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**Promotion Narrative in Support of for Promotion to the Rank of**

**Associate Professor, Non-Tenure Clinical Track**

**Introduction**

It has been a great privilege to spend the first six years of my medical career as a faculty member at McGovern Medical School. Upon completing my medical education and psychiatry residency training at UT Health San Antonio, I was thrilled to be hired by Dr. Jair Soares to join the Department of Psychiatry & Behavioral Sciences as an assistant professor. After being involved in a diverse array educational and administrative responsibilities throughout my residency career, I was eager to take on the challenges of the varied and dynamic roles of an academic clinician-educator. My initial impression of the Department of Psychiatry & Behavioral Sciences as an energetic, patient-centered, and growth-minded community has been proven abundantly accurate, and in the subsequent years I have been afforded far greater opportunities for professional development than I could have imagined at the beginning of my employment. Throughout my time as faculty, I have been provided with many opportunities to become deeply involved with both the clinical and educational missions of our department and medical school. I strongly identify with the mission and core values of McGovern Medical School in educating physicians in an environment committed to professionalism, patient care excellence, and academic innovation, and I am committed to continuing forward in a career of service to our patients and learners at our institution. I respectfully submit my personal narrative for your consideration of my promotion to the rank of associate professor.

**Clinical Activities**

*Proposed Score: 1*

After completing my chief residency year at UT Health San Antonio, I was eager to begin serving the Houston community by providing excellent clinical care to severely economically disadvantaged patients suffering from severe mental illnesses. Upon joining our department in 2013, I provided two months of outpatient clinical service at the Harris Health Settegast and Baytown clinics on a transitional basis. I was the only psychiatrist practicing in these busy primary-care clinics at the time, and provided care to many patients with challenging co-morbid medical and psychiatric illnesses complicated by difficult social circumstances.

After these clinics were successful in recruiting permanent psychiatrists, I transitioned to my current role as a board-certified psychiatric hospitalist at the UTHealth Harris County Psychiatric Center (UT-HCPC). I provide compassionate, efficient, and evidenced-based care to adult patients by leading an interprofessional treatment team dedicated to the biopsychosocial approach to psychiatric assessment and treatment planning. The most common illnesses I treat include schizophrenia, bipolar disorder, major depressive disorder, and substance use disorders, predominantly in disadvantaged patient populations. My clinical effort was 100% FTE from July 2013 until August 2016, after which it was reduced to 50-60% upon assuming my current administrative role as Director of Medical Student Education for our department. In my clinical role I have been consistently recognized for the both the quality and volume of my work. In just my second year of service, the UT-HCPC faculty and staff selected me as the 2014 Diamond Medical Staff of the Year, in recognition of the quality of my clinical work and overall good citizenship. In addition, I have consistently ranked among the top physicians at UT-HCPC in patient satisfaction as measured by Press Ganey, and in 2017 received the UT-HCPC Service Excellence Award for Patient Satisfaction for having the highest scores among adult psychiatrists. I am known for being readily available for providing clinical cross-coverage to my faculty colleagues to assist with vacation and other outages, during which times my clinical responsibility increases by one-third over my usual workload. In a particular time of significant staffing shortages at UT-HCPC I provided cross-coverage for 40% of a 12-month period. I have generated an average of 140% of my incentive benchmarks since 2014, as measured by relative value units (RVU).

**Scholarly Activities**

*Proposed Score: 0*

Though scholarship has not been the focus of my career efforts, I have had several opportunities to publish scholarly products and to mentor learners in projects for dissemination. I have collaborated with psychiatric residents in publishing two peer-reviewed case reports on women’s mental health topics, as well as nine workshop and poster abstracts presented at regional, national, and international meetings on both education and women’s mental health topics. I have published twice in MedEdPORTAL, which is an Association of American Medical Colleges (AAMC) venue for peer-reviewed dissemination of educational products. One these publications received the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) MedEdPORTAL Award, in recognition as the top publication by an ADMSEP member in 2017. The other publication is included in the MedEdPORTAL Opioids Education collection, which is a portfolio of publications dedicated to education on the opioid epidemic. Finally, I recently mentored an undergraduate student at Rice University in a research project entitled “Imagining LGBTQ+ Cultural Competence in Psychiatry”, which received the First Place Research Poster award at the 2019 Texas Educational Academies Collaborative Health Sciences-South (TEACH-S) annual conference.

