

The Teacher's Portfolio: a Template to Document Your Work as an Educator

This document contains information about developing your Teacher's Portfolio including a template for the document and information about other aspects of the portfolio development process. This document was developed by the 2006-2007 Teaching Scholars cohort and is based on recent literature review, medical education web site guidelines, and conclusions of the AAMC-GEA 2006 Consensus Conference on Educational Scholarship.

Preliminary Information About Organizing Your Portfolio

Learn the Requirements for Your Department

Please note that specific requirements for the portfolio may vary from department to department. You are highly encouraged to speak to your departmental leadership to determine the appropriate presentation format and content outline for your portfolio.

Organizing Supporting Materials for Your Portfolio

To create a good portfolio that will be of use to you in the promotions process, you will need access to a lot of supporting materials including numerical and written teaching evaluations, records of your teaching activities, publications etc. It can be quite challenging to try and gather all of this information when you finally start to put your portfolio together in the weeks before the promotion packet is due. A better strategy is to collect and organize this information as you move along in your career. Stop throwing away those thank you letters and evaluations you receive and find a way to store and organize them. There are many ways to do this. Several potential strategies include:

- 1.** Maintain a tabbed three-ring binder to store evaluations and thank you letters as they are received. You could also consider making PDFs of these materials and saving those files on your computer in an organized manner.
- 2.** Maintain an excel spreadsheet that lists all of your teaching activities including information about the audience, topic and date on which you did the activity. By way of another example, some faculty will save this information in their Outlook calendars.
- 3.** Maintain a binder or file on your computer with copies all of your publications and teaching materials such as PowerPoint files, teaching handouts, course syllabi.

If you have not been collecting this information to this point in your faculty career, you may find evaluations and thank you letters in your department file as most of these materials are often sent to your department at the same time that you receive them.

You will not necessarily put all of this material into the portfolio itself. In fact, the portfolio is not simply a repository for all of your publications and teaching evaluations. Rather, the portfolio should be viewed a way to synthesize and express in a coherent manner what it is that you do as an educator; you will select from these materials those documents that best represent your activities and reflect your expertise as an educator. Having the materials organized in some coherent manner will make it much easier for you to put the portfolio together and make it so that it is not simply a conglomeration of teaching evaluations.

Suggested Format for the Portfolio

The requested format will vary from department to department. Some departments may request an electronic version of the portfolio (e.g., a PDF file or information stored on a CD-ROM or USB-stick) while other departments prefer a hard copy of the document. Be aware that the School of Medicine currently requires a hard copy version of the portfolio for all faculty members.

Hard copies of the portfolio can be placed in a three-ring binder or bound in some other way. To keep the main document concise, it is often helpful to have an appendix where you store supplementary materials such as full copies of publications or the full set of evaluations for a particular teaching activity. The main document and appendix can be in a single binder or you can create one binder for each component. In some cases, the main document may be in a hard copy binder while the appendix material is stored on a CD-ROM that fits into a sleeve in the back of the binder.

If your department asks for an electronic copy, you can convert your written document to a PDF file that is then housed on a USB stick or a CD-ROM. Appendix materials can then be organized into various appropriately labeled folders on the USB stick or CD-ROM

If you opt to include an appendix, it is helpful to provide instructions to the reviewer of your portfolio as to how to locate the supplemental materials in the appendix. For example, you might write: "A complete set of evaluations for this teaching activity are available on the CD-ROM that accompanies this portfolio in the folder entitled "X." It is important to make it easy for the reviewer to navigate around your document.

Suggested Length

The submitted portfolio should not be so large as to overwhelm the reviewers. If you make it too long, the only person who will read the entire document is you. In most cases, a 1-2" three-ring binder should be adequate although requirements may vary from department to department.

Getting Help

When organizing your portfolio, it can be helpful to get advice from those within your department who have recently gone through the promotions process and developed their own portfolio.

Concise Description of Sections To Include In Your Teaching Portfolio

The following is a suggested outline of sections to include in your portfolio and information you should include in each section. A more detailed description of how you can organize some of these sections is included later in this document.

