Educator Portfolio

Michelle Roett, MD, MPH, FAAFP

Professor and Chair

Department of Family Medicine

Georgetown University Medical Center

Washington, DC

TABLE OF CONTENTS

1. Biography, Teaching Philosophy and Goals

Biography

Michelle A. Roett, MD, MPH, FAAFP, CPE is Professor and Chair of the Department of Family Medicine at MedStar Georgetown University Hospital, Georgetown University Medical Center. She is the former Residency Program Director at the Georgetown University-Providence Hospital Family Medicine Residency Program at Fort Lincoln Family Medicine Center. As Medical Director at Fort Lincoln from 2010 to 2013, Dr. Roett served as Electronic Medical Record (EMR) Implementation Director, Super-user Committee Chair, Physician and Staff Lead Trainer, and Patient-Centered Medical Home (PCMH) Implementation Director, leading EMR implementation, template development, and physician and staff technical support. She led PCMH transformation, including development of an interprofessional diabetes group visit program, development of practice, provider and team quality measures, and resident, faculty and staff training in Meaningful Use, PCMH, team-based care, and care coordination. She received her medical degree from Georgetown University, completed her residency training with Georgetown University-Providence Hospital Family Medicine Residency program, and her Master of Public Health degree from Johns Hopkins Bloomberg School of Public Health.

Dr. Roett completed a Georgetown University Faculty Development fellowship in Community Health Leadership Development. She is the former Chair of the Providence Hospital Department of Family Medicine and Family Medicine Department Peer Review Committee, and has served as the Clinical Chief of Service for inpatient Family Medicine at Providence Hospital. She continues to practice obstetrics, gynecology, family medicine procedures, pediatrics, adult and geriatric care. She is the former Chair of Providence Health Services Quality and Safety Committee (for Providence Hospital ambulatory practices), and on the Board of Directors as the past-President of the District of Columbia Academy of Family Physicians. Her community partners include Unity Health Care, Community of Hope, Community Connections, Fort Belvoir Community Hospital, VA Hospital, the Washington DC Area Geriatric Education Center Consortium,

Dr. Roett is the Principal Investigator for a HRSA Primary Care Training and Enhancement grant for $2.45 million dollars on integrated behavioral health and primary care. She is the Director of the Georgetown Family Physicians Inquiries Network and Course Director of the fourth year medical student elective Evidence-Based Medicine, Medical Editing and Writing, mentoring and co-authoring evidence-based answers to clinical questions with residents and students, and serving as local editor to FPIN manuscripts. Dr. Roett has authored several peer-reviewed journal articles and book chapters and delivers invited lectures at national family medicine conferences and other family medicine departments and residency programs on faculty development and teaching evidence-based medicine. Her interests include Underserved Care, Community Partnerships and Engagement, Medical Student Recruitment to Family Medicine, Evidence-Based Medicine, Health Information Technology, Faculty Development, Women's Health, Health Literacy, Chronic Diseases, Population Health, and the Patient-Centered Medical Home.

Teaching Philosophy

1. **To incorporate effective teaching methodologies for specific audiences. These audiences include:**
    - Medical students
    - Family Medicine Residents
    - Fellows
    - Faculty
    - Patients with limited health literacy

2. **To utilize the following applicable adult learning theories contributing to this teaching philosophy:**
    - **Teacher as a guide:** "A successful teacher functions more as a guide, mentor and facilitator allowing learners to assume a central role as they actively engage in exploration.[1]"
    - **Problem-based learning:** "An effective teacher brings the global perspective into the classroom and extends the learners' experience beyond the halls of academia to include the surrounding community.[1]"
    - **Reflective practice:** "Learners that are poised to expand their knowledge are willing to reflect, challenge their own assumptions, examine other perspectives, take risks and learn from others that are not usually identified as 'teachers', such as their peers, patients and community members. [1]"

Short Term Teaching Goals

1. Contribute effectively to residency education in lectures, team-taught workshops, mentorship and scholarly activity
2. Contribute effectively as an inpatient attending physician at Providence Hospital for the Family Medicine Service for resident and medical student teaching
3. Contribute effectively as a small-group faculty leader in team-taught courses by the Medical Student Education division of the Department of Family Medicine and as a community preceptor at Fort Lincoln Family Medicine Center for medical students on first through fourth year rotations.
4. Facilitate and mentor Family Medicine Residents, 4th year medical students, and faculty through the Family Physicians Inquiries Network (FPIN) publication process for PEPID Primary Care Plus and the journal Evidence-Based Practice

Long Term Teaching Goals

1. Develop faculty development tools for new faculty in Family Medicine for career development
2. Develop validated evaluative methods for interprofessional team curricula for Family Medicine Residents
3. Establish a validated teaching paradigm for evidence-based medicine using the concept of critically appraised topics (Appendix A.I, Appendix A.II)

---

[1] Cora-Bramble D. Building an Educator's Portfolio. Presented at Association of American Medical Colleges Early Career Women Faculty 2008; July 13-15; Washington, DC.

