

FORM D - IV A INSTRUCTION

The faculty member is encouraged to use a range of evidence demonstrating instructional accomplishment, which can be included in portfolios or compendia of relevant materials.

1. Undergraduate and Graduate Credit Instruction:

Record of instructional activities for at least the past six semesters. Include only actual participation in credit courses (on- or off-campus instruction) or virtual university on-line courses. In determining the "past six semesters," the faculty member may elect to exclude any semesters during which s/he was on leave; additional semesters may be included on an additional page. Fill in or, as appropriate, attach relevant print screens from CLIFMS*.

Semester and Year	Course Number	Credits (Number or Var)	Number of Sections Taught			Number of Students	Number Of Assistants**	Notes
			Lec	Rec	Lab			
Summer 2010	HM635	2	6			22	0	Core Competencies
Spring 2010	HM532-02	2	1			6	0	Clinical Skills
	HM547-2	2	1			6	0	SCCD
	HM637	2	4			18	0	Core Competencies
Fall 2009	EPI 547	1	5			8	0	Epidemiology
	HM571	2	2			148	0	ICC
	HM636	2	3			18	0	Core Competencies
Summer 2009	HM635	2	2			22	0	Core Competencies
Spring 2009	HM535-07	2	8			32	0	Clinical Skills, Gateway
	HM547-2	2	1			7	0	SCCD
Fall 2008	EPI 547	2	1			8	0	Epidemiology
	HM571	2	3			109	0	ICC
	HM636	2	5			20	0	Core Competencies

2. Non-Credit Instruction:

List other instructional activities including non-credit courses/certificate programs, licensure programs, conferences, seminars, workshops, etc. Include non-credit instruction that involves international, comparative, or global content delivered either to domestic or international groups, either here or abroad.

See curriculum vitae for extensive listing. I have been invited to give keynote presentations, assist in faculty development, and participate in numerous continuing education programs. The appendices show that the evaluations by attendees have generally been very good.

*Consult departmental staff who are authorized to enter data on the web-based CLIFMS (Course Load, Instruction, Funding and Modeling System) system and can search for course sections and enrollments by faculty name, per semester.

**May include graduate and undergraduate assistants, graders, and other support personnel.

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Additionally, [REDACTED] and I developed an on-line curriculum in evidence-based medicine that we have made publically available. At least one publication has used this curriculum has reported using this curriculum as part of an effective EBM curriculum for medical students [REDACTED] An interactive web-based curriculum on evidence-based medicine: design and effectiveness. Fam Med. 2006 Feb;38(2):126-32.

*Consult departmental staff who are authorized to enter data on the web-based CLIFMS (Course Load, Instruction, Funding and Modeling System) system and can search for course sections and enrollments by faculty name, per semester.

**May include graduate and undergraduate assistants, graders, and other support personnel.

FORM D – IV A INSTRUCTION, continued

3. Academic Advising:

a. Faculty member’s activity in the area of academic advising. The statement may include commentary on supplementary materials such as recruitment activities, international student advising, evidence of peer recognition, and evidence of student recognition.

Undergraduate: 0

Graduate: While no formal advising responsibilities are assigned, I am often approached by students for career advice or advice on scholarly projects. Several students in the last few years have asked me to mentor them on senior research electives. For example, [REDACTED] studied the relationship between change in body mass index during pregnancy and the development of gestational diabetes. [REDACTED] compared the rate of psychological assessment in patients with chronic back pain between internists and family physicians.

Graduate/Professional: In addition to informal advising of residents and faculty, each year, I mentor several fellows in the Primary Care Faculty Development Fellowship on their research projects. In the appendix is a list of 123 peer-reviewed publications authored or co-authored by these trainees. Additionally, I informally mentor fellows on curriculum projects, especially those that relate to evidence-based medicine or rigorous evaluation of learner competence.

Other: I served as a mentor and thesis committee member for [REDACTED] PhD awarded in 2001. Dissertation title: The research productivity of family medicine department faculty: a national study.

b. Candidate’s undergraduate advisees (if applicable to individual under review):

	Freshman	Sophomore	Junior	Senior
Number of current undergraduate advisees	0	0	0	0

c. Candidate’s graduate/graduate-professional advisees (limit to principal advisor or committee chairpersonship status):

	Masters	Doctoral	Professional
Number of students currently enrolled or active	0	0	0
Number of graduate committees during the reporting period	0	1	[REDACTED]
Degrees awarded during the reporting period	0	1	
Degrees awarded during career			

FORM D – IV A INSTRUCTION, continued

4. List of Instructional Works:

List publications, presentations, papers, grants received (refer to Form D-IVE), and other works that are primarily in support of or emanating from instructional activity.

