

UW Medicine

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CME registration to 833-394-7078

Then, text activity code 13508

You must text attendance during, or up to one hour after, today's
presentation.

Creating your Teaching Portfolio for Promotion

Somnath Mookherjee, MD - Professor of Medicine – Director, CLIME

DC2604B





Objectives

1. Reflect on your educational contributions → categorize them in a meaningful way
2. Identify your most important, impactful, and meaningful contributions
3. Share your contributions in a concise, compelling, and standardized format

4. Start thinking about your Teaching Philosophy

- ✓ Categorize
- ✓ Refine
- ✓ Prioritize
- ✓ Describe



**I am attending this workshop
because...**

- ~~X~~ Division Head's letter to the Chair proposing the promotion:
- Include approximate percent effort committed for each activity profile – (scholarship/research activities, teaching, clinical care, administrative leadership, documentation of national reputation) – must equal 100%
 - Detail the faculty member's teaching contributions in qualitative as well as quantitative terms
 - Detailed summary of the candidate's scholarly contributions (for multiple authored publications listed on the CV, please note in the DH letter whether the faculty member had a key role on the publication)
 - Comment on the potential for continued success in scholarly attainments
 - Description of administrative contributions (if appropriate)
 - Paragraph on professionalism
 - Pathway (Physician/Scientist, Clinician/Teacher)
 - Summarize the value of a person to the department and provide a critical overview of the impact of the faculty member
 - Especially in cases of non-mandatory promotion and tenure requests, address: why now, and on what basis? Mention retention issues, prior service as an acting assistant professor, and other circumstances
 - What is the essential role this faculty member will play in the department and the University?
 - Comment on the match (or mismatch) between a faculty member's activity profile and output
 - Divisional vote on this proposed promotion, including eligible voters, those in favor, those opposed, those abstaining and those absent

~~X~~ Letter of concurrence from Service Chief at primary work site (HMC-Ginny Broudy, PSBC-James AuBuchon, SCCA-Marc Stewart, UWMC-Brad Anawalt, VA-Rudy Rodriguez)

~~X~~ Letter of support, if applicable, from joint department chair (including faculty vote) or adjunct department chair (does not need to include faculty vote)

~~X~~ Sample solicitation letter

~~X~~ 4 internal letters of recommendation in addition to the Division Head's letter (must be solicited by DH not candidate, letters from those senior in rank)

~~X~~ 3-4 external letters of recommendation

~~X~~ UWSOM External Referee Forms for each external letter of recommendation (note: place each form directly behind the corresponding letter when compiling the package)

~~X~~ Candidates self-assessment

~~X~~ Copy of the communication between the Division Head and the candidate regarding the proposed promotion (and candidate's response, if applicable)

~~X~~ C.V. and Bibliography done in the correct SOM format (check to confirm format before submitting to the dept)

~~X~~ IDP (electronic copy only, not needed in final packet)

~~X~~ Teaching portfolio and publications (see DOM intranet for additional information)

~~X~~ Send one flash drive containing 5 separate .pdf files, labeled as follows:

LAST NAME_teaching portfolio
LAST NAME_student teaching evaluations
LAST NAME_peer teaching evaluations
LAST NAME_peer clinical evaluations
LAST NAME_other teaching material
LAST NAME_representative reprints

____ Submit one hard copy of the teaching portfolio (do not include publications) – no larger than 1 inch

_____ Teaching portfolio and publications (see DOM intranet for additional information)

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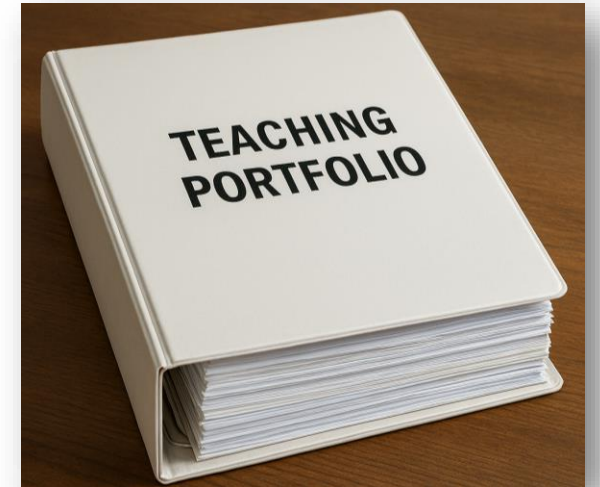
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Department of Medicine Template

Components	Content Label
Required components	Executive summary
	Personal Information
	Teaching Philosophy
	Teaching Activities and Role as an Educator
	Professional Development in Education
	Regional / National / International Reputation
Optional	Mentoring
	Educational Administration and Leadership
	Honors and Awards
	Long-term goals
	Evaluations: student / trainee, peer teaching, peer clinical

2025 Revision

- Recognize importance for promotion
 - Document scope and impact of teaching
 - Provide evidence of effectiveness
 - Demonstrate scholarly approach
- Revision goals
 - Standardize across School of Medicine
 - More aligned with a defined purpose
 - Less burdensome to faculty
 - Useful to the reader