2. Teaching Responsibilities

Medical Student Education, Georgetown University School of Medicine

Dates	Medical Student Course or Rotation	Role: Description
October, 2016 to present	Patients, Populations & Policy Module M1	Small group instructor (8-10 students), team taught. Module goal: The Patients, Populations & Policy (P3) module will enable students to understand the social, cultural, environmental, and policy factors impacting the health of individuals and populations. Students will examine the organization and delivery of the U.S. health care system and explore means to achieving health equity for vulnerable populations.
July, 2009 to present	Fourth year Family Medicine Elective	Course Director, 4-week rotation, 1 student/month, team taught. The goal of this 4-week rotation is to provide a 4th year elective for medical students to write, edit and publish critical appraisals of clinical evidence, to prepare for the application of evidence-based medicine to clinical decision-making. Students will work with the Director of the Georgetown Family Physicians Inquiries Network (FPIN) Project, Senior Editors for PEPID Primary Care Plus, the Georgetown FPIN faculty team and Associate Editors for the journal American Family Physician. By the end of the elective month fourth year medical students will be able to: 1. Describe the process of systematic review of clinical evidence. 2. Write appraisals of existing clinical evidence in the format of critically appraised topics (CAT) 3. Publish an FPIN product based on a chosen CAT 4. Apply critical evidence appraisal to inpatient and outpatient clinical scenarios 5. Demonstrate EBM knowledge gains compared to pre-participation. Course description available at http://familymedicine.georgetown.edu/divisions/predoctoraleducation/courses/electives/78911.html
April, 2011-2012	First year medical student Doctoring Selectives: Introduction to Correctional Healthcare	Faculty small-group leader (12-14 students) Correctional medicine course for first year medical students, taught by third year family medicine residents with faculty supervision.
July, 2006 to present	Third year Family Medicine clerkship	Community preceptor, inpatient attending physician, weekly small group facilitator (8-10 students), team-taught course. Course objectives: 1. Provide clinical training experience in ambulatory primary care, specifically in the setting of Family Medicine over a wide range of diseases, patient characteristics, and encounter settings.

		2. Provide opportunities for training in underserved settings. 3. Provide training opportunities and resources to practice techniques of evidence-based medicine. 4. Promote interest in further training in the specialty of Family Medicine and appreciation for the important role Family Physician plays in the health care system.
July, 2006 to present	Fourth year Family Medicine Acting Internship	Community preceptor, inpatient attending physician, team taught course. Course objectives: 1. Independently elicit a detailed history and physical exam for patients being admitted to the acute care hospital. 2. Present the complete history and physical in a standardized and well-organized fashion. 3. Accurately assess the general level of the patient's illness severity. 4. Provide a reasonable and plausible explanation in the form of problem list and differential diagnosis of the presenting complaint. 5. Suggest initial testing and a plan of action for the presenting problems. 6. Collect on morning rounds all pertinent current clinical information and clinical trends regarding the patients assigned to him or her and have that information organized so as to be able to readily provide it to the team on rounds. 7. Present on rounds the interval clinical information for each patient assigned to him/her in and standardized, concise and well organized fashion. 8. Ask clinical questions demonstrating insight into gaps in his/her areas of knowledge. 9. Answer clinical questions using evidence based medicine resources and present these findings to the hospital service team on teaching rounds. 10. Perform on a novice level, under direct supervision, common procedures performed on the inpatient Family Medicine service. 11. Offer triage opinion on calls from outside and inside the hospital and offer reasonable justification for the triage decision. 12. Identify and define the roles of the various ancillary services and providers in the hospital setting such the nursing, rehabilitation, and social work teams. 13. Demonstrate a professional demeanor. 14. Demonstrate traits of effective doctor patient relationships including statements of interest in the patient, empathy, and shared decision-making. 15. Show proficiency in explaining clinical information to patients in an understandable manner, minimizing use of medical jargon. 16. Perform a focused history and physical on outpatients seen at the Family Medicine center.

		17. Provide an assessment and plan, and make a focused presentation for outpatients seen at the Family Medicine center. 18. Provide supervision to junior medical students who are participating in online discussions about Family Medicine.
2006 to 2012	Evidence-Based Medicine I	Small group instructor (8-10 students), team taught. Course objectives: 1. Define evidence-based medicine, and describe the EBM process. Value evidence in making medical decisions over opinion and the practice of life-long learning. 2. Distinguish between different scales of measurement; define mean, median, mode, variance, range, and probability. 3. Define epidemiologic concepts of incidence, prevalence, and rates including fatality rates (lecture given in IHC). 4. Define criteria for inferring causality from statistical associations including the Surgeon General, Hill criteria. 5. Recognize differences in study design for both observational and experimental studies including randomized controlled trials, community intervention trials, cohort studies, case-control, cross-sectional, case series, community surveys, systematic reviews, and meta-analyses. Discuss the strengths and weaknesses of each and the application of appropriate statistics for each study type. 6. Recognize the value of a literature search strategy and define MESH. Translate strategy into a MEDLINE search of moderate complexity using MESH and limits appropriately. 7. Define principles of statistics used in cohort and case-control studies including odds ratio, relative risk, and absolute risk. Interpret the results of a survival analysis. Define and recognize types of bias found in these studies. 8. Explain the difference between statistical significance and clinical significance, type I and type II error, and define power. 9. Understand the use of and define markers to evaluate the strength of evidence, including absolute and relative risk reduction, number needed to treat, and confidence intervals. Differentiate between disease and patient oriented evidence. 10. Define concepts relating to diagnostic tests including sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV), ROC curves, and likelihood ratios; calculate sensitivity, specificity, PPV, NPV. 11. Discuss characteristics of a good screening test and explain features of diseases amenable to screening. Explain common biases that occur in trials about screening. 12. Understand the application of the above elements to clinical trials.

