

FORM HP-D - IV B CLINICAL AND PRE-CLINICAL TEACHING

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	Prec	Lab			
Fall 2010	HM517			1		8		
	HM513			1		6		
Spring 2010	HM527			1		10		
				1		156		Diabetes ICC
Fall 2009	HM513			1		10		
	HM511			1		10		
Spring 2009	HM527			1		10		
	HM511			1		10		
				1		156		Diabetes ICC
Fall 2008	HM 517			1		10		
Spring 2008	HM513			1		10		
	HM511			1		10		

*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.

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.

I have been invited to present on various clinical, quality, practice management topics to both local and statewide audiences. Please see Clinical and Pre-Clinical Teaching section 2.2.9 for supporting documentation.

2.1 Basic Criteria

- 2.1.1 Complies with the MSU Code of Teaching Responsibilities – My evaluations demonstrate my compliance with the MSU Code of Teaching Responsibilities. Please see Letters of Reference and Clinical and Pre-clinical Teaching sections 2.2.1 and 2.2.2 for supporting documentation.
- 2.1.2 Discharges assigned teaching responsibilities competently, including preparation and presentation of material in a well-organized, current and stimulating fashion – My evaluations demonstrate my competence. Please see Letters of Reference and Clinical and Pre-clinical Teaching section 2.2.2 for supporting documentation.
- 2.1.3 Accepts teaching assignments routinely and teaches in college programs of instruction on a regular basis – I participate in clinical and pre-clinical teaching on a regular basis. Please see Clinical and Pre-clinical Teaching section 2.1.3 for supporting documentation.
- 2.1.4 Participates in post-graduate educational activities – I participate in postgraduate educational activities on a regular basis. Please see Letters of Reference and Clinical and Pre-clinical Teaching section 2.1.4 for supporting documentation.
- 2.1.5.d Teaches in a laboratory or small group session – I routinely teach in small group sessions. Please see Clinical and Pre-clinical Teaching section 2.1.5.d for supporting documentation.
- 2.1.5.f Teaches as attending physician (inpatient or outpatient settings) – I routinely teach as an attending physician in both inpatient and outpatient settings. Please see Letters of Reference and Clinical and Pre-clinical Teaching section 2.1.5.f for supporting documentation.

2.2 Distinguishing Criteria

- 2.2.1 Is assessed to be an effective teacher by learner evaluation – I have consistently received superior evaluation from medical students and residents. Please see Clinical and Pre-clinical Teaching section 2.2.1
- 2.2.2 Is assessed to be an effective teacher by colleagues and other faculty – I have consistently received superior evaluations from peers who have evaluated my teaching in CME sessions. Please see Clinical and Pre-clinical Teaching section 2.2.2 for supporting documentation.
- 2.2.3 Provides evidence that teaching activities are based on current literature and the meaningful incorporation of that literature – My educational sessions have been evaluated as meeting Evidence-Based Continuing Medical Education criteria by the American Academy of Family Physicians. Please see Clinical and Pre-clinical Teaching section 2.2.3 for supporting documentation.
- 2.2.11 Participates in credit and/or non-credit instructional activities such as CME, certificate programs, community programs or extension programming with high ratings – I have earned high ratings from Continuing Medical Education Programs offered in various venues across the state. Please see Clinical and Pre-clinical Teaching section 2.2.11 for supporting documentation.

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: Experience limited to informal advising and mentoring.

Graduate: Experience limited to informal advising and mentoring.

Graduate/Professional: I have served as CHM Faculty Advisor to Friendship Clinic, a student-run, Saturday morning clinic for homeless and disadvantaged people that is a collaborative effort of CHM, COM, and Ingham County Health Dept since 2005.

Other:

2.2 Distinguishing Criteria

2.2.10 Receives awards and honors for mentoring and teaching excellence – I received the Everall M Wakeman, MD Faculty Teaching Award from the Oakwood Family Medicine Residency Program in June, 2005. Please see Clinical and Pre-clinical Teaching section 2.2.10 for supporting documentation.

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	0	
Degrees awarded during the reporting period	0	0	0
Degrees awarded during career	0	0	0

4. **List of Instructional Works:**

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

Peer-Reviewed Publication:

2010 [REDACTED] Using Quality Experts from Manufacturing to Transform Primary Care. Journal of Continuing Education in the Health Professions, 30(2):95-105.

Peer-Reviewed National Presentation:

Nov 5, 2009 Society of Teachers of Family Medicine Conference on Practice Improvement, Health Information and Patient Education. Co-presenter, "Learning Collaboratives and Patient-Centered Medical Homes: Learning From Our Collective Experience with Practice Transformation" Kansas City, MO. Collaborators: [REDACTED].

