PRESENT: Dr. Keith Armitage, Chair; Drs. Wanda Cruz-Knight, Barbara Freeman, Karen Horowitz, Freedom Johnson, J. Harry “Bud” Isaacson, Amy Wilson-Delfosse, Daniel Wolpaw, James B. Young, Nick Ziats, Drs. Alan Hull, Daniel Ornt, C. Kent Smith, Terry Wolpaw; Mrs. Virginia Saha; Messrs. Thomas Ladas (M.S.T.P.), Peter Hanna (Year III College Track), Daniel London (Year I College Track); Mss. Maureen Burke (Year IV University Track), Marcella Luercio (Year II College Track); Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Mireille Boutry, James Bruzik, Abdulla Ghori, Toni L. Johnson, Mark Malangoni, Mimi Singh, Brad Stetzer; Mr. Myles Nickolich (Year II University Track); Ms. Hanhan Li (Year IV College Track)

GUEST: Drs. Robert Bonomo (via conference call), Cathy Carlin, Ewald Horvath

Comments from the Chair

Dr. Keith Armitage, CME chair, explained that the main agenda for today’s meeting is a presentation from the CAPT co-chairs (Committee on Appointments, Promotions and Tenure) on how teaching portfolios are evaluated for promotion, as one major area of focus for the CME this year is teaching performance and recognition. One of the roles of the CME is policy oversight to assure that quality of teaching is reviewed on a regular basis. The CME wishes to help our teaching faculty better understand the promotions process and make optimum use of this feedback to get promoted.

The Vice Dean will present an update on the School of Medicine’s status with LCME non-compliant and in-transition issues being addressed subsequent to the March 2010 site visit.

The October 7 minutes were approved as distributed.

New members whose first meeting was today were introduced: Dr. Ewald Horvath, new Chair of Psychiatry at MetroHealth Medical Center, Mr. Peter Hanna (Year III College Track student representative), and Ms. Marcella Luercio (Year II College Track student representative).

No Student CME Report

Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, announced that we have renewed our site license to the MD Consult Basic Core and Basic Sciences Collection.
Discussants expressed their views on the merits of electronic databases *MD Consult* and *UpToDate*.

Dr. Armitage mentioned that University Hospitals is looking into alternatives for the pricey *UpToDate* and is considering point-of-care resources *FirstCONSULT* and *DynaMed*. Dr. Armitage likes *DynaMed* and found it easy to use.

The Clinic subscribes to both resources, *MD Consult* and *UpToDate*. Dr. Isaacson felt that *UpToDate* is more widely used than other resources. Dr. Young mentioned that he likes *UptoDate* and often prints out material for patients. Dr. Dan Wolpaw is an advocate of *UpToDate*. Dr. Young mentioned, however, that Pharmacology is not *UpToDate*’s strong suit, when Dr. Armitage added that he uses *Micromedix* for interactions and side effects.

Mrs. Saha mentioned that our eCurriculum “deep links” directly to the exact paragraph the students need. She added that we have already renewed *UpToDate*. Renewal is on a year-to-year basis. Hospital pricing differs from University pricing. The hospital rate depends on the number of bed admissions. Years ago, Mrs. Saha was able to piggyback onto University Hospitals’ subscription by including the number of third and fourth year students on rotations, but the two institutions were eventually split up for licensing purposes. Mrs. Saha concluded by mentioning that a subscription to *FirstCONSULT* would be a “besides” and not an “instead.”

**LCME Update**

Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, announced that we received the final report from the LCME in response to the letter we submitted in August regarding the 3 non-compliant and 5 in-transition issues cited during the March 2010 site visit. The 3 non-compliant issues were totally related to student affairs (not the curriculum) and have been resolved. The 5 in-transition issues were not major and the LCME just wants some feedback as follow-up. Due to timing of the site visit, we did not have much data to provide on these issues and therefore follow-up was requested. Where further one-year follow-up feedback is required, it must be submitted by August 2011.

1. School of Medicine recovery from a financial deficit with the goal of having a balanced budget by 2011—follow-up required
2. Number of chair vacancies—follow-up required
3. No need for follow-up on the new clinical curriculum implemented in March 2009—satisfactory information already provided
4. “Residents as teachers” focusing on resident awareness of clerkship objectives and role of students on rotation will include follow-up from the Graduate Questionnaire (AAMC Exit Survey) on the basic cores for the Class of 2011 and surveys completed by students at the end of each core.

