EDUCATOR'S PORTFOLIO

Sara G. Tariq, MD, FACP

Associate Professor of Medicine

Department of Medicine

University of Arkansas School of Medicine

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Executive Summary

This portfolio documents my teaching experiences and trajectory in medical education. It serves to highlight my student-centered philosophy that focuses on excellence in clinical education and adherence to the highest standards of professionalism and patient-centeredness. This portfolio is divided into seven sections, reflecting my teaching experience and concluding with my future goals. In addition, it documents three of the four requirements needed for successful promotion to full professor: Teaching/mentoring, scholarly work and educational leadership/service.

I. Teaching Philosophy

My teaching philosophy is more of a learning philosophy. Teaching is actually never about the teacher, but rather, is about the learner. The learner and the instructor are partners in the learning process. I have realized through my career that the “sage on the stage” model is an ineffective way to ensure that people can really apply the knowledge they are given. I strive to create a curriculum and foster an environment where students are encouraged to grapple with clinical problems, question their presumptions and stay excited about medicine. In addition, if I can serve as their head coach and lead inspirer, I have succeeded in my role as a teacher.

Mentoring and guiding students and faculty has been the most rewarding aspect of my career in education. Role modeling and creating a safe space for them to develop their professional identity is an integral component of medical education. I am fortunate enough to receive high ratings on my teaching style, but receiving the many personal notes of gratitude from current and former students is the best indicator of success in my role as mentor and coach.

Serving as POM II Course Director and simultaneously taking on a lead role as we underwent major curricular reform, all while preparing for an LCME site visit has broadened my understanding of education. I learned how powerful it can be when clinicians and basic scientists are able to collaborate to solve issues such as how best to integrate educational content in order to “make it stick”. When we achieve this level of cooperation, the students and their future patients win.

My role as Assistant Dean of Clinical Education has taught me that education is not just about *my* role with the student. It is about developing a cadre of educators who will teach and advocate for students. It is also about succession planning and building lasting programs. Solving problems and creating processes across the junior clerkships not only improves the learning environment for students but also empowers the faculty.

II. Teaching Activities and Role as an Educator

Direct Teaching- students/ Courses Taught

Since joining the Division of General Medicine at UAMS in 2002, I have engaged in a variety of teaching responsibilities within undergraduate medical education, graduate medical education, as well as continuing medical education. I regularly teach in the following venues:

- Practice of Medicine (POM) II - I have served as Course Director for 14 years and co-course director for one year as I have mentored a junior faculty member to take on the course director position. The POM II course is a longitudinal sophomore year course in the COM aimed at preparing students for the clinical rotations and developing their critical thinking skills. The focus is on history and physical exam techniques, as well as communication and ethical deliberation. In this setting, I am involved in leading lectures, teaching in the Simulation and Clinical Skills Centers, facilitating interactive critical thinking skills sessions, and precepting in the Problem-Based Learning small group sessions.

	Team-Based Learning*	Lecture*	Review*	Small Group/PCL*	Online Modules	Simulation*	Clinic	Lab*	Clinical Exam	Clinical Preceptor (min/ student)*
2012-2013	57	25	2	10	4.5	24	45	4	45	24
2013-2014	21	28	1.5	18	2.5	32	67	4	42	24
2014-2015	3	27	2	42	4	57	65	4	38	24
2015-2016	3	33	10.5	36	6	29	80	2	54	24
2016-2017	0	23	1	13	2	49	52	2	60	24

  - The course requires an average of 2-4 hours of face-to-face time plus 4 hours of planning and preparation/week
  - This course uses handouts, powerpoint lectures, on-line videos, standardized patient cases and physical examination check lists
  - In addition, I have put together 8 Problem-based learning cases that are discussed throughout the year.
  - Student ratings for this course dropped when we changed the curriculum and incorporated ethics into our course; however, they are rebounding back up.
  - We are constantly re-evaluating and trying new methodologies. For example, we recently introduced concept mapping in the course after learning about it at a national conference.

