DATE

NAME OF DEAN

Dean and Provost Southern Illinois University School of Medicine P. O. Box 19620 Springfield, IL 62794-9620

Dear Dean XXX,

As the Chair of XXX, it is my honor to submit the dossier of Dr. XXX for consideration for promotion. Dr. XXX has my highest recommendation and the unanimous recommendation of the 22 faculty members of the Tenure and Promotion Committee of the Department of XXX, for promotion to the rank of Associate Professor of Clinical XXX Medicine (alternate, non-tenure track) on the basis of **outstanding** performance in both **Teaching** and **Service.** The summary of votes of the committee members for Dr. XXX’s performance in each of these areas is shown in the table on page 21.

A graduate of XXX University with a Bachelor of Science in XXX, Dr. XXX completed medical school at the XXX in [year]. This was followed by XXX residency training at the XXX. Following graduation, Dr. XXX entered a practice involving XXX medicine with XXX. In addition, to his role as a XXX physician, he took on the role of Medical Director for the local Emergency Management Services and also for the XXX Health Center Hospice. Dr. XXX remained in XXX until [year] when he joined SIU XXX Residency Program as full time faculty in XXX, Illinois. During the last 5 years as faculty, Dr. XXX has made outstanding contributions to the School of Medicine, community, state and nation with regard to teaching, program development and service.

The position descriptions, found on pages 36-55, Appendix A, accurately detail Dr. XXX’s responsibility in administration, teaching and service. His mean allocation has been 43% in service, 24% in teaching, 28% in administration and 5% in research and scholarly activities. Because Dr. XXX’s position description reflects only a 5% commitment to research, this area has not been formally evaluated by the departmental committee. Please note that virtually all of Dr. XXX’s time in administration has resulted in programs that benefit the education of resident physicians or provide service in the area of clinical care and community health.

Dr. XXX’s **Outstanding** performance in the **Scholarship of Teaching** is evidenced by the following:

**Excellence in Curriculum Delivery -** The objective evaluations of Dr. XXX’s teaching, Appendix C, pages 66-77, are excellent. There are multiple ratings from resident physicians attesting to Dr. XXX’s excellence in teaching. These ratings are consistently above the mean for other faculty and average over 4.85.

**Development of Teaching Skills –** Dr. XXX entered academic medicine bringing a wealth of practical knowledge in patient care. He took part in the longitudinal “Succeed Workshop” through SIU in [year] to build his skills in curriculum development, learner evaluation, scholarly activity and learner remediation. He then took part in the “Early Career Faculty Development” series to further hone his skills. He has attended Society of Teachers of XXX Medicine conferences and the Residency Program Solutions/Program Directors Workshop nationally.

**Excellence in Teaching at all Levels of Medical Education** *Year 3 &4 – AT Still:* Over and above his teaching responsibilities with residents, Dr. XXX has worked with 3rd and 4th year XXX medical students from XXX College of Osteopathic Medicine since joining SIU XXX. As a XXX program with osteopathic recognition, the residency attracts a number of resident candidates each year from osteopathic training. SIU XXX serves as a core site for XXX third and fourth year osteopathic medical students. Dr. XXX teaches, mentors and evaluates these students regularly.

*Year 4 - SIU:* Dr. XXX has been one of a group of core faculty across the Department of XXX to teach in the annual Resident Readiness in XXX 4th year medical student elective. I organize this elective and have a feedback session at the end each year, and participants consistently commented on the excellence of Dr. XXX’s presentation, in particular.

*Residents Physicians:* Dr. XXX has consistently worked with residents in the clinic and hospital setting, during one-on-one procedure clinics, during nursing home rounds and as part of residency didactics - particularly related to geriatrics, ENT, and addiction medicine. The list of these presentations may be found on pages 25-26, Section IV. A summary of resident evaluations of Dr. XXX’s teaching – both clinical and didactic - may be found in Appendix C, pages 66-77 and are uniformly positive. Comments include: “Dr. XXX is an exceptional teacher and model for a physician. Not only do residents learn a lot working with him, they actively look forward to the opportunity to work with him.” “Always a nurturing learning environment.” “He loves to teach and that shows through his interactions with us. He is always willing to dedicate time to our learning.” (Appendix C, pages 70-71)

*Peer Teaching:* In [year], Dr. XXX became a board certified XXX specialist through the American Board of XXX after completing XXX fellowship training. He is a national trainer for Buprenorphine and Medication Assisted Treatment, certified by the American Society of Addiction Medicine and Providers Clinical Support System. He has developed a Medication Assisted Treatment (MAT) and Addiction Medicine program at SIU XXX and taught XXX faculty through the Substance Abuse and Mental Health Services Administration (SAMSHA) curriculum to get their buprenorphine waiver. He has also helped the SIU Springfield XXX Program in training their faculty and residents and also in structuring their MAT program. Dr. XXX has also contributed to the education of his peers through the SIU-Illinois Hospital Association Opioid ECHO Addiction Treatment Act (DATA) 2000 Waiver Training program with SIU Psychiatry. ECHO is a virtual learning experience that brings together peers and experts to share knowledge and experience in a case based format. Thus far, Dr. XXX has provided Buprenorphine training to over 300 learners through all of these formats. (pages 29-30)

**Excellence in Curriculum Development** – Upon joining the faculty at SIU XXX Residency Program, Dr. XXX took on responsibility for the geriatric curriculum for the residents and rewrote and restructured it. This transition has been well received and Dr. XXX is noted to be the major strength of the rotation (Appendix C, page 74). As part of the curriculum, he also completes approximately 10 home visits with each resident on their patients during their training. In addition, Dr. XXX created a longitudinal procedure training curriculum for residents as well as faculty.

**Excellence in Clinical Teaching -** Dr. XXX is an outstanding teacher. As faculty for the SIU XXX Residency Program, Dr. XXX mentors and teaches residents through clinic supervision, hospital work and direct observation of procedural skills. He supervises residents in outpatient clinic two or more half days a week. He supervises procedure clinics and also attends home visits as noted. In addition, he is a faculty attending on the hospitalist service, teaching residents in the care of patients in the inpatient setting. He rounds a week at a time with the hospital service team, at least 8 weeks each year.

**Honors in Teaching**- Dr. XXX was awarded the SIU XXX Teacher of the year at the end of his very first year as faculty in [year]. One faculty is selected for this award by the residents in the program each year for excellence in teaching skills, and this reflects the high regard they already hold for Dr. XXX in his short tenure with the program.

Dr. XXX’s **Outstanding** performance in **Service (Scholarship of Application/Integration)** is evidenced by the following:

**Excellence in Service to the SIU School of Medicine/Department of XXX** - Dr. XXX’s service has been extraordinary. Shortly after joining the faculty of SIU XXX, Dr. XXX was promoted to the role of Medical Director. He has done a phenomenal job of engaging faculty, staff and residents and improving clinical care for the site. He serves at the departmental level on the Executive Leadership Forum in XXX as well. Dr. XXX has excelled not only in service within the program and department but also within the community and for the profession.

**Excellence in Medical Care** - From a clinical perspective, Dr. XXX has an active patient panel and is an exceptional physician. Documentation of Dr. XXX’s clinical activity and visit volumes is summarized in the Table on page 96 of Appendix E. Please note that Dr. XXX sees his own patient panel in continuity clinics three half days per week. He has one of the busiest continuity practices at SIU XXX. In addition, he supervises resident clinics 2 to 3 half days per week and has a procedure clinic once a month with residents. Dr. XXX serves as attending on the hospitalist service 8 weeks each year. He has produced just over 4100 RVUs (billing $662,090) on average annually as performing and also billing provider (supervising residents) since joining SIU. This is an average of 2400 visits annually for both outpatient and inpatient for his 0.6 FTE clinical. Of note, this is during the period of a reduction in clinical visits due to the COVID pandemic. This is also on top of extensive administrative duties as the Chief Medical Officer for SIU XXX. Of note, fulltime clinical family physicians average 4700 RVUs annually in private practice.

