Clinician-Educator Portfolio: What is it and why do I need one?

Carey-Ann Burnham
Pathology & Immunology Office of Faculty Development
June 2020

CEP Workshop Agenda

- Appointments and promotion
  - Tracks
  - APGAR document
- WUSM CV and CEP
  - What’s the difference?
- CEP formatting and content

Appointments and Promotions Guidelines and Requirements (APGAR)

- Investigator Track
- Research Track
- Clinician Track


Appointments and Promotions Guidelines and Requirements (APGAR)

- Investigator Track
  - Faculty members on the Investigator Track are involved in basic biological, biomedical, clinical, and/or educational investigation, and accomplishment in this realm is the primary basis for promotion on the Investigator Track
  - Appointment and promotion are based generally upon investigation and scholarly activities, teaching, clinical excellence (where appropriate), and service. Although all of these activities are considered, excellence in scholarly investigation is the cornerstone of a candidate’s record

Appointments and Promotions Guidelines and Requirements (APGAR)

• Research Track
  • Faculty on the Research Track are involved in basic biomedical investigation, clinical, and/or educational investigation and must meet a standard of excellence based upon research accomplishments.
  • The primary focus of Research Track faculty is to facilitate and support the overall research mission of Washington University, rather than to develop independent programs.
  • Excellence in research is the major criterion for appointment and promotion for faculty on the Research Track, although other activities may also be considered.

Examples of Evidence of Local, Regional and National Recognition

• Visitings professorships and invitations to speak
• Leadership roles in professional organizations
• Awards for contributions or innovations in area of expertise
• Publications
• Editorial board member or Editor
• Participation in clinical guideline committees
• Role in planning annual meeting for professional society
• Medical school admissions committee
• Appointment or election to department, school, or hospital leadership committees

Clinician Track

• The Clinician Track provides a mechanism for recognizing and rewarding faculty at WUSM who excel in one or more of the areas of patient care, education, administrative and research functions that assure the delivery of excellent patient care through current practice and/or by training future clinicians
• Essential criteria for promotion for faculty members on the Clinician Track are superior clinical skills and recognition, and involvement in the teaching mission of the Medical School

Appointments and Promotions Guidelines and Requirements (APGAR)

• Clinician Track
  • Assessment of clinical excellence
  • Teaching and education
  • Scholarly activities
  • Service to the Medical Center, University and Community
  • Evidence of Local, Regional, and National Recognition
Interactions with mentors and departmental leaders

- Provide regular updates
- Provide data, progress, objectives, evidence of productivity
- Be prepared for meetings
  - Come with agendas, lists, meeting objects
- Solicit feedback
- Understand if your goals are aligned
- Assess your top priorities vs. how you are spending your time

Promotion Process

- Internal department review committee
  - APGAR document
  - Regional, national, international recognition
- Promotion dossier: CV, CEP, letters of recommendation, manuscripts
  - Department head submits and presents dossier to Ad Hoc Committee
  - 4-6 Department Heads, 2-3 senior faculty representatives
- Executive Faculty Approval
- If tenure decision, review and approval by Board of Trustees

Promotion Dossier

- All documents need to be in presentation ready form!
- Follow instructions
- Spelling, grammar, formatting
- Office of Faculty Development can review and provide feedback

Requests to provide letters in support of promotion

- Asked to comment on:
  - Investigation and Other Scholarly Accomplishments: evaluate the candidate's academic and scholarly activities, and reputation in (her/his) field, including regional, national, and international. Comment on the originality, quality, and impact of the work.
  - Clinical Excellence: evaluate unique clinical expertise, referrals of challenging clinical problems, service to clinical laboratory program. Have Dr. XX's clinical accomplishments received recognition beyond the Washington University community?
  - Teaching and Education: evaluate teaching and leadership in education, including didactic, clinical, and administrative teaching and education, curriculum development, mentorship activities, invited presentations, regional, national, or international impact
  - Service to the Medical Center, University and Community: evaluate contributions to governance, leadership roles and activities, regional, national, and international reputation
  - Relative ranking in the field for career stage
- Overall assessment
- Make it as easy as possible for the letter-writer to craft a detailed, personalized, positive letter that highlights your unique contributions
Curriculum Vitae