5. Efforts to recruit a diverse faculty—no follow-up needed.

Dr. Ornt reiterated that we are fully accredited until 2017, when the next LCME site visit is to take place.

Dr. Armitage would like to include the [residents as teachers issue](#) on a future CME agenda.

In response to LCME interest in the two issues: 1) resident awareness of learning objectives and efforts to advance them in the clerkships, and 2) residents as teachers, Dr.
Dan Wolpaw suggested inviting Residency Program Directors and DIOs (Designated Institutional Official, the person in charge of Graduate Medical Education in a hospital) to a future CME meeting.

Dr. Armitage noted that there are roughly 100 different residencies affiliated with CWRU that might be able to learn from each other.

Dr. Dan Wolpaw added that we have resources through CAML (Center for the Advancement of Medical Learning).

Dr. Wilson-Delfosse mentioned that she had five neurology residents in her workshop this afternoon.

Dr. Armitage remarked that his Medicine residents enjoyed these workshops.

Dr. Ornt suggested adding GME (Graduate Medical Education) representation on the CME as non-voting members.

CAPT Overview of Promotions Process

Co-Chairs for the Committee on Appointments, Promotions and Tenure, Dr. Robert A. Bonomo (participating via conference call) and Dr. Cathy Carlin were invited by the CME to explain how CAPT assesses teaching. This proved to be a very informative session, revealing many pertinent details over the course of discussion and ending with the admission by many discussants of their unfamiliarity with promotions criteria. A link to the CWRU School of Medicine Procedures for Promotion of Full-Time Faculty for 2010-2011 follows discussion later in the minutes.

Dr. Armitage began by voicing the following general questions? How do faculty get recognized for teaching? What does CAPT look for in the portfolio?

Dr. Horvath mentioned that the majority of Metro faculty are not in the research track and are involved instead in clinical teaching. The perceived opinion among them is that their teaching does not allow them to advance in the academic track.

Dr. Bonomo spoke from the perspective of a clinical educator. He has always considered teaching to be a vital part of his activities at the medical school. When approached, he took over leadership of the Mechanisms of Infection committee in the prior organ-systems-based curriculum. As CAPT co-chair, he stresses that “teaching is extraordinarily important on the clinical educator level for the non-tenure track.” He stressed that teaching on the local, regional, and national levels are all recognized. He urges faculty to formalize their teaching in a manner that satisfies all promotions criteria and best reflects all their contributions. In his view, if one starts by teaching one student, expand to impact on a local, regional and/or national level. Get involved in workshops and meetings in regional and national venues. A successful teacher on a one-on-one level should progress to a regional or semi-regional level and then onto the national level. Faculty do much one-on-one teaching, but they need to take it to the next level (formal, regional, or national) for promotion. It is the responsibility of tenured faculty to teach their colleagues how to present their contributions as a valid endorsement of their teaching. An assistant professor wishing to move to associate professor needs regional recognition. For example, an associate professor seeking to become professor needs national recognition. Dr. Bonomo offered a few suggestions: look for regional and national programs, sponsor trainees for national meetings, organize education focus meetings. While one-on-one teaching is very important, to get promoted faculty must earn distinction by formalizing to more extensive teaching.
teaching colleagues, or visiting other medical schools. Producing publications and web programs is also valued.

Dr. Cathy Carlin explained that there are two tracks. Basic scientists like herself are in the tenure track. To get promoted, they must be excellent at research and demonstrate sound credentials in teaching and service. Clinical educators are generally in the non-tenure track. Self-promotion is important. She pointed out some of the fine points by encouraging faculty to take their methods on innovative teaching techniques to the regional or national level. For one-on-one teaching/mentoring, list trainees and their achievements. For example, if one of your trainees went on to obtain a faculty position as a clinician scientist, indicate this.

Dr. Armitage inquired whether both excellence and amount of teaching count for promotion.

Dr. Carlin stressed that faculty need to pay close attention to what Faculty Affairs asks them to provide in the teaching portfolio. (Link provided at end of discussion) Keep the portfolio up to date and spell everything out. Be specific. While members of the CAPT try to be accommodating, do not expect them to “glean” what you have in mind. Indicate whether you are teaching medical students or teaching residents. If you develop a curriculum, submit a syllabus. Emphasize what you have done since your last promotion. Take advantage of the medical school’s established system of teaching evaluations/feedback. Basic scientists, on the other hand, may have to arrange for graduate course evaluations on their own. Assimilate numbers into your teaching portfolio. Include letters from students and teaching colleagues, who are effective teachers and associates who respect you. Documentation is important.