**Service during COVID-19 Pandemic -** When the COVID-19 pandemic hit in early 2020, Dr. XXX led the XXX program’s response in modifying traditional workflows, policies and procedures, in order to rapidly incorporate telehealth to serve patient needs and keep medical staff and providers safe. As the need for COVID testing became apparent, Dr. XXX worked closely with the XXX Health Department to bring testing to congregate settings as well as rural communities. “He also actively provided health education for the community regarding disease trends, masking and other safety measures.” (Appendix D, page 94) As vaccinations became available, one letter writer noted that Dr. XXX “worked closely with health department staff in administering, identifying and providing appropriate immunization to this community. In fact, XXX was recognized for its excellence in providing immunizations by the governor, and that, no doubt, was secondary to the work that Dr. XXX did with the health department. He demonstrated remarkable, consistent and directed leadership during this quite challenging time.” (Appendix D, page 89)

**Service to the Community -** In addition to his work during the pandemic, Dr. XXX has worked with the XXX County Health Department and a host of other community service organizations on the 5-2-1-0 program to promote healthy lifestyle and prevent childhood obesity. He has also served on the hospital Opioid Stewardship Committee. Lastly, he serves as the medical advisor on the M-Team – a multidisciplinary team for the Department on Aging in XXX County that reviews cases of alleged elder abuse. He served as medical director for two local nursing homes from 2017-2021. He also served as the medical director for the community’s methadone clinic run by XXX Healthcare during these same years.

**Service at the State and National Level** - Dr. XXX has presented at the national Behavioral Science Forum for XXX Medicine in [year]. At the state and regional level, he has presented multiple times on Substance Use Disorder, the Opioid Crisis and provided Waiver Training for those prescribing Buprenorphine in our service region, particularly in rural areas. Dr. XXX has actively served on the Illinois Academy of Family Physicians XXX Opioid Safety Committee and Public Health Committee as well.

In addition, in [year], Dr. XXX was called upon for his expertise when SIU was asked by the Illinois Department of Insurance (IDOI) to write recommendations to the State of Illinois for revision of the Essential Health Benefit-Benchmark (EHB) plan. These are national minimum requirements that all insurance companies must provide to patients. The directive was to make suggestions that would help reduce opioid addiction and improve access to treatment for substance use disorder and mental health access. Dr. XXX reviewed the literature (over 200 articles) and submitted 6 recommendations. Four of them were signed into law in 2020.

Lastly, Dr. XXX was the Project Director/PI for a $200,000 planning grant in [year] and then a $1,000,000 implementation grant in [year] from the Health Resources and Services Administration which resulted in a 6 county consortium in western Illinois, including county health departments, two mental health centers and SIU XXX, to address the opioid epidemic – decreasing opioid overdose and improving access to treatment.

**Scholarship of Discovery -** Though only 5% of his position description involves research and scholarship, Dr. XXX has one peer reviewed publication with residents as co-author as part of the XXX Inquiries Network process (Appendix B, page 63). In addition, he has co-written a book chapter for *The 5-Minute Sports Medicine Consult*. He has one poster and round-table discussion at a national meeting for the 41st Forum for XXX Medicine. Lastly, he reviewed insurance benchmarks and the literature surrounding opioid use disorder as noted above. This extensive work led to four of the suggestions being signed into law.

**Summary -** In summary, I most enthusiastically support Dr. XXX’s promotion to Associate Professor of Clinical XXX. He has demonstrated excellence in Teaching, Service, Program Development and Leadership. He is indeed an absolute star and most deserving of this recognition, and I give him my highest recommendation.

Sincerely,

[NAME] MD Professor and Chair SIU Department of Family and Community Medicine