**Teaching Activities**

*Proposed Score: 2*

I first became involved in teaching activities by serving as peer tutor during my fourth-year of medical school, and remained extensively involved in undergraduate, medical student and resident education throughout my residency career. These experiences in teaching and education stimulated my interest in academic medicine, and my work in the education and mentorship of physicians remains the driving force and greatest joy of my career. While my concentration is in medical student education, I have the privilege of playing a variety of roles across eight contiguous years of learner levels, extending from first-year medical students through fourth-year residents.

Upon joining the faculty in 2013, I immediately began supervising medical students and psychiatry residents for rotations on my service at UT-HCPC. In the years since I have clinically supervised 102 medical students and 51 residents, for rotations varying from two to four weeks in length. My philosophy of clinical teaching is to create a safe, yet challenging, learning environment in which learners are the given the autonomy and support to push the boundaries of their abilities without fear of making mistakes or lacking knowledge. Positions on my service are highly sought-out by learners of all levels, and I consistently receive outstanding evaluations, in which students and residents frequently comment on my effective use of constructive feedback and dedicated support of their academic and professional development. In recognition of the value of the educational experiences I provide to residents, I was selected as the Outstanding Teacher by the psychiatry intern class in both my first two years as faculty in 2014 and 2015. In my most recent semester of 11 medical student evaluations, I received a perfect 5/5 score across all seven survey items.

In 2014 I was given the opportunity to re-create a fourth-year medical student Advanced Patient Care (APC) selective for adult psychiatry. Initially serving as the sole faculty member for the rotation, I developed a rigorous and stimulating clinical teaching model that rapidly progresses students’ skills from those of a third-year medical student to those expected of a psychiatry intern. I accomplish this by giving students a large degree of personal ownership of the care of their patients and the responsibility for independently formulating patient assessments and treatment plans. Students have extensive daily documentation requirements and present a capstone patient case-conference to a large audience of students, residents, and faculty members. In the subsequent years, I have expanded the impact of this rotation by mentoring two other faculty members to serve as APC attendings, which has allowed us to provide this rich educational experience to approximately 20 students each year. I had the opportunity to present my teaching model for the course in a workshop at the 2017 ADMSEP conference.

In addition to my extensive clinical teaching responsibilities, I have also volunteered for numerous small-group activities throughout the medical school curriculum. In these roles, I have interacted with students of all class years and provide a psychiatric perspective on broadly relevant aspects of medical practice. These experiences have included facilitating problem-based learning (PBL), team-based learning (TBL), ethics sessions, professionalism sessions, STEP 2CS workshops, poverty simulations, and psychiatry small group interview sessions.

In recognition of my large contributions to the educational mission of our department, I was offered the position of Director of Medical Student Education for the Department of Psychiatry & Behavioral Sciences, a position I have held since August 2016. Though I had initially feared that the reduction in my clinical time would reduce my direct impact on clinical education, the true effect has been a broadening of my involvement throughout the medical school curriculum and an exciting maturation of my teaching and administrative capabilities.

The two greatest responsibilities of my role as Director of Medical Student Education are as co-director of the second-year Nervous System & Behavior Module (NSBM) and director of the third-year Psychiatry Clerkship. In these roles, I have direct teaching and administrative responsibilities to 480 students each year. Though I have presented formal lectures and facilitated TBL sessions for both second and third-year students since 2013, the time commitment markedly increased upon assuming the role of director and also extended to involvement in the first-year Doctoring and Foundations courses. I have received outstanding student evaluations for my lectures, most recently averaging 3.9/4 across 6 survey items answered by 60 students. In a time where students nationally are increasingly dissatisfied with the traditional lecture format, a student recently wrote: *I do not watch every lecture anymore, but I make a point of watching Dr. Findley's lectures and attending in person when I can. Dr. Findley is one of McGovern's best educators. Any session I have attended that he has been involved with has been excellent and I feel like I have grown as a medical student. Thank you for taking the time to give quality presentations.*