• All faculty members must have a curriculum vitae

  • https://facultyaffairs.med.wustl.edu/appointments-promotions/wusm-cv-formatting/

Curriculum Vitae (1)

• Contact Information
• Present Position
• Education (list all degrees in forward chronological order)
• Academic Positions / Employment (list in forward chronological order)
• Clinical Title and Responsibilities (if distinct from academic title & responsibilities)
• Teaching Title and Responsibilities
• University, School of Medicine and Hospital Appointments and Committees
• Medical Licensure and Certification
• Military Service (as applicable)

Curriculum Vitae (2)

• Honors and Awards
• Editorial Responsibilities
• National Panels, Committees, Boards
• Community Service Contributions
  • Lay literature contributions, radio/TV/newspaper interview, community education
• Major Invited Professorships and Lectureships
• Consulting Relationships and Board Memberships
• Research/Grant Support
• Trainee/Mentee/Sponsorship Record (may put this in CEP document instead)
• Patents

Curriculum Vitae (3)

• Bibliography (number chronologically from oldest to most recent)
  • List separately by category
    • Original, peer reviewed articles in refereed journals
    • Case Reports
    • Reviews, Chapters and Editorials, including invited publications
    • Books (Indicate authors or editors)
    • Non-refereed publications
      • CAP Today
    • Abstracts — selected, high impact meeting abstracts (at associate professor-level or higher, I would not include Abstracts on the CV)
    • Audio/visual/Media
      • Podcasts
CV Formatting

- Use Helvetica, Arial, Calibri, Georgia or similar font
  - Easy to read, sans-serif font preferred
  - Use 11- or 12-point font
- Data in each section listed in chronological order, oldest to newest
- Provide dates
- If a section does not apply to you, delete the heading
- For multi-author publications, bold your name

Clinician-Educator Portfolio (CEP)

- Executive summary of faculty work and contributions that are not generally included in traditional academic resumes
- Supplement to the CV that is a detailed compendium of clinical, educational, and service activities
- Required promotion document for all faculty members on the clinician track, and may be included when appropriate for Investigator or Research Track

Clinician-Educator Portfolio (CEP)

- Showcases what makes you special!
  - Quality and extent of clinical expertise, educational scholarship, innovation
- Should not duplicate the CV, but content should be consistent
- Try to keep as a “real time” document

CEP Formatting

- Don’t repeat the demographic information in the CV
- Content should be listed in chronological order and be consistent with format of the CV
  - Do not repeat items included in the CV
- Use bullet format! Be clear, concise, make it easy to read
Clinician-Educator Portfolio—Major Sections

- Clinical Contributions
- Educational Contributions
- Annual Summaries
- Other

Clinical Contributions

CEP—Clinical Contributions—Sections

- Summaries of ongoing clinical activities
- Development of methods for improved quality and efficiency of clinical care
- Development of clinical guidelines or care paths
- Clinical administrative responsibilities
- Feedback in the form of patient care evaluations

Summaries of ongoing clinical activities

- Describe clinical activities including
  - Type of service
    - Molecular diagnostics, gastrointestinal pathology, consult service
  - Time on service
    - Weeks or months per year, quarter, etc.
  - Responsibilities
    - Describe what you do in a way a non-clinical person would understand
Development of methods for improved quality and efficiency of clinical care

- Describe the area of need and what was developed (internal)
- New method evaluation/validation and implementation
- Rapid improvement events
- Involvement in initiatives such as EPIC
- Policy and procedure development
- Involvement in QI initiatives

- Describe who was involved in the development (solo, panel, team), your role, outcomes, and target audience
Improved quality and efficiency

- Laboratory standardization (2017-present)
  Recognizing the risks of non-standardized test naming and performance across BJC (e.g. inappropriate test ordering, confusing test reports that lead to inappropriate patient care), I helped develop the BJC Clinical Laboratory Steering Committee. Through my contributions to this committee, we have standardized several critical tests across BJC, including BMP/CMP, CBC, and urinalysis. See the description of the committee below under Community Service for more details.