		13. Describe and define characteristics of randomized controlled trials such as randomization, blinding, concealed allocation, intention-to-treat analysis and explain how these characteristics reduce bias.
2006 to 2012, 2016 to present	Evidence-Based Medicine II	Small group instructor (8-10 students), team taught**.** Course objectives: 1. Understand basic EBM concepts and methods relating to evaluation and weighing of medical literature. 2. Develop optimal MEDLINE search strategies for finding clinically relevant articles about questions about therapy, diagnosis, prognosis, and etiology/harm. 3. Conduct a comprehensive literature search to answer a clinical question of your choosing about therapy. 4. Identify, locate and use secondary literature resources including appropriate sites such as the Cochrane Collaboration. 5. Evaluate a study about diagnosis. Apply concepts which relate to the validity of these studies including blinding, use of a gold standard, sensitivity, specificity, negative and positive predictive value. 6. Evaluate evidence about historical and physical exam findings. Apply concepts included in these articles including likelihood ratios, prediction rules. 7. Evaluate a prognostic study. Apply concepts which relate to the validity of these studies including survival curves, statistics for adjustment of groups, and dropout rates. 8. Evaluate a study about therapy. Apply concepts which relate to validity of RCTs including randomization, concealed allocation, intention-to-treat, blinding, significance, and power. Discuss the STEPS (Safety, Tolerability, Effectiveness, Price and Simplicity) approach in deciding whether or not to use a drug in practice. 9. Evaluate a meta-analysis and apply concepts which relate to their validity including forest plots, funnel plots, summary odds ratios. 10. Evaluate a guideline and apply concepts that relate to guideline validity including use and evaluation of evidence, panel composition, and methodology/process of making recommendations.
2006 to 2011	First Year Medical Student Doctoring Selective (formerly Introduction to Health Care Selective: Hot Topics	Faculty small-group leader (12-14 students) Teaching medical students to critically appraise medical evidence related to controversial topics in women's health and to research the social, cultural and political factors contributing public perceptions. The goal of this course is to prepare for the opportunity to discuss these issues with patients. Specific learning objectives listed in Appendix B

	in Women's Health) (Appendix B)	
2006 to 2009	Introduction to Health Care Selective: An In-Depth Look at Diabetes (Appendix C)	Faculty small-group leader (8-12 students) Teaching medical students about the psychosocial contributing factors to diabetes management including health literacy and cultural competence. Specific learning objectives listed in Appendix C.
July, 2006 to July, 2009	Introduction to Health Care, Service-Learning team	Faculty Co-leader (6-8 students), House of Seven Steps Group Home Project. Course objectives 1. Lead medical students in teaching African-American teenaged adjudicated wards of the District of Columbia in health education topics 2. Mentor and evaluate student performance in their paired Community Health Informatics Projects designing and implementing Community Oriented Primary Care models on chosen counties across the country
2006-2007	Human Sexuality	Small group instructor (6-10 students), team taught. Course objectives: By the end of the course, students will demonstrate that they can: 1. List the major barriers to taking a sexual history 2. List and define the stages of the normal sexual response cycle. 3. Describe the different stages of adolescent sexual development including the physical and emotional characteristics of each stage. 4. List the positive and negative influences on teen sexual expression and the interventions that can make a difference in the developmental process. 5. List the factors to consider in counseling the older patient with regard to sexuality and sexual health. 6. Describe the major age related changes that occur in sexual functioning. 7. List the diagnostic classifications of male and female sexual disorders. 8. Describe the appropriate steps in the evaluation of the male and/or female patient with sexual dysfunction. 9. List three-four illnesses and disorders that can affect sexuality and identify the appropriate treatment 10. List three-four drugs that can affect sexuality and identify the appropriate treatment 11. Identify the health related information to be elicited from patients regarding sexual orientation and sexual assault and abuse 12. Describe the behavioral clues presented by patients in the outpatient setting that suggest the possibility of sexual abuse (past or present)

		13. List and describe three-four medical disorders associated with sexual assault and abuse and identify the appropriate treatment 14. List the ethical and legal responsibilities of the provider in cases of sexual abuse 15. Describe the components of one model of sexual counseling 16. Demonstrate through role play the ability to ask appropriate questions when taking a sexual history 17. List 2-3 referral sources for patients who require sexual counseling

Family Medicine Resident Education

Georgetown University-Providence Hospital Family Medicine Residency Program

Dates	Resident Rotation or Program	Role: Description
July 1, 2015 to present	Georgetown University-Providence Hospital Family Medicine Residency Program, Fort Lincoln Family Medicine Center	Track Director, Teaching Scholar Track
October 1, 2013 to March 31, 2016	Georgetown University-Providence Hospital Family Medicine Residency Program, Fort Lincoln Family Medicine Center	Residency Program Director
July 1, 2011 to September 30, 2013	Georgetown University-Providence Hospital Family Medicine Residency Program, Fort Lincoln Family Medicine Center	Associate Program Director
July 1, 2011 to present	Medical Informatics	Curricular Development in Information Technology, Electronic Health Records, Telehealthcare
July 1, 2010 to September 30, 2013	Georgetown University-Providence Hospital Family Medicine Residency Program, Fort Lincoln Family Medicine Center Practice Management	Medical Director Curricular Development Quality Improvement Project (7 interns annually, 7 third year residents annually)
February, 2009 to May, 2009	Fort Lincoln Family Medicine Center	Acting Medical Director
August, 2007 to present	Journal Club Georgetown FPIN Director	Journal Club faculty leader (21 residents) FPIN Director (7 faculty)
September, 2007 to September, 2013	Community Medicine	Curricular development Correctional Health Care curricular additions Coordination with community partners
September, 2007 to September, 2013	Geriatrics Rotation	Curricular development
September, 2007 to present	Evidence-Based Medicine	Curricular development

