

EDUCATIONAL PORTFOLIO

NAME John A. Smith		POSITION TITLE Associate Professor	
INSTITUTION University of Alabama at Birmingham			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Georgia, Athens, GA	BS	1992-1996	Biology
Emory University, Atlanta, GA	MD	1996-2000	Medicine
University of Alabama at Birmingham, Birmingham, AL	Post-doc	2000-2003	Rheumatology fellowship
University of Alabama at Birmingham	MPH	2006	Epidemiology

The Educational Portfolio may not exceed six pages. Follow the format and instructions in the sample below. Supplemental material will not be considered during the review process.

Note: Anticipating a diverse applicant pool, the portfolio is intended to be sufficiently broad to capture educational achievements from a large and varied group. Many individuals will not have activities for every category; therefore, candidates are only expected to complete those areas that pertain to their experience.

Your Educational Portfolio should summarize your professional educational achievements over the past 3-5 years and provide insight into your personal philosophies regarding education. Please provide a statement supporting your expertise in the following areas that pertain to your experience:

A. Background Information (to be completed by all applicants)

A brief summary of employment history, work experience and professional memberships.

Positions and Employment: List in chronological order previous positions, concluding with your present position or appointment.

2001–present Instructor, School of Nursing, University of Alabama at Birmingham
2006–present Associate Professor, Department of Medicine, University of Alabama School of Medicine

Other Experience and Professional Memberships

1997 – Present Member, American College of Rheumatology
2005-2006 Steering Committee, CDC Rheumatic Prevention Network
2007 – Present Secretary, Society of Hospital Epidemiologists of America

B. Educational Philosophy (to be completed by all applicants): A very brief description of the applicant's personal theory of learning and teaching in the clinical setting.
My philosophy of teaching medicine has its origin at the beginning of my faculty career. It is founded on three components. First, the students must be actively involved in determining their learning process and goals. Second, the patient must be established as a key member of the

educational process. Finally, in every teaching interaction I must have a personal awareness of my interactions with students as a role model, an advisor, and a potential mentor.

As a result of my experiences over the years, my philosophy of teaching has evolved such that it is focused on the care, compassion, and healing extended toward the patient with the full involvement of the learner in that process.

C. Design, development and/or evaluation of curricula/programs

Advanced Ambulatory Clinical Clerkship in Musculoskeletal Medicine

This curriculum has been developed to meet the educational needs of third- and fourth-year medical students to improve their knowledge, attitudes, and skills when dealing with patients with rheumatic and musculoskeletal conditions and to inspire these medical students to pursue a career in Rheumatology through exposure to excellent role models and potential mentors.

D. Teaching skills: Documentation of teaching experience. Include the level of the target audience, year, duration and topic/clinical setting.

A. MEDICAL STUDENTS:

- 1) Preceptor, Introduction to Clinical Medicine Course
- 2) Lecturer, Pathophysiology Course
- 3) Summer Research Students
- 4) Lecturer, Basic Medicine Clerkship

B. HOUSESTAFF:

- 1) Preceptor, CASE Rheumatology Section
- 2) Service Attending

C. CONTINUING MEDICAL EDUCATION:

- 1) Lecturer, Department of Medicine Grand Rounds
- 2) Speaker, Internal Medicine Board Review Course

E. Assessment of learner performance: The construction and implementation of assessment measures with their associated evidence of reliability, validity and other psychometric indices.

- 1) Lecturer, Basic Medicine Clerkship (small group lecture): A monthly lecture is provided on the diagnostic approach to patients with arthritis. The format of this is an interactive and case-based presentation during the students' noon conference. The time commitment is one hour per month. Evaluations of this teaching activity are included.
- 2) University Hospital Service Attending (clinical teaching): Attend as teaching attending one month per year. Supervise residents and/or medical students. The time commitment is 24 hours per month. Evaluations of this teaching activity are included.
- 3) Preceptor, Introduction to Clinical Medicine Course (bedside teaching): For the past 7 years, I have worked with first-year medical students in this course. They commit 10 half-day sessions per year in which they work in my continuity General Medicine practice. These medical students are encouraged to interact with patients to further understand patient-doctor relations. At the end of each clinic session, there is a discussion and feedback session with the student.

The time commitment is 40-50 hours in clinic and 5-8 hours individually per year. Letters from students discussing this teaching activity are included.

4) Summer Research Students (individual mentor): During the Summer of 2004 and 2005, Dr. Ronald Smith and I provided mentoring during a summer preceptorship for a medical student following their first year. In this experience, the student worked with us in clinic as well as focusing their efforts on individual educational products. The time commitment is 4 hours per week mentoring through the summer totaling 40 hours per year. Letters from students discussing this activity are included.