5. **Other Evidence of Instructional Activity:**

Cite other evidence of instructional productivity such as works/grants in progress or under review (refer to Form HP-D-IVF). 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).

As a member of the American Academy of Family Physicians Commission on Continuing Professional Development and its Subcommittee on Assembly Scientific Program, I was charged with participating in the development of several national continuing medical education conferences for Family Physicians. Our charge included developing educational methods that increased attendee participation, assessment of participant needs, and translation of newly acquired material into daily practice. Please see Letters of Reference for supporting documentation.

FORM HP-D - IV C SCHOLARLY PRODUCTIVITY AND RESEARCH

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)

4) Articles

2010 [REDACTED] Using Quality Experts from Manufacturing to Transform Primary Care. Journal of Continuing Education in the Health Professions, 30(2):95-105. * **

6) Papers and presentation for learned professional organizations and societies

Nov 5, 2009 Society of Teachers of Family Medicine Conference on Practice Improvement, Health Information and Patient Education. Co-presenter, “Learning Collaboratives and Patient-Centered Medical Homes: Learning From Our Collective Experience with Practice Transformation”. Kansas City, MO. Collaborators: [REDACTED] *

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	0	0	0	1	0	1	0	0
During career	0	0	0	1	1	3	0	0

3.1 Basic Criteria

- 3.1.1 Provides evidence of participation in research and scholarly activities related to the mission of department and college –I have participated in research and scholarly activities including the Improving Performance in Practice Grant and efforts to improve the collection of family history in an electronic medical record. Please see Scholarly Productivity and Research section 3.1.1 for supporting documentation.
- 3.1.2 Presents research, scholarly or development efforts to the medical education community, community of the candidate's discipline, and/or to his/her own professional community – Together with my colleagues in Family Medicine, I presented at STFM's Conference on Practice Improvement, Health Information, and Patient Education Conference in 2009. Please see Scholarly Productivity and Research section 3.1.2 for supporting documentation.
- 3.1.3 Participates in professional groups and/or organizations appropriate to research field – I am a member of the Society of Teachers of Family Medicine and the Patient-Centered Primary Care Collaborative. Please see CV and Scholarly Productivity and Research section 3.1.3 for supporting documentation.
- 3.1.4 Publishes in refereed journals – Preliminary reporting from the Michigan Improving Performance in Practice Grant was published in the Journal of Continuing Education in the Health Professions, a peer-reviewed, refereed journal. Please see Scholarly Productivity and Research section 3.1.4 for supporting documentation.
- 3.1.5 Evidence, through letters of support from outside the university, or recognition by senior colleagues for independent and original thinking – Please see Letters of Reference for supporting documentation.

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

During the reporting period: 1 During career: 2

3.2 Distinguishing Criteria

- 3.2.1 Participates in the development of research proposals for external funding – I have participated in the development of grant proposals with other faculty from Family Medicine and colleges within MSU. Please see Scholarly Productivity and Research section 3.2.1 for supporting documentation.
- 3.2.3 Provides leadership in professional organizations; appointed or elected to positions of leadership in professional organizations – I currently serve as the Immediate Past President of the Michigan Academy of Family Physicians and have served as President, President-Elect, First Vice President, Second Vice President, Speaker, and a member of the Board of Directors. I am also President of the Michigan Academy of Family Physicians Foundation and a member of the Board of Directors. I have been elected as an Alternate Delegate from the Michigan State Medical Society to the American Medical Society. Please see CV and Scholarly Productivity and Research section 3.2.3 for supporting documentation.
- 3.2.4 Serves as a principal investigator (or co-PI) on funded research projects – While MSU did not serve as fiduciary (Auto Industry Action Group was the fiduciary) for the Michigan Improving Performance in Practice Grant, it was funded by the American Board of Medical Specialties using Robert Wood Johnson Foundation funds. As Statewide Physician Champion, I served as volunteer principal investigator. Please see CV and Scholarly Productivity and Research section 3.1.3 for supporting documentation.

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).

Please see CV and Letters of Reference for addition evidence of research and creative activity.

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 HP-D-IVF); 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).

4.2 Distinguishing Criteria

4.2.4 Attains leadership positions in relevant state and/or national professional associations or organizations – I have attained leadership positions in several local, state, and national professional associations, including President of Michigan Academy of Family Physicians and Alternate Delegate from Michigan State Medical Society to the American Medical Association House of Delegates. Please see CV for additional examples.