September, 2007 to June, 2010	Internal Medicine Rotation	Curricular development
August, 2006 to present.	Inpatient Family Medicine Service	Providence Hospital attending physician, Family Medicine inpatient service, teaching service with 1-2 interns, 2-4 residents, 1-3 third year medical students on family medicine rotations, 1-2 fourth year medical students on family medicine acting internships

Fellowship Education

Dates	Fellowship Programming	Role
July 2012 to present	Community Health Leadership Development	Chair, Department of Family Medicine, Providence Hospital Orient fellows to inpatient family medicine attending service, billing and coding for admissions and observation status
	Robert Phillips Health Policy Fellowship	
July 2008 to 2009	Community Health Leadership Development Fellowship (1 Fellow)	FPIN Project Director FPIN publication mentorship
July 2008 to 2009	Primary Care Health Policy Fellowship (1 Fellow)	

3. Curriculum Development and Instructional Design

Curriculum Development

1. **Family Medicine Residency Practice Management Curricular Development.** The curriculum will teach residents to:

- Practice patient-centered care of the highest value within the constraints of a viable and sustainable business model for the Patient-Centered Medical Home (PCMH), Patient-Centered Medical Neighborhood (PCMN), and the Health Home (Healthy Community) for the patient's welfare while balancing the business realities of practice management and financial success. (Patient Care, Systems-based Practice and Professionalism)
- Actively conduct a practice search, interviews, contract negotiations, and successfully enter practice. (Interpersonal and Communication Skills, Professionalism)
- Demonstrate knowledge of the legalities and ethics of hiring, promoting, and firing of employees in a practice setting. (Professionalism)
- Identify the structure and operations of health organizations and systems, and the role of the family physician in this structure. (Systems-based Practice)
- Identify the measures of health, including determinants of health, health indicators, and health disparities. Advocate for the development of value metrics which will optimize Meaningful Use reporting and payment for value in the healthcare system. (Practice Based Learning and Improvement)
- Identify and foster partnerships that maximize achievement of public health goals. (Systems-based Practice)
- Demonstrate knowledge of legal considerations in the care of patients. (Systems-based Practice)
- Actively participate in American Board of Family Medicine Maintenance of Certification Self Assessment Modules. (Medical Knowledge)
- Actively participate in American Board of Family Medicine Maintenance of Certification, American Academy of Family Physicians METRIC modules. (Systems-based Practice)

2. **Family Medicine Residency Correctional Health Care Curricular Development**

- The curriculum will teach residents how to effectively improve patient safety and the quality of care for disadvantaged patient populations including incarcerated patients and formerly imprisoned patients returning to underserved communities

- The establishment of this curriculum will build new collaborative partnerships with the Community Correctional Health Care program administered by Unity Health Care, Inc (a network of community health centers). Through established partnerships residents will gain clinical exposure correctional health care settings
- Correctional Health Care Lecture Series

3. **Family Medicine Residency Evidence-Based Medicine Curricular Development, FPIN Project**

Learning Objectives	**Appendix A**
Course Syllabus	
Instructional Units	
Instructional Materials and Resources	

Instructional Design

1. **Hot Topics in Women's Health**

Learning Objectives	**Appendix B**
Course Syllabus	
Instructional Units	
Instructional Materials and Resources	

2. **An In-Depth Look at Diabetes**

Learning Objectives	**Appendix C**
Course Syllabus	
Instructional Units	
Instructional Materials and Resources	

Community-based education programs

Educational Program	Objectives	Responsibilities
Transition Continuing Medical Education Planning Committee, 2011 Partners: Health Services for Children with Special Needs, Inc., National Alliance for Adolescent Health	CME objectives for health care providers, social workers, care coordinators and nurses • Review health care transition data and guidelines from DC and nationally • Discuss practice improvement strategies in six (6) core areas of health care transition • Provide tools for health care providers, families, and youth to improve the health care transition process	**Planning Committee member**
Advanced Life Support in Obstetrics (ALSO) Provider course, 2007-present Funded by the Georgetown University Medical Center Department of Family Medicine Partners: Dewitt Family Medicine Residency, Andrews Air Force Base, Providence Hospital Family Medicine Department	The overall objectives of the national ALSO Provider course are to: • Discuss ways of improving the management of obstetrical urgencies and emergencies which may help standardize the skills of practicing maternity care providers • Discuss the importance of utilizing regional maternity care services and identify possible barriers which might limit access • Successfully complete the course, written test, and megadelivery testing station.	**ALSO Advisory Faculty Status, September, 2009 to present** **Course Director, April, 2011, April, 2010, May, 2009, April, 2008** (40-50 participants, 10-15 faculty) **Instructor, 2007** (20 participants) • Strictly adhering to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education • Strictly adhering to the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) / Missouri Nurses Association (MONA) operational requirements for commercial support • Involving the American Academy of Family Physicians (AAFP) in the planning and development of the course • Involving the ALSO advisory faculty member in all stages of the planning and development of the course