Improved quality and efficiency

Participant in expert committee for system-wide standardization of test and reporting parameters for urinalysis.

This initiative standardized orderable urine tests available in Epic while improving the quality of result reporting to reduce confusion surrounding urinalysis and urine culture ordering in Epic. Served as a subject matter expert for the BJC system-wide standardization of criteria for reflex urine culture from positive urinalysis.

Member of Antimicrobial Stewardship Program Committee, NYPIH. An interdisciplinary committee responsible for antimicrobial guidelines and the antimicrobial formulary. I am responsible for continuous review and comment on therapeutic strategies (agents and dosing) and formulary inventory, especially as it pertains to the microbiology of infectious diseases.
Development of clinical guidelines or care paths

- Describe the area of need and what was developed (external)
  - Professional society guidelines
    - CLSI
    - CAP
  - Expert panels

Clinical administrative responsibilities

- Director of a clinical area
- Clinical fellowship or residency training program
- PA or NP oversight
- Brief description of your role, responsibilities, activities, time commitment, etc.
  - Once per year, once per month, ever day?
  - Are you supervising people, how many?

Physician supervisor of pathologists’ assistants

As PAs have become a more important part of our workflow, I took over as supervisor with a mission to professionalize the corps, improve the level of training, and increase PA autonomy. I recruited a lead PA to fill a vital but unrecognized need, and worked effectively with her to expand the PA corps from four on-the-job trained PAs to six predominantly program-trained PAs plus a PA student.
Feedback in the form of patient care evaluations

- Letter from a patient
- Letter from consulting physician
- Letter from consulting pathologist

Educational Contributions

CEP—Educational Contributions—Sections

- Inclusive of all teaching activities, including CME
- Direct teaching
- Curriculum development
- Educational leadership
- Learner assessment
- Development of new tools or processes
- New handouts or other guides (may be multimedia) for trainees
- Development of new methods of education
- Graduate students, fellows, medical students, residents for whom mentorship was provided
- Feedback in the form of course or teaching evaluations
- Educational publications

Direct Teaching Sessions

- Classroom, clinical, other
  - Indicate your role: Course Master, Lecturer, Small Group Leader
- Describe courses, lectures, symposia, panels
- Indicate target audience (medical students, nursing, residents, graduate students)
- Time commitment (number of hours per week, month, or year)
- Don’t undervalue yourself
  - Same talk still has value
  - Go to person for....
UNDERGRADUATE MEDICAL EDUCATION

Lecturer, Clinical Microbiology Case Conference
- Weekly case conference designed for the education of infectious diseases physicians with an emphasis on laboratory diagnostic methods.
- Topics based on cases from Barnes-Jewish Hospital.
- Present ~ 6 times per year

Lecturer, Molecular Microbiology Lecture Series
- Didactic lecture designed for the education of clinical pathology residents and fellows, infectious diseases fellows and rotating medical students.
- Present ~2 times per year

Lecturer, Clinical microbiology teaching sessions
- Monthly lecture series designed for the continuing education of medical laboratory technologists
- One-hour topics include updates in susceptibility testing, urine culture interpretation, specimen collection, medical hardware, etc.
- Present ~2 times per year

GRADUATE MEDICAL EDUCATION

Course Master: Patient Safety and Quality Improvement, Infectious Diseases Division (2013 – Present)
- Teach a 2.5 week elective for 42 fellows on patient safety and quality improvement methodology
- Three 2-hour sessions per week (64 – 100 total student-contact-hour/year)

Course Master: Quality Improvement Elective, Department of Medicine (2013 – Present)
- Teach a 2-week elective for all residents on quality improvement in healthcare
- Provide mentorship for resident quality improvement project
- 4 hours of lecture per elective (28 total student-contact-hour/year)
- 3 hours of project mentorship per elective (21 total resident-contact-hour/year)