- Cardiovascular Module
    - Provided an annual lecture on "The Clinical Aspects of Pericardial Disease" over the past two years
    - Led the organization and implementation of two simulation lab exercises- ventricular tachycardia and hypertensive crisis. Each simulation lab takes two afternoons with four faculty each. I have developed the cases, practiced them with the simulation team and implemented them annually since 2012.
- Practice of Medicine (POM) I- POM I is the freshman counterpart to POM II. I regularly give five interactive lectures focusing on communication, the doctor-patient relationship and clinical reasoning/year.
- Brain and Behavior Freshman Course- I have been giving two lectures in this freshman course on "Eating Disorders" and "The Clinical Approach to Headaches" over the past four years.
- Practice of Medicine (POM) III- This course is in its inaugural year, focusing on advanced clinical skills and communication, critical thinking and cost effective patient care. I teach in the simulation center, facilitating the clinical skills portion.
    - I have spent 4-6 hours in simulation teaching, 3 hours in lecture and approximately 8-10 hours in planning for the new POM III OSCE
- Senior Harmony Health Clinic Elective- I have served as director of this course since 2012. Harmony Clinic is a free medical and dental clinic serving the uninsured of our city. Six senior medical students/year rotate in this clinic year-long seeing primary care patients. In addition, they must submit a QI project or educational material that directly benefits the patients.

Direct teaching- Residents

- "How to be a Great Clinical Teacher" Resident Lecture
    - Physical Medicine and Rehab Dept- 2015, 2016, and 2017

Direct teaching- faculty

- MASTERS Communication Workshop- I am one of 12 faculty facilitators who lead monthly 8-hour workshops to faculty and residents on relationship-centered communication skills. We received one week of intensive training from the American Academy on Communication in Healthcare to become facilitators.
    - 96 hours face-to-face time/year

- Academic House Faculty Development Facilitator- I run a longitudinal faculty development workshop for 39 basic science and clinical faculty advisors focusing on student wellness, the struggling student, and coaching techniques.
    - 15 hours face-to-face time/year

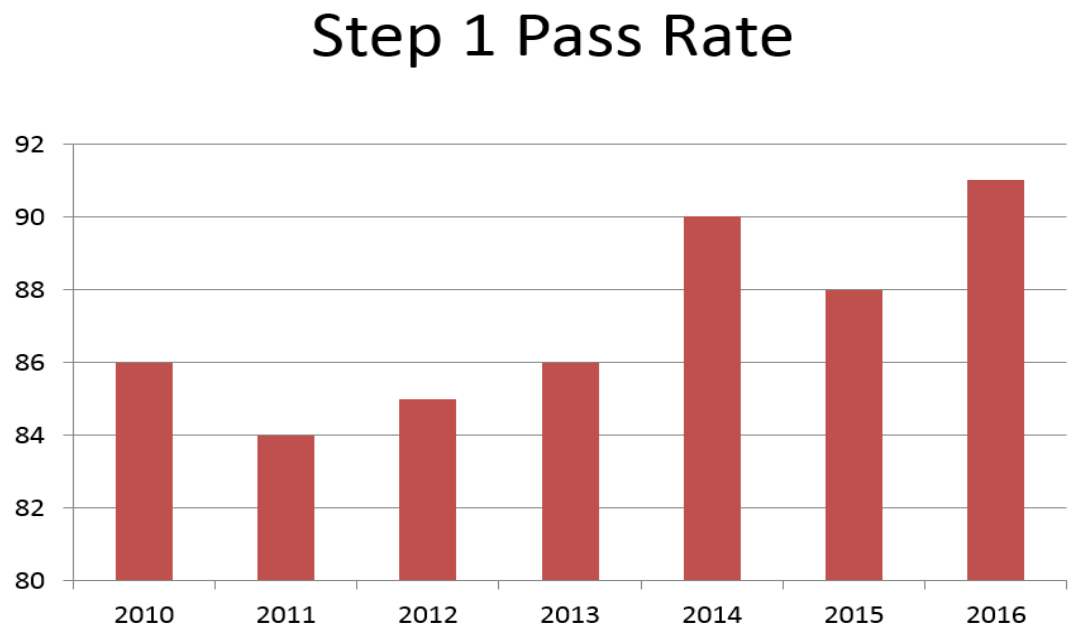
Curriculum Development

I have been involved in innovative curricular design in undergraduate medical education across all four years of the curriculum, including the medical school's extensive curricular reform initiative that I help lead in 2012.

UME Curriculum

- UME Curriculum Reorganization- (2011)- In 2011, we embarked on major curriculum reform in the COM. Our goal was to re-examine our educational program and objectives to ensure that we were meeting the educational needs of our students and the healthcare needs of our state- if we weren't, we made efforts to change. We spent 2 years re-organizing the structure and function of our curriculum. There are three areas of focus I would like to highlight:
  - *Integration of Clinicians and Basic Scientists with emphasis on clinical relevance*- My role as POM II course director and Assistant Dean of Clinical education was to get all the course directors to buy into the concept that basic science could be best understood and applied within the context of clinical medicine- it couldn't be taught in a vacuum. Once this occurred, we as a team were able to:
    - Prioritize content based on relevance and commonality
    - Make the tough decisions to eliminate certain content that was more esoteric.
    - Alter content (powerpoints, case presentations) by using more clinical cases as the framework within which to achieve basic science related objectives
    - I played a major role in creating **clinical co-director positions** for each module. We identified excellent clinician educators and created 15% FTE for their role in partnering with the basic science course directors. With input from the basic science course directors, I created a detail job description, highlighting roles and responsibilities. I continue to onboard and mentor all new clinical faculty who teach in the pre-clinical years.
  - *Active Learning and decreasing lectures* – We used existing national data to promote active learning modalities over passive learning modalities like lecture. I was the first faculty member to incorporate team-based learning (TBL) in the pre-clinical curriculum. Now, TBL is used throughout the first three years of the curriculum. We also had to decrease lectures and allow time for students to reflect on material they learned in preparation for active learning modalities and time to complete their clinical preceptorships.

- *Integrated an Organ System Based Curriculum*- The major structural change that occurred in the curriculum reform effort was taking the curriculum out of its current "home" in individual departments and centralizing it to the COM. This took cooperation from the departments and the Dean to help us create a new Curriculum office. All of these changes have contributed to the rising USMLE Step 1 pass rates that we have noted over the past several years.



- <u>POM I and POM II Curriculum Reorganization</u> (2011-present)
  - *Active Learning Curriculum*- The preclinical courses previously known as ICM I and ICM II (Introduction to Clinical Medicine) had to reinvent themselves and become organized in a way that better aligned with the basic science modules. In addition, we wanted to emphasize that the practice of medicine included many elements- from communication to differential diagnosis to ethics. Having attended educational conferences, I had already began implementing active learning pedagogy two years prior.
    - **TBL (Team-Based Learning**) - I introduced TBL into the pre-clinical curriculum in 2010 although not in its full form. With help from the curriculum office, I was able to fully utilize TBL in 2012. I met with a team of basic scientist to organize each integrated TBL. We horizontally integrated content, organized clinical and basic science objectives and were able to invite guest content experts who could help the students solve complicated clinical problems. I was also asked to be included in the initial planning and construction of the new Active Learning Center in the library. This area was built as an ideal space for TBL teaching.

- **PBL (Problem-Based Learning) -** In response to the national call for more active learning pedagogy, I along with the POM I course director, implemented a problem-based learning component in the POM II course. We called them PCLs (Patient Centered Learning). PCLs are small group sessions of 10 students led by one faculty member and two senior medical student facilitators. We discuss one patient case that evolves over the course of two days. The students are required to set their own learning objectives, look up answers to the questions and discuss options for management. We created the cases to coordinate with the main module and to incorporate real world ethical and social challenges. The existence of PCLs were instrumental in getting positive remarks from the LCME site visit which occurred in 2012. Student feedback has been overall very positive.

- *Physical Exam videos* – We have been using videos from other medical schools in order to teach students physical examination techniques. These videos were a bit outdated and didn't always coordinate with how we were teaching in the clinical skills center. This spring, I created 8 physical exam videos that will be used in the POM I and POM II course. https://www.youtube.com/playlist?list=PLRuUmHD4VpX92cP-SfatC2Xza3rhF_ntG
- *OSCE Prep and Critical Thinking* – The greatest curricular challenge for POM II is getting pre-clinical students to learn how to think critically and how to use information to create a differential diagnosis. Assessing these skills in an Objective Structured Clinical Exam is also challenging, In order to prepare the sophomores for the clinical medicine and the OSCE, we put together special active learning sessions with role play and a discussion using concept mapping to help students learn how to prioritize a differential diagnosis. It is hoped that this will improve OSCE scores.

- <u>POM III Curriculum-</u> The members of the clinical education subcommittee realized that clinical teaching in the third year and USMLE Step 2 CS scores could be improved with standardized clinical skills teaching. After a year of planning, POM III was created in 2016. I led the committee, helped identify gaps and strengths in the curriculum, and based on that, we created the objectives of the course. The course is taught throughout the third year and culminates in an OSCE. This is the first time that we have used a summative OSCE incorporating competencies and objectives from many clerkships. I worked with the course director to create and implement the cases and then to grade the OSCE write- ups. It is hoped that this course will improve Step 2 CS passing rates.

- Residency Prep Program- Four years ago, a group of seniors approached me, asking for a program that would better prepare them for the interview process. With their help, we created this program, which has three components:
    - A presentation on how to write a personal statement and CV
    - A seminar given by a communications expert outside of UAMS on savvy interviewing skills
    - A mock interview session- I organize and train 40 faculty members to interview our seniors and give structured feedback using a standardized form. This program has continued to gain popularity among the students.

- Junior Bootcamp- In 2013, I organized a required skills-based workshop in the simulation center in order to better prepare students for their experience on the wards. We recruited over 10 seniors and 4 faculty members to participate in this program. This bootcamp includes the following:
    - Using EPIC to extract patient information
    - How to write a SOAP note
    - How to present a SOAP note
    - Basic gowning and gloving technique
    - Surgical hand-washing technique
    - Tour of important places in the hospital

- Senior Harmony Health Clinic Longitudinal - As former Medical Director and now president of Harmony Health Clinic, I created a longitudinal course offered to eight senior medical students to rotate at the clinic. This course is in its 4th year.

GME Curriculum Development

- Resident Teaching Videos- the LCME requires that every medical school provide some training to residents on basic teaching skills. In response to this mandate, I produced two teaching videos using residents and students as actors. One was on teaching bedside skills and the other on clinical reasoning. These videos are viewed annually by all house staff at this institution.
  https://www.youtube.com/playlist?list=PLrBOnU0PzFBnKDGOVjJw-Q58jr8sy-7tB

CME Curriculum Development

- Teach the Teacher Conference- Eight years ago, with the help of the curriculum office members, I started a new conference at UAMS aimed at gathering educators together to showcase their work and have workshops and talks aimed specifically at improving teaching skills. This conference started out in the COM only but after a few years, has become interprofessional. We just completed our eight year. I have received a grant annually through the Medical Education Foundation for Arkansas to support this conference. Every year, we invite a national leader in education. Over 50 faculty attend this conference yearly.

Programmatic Development

I have been involved in helping create several programs for the COM. I will highlight four of them which I think have had a significant impact on the College.

- *Creation of Clerkship Selectives (2016)* – Once curricular reform in the pre-clinical curriculum took place, we needed to take a look at the third and fourth year. In order to address this issue, the Clinical Education Subcommittee appointed the Clinical Year Committee, which I chaired. The primary objective was to make sure that the students were given the opportunity to choose the right discipline that they wanted to match into earlier than the senior year- in order to achieve this, they need to be exposed to the maximum number of disciplines- so we added a one month selective from which students can choose two of eight clerkships. This required many stakeholders to come to the table- including the Dean, Chairs of departments, and clerkship directors. With approval of the curriculum committee, this plan was passed and we have just completed the first year of this program.