		• Organizing a faculty meeting prior to the course • Organizing equipment and meeting rooms • Presenting opening announcements and introductions • Being available for questions from faculty and participants • Ensuring that the course runs smoothly and according to schedule
Integrating Health Literacy, Language Access, and Cultural Competency in Primary Care Settings: A Collaborative Learning Model Project, April to December, 2009 Funded in part by the AstraZeneca Foundation Partners: Association of Clinicians for the Underserved	Project goals include: • Establishing a collaborative learning program designed to promote the use of effective health literacy, language access and cultural competency policies and practices in primary care settings • To improve the quality of care and outcomes for patients with low health literacy and limited English proficiency	**Project faculty member** (5% FTE) • Develop the curriculum, selection criteria, evaluation plan, and resource bank for the clinician training program • Work in collaboration with the Association of Clinicians for the Underserved planning committee
Health Literacy and Chronic Disease: Bridging the Gap in Diabetes Management, 2008-2009 Funded by the American Academy of Family Physicians Foundation and Home Diagnostics, Inc.	The goals of this project are to achieve quality improvement in clinical diabetes care by educating clinicians on the impact of health literacy on disease management. This project will achieve educational goals by implementing: • A continuing medical education (CME) health literacy event for clinicians introducing feasible health literacy assessment methods and algorithms for case management	**Planning Committee Chair, curricular design** • Recruiting keynote speaker Continuing Medical Education event on diabetes and health literacy for DC metropolitan area health care providers • Workshop on diabetes for family medicine residents and medical students • Webcast on diabetes and health literacy • Strictly adhering to the Accreditation Council for Continuing Medical Education (ACCME)

Partners: Association of Clinicians for the Underserved, DC Academy of Family Physicians, Georgetown University	• A workshop on diabetes and health literacy for clinicians, family medicine residents and medical students • A health literacy webcast	Standards for Commercial Support of Continuing Medical Education • Involving the AAFP with the planning and developing of the course
Diabetes HEALTH MATTERS: Diabetes Health Education, Adapted Literacy Training, Healthcare Materials and Electronic Resources, 2007-2008 Funded by Home Diagnostics, Inc Partners Association of Clinicians for the Underserved, Georgetown University Medical Center	1. To adapt existing diabetes education materials for literacy, culture and language to improve diabetes self-management skills. These resources will: • Illustrate ethnically appropriate images • Demonstrate diabetes self-management in culturally-appropriate portrayals and language. • Translate developed materials for availability in English and Spanish 2. To provide patients with diabetes educational resources containing essential information on glucometer use, diabetes control and self-management skills. Patients who receive these resources will: • Understand important elements of diabetes self management.	**Planning Committee Chair, presenter** **Roett MA,** Wessel L. Diabetes HEALTH MATTERS: Diabetes Health Education, Adapted Literacy Training, Healthcare Materials and Electronic Resources. Presented at the US Department of Health & Human Services, Office of Minority Health Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health 2009 February 25-27; National Harbor, MD.

ALSO®
American Academy of Family Physicians
Advanced Life Support in Obstetrics

September 18, 2009

From: Paula Madden, ALSO Program Coordinator
To: **Michelle Roett, MD**
Re: **ALSO Advisory Faculty Approval**

Dear Dr. Roett:

This memo serves to inform you that your Advisory Faculty application has been **approved** by the Advanced Life Support in Obstetrics (ALSO®) Advisory Board. Current program guidelines require at least one Advisory Faculty member to participate in each ALSO® Provider Course. You may have already been asked by a course director(s) to fill this role. Course directors are encouraged to utilize your expertise in course planning and faculty selection.

Maintaining ALSO Approved Instructor status by meeting the requirements of teaching in three ALSO courses within a five-year period is mandatory for ALSO Advisory Faculty. Advisory Faculty status will expire at the same time as ALSO Approved Instructor status if the requirements are not met.

The AAFP welcomes your partnership in the effort to support family physicians who are providing full maternity care. If you have any questions, please don't hesitate to contact me at (800) 274-2237 ext. 6556.

4. Teaching Evaluations

National Lecture Evaluations

1. Learning Faculty Development Skills in Mentorship, Coaching, Scholarly Activity, and Interprofessional Teamwork: A Toolkit For New Faculty in Family Medicine. Presented at the 48th Annual Society of Teachers of Family Medicine, April 24-29, 2015; Orlando, FL.

Attendee Evaluation
Each evaluation question was answered based on the attendee's assessment of a series of statements about your session. Your session was rated by attendees on a 5 point scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree.

Evaluation Question	Average Rating	Number of respondents
The content of this presentation is relevant to my practice and/or educational responsibilities	4.77	22
The presenter was highly effective in sharing the information.	4.55	22
The content of this presentation matched the stated objectives (or met my expectations)	4.68	22
The educational methods used in this presentation were effective in deepening my learning	4.41	22
As the result of this presentation I clearly have something new to take home and share or put into practice	4.82	22

2. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at Greenville Family Medicine Residency Program; November 12, 2012; Greenville, SC.