Be aware that you may have more information to document in some sections rather than others. That is a very common situation as some faculty members have more direct teaching roles, for example, while others have greater administrative roles. The teaching portfolio is designed to be flexible enough to allow you to emphasize those areas where you do a lot of your work and place less emphasis on those areas where you have less involvement. You can, for example, consider changing the order of the sections in your portfolio from that suggested below in order to reflect the emphasis in your work.

Section 1: Executive Summary and Table of Contents

We suggest you prepare an “executive summary” to be placed in the front of the portfolio, (easily readable by a review committee) as well as a Table of Contents. The executive summary can be as short as one page in length but should be no more than 5 pages. It should provide the reader/reviewer a road map for what they will see when they read your portfolio. It should highlight key points that you want to emphasize about your work as an educator and how the portfolio will reflect that information.

Section 2: Personal Information

1. Name and contact information
2. Current position held (academic rank)
3. Subject area, specialties
4. Institutional affiliation
5. Time course (years) of activities included
6. Short work history

Section 3: Teaching Philosophy

This statement should be no more than one page in length and should address items such as the following:

1. Your personal approach to teaching and learning
2. Theoretical underpinnings of your teaching approach (e.g., an aspect of learning theory that informs your methods)
3. Reflections about teacher-learner interactions
4. Your educational goals and your role as a teacher
5. An attempt to connect your teaching philosophy statement with the other portfolio contents

Section 4: Teaching activities and your role as an educator

There are three broad categories to address in this section: direct teaching activities, curriculum development and education scholarship:

1. Direct teaching: lectures, small group teaching, Problem Based Learning, grand rounds, laboratory and research based teaching, supervision of clinical activities of students, residents, fellows, procedural skills teaching, preceptorships, etc. List by level (fellows, residents, medical students and other students, such as allied health professionals). Include evidence to support teaching excellence as well as examples of instructional materials (handouts, media, interactive materials, PowerPoint teaching files). Some of this material will go in the main portfolio document while other material will go in the appendix. A goal of your documentation is to convey information about:

- A. Quantity of teaching: To whom, how much, and what do you teach?
- B. Quality of teaching: ratings with comparison data where available. Data can be gathered from:
 - Student, resident evaluations
 - Peer evaluations
 - Grand rounds evaluations
 - Letters evaluating teaching effectiveness

Documentation of this information should be in as clear a manner as possible and may include tables, graphs or figures to express the information.

2. Curriculum Development: describe innovative educational activities you created or implemented. Examples include: courses, clerkships, faculty development, lab manuals, web-based materials, clinical cases, etc. You should document the following information:

- A. Specifics of activities: rationale for the curricular innovation, goals of the curriculum, target audience, duration, and design.
- B. Quality: evidence of effectiveness and improvement over time including:
 - Learner evaluations
 - Impact on learning: examinations, scores, direct observation of learner performance
 - Other assessments of the curricular intervention such as the results of a pre- and post-intervention survey.

- 3. Educational Scholarship:** Document scholarly materials you produced and published in order to disseminate your medical education experience and expertise. Examples of such scholarship include:
- A. Peer-reviewed educational publications (MedEdPORTAL, publications in Academic Medicine or Medical Education)
 - B. Presentations given at local/national/international meetings
 - C. Peer-reviewed educational materials you developed, such as course syllabi, book chapters, study guides, etc. Provide information about the distribution of these materials (local, regional, national, international)
 - D. Invitations to present your educational material in another departments or medical schools and evidence as to how the material was used by these institutions
 - E. Review articles in scholarly journals. You can list the publications in the main portfolio document and include copies of the publications themselves in the appendix to the portfolio

Section 5: Mentoring

In this section, you will provide a list of mentees with a description of the mentoring activities and the duration over which this mentoring took place. You should include information about:

1. The interaction with the mentees including career planning, mentoring and coaching through personal or academic difficulties, counseling to change attitudes/behaviors which impacted their professional development.
2. Outcomes. Examples could include letters from mentees summarizing the mentoring experience and the impact it had on their professional development.
3. The mentees' current medical careers (i.e., clinical practice in remote or underserved population, volunteering for medical groups abroad, clinical research etc.)
4. Projects you conducted with advisees and students
5. Your mentees presentations and publications, awards or grants received

Section 6: Educational Administration and Leadership

This section could include the following information:

1. Leadership positions in education held: course director, residency or fellowship program director, committee participation or chairmanship, etc
2. Committee memberships, tasks and goals
3. Educational grants including source, amount and number of years of funding
4. For Department Program Director positions: include achievements in accreditation, fundraising for training funds etc.