2025 UW School of Medicine Teaching Portfolio Guidelines

Goal of the
Teaching
Portfolio:
*Showcase your
most important,
impactful and
meaningful
contributions as
an educator*



2025 UW School of Medicine Teaching Portfolio Guidelines

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Categorize your educational work into 6 Areas of Contribution, as applicable – *Identify the work that is most impactful*



1. Teaching Activities

2. Curriculum Development

3. Mentoring, Coaching, and Advising

4. Educational Leadership

5. Learner Assessment

6. Educational Research and Scholarship

2025 UW School of Medicine Teaching Portfolio Guidelines

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Use the provided templates to write Focused Contribution Summaries - *maximum length is 1 page each*



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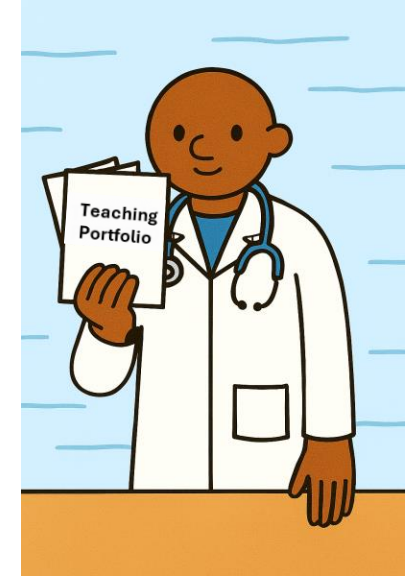
5. Learner Assessment

6. Educational Research and Scholarship

Use the provided templates to write Focused Contribution Summaries - *maximum length is 1 page each*



- A Focused Contribution Summary for “Teaching Activities” is required
- If applicable, you can write more than one Focused Contribution Summary within one Area of Contribution
- Most faculty will include 2-3 Focused Contribution Summaries; the maximum is 5
- Including a title page, the maximum length of the Teaching Portfolio is 6 pages!




Teaching Portfolio

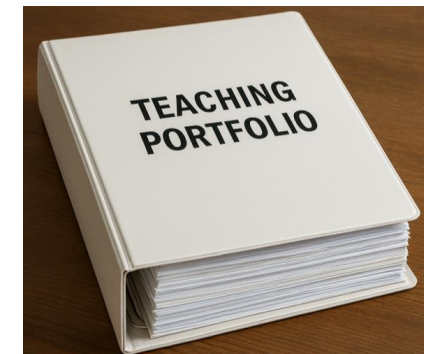
Somnath Mookherjee, MD
Professor of Medicine
Clinician-Scholar Track
Department of Medicine
Division of General Internal Medicine
Prepared 8/28/24

Learner Assessment
Title: Clinical Assessment Change in SOM
Description. I have been part of the leadership team that has organized a major overhaul in how the core clerkships in the third year of medical school are assessed. There have been national trends in recent years towards implementation of comprehensive competency-based medical education (CBME) at UME institutions. There has also been national recognition that the tiered grading system we use in these clerkships (e.g. at UWSOM, Honors/High Pass/Pass/Fail) results in an inequitable distribution of Honors grades, which can have downstream impacts on residency selection. The goals of the work have been to 1) implement CBME in the required core clerkships as a prelude to implementation throughout the four-year MD program, 2) implement workplace-based assessments (WBAs) of generalizable professional activities (EPAs), and 3) transition core clerkship grading to Pass/Fail. Eventually this work will impact all students in the clinical phases (i.e., MS3, MS4; ~600/year). Time estimate: ~5-10 hrs/month
Quality. This work started in 2022, with Phase 1, where we defined the problem and selected a model for implementation. The broad strokes of the assessment model were presented and passed through the pertinent governance committees. From 2024-2025, smaller workgroups met to design the assessment system in more detail. In Spring 2025, we have just launched a pilot of the WBA program and are starting to collect formative data (i.e., not yet used for grading), while our clerkships still have tiered grading. The pilot has been very successful so far in that students and preceptors are participating in submitting WBAs across all EPAs and clerkships. During the next academic year, I will continue to work with this group to further define and implement assessment changes as we transition to Pass/Fail grading in Spring 2026. We will also collect feedback from both students and preceptors in order to minimize any logistical pain points and maximize the usage of preceptor feedback.
Growth. In 2023, the leadership team invited a series of speakers with expertise in CBME and WBAs/EPAs to deliver seminars to the clinical assessment workgroup. Listening to these speakers talk about their experiences implementing these methods at their schools helped cement some of the theory I had previously read about in the literature. I also completed an online international course on generalizable professional activities (EPAs) taught through Utrecht University in the Netherlands; this also helped me to conceptualize the changes we were making.
Extended Impact. I am part of a small group of people involved in this work who are starting to plan publications around the implementation of this program at UWSOM.