One of my greatest teaching challenges has been the development and implementation of the NSBM, which is a large, multi-specialty second-year module involving collaborations with the departments of Neurobiology & Anatomy, Neurology, Neurosurgery, Anesthesiology, Integrative Biology & Pharmacology, Ophthalmology and Visual Science, and Microbiology & Molecular Genetics. As part of the recent medical-school wide curriculum revision effort, I transitioned the pre-clinical psychiatry and behavioral science curriculum from the freestanding Behavioral Science course into the integrated NSBM. To accomplish this I reduced the number of traditional lecture hours and adopted increased active-learning techniques to meet the educational need of today’s medical students. I have emphasized the most important clinical applications of foundational psychiatry knowledge by guiding a group of talented and dedicated clinician-educators in my department in providing students with informative and entertaining lectures that are very helpful for both licensing examination preparation and their future clinical experiences.

As one of only a limited number of medical school faculty with a high degree of teaching involvement in both the pre-clinical and clinical years of the curriculum, I have the privilege of witnessing the transition of students from their early classroom studies into the clinical years of clerkships. As director of the Psychiatry Clerkship, I am responsible for all aspects of the clinical and didactic experiences for eight groups of 30 third-year medical students each year. I have structured the clerkship to provide a highly active learning environment in which students are valued members of interprofessional treatment teams with numerous opportunities for direct patient contact. Our didactic sessions make rigorous use of TBL activities, as well as a standardized patient session that I co-developed to provide training in managing a very difficult clinical scenario with a patient with opioid use disorder. In addition to directly clinical supervising third-year medical students, I also serve as a Core Teaching faculty, which involves weekly meetings with small groups of students to practice interview skills in a coaching format. Our clerkship has consistently received outstanding student evaluations, most recently with an average score of 4.8/5 across seven survey items completed by 240 students. However, perhaps the greatest indicator of the success of the clerkship has been the large number of student selecting psychiatry for their residency training in recent years, which has ranged from 6.5-8.0% of the graduating class, compared to the national average of approximately 5%. Many of these students have chosen to continue their training in our residency programming, which has been typically composed of 50% McGovern Medical School alumni.

One of my greatest interests in education has been providing career advising and mentorship for students interested in applying for psychiatry residency training. For each of the past four academic years I have provided extensive service to each of the 15 to 20 psychiatry applicants each year. My activities include serving as the faculty adviser for the Student Interest Group in Neurology/Psychiatry (SIGN/P), organizing group-advising meetings and resident panels, participating in the annual residency fair, and in distributing guidance documents on the application process. I meet with students individually to provide highly detailed and personalized advice on scheduling fourth-year electives, selecting residency programs for applications, organizing rank lists, editing personal statements and CV’s, performing mock interviews, and submitting nominations for awards. I have written 45 highly individualized recommendation letters for students, and have received frequent feedback on these letters being one of the strongest assets in their residency applications. I am also known as a resource for students having difficulty with choosing a medical specialty, and frequently have counseling sessions with students deliberating on this important life decision.

My sustained dedication to student education has been repeatedly recognized through various awards and recognitions at McGovern Medical School. I have received the Dean’s Teaching Excellence Award for each of my six years as faculty, and was elected to the Academy of Master Educators in 2017. I was awarded the 2018 Herbert L. and Margaret W. DuPont Master Clinical Teaching Award, which is a medical school-wide award presented to one faculty member based on a faculty committee decision. I was also received the 2019 John P. McGovern Outstanding Teaching Award, which is another medical-school wide award presented to one faculty member as voted by the graduating medical school class. However, my greatest honor was serving as one of two faculty hooders for the 2019 Commencement ceremony, as selected by the graduating class based on my contributions to their education throughout the preceding four years.

