

Children's Hospital Colorado

February 1,XXXX

Academy of Medical Educators
University of Colorado

Dear Committee Members,

Attached, please find my application for membership in the Academy of Medical Educators. These documents include my personal statement, letter of Academy contribution, focused Teacher's Portfolio, and a letter of recommendation from my Department Chair.

In this application, I have chosen to share my contributions to (1) curriculum development and instructional design and (2) direct teaching. Curriculum development and instructional design have been a passion of mine, beginning when I was an instructor at a community college prior to medical school. I continued to design curricula and teach online courses during medical school and residency. Since joining the faculty at the University of Colorado, I have developed, implemented, and evaluated two required curricula for pediatric residents (focusing on quality improvement and advocacy), and have also designed multiple smaller educational sessions. I hope that Educational Scholarship is also evident in the presentation of my curriculum development accomplishments.

Direct teaching has always been the icing on the cake. I especially enjoy interacting with students in the small group setting, where I can uncover gaps, engage students where they are, work as an educator-student team to achieve learning, and promote an expectation of lifelong learning.

I would be honored to have the opportunity to become a member of the Academy of Medical Educators at the University of Colorado so that I may continue to develop as an educator and further contribute to our medical school community.

Thank you for your consideration of my work and my application to the Academy.

Sincerely,

XXXXXXXXXX

Assistant Professor of Pediatrics
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Plans for Contribution to the Academy of Medical Educators

I was fortunate to participate as a learner in the Academy of Medical Educators' Teaching Scholars Program in my first year as a faculty member at the University of Colorado. Because I personally found this program to be valuable for my professional development and networking, I would love to give back to this program through direct teaching or behind the scenes support. At this time, I am mentoring a current TSP scholar and I hope to serve as a mentor for other scholars in the future.

I have previously provided faculty development through the Academy of Medical Educators with two workshops on Grant Writing for Medical Education. I would be excited to facilitate additional workshops based on my academic interests (reflective practices, iPads in medical education, advocacy, personal vision and mission) or general educational topics (curriculum development, education scholarship, grant writing).

I would like to apply my grant writing skills to reviewing grant applications or abstracts for the Academy. In the past three years I have received three grants to fund my educational projects, including a prominent grant from the Institutes on Medicine as a Profession and the Macy Foundation. In addition, I am a mentor for two junior faculty members who have received grants for their educational projects.

Through the Academy, I would like to continue to mentor junior faculty and residents at Children's, and offer mentoring to others across the campus, beyond pediatrics.

Finally, I would embrace the opportunity to be involved in Academy discussions about education on our campus at all educational levels to generate ideas for continuous improvement of medical education in Colorado.

Personal Statement

The word "doctor" is derived from the Latin verb "docere", to teach. When I applied for medical school, I knew I was seeking a career that would allow me to be both a physician and an educator. My fundamental teaching philosophies have been in place since my early days of teaching, yet have evolved with experience. My responsibilities as a teacher include having an appropriate knowledge base (which involves constant reading and learning on my part), providing an encouraging learning environment to allow students to master both the subject matter and develop skills for lifelong learning, and to be a role model with enthusiasm for the subjects I teach, who instills a love of learning, and provides support for learners. As a teacher, it is important to remember that everyone comes to the learning environment already knowing something about the subject, even if they are not aware of this. I must draw out pre-existing knowledge and experience and use it as a base on which to build my teaching. I have high expectations for students in every setting, and find that most students will do their best to meet or exceed these expectations. In the end, a teacher is a learner. I learn as much from my students as they learn from me. I expect to always work harder than my students in order to become the best teacher possible.

Currently, as an Assistant Professor of Pediatrics at the University of Colorado, my academic contributions focus on medical education, particularly curriculum development and evaluation, problem based learning, reflective practices, and lifelong learning. I provide formal mentorship across the continuum of medical education, including medical students (as a faculty mentor for one of the Advisory Colleges at CU), senior residents (in the primary care longitudinal block), and two junior faculty members engaged in scholarship related to education projects. Additionally, I have multiple leadership positions within the Department of Pediatrics and the School of Medicine, including Rotation Director for the required pediatric Advocacy Rotation (XXXX-XXXX), Associate Director for Foundations of Doctoring (XXXX-XXXX), and Assistant Clerkship Director for Pediatrics (XXXX-XXXX).

To further develop my skills as an educational scholar, I have completed the University of Colorado Teaching Scholars Program and will graduate from the Academic Pediatric Association Education Scholars Program this fall.