Educational Research and Scholarship
Title. Implementation and evaluation of a longitudinal curriculum, INCLUDE, in a pediatric residency program
Description. In January 2018, the UW Pediatric Residency Program implemented a longitudinal curriculum called INCLUDE (Inclusion, Cultural Humility, Diversity, and Equity) to formalize and integrate didactic and experiential learning in health equity across all 3 years of residency. We began with a needs assessment funded by a UW Diversity and Inclusion Seed Grant. The goals of INCLUDE are to: 1) strengthen and formally evaluate training in equity, diversity, inclusion, and cultural humility; 2) increase residents' awareness of health inequities and provide tangible tools to address them; 3) teach residents to advocate for the health and well-being of patients and families across a broad range of socioeconomic and cultural backgrounds; and 4) promote self-reflection and community learning to more effectively care for patients as part of a diverse healthcare team.
In my role as Associate Program Director (0.25 FTE), I co-led all steps in this process alongside faculty, resident, and GME colleagues, including creation of the needs assessment and follow-up surveys, curriculum planning, and evaluation. As of 2022, INCLUDE comprised close to 30 hours of educational time per academic year, consisting of trainings that began during Intern Orientation and extended to noon conference lectures, interactive sessions focused on skill-building and communication tools to address microaggressions, and seminars on caring for specific populations, including immigrants, foster youth, LGBTQ+ youth, and children with medical complexity, among others.
Quality. We have conducted quantitative (survey-based) and qualitative studies of INCLUDE. To date there have been multiple peer-reviewed publications, including an overview of our needs assessment and implementation (Mullett T. et al., <i>Journal of the National Medical Association</i> 2022) and a qualitative study of pediatric residents' perspectives (Gilliam C. et al., <i>Journal of the National Medical Association</i> 2023). We have presented our curricular work nationally, at the Pediatric Academic Societies Conference in 2020, and as a workshop for the Association of Pediatric Program Directors in 2020.
In addition, the UW Pediatric Residency Program was recognized by ACGME in 2022 with the Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award, a recognition based in part on our work on INCLUDE.
Growth. Working on this curriculum from 2017-2022 strengthened my ability to work with a dynamic team of residents, chief residents, faculty, and hospital partners to achieve a shared goal: a curriculum that highlights and advances the residency program's vision and values. I learned how to successfully mentor early career colleagues during their scholarship process and drive forward both programmatic and scholarly work.
Extended Impact. INCLUDE continues to evolve and incorporate new curricular approaches, including the use of resident affinity groups and caucusing, which became a fellowship research project funded by CLIME, with a manuscript currently in progress (Yeboah D. et al., 2025). Clinical offshoots include use of an equity checklist on rounds and partnership with the Center for Diversity and Health Equity at Seattle Children's Hospital to review clinical policies and practices with attention to equitable patient outcomes.

Teaching Activity
Title: Didactic Teaching
Description. I teach several core psychiatry resident didactics and integrated care fellows. My psychiatry resident electives are Primary Care Consultation Psychiatry, How to Teach in Small Groups: Applying Educational Theory and Cognitive Behavioral Therapy for Schizophrenia. Each didactic is a 30-minute session presented annually to a class of 16 residents. I developed all the content for these lectures. For the integrated care fellows, I developed and taught in three key areas for didactics: Patient Engagement, Distress Tolerance Skills and Sustainability of Collaborative Care (including Team Building and Financing Lectures). These didactics include online prework and a one-hour discussion. These are delivered annually to up to 5 fellows.
Quality. I consistently receive high overall teaching ratings as well as positive resident feedback for creativity and excellence in my teaching. The graph to the left represents my yearly average of 5.3-5.6 on a scale with a maximum score of 6 = Fantastic over the course of my teaching at the University of Washington. For the integrated care fellowship, the fellows consistently rated my teaching as 5.6 on a scale with the max score of 6=Fantastic. I received comments such as, "Such a useful lecture. Maybe my favorite to date."

Growth. As part of the development of the integrated care didactic development I participated in an internal 6-month faculty development effort which included didactic learning about curriculum development and regular peer feedback. We also learned how to design an effective didactic session and increase interactivity of didactic content.
Extended Impact. Taking my learning from my didactic teaching at UW, I wrote two papers resulting from a national survey of psychiatrists working in integrated care. "Perceived Educational Needs of the Integrated Care Psychiatric Consultant," describes the educational needs of psychiatric consultants and "The Role of the Integrated Care Psychiatrist in Community Settings: A Survey of Psychiatrists' Perspectives" which describes the practice patterns of a community sample of psychiatrists working in integrated care settings. These papers provided the assessment of learning needs for the development of a national curriculum for the American Psychiatric Association - Applying the Collaborative Care Approach. This is a four-hour course that covers the foundation of the Collaborative Care, an evidence-based model of care that supports the delivery of mental health services in primary care settings. I have taught this course for CME nationally as well as this course being offered as a module on the APA national website. Using my Applying the Collaborative Care Approach materials I personally taught 938 psychiatrists nationally with more than 900 additional trainees receiving this education using my didactic materials. I received consistently high ratings, with 99.55% of trainees rating my training as Excellent. In summary, this curriculum has been taught to over 1900 psychiatrists which represents ~4 % of US psychiatrists and over 5% of the APA membership from 2015-2019.

