

OHSU Educator's Portfolio

Note: This model was influenced by the AAMC's Group on Educational Affairs Consensus Conference on Educational Scholarship (2/06, Charlotte, NC). Findings published in: Simpson D, Fincher RM, Hafler JP, Irby DM, Richards BF, Rosenfeld GC, Viggiano TR. Advancing Educators and Education: Defining the Components and Evidence of Educational Scholarship. Medical Education 2007;41(10):1002-1009.

Educator Activity Categories. These five educator activity categories emerge from the literature as common formats in presenting educational contributions for academic promotion. They define the contents appropriate for inclusion in academic promotion documents.

- a. **Direct Teaching:** Any activity that fosters learning, including direct teaching and creation of associated instructional materials. Examples of direct teaching include lectures, workshops, small-group facilitation, role modeling in any setting (such as ward attending), precepting, demonstration of procedural skills, and facilitation of online courses.
- b. **Curriculum Development:** A longitudinal set of systematically designed, sequenced and evaluated educational activities occurring at any training level or venue.
- c. **Mentoring and Advising:** Mentoring: a sustained, committed relationship from which both parties obtain reciprocal benefits. Advising: a more limited relationship than mentoring that usually occurs over a limited period, with the advisor serving as a guide.
- d. **Educational Leadership and Administration:** Leadership of educational programs which involves achieving results through vigorous pursuit of excellence such as ongoing evaluation, dissemination of results, and maximization of resources. Examples include positions such as director of courses, clerkships, residencies, fellowships, graduate programs and leadership of education committees such as curriculum and course committees, admissions committees, and accreditation committees.
- e. **Learner Assessment:** All activities associated with measuring learners' knowledge, skills, and attitudes which includes one or more of the following: development, implementation, analysis, or synthesis and presentation of the assessment tool or strategy.

Two overriding principles for documenting educator's activities cross all five categories:

- **Excellence:** *Quantity* – descriptive information regarding the types and frequencies of education activities and roles; and *Quality* – evidence of effectiveness and excellence in the activity, using comparative measures when available
- **Engagement with the education community:** Engagement is demonstrated by a scholarly approach to the education activity (i.e. learning from relevant education literature and best practices) and scholarship (i.e. creating a product that is reviewed by peers for quality and made public for others to learn from and build upon).

The purpose of this document is to assist faculty in documenting educational activity for promotion and tenure through an Educator's Portfolio (EP) approach. Your EP should present a summary of your contributions in education and should not be longer than necessary to paint a picture of the quantity and quality of work, generally not exceeding 10 pages. Note: Supporting materials such as teaching evaluations will be uploaded as part of your promotion packet and do not need to be included in your EP document.

Presenting Evidence of Quantity, Quality, and Engagement for Educator Activities

Suggested documentation templates and examples are included in the **Appendix** in the following five Educator Portfolio categories: **Direct Teaching, Curriculum Development, Mentoring and Advising, Educational Administration and Leadership, and Assessment of Learner Performance**. The examples in the Appendix are intended to provide a broad range of possible contributions and accomplishments in each category.

Use **only** applicable categories and emphasize activities of the last 5 years. For each applicable category, provide evidence of: Quantity, Quality and, if appropriate, Evidence of Engagement with the Community of Educators.

NOTE: Faculty are NOT expected to contribute in all categories but for those with education as a prominent aspect of their job, more than one category is expected in their promotion portfolio.

Direct Teaching

Educator's Portfolio Format

1. Evidence of Quantity:
 - a. Document the frequency and duration of teaching along with a description of your role. Indicate the type and number of learners involved in the activity. For consideration of OHSU faculty promotion, the recipients of the teaching activities would be trainees in any of OHSU's training programs. For faculty members who have recently transferred from another school of medicine, the recipients can be trainees at the prior institution.
 - b. Summarize teaching activities that are ongoing or recurrent rather than listing them separately each year
 - c. Separate learner categories if you teach at multiple levels (e.g., students, residents/fellows, faculty/peers)
 - d. Some continuing professional education activities may be more appropriately listed as a Scholarship activity depending on the venue and the sponsorship of the event.