Section 7: Professional Development in Education

This section could include the following information:

1. Participation in programs related to medical education: workshops, seminars, CME, Teaching Scholars
2. Activities that demonstrate your connection to a community of educators
3. The impact of these activities on your professional development

Section 8: Regional/National/International Recognition

This section could include the following information:

1. Participation in regional, national or international meetings or committees.
2. Participation in workshops, seminars, oral or written board examiner,
3. Work as a reviewer of other training programs or training grants
4. Leadership of faculty development seminars or post-graduate courses at national or international meetings

Section 9: Honors and Awards

This section would include documentation of recognition of your work as an “educator,” “clinician” or “scholar.”

Section 10: Long-Term Goals

In this section, you should reflect on your long-term goals as an educator including planned educational interventions, plans to improve your skills as an educator, and plans for publication and dissemination of your work as an educator.

Section 11: Internal and External reviewers

Some departments will send your portfolio out for external review. You should provide a list of potential reviewer – both internal and external to the department and university – as well as their contact information.

Detailed Description of Components of the Teacher's Portfolio

This section provides a more detailed guide about how to document information in certain sections of the Teacher's Portfolio.

Section 3: Teaching Philosophy

The teaching philosophy statement allows you to articulate what you believe your role and objectives are as a teacher and the learning objectives you set for your students. This narrative can include your conception of teaching and learning, a description of how you teach and why you teach the way you do. It may also include your conception of the role of the teacher, roles and responsibilities of the learner, goals of instruction, application of learning theory, description of the variables which promote learning, and assessment of your teaching methods.

In addition, this statement can demonstrate that you have been reflective and purposeful about your teaching and provide an opportunity to tie together the other sections of your portfolio. It is akin to the personal statements you wrote for medical school and residency and fellowship training but the key focus is on your work as an educator.

There is no required content or set format, and there is no right or wrong way to write a philosophy statement. We recommend that it be no more than one page in length but that requirement may vary from department to department. Most people write in the first-person and use the present tense. Your teaching philosophy should be memorable and unique. It is your opportunity to tell your story in a way that reflects who you are as a person and an educator.

Section 4: Teaching Activities and Role as an Educator:

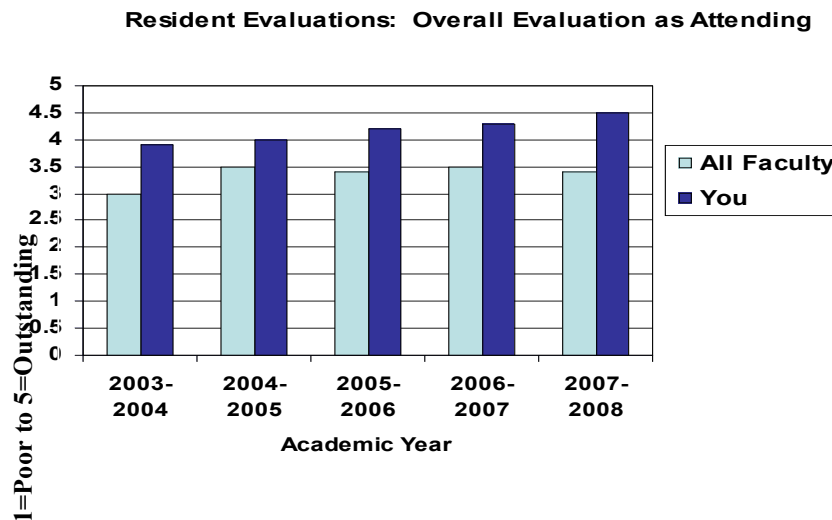
This section probably is the most prominent part of most portfolios since it describes your daily work as an educator. It is suggested that you subdivide this section into three components: direct teaching activities, curriculum development and educational scholarship. Doing so will allow you to fully describe the range of teaching activities in which you are involved.