In addition to evaluations by learners, the following is intended to lend evidence of meritorious instruction

Scholarly presentations related to instruction:

Apr 2010 43rd STFM Annual Spring Conference, Vancouver, Collaborator: [REDACTED]

Apr 2009 42nd STFM Annual Spring Conference, Denver, CO, Collaborator: [REDACTED]

Oct 2008 AAMC, San Antonio, TX, Collaborators: [REDACTED] MD, [REDACTED] MPH, RD, PhD, [REDACTED]

Apr 2008 41st Annual Spring Conference, Society of Teachers of Family Medicine, Baltimore. [REDACTED]

Dec 2005 20th Annual Primary Care Research Methods & Statistics Conference, San Antonio. [REDACTED]

Dec 2005 20th Annual Primary Care Research Methods & Statistics Conference, San Antonio. Panel discussion: [REDACTED]

Dec 2003 18th Annual Primary Care Research Methods & Statistics Conference, San Antonio. Collaborator: [REDACTED]

Oct 2001 North American Primary Care Research Group, Halifax, Nova Scotia, Canada. Collaborators: [REDACTED]

Apr 1998 Society of Teachers of Family Medicine Annual Spring Conference. [REDACTED]

Papers related to instruction:

[REDACTED]
Editor) Let's Break Down the Barriers. Family Medicine, 2010, 10:656.

[REDACTED] A family medicine clerkship curriculum in medication errors. Med Educ, 2010;44(5):497-8.

[REDACTED] Factors related to publication success among faculty development fellowship graduates. Fam Med 2009;41(2):120-125.

[REDACTED] Breaking through the glass ceiling: a survey of promotion rates of graduates of a primary care faculty development fellowship program. Fam Med 2006;38:505-10

[REDACTED] Integrating information management knowledge and skills in the pre-clinical curriculum. Med Educ. 2006 May; 40(5):467-68.

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2002;90(3):343.

2002;31(10):808-809.

“The Time is Right to Unite.”

“The Evidence Based Medicine Work Group Users’ Guides to the Medical Literature. Respiratory Care Journal, 2001;46(12):1450-51.

Training medical students in evidence-based medicine: a community campus approach. Fam Med. 1999;31(10):703-8.

Grants supporting instruction:

HRSA: Faculty Development in Primary Care. 7/1/09-6/30/10, MSU Principal

HRSA: Teaching Introductory Medical Error to Students. 7/1/08-6/30/11, \$

HRSA; Project Faculty: Gateway Assessments in UME through Family Practice. 7/1/05-6/30/08, \$ Principal Investigator:

HRSA; Project Faculty: Michigan Center for Health Education Training in the Communities. 9/1/03-8/30/06,

Health Resources & Services Administration, PHS, HHS; Project Faculty: Faculty Development in Primary Care Grant Program. 7/1/03-6/30/06, \$ Principal Investigator:

2003 AAFP Senior Scholar in Residence at the Agency for Healthcare, 3/10/03-9/9/03, \$

Health Resources & Services Administration, PHS, HHS; Project Faculty: Faculty Development in Primary Care Grant Program. 7/1/00-6/30/03, \$

National Health Lung & Blood Institute/NIH, Co-Investigator: Training Clinical Researchers for Community Settings

Department of Defense, Co-Principal Investigator: Improved Follow-up of Breast Abnormalities Through Comprehensive Breast Care in Women 40 to 70 Years of Age.

5. Other Evidence of Instructional Activity:

Cite other evidence of instructional productivity such as works/grants in progress or under review (refer to Form D-IVE). Address instructional goals and approaches; innovative methods or curricular development; significant effects of instruction; and curatorial and patient care activities, etc. Include evidence of instructional awards and peer recognition (within and outside the university).