NOTE: Some education provided to patients or community groups may be more appropriately listed as a Service activity rather than a Teaching activity.
2. Evidence of Quality:
 - a. Summarize learner evaluations using standard rating scales or narrative comments; comparative ratings for each year should be given and compared to peer group/normative data whenever possible
 - b. Indicate when additional details are available in Teaching Quality Documents
 - c. Include *internal* peer review of specific teaching activities by members of your division, department or course director/committee, if available
 - d. Invitations to teach outside department or school
 - e. Repeat invitations to teach to the same group or in the same course
 - f. Teaching awards, including criteria for judgment and selection
3. Evidence of Engagement with the Community of Educators
 - a. Descriptions of how teaching approach or uses of instructional materials are informed by educational literature or "best practices"
 - b. Presentation in a peer-reviewed or invited forum at a regional/national meeting

- c. *External* peer review of teaching and/or instructional material (cite where and how peer reviewed)
- d. Data demonstrating adoption by other faculty
- e. Inclusion in a national repository of teaching materials, e.g. AAMC MedEdPORTAL

Curriculum Development

Definition: Curriculum is defined as a longitudinal set – that is, more than one or two teaching sessions – of designed educational activities that includes evaluation. To include an activity in the curriculum category, educators must define the purpose (goals) and describe the specific methods chosen to maximize the learning experience and evaluate effectiveness of the curriculum. Curriculum includes both the content of the training activity and the methods for helping learners develop the important knowledge and skills. It is not simply a set of written materials used in a course. The description of the curriculum must include a description of how the educational goals will be met and how learner success will be evaluated.

Educator’s Portfolio Format

1. Evidence of Quantity:
 - a. Describe your role and contribution to the curriculum. If the curriculum was co-authored include your role, content contributed and expertise provided.
 - b. Include description of curriculum purpose, intended audience, duration, design and evaluation.
 - c. Summarize methods used including innovative approaches or techniques for teaching or evaluating learners
2. Evidence of Quality:
 - a. Summarize learner reactions or ratings of curriculum
 - b. Outcomes, including impact on learning (e.g. pre- and post- curriculum knowledge/skill acquisition)
 - c. Include peer review by members of your division, department or curriculum committee, if available
 - d. Invitations to develop or collaborate on similar curriculum outside department or school
3. Evidence of Engagement with the Community of Educators
 - a. Descriptions of how curriculum approach or uses of instructional/evaluation materials are informed by educational literature or “best practices”
 - b. Presentation of curriculum work in a peer-reviewed or invited forum at a regional/national meeting
 - c. Peer review of curriculum (cite where and how peer reviewed)
 - d. Data demonstrating adoption of curriculum by other departments or schools
 - e. Invitations to provide curriculum consultation for other departments or schools
 - f. Inclusion in a national repository of curriculum, e.g. AAMC MedEdPORTAL

Advising and Mentoring

Definitions:

- *Advising*: a more limited relationship than mentoring that usually occurs over a limited period, with the advisor serving as a guide.
- *Mentoring*: a sustained, committed relationship from which both parties obtain reciprocal benefits.

Educator's Portfolio Format

1. Evidence of Quantity:
 - a. List each advisee or protégé, his/her level of training or rank, purpose or specific goals of the relationship
 - b. Describe the process of advising/mentoring (duration, frequency and nature of contact)
 - c. Include current status of advisee or protégé
2. Evidence of Quality:
 - a. Evaluations of advising and mentoring effectiveness from advisees/protégés
 - b. Numbers of advisee or protégés choosing you to assist them in accomplishing their goals.
 - c. Listing of advisees'/protégés' significant accomplishments including publications, presentations, grants, awards, goal attainment, resolution of problem
3. Evidence of Engagement with the Community of Educators
 - a. Participation in professional development activities to enhance skills in advising and mentoring
 - b. Developing or leading initiatives that improve departmental or institutional advising and mentoring practices
 - c. Conducting mentor skill enhancement training sessions that advance the field of mentoring or assist other individuals in being more effective in their mentoring
 - d. Serving as a mentoring consultant to departments
 - e. Secure program development funding for advising and mentoring

Educational Administration and Leadership

Definition: Activities associated with leadership of educational programs which involves achieving results through vigorous pursuit of excellence such as ongoing evaluation, dissemination of results, and maximization of resources.