Direct Teaching

The purpose of this portion of the portfolio is to summarize tangible or, in some cases, intangible teaching efforts which may be reasonably documented and/or quantifiably measured. This section will reflect the *quantity* and *quality* of your educational endeavors with *any* learner group and should be classified in hierarchical fashion (e.g., professional/peer, fellow, resident, medical student etc.). As a starting point, it may be helpful to write down all your teaching efforts in an average week and refer to all

previously saved teaching documentation to help order your thoughts. The quantity of teaching is an accounting of the amount and percentage of time you spend teaching overall and by learner group. This may be listed with short identifiers referencing dates(s) of the teaching activity, your role, venue and topic (e.g. August 2005, Course Instructor, 2nd year medical student pulmonary physiology course). Quality of teaching refers to summaries of your teaching evaluations with self-improvement assessments (i.e., show in some quantitative fashion how your teaching has improved over time). Comparisons of teaching quality to that of your peers should be included if data is available through your department. Summary metrics of quantifiable evaluation data can be presented in tabular or graphic form with actual evaluations placed in the appendix. An example of how you might document your evaluations for a particular teaching endeavor is shown in Figure 1 below.

Figure 1.



You may also provide quantitative information in a text-based format (e.g., “This course was piloted on 3rd year students with a mean score on the quiz of 61.6% prior to the intervention, rising to 93.1% after the web-based curriculum. 70% of students rated the web-based module as very good or excellent. Program evaluation by students’ averaged > 4.0 (1 = Strongly disagree to 5=Strongly Agree) for satisfaction with the curriculum...”). You may also wish to add several qualitative statements regarding your teaching (e.g., “Dr. X is very motivated to teach and yet relaxed enough to allow some resident autonomy in patient care. I look forward to working with her again.”). An example of how you might incorporate several of these elements into one coherent presentation is shown in the Figure 2 on the next page.

Indirect teaching refers to “intangible” teaching activities that occur constantly in our interactions with trainees in the “hidden” or less-defined curriculum that occurs in clinical

care. It may become more important for the busy clinician less involved with the formal didactic or inpatient ward teaching typically captured on standard departmental evaluation forms to document this type of teaching. Examples may include modeling effective team communications and leadership, professionalism, the approach to a challenging patient exam or behavior, how to speak and appeal to insurers, how to provide feedback, effective time management, and leading patient care conferences.

Figure 2.

Direct Teaching Activities

Medical Student Education
I have the following roles in medical student education:

- HuBio 541: The Respiratory System:**
In addition to my current role as Co-Course Chair, I have two primary teaching responsibilities as part of this second year-medical student course on respiratory physiology and pathophysiology: I am a small group leader and also deliver a variety of lectures throughout the course.

Small Group Leader: Each year I serve as a small group leader during which I supervise and teach the students as they work through patient cases designed to increase their understanding of the course material. Numerical evaluations on a scale from 1 (poor) to 5 (exceptional) for my performance as group leader are as follows:

Dimension	2007	2008	2009	2010
My Overall Effectiveness	4.9	4.6	5.0	5.0
Average Peer Scores	3.7	4.2	3.9	4.2

A sample of written comments for my work as group leader include the following:

2009: "At this point in my educational career, I've had a lot of teachers [redacted] ranks among the very top of those excellent educators. He did an AMAZING job of making something that can be quite confusing, very easy to grasp. His regard for the students, interest in the class, and willingness to put his time aside to teach was exceptional [redacted] was great! He was always very happy to answer questions and help with whatever students were struggling with. I really appreciated his kindness and all the time he put into helping us learn the material. He is one of the best professors I have had in medical school so far!!"

There is no set way that you must document this information. The key thing you are trying to do is find a concise way to represent the information that not only describes what you do, but how well you do it and, perhaps, how your performance has changed over time. You do not need to include every evaluation form or rating in this section. The bulk of those materials can go in an appendix to the portfolio and you can refer to those supporting materials in this section.

