Effective Presentation: Starting Your Educator’s Portfolio

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Associate Dean & Professor

Career Path Development for Academic Health Professionals Retreat
May 27, 2009

Adapted from Simpson D, Fenzel J, Marcdante K.

Today’s Objectives
Starting Educator’s Portfolio

1. Identify current educational activity that can be reframed to meet the criteria of educational scholarship (daily work)
2. For a selected educational activity, effectively present evidence that demonstrates:
   o Quantity & Quality of Your Excellence as an Educator
   o Engagement with Community of Educators

EP’s are a Teaching Tool – Your Learners are..... Present yourself effectively!
What We Know
Nationally re: Education & Documentation

Themes from
AAMC GEA Consensus Conference on Educational Scholarship
February 9-10, 2006

Results: Re-Affirmed Educator Activity Categories

1. Teaching
2. Curriculum Development
3. Advising and Mentoring
4. Educational Leadership & Administration
5. Learner Assessment

Results: Inclusions
Within each Category “Q^2”

- **Brief Description**
  - Role, activity description

- **Evidence of Quantity** of activity (ies)
  - Narrative or tabular display of who, what, when, where, how much, how many

- **Evidence of Quality** of activity(ies)
  - Summary of student/peer evaluations
    - Include change over time, normative data
  - Short excerpts from supporting letters
  - Invitations to teach outside department or school
  - Repeat invitations to teach to the same group or course

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**Teaching: Quantity**

**Medical College of Wisconsin Teaching Activities:**

**Medical Student**

2000 – current

- **Emergency Department Attending Children’s Hospital of Wisconsin**
  - One M-3 and Two M-4 students; approx 40 hrs/ mo; 11 mo/year

2001 – current

- **Ward Attending, Children’s Hospital of Wisconsin**
  - Daily attending rounds for 3-4 students on the pediatric inpatient rotation for 1 mo/yr
Teaching: Quantity

Medical College of Wisconsin Teaching Activities: Medical Student

2001  Small group discussion leader
  - M-1 Biochemistry required small group case based discussions to bring clinical correlation to biochemistry lecture material

2001–current  Instructor for Clinical Procedures Rotation (pediatric component)
  - Helped develop core curriculum for required M-3 rotation
  - Teach monthly four hour course

David Brousseau, MD, MS Pediatric EM

Teaching: Quantity

Residents

2000 – current  Pediatric Emergency Medicine Resident CORE Curriculum
  - Weekly required two-hour conferences for residents rotating in the emergency department
  - Average two conferences/year
  - Topics include: mock traumas, mock codes, interesting x-ray cases, and evaluation of the febrile neonate

2001 – current  Ward Attending, Children’s Hospital of Wisconsin, annually
  Daily attending rounds for pediatric PL-1 and PL-3 residents, family medicine residents and emergency medicine residents in their inpatient pediatric rotation for one month/year

David Brousseau, MD Pediatric EM
Teaching: Quality

Learner Evaluations: Individual Faculty Teaching Ratings by Year for "Overall Effectiveness as a Teacher"

1=Ineffective to 5=Highly Effective

Teaching: Quantity & Quality

<table>
<thead>
<tr>
<th>Role</th>
<th>Yr(s)</th>
<th>Quantity</th>
<th># Learners</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Clerkship</td>
<td>2002-08: &quot;Most Effective Seminar Leader&quot;</td>
<td>~19 hr/yr</td>
<td>8-12 per rotation; 8 rotations / yr</td>
<td>'07-08: &quot;Most Effective Seminar Leader&quot; Mean = 5.4 (7-point scale)*</td>
</tr>
</tbody>
</table>

*Comparative ratings should be given over time; Compare with peer group if possible.
Didactics have decreased and interactive adult learning has increased. As 1 of the 6 core ACGME competencies, a stable and growing practice-based learning program contributed to a five-year accreditation for the Department of Emergency Medicine Residency program from the Residency Review Committee (RCC).

**EBM Concepts used in Grand Rounds**

- **Didactic**
- **EM-2/3**
- **EM-1**
- **Total**

<table>
<thead>
<tr>
<th>Year</th>
<th>Hours/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>'99</td>
<td>5</td>
</tr>
<tr>
<td>'00</td>
<td>10</td>
</tr>
<tr>
<td>'01</td>
<td>15</td>
</tr>
<tr>
<td>'02</td>
<td>20</td>
</tr>
<tr>
<td>'03</td>
<td>25</td>
</tr>
</tbody>
</table>
**Step #4: Evidence**

**Q² Quantity & Quality**

<table>
<thead>
<tr>
<th>Teacher/Educator Activities List</th>
<th>TBL, PBL, Small Group?</th>
<th>Patient Centered Care?</th>
<th>ACGME 360° Instrument</th>
<th>Direct Course (Prog Dir?)</th>
<th>Assigned Advisor to___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Y</td>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

- Most Valued Activity (T, CD) & “Best Evidence” Quality?

