

<p style="text-align: center;">Format for the University of Massachusetts Medical School Teaching Portfolio</p>
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- I. Personal goals and assessment: statement of teaching goals and philosophy**

- II. Description of teaching activities**
 - A. University courses (any formal course, including CME)
 - B. University conferences (seminars, grand rounds, conferences)
 - C. Outside conferences (invited lectures, grand rounds, visiting professorships, presentation at regional and national meetings)
 - D. Clinical teaching, supervision, and advising of students, trainees, and other faculty members
 - E. Examinations conducted (in courses, for certification boards)
 - F. Teaching innovations (new courses, lectures, or teaching materials)
 - G. Annotated bibliography of teaching materials prepared.

- III. Other efforts related to teaching and education**
 - A. Educational projects (curriculum development, research, committee work)
 - B. Participation in activities intended to improve teaching (workshops attended, observation of master teachers)
 - C. Teaching awards, honors

- IV. Summary**

- V. Appendices**

Instructions

In assembling their own teaching portfolio, faculty members should consider its several purposes:

- personal assessment,
- documentation of effort,
- and support for promotion or award tenure

Each item in the portfolio may not serve all of these purposes equally. Overemphasis of items intended for personal assessment potentially could weaken the impact of portfolio submitted for documentation of effort; e.g. a long discussion of personal goals might draw attention away from actual achievements.

The content of the portfolio becomes especially important for portfolios submitted for promotion and tenure deliberations. Because the academic personnel policy of the University of Massachusetts Medical School requires demonstration of excellence in two of the three areas of academic endeavor (research, teaching, and service/clinical work) and strength in the other, a portfolio used to support the claim of teaching excellence must contain material that indicates effort over and above what is ordinarily expected of any faculty member, e.g. the listing of a series of lectures comparable to those given by other members of a Department would indicate strength, but evidence of their effectiveness and high quality would be necessary to support a claim of excellence.

Examples are provided of how various items in the portfolio might look. Note that not all are activities that would have much impact with regard to demonstrating “excellence” in the context of promotion and award of tenure. Planning early in an educator’s career will be required to ensure there will be evidence of performance beyond normal expectations.

Faculty members should emphasize what they feel is most important about their teaching. Activities may be listed in summary form with examples or details in appendices. In the descriptions of teaching activities and materials, consider including information about the composition of the audience and its size.

To enhance the value of any activity listed in the Teaching Portfolio, evidence of a favorable evaluation, if this exists, should be provided. That evaluation will depend upon circumstances and may include a letter from a course director that includes student input, peer or resident evaluations, or comments from chairs of committees on which the faculty member has served.

I. Personal goals and assessment: statement of teaching goals and philosophy

What do you envision your teaching role to be?

II. Description of teaching activities

A. University courses (any formal course, including CME)

name and brief description of course
description and dates of sessions given
administrative role (if any)
evaluation:

e.g. Third Year Required Clerkship in Family Medicine, Central Core Curriculum Component, lecture: “Common Acute Problems Encountered in Primary Care” –eight times annually, 1990-1995
audience: medical students
evaluation: see evaluation of clerkship appendix

Third Year Required Clerkship in Family Medicine:

1) Small Group Leader for teaching Core Curriculum in Family Practice Utilizing Problem-Based Learning Format one group of 6 medical students per rotation, April-June, September – November 1995.

evaluation: see clerkship evaluation in appendix 1

2) supervised student interviews with simulated patients and OSCE

3) Served as Associate Clerkship Director, 1995-present evaluation: see letter from clerkship director

B. University conferences (seminars, grand rounds, conferences)

name and brief description of each activity
title and date
audience
evaluation

e.g. University of Massachusetts Medical Center Neurology Grand Rounds (presentation of three patients with Creutzfeldt-Jakob disease who had visual complaints, review of animal and human disease attributed to disorders of protein conformation)

title and date: “Neuro-ophthalmology of Prion Diseases”

April 16, 1996

audience: about 50 neurologists, neurology residents, medical students

Evaluation: none available

Department of Ophthalmology Grand Rounds
 (presentation of patients with meningiomas arising at the tuberculum
 sellae and discussion of their diagnosis and management)
 title and date: "Chiasmal Syndromes" April 19, 1996
 audience: about 25 community and faculty ophthalmologists,
 optometrists, paramedical personnel
 evaluation: none available

C. Outside conferences (invited lectures, grand rounds, visiting professorships, presentations at regional or national meetings)

name and brief description
 title and date
 audience
 evaluation

- e.g. Visiting Professor, The University of Michigan, Ann Arbor: lecture:
 functional Assessment of Spinal Cord Injury" and case presentations
 December 9-10, 1995
 audience: about 100 residents and attendings in neurology and
 neurosurgery, and medical students
 evaluation: see letter number 1 in appendix

Invited presentation at the New England Neuro-surgical Society,
 Boston: "Failure to Diagnose: Medico-legal Implications."
 June 4, 1995
 audience: about 50 neurosurgeons and neurosurgery residents
 evaluation: see letter number 2 in appendix.