Undergraduate medical education:

Critical Appraisal Analytic Medicine: This 9-week course, held in all of the CHM campuses, teaches critical reading and thinking skills to third year medical students. At the end of the course, the students must design and plan a research study to answer a clinical question arising from their clinical experience. Starting in 2008, all students in all campuses were required to work in groups to collect and interpret data to address a clinically relevant question.

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Examples of studies performed by students directly mentored by [REDACTED] and [REDACTED] include: comparison of rate of follow-up of severe mammographic abnormalities between women with Medicaid and women with traditional insurance; assessing the relationship between patient-physician gender concordance and blood pressure control; a national survey of US Medical Colleges about their experience with medical student suicide; medical student attitudes and perceptions of women's birthing plans.

In 2005, I was invited to participate on a grant to develop innovative programs to evaluate medical student competence. Using the ACGME core competencies, we developed a series of formative and summative "gateway" evaluations. The gateway evaluation essentially adds an additional evaluation of students' capabilities beyond what is traditionally evaluated in courses and on board exams. I led the effort to evaluate student competence in Evidence-based medicine and have presented these findings at national meetings.

In 2008, I received funding as PI on a HRSA grant to use medication prescribing as a means to teach fundamental principles of patient safety within the family medicine clerkship. This grant, still under way, has already resulted in several peer reviewed presentations and one brief manuscript. More importantly, after presenting student performance data, the Block III Committee voted to take the core curriculum and its teaching material materials out of the clerkship and place it in the orientation to Block III so that all students can receive this training before starting their clinical clerkships.

In 2001, I was honored as a faculty inductee into the Alpha Omega Alpha Honor Medical Society. Previously, in 1997, I was also the recipient of the College's Teacher Scholar Award.

FORM D - IV B RESEARCH AND CREATIVE ACTIVITIES

1. List of Research/Creative Works:

Attach a separate list of publications, presentations, papers, and other works that are primarily in support of or emanating from Research and Creative Activities. Indicate how the primary or lead author of a multi-authored work can be identified. The list should provide dates and, in particular, accurately indicate activity from the reporting period. Items to be identified:

- 1) Books
- 2) Book chapters
- 3) Bulletins or monographs
- 4) Articles
- 5) Reviews
- 6) Papers and presentations for learned professional organizations and societies
- 7) Artistic and creative endeavors (exhibits, showings, scores, performances, recordings, etc.)
- 8) Reports or studies

Indicate peer-reviewed or refereed items with a “*”.

Indicate items with a significant outreach component with a “**” (determined by the faculty member)

2. Quantity of Research/Creative Works Produced:

For each of the categories listed in question one above, list the number of research and creative works produced.

	1	2	3	4	5	6	7	8
During the reporting period	2	29	0	17*	19	28	0	0
During career	2	30	1	20*	21	34	0	0

3. Number of Grants Received (primarily in support of research and creative activities; refer to Form D-IVE):

During the reporting period: 20 During career: 25

4. Other Evidence of Research/Creative Activity:

Cite other evidence of research and creative productivity such as: seminars, colloquia, invited papers; works/grants in progress or under review (refer to Form D-IVE); patents; formation of research-related partnerships with organizations, industries, or communities; curatorial and patient care activities, etc. Include evidence of peer recognition (within and outside the university).

2009 Named as one of the “Best Doctors” in America, Best Doctors, Inc

2003 AAFP Senior Scholar in Residence at the Agency for Healthcare Research and Quality

2001 Alpha Omega Alpha Honor Medical Society induction

1998 Best Paper by Physician Faculty, Michigan Family Practice Research Day XXI Conference, East Lansing

1997 Teacher Scholar Award, Michigan State University, College of Human Medicine

1995 Best Paper by Physician Faculty, Michigan Family Practice Research Day XVIII Conference, East Lansing

Finally, the appendix contains evaluations of various scholarly presentations and a listing of the frequency that others have cited publications that I have authored or co-authored.

FORM D - IV C SERVICE WITHIN THE ACADEMIC AND BROADER COMMUNITY

1. Service within the Academic Community

a. Service to Scholarly and Professional Organizations:

List significant committee/administrative responsibilities in support of scholarly and professional organizations (at the local, state, national, and international levels) including: elected and appointed offices held; committee memberships and memberships on review or accreditation teams; reports written and submitted; grants received in support of the organization (refer to Form D-IVE); editorial positions, review boards and ad hoc review requests; and programs and conferences planned and coordinated, coordinated or served on a panel or chaired a session. Include evidence of contributions (e.g., evaluations by affected groups or peers).

