Educator’s Portfolio

Faculty Member Name

Title

Department

SUNY Upstate Medical University

Area of Excellence:

Education or Research or Service

Date

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## Educator Portfolios for Promotion

*When generating an educator’s portfolio for promotion purposes, it is important to ensure the portfolio includes items the Promotions Committee needs to review. The criteria for promotion based on excellence in Education are provided below. Criteria for proficiency in Education are also provided for anyone seeking promotion based on excellence in Research or Service.*

***Excellence in Education***

***Assistant to Associate Professor***

* *Educational leadership with major responsibility for education (documented role or title not required)*
* *Evidence for demonstrated innovation of an educational program*
* *Major contributor to a scholarly educational program; use of resources and the educational literature*
* *Supervisory and peer reviews of the education effort*
* *Reviews by recipients of teaching efforts that support a rating of excellent*

***Associate to Full Professor***

*Significant recognition of extra-university leadership in education or other significant recognition as a national leader and expert, including the following:*

* *Funding via education grants or contracts*
* *Educational scholarship\**
* *Developed texts or other media for educational purposes*
* *Participation in extramural educational initiatives; evidence could include:*
	+ *Election to national committees or boards involved with education*
	+ *Invited as visiting professor to present on educational innovations*
	+ *Participated in subspecialty board review or test development committee*
	+ *Invited to be an accreditation site visitor*

*[Invitations to serve in these capacities must be provided as documentation]*

***Proficiency in Education***

***Assistant to Associate Professor or Associate to Full Professor (criteria are the same)***

* *Documented education assignment and high-quality independent instruction, consulting or advising related to education*
* *Evaluations by recipients of educational efforts (e.g., undergraduate students, medical students, graduate students, residents, fellows, faculty or staff) demonstrating performance meets or exceeds that of others at equivalent career levels*
* *Positive supervisory and/or peer reviews of the teaching effort*

*\*For a definition of educational scholarship, see page 9 of the Standards and Criteria for Appointment, Rank, Promotion, and Tenure Policy: https://upstate.ellucid.com/documents/view/10241/?security=c6a9ba56a22ccfbacd0d9bd4d401633a304cf63e*

## Table of Contents

*The table of contents is essential to help the reader identify the contents of the portfolio and find various sections quickly. Not all sections listed below will be included in everyone’s portfolio. Include only those sections applicable to you and your work as an educator, and re-letter the remaining subsections so they are consecutive. You may also add sections as needed to represent your unique role in the education mission. This template is meant to serve as a guide to get you started and is not meant to be a rigid final form.*

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Appendices

Appendix A – Posters and Publications A1

 [Only those items relevant to education]

Appendix B – Letters of Support from Learners or Peers B1

 [This may be particularly useful if you don’t have formal teaching evaluations]

Appendix C – Student Evaluations C1

 [Include previous 3-5 years and organize by course]

Appendix D – Example Teaching Materials D1

 [This may be particularly useful if you have unique or unusual teaching materials]

## Allocation of Effort

*Provide the % effort spent on 1) Education/Teaching, 2) Research/Scholarship, and 3) Service (Clinical Service, Community Service, Leadership/Administration) as reported on your Annual Agreement of Faculty Academic Expectations.*

##### Example:

70% Education

 20% Research

 10% Service: Leadership

## Teaching Philosophy

*Your teaching philosophy is a self-reflective statement of your beliefs about teaching and learning. It’s a narrative that conveys your core ideas about being an effective teacher in the context of your discipline. It develops these ideas with specific, concrete examples of what the teacher and learners will do to achieve those goals. Importantly, your teaching philosophy statement also explains why you chose these options.*

*-Adapted from the University of Minnesota Center for Educational Innovation*

*Your statement may address any of the following:*

* *Your conception of how learning occurs*
* *A description of how your teaching facilitates student learning*
* *A reflection of why you teach the way you do*
* *The goals you have for yourself and for your students*
* *How your teaching enacts your beliefs and goals*
* *What, for you, constitutes evidence of student learning*
* *The ways in which you create an inclusive learning environment*
* *Your interests in new techniques, activities, and types of learning*

*-From the Vanderbilt University Center for Teaching*

*For more detailed guidance on developing a teaching philosophy go to:* [*Teaching Philosphy Guidelines*](https://cft.vanderbilt.edu/guides-sub-pages/teaching-statements/) *[URL: https://cft.vanderbilt.edu/guides-sub-pages/teaching-statements/]*

## Five-Year Goals as an Educator

*This section is for those with Education as their area of excellence. Describe your plans for developing and evolving your educational role at the institution over the next few years. What do you want to change? What do you want to learn? What do you want to improve? What do you want to initiate?*

## Educational Contributions

*There are 5 potential areas within this section: A) Teaching Activities, B) Learner Assessment, C) Curriculum Development, D) Mentoring and Advising, and E) Educational Leadership and Administrative Activities. Only include those areas that are relevant to you and your work as an educator, and then change the letters to be consecutive. You may use tables or narrative descriptions, whichever is more appropriate in providing the information in a concise manner. Examples of both are provided in the following sections. Scholarship in any of the areas should be mentioned or documented as appropriate.*

### A. Teaching Activities

*List all of your teaching activities in two sections: current teaching activities and previous teaching activities. Provide the length of time you have participated in the activity, the type of learners, the teaching modality (lecture, small group, laboratory, bedside, simulation, etc.), direct teaching time, and the number of learners per year. If any of these activities requires a significant amount of time outside of the direct teaching time, please feel free to comment on that. If you have many teaching activities, it is preferable to list them in a table (see example below; feel free to adapt this table to better fit your specific teaching activities). If you have only a few teaching activities, you may choose to list each separately followed by a short description (see example below).*

#### Current Teaching Activities

##### Example Table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year(s) Taught** | **Course or Activity Title** | **Teaching Modality** | **Direct Teaching Time (hrs/year)** | **# of Learners per Year** |
| **Medical Students – College of Medicine** |
| 2014 - present | Molecules Cells & Microbes | Lectures | 8 | 170 |
| 2014 - present | Microscopic Anatomy | Laboratory Instruction | 25 | 40 |
| 2015 - present | Foundations of Reasoning in Medicine II | Small Group Facilitation | 20 | 10 |
| 2016 - present | Practice of Medicine II | Small Group Clinical Skills | 50 | 10 |
| **Graduate Students – College of Graduate Studies** |
| 2010 - present | PhD Student Training | One-on-one training in laboratory research and scientific writing | ~200h per student per year | 2 |
| 2010 – present | PhD Student Laboratory Rotations | One-on-one training in laboratory techniques | ~50h per student | 3 |
| **Residents/Fellows** |
|  | Pediatric In-patient Rounds | Bedside Teaching | ~300 | 12 |
|  | Pediatric Out-patient Precepting | Direct supervision | ~300 | 50 |
|  | Pediatric Residency  | Lectures | 4 | 15 |
|  | Pediatric Resident Journal Club  | Small Group Facilitation | 10 | 20 |
| **Other Teaching Activities** |
| 2018-present | Project ECHO (community physician education) | Online sessions | 6 | 30 |
| 2019-present | Community Health Education | Public Presentation on COVID-19 Vaccine Safety | 2 | 50 |

##### Example Descriptive List:

2013 – present: **Clinical preceptor at UPAC**

* + - I supervise a total of 49 pediatric trainees (fellows, chief residents and categorical pediatric residents), six family practice residents, physician assistant students, and 48 medical students per year over up to six half-day sessions per week in our primary care pediatric setting.
		- Trainee supervision includes selecting patients appropriate for level of trainee based on complexity and variety, listening to oral presentations, and probing for clinical detail. I provide feedback and teaching throughout the precepting process to guide best practice care. Finally, I reassess the patient commensurate to training level and competency of the learner, and review all visit documentation and billing.

2014 – present: **Otitis resident lecture for pediatric and family medicine trainees**

* + - Presented up to three times each academic year

#### Previous Teaching Activities

*Use similar table or list as described above in Current Teaching Activities*

### B. Learner Assessment

*Describe any assessment tools you have developed or assessment activities you have participated in such as reviewing standardized patient exams with learners or observing and evaluating simulation activities of your learners. If you developed assessment tools, be sure to describe how these tools are being used.*

### C. Curriculum or Program Development

*Describe any courses, learning activities or educational programs you have developed. Examples include: course modules, pathway programs, fellowship programs, mentoring programs, and career development programs. This may also include work to make your educational program more diverse, equitable and inclusive, or work that improves wellness or the learning environment. Include a discussion of the literature or other resources used in the design process and any outcome measures. Estimate the amount of time spent on the development of each course, activity, or program.*

##### Example:

2019: Re-design of MPH 604 – Social & Behavioral Dimensions of Public Health

This course was previously taught by a medical anthropologist at Syracuse University, and was no longer aligned with new curricular goals or national accreditation standards. After the separation between Upstate and Syracuse University, I took over leadership of this course in the Fall of 2019.

The syllabus needed a complete overhaul, and I introduced:

* + - * A new textbook
			* New content in a variety of health behavior theories
			* A renewed emphasis on the social determinants of health
			* An ethics component

This newly revised course was taught by me for the first time in Spring 2020, and was unfortunately interrupted by COVID-19, and had to rapidly shift to remote instruction. The feedback from students was nevertheless positive so far, and additional refinements are planned for Fall 2020.

### D. Mentoring and Advising

*List all of your mentoring and advising activities in two sections: current mentoring & advising activities and previous mentoring & advising activities. Provide the length of time you have participated in the activity, the type and number of mentees or advisees, and the time involved per year. Feel free to present the information in table format or in list format, whichever seems most appropriate for your activities.*

#### Current Mentoring and Advising Activities

##### Example Table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year(s)** | **Activity Title** | **Role** | **Contact Time (hrs/year)** | **# of Advisees per Year** |
| **Medical Students – College of Medicine** |
| 2014 - present | MSPE Letter Writing | One-on-one advising | 30 | 20 |
| 2016 - present | Loguen-Fraser Learning Community – Clinical Advisor  | Group advising and one-on-one advising | 12 | 5 |
| 2017 - present | Pediatric Resident Advisor | One-on-one advising | 12 | 3 |
| 2018 - present | PhD Thesis Committees (6 total, 1 as Chair) | Committee meetings and one-on-one advising | 4 | 2 |
| 2021 | Case Report Publication with student | Individual mentoring | 10 | 1 |

##### Example Descriptive List:

2014 – present: **Pediatric Resident Advisor**

* + - I advise up to three pediatric residents each year (total of 9 residents over 6 years) and provide mentorship. I meet quarterly with advisees to review academic performance, progress toward board certification preparedness, and self-directed learning style. I also review advisee coping mechanisms, wellness strategies, and approaches to work-life balance.

#### Previous Mentoring and Advising Activities

*Use similar table or descriptive list as described above in Current Mentoring and Advising Activities*

### E. Educational Leadership and Administrative Activities

*List your educational leadership and administrative activities in two sections: current and previous. This includes leadership roles in courses, educational programs, and accreditation/evaluation activities for educational programs. It may also include national level educational scholarship activities such as developing educational guidelines, peer reviewing educational work, and reviewing education grants. Provide the years involved, the title of the course, program or committee, your role (Director, Chair, Member, etc.), and time spent per year on the activity. Information may be provided in table or list format, whichever is most appropriate for your activities. This section is important for faculty seeking promotion based on Excellence in Education.*

#### Current Educational Leadership/Administrative Activities

##### Example Table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year(s)****Involved** | **Title of Course, Program, or Committee** | **Role** | **Time****(hrs/yr)** |
| **Courses/Programs Directed** |
| 2013-present | Nervous System I (MNSY101) | Course Co-Director | 100 |
| 2016-present | Pediatric Clerkship (PEDS5600) | Clerkship Director | 100 |
| 2016-present | Public Health Scholars Pathway Program for Underrepresented Students | Program Director | 25 |
| 2017-present | Emergency Medicine Ultrasound (EMED1324) | Course Director | 40 |
| 2018-present | Nephrology Fellowship Program | Program Director | 75 |
| 2020-present | Pediatric Grand Rounds | Medical Director | 50 |
| **Accreditation and Evaluation** |
| 2021-present | Liaison Committee on Medical Education (LCME) Self-Study Working Group on Curriculum Design and Content | Co-Chair | 25 |
| 2022-present | Council on Education for Public Health (CEPH) Accreditation Site Visit Team | Site visitor/evaluator | 35 |
| 2022-present | Middle States Commission on Higher Education Self-Study Working Group on Support of the Student Experience | Member | 20 |
| **Educational Committee Memberships** |
| 2013-present | COM Year 1 Student Progress Committee | Member | 10 |
| 2017-present | Pediatric Fellows Scholarship Oversight Committee | Member | 15 |
| 2017-present | Resident Progress Committee | Member | 10 |
| 2018-present | COM Curriculum Committee | Member | 45 |

##### Example Descriptive List:

2014 – present: **Director of Resident Continuity Clinic**

* + - In this leadership role, I oversee all aspects of resident experience in the outpatient setting. Over the course of a pediatric resident’s three years of training, this amounts to four months of general outpatient pediatric medicine and at least one half-day per week for continuity clinic. Continuity clinic is a longitudinal experience providing primary care in a medical home for pediatric patients in sufficient volume to ensure exposure to and competence in the care of a spectrum of normal development and longitudinal management of both complex and chronic conditions. I coordinate scheduling of 49 pediatric residents to ensure adequate clinical exposure to teach a solid foundation of primary care pediatrics and to meet ACGME guidelines.

2020 – Present: **Medical Director for Pediatric Grand Rounds**

* + - I assembled a grand rounds steering committee comprised of 14 members including chief residents, faculty and community pediatrician colleagues to guide speaker content over the course of the lecture series
		- In this leadership role I coordinate scheduling, curate diversity of speakers and content, and incorporate feedback from attendees and committee members. I meet with all invited speakers prior to their lecture and orient them to our virtual lecture process. I help coordinate interdepartmental speakers such as pediatric surgery and an endowed lectureship through the alumni foundation. I helped create the inaugural co-presented grand rounds with the Center for Bioethics and Humanities. Lastly, I provide feedback and input into planning for twice monthly resident presented morbidity and mortality conferences
		- In response to the COVID pandemic, I created a novel virtual format for both internal and invited lecturers. This new format has created opportunity for increased variety and diversity of speakers and significantly increased total number of attendees. Expanded attendees include colleagues from other departments, community pediatricians from across our catchment area, and institutional leadership. In addition, the virtual format allowed for improved pediatric clerkship educational opportunities at our Binghamton campus and was mentioned as a highlight of the clerkship by the students and site director alike.

#### Previous Educational Leadership/Administration Activities

*Use similar table or list as described above in Current Educational Leadership/Administration Activities*

## Most Important Educational Contributions

*Choose 2-5 of your most important educational contributions and describe each in narrative format including why you consider the contribution to be important. Describe your role, the impact on learners, and any outcome measures.*

##### Example #1:

**Medical Scholars Program**

**2005 - present**

The Medical Scholars Program is designed to prepare underrepresented minority students for entry into medical school while they earn a Masters degree in Medical Technology in our College of Health Professions. The program is targeted to students who have a weaker educational background and need a little more preparation before they are ready to tackle the rigors of medical school. I have been involved in this program since its inception in 2005, as sole instructor in 3 basic science courses (Biochemistry, Cell and Molecular Biology, and Human Genetics). My goals are to give the students a solid foundation in basic science, as well as to help them become better independent learners. My courses are designed to challenge the students to work hard and learn the material well through active learning. Given the extensive contact time I have with the students in year 1 of the 2-year program, I have also become an informal advisor to them. I am proud of the work I have done in this program and the success these students have had in medical school. The vast majority of the Medical Scholars have chosen to remain at Upstate for medical school, thereby increasing our enrollment of underrepresented minorities, and most have successfully handled the academic rigors of medical school. Comments I have received from program graduates have suggested that their time in the program has made a big difference in their preparation for and success in medical school.

**Example #2**

**Resident inclusion in ownership of continuity-based care and medical home**

* + During my time as **continuity clinic director**, I have transformed the content and format of our continuity clinic group meetings. The meetings are being held more frequently, have become well attended, and have resulted in better understanding of practice improvement processes, culturally sensitive care, engagement with PCMH, improved utilization of community resources, and better understanding of the roles of clinical support staff in our practice setting. When trainees were surveyed regarding the content of these meetings, they rated them 4.1 out 5 for quality of content and 4.2 out 5 for applicability to their practice (with 1 being low and 5 being high). Trainees also requested yearly repeat of 83% of didactic lecture topics due to positive review.
	+ Continuity clinic meetings are able to educate on practice management and the key role our resident providers play in care delivery. This has led to increased resident satisfaction and ownership of care. Practice management curriculum has been consistently recognized as an important educational component by recently graduated trainees.
	+ Resident empanelment review has led to more smooth transitions in care of complex patients and warm handoffs by graduating residents. This has increased resident ownership of their complex patients and improved understanding of these patients for their new resident primary care provider.

## Innovations and Unique Contributions

*Describe, in narrative format, innovative approaches you have taken to your role in education and unique contributions you have made to the education mission. Be sure to include any outcome measures and your scholarly approach, including the use of the education literature to develop the program and the use of feedback to improve the program or activity. This section is required for faculty seeking promotion based on Excellence in Education. This is also where you can highlight your scholarly approach and scholarship activities.*

##### Example #1:

**Medical Scholars Program**

In 2005, when I was asked to teach in the Medical Scholars Program, I set out to design a set of basic science courses that would best meet the needs of these specific students. I realized that the small enrollment in these courses would allow me to do much more than just lecture as a means to deliver information. Based on information I learned at an IAMSE conference workshop, I developed an innovative course format in which student complete a reading and set of homework problems prior to every class. Class time is then spent discussing the homework problems, spending most of our time on material that is difficult or confusing. This format ensures that students keep up with material, develop good independent learning skills, and remain engaged with the material during class time. Students are encouraged to ask questions during class. Most students have responded well to this format and have told me that it is hard to go back to lecture-based classes after having spent a year in active discussion-based classes. I have talked about this class format with several other colleagues here at Upstate, and at least one of them (Dr. Jennifer Moffat) has adopted this format for her graduate teaching; she has informed me that it was very well received by the students and preferred over their more standard lecture-based classes.

##### Example #2:

**Expansion of advocacy curriculum and resident advocacy participation**

* + As detailed in the previous teaching activities section, I was a co-grantee of an AAP CPTI Advocacy Training Grant. Via participation in this grant process, the advocacy curriculum in our residency program was innovated in several ways:
		1. We included new content on local legislative process and practical skills to put advocacy into action.
		2. We created a lecture delivered by resident colleagues which increased trainee engagement in the content.
		3. We broadened the advocacy curriculum to include senior residents in addition to content solely in the first year of training which was not revisited.
	+ This innovative advocacy curriculum implementation led to multiple measurable outcomes:
		1. Pre- and post-lecture resident questionnaires showed increased interest in advocacy, increased understanding of concepts, and decreased barriers to advocacy.
		2. There was significantly increased resident interest in local AAP Chapter Membership with 100% of the first-year residents becoming chapter members the year our CPTI grant project was carried out.
		3. The resident delivered lecture series has become longitudinal and is now in its third year.
		4. Our AAP section on pediatric trainee representatives have been significantly more active and presented content in several settings via talks, emails, and advocacy projects.
		5. Resident interest fueled the formation of our Advocacy Interest Group detailed previously, and I was asked to be faculty mentor to this group.
		6. There has been a 200% increase in faculty and resident attendance at our yearly AAP chapter advocacy day at our state capitol. This experience has allowed for new opportunities to increase advocacy skills, learn about upcoming bills and budget proposals related to child health, and practice their advocacy skills in a real-life situation.
		7. A core group of residents has begun volunteering at the community diaper bank to both donate their time and learn more about how to advocate for their patient population.

##### Example #3:

**Distance Teaching**

In the Fall of 2010, I taught 3 weeks of my Biochemistry course from Little Rock, Arkansas. For family reasons, I needed to be away from campus for 3 weeks, but I did not want to get a substitute teacher for such a long period of time. Developing a means of delivering a highly interactive discussion-based course from a distance was a challenge, especially given my heavy reliance on the white board. I spent the Summer of 2010 identifying and learning new technologies such as Go-To-Webinar, Blackboard 9, and the Bamboo tablet to make this possible. Identifying the Bamboo tablet as the best way to emulate drawing on the board and working out the best settings for using the tablet was key to the success of this distance teaching. The students were receptive to the format, and had no difficulty seeing my drawing in real time and participating in active discussions. In fact, this was so successful that I presented my experiences with these technologies as part of a panel discussion at the 2011 Conference on Instruction and Technology. More recently, I have been sharing my expertise in the use of the Bamboo tablet with a faculty member at the University of Buffalo who is setting up a distance learning course that requires the use of a “whiteboard”.

## Evidence for Continuing Growth as an Educator

*List your participation in professional development activities that are focused on your role as an educator. List educational conferences attended, workshops focused on improving teaching skills or learning new teaching skills, and seminars focused on education. Include when you attended, the title of the activity, the format (seminar, workshop, conference, etc.), and the time spent on each. This information may be presented as a table or in narrative format as shown below.*

##### Example Table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year(s)** | **Course/Activity****Title** | **Host/Presenter** | **Format** | **Time** |
| 2012-present | Faculty Development Seminar Series | SUNY Upstate | Monthly presentations on educational issues | 1 h each(~4h/yr) |
| 2015-present | Annual Curriculum Retreat | SUNY Upstate Curriculum Office | Presentations, Panel Discussions | 4 h/yr |
| 2017,2020 | Annual Meeting of the International Association of Medical Science Educators (IAMSE) | University of VT (in person); online in 2020 | Seminars, Posters, Small Group Presentations, Workshops | 4 days each |
| 2017 | FRM Faculty Development | SUNY Upstate | Seminar | 1 h |
| 2017 | Team-based Learning | IAMSE Pre-Conference Workshop | Interactive Workshop | 1 day |
| 2012 | BEST Workshop Series | Academy of Upstate Educators | Interactive Sessions | 4 h |
| 2008 | Careers in Medicine Workshop | AAMC, Washington DC | Interactive Workshop | 2 days |

##### Example Descriptive List:

* + 2013-2015: Completion of Track 1 and Track 2 of **Teaching of Tomorrow (TOT) program** presented by the Univ. of Massachusetts Medical School Clinical Faculty Development Center
		- Tracks 1 and 2 contain content covering educational theory and teaching skills suited to academic primary care precepting. Track 2 guides the more advanced teacher through a quality improvement project to implement in their clinical setting. Participation in track 2 also assists in teaching track 1 learners
* 2014 – present: yearly attendance at the **Pediatric Academic Societies (PAS) meeting**
	+ The PAS meetings include content from national and international experts on wide ranging pediatric topics, specifically geared toward academic pediatricians. I attend sessions preferentially related to my areas of educational and clinical interest which allow me to maintain up to date teaching during lectures and precepting

