**INSERT CANDIDATE NAME HERE**

**RECORD OF TEACHING**

**Feinberg School of Medicine**

The APT Committee and Dean require this document to be included with nominations for promotions to the ranks of Assistant Professor, Associate Professor, and Professor on the Investigator, Team Scientist, and Clinician-Educator tracks. This form is optional for Health System Clinicians; those with education as an area of concentration may demonstrate achievement in that area using this form. Only those sections that apply to the activities of the candidate should be completed. Hours noted should reflect the pattern of teaching contributions over the past five years. Highlight and comment on any new courses or new approaches utilized.

|  |
| --- |
| **A. MEDICAL SCHOOL COURSES**  |
| **For each course, provide the following information. (Add rows as needed.)** |
| **Course Title** | **Role** | **Course Format (Lecture, Conference, Lab, etc.)** | **Contact****Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **B. GRADUATE SCHOOL COURSES** |
| **For each course, provide the following information. (Add rows as needed.)** |
| **Course Title** | **Role** | **Course Format (Lecture, Conference, Lab, etc.)** | **Contact****Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **C. CONTINUING MEDICAL EDUCATION COURSES** |
| **For each CME program in which you taught, provide the following. (Add rows as needed.)** |
| **Course Title** | **Role** | **Course Format (Lecture, Conference, Lab, etc.)** | **Contact Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **D. OTHER CLASSROOM / DIDACTIC TEACHING** |
| **Record other structured teaching such as workshops or simulation based activities delivered at the GME level, community teaching, patient education, etc. (Add rows as needed.)** |
| **Course Title** | **Role** | **Course Format (Lecture, Conference, Lab, etc.)** | **Contact Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **E. CLINICAL TEACHING** |
| **Describe below the nature and frequency of any clinical teaching carried out over the past five years.** |
| Insert response (box will expand as you type) |

|  |
| --- |
| **F. CURRICULUM DEVELOPMENT** |
| **Record details of each curriculum you have developed and implemented in the last 5 years. (Copy the table below for each additional curriculum.)** |

|  |
| --- |
| **Curriculum #1**  |
| Program/Course Title |  |
| Institution |  |
| Your Role in Curriculum Development |  |
| Date of Implementation |  |
| Is curriculum still used? |  |
| Scope of Dissemination |  |
| Frequency of Delivery |  |
| Number of learners |  |
| Has curriculum been published? If so, provide citation. |  |

|  |
| --- |
| **G. MENTORING / ADVISING OF STUDENTS AND TRAINEES** |
| **Provide the following information on each trainee, including medical students, graduate students, postdoctoral fellows, residents, and any others whom you have supervised during the past five years. (Add rows as needed.)** |
| **Trainee Name** | **Trainee Type** | **Your Role / Description of Mentoring Activities** | **Dates** | **Did work result in****publication?****(yes or no)** | **Accomplishments of trainee after leaving candidate’s supervision** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **H. JUNIOR FACULTY MENTORING** |
| **Provide the following information on each junior faculty mentee at the rank of Instructor or Assistant Professors. (Add rows as needed.)** |
| **Mentee Name** | **Mentee Rank** | **Your Role** | **Dates** | **Mentoring Activities and Outcomes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |