

The Educator Portfolio: Sample Template

Note: This sample Educator Portfolio uses excerpts from different Educator Portfolios. It showcases examples for faculty from a variety of specialties within the medical and biomedical fields. Please refer to the following documents for additional information: EP Instructions and EP Template.

EDUCATOR PORTFOLIO - UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & DENTISTRY

[Name, Degree]

Telephone:

E-Mail:

CURRENT POSITIONS

[Current academic appointment / department]

[Primary educational role(s), including educational leadership positions]

STATEMENT OF EDUCATIONAL PHILOSOPHY

My educational philosophy can be summed up by the word coaching. I believe that learners are ultimately responsible for their own education. Our job as educators is to teach them the skills to be effective lifelong learners. Until they have learned these skills we need to provide them with clear expectations, objectives that they need to learn, opportunities to learn them, and a mechanism to assess their achievement of the objectives. By serving as coaches for our learners, we have a responsibility to not only facilitate their learning of clinical skills, but also help them to develop their self-coaching skills. We can do this by having them...

DESCRIPTION OF YOUR EDUCATIONAL CONTRIBUTIONS

DOMAIN I: TEACHING

Teaching Activities

Year(s) Taught	Title and Type of Teaching Activity	Teaching Strategy and Context	Location	Total Teaching Time (hrs/yr)	Type(s) of Learners
2010-present	Pediatric inpatient rotation	Daily family-centered rounds with teaching at the bedside, during deliveries, admissions, consults and patient events	Department	1 hr/day x 150 days/yr = 150 hrs/yr	Family medicine residents (20)
2010-present	Nutrition, Fluids & electrolytes, and 27 other topics	Problem-based learning sessions with cases, followed by discussion of evidence-based medicine using a recent relevant journal article	Department	1 hr/session x 6 sessions/yr = 6 hrs/yr	Medical students (20)
2012	Doctor Coaching: Lifelong Learning	Interactive workshop	National	3 hrs	Community physicians (25)
2013	Genomics: What Is Our Responsibility to Study Subjects?	Plenary panel discussion	National	2 hrs	Basic science and clinical investigators (300)

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Evaluation of Teaching Activities

Example not included. [Briefly summarize results from learner evaluations from your list of teaching activities above. You may wish to include in your dossier an appendix of learner evaluations.]

Quality and Impact of Teaching Activities

The Doctor Coaching framework and educational activities to teach the framework have clearly defined goals. The framework itself is based on an extensive ongoing literature search. Most of the sessions with a new audience include a formal needs assessment or at least some probing questions to determine what material is most appropriate for the given audience. Most sessions begin with some kind of discussion or questions to the audience to establish the group's needs or where the group is with the material prior to the didactic component of the sessions. We always aim to have each session be as interactive as possible and try to select the activities and methods that will best meet our defined goals. Most sessions have been evaluated and well received by the participants, some of whom have shared that they used the materials in their own institutions. Following each session, I always gather the presenters to review the feedback and reflect on the session and how it could be improved for the future.

Evidence of scholarship in this domain

See sample in "Domain II: Assessment of Learners" section. [List/describe any products of educational scholarship that were peer-reviewed, presented, published or adapted for use in other programs as a result of your teaching activities.]

DOMAIN II: ASSESSMENT OF LEARNERS

Learner Assessment Activities

Title of Teaching Activity	Assessment Method	Number & Types of Learners Assessed (per yr)	My Role	Level of Assessment based on Miller's Triangle*
Cell biology 101	MCQ exam	Graduate students (50)	Developed tool	Knows
Physical exam skills during inpatient clinical rotation	Direct observation	Medical students (10)	Developed tool	Does
Cardiopulmonary resuscitation in the medical intensive care unit	Simulation	Interprofessional team of attending physician, residents, advance practice provider, nurses (6 learners/session x 10 session/yr = 60 learners/yr)	Developed & implemented tool; analyzed & synthesized data	Shows how

* Miller GE. The Assessment of Clinical Skills/Competence/Performance. *Acad Med* 1990;65(9);S63-S67.

Quality and Impact of Learner Assessment Activities

See sample in "Domain I: Teaching" section. [Describe the importance, creativity, innovation, quality and impact of the learner assessment activities included in the table above. How did the information obtained through your

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assessments change your educational practice? Describe evidence that you used a scholarly approach.¹ Limit to 1-2 paragraphs.]