Curriculum design is a passion of mine as it draws on my creativity, organization, and insight into learners' needs. I am dedicated to creating meaningful and engaging learning experiences designed to meet both programmatic requirements and individual learner goals. Prior to medical school I was an instructor at a community college, where I designed and restructured curricula and taught courses in the basic sciences (anatomy, physiology, pharmacology, pathophysiology). I continued in this position throughout medical school and residency. Since joining the faculty at the University of Colorado, two of my significant curriculum design projects were in Advocacy and Quality Improvement. It was a great honor to receive the Academy of Medical Educators' *Excellence in Curriculum Development Award* in XXXX. I have found that the term curriculum is interpreted in a multitude of ways, and thus I am also committed to educating colleagues about solid curriculum design principles so that our collective medical education curriculum is the best possible.

Moving forward, I aspire to become a leader in medical education. I envision promoting strong, evidence-based strategies for adult learning, developing robust medical education programs with rigorous evaluation, and mentoring students and young physicians to be the best possible learners, physicians, and teachers.

Curriculum Development and Instructional Design

Development, implementation, and evaluation of a partially individualized advocacy curriculum for pediatric residents

Preparation/Goals/Methods

Advocacy is an essential part of being a pediatrician. However, literature review revealed that while advocacy experiences are required by the ACGME and endorsed by the AAP, there is little guidance for what constitutes an adequate advocacy curriculum. Based on our needs assessment, literature review, and input from a working group of advocacy experts, we developed and implemented a curriculum for pediatric residents that introduces all learners to the foundations of advocacy at three levels (individual, community, and policy advocacy) but also includes individual experiences. Goals and learning objectives were determined for the overall curriculum as well as each distinct learning session.

The curriculum was first implemented in July 2012 as a required 3-week rotation for pediatric interns, configured with 55% scheduled and 45% unscheduled time. Required core components included online modules, community experiences, skills workshops, and discussions with experts. For individualization, residents selected advocacy area(s) of interest, developed and completed specific learning goals, created advocacy products, and engaged in reflective practice. Evaluation included a questionnaire, written assessment of core concepts, tabulation of products, written plans for future advocacy, and qualitative analysis of resident focus groups.

Results

On a written questionnaire, residents reported that the rotation gave an understanding of the wider role pediatricians play in different areas of child advocacy (4.75/5 on Likert scale). The rotation also allowed them freedom to explore advocacy topics of their own choosing (4.8/5 on Likert scale). 93% of residents received a score of at least 85% on a written short-answer knowledge assessment of core concepts. Residents acquired skills for advocacy as evidenced by a number of products including 62 individual learning goals, 29 advocacy project plans, 26 fact sheets, 92 reflections, 12 letters to the editor, and 29 plans for future advocacy. Numbers are comparable in subsequent years. Of note, 10 reflections and 17 letters to the editor have been published to date.

Themes identified in focus groups explained why the curriculum worked:

- Individualization made learning meaningful; core content supported individualization
- Residents understood that passion and interest are a core part of advocacy
- A balance of scheduled and unscheduled time for learning goals enhanced learning
- Residents realized that a pediatrician's voice and contribution to advocacy is valued and makes a difference
- Residents gained appreciation of the relative ease of advocating once identifying avenues at the three levels of advocacy (individual, community, legislative)
- Residents appreciated time and opportunity to reflect on experiences
- Residents gained valuable information about resources, processes, and community

Reflection

Resident evaluation of the advocacy rotation was overwhelmingly positive. A thorough needs assessment and efforts to address barriers to reflective practice in the two years leading up to implementation of this curriculum facilitated successful inclusion of reflective practices with acceptance by residents. Building on these early successes, I was able to secure grant funding through the Institutes on Medicine as a Profession and the Macy

Foundation to help promote a culture of reflection in the Department of Pediatrics through the advocacy and reflective practices curriculum. This has led to additional curriculum enhancement (described below).

Scholarship related to the Advocacy Curriculum

The following scholarly presentations demonstrate that the advocacy curriculum has been disseminated in peer reviewed forums and that, through the development, teaching and evaluation of the curriculum, I have mentored residents and collaborated with colleagues, extending the curriculum's impact.

Peer Reviewed Poster Symposium

- **XXXXXXXXXX**, Forte A, Lane JL, Hanson J. *A Partially Individualized Advocacy Rotation for Pediatric Residents: A Mixed Methods Curricular Study*. Poster Symposium at University of Colorado Academy of Medical Educators Educational Scholarship and Innovation Symposium, Aurora. February 2014.