I am a member of the Society of Teachers of Family Medicine; the North American Primary Care Research Group and the American Academy of Family Physicians. I am a member of the Evidence-based Medicine working group and the Group on Information Technology for STFM.

I have been a member of the steering committee for Michigan Family Medicine Research Day for more than a decade and have served, in rotation, as the chair of the steering committee.

I have served as a judge for the Southeast Michigan Center for Medical Education Research Forum (previously OHEP) Research forum in 2008 and 2009.

I served as a member of the Sudden Cardiac Death of the Young Expert Review Panel for the Michigan Department of Community Health, 2007-2010. This panel reviewed all cases of unexpected sudden in the young (between 1 and 39 years of age) between 2006 and 2008. The panel helped develop a report to the state outlining findings and making

Additionally, I have served as an ad hoc reviewer for special emphasis panels and contracts for the Agency for Healthcare Research and Quality. I have been an ad hoc reviewer for several journals, including Family Medicine, Journal of Family Practice, and the Annals of Family Medicine. Finally, I was on the editorial board for Family Medicine and the American Family Physician.

Finally, since 2008, I have served as a consultant in evidence-based medicine to the American Academy of Family Physicians Commission on Continuing Professional Development.

b. Service within the University:

List significant committee/administrative responsibilities and contributions within the University. Include service that advances the University's equal opportunity/affirmative action commitment. Committee service includes: appointed and elected university, college, and department ad hoc or standing committees, grievance panels, councils, task forces, boards, or graduate committees. Administrative responsibilities include: the direction/coordination of programs or offices; admissions; participation in special studies or projects; collection development, care and use; grants received in support of the institution (refer to Form D-IVE), etc. Describe roles in any major reports issued, policy changes recommended and implemented, and administrative units restructured. Include evidence of contributions (e.g., evaluations by peers and affected groups).

I have served on many department and college committees and task forces and have served as a member of a task force of the University Committee on Faculty Affairs.

Department of Family Medicine:

I currently hold two leadership positions within the department: Associate Chair for Research, and recently was appointed the Associate Chair for Academic Affairs. In the past, I have also served as Senior Associate Chair. In these leadership capacities, I have served as a member of the department's executive committee. Additionally, I have chaired the department's Reappointment, Promotion, and Tenure Committee. During my service as RPT chair, the department's affiliated residency programs decided to use the same promotion criteria as the East Lansing faculty. Initially, the rate of failed applications was high, largely due to a lack of familiarity with the promotion process and the criteria. We instituted

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a mandatory requirement that all potential applicants meet directly with the chair to review the process, criteria and how the candidate's portfolio might hold up against peer review. Since then, the rate of success has been much higher, largely due to improved reporting and decisions to defer application until criteria are met.

College of Human Medicine:

I currently am a member of the CHM Research Committee. In 2002, I co-chaired the Dean's Strategic Planning Task Force group on Faculty Excellence. In 2000, I was asked to serve on the CHM Dean's Search and Rating Committee. Finally, I chaired the CHM Curriculum Committee from 1995-1997.

University:

I served as chair of the MSU HealthTeam's Quality Council for 3 years. During this time, we were able to become recognized by Blue Cross Blue Shield as a member of its PGI Program, designed to develop innovative programs to improve quality of care. MSU developed a pilot program of group visits for patients with difficult to control diabetes and also developed a program to provide free samples of generic drugs as an alternative to providing samples of expensive brand drugs.

I was also asked to serve as a member of a University Committee on Faculty Affairs task force convened to look at the university's health care costs. Building on previous recommendations to promote more generic prescribing and evidence-based care, the task force made more drastic recommendations related to the prescribing of specific classes of drugs. It is projected that this new initiative will save MSU nearly \$5 million this fiscal year.

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2. Service within the Broader Community:

As a representative of the University, list significant contributions to local, national, or international communities that have not been listed elsewhere. This can include (but is not restricted to) outreach, MSU Extension, Professional and Clinical Programs, International Studies and Programs, and Urban Affairs Programs. Appropriate contributions or activities may include technical assistance, consulting arrangements, and information sharing; targeted publications and presentations; assistance with building of external capacity or assessment; cultural and civic programs; and efforts to build international competence (e.g., acquisition of language skills). Describe affected groups and evidence of contributions (e.g., evaluations by affected groups; development of innovative approaches, strategies, technologies, systems of delivery; patient care; awards). List evidence, such as grants (refer to Form D-IVE), of activity that is primarily in support of or emanating from service within the broader community.

