

Associate Professor Narrative Statement Example D — “The Pure Educator”

Primary Area of Distinction: **Education**

A candidate who devotes full time to education and does not practice clinically or conduct research.

Expected Achievements:

- **Established** level in **Education**
 - Entry level in Academic Service
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Assistant Professor, Department of Medicine

Introduction

Education is my passion. As an educator, I seek to advance the communication and inter-professional skills needed daily in the coordination of healthcare. With a background in developmental psychology, communication and education, I integrate each of those perspectives to enhance our programs in clinical education, for students, residents and faculty. In particular, I believe in the power of simulation to achieve learning through experience. I seek promotion to Associate Professor based on my achievements in the Area of Distinction in Education and in Academic Service.

Area of Distinction in Education

I was recruited to UMMS eight years ago to be Associate Director of the Simulation Center. In that role I am responsible for the day-to-day management of the facility, for oversight of the certification courses (BLS, ACLS, PALS, ATLS, and FCCS), for working with UMMS faculty to design, implement and evaluate new education programs using simulation, and for developing new approaches to simulation. I am pleased that the Center has run smoothly under my direction and our courses are in increasing demand with the expanded requirements for certification. But it is the development of new programs, both by collaboration with faculty, as well those that I have initiated, that has fed my passion for education and enabled me to engage in educational scholarship.

An excellent example is the Chronic Disease Simulation Program (CDSP) developed with Drs. Brown and Jones (Family Medicine). This interdisciplinary program is designed to educate medical and nursing students on the care of elderly patients, particularly those with chronic diseases. This topic has been a major gap in clinical education—the interaction of diseases, drugs, and age are often not appreciated leading to medical errors and unneeded diminution in quality of life for patients. We assembled a team of pharmacists, nurses, physicians from multiple specialties, and hospital administrators to create a model chronic care simulation program for third year medical students (as part of their Family Medicine Clerkship), graduate nursing students, residents, and faculty. I was honored to be asked to co-lead this group two years ago.

We have published this initiative in *Academic Medicine* (Sample et al, 2016) as well as provided tools for others to use through MedEd portal (Sample et al, 2015, 2017). We are now actively recruited to advise other medical schools throughout the United States on the development of this program. In the last year I have given presentations on the program at Tufts, New York University, and UCSF, as well as the AAMC Annual Meeting and NEGEA. The team received the “Star” award for educational innovation, a national award from the Institute of Medicine, for this interdisciplinary effort.

Our team is proud of the creativity and innovation that led to the implementation and dissemination of the CDSP. We are continuing with the formation of a national network, in collaboration with the

Note: The information presented here is fictional and does not relate to any real individuals or scientific/medical fact.

National Board of Medical Examiners (NBME), to track the impact of this educational process in both the disciplinary choices of students as well as their competencies in the care of geriatric patients. This novel research provides the foundation for continuing innovation in this area.

In addition to CDSP, I have worked with faculty on numerous simulation projects, including end-of-life discussions in both adult and pediatric scenarios, goal-of-care decisions following traumatic brain injury, field training for EMTs, and Objective Structured Clinical Exams (OSCEs) for several second year medical courses. I also led the design, implementation and evaluation of the simulation component for the Proper Opioid Prescription (POP) Program, for which UMMS has been recognized nationally.

Prompted in part by the development of the CDSP, my interests in simulation have focused on work flow in the clinic. There is a growing literature of studies that use audio and video recordings of providers to map work flow and develop computer simulations to model alternative, more efficient processes. My goal is to use this approach to help providers understand the limitations and inefficiencies of their current practice and offer the opportunity, through simulation, to develop new, more efficient habits. We piloted this approach with the Internal Medicine Clinic: first observing physicians and nurses in action and then simulating their practice with them as observers—essentially providing an “out-of-body” experience. The results are remarkable—“Wow, I actually do that?” is a frequent response—and have resulted in not just increased efficiency but more meaningful interactions with patients. I presented the study at the most recent annual meeting of the International Society for Simulation in Healthcare and have a paper in press in *Medical Education* (Sample et al, 2019). We received a UMMS Interprofessional Education Grant to support the pilot study and plan to seek funding from the Macy Foundation to expand the project.

I also mentor students and faculty on simulation projects, including three students in the Capstone Program and two faculty members in the Junior Faculty Development Program.

Academic Service

I am a member of the Educational Policy Committee, appointed by the Dean as a representative for educational resources, and on the Advisory Committee to the Senior Associate Dean for Medical Education. Outside UMMS, I have served on the abstract review committee for the Society for Simulation in Healthcare (SSH) since 2015 and was recently appointed to the Planning Committee for the Society’s next Annual Meeting. I have also served as a question-writer for SSH certification exams.

Summary

Simulation is a proven method of education, providing the opportunity to learn complex interactions in a safe environment. I came to UMMS to apply the power of simulation to clinical education, for students, residents and faculty. I am proud to have helped establish a strong and effective Simulation Center and enhance our programs in teamwork and communication. Teamwork has become increasingly important in health care. Our faculty are not always adept in communication and interprofessional teamwork, and our students must be prepared for an evolving world of healthcare. I look forward to expanding our educational programs in simulation, regionally and nationally, as well as continuing my studies to educate providers and improve patient experience.