- *Academic Houses Program (2016)* - Taking on a lead role in the implementation of a college-wide Academic Houses project for all 696 students and 39 faculty was a challenge that has proved to be very gratifying. Our objectives were to create a program aimed to improve career guidance, academic advising and wellness for the students. We are monitoring outcomes like improved exam scores, higher match rates and decreased student burn-out. We have successfully completed year 1. (See Appendix for table of outcomes)
    - Design Academic House Program
        - 7 Houses made up 6 faculty advisors (2 for the NW campus) and 100 students (40 for the NW campus).

- Each House must meet quarterly to discuss topics relevant to student success. One event must be purely social.
- In addition, each clinical faculty must meet with their 25 assigned students bi-annually for advising and checking in
- Each basic science faculty must run a small group bi-monthly Step 1 review session with the freshman/sophomore students assigned to them.

- Faculty Development Curriculum- It was essential to create a cohesive group of student-centered faculty advisors who could work well together and had the skills to deal with challenging student scenarios. I have put together a series of 4 workshops incorporating team-building and problem solving within the context of advising and coaching students.
- Website Development- A comprehensive COM-wide program needs a great website. With the assistance of our IT colleagues and Dr. Karina Clemmons, I have built a website for the Academic Houses that allows students and faculty alike to access important information such as House activities, the latest Match data and information from the AAMC. (http://academichouses.uams.edu/)

- *Simulation Training Program for Education (2012)* - Soon after we opened our simulation center, I was asked to become the Medical Director. This position didn't come with salary support or protected time, but I was passionate about simulation and felt that this modality of learning needed to be used widely across our campus. I helped create a day-long course for interested faculty across the university to become trained in simulation education. I contributed to the following parts of this curriculum:
  - Creating simulation cases using a template
  - The importance of active learning and the philosophy behind simulation
  - Basic facilitation skills
  - How to give feedback to learners

- *Clinical Skills Curriculum for Step 2 CS* - (2008) I have served as Medical Director for the Center on Clinical Skills Education since 2004. This is another position that did not come with any salary support or protected time, but it was again, an area of education that I felt needed a platform in UME so I took the position. In this role, I have the responsibility of helping train standardized patients for certain cases, whether that be in my course or in POM III. I also examine the Physical Exam Teaching Associates who teach students using their own bodies. I provide guidelines to the Clinical Skills staff about which physical exam and which techniques we should espouse. The most significant program that I have led in the recent past is the creation of the Step 2 CS Prep Course for senior medical students. My role included:

- Creating the cases using Step 2 CS guidelines
- Training the standardized patients
- Making sure the cases were at the appropriate level for Step 2 CS
- Creating rubrics for the evaluators to make sure the process was as standardized as possible
- Deciding what kind of feedback we would provide the students

Our pass rate for Step 2 CS has gone down since the NBME implemented a more stringent grading rubric. However, we have responded and changed our course to reflect these changes.

- *Educators Academy*- I was first exposed to the idea of an Educator's Academy in 2009 after attending the AAMC conference. When I returned, I started researching and decided that UAMS faculty would benefit from such a program where they could be recognized for the work they did in education and ultimately the educational mission for UAMS would be further supported and advanced. After brainstorming with colleagues at UAMS and ACH, we crafted a mission, an organizational structure modeled after Baylor, a timeline and budget. It was well received and with some changes, was adopted at the institutional level. It is now housed in OED and run by Dr. Laura Smith Olinde.
- *Teach the Teacher Conference*- After attending my first national conference on education, I realized that we needed to have such a conference on the local level- one that pulled educators from all over the campus together to share ideas, showcase educational scholarship and learn new techniques in teaching. My vision for this conference was for it to be hands- on and practical. I received a grant to start the conference, thinking that we might get 20 attendees- We had 50 people sign up for this conference. The numbers have been similar each year. It was so popular, that faculty from other colleges asked to join- it is now interprofessional and we now collaborate with the Educators Academy to include a poster session.

III. Mentoring

Mentoring and advising medical students is a significant part of my job. I maintain an open-door policy in my office because it is extremely important that my students feel that they can talk to me at any time. In addition, all students have my cell phone number which they can access at just about any time. I mentor over 40 students/year and advise over 100/year on average- each session takes between 15-30 minutes of my time.

Type of Advising	Average Number of Students
Academic House Advisor-M1	25/year
Academic Advising- M1	10/year
Academic Advising- M2	15/year
Step 1 Advising- M2	20/year
Career Advising- M3	30/year
Step 2 CS related Advising- M4	10/year
Match-related Advising- M4	6/year

See below tables for my most recent (16-17 and 15-16) Mentoring Data

Class of 2017

Trainee	Match Field	Place Matched	Top 3 Choice
Wilson Alobia	Surgery Prelim	Stanford-	Yes
Daniel Bingham	Anesthesiology	UAMS	Yes
Jeffrey Chacko	Pediatrics	UAMS	Unknown
Michael Cross	Internal Medicine	UAMS	Yes
Emily Crossfield	Ob/Gyn	UT-Southwestern	Yes
Kendall Fancher	Internal Medicine	Yale	Yes
Bhaskara Garimalla	Internal Medicine	NYU	Yes
Blake Haller	Internal Medicine	U Mich- Ann Arbor	Yes
Leighton Harned	Internal Medicine	MCG	No
Ginger Holton	Med/Peds	Yale Univ	Yes
Derek Karr	FM	Jacksonville, FLA	Yes
Jenny Liles	Dermatology	UAMS	Yes
Justin McLawhorn	Internal Medicine	Tulsa	No
Kristen Mitchell	Pediatrics	ACH	Yes
Linda Murphy	Surgery	UAMS	Yes
Safia Nawaz	Pediatrics	Iowa	No
Nancy Oropeza	Ob/Gyn	Texas Tech- El Paso	Yes
Zecheriah Rhodes	Surgery	Wright State	Yes
Arthur Slaton	Internal Medicine	UAMS	Yes
Colby Smith	Pediatrics	Cincinnati	Yes
Kelsey Sparks	Internal Medicine	Cincinnati	Yes
Patrick Sullins	FM	Jonesboro	Yes

Class of 2016

Trainee	Match Field	Place Matched	Top 3 Choice
Clinton Aguiar	Family Medicine	Fayetteville	No
Anum Ahmed	Med-Peds	University at Buffalo SOM-NY	No
Omair Ali	Ophthalmology	LSU-Shreveport	Yes
Brogan Bahler	Family Medicine	Indiana Univ	Yes
Almas Chugtai	Internal Medicine	Fayetteville	Yes
Lauren Davis	Psychiatry	UAMS	Yes
Diego Fernandez	Internal Medicine	UAB	Yes
Michael Gardner	Internal Medicine	Oregon Health Science Center	Yes
Jailan Hanafy	Psychiatry	Palmetto Health Columbia, SC	Yes
Joshua Harpool	Internal Medicine	UAB	Yes
Sara Hunton	PM and R	UAMS	Yes
Samuel Jackson	Psychiatry	UAMS	Yes
Alexander Kaczinski	Internal Medicine	UAMS	Yes
Iris Kon Njewel	Internal Medicine	Univ of Chicago	Yes
Lauren Lavender	Internal Medicine	UAB	Yes
Devon O'Guinn	Radiology	Icahn-NYC	Yes
Kathryn Parker	Internal Medicine	Washington Univ	No
Ashley Rosenberg	General Surgery	Virginia Comm	Yes
Parth Shah	Surgery Prelim	UT Memphis	No
Saira Shervani	Internal Medicine	Texas A & M	No
Priyenka Thapa	Internal Medicine	UAMS	Yes
Jaclyn Vandershilden	Surgery Prelim	UAMS	No
Jessica Mayer	Peds/Psych	Univ Indiana	Yes
Sohail Yousufi	Internal Medicine	Kaiser Permanente	No

Faculty Advised

Name	Years Advised	Dept	Notable Accomplishments	Promoted?
Dr. Tobias Vancil	10+	Internal Medicine	Multiple Golden Apples Senior Hooder, given charge to the class	Yes- Assoc Prof
Dr. Jason Mizell	5+	Surgery	National Presence, multiple publications	Yes- Assoc Prof
Dr. Sowmya Patil	3+	Pediatrics	Educational Leadership, multiple publications	Yes- Assoc Prof
Dr. Courtney Edgar-Zarate	2+	Med-Peds	Educational Leadership, Educational Grant	Not time yet
Dr. Jennifer Aunspaugh	5+	Anesthesiology	Fellowship PD, Leadership position	Yes- Assoc Prof