D. Supervision and advising of students, trainees, and other faculty members

name and brief description
 title and date
 audience
 evaluation

- e.g. University of Massachusetts Medical Center, Ward Services attending,
 supervision of and rounding with two residents and three students,
 March and September, 1995, and April 1996
- e.g. pharmacology research rotations in the Graduate School of Biomedical
 Sciences, one graduate student for each of 10 four month blocks,
 1993-1996. This resulted in publications 3-6 in appendix 2.

E. Examinations conducted (in courses, for certification boards)

- e.g. Special Associate Examiner, American Board of Pediatrics, preparing props used for the neonatology section of the examination and conducting the oral examination in Boston/Cambridge, May 2-4, 1991, October 22-24, 1993 and May 12-14, 1995, in St. Louis, November 23-25, 1991, and in San Francisco, November 18-20, 1995.

F. Teaching innovations: new courses, lectures, or teaching materials

- e.g. Created a WWW minicourse students can use to acquire deeper insights into principles of electrophysiology (URL <http://www.ummed.edu/physiology/spikeology>)
audience: medical students
evaluation: see collated student evaluation forms in appendix 4

Developed a new course format based on discussion of question sets in small groups rather than passive lectures to the whole class (100 medical students, 40 half days). For details see appendix 3.

audience: medical students

evaluation: see review of initial course in appendix

G. Annotated bibliography of teaching materials prepared: books, handouts, chapters, reviews, articles, etc.

This should include the material in you bibliography that pertains to teaching or has an educational purpose. In the case of a textbook, for example, describe its Use here and at other medical schools,

III. Other effort related to teaching

A. Educational projects(curriculum development, research on educational issues, committee work, and teacher education)

- e.g. Development and Coordination of Communication Skills Course
- Required for 100 first year students;
 - 12 hours (2 hours lecture, 10 hours small group):
 - 15 faculty (small group leaders) from Family Medicine, Pediatrics, and Internal Medicine;
 - 20 acting patients for role-play in each small group;
 - discussed in 3 presentations at national meetings/2 publication (peer reviewed article and book chapter – see citations 1-2 in appendix 3).

Faculty Development in Family Medicine Grant and Program (3 years \$420,000 HHS)

Part 1: Annual series of 4 workshops (2) 2 day and 2 (1) day for primary care preceptors. Average attendance = 40/workshop (same attendees each workshop in series). Focus on Educational Planning, Teaching Styles, Learning Styles, Evaluation, Modeling, Difficult Learner.

Part 2: Academic Generalist Fellowship for Family Physicians. Two year fellowship in teaching and research leading to the MPH degree.

B. Participation in activities intended to improve teaching (faculty development, CME courses taken)

C. Teaching awards, honors

VI. Summary

Address how the teaching activities described meet (or do not meet) your goals as Described above. This statement should incorporate a plan for future teaching Activities that can be used as a reference point in evaluating your accomplishments.

e.g. I am concerned that our medical students are not exposed to adequate information about the eye and its diseases. The old Surgery Clerkship was a major access point for medical students interested in learning about discipline, and its reorganization has decreased my personal contact with them: in the six months from July 1994 to January 1995 I gave 28 one hour slide sessions and two three hour case discussions to third year students. In the past six months I have given none.

Even in an era where the specialist (let alone sub-specialist) has become Something of an educational pariah, I firmly believe in the value to all Doctors and their patients of an understanding of the ophthalmological manifestations of systemic disease and of knowledge about common eye diseases. Although my direct involvement in clinical teaching has decreased, I have recently recruited several bright, your ophthalmologists whose energy and ideas should stimulate both the faculty and students who interact with them. My expectation is that these members of the new Department of Ophthalmology will be able to collaborate in the interdisciplinary courses of the new curriculum, and my personal goal is to identify potential access points and facilitate the participation of ophthalmologists in teaching.

V. Copies of any materials described above presented as appendices