- Standardized and brief
- Decreased burden on reader and writer
- Provides evidence of the quality and impact of educational activities
- Enables review and assessment of key contributions
- Complements other promotion materials



Important notes

✓ **Teaching
Philosophy!**

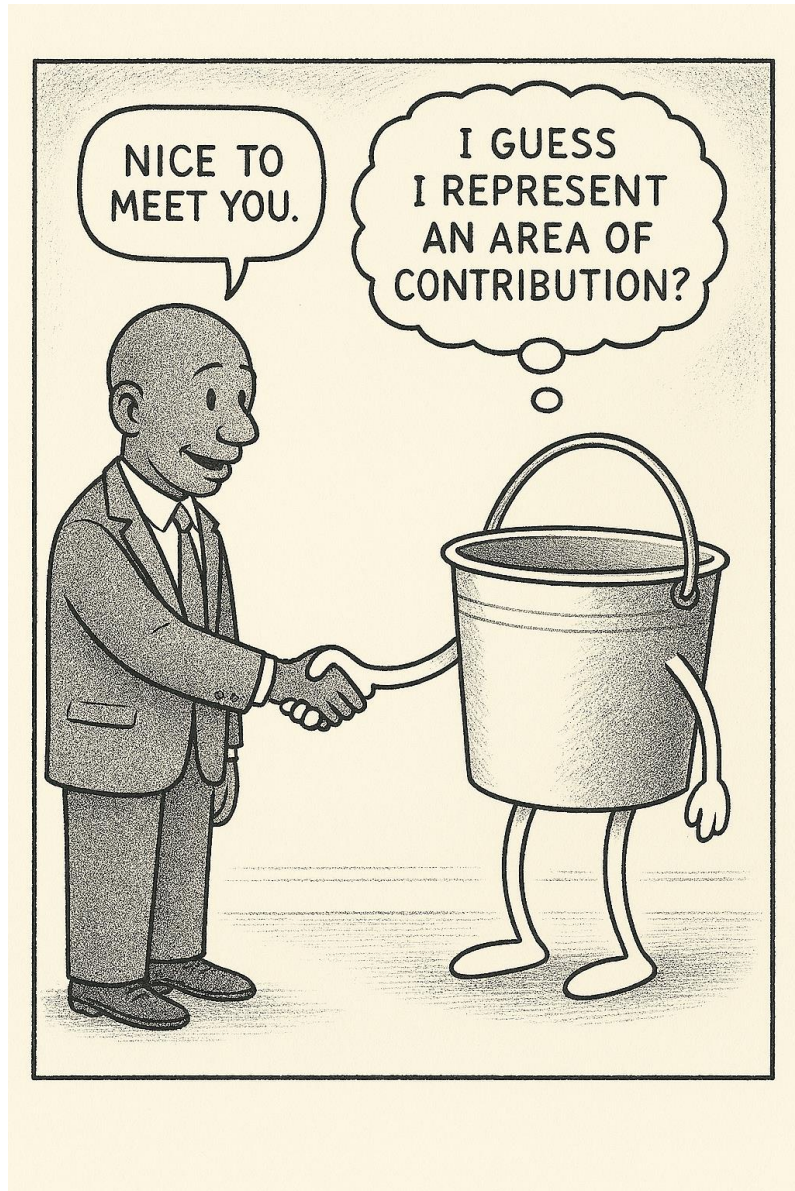
✓ **Double-check!**

✓ **Evaluations!**

✓ **UW only!**

Questions?

Meet the buckets (areas of contribution)





