

MEDICAL EDUCATOR: Education

- Objective: Evidence and contributions in one of the following along with objective demonstration of its positive outcomes:
1. New or innovative (can be improved) educational program
 2. New or innovative (can be improved) curriculum
 3. Leadership of new or innovative educational program
 4. New or innovative assessment tool(s)
 5. A recognized leader in mentoring or advising

CHECKLIST

WHY did you choose or get selected to lead / or develop a new curriculum, a new program, new assessment tools, or become a mentor? What was it about this program, assessment tool, curriculum that needed to be developed? Did someone in leadership ask you to do this? What was missing at UConn Health? You may need to discuss national benchmarks and / or why other schools have this.

WHAT: In your personal statement, you will need to tell the story of how this work fits in your career, and how it unfolded. Show and describe what you did to develop this or become the leader of this program. Provide material about the actual program or tools you developed. If mentorship, describe your mentorship program. (there needs to be a written expression of the structure of your program)

WHO: Who will this impact (target audience)? (Students, Residents, Grad Students, Faculty; what group)

HOW will you determine if you have been successful in developing a good curriculum, a good program, a good assessment tool, a new mentorship program, etc.? What outcomes are you trying to achieve? How will you demonstrate impact? What objective evidence will you have of your success? Examples include:

1. Peer reviewed publications or dissemination of knowledge and/or the tools or program you developed
2. Advancement of careers of mentees/ jobs, promotion, residency programs/fellowship programs
3. Impact on learners: Learners publications; securing residency /fellowship program; getting a job/career success
4. Invited presentations (local, regional, national)
5. Impact on knowledge. Did this change a cohort's knowledge base in the curriculum you developed (In training exam scores, Board scores, Mock exams, pre and post exams)?
6. Impact on attitudes: does the cohort have a better understanding of "something" because of what you have developed? What is the evidence?
7. Accreditation success where you were a leader
8. Honors/awards for the program or tools you developed
9. Recognition from target audience or leadership
10. Educational assignments due to recognition as expert in area
11. Membership on educational committees
12. Leadership roles on national educational committees
13. Recruitment/retention

What is the evidence for your reputation (local and regional for promotion to Associate Professor and national for promotion to Professor)? For example:

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| <input type="checkbox"/> <ul style="list-style-type: none"> • Invited talks, honors or awards • Invited journal reviews • Invitations to write chapters or article • Clinical referrals from outside the UCH system | <ul style="list-style-type: none"> • Service on committees or in governance roles for professional associations • Grant awarded to develop your program • Philanthropic donations to your program |
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Evidence of your record of excellence in at least one of the following levels of education: undergraduate, graduate, or post-graduate (which includes other health professionals). For example:

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| <input type="checkbox"/> <ul style="list-style-type: none"> • Teaching awards • Teaching evaluations • Committee work/leadership role | <ul style="list-style-type: none"> • Peer evaluations of your teaching • Teaching assignments due to being recognized as an expert in your area |
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Medical Educator Professional Category – Education - Mentoring

1. Scholarship:

The faculty mentor must clearly articulate the development of their mentorship program in scholarship including frequency of meetings, contract with mentee (i.e. goals of engagement), and there must be several mentees over several years to reflect a sustained role in mentorship in the domain of scholarship. Faculty mentor may have a defined role in a residency/fellowship/medical school/graduate program where their role is to oversee the scholarship efforts of the mentees (they may have protected time for this role). Regardless, the program must be structured with defined goals and outcomes for trainees in scholarship; the effort and outcomes must be sustained.

Outcomes: publications; posters; oral presentations; grant funding; thesis; faculty mentor must participate heavily in design, conduct analysis and drafting of scholarly projects; awards.

- There must be a direct link with the faculty member and the mentee for scholarship (is the faculty on the publication? did the faculty get used as a referee/ letter of recommendation?; documented meetings; individualized plans submitted
- Facilitate opportunities and connections in and out of UCONN
- Clear tables with learner; frequency of meetings; goals; outcomes (numbers of learners will depend on effort attached to this; must show sustained effort 1-3 learners/year)
- At least 1-3 mentees must be used as references

2. Career Development:

The faculty mentor must clearly articulate the development of their mentorship program in career development including frequency of meetings, contract with mentee (i.e. goals of engagement), and there must be several mentees over several years to reflect a sustained role in mentorship in the domain of career development. Faculty mentor may have a defined role in a residency/fellowship/medical school where their role is to oversee the advising/coaching program for career development (they may have protected time for this role). Regardless, the program must be structured with defined goals and outcomes for learners in career development.

Outcomes: Successful job placement; fellowship; residency vs development of mentee in content area (education, research, clinical); retention as faculty here.

- There must be a direct link with the faculty and the mentee for career development (did the faculty get used as a referee?/ letter of recommendation; can do a clinical mentoring clinic with resident during training; educational mentoring; research mentoring; documented meetings; individualized plans submitted
- Facilitate opportunities and connections in and out of UCONN; clear tables with learner; frequency of meetings; goals; outcome (numbers of learners will depend on effort attached to this; must show sustained effort 1-3 learners/year)
- At least 1-3 mentees must be used as references

3. Clinical Quality Improvement Programs:

The faculty mentor must clearly articulate the development of their mentorship program in clinical quality improvement including frequency of meetings, contract with mentee (i.e. goals of engagement); and there must be several mentees over several years to reflect a sustained role in mentorship in the domain of clinical quality improvement. Faculty mentor may have a defined role in a residency/fellowship/medical school where their role is to oversee the quality improvement efforts of the trainees. (they may have protected time for this role). Regardless, the program must be structured with defined goals and outcomes for trainees in clinical quality improvement.

Outcomes: QIP's for program that are in process of leading to improved systems of care.

- There must be a link with the faculty and the mentee for quality improvement; is the QIP a result of discussions/meetings to review the project documented meetings?; individualized plans submitted
- Facilitate opportunities and connections
- Clear tables with learner; frequency of meetings; goals; outcome (numbers of learners will depend on effort attached to this; must show sustained effort 1-3 learners/year)
- At least 1-3 mentees must be used as references
- #'s of QIP mentoring/year

4. Culturally Appropriate Mentorship: Women; URIM; LGBTQ

The faculty mentor must clearly articulate the development of their mentorship program in working with specific groups of individuals including frequency of meetings; contract with mentees (i.e. goals of engagement); and there must be several mentees over several years to reflect a sustained role in mentorship in this domain. Faculty mentor may have a defined role in a residency/fellowship/medical school where their role is to oversee diversity, equity, and inclusion (they may have protected time for this role). Regardless, the program must be structured with defined goals and outcomes for mentees in this domain. Recognize that numbers of individuals may be small but the sustained effort and outcomes over the years will be important.

Outcomes: Career development; educational opportunities; research opportunities

- Develop programs that address mentoring for specific groups; must outline efforts made with group; plan and outcomes achieved
- At least 1-3 mentees must be used as references.

All types of mentoring should include

- Structured program
- Mentoring contract: Goals and outcomes articulated in contracts
- Formal meetings
- Tables with mentees and outcomes