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**Revisit Step #4: Finding Evidence**

**Q² Quantity & Quality (Comparative)**

- **Medical Student**
  - Course, Clerkship, Elective Director / Coordinator
  - Data Systems* (LMS, NI, E-residency)
  - Committees
  - Office Medical Education

- **Residency/Fellowship**
  - Program Director / Coordinator
  - GMEC – Internal Review; RRC

- **CMF**
  - Course/Program Director
  - CME Office
  - Hospital QI

- **Health Professions School**
  - Course/Program Director
  - Graduate Studies Council
  - Grad School Office

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**Evidence Your Responsibility Ask/Get It!**
Examples of Other Valued Educator Activities – \( Q^2 \) Engage

Advising & Mentoring
Curriculum Development
Educational Leadership
Learner Assessment

Advising & Mentoring

**Q2: Quantity & Quality**

<table>
<thead>
<tr>
<th>Name</th>
<th>Charles Woodson: MS → PGY Med</th>
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<tr>
<td><strong>Duration Process</strong></td>
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<td><strong>Outcome</strong></td>
<td>MD Received; Paper published in AM; AAMC Student Liaison to LCME</td>
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<td><strong>Effectiveness/Quality</strong></td>
<td>“I wanted to thank you for ... making me young man I am today...not sure you realize impact you've had in my life...”</td>
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Advising & Mentoring

**Q² + Engagement with Educ Com**

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**Engagement**

- **Draw From:** Literature (Kram, Morzinski), professional development activities, etc.
- **Contribute to:** Mentor manual accepted FMDRL; Workshop

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**Cur Dev: Cardiac Auscultation CD**

<table>
<thead>
<tr>
<th>Clear Goals</th>
<th>Teach students cardiac auscultation using a self-directed learning multimedia cardiac auscultation CD-ROM.</th>
</tr>
</thead>
</table>
| Adequate Preparation | Previous research has documented gaps in cardiac auscultation skills among medical students.  
| | Reviewed use of technology in learning cardiac auscultation. |
| Appropriate Methods | Multimedia CDROM based instructional program with PowerPoint slides, instructor voice over, sound files, and images of the main clinical and auscultatory characteristics of heart sounds/murmurs. |
| Significant Results | Ninety-five percent of students rated the overall educational value of the CD-ROM very highly and indicated that the CD-ROM promoted self-directed learning.  
| | Student performance on a cardiac simulation test at the end of the clerkship revealed a high level of skill acquisition (mean score 11; range 0-12).  
| | See graph below for additional data |
Cur Dev: Cardiac Auscultation CD

Cardiac auscultation CD-ROM evaluation results
N=100 MD 2003-2004

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>high value</td>
</tr>
<tr>
<td>90%</td>
<td>increased knowledge</td>
</tr>
<tr>
<td>80%</td>
<td>increased skills</td>
</tr>
<tr>
<td>60%</td>
<td>promoted self-directed learning</td>
</tr>
<tr>
<td>50%</td>
<td>contributed to my learning</td>
</tr>
</tbody>
</table>

Clear Goals
- Teach students cardiac auscultation using a self-directed learning multimedia cardiac auscultation CD-ROM.

Adequate Preparation
- Previous research has documented gaps in cardiac auscultation skills among medical students.
- Reviewed use of technology in learning cardiac auscultation.

Appropriate Methods
- Multimedia CD-ROM based instructional program with PowerPoint slides, instructor voice over, sound files, and images of the main clinical and auscultatory characteristics of heart sounds/nurms.

Significant Results
- Ninety-five percent of students rated the overall educational value of the CD-ROM very highly and indicated that the CD-ROM promoted self-directed learning.
- Student performance on a cardiac simulation test at the end of the clerkship revealed a high level of skill acquisition (mean score 11; range 0-12).
- See graph below for additional data

Effective Presentation
- Presented at the 27th National SGIM meeting, 2004, Chicago.

Reflective Critique
- Students’ satisfaction with this tool and saving of faculty lecture time made me more aware of the importance of technology based instructional tools when used and implemented in the appropriate setting.
- Fostering of self-directed learning skills.

Dario Torre, MD, MPH
Assessment - PDA-Based Mini CEX

Clear Goals
- To determine the feasibility of implementing a personal digital assistant (PDA)-based Mini-CEX for third-year medical (M3) students.

Adequate Preparation
- Literature review demonstrates validity and reliability of Mini-CEX.

Appropriate Methods
- PDA based Mini Clinical Examination (CEX)

Significant Results
- Implementation and feasibility of a PDA-based Mini-CEX
- Students and evaluators showed a high degree of satisfaction with this tool.