Total Points Out of 20 (out of 4 participants)	Percetage Total																	
									Presenters:	Dr. Michelle Roett								
									Course Name:	MASTER EVALUATIONS SHEET for Greenville Workshop 11/12/12								
		Your comments are VERY important to us! Thank you for taking the time to complete this form.																
		Please read each statement below and indicate the extent to which you agree																
		or disagree with each statement using the scale below.																
		1- Strongly Disagree																
		2- Disagree																
		3- Agree																
		4- Strongly Agree																
		Primary Presenter																
20	100%	1	2	3	4	The presenters were prepared.												
20	100%	1	2	3	4	The presenters were knowledgeable about the course content.												
20	100%	1	2	3	4	The presenter provided adequate structure, support, and supervision during the hands-on activities.												
19	95%	1	2	3	4	The presenter established clear course requirements and expectations.												
20	100%	1	2	3	4	I would recommend this presenter.												
99	99%																	
		Our presenters are always striving to improve the facilitation of these courses, please use this section to provide the primary presenter with																
		feed-back regarding the parts of their performance that were extraordinary or the components that could be improved. Thank you.																
		Very energetic and knowledgeable presenters.																
		Course Material																
19	95%	1	2	3	4	I was satisfied with the goal of the workshop to complete 50% of the first draft.												
19	95%	1	2	3	4	I found the supplementary materials to be detailed, complete, and easy to follow.												
18	90%	1	2	3	4	I was satisified with the quantity of writing I did in the short period, this was a good use of my time.												
17	85%	1	2	3	4	I felt prepared at the beginning of each activity, instructions were clear.												
19	95%	1	2	3	4	I had the preliminary knowledge and skills needed to learn in this course.												
19	95%	1	2	3	4	The course met all of the stated objectives.												
19	95%	1	2	3	4	The way the course was delivered was an effective way to learn.												
19	95%	1	2	3	4	The course content was logically organized.												
20	100%	1	2	3	4	The information I received about the course was accurate.												
19	95%	1	2	3	4	Overall, I was satisfied with the course.												
188	94%																	
		We are always interested in garnering quotes that we can use in PR materials, if you have any comments that you would be willing to offer																
		for this purpose, please list below:																
		Suggestions:																
		I should have been more involved with the literature search.																
		Provide writing assignments before the presentation and after completing the modules																
		Schedule short breaks every hour.																
		Name (optional):																
		Email:																
Raw Scores:		**P1**	**P2**	**P3**	**P4**	**P5**	**Total**											
1		4	4	4	4	4	**20**											
2		4	4	4	4	4	**20**											
3		4	4	4	4	4	**20**											
4		3	4	4	4	4	**19**											
5		4	4	4	4	4	**20**											
1		3	4	4	4	4	**19**											
2		3	4	4	4	4	**19**											
3		3	4	4	3	4	**18**											
4		2	4	4	3	4	**17**											
5		3	4	4	4	4	**19**											
6		3	4	4	4	4	**19**											
7		3	4	4	4	4	**19**											
8		3	4	4	4	4	**19**											
9		4	4	4	4	4	**20**											
10		3	4	4	4	4	**19**											

Total Points Out of 40 (out of 10 participants)	Percetage Total																
									Presenters:	Dr. Michelle Roett							
									Course Name:	MASTER EVALUATIONS SHEET for Capital Health Workshop 1/25/13							
		Your comments are VERY important to us! Thank you for taking the time to complete this form.															
		Please read each statement below and indicate the extent to which you agree															
		or disagree with each statement using the scale below.															
		1- Strongly Disagree															
		2- Disagree															
		3- Agree															
		4- Strongly Agree															
		Primary Presenter															
40	100%	1	2	3	4	The presenters were prepared.											
40	100%	1	2	3	4	The presenters were knowledgeable about the course content.											
40	100%	1	2	3	4	The presenter provided adequate structure, support, and supervision during the hands-on activities.											
40	100%	1	2	3	4	The presenter established clear course requirements and expectations.											
40	100%	1	2	3	4	I would recommend this presenter.											
200	100%																
		Our presenters are always striving to improve the facilitation of these courses, please use this section to provide the primary presenter with															
		feed-back regarding the parts of their performance that were extraordinary or the components that could be improved. Thank you.															
		Excellent, knowledgeable															
		Well-organized, straight forward presentation, focused on main points, easy to remember, take-home message															
		The worksheets were very helpful to bring clarity to the process															
		Course Material															
38	95%	1	2	3	4	I was satisfied with the goal of the workshop to complete 50% of the first draft.											
40	100%	1	2	3	4	I found the supplementary materials to be detailed, complete, and easy to follow.											
40	100%	1	2	3	4	I was satisified with the quantity of writing I did in the short period, this was a good use of my time.											
38	95%	1	2	3	4	I felt prepared at the beginning of each activity, instructions were clear.											
35	88%	1	2	3	4	I had the preliminary knowledge and skills needed to learn in this course.											
40	100%	1	2	3	4	The course met all of the stated objectives.											
39	98%	1	2	3	4	The way the course was delivered was an effective way to learn.											
39	98%	1	2	3	4	The course content was logically organized.											
40	100%	1	2	3	4	The information I received about the course was accurate.											
39	98%	1	2	3	4	Overall, I was satisfied with the course.											
388	97%																
		We are always interested in garnering quotes that we can use in PR materials, if you have any comments that you would be willing to offer															
		for this purpose, please list below:															
		This workshop clarified the process and was well worth the time.															
		Suggestions:															
		Name (optional):															
		Email:															
Raw Scores:		**P1**	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**	**P8**	**P 9**	**P10**	**Total**					
1		4	4	4	4	4	4	4	4	4	4	**40**					
2		4	4	4	4	4	4	4	4	4	4	**40**					
3		4	4	4	4	4	4	4	4	4	4	**40**					
4		4	4	4	4	4	4	4	4	4	4	**40**					
5		4	4	4	4	4	4	4	4	4	4	**40**					
1		4	3	4	4	4	4	4	4	3	4	**38**					
2		4	4	4	4	4	4	4	4	4	4	**40**					
3		4	4	4	4	4	4	4	4	4	4	**40**					
4		3	4	4	4	4	4	4	3	4	4	**38**					
5		3	3	4	4	4	1	4	4	4	4	**35**					
6		4	4	4	4	4	4	4	4	4	4	**40**					
7		4	4	3	4	4	4	4	4	4	4	**39**					
8		4	4	3	4	4	4	4	4	4	4	**39**					
9		4	4	4	4	4	4	4	4	4	4	**40**					
10		4	4	3	4	4	4	4	4	4	4	**39**					