Peer Reviewed Poster Presentations

- **XXXXXXXXXX**, Forte A, Lane JL, Hanson J. *A Partially Individualized Advocacy Rotation for Pediatric Residents: A Mixed Methods Curricular Study*. Poster Presentation at Pediatric Academic Societies Meeting, Vancouver, BC. May XXXX.
- **XXXXXXXXXX**, Lane JL, Hanson JL. *Individualization: Value Added within a Core Advocacy Curriculum*. Poster Presentation at Pediatric Academic Societies Meeting, Washington DC. May XXXX.
- **XXXXXXXXXX**, Lane JL, Hanson JL. *Taking the Classroom into the Community: a pilot study of iPads in an Advocacy Rotation*. Poster Presentation at Pediatric Academic Societies Meeting, Washington DC. May XXXX.

Poster Presentations

- Hillhouse J, **XXXXXXXXXX**. *Encouraging helmet use while skiing and snowboarding: Is there a place for mandatory policy?* Poster Presentation at Resident Research Day at Children's Hospital Colorado, Denver. XXXXX.
- Austin L, Forte A, **XXXXXXXXXX**. *Early Childhood Literacy to Teach Three Levels of Advocacy: A Pilot Study*. Poster Presentation at Resident Research Day at Children's Hospital Colorado, Denver. XXXXX.
- Austin L, Forte A, **XXXXXXXXXX**. *Early Childhood Literacy to Teach Three Levels of Advocacy: A Pilot Study*. Poster Presentation for Advocacy Special Interest Group at Pediatric Academic Societies Meeting, Washington DC. XXXXX.

Structuring Reflective Practices for Pediatric Residents

Preparation/Goals/Methods

Reflection is an important skill for professional development and a key component of Kolb's experiential learning cycle. While some residents enjoy reflective practices, many are hesitant or opposed to required reflection activities. A needs assessment of our residents revealed common barriers to satisfaction with required reflective practices: time, priorities, discomfort with reflection, ways reflection is incorporated into residency.

To address these barriers and promote a culture of physician reflection, residents were given the time for reflection, writing, and discussion during a required advocacy rotation. Residents watched a module on storytelling. They were provided three possible structures in which to write reflections, but not required to use them. Examples of writing in each of the three structures, as well as freeform reflections, were available for review. Residents wrote one reflection each week of the rotation. 1-2 faculty members led a weekly discussion of reflections. Evaluation included tabulation of reflective products, resident written comments, qualitative analysis of focus groups, and faculty observations.

Results

92 reflections were written by 29 residents over one year (3-4 reflections per resident). Residents wrote 25 "55-word stories", 6 "This I Believe" essays, and 61 other formats (narrative medicine, freeform, poetry, etc.).

10 reflections were published. Focus group themes included (1) residents appreciated time and opportunity to reflect; discussion took reflection to a deeper level, and (2) residents appreciated flexible format for reflection.

Reflection

We found that adequate time provided for the reflective experience was key. Offering, but not requiring, a specific structure for writing was helpful. Sharing and discussing reflections added to the value of the experience. Publication of reflection pieces validated resident effort and provided positive feedback.

Addressing the barriers to reflection that residents described in the needs assessment allowed for successful implementation of required reflection. This, along with positive feedback from residents, helped us to attain buy-in from leadership. We used the lessons learned from this project to implement a reflection activity within the pediatric clerkship. Grant funding now enables me to work to change the culture of reflection across the Department of Pediatrics, incorporating different forms of reflective practice, including digital storytelling. We will soon accept submissions for a book of reflections by faculty, staff, and learners at Children's Hospital Colorado for publication within the year.

Scholarship

Peer Reviewed Oral Presentation

- **XXXXXXXXXX**, Lane JL, Hanson JL. *Structuring Reflective Practices for Pediatric Residents*. Platform Presentation at Association of American Medical Colleges Education Conference, Chicago. November 2014.

Peer Reviewed Poster Symposium

- **XXXXXXXXXX**, Lane JL, Hanson J. *Structuring Reflective Practices for Pediatric Residents*. Poster Symposium at University of Colorado Academy of Medical Educators Educational Scholarship and Innovation Symposium, Aurora. February 2014.

Using Technology to Create Innovative Personal Vision Statements with Infographics for a Leadership Activity for Pediatric Residents

Preparation/Goals/Methods

Personal vision and mission statements are commonly used in business for leaders to reflect on who they are and where they are going. Some leadership courses in medical training programs incorporate vision and mission exercises for learners. We hoped to create a novel and engaging means of teaching a vision and mission leadership exercise for residents. Infographics are a visual representation of information. We implemented a values-based leadership exercise for pediatric interns to create an infographic of their personal vision and mission during a required advocacy rotation.