Dr. Ornt mentioned that reference letters are needed for all promotions.

Dr. Bonomo added that consistent dedication in IQ Team teaching, lecture series, course organization are all valued.

Dr. Armitage reiterated his question whether both quantity and quality of teaching count.

Dr. Bonomo mentioned that he looks at both. Indicate examples of teaching in your specialty.

Dr. Wilson-Delfosse, IQ Director, mentioned that the role of IQ facilitator is new within the last five years. This is a highly valued and appreciated role essential to the program. How is this type of teaching viewed?

Dr. Carlin acknowledged that there exists variability among different departments in how they regard tenure track research faculty teaching in the IQ program. In the clinical educator non-tenure track, IQ teaching is fine, but some departments may also stress participation in curriculum development. Find out what the expectations are in your primary department early on in your faculty appointment. It is important to remember that recommendations for promotion originate in the home department, so department chairs and CAPTs must also be attuned to different teaching tracks and opportunities. Also, different departments have different educational missions.

Dr. Dan Wolpaw encouraged faculty to apply for the Scholarship in Teaching Award. This is available to all faculty and goes on your Curriculum Vitae.

Dr. Terry Wolpaw added that teaching activities for faculty in the new curriculum are diverse. Many Metro faculty have gotten involved as student portfolio reviewers, a
scholarly undertaking allowing a flexible work schedule. She suggested looking into ways to inform departments about how the School of Medicine values different types of teaching activities.

Dr. Carlin explained that a faculty member’s promotion packet of materials can be 20 to 30 pages. Include materials essential to convey your vision of academic life. Be sure to write and include:

- Your teaching philosophy
- Include a paragraph explaining the type of your teaching
- Provide a two-page professional self-description

Dr. Ornt inquired how CAPT looks at letters of reference for promotion to associate professor and to the level of professor.

Dr. Carlin replied that letters can be uneven. Next year, the Provost is insisting that all external letters of reference be from professors. This applies to all University candidates up for promotion. This will encourage candidates to seek people at institutions of renown. Letters of Reference must be “at arm’s length”—not someone whom you mentored or who mentored you, not someone with whom you co-authored an article, etc.

Dr. Carlin summarized the essence of today’s discussion by urging faculty, “Put your best foot forward with each opportunity.”

Dr. Jim Young made two points in opposition to the Provost’s new requirement. In his opinion, not many professors have insight into the clinical educator track; they are not familiar with the clinical educator’s portfolio. He also believes that “dispassionate”—“at arm’s length”—evaluation is CAPT’s job.

Dr. Carlin replied that the same requirement is asked of faculty in the Department of Romance Languages at CWRU, etc. The goal is “a level playing field, another set of eyes besides CAPT.” In addition to the external letters, faculty have their Curriculum Vitae. The reviewers are specifically asked whether the candidate would be awarded a similar position at their own institution. This type of information is only available from outside letters.

Dr. Armitage noted the need for comments from people who have taught. He can easily do this for his own residents. Can CAS (Clinical Assessment System) do this?

Dr. Isaacson explained that CAS does not have students evaluate faculty, but the existing MedHub program (an online GME resident tracking system that includes an option for residents and medical students to evaluate faculty teaching) unique to the Clinic will be discussed at a future CME meeting.

Dr. Carlin mentioned that MedHub numbers are very useful. They provide lots of data in manageable form. They demonstrate how the candidate ranks with others in his/her field.

Dr. Young felt that the reality of the numbers may be questionable.

Dr. Armitage acknowledged that those faculty working with trainees have an abundance of comments, while those candidates without evaluations have less comments.

Dr. Terry Wolpaw stressed that faculty need to document their teaching. If you are seeking promotion, concentrate on your portfolio. She suggested that Dan Anker of Faculty Affairs may be able to provide effective model curricula vitae for the teaching portfolio.
Dr. Bonomo confirmed that these do exist. He has been on CAPT a long time and has seen both positive and negative examples of the CV.