## Quality or Impact of Teaching Activities

*There are 6 suggested areas within this section; only include those areas that are relevant to you and then re-label the sections so they have consecutive letters. Feel free to include other areas if your evidence of quality or impact doesn’t fit into one of these.*

### A. Awards and Grants

*List, by year, any awards you have received for teaching activities such as Gold Standard Award, President’s Award for Excellence in Teaching, or other local, national, or international awards for educational activities. In a separate section, list any grants you have received for your education work, including the year(s), total funds, and a description of how the grant funds were used to advance your education work.*

#### Awards

**Example:**

2012 Gold Standard Award for passion, commitment, excellence, and integrity in service to Upstate Medical University (nominated by a faculty member for my work in educating students)

2018 President’s Award for Excellence in Teaching – College of Medicine Basic Sciences

2019 Selected for Membership in the Academy of Upstate Educators

2020 Chancellor’s Award for Excellence in Teaching

2021 Exceptional Moments in Teaching award

#### Grants

##### Example:

2018- 2019: **American Academy of Pediatrics (AAP) Community Pediatrics Training Initiative (CPTI) Advocacy Training Grant recipient**

* + - Myself and a resident colleague were successfully awarded this grant which covered attendance at the AAP Legislative Conference and supported novel advocacy curriculum content in our residency. The AAP Legislative Conference provided key legislative advocacy techniques, mentorship from national advocacy experts, and advocacy curriculum feedback.
		- Using these skills, we implemented a multi-pronged approach to **strengthening** **the residency advocacy curriculum**.
			* We created a new first-year resident advocacy lecture. I assisted my resident colleague in creating a novel lecture series to both motivate and educate fellow residents about the basics of practical pediatrician advocacy. The initial lecture described basic advocacy concepts and the pediatrician’s specific role in advocacy as a trusted advisor.
			* An additional lecture delivered to all residents in our program. This discussed practical steps to turn advocacy concepts into action, and reviewed local legislative structure. We also created an “advocacy pocket card” akin to an Advanced Life Support treatment algorithm card to provide quick reference info on local legislators, advocacy resource links, and key concepts.
			* Lastly, we collaborated with Dr. Andrea Shaw to create an advocacy project to review data of medical resource utilization in our pediatric health home enrolled refugee families to identify opportunities for advocacy.

### B. Invited Speaking Engagements

*List, by year, any education-related seminars given or workshops delivered at regional, national, or international conferences. This provides evidence of a reputation for your educational work beyond the local University.*

##### Example:

2019 Workshop on Team Based Learning at the annual meeting of the International Association of Medical Science Educators, in Cleveland, OH.

2020 Seminar on Diversity in Healthcare Education at the University of Rochester School of Medicine.

### C. Posters and Publications

*Provide full citations for any posters or publications you authored on education topics; separate the posters and publications into separate sections. You may also include posters or publications on non-education related topics for which you served as a mentor for the learner; i.e. you mentored a learner through the process of writing a manuscript or creating a poster. Please indicate those posters or publications that fall under this category.*

#### Publications

##### Example citation:

Greenblatt R, Hobart T, Formica M, Ko P, **Maimone MM**. Quick and Clean: LCME Scientific Method Training Without a Teaching Laboratory. *Med Sci Educ*. 2020;31(1):7-9.

#### Posters/Platform Presentations

##### Example citation:

**Maimone MM**. Returning to Basic Science in the 4th Year: A Flexible Elective in Pathophysiology of Disease Provides Meaningful Learning Opportunities. Oral presentation at the 2018 Annual Meeting of the International Association of Medical Science Educators in Las Vegas, NV.