Residents read a chapter about personal vision and mission statements to prepare for the session. The session begins with a discussion of residents' views of the chapter as they formulated ideas of what a vision and mission entailed. Residents examine sample vision and mission statements of companies and individuals. They also completed two worksheets to explore personal values. Next, the concept of infographics is introduced and residents review examples of infographics created with a variety of computer-based tools. In addition, a list of common software programs and free online applications is provided for the residents to use if desired while creating an infographic to illustrate their values-based personal vision and mission. Each group of residents reconvenes to share their infographics. Resident feedback was collected via questionnaire item and open-ended comments on the evaluation. This was compared with data from a different vision/mission activity used the previous year.

Results

19 residents completed infographics. 12 of 19 residents rated the exercise (data from final 7 pending); mean =4.42/5 on Likert scale, which was an improvement over baseline scores (2.3/5). Representative comments included the exercise was "a nice opportunity for introspection." "It was fun....helped focus goals." "It clarified what [I] want in life".

Reflection

We really wanted to include a leadership activity around personal vision to give residents the space to consider big picture goals in the various aspects of their lives. After a year of mediocre evaluations, using a new technology-based strategy resulted in a fun, engaging, and worthwhile teaching session.

Scholarship

Peer Reviewed Poster Presentation

- Forte A, XXXXXXXXXXX. *Infographics: Using Technology to Create Innovative Personal Vision Statements*. Poster Presentation at Pediatric Academic Societies Meeting, Vancouver, BC. XXXXX.

Development, implementation, and evaluation of a quality improvement curriculum for pediatric residents using a sequential cycles of participation model.

Preparation/Goals/Methods

Pediatric residents must learn about and participate in quality improvement to fulfill Residency Review Committee requirements, prepare for eventual participation in the American Board of Pediatrics Maintenance of Certification, and, most importantly, improve care for patients. We implemented a QI curriculum with Sequential Cycles of Participation (SCP). The SCP model involved sequential participation by small groups of residents cycling through resident-driven QI projects during a clinic rotation. The curriculum also included a didactic session to introduce QI concepts and an online module. Prior to implementation of the QI curriculum a survey of second year pediatric residents at Children's Hospital Colorado revealed that the majority of residents felt unprepared to initiate and implement a QI project, had not learned about QI prior to residency, and lacked confidence in using standard QI methods.

We developed a Knowledge Assessment Tool. The assessment consisted of four knowledge items, seven self-perceived ability items, and three survey questions about previous experience. It was validated using novices and QI experts. The novices had no previous QI exposure/experience, whereas the experts had formal QI training and significant QI experience. The difference between the groups was statistically significant by Mann-Whitney U ($p < 0.03$).

28 second year pediatric residents at an academic Children's Hospital participated in a year-long project in one pediatric primary care clinic. To avoid contamination of post-test results from pre-test exposure, the class was divided into two groups. The first group had their clinic rotation with QI curriculums during the first half of the year and took the post-test in January. The second group took a pre-test in January, the QI curriculum occurred during their clinic months January-June. Pre and post tests were compared with Man-Whitney U. Projects were evaluated with a checklist.

Results

Resident assessment: There was no significant difference between the pre-post groups for knowledge, but there was a significant difference between the groups for self-perceived ability ($p < 0.001$). A survey revealed that 75% of the class had previous exposure to QI or experience outside of the curriculum -this was different than the sample for the needs assessment and the novices in the assessment tool validation.

Project evaluation: All three projects included well-constructed Aim statements, identified appropriate measures, and worked through small cycles of change. Two of the three projects successfully met defined aims within the timeframe.

Reflection

QI is increasingly permeating the culture of medicine, so residents likely have some knowledge of QI without a formal curriculum. While residents may have some basic knowledge about QI, this does not necessarily translate into an ability to perform quality improvement, illustrating the need for a formal QI curriculum. As a group, residents applied QI principles appropriately to projects within the curriculum.

A difficulty I encountered with this curriculum was assessment of individual residents' application of knowledge (knows how) and skill (shows how). I have worked with a national group attempting to develop a tool to better assess these in pediatric residents. The didactic in this iteration of the curriculum was adequate, but we did create a more interactive, case-based workshop to ensure that each resident had the opportunity to think through each step of a quality improvement project. This workshop has been evaluated separately and is currently in the process of being written up for MedEdPORTAL.

Scholarship

Peer Reviewed Poster Symposia

- **XXXXXXXXXX**, Hyman D, Hanson J, Lane J. *Evaluation of a Pediatric Resident Quality Improvement Curriculum that uses Sequential Cycles of Participation*. Poster Symposium at University of Colorado Academy of Medical Educators Educational Scholarship and Innovation Symposium, Aurora. XXXXX.
- **XXXXXXXXXX**, Hyman D. *Outcomes of a Sequential Cycles of Participation Model to Teach Quality Improvement to Pediatric Residents: A Pilot Study*. Poster Symposium at Pediatric Academic Societies Meeting, Boston. XXXXX.