3. **Roett MA**, Lawrence D. Evidence Based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making. Presented at the 42nd Annual Spring Conference of the Society of Teachers of Family Medicine; 2009 April 29-May 3; Denver, CO.

Lecture-Discussion Format, Excellent Rating = 5

Session Evaluation, 23 Respondents

Lead Presenter: Michelle Roett, MD, MPH	**Average Rating**
Session title and description reflected content	4.78
Relevancy/usefulness of content	4.96
Effectiveness of speaker's presentation	4.78
Effectiveness of presentation media and handouts	4.73
Opportunity for audience participation	4.87
Overall value of the session	4.89
Comments: "Great presentation. Very useful and to the point. Actually got me inspired about EBM and how to teach to residents. Also great publication tips to motivate" "Excellent" "Excellent workshop" "Very good session. Congratulations on making such a positive change in your program & for providing useful take-homes" "Very informative and motivating" "Their effort/curriculum was comprehensive, well thought out & appears to be an excellent model for others. Presentation clear, organized, quite 'information dense' – not sure if this could be avoided" "Great session. Something to take home"	

2. Course Director, Advanced Life Support in Obstetrics Provider Course, 2011: Evaluations

Georgetown University-Providence Hospital Family Medicine Residency Program
ALSO Provider Course 2011 Evaluation

April 14 & 15, 2011

Course Director: Michelle Roett MD MPH FAAFP **Course Coordinator:** April Wallace MPA

Overall Program Goals

	Excellent	Good	Average	Fair	Poor	N	Mean	Std. Dev.
Improve the management of obstetrical emergencies by developing protocols which will be useful for standardizing the skills of maternity care providers	80.0%	20.0%	0.0%	0.0%	0.0%	30	4.8	0.41
Facilitate productive, collegial interactions between all maternity care providers	70.0%	20.0%	10.0%	0.0%	0.0%	30	4.6	0.68
Enhance the utilization of regional maternity care, and discuss barriers to regionalization because of human interaction, communication and prejudices	66.7%	20.0%	10.0%	0.0%	3.3%	30	4.47	0.94

	Yes	No	N
The content of individual sessions of this conference was relevant to the goals stated above	100.0%	0.0%	29

Physical Facilities/ Arrangements

	Yes	No	N
Registration process was efficient	94.3%	5.7%	35
Facility provided for environmental comfort	100.0%	0.0%	35
Room set-up was conducive to teaching methods	100.0%	0.0%	35
Promotional information provided adequate information	97.1%	2.9%	35
Promotional information was received in a timely manner	93.9%	6.1%	33
Facility was accessible	100.0%	0.0%	35
Scheduling of the conference met my needs	97.1%	2.9%	35
Location of the conference met my needs	97.1%	2.9%	35

4. Course Director, Advanced Life Support in Obstetrics Provider Course, 2009: Evaluations

Georgetown University - Providence Hospital Family Medicine Residency Program ALSO Provider Course 2009 Evaluation

5/7-5/8/2009

Course Director: Michelle Roett, MD, MPH **Course Coordinator:** Michelle Roett, MD, MPH

Overall Program Goals

	Excellent	Good	Average	Fair	Poor	N	Mean	Std. Dev.
Improve the management of obstetrical emergencies by developing protocols which will be useful for standardizing the skills of maternity care providers	81.5%	18.5%	0.0%	0.0%	0.0%	27	4.81	0.396
Facilitate productive, collegial interactions between all maternity care providers	59.3%	33.3%	7.4%	0.0%	0.0%	27	4.52	0.643
Enhance the utilization of regional maternity care, and discuss barriers to regionalization because of human interaction, communication and predjudices	55.6%	40.7%	3.7%	0.0%	0.0%	27	4.52	0.58

	Yes	No	N
The content of individual sessions of this conference was relevant to the goals stated above	100.0%	0.0%	24

Physical Facilities/ Arrangements

	Yes	No	N
Registration process was efficient	100.0%	0.0%	32
Facility provided for enviromental confort	100.0%	0.0%	31
Room set-up was conducive to teaching methods	96.8%	3.2%	31
Promotional information provided adequate information	90.0%	10.0%	30
Promotional information was recieved in a timely manner	100.0%	0.0%	30
Facility was accessible	97.0%	3.0%	33
Scheduling of the conference met my needs	96.9%	3.1%	32
Location of the conference met my needs	97.0%	3.0%	33