IV. Professional Development in Education

Executive Leadership for Academic Medicine (ELAM) graduate (2016-17)

I was selected as one of fifty women across the nation to attend a year-long fellowship focusing on leadership development. This fellowship required about 4 hours of work/week over the year (including projects, readings, etc.) and culminated in an institutional project. The Project that I chose was the Academic House Program, which has become a college-wide program including all 696 medical students and 39 faculty members.

I have used the skills and information gained to help others at this institution. With the Dean's encouragement, we have put together a committee that includes our Associate Provost for faculty, Dr. Jan Shorey, our former Provost for Education, Dr. Jeanne Heard, former ELAM graduate, Dr. Gloria Richard-Davis and myself. We solicit applications and select a UAMS nominee to ELAM annually.

In addition, through my work at ELAM, I have been invited to be a visiting professor at UNC and also at Texas Tech University Health Sciences Center.

American Academy of Communication in Healthcare (AACH) Certification (2016)

In 2016, I was chosen by the CEO, Dr. Richard Turnage and Vice Provost for Faculty Affairs, Dr. Jan Shorey, as one of twelve faculty members at UAMS to embark on an institution-wide project to look at how we could improve the communication skills of our faculty. These two leaders had already looked at three programs across the nation. Our job was to choose which program would work best among the three. We chose the AACH program, and were then trained for one week in this methodology. Once certified, we began offering day-long training sessions for faculty across all colleges. We are now starting to train new residents as part of the UAMS on-boarding process. I volunteer to teach one day-long workshop per month. We have overwhelmingly received excellent feedback from faculty.

AAMC Mid-Career Women Faculty Professional Development (2011)

The leadership of the Women's Faculty Development Caucus selected me to attend this 3-day leadership seminar focusing on personal and professional development. Upon my return I offered to give workshops so faculty at UAMS could benefit from what I had learned. The following are a few workshops I have given that reflect some of the skills and knowledge I gained:

- "How to Get Started: What to do your First Year as Faculty", UAMS WFDC Faculty Development Seminar Series, 2013
- "What is Your Leadership Style? Using the PACE Palette"- Teach the Teacher, 2013
- "Meetings- When to Have Them and How to Run Them"-Dept of Pediatrics Faculty Development Seminar, 2012
- "Women in Medicine"- Peds Place Talk. Dept of Pediatrics, 2012
- "Team-Based Care: Improving Quality through Teamwork" Interdisciplinary Workshops , 2012
- Faculty volunteer for CV Review- UAMS WFDS Faculty Professional Development Day, 2009
- "Balance Without Burnout: Self Promotion for Women" Southern Regional Professional Development Conference for Women in Academic Medicine and Research, Little Rock, AR , 2005
- "Self- Promotion for the Academic Woman: Strategies for Career Success" Southern Regional Professional Development Conference for Women in Academic Medicine and Research, Little Rock, AR, 2005

Narrative Medicine Course, Columbia University (2009)

In the summer of 2009, I signed up to take a 4-day course offered by nationally known Internist and educator, Dr. Rita Charon. After getting her PhD in English literature, she formed the first ever Department of Narrative Medicine. She has published nationally about the mandate for physicians to be able to honor the stories of our patients. Her workshop draws people from all over the world.

After attending her course, I returned to UAMS to implement some of the components of what I learned in the POM II course. The lessons she teaches serve to re-center us as physicians and remind us of our mission- which is to serve our patients and address their concerns in a holistic manner. I also pushed to have her attend IM Grand Rounds at UAMS so that other faculty could benefit from her wisdom. She gave Morning Report here, and deeply influenced several residents.