Poster Presentations

- **XXXXXXXXXX**, Hyman D, Hanson J, Lane J. *Evaluation of a Pediatric Resident Quality Improvement Curriculum that uses Sequential Cycles of Participation*. Poster Presentation at University of Colorado Department of Medicine Quality Improvement and Patient Safety (QIPS) Symposium. XXXXX.

Resident Poster Presentations

- Heavilin N, Stack S, Cochrane S, **XXXXXXXXXX**, Hyman D. *Improving Quality Improvement: Lessons Learned During a Resident-Driven Obesity Project*. Poster Presentation at Resident Research Day at Children's Hospital Colorado, Denver. XXXXX.
- Flannery J, Flores A, James J, Watlington T, **XXXXXXXXXX**. *Identifying Overweight and Obese Patients at Well Child Care Visits in the Child Health Clinic Using the EPIC Problem List*. Poster Presentation at Resident Research Day at The Children's Hospital, Denver. XXXXX.
- Lock A, Cochrane S, Applegate L, **XXXXXXXXXX**, Bunik M, Hyman D. *Quality Improvement in the Child Health Clinic: Implementing Intimate Partner Violence Screening*. Poster Presentation at Resident Research Day at The Children's Hospital, Denver. XXXXX.

Other Educational Products

Problem Based Learning Case for University of Colorado

XXXXXXXXXX, O'Leary S, Lane L.

This PBL case was carefully constructed to lead students through a real-life osteomyelitis scenario and promote discussion around learning objectives for microbiology, pharmacology, pathophysiology, and clinical medicine, as well as other aspects of medicine such as health care access, cost effective medicine, and professionalism. A detailed facilitators' guide was created to accompany the case. Revisions were made based on personal field notes from observing the small group sessions and feedback from both facilitators and students.

Current Pediatrics Flashcards

XXXXXXXXXX, Bunik M. *Current Diagnosis and Treatment Pediatrics Flashcards*. McGraw-Hill 2013.

Flashcards attained a near perfect review from Doody's Review Service. With a total score of 96, it fell short of a perfect review by .1 point. Only 8% of titles receive a score higher than this.

Question	Score (scale)
Are authors objectives met?	8 (1-10)
Rate the worthiness of those objectives.	10 (1-10)
Is this written at an appropriate level?	5 (1-5)

XXXXXXXXXX

Is there significant duplication? (5=insignificant)	5 (1-5)
Are there significant omissions? (5=insignificant)	5 (1-5)
Are there sufficient references?	5 (1-5)
Rate the currency of the references.	5 (1-5)
Rate the pertinence of the references.	5 (1-5)
Rate the helpfulness of the index.	5 (1-5)
Is this a worthwhile contribution to the field?	10 (1-10)

Awards for Curriculum Development

- Excellence in Curriculum Development Award(XXXX)
University of Colorado Academy of Medical Educators
- American Academy of Pediatrics Special Achievement Award (XXXX)
American Academy of Pediatrics District VIII. Awarded for design and implementation of the advocacy curriculum and work with residents in Colorado.

Education Grants related to Curriculum Development

Development, Implementation, and Evaluation of a Partially Individualized Advocacy Curriculum for Pediatric Residents Principal Investigator, July XXXX - XXXX Funding: University of Colorado Department of Pediatrics Medical Education Grant, \$6,000
An advocacy and reflective practices curriculum: Changing the culture in a pediatric department and residency to advance professional ideals and practice Principal Investigator, July XXXX - XXXX Funding: Institute of Medicine as a Profession (IMAP) and the Macy Foundation - Education and Training to Professionalism Initiative, \$50,000
Teaching the Art of Pediatrics: A curriculum for teaching the reflective student practitioner a pediatrics-specific history and physical exam Principal Investigator, April XXXX - XXXX Funding: University of Colorado School of Medicine Enhancing Education Grant, \$175,000

Advising and Mentoring for Curriculum Projects

Dates	Mentee	Comments/outcomes
XXXX-XXXX	SC (resident)	Mentor for career and advocacy. Testified for numerous state issues. He received the Colorado Chapter American Academy of Pediatrics Resident Advocacy Award.
XXXX-XXXX	LA (resident)	Mentor for career and advocacy. Was awarded an AAP mini-grant for education project. Presented poster on education project at the national Pediatric Academic Societies meeting and locally for the Children's Colorado Resident Research Day.
XXXX-XXXX	JH (resident)	Mentor for career and advocacy. Testified for state senate bill. Presented advocacy project for Children's Colorado Resident Research Day.
XXXX-present	JK (junior faculty)	Mentor for education project on pediatric nutrition. She has received grant funding for this project.
XXXX	SR (resident)	Advised for education project. Grant proposal submitted but not funded.
XXXX-present	KJ (junior faculty)	Mentor for behavior and development curriculum project for pediatric residents.
XXXX-present	EO (resident)	Mentor for Resident Scholarly Project. Resident is working on designing and implementing two electronic educational modules about pediatric neurology.