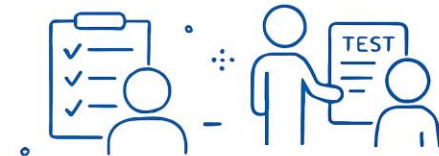
**TEACHING
ACTIVITIES**



**MENTORING,
COACHING,
AND ADVISING**



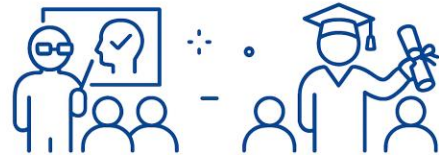
**CURRICULUM
DEVELOPMENT**



**LEARNER
ASSESSMENT**



**EDUCATIONAL
LEADERSHIP**



**EDUCATIONAL
RESEARCH AND
SCHOLARSHIP**



Individual work

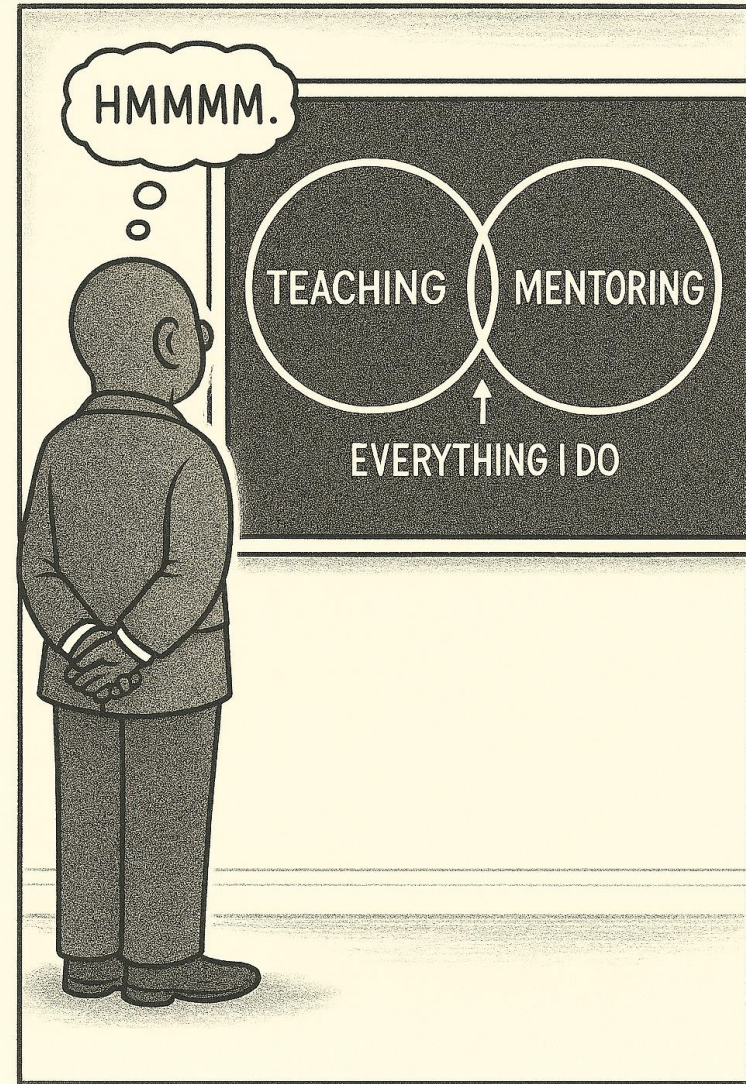


Teaching Activities	Mentoring, Coaching and Advising	Curriculum Development	Learner Assessment	Educational Leadership	Educational Research and Scholarship



In one or two words, what was most challenging in that activity?

Overlap?



Focused Contribution Summary Template

Description	Growth
<ul style="list-style-type: none">• Role• Effort• Scope	<ul style="list-style-type: none">• Purposeful engagement• Application towards contribution
Quality	Extended Impact
<ul style="list-style-type: none">• Relevant• Meaningful• Substantial	<ul style="list-style-type: none">• Collaboration• Dissemination• Sustained



LEARNER ASSESSMENT



EDUCATIONAL LEADERSHIP



CURRICULUM DEVELOPMENT



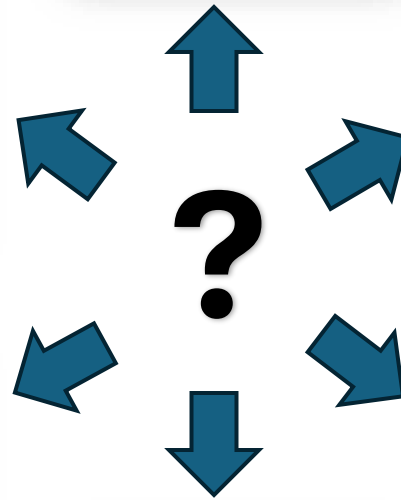
EDUCATIONAL RESEARCH AND SCHOLARSHIP



MENTORING, COACHING, AND ADVISING



TEACHING ACTIVITIES



What category does my work go in?

Substantial role,
effort,
contribution

Compelling
evidence
supporting for
quality

Efforts to grow

Extended impact

*Important,
satisfying*

Third year IM clerkship series on hypothesis driven / evidence based physical examination

	Teaching Activities	Mentoring, Coaching and Advising	Curriculum Development	Learner Assessment	Educational Leadership	Educational Research and Scholarship
Description						
Quality						
Growth						
Extended Impact						

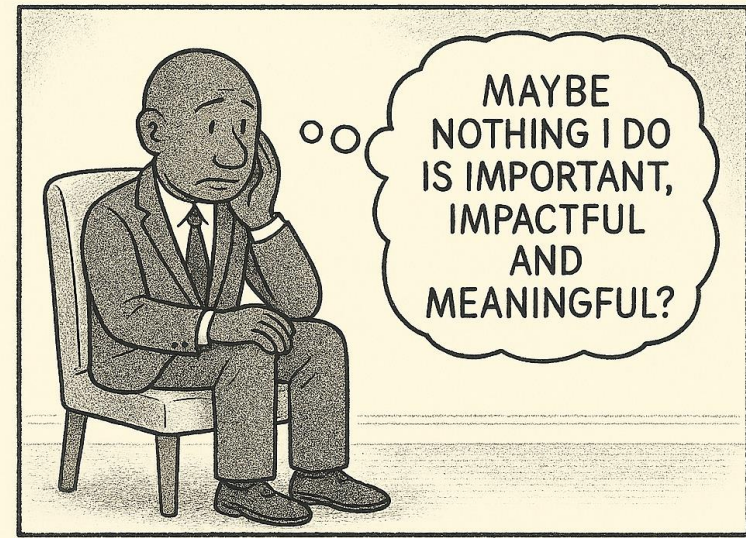
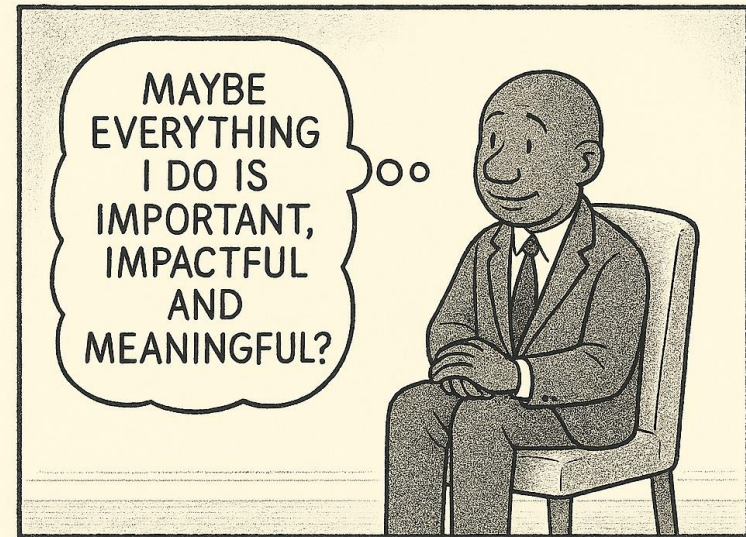
Third year IM clerkship series on hypothesis driven / evidence based physical examination