INVESTIGATIVE RESEARCH

Activity | Role | Level of Learner | Number of Learners | Frequency/Contact Hours | Years of Participation
--- | --- | --- | --- | --- | ---
1. Didactic Lecture | Lecturer/Facilitator | 2nd Year Medical Students | Entire Class | 1 hour/year | 2016-Present
2. Plasmid Rounds for Medical Students | Small Group Facilitator | 2nd Year Medical Students | 10-12 | 6 hours/year | 2016-Present
3. Didactic Lecture | Lecturer/Facilitator | Pathology Residents | 10-12 | 6 hours/year | 2015-Present
4. Didactic Lecture | Lecturer/Facilitator | Infectious Diseases Fellows | 10-12 | 1 hour/year | 2017-Present
Curriculum Development

- Describe course content
  - New course
  - Description of changes made to existing course

- Target Audience
  - Elective, core rotation, student interest group, graduate students

- Time commitment
Educational Leadership

- Positions held within the department, school, and nationally
- Courses developed
- Education policy
- Target audience

Learner Assessment

- New tools or process
- Target audience
- Outcome

LOCAL CURRICULAR DEVELOPMENT AND OVERSIGHT ACTIVITY:

Undergraduate and Graduate Medical Education Patient Safety and Quality Improvement Curriculum Working Group, Chair
Office of Medical Student Education, Washington University School of Medicine, 2012 – 2013
Final report available on request

Undergraduate Medical Education Patient Safety and Quality Improvement Curriculum Working Group, Chair
Office of Medical Student Education, Washington University School of Medicine, 2013 – present

Committee on Medical Education
Office of Medical Student Education, Washington University School of Medicine, 2010 – present

LCME (Liaison Committee on Medical Education) Medical Student Subcommittees, Chairperson
Washington University School of Medicine, 2006 – 2007.

Final report available on request

2016 – 2019

Six directors for PA students from Rosalind Franklin University of Medicine and Science

For several yeas, the department had consistently become a major stake for PA students, allowing them to learn in an clinical environment and providing a recruiting pipeline. I set up the necessary administrative resources (including a letter of agreement) to allow a student to rotate with us each year for a three-month period. We have had four interns to date in this successful program. In 2019, the program was expanded to include autonomy training.

2017 – 2019

Chair of the MU conference committee for APH/Coversity program

Group was in need of medical education, I was asked to chair the subcommittee that review the APH/Coversity and every six months to engage them to maintain the site Accreditation System. My work has included reviewing the CCO’s description (policy manual), ensuring our manual quality improvement, and ensuring our pathology result

2018 – 2019

Organizer for AP resident/fellow didactic schedule

The fellowship component of the residency program consists of lectures and workshops that last one hour. These lectures cover the guidelines for the orientation to the institution due to improve outcomes. While each resident within resident pathway into our curriculum, I take responsibility for balancing the sections, sequencing them, obtaining permission from faculty to lecture, sending invitations and distributing feedback surveys. After the first year of the program, 51% completed the session as valuable while 15% had no opinion. I also give a number of the didactics, including surgery, imaging, internal medicine, thoracic surgery, breast surgery, breast surgery, and endoscopy.
New Handouts or Other Guides for Trainees

• Include a link if on-line content
• Can include multi-media
• Service manuals

Development of new methods of education, utilization of new pedagogies in existing courses, or changes to curricula to improve outcomes

• Checklists
• New ways of delivering educational material
• Structured clinical examination

Development of new methods of education

• Transfusion Medicine Questions/Transfusion News Question of the Day (2011-present)
  • Along with a colleague from Harvard, I co-founded a free educational website for transfusion medicine (URL: https://transfusionnews.com/path-questions/).
  • We release 3-6 new multiple-choice questions per week, with an interface to record users’ scores and provide an explanation for correct answers. Questions are either written by editors or contributed by users, but all content is original.
  • To date, we have released >1,200 questions. I serve as co-editor and edit every question before release, in addition to having written 248 questions myself. In 2014, the website merged into Transfusion News to expand its audience (currently >7,000 users worldwide). Time commitment includes 3-4 hours per week to select and edit questions.