Direct Teaching

I teach many different kinds of learners: medical students, PA students, pediatric residents, residents from other disciplines, and faculty members. My teaching spans the continuum of medical education, occurs in different settings and uses different educational methodologies; I have received several awards for my teaching and am co-recipient of a grant to enhance teaching in the pediatric clerkship. My contributions to teaching are listed below, along with brief explanations of the teaching context and representative evaluative comments and ratings.

Classroom Teaching

Problem Based Learning Facilitator, University of Colorado School of Medicine

I was a small group PBL facilitator for 4 years and participated in approximately 16 sessions per year.

	2010-2011 Best=5	2012-2013 Best=5
Facilitate without dominating	5	5
Encourage us to critically appraise information	5	5
Promote synthesis of multiple disciplinary perspectives	5	4.8
Give constructive feedback	5	5
Stimulate us to summarize what we had learned in our own words	5	4.9
Stimulate us to generate clear learning objectives by ourselves	5	5
Stimulate us to apply knowledge to the discussed problem	5	4.9

Representative Student Comments:

- XXXXX has been an exceptional PBL facilitator. She can guide and organize without dominating.
- XXXXX is the best facilitator I have had in medical school. She does an excellent job promoting independent thought and providing feedback. I always felt comfortable asking her questions and asking where I could improve.
- XXXXX was a phenomenal PBL facilitator. She had a way of encouraging us and engaging us. She effectively made us think critically using the skills we have while not dominating the discussion or saving us prematurely when we were struggling. Most importantly, we all felt that she was truly concerned with our individual learning and development as clinicians and doctors overall.
- XXXXX was an excellent facilitator whose understanding of group dynamics made for an outstanding group session. What I liked most about XXXXX was her willingness to let the group work through issues and engage in self-teaching. She does not interrupt, rather gives the group space to navigate challenging issues. This flexibility leads to a group that is self-directed where students have the opportunity to teach and learn from their peers.

Foundations of Doctoring Small Group Facilitator

I was a small group facilitator for three years and participated in approximately 3-5 sessions per year.

	2011-2012	2012-2013 Best=5
Rate the overall effectiveness of this facilitator for your learning.	5	4.71
Ability to facilitate without dominating the discussion	5	
Ability to encourage all of us to be actively involved in the session	5	

Representative Comments:

- I think she does a good job of giving feedback in a way that we can improve and see what [to] do differently, while also maintaining a really positive group atmosphere that is open to everyone presenting their work.

- XXXXX is an excellent facilitator and made sure that we understood the purpose and value of this small group session. She knows when to provide additional information to move the conversations forward and when to let the students have a discussion about certain topics.
- She did a good job giving great feedback and trying to make for a comfortable environment. She actively tried to identify with us.
- XXXXX was knowledgeable and approachable. She asked thought-provoking questions and kept the group on track.

Advocacy Rotation Teaching

I provide direct teaching within the Advocacy Rotation, including sessions on Writing for Advocacy and Reflective Practices. I also facilitate weekly debriefing sessions. 2-4 residents per month.

Selected Resident Comments:

- XXXXX is very comfortable to work with. She is encouraging of all of our interests.
- Engaged, passionate about teaching and advocacy; respectful.
- Great at letting residents take the reins and get what they want out of the rotation.
- XXXXX was very helpful in directing us to the appropriate resources, and was always willing to answer questions about our various projects. She was very respectful in all of her interactions, and really seems to care about our growth and success as pediatricians.
- I appreciated XXXXX obvious concern for my learning and her passion for the subject of advocacy. I also appreciated that XXXXX was sensitive to the viewpoints of others as we discussed the different aspects of advocacy.
- She works towards having each of us get what we feel important out of the advocacy rotation. Her knowledge in this area is vast and I appreciated how much she was able to share.
- XXXXX designed a rotation that makes advocacy manageable for the average resident and helped me plan how to continue this in the future.

Rural Health Scholars

I teach the pediatrics session for the University of Colorado XXXXXXXXX, a summer program for high school students who are interested in pursuing careers in healthcare. I designed a very interactive case-based learning module that introduces students' interactions with children, anticipatory guidance, and physical exam while working through a case that covers both common and less common pediatrics respiratory illnesses.

