

TABLE OF ACCOMPLISHMENTS

DEFINED BY THE UNC-CHAPEL HILL, DEPARTMENT OF FAMILY MEDICINE PROMOTION AND TENURE GUIDELINES

SUZANNE Landis, MD, MPH, prepared for promotion to Full Professor

Suzanne Landis MD, MPH

Promotion to Professor at UNC-CH

Criteria for promotion are based on “scholarship” in two areas. I have chosen scholarship in Teaching and Clinical Work. Although research and administration are important, my strengths lie in the two areas of teaching and clinical work.

Criteria for promotion and activities that support the criteria are presented in the following table.

Criteria	Activities
CLINICAL CARE	
1. Innovations that improve patient care.	1.a. Project Access in Buncombe County. I wrote initial grants, helped design and implement the program, function as the volunteer medical director, and now participate in the replication efforts in more than 30 communities nationwide. b. Quality Improvement efforts at MAHEC. I started the program, identified funds to support it, and have led many of the teams. We have improved care in diabetes, asthma, preventive services delivery, etc. See web-based AAFP article and Family Practice Management article. c. Quality Indicators for MAHEC. We report on 16 indicators as measures of quality of care and provide “report cards” to physicians in our practice. d. Depression Program located at our local health department. I wrote the grant and direct the project that provides screening and case manager/primary care provider co management for depressed patients. We are expanding to include anxiety diagnoses and to expand this care to other low income sites in the county. e. NC statewide Family Practice Residency Program Quality Improvement Learning Collaborative. I designed and have received partial funding for this new program that is focusing on using Quality Improvement techniques and the Chronic Care Model to improve diabetes care across the state.
2. Published articles.	2.a. Articles on Project Access and our health assessment effort (NCMJ). b. Quality Improvement efforts (AAFP web, Evaluation and the Health Professions, and Family Practice Management). c. Immunization program in our local hospital (JFP, Clinical Nurse Specialist) d. Improving screening mammography (NCMJ).
3. Obtained funds to conduct clinical services/programs.	3. a. DHHS/HRSA training grants to support CQI and Quality Indicator program.

Landis S. Table of Accomplishments. Submitted as Portfolio Example for: Calleson D, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005.
<http://www.communityengagedscholarship.info>.

- 4. Directing a clinical fellowship.
 - b. Duke Depression grant to support the depression program at health department.
 - c. HRSA grant for Rural Primary Care Support Network, from which I designed a Rural Fellowship Program at MAHEC.
 - d. Kate B. Reynolds grant for the hospital immunization program.
 - e. NC State AHEC funding for the QI Learning Collaborative in diabetes.
- 4.a. Wrote the original grant and directed this fellowship program 1996-2000. (Program terminated in 2000 due to lack of support funds as a result of caps on resident levels at MAHEC).
- 5. Presentations at national meetings.
 - 5.a. Multiple invited lectures, accepted abstracts/workshops, and visiting professorships discussing aspects of Project Access and Quality Improvement.
- 6. Consultations outside own center.
 - 6.a. Consultant to HRSA, Bureau of Primary Health Care, on their 100% access/0% health disparity campaign, 1999-present.

TEACHING

- 1. Development of educational materials shared outside the institution
 - 1.a. AAFP web-based Quality Improvement module.
 - b. Working on a Case Western University/Institute for Healthcare Improvement web-based module on the FOCUS-PDCA model using our practice data on diabetes Jan 2001 to present.
 - c. Continuous Quality Improvement computerized simulation exercise on long wait times in the clinical setting
- 2. Articles on education.
 - 2.a. AAFP QI web-article.
 - b. Case Western/IHI module (due to be completed by June 2002).
 - c. Community Oriented Primary Care (COPC)(Fam Med; Annals of Comm Oriented Education)
 - d. Sexual history taking (Fam Med).
 - e. Quality Improvement (submitted to Family Medicine).
- 3. Presentations at national meetings.
 - 3.a. Multiple presentations on CQI simulation of long wait times.
 - b. Multiple presentations on resident CQI curricula.
 - c. Multiple presentations on COPC.
- 4. PI on educational training grants.
 - 4. a. Wrote and in charge of five DHHS/HRSA training grants for our residency program. We have had continuous funding since I started with MAHEC in the areas of preventive medicine, COPC and school health, CQI and Quality Indicators.
- 5. Participation in national committees.
 - 5.a. Member of the Society of Teachers of Family Medicine Task Force on Quality Improvement, 2001-present.

RESEARCH

I have had 28 grants and 33 publications. The topics of the grants and articles cover a wide content area and are more reflective of a generalist physician who is committed to improving the delivery of clinical services and health status in communities. My focus over the past 15 years of living in western North Carolina has been to serve the community and work on topics of interest to communities. I do not have the typical academician's record of focusing on one highly specific research area.

ADMINISTRATION

- 1. Evaluation of peers and learners.
 - 1.a. Director, Division of Family Medicine at MAHEC, 1994-1999. During that time I started the Community Health Resource Services (CHRS) that provides technical assistance to communities as they improve their health status; the Rural Fellows Training Program; and the significant Quality Improvement effort that continues to this day.
- 2. Program development.
 - 2.a. Developed CHRS, the Rural Fellows Program. and the QI Program at MAHEC.

Landis S. Table of Accomplishments. Submitted as Portfolio Example for: Calleson D, Kauper-Brown J, Seifer SD. Community-Engaged Scholarship Toolkit. Seattle: Community-Campus Partnerships for Health, 2005. <http://www.communityengagedscholarship.info>.

- b. Helped to start and was the first chair of the Board of Health Partners, our local community health coalition since 1994.
 - c. Wrote initial grants and helped to develop/implement Project Access. Volunteer medical director since start in 1996.
 - d. Developed and direct the Depression Program at the local health department since 2000.
 - e. Developed and manage the NC statewide QI Learning Collaborative since 2001.
3. Professional contributions to the administrative aspects of patient care/education.
- 3.a. Quality Improvement work is often targeted towards the system-wide changes in delivery of health care; we have done that in our center.

ACADEMIC AND COMMUNITY SERVICES - This is supposed to be program leadership and beyond routine activities.

1. Project Access. Wrote initial grants, helped design and implement Project Access. Continue as medical director and participate in replication efforts across the state and nation with 30 communities.
2. Health Partners, our county's health coalition. Wrote initial grants, was first chair of the board and have been on board since inception in 1994.
3. Depression Program at local health department, primary place for uninsured care in county. Wrote grant and direct program. This significantly expands the diagnoses of depression and provides more individualized and monitored care for patients in the primary care setting.
4. Girl Scout leader of two troops when my girls were younger.

PERSONAL QUALITIES

Integrity; self-reliance; willing participation in activities; mentoring of other learners and colleagues; cooperative attitude; commitment to goals of department, the program, the AHEC and the university. Promotion to this rank indicates that I have given meritorious service to the university and specialty, and have achieved recognition at a regional or national level. These qualities should be documented in the supporting letters.

Sel\tenure\prof criteria 1-30-02