Educator's Portfolio Format

1. Evidence of Quantity:
 - a. Describe your educational administrative roles, responsibilities and the duration. Include positions as director of courses, clerkships, residencies, fellowships, graduate programs.
 - b. Describe the nature of the educational leadership projects you have undertaken including your role and their duration (e.g. residency program task force to develop competency-based evaluation tools).

- c. Include service or leadership on education committees such as curriculum and course committees, admissions committees, ad-hoc committees that advise on education programs, institutional education committees, accreditation committees.
2. Evidence of Quality:
 - a. Data demonstrating achievement of goals
 - b. Evaluations of your performance as a leader with peer comparisons, if available
 - c. Program or project outcomes such as learner evaluations of training program, accreditation results
 3. Evidence of Engagement with the Community of Educators
 - a. Documentation of ongoing quality improvement
 - b. Evidence of innovative approaches used in program or project management
 - c. Resources garnered for program enhancements or expansion
 - d. Presentation of program or project in a peer-reviewed or invited forum at a regional/national meeting
 - e. Data demonstrating adoption of program or project innovation by other departments or schools
 - f. Invitations to provide consultation to other departments or schools

Learner Assessment

Definition: Activities associated with developing or improving a learner assessment process or instrument.

Educator's Portfolio Format

1. Evidence of Quantity:
 - a. Provide a brief description of the assessment activity.
 - b. Describe your role in the development, implementation, analysis or synthesis and presentation of the assessment activity.
 - c. Document the size and nature of the learner population being assessed, the scope of the assessment and the intended uses of the information.
2. Evidence of Quality and Engagement with the Community of Educators:
 - a. Measures of reliability and validity appropriate to the type of assessment
 - b. Evidence that the new approach improves upon previous approaches
 - c. Presentations on the assessment process or outcomes to local audiences, such as curriculum committees
 - d. Peer-reviewed presentations and workshops at professional meetings about the assessment strategy
 - e. Acceptance of the assessment tool in a peer-reviewed repository

APPENDIX

Educator's Portfolio Documentation Examples for **Direct Teaching**:

STUDENTS

Teaching Activity/Role	Year	Quantity	# Learners	Quality	Evidence of Engagement with the Community of Educators
Student Lectures/Small Group Seminars/Practicum					
Required Clerkship Seminar Leader	2004-05	16hrs per rotation; 8 rotations per year	8-12 per rotation	For 2004-2005: "Was an effective seminar leader"; Mean rating = 5.41 on a 7-point scale (mean for all clerkship faculty = 4.89)*	Presented methods used in this seminar to teach student use of EBM at national society meeting
Epidemiology I	2004-present	3 lectures/yr	30 students per course	Course director invited me to include my lectures in another course at Portland State	
Physiology Lab Course	2005-present	4hrs/week during 12 week course	12 per course	"Outstanding teaching reviews" as reported by course director	
Research Practicum Experience	2006	100 hrs of research internship each	2 MPH students	One student submitted manuscript, "Medical Debt and Access to Health Care"	
Student Clinical Teaching					
Principles of Clinical Medicine Preceptorship	2006, 2007	120hrs/yr	One MS1 student	4.4 average student rating on a 5-point scale (mean for all preceptors = 4.7)*	
Inpatient Attending	2002-present	6 weeks/yr	12/yr	4.7 average student rating on a 5-point scale	Developed new evaluation tool adopted by other inpatient faculty to assess student oral presentation skills
Clerkship Lectures	2007, 2008	2 lectures per rotation; 8 rotations per year	8 per rotation	No formal evaluations	

RESIDENTS & FELLOWS

Teaching Activity/Role	Year	Quantity	# Learners	Quality	Evidence of Engagement with the Community of Educators
Resident & Fellow Lectures/Small Group Seminars					
Noon Conferences	2004-present	6 lectures/yr on clinical topics	20 per lecture	No formal evaluation	
Journal Club Presenter	2006-present	4/year	10 per session	Residents identify this as an important part of their overall residency training	
Ethics Seminar	2007	2 half-day workshops per yr	20 per workshop	Time allotted expanded from 1 to 2 half days due to resident demand	Developed 4 instructional cases that have been adapted by 2 other departments for resident education
Resident & Fellow Clinical Teaching					
Clinic Precepting	2006, 2007	2 ½ days per week	3-4 residents per clinic	See Teaching Quality Documents 2007 Resident Teacher of the Year Award	
Inpatient Attending	2002-present	6 weeks/yr	12 residents per yr	See Teaching Quality Documents	