	2013 Best=5	2014 Best=5
Did the presentation teach what you hoped to learn?	4.41	4.85
Presentation was well organized / efficiently managed.	4.88	5
Did the presentation keep you active and interested?	4.88	4.95
Visual aids and handouts enhanced learning	4.88	5

Representative Comments:

- The teaching method was extremely engaging and very interesting
- Very easy to participate and enjoy learning
- The most prepared professor I have encountered. Very interactive. Best lecture ever.
- I really was engaged by the problem solving approach to this lecture. I enjoyed the discussions too.
- I felt very engaged and interested in what was going on during the case
- Loved the handouts!

Clinical Teaching

Preceptor for Infant, Child, and Adolescent Care (third year Pediatrics Clerkship) XXXX-XXXX

Precept third year medical students in the ambulatory portion of the clerkship. Approximately 2 students/month.

Representative Comments:

- This attending always made an extra effort to provide teaching both on my assessment of patients as well as on my clinical history taking and exam skills. I really enjoyed working with this attending and appreciate the time she spent to teach beyond simply seeing the patient and going over the plan
- Good about using and teaching evidence based medicine

Clinic Preceptor in Child Health Clinic: resident continuity clinic and Same Day Sick clinic

I work with approximately 3-4 residents per month for weekly continuity clinic and during their one-month ambulatory pediatrics rotation.

Representative Comments :

- XXXXX was very committed to our learning. She was one of the most compassionate and caring faculty members that I have worked with during intern year.
- Encouraging, helpful, resourceful, pushes me (in a good, constructive way) to perform more than I may have thought myself capable of
- I have worked with XXXXX for several years now, and have found her to be an exceptional clinician and teacher. Gives appropriate level of supervision, has always been a pleasure to work with, and makes clinic more fun and interesting.
- Completely dedicated to teaching; very encouraging to residents
- She is motivated, caring, and dedicated to teaching. She really enhanced my learning.
- Very engaging and enthusiastic. Approachable and invested in our learning.
- XXXXX is one of the best attending physicians at Children's. She is very patient and supportive of the residents, always contacts residents with primary care opportunities, and is willing to take time out of her busy schedule to assist in any means needed. XXXXX was one of the best role models I have had throughout all of residency. I am grateful for her mentorship.
- XXXXX is a very encouraging teacher who stays attuned to the strengths and weaknesses ("areas to work on") of her trainees. She gently corrects while highlighting strengths, which I feel is the best way to encourage change.
- As my clinic preceptor, I've had lots of opportunities to work with XXXXX. She has an approach to clinical medicine that I strive to model. I appreciate all the teaching she does. She is constantly pushing me to improve, and I think I will be a better resident and doctor for it.
- XXXXX has been absolutely wonderful to work with! She sets clear expectations and provides a great balance of autonomy and supervision. She asks questions that makes me think beyond what is obvious.
- XXXXX is awesome. She cares about resident learning and progress and provides support where needed. She also has established great continuity of care with many of her patients, which is a great thing for a resident to see.

Foundations of Doctoring Preceptor

I have precepted two medical students for the first two years through the Foundations of Doctoring program.

Additional Clinical Teaching

Academic Year		# of residents	Evaluation data (if avail)
2010-present	Weekly pre-clinic Conferences for Pediatric continuity residents	3-8 per conference	
2010-present	Ambulatory clinic conferences for pediatric residents and students (topics include Anticipatory Guidance, Fever and Rash, Derm Dilemmas}	3-8 per conference	5 (Best=5)
2010-present	Preceptor for family medicine residents during their ambulatory pediatrics rotation.	2-5 per year	
2010-present	Preceptor for physician assistant students during their ambulatory pediatrics rotation	8-12 per year	
2013-present	Prescription writing and Pediatric Math for pediatric clerkship	20-25 per month	3.9 (Best=4)

Other Teaching

Faculty Development Courses Taught at University of Colorado

Date	Session Title	# of attendees
XXXX,XXXX	Lane L, Lockspeiser T, Soep J, Sass A. XXXXXXXXXXXX, Anderson M, Rosenberg A.	15-20
XX/XX/XX	Lane L, Soep J, Lockspeiser T, XXXXXXXXXXXX, Noffsinger J, Hanson J. Learning goals are here, how to incorporate them into teaching, practice, and maintenance of certification. <i>University of Colorado Department of Pediatrics Faculty Development Workshop.</i>	25
XX/XX/XX	Hanson J, Lane L, Leamer K, Lockspeiser T, XXXXXXXXXXXX, Soep J. How to Show You Care for Your Learners: An Interactive Workshop to Promote Professional Growth. <i>University of Colorado Department of Pediatrics Faculty</i>	40
X/XX	Hanson J, Schmitter P, Corral J, Kaul P, Lockspeiser T, Nicklas D, XXXXXXXXXXXX. Grant writing basics for educational scholarship: Part 1. <i>University of Colorado, Academy of Medical Educators Faculty</i>	25
X/XX; follow-up X/XX	Hanson J, Schmitter P, XXXXXXXXXXXX, Nicklas D, Lockspeiser T, Corral J & Kaul P Grant Writing for Educational Scholarship: Part II. <i>University of Colorado, Academy of Medical Educators Faculty Development Workshop.</i>	8
X/XX	XXXXXXXXXXXX. A Sweet Approach to Learner Assessment. <i>University of Colorado Department of Pediatrics Medical Education Faculty Development Workshop.</i>	40

