

Application

Please indicate the component of the application you are submitting:

- I am a faculty member submitting a Mentor Application.
- I am a student, resident, or fellow submitting a Learner Reference for an applicant.
- I am a Department Chair or Division Chief submitting approval for an applicant.

Q1 Applicant Information

- Full Name _____
- Department _____
- Division (if applicable) _____
- Academic Rank (e.g., Assistant Prof, Associate Prof, etc.)

- Office Address _____
- Mobile Phone _____
- Email Address _____

In this next section, please describe your educational experiences involving medical students, residents, and fellows. Please be specific about learner levels (pre-clinical, clinical, resident) in your responses.

Q2 Experience in teaching clinical skills (for example, physician-patient communication, medical history, physical exam and oral presentation, clinical teaching, professionalism, medical ethics, advocacy) in the last 5 years:

Q3 Experience in educational leadership roles (course development, program development, program management, etc.):

Q4 Experience in serving as a mentor or advisor:

Q5 Other Teaching experience not mentioned above:

Q6 Teaching Awards:

Q7 Please describe your participation in faculty development/teaching skills courses in the last 10 years:

Q8 Please approximate your current effort allocation on an annual basis. (Note: Your values for all four categories should not total more than 100 percent all together).

- Education/Teaching _____
- Research _____
- Clinical _____
- Administrative _____
- Total _____

Q9 What do you propose changing to make sufficient time available for this activity (noting the increasing FTE commitment in each subsequent year)?

Q10 Why do you want to participate in this program?

Please attach an updated CV with your application

Learner References: Please ask 3 students, residents, and/or fellows who are familiar with your teaching and/or mentoring skills to write a paragraph of support (up to 300 words). Your learner references will submit their own survey responses. **Please send each reference the survey link as included in the initial call-to-apply email.** They will select "I am submitting a learner reference" to access their own survey and should address the following questions in their paragraph of support:

Describe the context of your experience with this teacher

Describe the teacher's strength(s) from the learner's perspective.

Provide an example if possible.

Explain why this teacher would be well suited as a clinical skills instructor, a mentor, and a role model of compassion and advocacy for medical students.

Note: If your learner references experience difficulty with the survey, they are welcome to submit the paragraph of support to Samantha.Michaud@umassmed.edu

Learner Reference Information

Full Name _____

Rank (e.g., student, resident, fellow): _____

Mentor applicant you are supporting. _____

Email Address: _____

Please provide a paragraph of support (up to 300 words) on behalf of the applicant, addressing the following

Describe the context of your experience with this teacher.

Describe the teacher's strength(s) from the learner's perspective. Provide an example if possible.

Explain why this teacher would be well suited as a clinical skills instructor, a mentor, and as a role model of compassion and advocacy for medical students.

References

Faculty References: List 3 Professional references - including name, email, and phone number - for us to call who have observed and/or are familiar with your educational activities, organizational skills, role modeling, mentorship skills, and/or academic goals.

1. Full Name _____

Email Address: _____

Phone # _____

2. Full Name _____

Email Address: _____

Phone # _____

3. Full Name _____

Email Address: _____

Phone # _____

Departmental Approval

The final component of the application requires Department Chair and Division Chief (if applicable) signatures indicating approval of the candidate's application and confirming the candidate's availability during required activities as determined by the program and consistent with the designated effort. **Please share the survey link included in your call-to-apply email with your Department Chair and Division Chief for their signatures.** Please indicate your next steps below:

- I have both a Department Chair and a Division Chief and will be sending survey links to both individuals. (1)
- I only have a department Chair, and will be sending a survey link to this individual. (2)

Departmental Approval

- Full Name: _____
- Rank: _____
- Signing in support of: _____

The department chair and division Chief (if applicable) signature below indicate approval of this application and confirm the faculty member's availability during required activities as determined by the program and consistent with the designated effort.

Q1 Please include a brief statement indicating support for the candidate's involvement in this activity to accompany your electronic signature.

Please review your responses before submitting.

Please review the following checklist to ensure you have addressed all components:

- All applicant information has been provided, including contact information, educational/teaching experience, and motivations for pursuing participation in this program.
- Contact information for 3 Faculty References has been provided.
- The survey link has been sent to 3 Learner References.
- An updated CV has been attached.
- The survey link has been sent to the applicant's Department Chair and Division Chief (if applicable) for signatures of approval.

If you have any questions or concerns or would like an update on the status of your application at any time, please contact the Learning Communities Administrative Coordinator, Samantha Michaud at Samantha.Michaud@ummasmed.edu