5) Lecturer, Pathophysiology Course (large group lecture): During the Rheumatology section of the Pathophysiology Course, I have presented a clinical correlation. This involves inviting a patient who is interviewed and examined before the students. The presentation, evaluation, and management of their condition is then discussed.

F. Educational administration: Educational leadership and management positions, committee and task work service, and evidence of outcomes.

Director, Advanced Ambulatory Clinical Clerkship in Musculoskeletal Medicine Clinical Clerkship, 2007-present: Work one-on-one with a student during an outpatient elective. This curriculum was designed with support from the Clinician Scholar Educator Award from the American College of Rheumatology. Feedback is obtained after each rotation and appropriate modifications are made. The time commitment is 32 hours per month clinically, 8-12 hours per month individually.

Leader, Humphrey Firm Faculty, 2005-present: Meet twice per year with all members of the housestaff, organize yearly attending schedule, and lead monthly Firm Grand Rounds. Have monthly Firm Faculty leader meetings, serve on the Department of Medicine Clinical Competency Committee to review progress of all house officers and choose future assistant chiefs of service.

Assistant Chief of Service, 2002-2003: Served as Chief Resident of the Firm. Provided attending care to over 1,000 patients. Directly responsible for the ongoing educational advancement of 9 interns on the Firm.

G. Regional/national scholarship: Membership and leadership in educational organizations, relevant educational publications, extramural support for educational activities, the development of instructional materials with data regarding quality, peer review and dissemination.

Educational Articles

- 1) Gress TW, Smith J, Rubin HR, Simonson L, Sisson S, Thompson T, Brancati FL. Effect of student involvement on patient perceptions of ambulatory care visits: a randomized controlled trial. *JGIM*. 2002;17:420-427.
- 2) Hellmann DB, Smith J. Development and evaluation of a coordinated, ambulatory rheumatology experience for internal medicine residents. *Arthritis Care and Res*. 1999;12(5):325-330.

- 3) Martin DR, Schlott DW, Smith J. Clinical problem-solving: No respecter of age. *NEJM*, 2007;357(18):58-61.

Books Edited

- 1) Goldmann, DR, Smith J, etal (eds.), *Clinical Evidence*, ACP-ASIM and BMJ Publishing Group, Philadelphia, 2000.

National Educational Committees

- 1) Membership Committee; Society of General Internal Medicine, 1998-2003.
- 2) Education Products Committee, American College of Rheumatology, 2000-2004.
- 3) Clinical Vignette Committee, Society of General Internal Medicine, 2002-present.
- 4) Training and Workforce Subcommittee, Medical School Curriculum, American College of Rheumatology, 2003-present.
- 5) Education Scholarship Award Committee, Society of General Internal Medicine, 2005-present.

H. Continuing education and professional development

Documentation regarding growth in knowledge and skills as an educator.

Faculty Development Course in Teaching Skills: Completed in 2005. This is a 2-semester course over 6 months that includes adult learning concepts, providing feedback, small group facilitation, and training in cross-cultural competence.

Graduate Summer Program in Epidemiology: Intermediate Biostatistics: Completed in 2006. This course presents fundamental concepts in applied probability, exploratory data analysis, and statistical inference, focusing on probability and analysis of one and two samples.

Children's Hospital Medical Center Masters of Education: 2007 - present. This program is designed to provide advanced education to health care professionals in the area of medical teaching and learning. The emphasis is on adult learning, curriculum and teaching methods, and medical education evaluation and research.

I. Honors and Awards: Recognition by peers and trainees with description of award selection process.

- 2005 Outstanding Young Physician Award, UA Medical Alumni Organization
- 2006 National Alumni Association Award for Excellence in Teaching, University of Georgia,
- 2007 David M. Smith Excellence in Mentoring Award, University of Georgia, 2007
- 2008 National Award for Scholarship, Society of General Internal Medicine

J. Long-term goals: Reflection on portfolio and future plans, often linked to continuing education.

My long term goals are to provide the highest quality rheumatology instruction to medical and graduate students, residents, and fellows and to share my knowledge and experience with other rheumatologists and medical educators.

K. List of formal and informal advisors and evidence of impact

I have assembled an excellent team of mentors who, along with the assistance of the ACR Clinician Scholar Educator Advisory Panel, will be a valuable resource as I embark on a successful career as a clinician educator.

Timothy Kroner, M.D., private practice, Baltimore, MD

Dr. Kroner has been involved in providing his practice for medical students rotating on the month block of musculoskeletal rotation. His unique interest in sports medicine has helped make this MSK rotation one of the most popular. The students rotate with him on Wed afternoons.