Faculty Development Courses Taught at National & International Meetings

Date	Session Title	# of attendees
X/XX	Jirasevijinda TJ, Hanson J, Fornari A, Capello C, XXXXXXXXXXXX. <i>The Power of Words: Assessing the depth of reflection in learner narratives and creating a culture of reflective practice.</i> Workshop at the Ottawa Conference, Ottawa.	35
X/XX	Petershock J, Abramson E, Fischel J, Hicks P, Li S, Lockspeiser T, McPhillips H, Paul C, Rocha M, Serwint J, Tewksbury L, Trainor J, XXXXXXXXXXXX, Vasquez M. <i>Your Educational Scholarly Project: From Idea to Design to Dissemination.</i> Workshop at Pediatric Academic Societies Meeting, Vancouver, BC.	6

Awards for Direct Teaching

Name	Date	Sponsoring organization	Level of award
Pediatric Resident Teaching Award	XXXX	University of Colorado, Children's Hospital Colorado	Department
Nomination for "Teacher of the Year" at Arapahoe Community College	XXXX	Arapahoe Community College	Institution
Pediatric Resident Teaching Award	XXXX	University of Colorado, Children's Hospital Colorado	Department
Golden Stethoscope Honoree	XXXX	University of Colorado	Institution
Recognition on House staff Association Annual Survey for outstanding service or	XXXX	University of Colorado	Department
Golden Stethoscope Honoree	XXXX	University of Colorado	Institution



**University of Colorado
School of Medicine**

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January 29, XXXX

Dear Academy of Medical Educators:

I am writing in enthusiastic support of Dr. XXXXXXXXXXXX' application to the University of Colorado School of Medicine's Academy of Medical Educators. XXXXX is currently an Assistant Professor of Pediatrics at University of Colorado Denver, Department of Pediatrics. Her excellence in teaching was apparent during her residency when she received the Resident Teaching Award twice during residency. She is now developing a highly productive career in medical education. She has led several curriculum development projects that have made substantial contributions to the Pediatric Residency, including a Quality Improvement curriculum for pediatric residents and a partially-individualized Advocacy curriculum. Both of these curricula have been developed in a scholarly way and evaluated rigorously. In XXXX, XXXXX received the "Excellence in Curriculum Development Award" from the Academy of Medical Educators.

XXXXX has been selected for leadership roles in medical education in the Department of Pediatrics and the School of Medicine, including Rotation Director for the Pediatric Resident Advocacy Curriculum, Associate Director of Foundations of Doctoring - Physical Exam curriculum, and Assistant Pediatric Clerkship Director. She has also contributed to many other important medical education activities, serving as a problem-based learning facilitator and a college advisor in the School of Medicine; teaching medical students, residents, and physician assistant students in the Child Health Clinic; and serving as one of the inaugural preceptors for students in our innovative Education in Pediatrics Across the Continuum (EPAC) program, for which we are one of only four participating medical schools in the nation.

XXXXX has also been very successful in obtaining grants for her medical education work. In 2012 she received a Department of Pediatrics Medical Education Grant for developing and implementing her partially individualized advocacy curriculum. In XXXX she was awarded a grant from the Institutes on Medicine as a Profession and the Macy Foundation to continue her work with advocacy education and build reflective practices across the Department of Pediatrics. In XXXX she was the primary developer of a grant from the School of Medicine in the Enhancing Education grant program. This grant, entitled *Teaching the Art of Pediatrics*, builds the capacity of our Pediatric clerkship to teach history and physical examination skills, while also incorporating reflective practices among our medical students.

In summary, Dr. XXXXXXXXXXXX is an extremely promising general pediatrician with a passion for medical education. She has made substantial contributions to medical education in the Department of Pediatrics and the School of Medicine. I know that XXXXX will continue to make important contributions to medical education in the years to come. I am confident that XXXXX would be a valuable addition to the Academy of Medical Educators, and I recommend her without reservation.

Sincerely,

Stephen R. Daniels, MD, PhD