Teaching Scholars Program, UAMS College of Medicine (2006-2007)

I was encourage by my division chief at the time to enroll in the Teaching Scholars Program, a year-long course which at that time, was offered in the early evening hours. The lessons I learned there gave me the framework and process-oriented thinking I needed in order to build curriculum, write out outcomes-based objectives, consider what type of assessment tools I would use in my course, etc. The insight I gained from the Teaching Scholars course ultimately led me to create UAMS "Teach the Teacher" annual conference for faculty in education.

Harvard Medical Simulation Program, Harvard Medical School (2005)

Mary Cantrell and I were fortunate enough to be able to attend a week-long intensive simulation course at Harvard in 2005. There, we were immersed in learning about simulation, small group dynamics, the importance of transparency in teaching and the art of feedback. We brought back those skills and the vision to start a simulation program at UAMS. We continued to collaborate with our colleagues at Harvard.

Seven years later, with some negotiating and dreaming, we were able to open UAMS's first interprofessional Simulation Center. I again, volunteered to serve as Medical Director of the Simulation Center. With Mary's know-how and my curriculum background, we quickly assembled a team and a course for faculty. The model that we used to form our faculty simulation certification program was based on Harvard's model. Our program now serves all students from five colleges.

Our expertise has provided us with international attention. Members of our team have been to India, Turkey and Saudi Arabia to train other faculty on how to build simulation centers. I had the privilege to visit Saudi Arabia and train faculty across five colleges on simulation training.

V. Regional/National/International Recognition

- DOCS (Directors of Clinical Skills Courses)- DOCS was started by a group of faculty across the nation in 2010 who decided that we needed a consortium of faculty members who teach pre-clerkship clinical skills courses in order to share best practices, forward scholarship and collaborate on projects. Our group was endorsed by the AAMC. We are now over 130 members across the country with our own annual meeting.
  - **National Secretary** 2011 – 2015
  - **Founding member** 2011
- National Board of Medical Examiners- I was first nominated to serve on the USMLE Step 2 standard setting committee in Philadelphia in 2010. Once they saw my work, I continued to be invited to serve on different national exam writing committees. I have submitted over 200 questions and reviewed over 1600 questions for the National Board. After serving as exam writer, I was asked to join a new task force charged with looking at novel ways in which we could test communication skills on the USMLE.
  - USMLE Step 2 Communication Exam Writer Taskforce (2014-2015)
  - USMLE Introduction to Clinical Diagnosis Test Material Development committee- Exam writer for Step 1, 2 and 3. (2012-2015)
  - USMLE Step 2 Standard Setting Committee (2010)
- AAMC, Group on Women in Medicine and Science Membership Subcommittee- I was nominated in 2012 to serve on the national committee to look at how the AAMC would address issues important to woman in the medical work force. This committee met monthly to strategize and prioritize issues of concern on the national level.
  - Peer Reviewer
  - *SGEA Annual Meeting Abstracts , 2011-12*
  - *Academic Medicine Journal submissions, 2012*

V. Long Term Goals

In order for me to clearly line out my long term goals for the COM, I think we need to articulate some of the challenges that we will face over the next 10 years.

- Continued difficulty getting students into residency programs
- Competition with other non-MD schools in the state for medical school admission
- Increased student burn-out
- The need for a competency-based undergraduate medical curriculum- one that ensures that students have met certain milestones prior to being able to be promoted to the next level.
- The need for more faculty involvement and direct observation
- Increased faculty burn-out

My long term goals for the college include the following:

- I would like to build a robust multi-faceted student affairs program that will focus on improved outcomes for the students in terms of match rates, more academic support, student wellness, etc.
- It will be important to capitalize on the momentum gained from the Academic House program. This program is still in its infancy and needs resources and support to keep it strong and useful for students.
- We need to figure out ways to reward and retain our faculty who find satisfaction and success in education and mentoring with a feasible incentive program.
- I plan to work with the UME dean to devise a plan for how we at UAMS can adopt a competency-based curriculum that is workable for our school.
- We need to increase diversity and inclusion for our medical students by increasing scholarship funding, re-examining our curriculum for implicit bias and hosting challenging conversations that bring different perspectives to the table. This takes major culture change and will require a great deal of collaboration.