Curriculum Development

Curriculum development refers to your role in the creation, improvement or innovation of any educational project, program or other teaching activity (e.g., face-to-face didactics, courses, syllabi, web-based materials, virtual media/electronic classes). The learner audience may include medical and allied health students, residents, and fellows, or may take the form of community or continuing education. The four essential elements of the activity are: goals and objectives; learning experiences designed to achieve these objectives; organization and sequencing to ensure effective learning and assessment of effectiveness of activity.¹

You could consider starting this section with a brief description of the following: course title and a description of the educational activities, which can be organized chronologically or by topic. Discuss the goals or educational objectives of the activity (e.g., to address citations, improve clinical relevance or evaluations, improve diagnostic exposure, achieve proficiency in procedures, augment didactic curriculum with clinical experience or case presentation discussions, model difficult conversations or teach effective team communications). Describe your role and specific contributions to developing or enhancing the curriculum. If you weren't globally responsible for the curriculum, identify the sections to which you contributed and in what capacity (e.g., consultant or collaborator on subject matter, design, instructional technology, learner assessment). If applicable, you can give background information on how you developed this course sequentially or why it needed enhancement. Discuss methods used in teaching or developing curriculum (e.g., interactive lecture series, problem based learning, journal review, web-based course, simulation or lab experience). Describe innovative activities you implemented.

Next, you should provide evidence of quantity of your work. Summarize the material in narrative or tabular product presentation. Use a table of contents from a syllabus, for example, if the product or material is extensive. You can place copies of instructional materials and full syllabi in the Appendix, which the reviewer can reference, if desired. You may want to include websites. It is good to include details regarding who, what, when, where, how much, how many people use your product (i.e., learner audience including numbers, topic, when activity occurred, setting/design, frequency, duration). Again you may want to organize this chronologically, by topic, or by type of activity.

You should document the quality of your work by demonstrating the effectiveness of your contributions and improvement in teaching quality. This can be done by providing a summary of student or peer evaluations (e.g., you may include charts/graphs that display improvement over time or norms for your department/course or include excerpts from student evaluations). You can include any data that documents the impact of your work/course. For example, demonstrate how your course (or subsections thereof) improved learning through examination scores (pre- versus post-test/ treatment versus control) or via direct observation of learner performance; show improved patient outcomes, changes in resident behavior; improvement in team performance, contributions to medical training quality or program accreditation (e.g., removal of

previous program citations). Awards or letters from peers that commend the educational innovation should be documented in this section. Any survey results from the alumni of your course can be included. You can also document your engagement in a community of educators by describing, for example, how your curriculum development efforts were informed by available resources (e.g., existing literature, experts in field, best practices) and the dissemination of the product or its impact on the field.² An example of how you might document a curriculum development activity is shown in Figure 3 below.

Figure 3.

Med 534 Wilderness Medicine

Background: Prior to 2008, wilderness medicine education was delivered in a haphazard fashion in the School of Medicine. Elective courses were organized by the students themselves and only took place during years in which one or more students were willing to devote the time and energy to running the class under the nominal leadership of a faculty member. In 2008, I worked with [redacted]s from the Division of Emergency Medicine to create a more permanent course structure whereby the course is offered on an annual basis in the spring quarter.

What Was Done: In 2008, [redacted] and myself served as co-course chairs. For the past three years, I have organized the course myself. The elective consists of a series of 7-8 classroom sessions conducted once a week. The sessions are a mixture of didactics, case discussions and hands-on training sessions.

The full course content is described on the course website, whose content I created and update myself: <https://catalyst.uw.edu/workspace/aluks/14126/99365>

Outcomes: The course has been offered on an annual basis since 2008. For the first three years, enrollment was generally around 18-20 students but in 2011, 38 students participated in the course. Enrollment will be capped at 40 students in the future as that is the maximum number that can be incorporated into the course's hands-on workshops.

Numerical evaluations for the course have been as follows:

Question	2008	2009	2010	2011
Please rate the overall quality of the course (1 – Poor; 5 – Excellent)	4.54	4.39	5.0	4.42
Compared to other elective courses you have had, this course was: (1 – much worse; 5 – Much better)	4.23	3.78	4.52	4.23

A representative sample of free response comments from the students includes:

2010
"I really enjoyed the practical nature of this course. Great lecturers, good variety of relevant topics, and I liked the final exercise. "Loved it! Definitely the most "practical" course in my first two years of medical school." "Well organized, interesting material, taught by people who clearly care about what they're teaching."

1. Simpson D et al, Advancing Educators and Education by Defining the Components and Evidence Associated with Educational Scholarship, Consensus Conference, 2006.
2. Simpson D et al. Teaching Others About Your Excellence as an Educator: Developing Your Educator's Portfolio: Instructor's Guide, Medical College of Wisconsin, 1997)

Educational Scholarship

Boyer and Rice's contributions to the concept of Scholarship have been credited for spawning a landmark transformation in higher education. Their work urged reconsideration of the prevailing definition of meritorious scholarly activity and expanded the concept of scholarship beyond its emphasis on traditional research and publications. In doing so, they have refocused the core of our academic mission on education, and provided the framework to appropriately evaluate and recognize educational excellence.

