on educational scholarship. Currently, we are working to develop educational scholarship collaborations at the national level, which will be posted on the SGIM website once complete.

#### Teaching scholarship

Here are several examples of teaching scholarship. In a cover letter, they should be described in a way that demonstrates your scholarly approach and leadership role; for courses, evaluations should be included in your Supplemental Materials and any disseminated publications or products must have a link provided. You can provide links to novel curricula in your cover letter, supplemental materials, or CV, however actual syllabi should not be submitted. For more information about documenting your teaching scholarship, refer to the [Defining Scholarship](#) document on the Dossier Preparation website. These accomplishments can be described in your cover letter in either the Teaching or Research or Other Scholarly Activity sections, with brief cross-referencing as applicable.

- I was director of an elective course for inter-professional students focusing on caring for unhoused populations in the Denver metropolitan area and addressing the challenges facing patients who lack stable housing, including access to routine and mental health care, food insecurity, transportation, protection from infectious diseases, exposure to extremes of weather and more.
- I developed computer-based simulations used widely to teach and assess cricothyrotomy, thoracotomy & other procedural skills.
- I developed and helped lead an innovative, competency-based curriculum for residents focusing on end-of-life care, pain palliation and spirituality.
- I led a team that developed 5 problem-based learning cases and simulations to help residents and advanced practice providers learn how to work with medical interpreters.
- I co-wrote a training manual for the Refugee Clinic providers that focuses on helping new arrivals overcome cultural, language, transportation, housing and other challenges as they settle in our state.
- I developed 6 novel lectures on the importance of motivational interviewing in varied situations, including substance use disorders, cardiovascular risk factor reduction, and vaccine hesitancy.
- I developed and shared a series of videos and patient and physician education booklets about the emotional experiences and stages of recovery in children with burns.