4.2.5 Involvement in external peer review organizations and processes (e.g., study sections, editorial review boards, journal manuscript reviewer) – I have served as a content reviewer for Healthcasts Professional Televisions Network and *Family Practice Management*. Please see CV and Institutional Service section 4.2.5 for supporting documentation.

4.2.6 Represents the department, college, or university to outside agencies, hospitals, or other institutions – I have and continue to represent the MSU CHM Department of Family Medicine to the Sparrow Hospital Department of Family Medicine Executive Committee and the MSU HealthTeam as a shareholder in Sparrow Physicians Health Network. Please see CV and Institution Service section 4.2.6

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 HP-D-IVF), 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).

4.1 Basic Criteria

4.1.1 Participates as appointed or elected member of department, or college committees – I have participated in department and college committees, including CMH Admissions Cmte, HealthTeam Peer Review Cmte, HealthTeam Clinical Information Steering Cmte, and others. Please see CV and Institutional Services section 4.1.1 for supporting documentation.

4.1.2 Provides evidence of productive service in support of college committees, and/or administrative activities – As a member of departmental committees and as Associate Chair for Clinical Affairs (2005-2009), I have developed tools that are still in use, including the Clinical Citizenship Survey and compliance review forms. Please see Institutional Services section 4.1.2 for supporting documentation.

4.2 Distinguishing Criteria

- 4.2.1 Leads or chairs department, or college projects, committees, courses or training programs – I currently chair MSU HealthTeam Quality Council and Credentials and Privileges Committee. Please see CV and Institutional Services section 4.2.1 for supporting documentation.
- 4.2.2 Is appointed for major administrative position, in the department, college, or university – I served as Associate Chair for Clinical Affairs (2005-2009) – Please see CV for supporting documentation.
- 4.2.3 Provides intellectual leadership in helping committees, task groups, or other organizations develop solutions to significant problems at department/college level – Quality Council and Credentials and Privileges Committee are currently realigning HealthTeam credentialing and recredentialing processes to align them with patient safety efforts such as Ongoing Professional Practice Evaluation.

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-IV F), of activity that is primarily in support of or emanating from service within the broader community.

As Medical Director for Physicians Health Plan of Mid-Michigan (PHP-MM), I provide service to Mid-Michigan on a daily basis through development and application of policies that seek to provide high quality care while being cost-efficient and medically necessary. Through this position, I participate with Michigan Quality Improvement Consortium (MQIC, www.mqic.org), a consortium of health plans throughout the state that provides evidence-based guidelines for appropriate, cost-effective, high quality care across the state of Michigan. Each of the participating health plans, professional societies, and governmental agencies agrees to use the MQIC Guideline for internal policy making. This allows a single guideline for care across the state, which makes it easier and more likely that patients will receive high quality, cost-effective, appropriate care because there is a single guideline to follow. I have had the pleasure and honor of contributing to the following guidelines:

- | | |
|---|---|
| • Acute Bronchitis | • Low Back Pain |
| • Adult Preventive Services (18-49 Years) | • Obesity |
| • Adult Preventive Services (50-65+ Years) | • Office-Based Surgery |
| • Asthma (General Principles) | • Osteoarthritis |
| • Asthma (Children 0-4 Years) | • Osteoporosis |
| • Asthma (Children 5-11 Years) | • Prevention of Pregnancy in Adolescents (12-17 Years) |
| • Asthma (Youth 12 and Older and Adults) | • Prevention of Unintended Pregnancy in Adults |
| • Childhood Overweight & Obesity Prevention | • Preventive Services in Adolescents & Children Ages 12-21 |
| • Childhood Overweight & Obesity Treatment | • Preventive Services in Infants & Children Birth – 24 Months |
| • Chronic Kidney Disease | • Routine Prenatal and Postnatal Care |
| • Deep Vein Thrombosis | • Substance Use Disorders |
| • Depression | • Tobacco Control |
| • Diabetes | |
| • Hypercholesterolemia | |
| • Hypertension | |

Additionally, my work with PHP-MM has allowed me to be a member of the Michigan Primary Care Consortium's Payors' Committee. This group is charged with attempting to align physician and practice incentives around the Patient-Centered Medical Home Model. Following the template of MQIC, the goal is to have a single set of criteria so that practices and physicians can concentrate on transforming medical care rather than meeting multiple, incongruous rules for essentially the same concept.