Boyer proposed that standards of excellence in scholarship should be grounded on the following: clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique. The scholarly activity may be classified into one of four interrelated domains: discovery, integration, application, and teaching.¹ Shulman elaborated on their work by suggesting that scholarship of teaching be defined by three criteria: that the work must be made public, be available for peer review using accepted standards, and be reproducible.²

Therefore, educational scholarship represents teaching improvements or innovations disseminated in some way for peer review and critique. This may include curriculum you discussed in the previous subsection if consistent with this definition, systematic review of topics in medical education or educational research. Examples may include publications in journals (e.g. *Academic Medicine* or the *Journal of General Internal Medicine*), book chapters or websites (e.g., MedEdPORTAL), and presentations at the local, regional and national level. Brief identifiers of the educational improvement or innovation, your role in the endeavor, format for publication or presentation and analysis of any evaluations or excerpts of reviewer comments should be placed in this section.

You can list the information in this section and then put the complete examples of your education scholarship into the appendix for your portfolio. For example, you might provide a list of publications related to education scholarship in this section and then put the PDF files for those publications into your appendix.

¹ Boyer EL. *Scholarship Reconsidered: Priorities of the Professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1990.

² Glassick CE. Boyer's Expanded Definitions of Scholarship, the Standards for Assessing Scholarship, and the Elusiveness of the Scholarship of Teaching. *Academic Medicine*. Sept 2000; 75 (9).

Section 5: Mentoring

The mentoring section can be divided into separate sections for medical students, residents and fellows. You can list names of mentees along with description and duration of mentoring activities or you can put this into a table. It is important to describe the interaction you had with each mentees and to provide information about the outcome of your mentoring. The outcomes may vary according to the type of mentoring you provided (career planning, research advisor, fellowship advisor etc.)

Some examples of outcomes to be document include the following: letters from medical students summarizing the mentoring experience and the impact you had on their professional development; research abstract or papers published or presented with your mentee (medical students, residents, fellows or junior faculty); outcome of clinical projects you and your mentee implemented (residents, fellows or junior faculty); list of advisees' presentations, publications, awards or grants received (medical students, residents, fellows or junior faculty); and description of mentees' current medical careers (i.e., clinical practice in remote or underserved population, volunteering for medical groups abroad, clinical research etc.).

Section 6: Educational Administration and Leadership

This category includes administrative responsibilities for academic or clinical teaching programs. Examples of projects and educational initiatives in this section would include: Residency Program, Clerkship, Course, or Fellowship Program Director; Educational/Training Committees, such as Internal or External Review Committees; Department or Medical/Allied Health School Committees; Graduate School/GME Representation or Leadership; Leadership in educationally oriented initiatives associated with clinical programs.

The description of each activity can be presented in tabular or short narrative format. The following information should be included: concise description of the activity; duration and site of the activity; and the purpose of the initiative (e.g., need to increase number of clerkship slots in required rotation; secure financial resources to support program or residency positions; address program accreditation citations; develop learner assessment tools for residents or medical students; document quality improvement initiatives related to program's educational activities).

It is important to document outcomes of actions under your leadership that suggest pursuit/attainment of excellence, and how you inspired others with your vision to affect change or achieve a common goal. This may include information from learner evaluations of courses or programs; accreditation reviews; letters from committee chairs and supervisors; program ranking; success with the residency match/Board or Self-Assessment exam scores; acquisition of training grants; securing financial or human resources to achieve goals; creating broader clinical exposure for students/residents via clinical expansion or improved clinical efficiency; development of learner assessment

instruments to document and allow targeted enhancement of educational experience; serving as a resource for or participating in program director mentorship/training; appointment to specialty/subspecialty board. As with the direct teaching section, not all of this evaluative or outcome information will go in the main portfolio document. You may opt to put much of it into the appendix.

In addition, you could include a section to provide evidence that you are drawing from existing literature or best practices to achieve your leadership goals or vision.

References

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