Dr. Armitage stressed that faculty in the clinical educator track need involvement “outside the east side of Cleveland” to earn promotion. Chairmen and Division Chiefs mentor faculty for promotion, but a research-oriented chair may not be as well-versed in mentoring clinical educators.

Dr. Terry Wolpaw offers a CAML workshop entitled “Getting Promoted for Your Teaching.” Contact CAML@case.edu to find out more.

Dr. Armitage suggested holding a CAPT/CME-sponsored annual meeting focusing on promotion in the clinical educator track. However, discussants added that the Women’s Faculty already does this every year (for men as well as women) and this also occurs at the Education Retreat.

Later in the discussion, Dr. Terry Wolpaw mentioned that the new Center for Medical Education may offer the opportunity to work on mentoring. Many faculty do not think about promotion and portfolios.

Dr. Carlin explained that while she was recruited to come here by a proactive chair, she took responsibility for documenting her own records on a regular basis. She urged faculty to assume responsibility for this most important part of their career.

Dr. Ornt mentioned that in the tenure track, there are very clear expectations for faculty and compliance is essential to remain in your career. In the non-tenure track, however, there is no urgency to get promoted and, therefore, the approach is different.

Dr. Armitage asked what faculty should do regarding the data in their portfolio. Dr. Bonomo advised laying out priorities for clinical education.

Dr. Carlin stated, “Most of us are in awe when we get clinical educators’ portfolios.” She cited the problem as being the variability in the level of detail provided to the CAPT. Some candidates give a lot of detail, while others leave it up to the CAPT to discern teaching activities. This can be helped by sound mentoring at the department level as well as candidates’ making sure they know the expectations of their department and the School of Medicine well ahead of promotion decisions.

Dr. Armitage found today’s discussion to be very enlightening for junior faculty, and he encouraged them to get word to their colleagues.

Dr. Bonomo added that he has seen so many CVs not representative of their candidates’ true talent. We need to teach faculty how to document their teaching accomplishments.

Dr. Terry Wolpaw, a clinical educator promoted to rank of professor, shared a personal observation: Her CV did not tell “her story.” Her portfolio did.

Dr. Carlin echoed this comment by emphasizing that the self-description is the opportunity to tell your story.

Dr. Carlin wished to conclude her remarks by stressing that equity is one of the responsibilities of CAPT. All candidates should get the same treatment.

Dr. Armitage felt that today’s discussion dovetails with a future agenda item: How faculty get evaluated for teaching excellence here. He reiterated that faculty need outside recognition for promotion.

New CME member, Dr. Freedom Johnson, identified the need for a specific mechanism of dissemination rather than just relying on availability of the material. He
would like to see a model portfolio and a model CV. He advised faculty to update their CV once a month.

Dr. Young mentioned the **eCV (electronic Curriculum Vitae) mechanism** for College Track students to update their CV when they are away and even after they graduate. This online application was developed by the College to help students (and any interested faculty) manage their CVs. It is also used to track student publications, presentations, awards, grants, etc. The eCV allows printing the CV in various formats (NIH, regular CV, CWRU CV, etc).

Dr. Armitage mentioned the bilateral nature of our evaluation system, whereby faculty evaluate students and vice versa.

Dr. Wilson-Delfosse inquired whether the CME could have any influence on department chairs regarding the value of teaching in the clinical educator track. Dr. Armitage noted that the Vice Dean regularly reports to the Chairs. Dr. Armitage added that at University Hospitals, the dissemination of any information, not just promotion materials, is not always reliable.

Dr. Young reiterated his opposition to the **Provost’s decision to require letters of reference from professors only**. Dr. Armitage said that the CME will write a letter in response. It is unlikely that the peers of assistant professors seeking promotion in the clinical educator track will be professors. Point of clarification: Candidates in the **clinical educator track** also need to demonstrate excellence in service or research. The **external letters** are not asked to evaluate teaching only but the candidate’s **overall portfolio**.

Dr. Armitage thanked Dr. Bonomo and Dr. Carlin for accepting the CME’s invitation and providing a very informative, useful presentation.

The attachment CWRU School of Medicine Procedures for Promotion of Full-Time Faculty for 2010-2011 includes the **portfolio description for non-tenure track faculty up for promotion whose focus is teaching** as described on page 8 and following. See attached for instructions and what is required of each candidate in the non-tenure track whose focus is teaching.

Respectfully submitted,
Lois Kaye
Secretary to the CME