OTHER LEARNERS

Teaching Activity/Role	Year	Quantity	# Learners	Quality	Evidence of Engagement with the Community of Educators
Multiple Level Learners					
Interdisciplinary Surgery Conference	2006 - present	monthly	Students, residents, fellows, faculty	Increased attendance by multiple members of health care team from 5 departments	
Department Grand Rounds	2005, 2007	1/year	Students, residents, fellows, faculty	4.8 average rating on a 5-point scale	Invited to give 2007 topic at 2 other regional hospital Grand rounds
ACLS Course instructor	2007, 2008	2 lectures and 2 workshops per course	30 per course	Invited to become certified as a course director	
CME					
Statewide Ethics Conference (one day conference)	2008	Conference Director	250 participants from all sectors of health care	Conference was over subscribed; overall conf ratings very high	Funding obtained from sponsoring institutions to support this as an annual conference

Educator's Portfolio Documentation Examples for Curriculum Development:

Example #1

Title: Evidence-Based Medicine (EBM) series within PCM course

Role: Series Coordinator - responsible for organizing instruction and recruiting small group leaders. Collaborated with faculty from 2 other departments to develop learning objectives and instructional materials

Purpose/Need: Develop a new EBM series for all first year students that is clinically relevant

Intended Audience: First year medical students

Duration: 12 week course held each year

Methods/Design: Multi-method approach including interactive lecture series and clinical vignettes (6 two-hour sessions), small group projects spanning 12 weeks (format and materials developed for use by groups culminating in brief group presentations to entire class). Projects scored using a novel Impact Checklist.

Significant Results & Outcomes: Rated as one of the best components of the first year PCM course. Improved GOSCE performance on EBM module.

Dissemination: Impact Checklist for evaluating EBM student projects accepted for presentation (peer-reviewed) at 2009 Educational Society Meeting

Example #2

Title: Ultrasound Rotation for Emergency Medicine residents

Role: Rotation Coordinator - responsible for organizing instruction and schedule. Collaborated with faculty from radiology and emergency medicine departments to develop competencies and instructional materials. Accumulated a library of images for teaching cases

Purpose/Need: The curriculum is intended to teach emergency medicine residents about the use of diagnostic ultrasound in the emergency department setting

Intended Audience: 2nd year emergency medicine residents; elective chosen by 6 residents per year on average

Duration: 4 week rotation

Methods/Design: 1:1 instruction with radiologist; self-directed learning using teaching cases

Significant Results & Outcomes: Favorable ratings from residents. Working with Emergency Medicine Program Director to incorporate teaching cases as standard part of their conference series.

Dissemination: none

Example #3

Title: Self-learning CD-Rom on Cardiac Physiology

Role: Co-designer - responsible for content and developing interactive lecture. Collaborated with Information Technology department to produce CD.

Purpose/Need: The CD is intended to give medical students additional instructional materials to learn cardiac physiology

Intended Audience: 1st and 2nd year medical students

Duration: NA

Methods/Design: CD includes 4 lectures with slide notes, illustrative cases followed by questions for self discovery and appropriate current medical literature. A pre and post assessment of learning is being developed.

Significant Results & Outcomes: Plan to study student performance on cardiac physiology segment of overall Physiology course.