### D. Learner Evaluations of Teaching

*Summarize learner evaluations of your teaching activities in table or narrative form. If numerical data are provided, please be sure to explain the Likert scale used and provide comparative data if available. Include the most recent 3-5 years in your summary, and consider subdividing by type of learner if appropriate. The actual evaluations should not be included here; they should instead be included in an appendix. Note that this section is required in all Educator Portfolios whether or not your area of excellence is Education because it is one of the criteria for demonstrating Proficiency in Education. If no formal evaluations are available, then letters of support from learners will be essential for the promotion package.*

#### Student Evaluation of Teaching in College of Medicine (most recent # years)

##### Example Table:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Course** | **How Many Evaluated You?** | **Teaching Effectiveness** | **Teaching Effectiveness (Faculty Avg)** | **Effectiveness of Teaching Materials** |
| **College of Medicine Student Evaluations (5-Point Likert Scale where 5 is best)** |
| 2020 | Microscopic Anatomy Lecture | 63 | 4.9 | 4.7 | 4.9 |
| 2020 | Microscopic Anatomy Lab | 67 | 4.7 | 4.7 | N/A |
| 2019 | Microscopic Anatomy Lecture | 80 | 4.8 | 4.6 | 4.7 |
| 2019 | Microscopic Anatomy Lab | 89 | 4.7 | 4.5 | N/A |
| 2018 | Microscopic Anatomy Lecture | 72 | 4.8 | 4.6 | 4.7 |
| 2018 | Microscopic Anatomy Lab | 5*3* | 4.7 | 4.5 | N/A |
|  |  |  |  |  |  |
| 2020 | Foundations of Reasoning in Med | 9 | 3.5 | 3.5 | N/A |
| 2019 | Foundations of Reasoning in Med | 10 | 3.7 | 3.6 | N/A |
| 2018 | Foundations of Reasoning in Med | 8 | 3.5 | 3.5 | N/A |

##### Example Narrative:

Over the past 5 years, teaching evaluations of lectures have consistently been 4.4-4.9 out of 5; faculty average over this same time period has been 4.3 out of 5. For small group teaching where the number of student evaluations is much smaller, ratings have ranged from 3.6 to 4.0 out of 5; faculty average 3.8 out of 5. Open ended comments from students have emphasized my clear delivery of well-organized lectures as well as high quality lecture notes and my ability to teach complicated material in an easy to understand way.

### E. Supervisor/Peer Evaluations of Teaching

*Summarize supervisor and/or peer evaluations of your teaching activities in table or narrative form. They may be subdivided by type of learner if appropriate. The actual evaluations should not be included here; they should instead be included in an appendix. If you do not have supervisor or peer evaluations of your teaching, consider asking supervisors or peers who have observed your teaching to write letters of support in which they comment on the quality of your teaching activities. You may then summarize their comments here with reference to specific letters. Note that this section is required in all Educator Portfolios whether or not your area of excellence is Education because it is one of the criteria for demonstrating Proficiency in Education. The actual letters of support will be submitted for promotion separately, but they may also be placed in an appendix for outside evaluators to review.*

### F. Unsolicited Feedback

*Some educational activities may not have formal evaluations associated with them. If you receive unsolicited emails or notes providing feedback on your educational efforts you may summarize them here and then provide the actual notes/emails in an appendix.*

## Appendices

*You may include one or more appendices to provide documents. Examples of possible appendices include:*

* *Posters and Publications in education [these pdfs will be uploaded separately into the promotion portal]*
* *Letters of Support from learners, mentees or colleagues who directly observed your educational work [these will be uploaded separately into the promotion portal]*
* *Student Evaluations [including open-ended comments]*
* *Peer Evaluations*
* *Unsolicited Feedback from learners, participants and colleagues [may be particularly helpful if your teaching activities do not have formal evaluations]*
* *Teaching Materials (course syllabi, lecture notes, multimedia, etc.) [particularly helpful if you have unique or unusual teaching materials]*

*Give each appendix a title page and number the pages of each appendix independently; if there are many items in the appendix, you may want to list the contents of that appendix on the title page.*

*When submitting your portfolio for promotion, be judicious in choosing what to include in the appendices i.e. quality over quantity.*

*Template Acknowledgments:*

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