Patient care:

In the appendices I have provided very recent data related to the quality of care provided to my patients and data on my productivity. This is just a sampling of data demonstrating the same theme: my patients receive high quality, evidence-based care and I am productive. If interested, I can provide more data from the nearly 6 inches of data from insurance companies. Additionally, the care I provide my patients is personalized. My patient satisfaction reports are also high. In 2004 and in subsequent years, Blue Care Network has recognized me for being in the top 100 based on patient satisfaction ratings. Finally, in 2009, I was recognized as one of the Best Doctors in America.

Discipline:

In addition to teaching numerous continuing education programs and faculty development programs, in 1996 [REDACTED] and I developed an editorial series of critical summaries of current research relevant to primary care physicians, called POEMs (Patient Oriented Evidence that Matters). This was intended to help primary care physicians, who often lack training or expertise in critically reading original research, to be able to use research in their practice. POEMs were published in the Journal of Family Practice. Initially limited to 2 summaries each month, the series quickly expanded and eventually led to a newsletter and e-mail service. During conferences and informal interactions with clinicians we learned that many practicing physicians needed more than just an alert about recent publications. They desired an ability to easily retrieve these summaries at the point of care. They also wanted access to more evidence-based sources and to clinical calculators to assist them in patient care. This led to the development of InfoRetriever, originally licensed by MSU and eventually sold to [REDACTED] Publishing company who changed the name to Essential Evidence Plus. This system has been independently evaluated by scholars and found to be an effective tool for education and practice:

1. [REDACTED] et al. Effect of a PDA-assisted evidence-based medicine course on knowledge of common clinical problems. *Fam Med*. 2005 Nov-Dec;37(10):734-40.
2. [REDACTED] Assessing the impact of clinical information-retrieval technology in a family practice residency. *J Eval Clin Pract*. 2005 Dec;11(6):576-86.
3. [REDACTED] Seven reasons why health professionals search clinical information-retrieval technology (CIRT): toward an organizational model [REDACTED] 2007 Feb;13(1):39-49.
4. [REDACTED] Evaluation of a handheld clinical decision support tool for evidence-based learning and practice in medical undergraduates. *Med Educ*. 2004 Jun;38(6):628-37.

Public:

In 2003 I had the privilege of serving as the AAFP Senior Scholar in Residence at the Agency for Healthcare Research and Quality. During my 6 months at AHRQ, I participated in many activities, including determining how to allocate \$50 million specifically targeted for health information technology (HIT). I participated in the planning and implementation of expert panel meetings, the development of three specific funding proposals and a recommendation for the development of a HIT resource center to facilitate the planning and implementation of HIT. The three funding proposals included: a matching program for activities related to planning HIT implementation; a program of matching funds for institutions that have completed a planning process and are prepared to implement HIT; and funds for the evaluation of HIT implementation. I wrote the criteria for the planning grants.

FORM D - IV D ADDITIONAL REPORTING

1. **Evidence of Other Scholarship:**

Cite evidence of "other" scholarship as specified on p. 2 in the "summary rating" table (i.e., functions outside of instruction, research and creative activity, and service within the academic and broader community). Address the scholarship, significance, impact, and attention to context of these accomplishments.

2. **Integration across Multiple Mission Functions:**

Discuss ways that your work demonstrates the integration of scholarship across the mission functions of the university—instruction, research and creative activities, and service within the academic and broader community.

As a land grant institution, one of MSU's traditions has been the need to pay attention to the application of scholarship into the real world. This has been the entire focus of my teaching, scholarly activities, and my patient care and scholarly service.

3. **Other Awards/Evidence:**

Cite other distinctive awards, accomplishments of sabbatical or other leaves, professional development activities, and any other evidence not covered in the preceding pages. (If the reporting period differs from the usual review period, then justify and support that period here.)