Finally, PHP-MM outreach programming, such as Healthy Beginnings, a program to improve the health and safety of children in the Lansing area by exposing them to health and safety information from such groups as Michigan State Police, Lansing Police and Fire Departments, Boy Scouts of America, Michigan Asthma Coalition, and other companies with foundations for diabetes, nutrition, exercise, and other health and safety topics in a fun and exciting manner. Now in its third year, it has drawn nearly 700 participants each year to Impression 5, the hands on children's science center in Lansing. As Medical Director, I work with and help guide this wonderful program.

FORM HP-D - IV E 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 patient care services, instruction, scholarly productivity and research and institutional services within the academic and broader community). Address the scholarship, significance, impact, and attention to context of these accomplishments.

I believe that I have listed all of my notable scholarship previously. The other column referenced holds a null value.

2. Integration across Multiple Mission Functions:

Discuss ways that your work demonstrates the integration of scholarship across the mission functions of the university.

My work with practice transformation and quality improvement demonstrate integration of scholarship across the mission functions of the university. Leading the Michigan Improving Performance in Practice Grant combined research and education in practice transformation and quality improvement. Working with Michigan Quality Improve Consortium, takes evidence-based findings and crystallizes them into care guidelines used across the state to improve the quality, efficiency, and appropriateness of care provided. Working with professional societies such as Michigan Academy of Family Physicians, Michigan State Medical Society, American Academy of Family Physicians and American Medical Association give voice to ideas to close gaps in care through state and national policy. Physicians Health Plan of Mid-Michigan and MSU Family Health Center provide patient care innovation opportunities at a policy and direct level that can feed back and inform further study of additional innovations and opportunities to improve care quality, efficiency, and appropriateness. Finally, as a Family Physician Educator, both in a medical school and in professional associations, I am able to teach others the outcomes of evidence-based studies, both positive and negative, thereby completing the cycle of knowledge contemplation, testing, refinement, and dissemination. Please see CV for supporting documentation.

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.)

Distinctive Awards –

2010 Cambridge Who's Who

2008 Michigan Academy of Family Physicians Golden Crow Award

2006 American Medical Association Foundation Young Physician Leadership Award

2006 Strathmore's Who's Who

2006 Marquis Who's Who in Medicine and Healthcare

Professional Development –

2009 Harvard Medical School Department of Continuing Education / Levinson Institute, Leadership for Physician Executives, Boston, MA

FORM F - IV F 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		\$ Amount Assigned to Faculty Candidate (if Applicable)	Principal/Co- Investigators (if not faculty candidate)
				Pending	\$ Amt Funded		
I. Instruction							
Grantor:				<input type="checkbox"/>		<input type="checkbox"/>	
Focus:							
II. Research/Creative Activity							
Grantor:				<input type="checkbox"/>		<input type="checkbox"/>	
Focus:							
III. a. Service – Academic Community							
Grantor:				<input type="checkbox"/>		<input type="checkbox"/>	
Focus:							
III. b Service – Broader Community							
i. MSU Extension							
Grantor:				<input type="checkbox"/>		<input type="checkbox"/>	
Focus:							

ii. Professional/Patient Care Activities

Grantor: Blue Cross Blue Shield of MI 2008/12/15 \$149,392.00 ☒

Foundation

Focus: A Dedicated Care Navigator: Safety Net for Practice-Based Population Prevention – This grant would have funded a clinical position in the practice to assess the effectiveness and sustainability of having a dedicated Care Navigator who would reach out to patients needing United States Preventive Services Task Force A & B rated preventive services

Grantor: Auto Industry Action Group

2007/08/06 \$25,000.00 ☐

☒

Focus: This grant would have reimbursed Michigan State University for my dedicated time as Physician Champion (PI) of the Michigan Improving Performance in Practice Grant, a seed grant from the American Board of Medical Specialties regranting Robert Wood Johnson funds to states to improve care of patients with diabetes and asthma using statewide collaboratives

Grantor:

Blue Cross Blue Shield of MI 200812/01

\$75,000.00

☒

Foundation

Focus: Medically Complex Adults in Michigan – This grant would have explored determinants of care for adults with multiple medical conditions

Grantor:

Michigan Department of Community Health

2006/05/01

☐

\$47,933.00

☐

\$2,610.00

Health

Focus: Family History in a Family Practice Electronic Medical Record and Symposium – Designed a new model for collecting family history within an existing EMR in use in a Family Medicine practice and a symposium to disseminate outcomes

iii. International Studies and Programs

Grantor:

☐

☐

Focus:

vi. Urban Affairs Programs

Grantor:

☐

☐

Focus:

v. Other

Grantor:

☐

☐

Focus:

* 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.