2000 - Present

Structured Video Interview Program, WUSM

I am leading a project to incorporate a consequential, asynchronous standardized video interview into the medical student selection process at WUSM in order to better assess communication skills, cultural competency, ethical responsibility, and other competencies essential to serving medical students. This project is supported by a Loel Teaching Fellowship.

2010 - 2019

Implementation of the SurveyMonkey Apply applicant tracking system for pathology fellowships

Pathology fellowship applicants use the ERAS Match or its associated applicant portal. In our department, applications have historically been managed by hand, using computer files emailed to program coordinators, stored on a local server and forwarded as needed to program directors. This system was cumbersome, time-consuming, and prone to errors and privacy lapses. In order to remedy these issues, I spearheaded a project to adopt a validated applicant tracking system. I studied needs and available solutions, selected SurveyMonkey, made a recommendation and championed its adoption. I took responsibility for the build phase as well as optimization and handover to the faculty and coordinators for our 13 fellowships.
Development of new methods of education

- Mock CAP mock inspection:
  To teach our pathology trainees (~25 every other year) about clinical laboratory accreditation, I supervise them in performance of the BiH and SLCH bi-annual College of American Pathologists (CAP) mock laboratory inspection. I assign the trainees to lab sections, educate them on how to perform the inspection, then meet with them prior to the final inspection summation to review their recommendations. Time commitment includes 3-5 hours of preparation and 4-6 hours of supervision every other year.

Graduate students, fellows, medical students, residents for whom mentorship was provided

- Meaningful mentorship experiences
- List name of mentee, time-period, activity
- Include current position of mentees who have completed mentorship period
- Divide into sections for different types of mentees (medical student, fellow, faculty, etc.)
- Briefly describe mentorship provided
  - Graduate and medical students, residents, fellow, other faculty
  - Career development
  - One-on-one training in specific area of expertise

Feedback in the form of course or teaching evaluations

- Medical school teaching feedback
- Resident and clinical fellow feedback
- May include course evaluations
  - Letter from course master with summary of evaluation scores
  - Evaluation of short course, etc. at national meetings
- Awards and recognition for educational excellence
- Teaching grants
Educational publications

- Books, chapters, and traditional publications
- Can include web-based materials if publicly accessible
  - Med Ed Portal
  - NEJM Knowledge+ [https://knowledgeplus.nejm.org/](https://knowledgeplus.nejm.org/)
  - Clinical Chemistry Trainee Council Pearls of Laboratory Medicine

- Authorship of textbooks
  - Authored chapter “Fundamentals of Clinical Virology” in Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 6th Ed. This is considered the premier textbook for pathologists training in clinical chemistry and molecular diagnostics.
  - Invited to author chapter “E. coli, Salmonella, Shigella” in Manual of Clinical Microbiology, 12th Ed. This is considered the premier textbook for pathologists training in clinical microbiology.

- Development of electronic educational course
  - Currently authoring “Viral Diagnostics” course for the New England Journal of Medicine (NEJM) Knowledge+ / AACC Learning Lab for Clinical Microbiology. This educational program is an adaptive e-learning product for preparation for certification and continuing medical education (CME). The target audience is trainees in medical school, residency, and fellowship programs, as well as clinical faculty seeking CME credits.

Annual Summaries

- May include as an attachment
- Be selective

Other

- Any relevant and unique clinical or educational contribution that is not included in the CV or elsewhere in the CEP
Other

• Leadership of a Core Facility
  • Scope of work
  • Number of peer-reviewed publications supported by facility over a specific time period (example 5 years)
  • Number of grants supported by core facility
  • Number of people supervised

Summary—Clinician-Educator Portfolio (CEP)

• Executive summary of faculty work and contributions that are not generally included in traditional academic resumes

• Supplement to the CV that is a detailed compendium of clinical, educational, and service activities

• Showcases what makes you special!

Questions?

Thank You!

• Thank you to everyone who shared examples

• Look out for CEP Part 2 (CEP Review/Feedback)

• Please take a few minutes to fill out your workshop evaluation

https://pathology.wustl.edu/office-of-faculty-development/