Evidence of scholarship in this domain

Invited workshop

- Assessing and documenting competency in advanced resuscitation skills using screen-based simulation. International Meeting in XXX, San Diego, CA, 2010.

Grant

- Impact of simulator-based training on arrest management
XXX Foundation Innovated Research Grant, XXX Institution
PI, 2010-2012, \$15,000 (direct costs)
This is a pilot study to determine whether exposing multidisciplinary Surgical Intensive Care Unit (SICU) teams to a simulation-based course produces a change in the number of key tasks completed and key behaviors demonstrated during management of cardiac arrests in both laboratory and clinical settings.

DOMAIN III: CURRICULUM DEVELOPMENT

Curriculum Information

Year Implemented	Teaching or Curricular Activity (name and type)	Number & Types of Learners (per yr)	Location	My Degree of Responsibility
Will be launched in 2013	Office of Community-based Education and Research Faculty Development Program – online modules	Will target community physicians	Institution	Leader

GNOME Framework for Quality of Curricular Design

Name of Curriculum:	
GNOME Elements	Evidence of Quality
Goals and Objectives	Preceptors have been asking for more opportunities for asynchronous faculty development, and the institution now has a requirement for faculty development for all community preceptors that needs to be met.
Needs Assessment	Goals, objectives and pedagogy were chosen based student evaluations of preceptors from the past 5 years, annual preceptor surveys, input from the community preceptor education board as well as clerkship directors and other educational leaders.
Methods of Teaching and Learning	An extensive literature search and review of other online modules were done in developing the pedagogy. We employed adult learning theory starting with a self-assessment and learning plan, which directs the preceptors' progression through the modules. The teaching component of the modules was limited to 15 min, followed by practice of the coaching strategies with their real learners and return to the system to reflect on their experience and obtain continuing medical education (CME) credit.
Evaluation by Learners	Usability testing was done with each of the modules as well as with the overall program prior to launch. The program has several embedded opportunities for feedback from preceptors. Preceptor evaluation includes follow-up of a self-

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	designed learning plan, pre-post self-assessment, and pre-post student evaluations of preceptors.
Evaluation of Curriculum	After the first 3 months of implementation we will look at all of the feedback received to determine what changes are needed. Annually we will report on the preceptor evaluations of the program, change in preceptor self-assessment, and change in student evaluations on the questions targeted by the modules.

GNOME: G = Goals, N = Needs, O = Objectives, M = Methods, E = Evaluation. From: Roberts KB. Educational principles of community-based education. *Pediatrics* 1996;98:1259-63.

Quality and Impact of Curriculum Development Activities

- I learned the importance of a well-functioning team with the right expertise, which I think happened in part because I had a big enough budget to pay our team members for their time rather than relying on good will.
- I've also learned a lot about the networking opportunities that arise as a result of working on projects with other people, even in unrelated areas.
- I've been surprised by how quickly trainees' whining and resistance can be overcome by a little bit of education as well as making good decisions about targeting content, audience, and timing in the context of larger institutional or national trends/expectations.
- I have also learned how to better integrate my efforts on different projects with one another (and to say no to those that don't fit)

Evidence of scholarship in this domain

See sample in "Domain II: Assessment of Learners" section. [List/describe any products of educational scholarship that were peer-reviewed, presented, published or adapted for use in other programs as a result of your curriculum development activities.]

DOMAIN IV: MENTORING AND ADVISING

Description of Mentoring and Advising Activities

Mentoring Period	Mentee's Name and Position during Mentoring Period	Purpose of Relationship	Mentee's Current Position	Mentee's Achievements*
7/2010-6/2015	XXX, junior faculty	Professional development	Maternal-Fetal-Medicine Fellowship Program Director	Assumed fellowship program leadership at XXX
7/2010-6/2011	XXX, chief resident	Personal and professional development; project mentor	Assistant Professor	Implemented individualized learning plans for obstetric clerkship
7/2012-6/2015	XXX, resident	Personal and professional development; quality improvement project mentor	Primary care physician	Advocacy project – implemented program in 100% of schools to increase access to medical insurance for children
9/2012-present	XXX, undergraduate student	Research mentor	Graduate student	Developed a lay third person observation checklist for resident competencies

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Mentoring/Advising Philosophy

My mentorship philosophy is similar to my approach to my overall educational philosophy. I think that my job as a mentor is to help my mentees to define their professional (and personal) goals and then develop strategies to meet them. I have found that many mentees struggle with defining their goals because they have difficulty articulating what is important to them and their own needs. I think this is because they have spent too much of their educational career doing what other people told them they should do. Hence I try very hard to avoid being too directive; instead, I ask a lot of questions. By the end I often think I have given them no advice at all, but have only helped them to organize their own thoughts. Still, they often walk away feeling like they have received great guidance. I also try to provide a reality check and make sure that what they want to do makes sense and is realistic. As far as determining strategies...