Dissemination: Obtained a grant from a professional society to distribute the CD to all medical schools

Example #4

Title: Gross Anatomy for Graduate Students

Role: Course director

Purpose/Need: This course is designed to prepare graduate students to be able to teach Gross Anatomy in a professional school

Intended Audience: 3rd year and above graduate students

Duration: 12 week course, every year

Methods/Design: The course is a mixture of lectures, dissection laboratory sessions, and small group discussions on teaching methods

Significant Results & Outcomes: Graduate students who have gone on to become successful teachers in Gross Anatomy courses

Dissemination: None

Educator's Portfolio Documentation Examples for *Advising and Mentoring*:

<u>Name of Advisee or Protégé</u>	<u>Level of Advisee or Protégé</u>	<u>Purpose of Relationship</u>	<u>Duration and Process</u>	<u>Current Status of Protégé</u>	<u>Outcome(s) of Relationship</u>
Charles Woodson (Protégé)	Medical Student	<ul style="list-style-type: none"> • Development of professional goals • Career guidance in service of minority health care 	<u>9/2001–present</u> <ul style="list-style-type: none"> • Met 4-5 times per year • Edit paper, CV • Advocate for LCME liaison position • Provided shadowing clinical experience 	Internal Medicine Resident	<ul style="list-style-type: none"> • MD received 2006 • Published essay in <i>Acad Medicine</i> • Appointment as AAMC Student Liaison to LCME
Kimberly Martin (Advisee)	Junior Faculty	Preparation of academic promotion documents	<u>8/05-12/05</u> <ul style="list-style-type: none"> • 1-on-1 + e-mail • Revise/reframe CV and portfolio • Consult with department chair re: letter of rec 	Associate Professor	Promoted 6/06 to Associate Professor
Ron Albert (Advisee)	Graduate student	<ul style="list-style-type: none"> • Masters Thesis advisor • Career guidance in biomedical research 	<u>7/2006 -10/2007</u> <ul style="list-style-type: none"> • 1-on-1 meetings • Review thesis • Collaborate on manuscripts 	Enrolled in PhD program	<ul style="list-style-type: none"> • MS received 2008 • Nominated for Outstanding Master's Thesis Award • Published manuscript in J Biochemistry • Presented at the Society for Biochemistry Research Annual Meeting, Atlanta April 2007

Educator's Portfolio Documentation Examples for *Educational Administration and Leadership*:

Year	Time Commitment	Administrative or Leadership Role	Description of Activities	Quality	Outcomes
2006-07	0.2 FTE	Associate Residency Director	Develop curriculum, design educational methods and evaluation; oversee resident clinical schedules; liaison to community training sites	<ul style="list-style-type: none"> • Highly competitive residency with 100% fill rates • Invited to chair special Dean's task force on evaluation 	<ul style="list-style-type: none"> • Co-authored RRC site visit document-achieved full accreditation • Procedure tracking system adopted by 3 other departments • 2 national presentations of community training programs
2007-present	Monthly meetings	MD/PhD Program Committee member	Sets policy and curriculum for MD/PhD program	Not assessed	Prepared materials for LCME site visit
2006	Task Force met for 6 months	Resident Evaluation Task Force member	Re-designed all resident evaluation tools to be aligned with ACGME competencies	Completed task force goals prior to start of academic year	New tools implemented beginning July 2007
2005-present	80 hours/year	Co-Director, Advanced Topics in Cancer Biology	Organize schedule and instructors, attend classes, review student work and grade students	Student ratings of overall quality = 4.2 on 5 point scale	Continues to be course offering each year in graduate program

Educator's Portfolio Documentation Examples for *Learner Assessment*:

Example #1

Assessment Activity: OSCE to assess mental health screening skills

Role: Collaborated with a multidisciplinary team to create 4 cases including clinical scenario and standardized patient roles/scripts. Performed a literature review on the use of OSCEs to teach mental health skills as a basis for the cases. Developed the observed behavior checklist tool for each case and oriented faculty evaluators to the tool.

Learner Population to be Assessed: First year residents at the start of their behavior health rotation (12 residents per year)

Methods/Design: Mental health OSCE is required component of Behavioral Health rotation. The four cases represent a spectrum of commonly encountered mood disorders in primary care. Each resident performs the OSCE, is rated by a faculty and a peer, and receives formative feedback on performance.

Significant Results & Outcomes: Residents and evaluators showed a high degree of satisfaction with the OSCE as a method to assess skills and highlight areas for improvement and learning

Dissemination: OSCE design and implementation presented as department Grand Rounds. Initial results of OSCE used in grant application to obtain funding to expand mental health training in residency