Effective Presentation
- CDIM (Clerkship Director Internal Medicine) plenary session, National Meeting, 2005
- Abstract published in Teaching and Learning in Medicine, 2006

Reflective Critique
- It motivated me to pursue the adaptability of a validated form to a PDA based tool which would facilitate collection and analysis of important data about students' supervision of clinical skills.

Educational Leader: Q2 - Quality

Clerkship Director, Obstetrics-Gynecology:
- Responsible for department educational offerings for third-year medical students since 2002
- Role includes development of core curriculum, lecture series, coordination of educational experiences between three hospital sites, administration of NBME examination and OSCE
- Heavily focused on reducing reports of unprofessional behavior since 2002 with success
- Now focusing on transitioning to competency-based assessment of students in accord with MCW Strategic Plan 2007-2012

AAMC GRADUATION QUESTIONNAIRE
"Rate the quality of your educational experience in the Ob-Gyn clerkship"

![Graph showing percentage responding "Excellent"]
Leadership & Administrative Project

*Basic Science/Clinical Integration*

- **Need:** Lack of clinical relevance, poor pedagogy
- **Goal:** Increase integration across 4 years
- **Actions:** Revised courses and conducted faculty development during 2004-06
- **Resources:** Support staff, faculty time
- **Quality/Evaluation:** 3.4/5.0 in 2003 to 4.3/5.0 in 2005

**Q2**

Leadership & Administrative Project

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- **Goal:** Increase integration across 4 years
- **Actions:** Revised courses and conducted faculty development during 2004-06
- **Resources:** Support staff, faculty time
- **Quality/Evaluation:** 3.4/5.0 in 2003 to 4.3/5.0 in 2005

- **Dissemination:** 6 peer reviewed activities
- **Reflective Critique:** next year plan to...

Engagement with Educational Community
### Educational Leadership:
**Residency Program Director**

<table>
<thead>
<tr>
<th>ACGME Review MCW EM History</th>
<th>RRC Accred Length</th>
<th>Cited?</th>
<th>Progress Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986 Initial approval</td>
<td>5 (tentative)</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>1988 Approval defer</td>
<td>Immediate site visit</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>1989 Approval</td>
<td>4 years</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>1993 Approval</td>
<td>5 (tentative)</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>1997 Site visit request</td>
<td>1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1998 Approval</td>
<td>3 years</td>
<td>10</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>2002 Approval</strong></td>
<td><strong>5 years</strong></td>
<td><strong>0</strong></td>
<td><strong>NO</strong></td>
</tr>
</tbody>
</table>

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### Worksheet 7C Engagement

☕️ **How did it go?**

- **Clear Goals**
  - Objectives
- **Adequate Preparation**
  - Current in educ + subject matter
- **Appropriate Methods**
  - Select methods = obj
- **Significant Results**
  - Evaluation
- **Effective Presentation**
  - Dissemination to Peers
- **Reflective Critique**
  - Revise

Next Steps

Engagement

- Adequate Prep: Consultant? Training?
  - Office of Medical Education
  - Center Education & Scholarship

Sample Portfolio’s on Web Site
www.mcw.edu/mentor
Scroll down EP Samples

The purpose of a portfolio is to make significant chunks of what educator’s do available for peer review. Only when we have something to value, will we have something to evaluate...and we cannot value something that we cannot share, exchange, and examine.

L. Rhudinse, PhD, AARE, 1990

http://www.mcw.edu/display/docid2546.htm
Next Steps (cont)

Engagement

- Create task/timeline → “public”
  - Start small – realistic
  - SEARCH (drawn from & build on)
  - Review with colleague
- Collaborate? (co-authors)
  - Ex: M3 Clerkship Directors PCC Intersession
    - CGEA → AAMC MedEdPORTAL → Acad Med (RIME)
- Take a Risk (sing?)

In Sum: Effectively Presenting Yourself as an Educator

- Teaching Others about $Q^2$
  - What you do (quantity)
  - How effective you are (quality)
- Collect your evidence
- Time for EP development = writing paper
  - Peers friendly review PRIOR to high stakes
- Valued as educator
- Seek to engage “valued” activities
Revisit Objectives
Starting Educator’s Portfolio

1. Identify current educational activity that can be reframed to meet the criteria of educational scholarship (daily work)
2. For a selected educational activity, effectively present evidence that demonstrates:
   - Quantity & Quality of Your Excellence as an Educator
   - Engagement with Community of Educators
3. Meet new colleagues engaged as educators

Join Community of Engaged Educators → Educational Scholarship

\[ Q^2 = \text{Quantity & Quality} \]

- Draw From Field
- Inform Own Work
- Contribute to Field
- Inform Others Work