	Teaching Activities	Mentoring, Coaching and Advising	Curriculum Development	Learner Assessment	Educational Leadership	Educational Research and Scholarship
Description						
Quality						
Growth						
Extended Impact						

Important, satisfying

Questions?

What should I write about?



What should I write about?

Required “Focused Contribution Summary” for Teaching Activity

Choose what to prioritize (do not make it comprehensive)

“Logical” lumping vs “Make it bigger” lumping

Right-size it to your educational work

Don't repeat content between summaries

Focus on work since the last promotion

Tell the story of something you are proud about

Example 1

Reasonable approach

Notes

- Teach medical students and residents for four 2-week blocks throughout the year when on clinical service
- Occasional small groups for medical students' block courses – once or twice a year
- Teach on a clinical topic at a CME course for one hour annually

Example 1	Reasonable approach	Notes
<ul style="list-style-type: none">• Teach medical students and residents for four 2-week blocks throughout the year when on clinical service• Occasional small groups for medical students' block courses – once or twice a year• Teach on a clinical topic at a CME course for one hour annually	Summarize work done teaching students and residents on clinical service – create a “Focused Contribution Summary” under “Teaching Activities”	

Example 1	Reasonable approach	Notes
<ul style="list-style-type: none"> • Teach medical students and residents for four 2-week blocks throughout the year when on clinical service • Occasional small groups for medical students' block courses – once or twice a year • Teach on a clinical topic at a CME course for one hour annually 	<p>Summarize work done teaching students and residents on clinical service – create a “Focused Contribution Summary” under “Teaching Activities”</p>	<p>You could also include a second Focuses Contribution Summary on “volunteer teaching activities” if it is important to you, substantial effort, evidence for quality, worked to grow.</p> <p>CME course appears in you CV.</p>

Example 2

Reasonable strategy

Notes

- You served as Co-PI on a research project investigating how trainees deal with uncertainty.
- That work was presented in a meeting and published in a peer reviewed journal.
- You have also published two case reports as first author and were middle author on an editorial.

Example 2	Reasonable strategy	Notes
<ul style="list-style-type: none">• You served as Co-PI on a research project investigating how trainees deal with uncertainty.• That work was presented in a meeting and published in a peer reviewed journal.• You have also published two case reports as first author and were middle author on an editorial.	Summarize work on the research project for which you were the Co-PI – create a “Focused Contribution Summary” under “Educational Research and Scholarship.”	

Example 2	Reasonable strategy	Notes
<ul style="list-style-type: none">• You served as Co-PI on a research project investigating how trainees deal with uncertainty.• That work was presented in a meeting and published in a peer reviewed journal.• You have also published two case reports as first author and were middle author on an editorial.	Summarize work on the research project for which you were the Co-PI – create a “Focused Contribution Summary” under “Educational Research and Scholarship.”	The additional, unrelated scholarly work will be listed separately in your CV.

Questions?

Small group



01

Look through
your list of
activities

02

Select an
activity that is
important to
you

03

Explain why the
activity goes in
a certain
category (vs an
alternative)