Quality and Impact of Mentoring/Advising Activities

See sample in "Domain I: Teaching" section. [Describe the importance, creativity, innovation, quality and impact of the mentoring/advising activities described in the above table. How did the information obtained through your mentoring/advising activities change your educational practice? Describe evidence that your mentoring/advising activities have been developed using a scholarly approach. Limit to 1-2 paragraphs.]

Evidence of scholarship in this domain (grants, peer-reviewed publications or presentations)

See sample in "Domain II: Assessment of Learners" section. [List/describe any products of educational scholarship that were peer-reviewed, presented, published or adapted for use in other programs as a result of your mentoring and advising.]

DOMAIN V: EDUCATIONAL LEADERSHIP AND ADMINISTRATION

Description of Educational Leadership and Administrative Activities

Years Involved	Programs or Courses that I direct	Location	Overview of Activities
2011-2013	Pulmonary Biology 201 course	Institution	Directed Spring semester course for approximately 200 undergraduate students. Developed the syllabus, learning objectives, curriculum and exams. Organized and coordinated instructors for the different sections of the course.
2013-present	Pediatric Emergency Medicine Fellowship Program Director	Institution	Direct 3-year training program for 4 fellows each year. Oversee their professional development through informal and formal mentorship such as the scholarly oversight committees. Assess their clinical and scholarly progress and ensure they fulfill requirements for board eligibility.
	Educational Committee that I direct		
2013-2015	Residency Individualized Competency-based Curriculum workgroup	Institution	Led this 5-member workgroup, and developed guidelines and metrics to assess residents' attainment of milestones and clinical competency.
2011-2013	General Academic Pediatric Education Committee	Department	Led this 7-member committee through semi-annual meetings to evaluate the General

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			Academic Pediatric Fellowship program. Identified areas for improvement and developed action plans for the upcoming academic year.
	Educational Committee on which I am a member		
2015-present	Efolio Advisory Board, National Academy of XXX	National	Helping to develop an electronic portfolio for physicians in academic institutions for purposes of personal career, development, networking and promotions.
2010-present	Medical Student Admissions Selection Committee	Institution	Help assess and rank applicants for medical school on an annual basis.

Quality and Impact of Leadership Activities

Evidence that my educational leadership or administrative activities have been developed using a scholarly approach:

- **Goals:** To improve the culture, organization and outcomes of the educational programs for which I am responsible.
- **Preparation and Methods:** To improve my skills as a medical educator, I obtained a Master of Education degree as junior faculty. I have attended and given in faculty development workshops at the intra-sectional, departmental, college, and national levels. I developed a familiarity with medical education literature, and consulted with other educational leaders to learn from their experiences.
- **Results:** I have improved in my ability to critically assess teaching and learning settings and processes, and I think my overall effectiveness as an educator and a leader in education has improved. My fellowship has strong enrollment and a good record for placement of graduates. We received a very positive accreditation review in 2014. Last year, I was invited to consult with another fellowship program that would like to learn from our successful model.
- **Presentation:** Relevant additions to my CV (M.Ed, Academic Pediatric Association’s Educational Scholars Program, new lectures, teaching awards, grants and educational research presentations); construction of this educational portfolio; recognition by colleagues as someone with expertise in medical education. I have given several national workshops on educational models developed in the context of our fellowship program, and as a result I have received invitations to give talks at national meetings and participate in national educational committees.
- **Reflective critique:** As I continue to develop my leadership skills and responsibilities, I recognize the need to expand my networks with educational leaders at other institutions and in professional organizations, both to learn from them and to extend the influence of my institution’s programs.

Professional Reviewer/Moderator Activities

Years Involved	Types of Items Reviewed or Sessions Moderated	Sponsoring Organization
	<i>Examples not included. [e.g., abstracts, manuscripts, grants; or sessions at professional meetings]</i>	

Evidence of scholarship in this domain

See sample in “Domain II: Assessment of Learners” section. [List/describe any products of educational scholarship that were peer-reviewed, presented, published or adapted for use in other programs as a result of your educational leadership activities.]