FORM D - IVE GRANT PROPOSALS

List grant proposals submitted during reporting period relating to teaching, research and creative activities, or service within the academic and broader community. Include grants in support of outreach, international, urban, and extension activities.*


Name of Granting Agency (Grantor) Focus of Grant (Focus:)	Date Submitted	\$ Amount Requested	Status		\$ Amt Funded	Not Funded	\$ Amount Assigned to Faculty Candidate (if Applicable)	Principal/Co-Investigators (if not faculty candidate)
			Pending	Funded				
I. Instruction								
Focus: Teaching introduction to medication error to third year medical students.	7/1/2008		<input type="checkbox"/>			<input type="checkbox"/>		candidate
Grantor: [REDACTED]	7/1/2009		<input type="checkbox"/>			<input type="checkbox"/>		[REDACTED]
Focus: Primary Care Faculty Development Fellowship								
II. Research/Creative Activity								
Grantor: [REDACTED] Foundation	10/1/06		<input type="checkbox"/>			<input type="checkbox"/>		
Focus: Decision analysis on hormone replacement for perimenopausal women.								
Grantor: [REDACTED] Quality	10/1/2000		<input type="checkbox"/>			<input type="checkbox"/>		
Focus: planning grant for the creation of the Great Lakes Research Into Practice Network								
Grantor: [REDACTED]	1/1/1999		<input type="checkbox"/>			<input type="checkbox"/>		[REDACTED] co-PI at U of Mich
Focus: One of 3 research initiatives funded by [REDACTED] build the evidence base of primary care; help physicians apply evidence to patient care; study the interface between patients' values and the evidence.								
Grantor: [REDACTED]	10/1/2000		<input type="checkbox"/>			<input type="checkbox"/>		
Focus: Evaluate the feasibility and barriers to implementing risk-based cervical cancer screening.								
III. a. Service - Academic Community								

*Anyone with an MSU Net username and password can log onto the web-based Information Reference database, maintained by the Office of Contract and Grant Administration, to search for records of proposals and grant awards by principal investigator. Printouts may be attached to this page.

Begins	Faculty/Member	Co-PI	Title	Agency	Ends	Amount	Submitted
2008/09/01	[REDACTED]	[REDACTED]	Beta Testing of the Medical Office Survey on Patient Safety (SOPS)	[REDACTED]	2009/12/31	[REDACTED]	2008/08/01
2009/07/01	[REDACTED]	[REDACTED]	Faculty Development in Primary Care	[REDACTED]	2012/06/30	[REDACTED]	2007/02/08

Grants submitted or in progress

2011/
04/01


Creating a Comparative
Effectiveness Research Agenda
for a Practice Based Research
Network

2012/03/31

\$43,863.00 Submitted

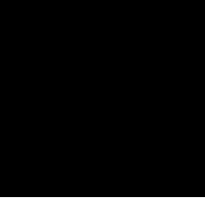
2010/08/20



2011/
07/01



Residency Experience in Public
Health —

2016/06/30



2010/11/01

2011/
07/01


Faculty Development for
Teachers in FQHC on how to
teach Med Students/Residents

2014/06/30

2010/11/16

Unfunded Grants from 1999 to 2010

Begins	Faculty/Member Co-PI	Title	Agency	Ends	Amount Submitted
2001/10/01	[REDACTED]	GRINING through NAMICS	[REDACTED]	2002/09/30	2001/04/13
2004/11/01	[REDACTED]	Patient Centeredness in Hypertension	[REDACTED]	2006/04/30	2004/02/01
2005/07/01	[REDACTED], M.D.	Training Clinical Researchers for Community Settings	[REDACTED]	2010/06/30	2004/01/16
2005/09/01	[REDACTED]	Training for Research Excellence at the Point of Care (TREPOC)	[REDACTED]	2010/08/31	2005/03/25
2005/09/01	[REDACTED]	Prevention Assessment, Guide, and Evaluation in Office Practice (PAGEOP)	[REDACTED]	2006/08/31	2005/08/12
2005/12/01	[REDACTED]	Patient Centeredness in Hypertension	[REDACTED]	2007/11/30	2005/03/01
2006/09/30	[REDACTED]	University of Michigan Clinical and Translational Science Award	[REDACTED]	2011/09/29	2006/03/27
2007/07/01	[REDACTED]	Generalizability of Medication Reminders	[REDACTED]	2010/06/30	2007/02/01