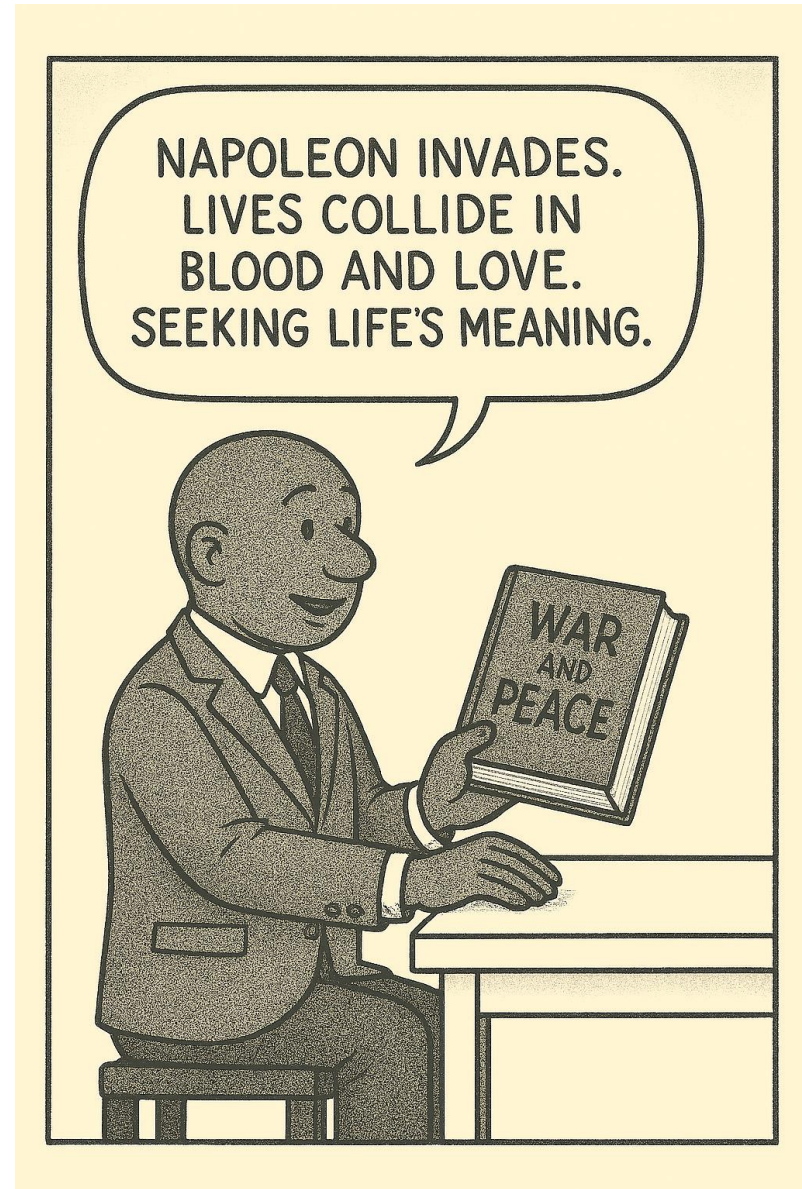
04

Explain to your
group why that
activity is
important to
you

Break



Writing a focused contribution summary

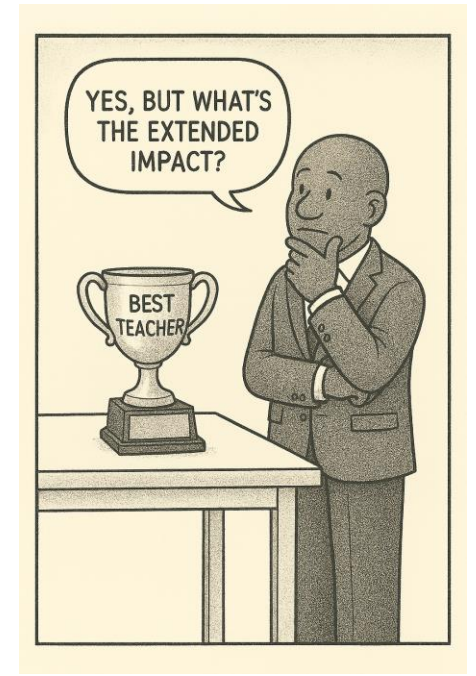


Template

Description	Growth
<ul style="list-style-type: none">• Role• Effort• Scope	<ul style="list-style-type: none">• Purposeful engagement• Application towards contribution
Quality	Extended Impact
<ul style="list-style-type: none">• Relevant?• Meaningfully substantiate?	<ul style="list-style-type: none">• Collaboration• Dissemination• Changes or improvements

Extended impact

- Goal: Highlight how you've "made the world a better place" *beyond* the proximal positive effects of the contribution
- Depth and importance of the contribution
- NOT appropriate or necessary for every Focused Contribution Summary



Collaboration

Dissemination

Sustained

Teaching Activity

Description	Growth
<ul style="list-style-type: none">• Describe the teaching activity. Include the number and level of learners, frequency of the activity.• Quantify the effort spent on teaching and preparation.	<ul style="list-style-type: none">• Summarize any work that you have done to strengthen your teaching skills.• Include any attention to creating inclusive learning environments.• Examples: peer feedback, workshops, courses.
Quality	Extended Impact
<ul style="list-style-type: none">• Summarize the evidence for the quality of the teaching.• Examples: summary of teaching evaluations, awards or recognition for teaching.• Reference or summarize evaluations included in the promotion packet.	<ul style="list-style-type: none">• If applicable, summarize any further contributions or outcomes that resulted from this teaching activity or extended the impact of your teaching.• Examples: learning modules, collaborations across institutions, workshops.