**Service and Administrative Activities**

*Proposed Score: 2*

In addition to my previously described educational administrative roles, I have made significant service and administrative contributions through a wide variety of committees and task forces at UT-HCPC, the Department of Psychiatry & Behavioral Sciences, and McGovern Medical School. As a member of the medical staff at UT-HCPC, I have served for six years on the Pharmacy & Therapeutics Committee, with four of these as chair. My work on this committee has included monitoring the quality and safety of prescribing and pharmacy procedures at UT-HCPC, proposing new treatment modalities, and continuously updating policies to comply with evidenced-based medicine. As the Physician Champion of the Antibiotic Stewardship Subcommittee, I played a significant role in preparing UT-HCPC for our 2018 Joint Commission survey that included a thorough review of our antibiotic prescribing practices. I also previously served as the Medical Staff President for UT-HCPC and participated in Governing Body meetings with medical school executive leadership. Within the Department of Psychiatry & Behavioral Sciences, I have served on four committees focused on medical student and resident education, including serving as chair of the Medical Student Education Committee for the past three years. I am also highly invested in the recruitment process for our department, and complete approximately 20 psychiatry resident applicant and 5 faculty candidate interviews each year.

My continuous appointment to the Curriculum Committee since 2013 has provided me with many opportunities to make service and administrative contributions at McGovern Medical School. My most significant role has been as a member of the two evaluation subcommittees, including serving as chair of the Pre-Clerkship Evaluation Subcommittee for the past two years. In this role, I have both composed and presented formal course evaluations, as well as provided supervision and feedback on the work of other faculty in the subcommittee. I have completed reviews of the Radiology course, Neurology Clerkship, Doctoring 1, 2, and 3 courses, and Foundation course by performing detailed analyses of curriculum structure, student performance, and course feedback and presenting my findings to the Curriculum Committee to provide guidance on future improvements in the courses. As a member of the Clinical Education Subcommittee and Comprehensive Clinical Competencies Examination Committee, I provide representation for the specialty of psychiatry in the third and fourth-year curriculum and clinical training.

I have played a significant role in preparing for the upcoming Liaison Committee on Medical Education (LCME) review of McGovern Medical School by serving as a member of the Continuous Accreditation and Quality Improvement Subcommittee (CARQI) and as a chair of the Standards 8 & 9 subcommittee. In these roles, I work closely with the Office of Educational Programs and the Office of Admissions and Student Affairs in preparing documentation on broad aspects of the medical school’s educational programs for the accreditation process.

**Evidence of Peer Esteem**

In 2018 I was invited to present Grand Rounds for the Department of Psychiatry at UT Health San Antonio on the topic of “Medical Students and Psychiatry Career Selection” as part of the endowed Mary Avis Weir Lectureship Series. I was an invited speaker for an undergraduate course at Rice University on the topic of transgender issues in medical education. I have received clinical recognition in the local community by selection to the Top Doctors Lists in *H Texas* and *Texas Monthly* magazines multiple times. I have been interviewed for two articles in *Texas Medicine* related to psychiatric education, as well as a cover story in the *Houston Chronicle.* I was invited by Dr. Eugene Toy to write an online case on the topic of post-partum psychiatric disorders for the Case Files educational product series, as well as to serve as a peer reviewer for other products in the series. This year I was elected into McGovern Medical School’s Delta Chapter of Alpha Omega Alpha Honor Medical Society, which recognizes physicians based on “professionalism, leadership, scholarship, research, and community service”. Finally, this year I was the recipient of the Devneil Vaidya ADMSEP Junior Faculty Teaching award, which is a national recognition presented by my professional organization in recognition of my “enthusiastic approach to medical student education combined with leadership in curricular innovation”.

**Summary of Progress at Current Rank**

In summary, it has been a great honor to provide the past six years of service to McGovern Medical School through my contributions to the clinical and educational missions of our institution. I have consistently taken opportunities provided to me to contribute to the wellness of our patients and learners, and in doing so have developed a broad range of clinical and academic competencies. My clinical performance metrics, patient satisfaction scores, and teaching evaluations indicate that I have succeeded in providing high-quality clinical and educational service. I am confident that I can move forward by continuously adapting to the needs of learners, deliberately self-reflecting on my clinical and classroom teaching, and utilizing engaging educational modalities. I am extremely grateful to the leadership of both my department and the medical school for having confidence in my administrative and leadership abilities and allowing me to play a significant role in the education of our medical students and residents. I am committed to continuing my career at McGovern Medical School, and hope to take on increasing levels of responsibilities in the educational administration of our curriculum, while continuing to serve as a compassionate physician and effective clinical educator. Thank you very much for taking the time to consider my application.