Writing guidance

Table 5: Focused Contribution Summary Self-Assessment Questions

Description
<ul style="list-style-type: none">• Is your role in the contribution clear (examples: leader or collaborator in a project; clinical team leader; course director)?• Is the amount of effort put forward clearly stated (examples: number of hours over a period of time; dedicated FTE; weeks of clinical service a year)?• Is the scope of the contribution clearly stated (example: number of learners in direct contact or impacted; time period over which the contribution was active)?
Quality
<ul style="list-style-type: none">• Is the evidence provided relevant to support the quality of contribution?• Does the evidence meaningfully substantiate the quality of the contribution?
Growth
<ul style="list-style-type: none">• Is there evidence for purposeful engagement in activities to grow your skills in the area of contribution?• Is there evidence that you applied a growing skill set towards the described contribution?
Extended Impact
<ul style="list-style-type: none">• Is there evidence for collaboration beyond the immediate setting (examples: cross-institutional efforts; collaboration across disciplines)?• Is there a description of dissemination of contributions beyond the original context (examples: publications, learning modules, presentations)?• Is there evidence for sustained impact (examples: continued use of developed resources, programs or tools; lasting institutional, regional, or national changes)?

Questions?

Individual work



- Take one educational contribution
- Find the applicable template for guidance
- **Write!**

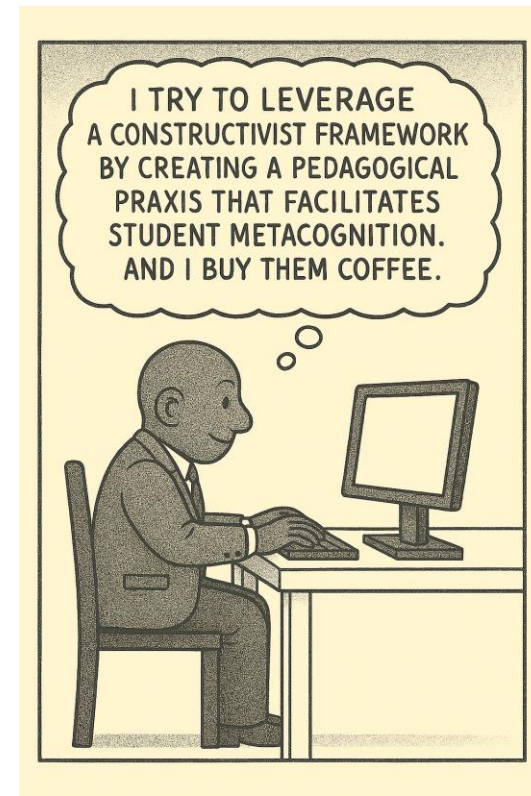
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How did that go?

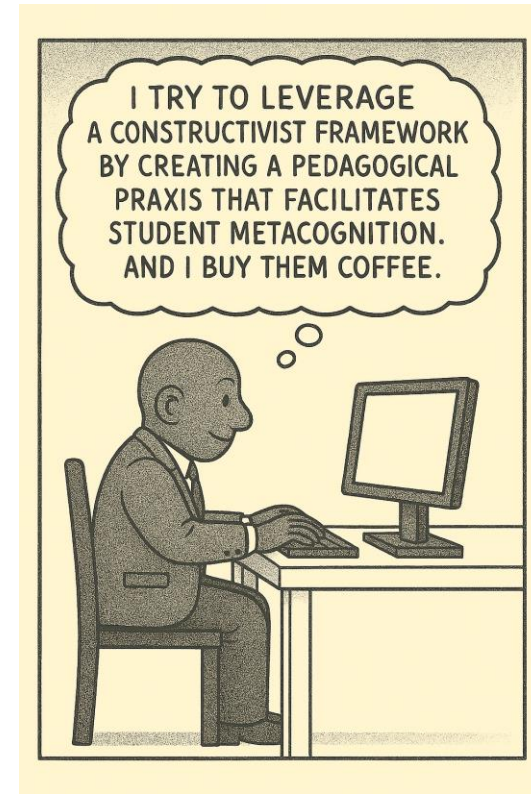
Teaching Philosophy

- Think about how you teach – what makes your teaching effective?
- Why do you teach that way?
- Why is that important?
- Why is that important?
- Based on what is important to you as a teacher, what are your guiding principles?



Teaching Philosophy

- Think about how you teach – what makes your teaching effective?
- Why do you teach that way?
- ***I want students to feel like part of the team***
- Why is that important?
- ***They will comfortable sharing what they don't know***
- Why is that important?
- ***I can focus on areas of growth***
- Based on what is important to you as a teacher, what are your guiding principles?



Examples

Example 1

“My teaching philosophy centers on three main components: trainee progression, focused points for lectures that advance care, and portability of teaching and learning.”

Example 2

“My goal as a teacher is to create a supportive learning environment where students feel safe to explore their limitations, develop their clinical reasoning skills and foster their strengths.

I recognize that most learners have a wealth of knowledge but many are hindered by self-doubt and performance anxiety which impacts their ability to demonstrate their strengths.”



Which response best reflects how you're feeling about this workshop?



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- ✓ Categorize
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Please complete a short evaluation. Your input is greatly appreciated and helps us plan future events!



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