4. Course Director, Advanced Life Support in Obstetrics Provider Course, 2008: Evaluations

ALSO Provider Course 2008
Georgetown University – Providence Hospital
Family Medicine Residency

April 17th & 18th, 2008

Overall Program Goals

	Excellent	Good	Average	Fair	Poor	N	Mean	Std. Dev.
Improve the management of obstetrical emergencies by developing protocols which will be useful for standardizing the skills of maternity care providers	100.0%	0.0%	0.0%	0.0%	0.0%	16	5	0
Facilitate productive, collegial interactions between all maternity care providers	93.8%	6.3%	0.0%	0.0%	0.0%	16	4.94	0.25
Enhance the utilization of regional maternity care, and discuss barriers to regionalization because of human interaction, communication and predjudices	68.8%	25.0%	6.3%	0.0%	0.0%	16	4.63	0.619

	Yes	No	N
The content of individual sessions of this conference was relevant to the goals stated above	100.0%	0.0%	16

Physical Facilities/ Arrangements

	Yes	No	N
Registration process was efficient	100.0%	0.0%	16
Facility provided for enviromental confort	100.0%	0.0%	17
Room set-up was conducive to teaching methods	100.0%	0.0%	17
Promotional information provided adequate information	82.4%	17.6%	17
Promotional information was recieved in a timely manner	82.4%	17.6%	17
Facility was accessible	100.0%	0.0%	17
Scheduling of the conference met my needs	100.0%	0.0%	17
Location of the conference met my needs	100.0%	0.0%	17

5. Instructor Candidate, Advanced Life Support in Obstetrics, 2007

LECTURE: MATERNAL RESUSCITATION AND TRAUMA Excellent rating = 5
20 Respondents

Speaker: Michelle Roett, MD, MPH	**Rating**	
Knowledge of Subject	4.16	
Organization and Clarity	4.11	
Effectiveness of Teaching Methods	3.83	
Describe the aspects of maternal physiology that affect maternal resuscitation and response to trauma during pregnancy.	4.10	
Describe the modifications of basic life support and advanced cardiac life support needed in pregnancy	4.10	
Describe the technique for perimortem cesarean delivery.	3.55	
Describe the evaluation and management of trauma, major and minor, related to pregnancy.	4.10	
The content of this offering was relevant to the offering objectives	**Yes**	**No**
	75%	25%
Comments: "Need to update to current ACLS guidelines." "Try to be more interactive"		

Classroom Evaluation by Peers

1. **Roett MA.** Evidence-Based Medicine III: FPIN Workshop. Presented at Georgetown University Medical Center, April 2, 2009; Washington, DC.

Group Leader: Michelle Roett, MD Observer: Doug Varner Date: April 2, 2009

Observation and critical self-appraisal can provide instructors with insights, ideas and means for improving their own small group leadership abilities. After the observation, this completed feedback form will be provided and discussed with the observed faculty and a copy will be forwarded to the course director. The form will be kept on file for 4 years, will be considered confidential and will only be provided upon individual faculty request. It will not otherwise be shared with other instructors, students, the department chair, deans, etc. This observation feedback is formative and intended to improve faculty small group facilitation skills.

For each item that applies evaluate the group leader using scale and comments. Please **provide specific examples**, of statements, actions or interactions that illustrate the observed behavior: 4 – exemplary, 3 - good, 2- average, 1 – below average; The small group leader:

1.	Was prepared and organized.	**4**	3	2	1	n/a
2.	Created environment that supports active/adult learning.	**4**	3	2	1	n/a
3.	Created opportunities for all students to participate.	**4**	3	2	1	n/a
4.	Promoted achievement of the learning objectives.	**4**	3	2	1	n/a
5.	Provides ongoing feedback to individual students.	4	**3**	2	1	n/a

6. Managed time effectively. **4** 3 2 1 n/a
7. Summarize strengths and suggestions for improvement below:

What was done well?	Suggestions for improvement:
Session was well-organized. Instructor encouraged active participation by students.	Devote time during session to search strategy development. The practice questions from the Fresno test had some excellent teaching points relating to construction of a relevant search strategy to answer the question (particularly the oral contraceptive question). Question 4 specifically addressed search strategy development – perhaps that questions could be focused on for a future session.

2. **Roett MA.** Evidence-Based Medicine II: FPIN Workshop. Presented at Georgetown University Medical Center, December 4, 2008; Washington, DC.

Group Leader: Michelle Roett Observer: Jeff Weinfeld, MD, EBM Course Director Date: 12/4/08

Observation and critical self-appraisal can provide instructors with insights, ideas and means for improving their own small group leadership abilities. After the observation, this completed feedback form will be provided and discussed with the observed faculty and a copy will be forwarded to the course director. The form will be kept on file for 4 years, will be considered confidential and will only be provided upon individual faculty request. It will not otherwise be shared with other instructors, students, the department chair, deans, etc. This observation feedback is formative and intended to improve faculty small group facilitation skills.

For each item that applies evaluate the group leader using scale and comments. Please **provide specific examples**, of statements, actions or interactions that illustrate the observed behavior: 4 – exemplary, 3 - good, 2- average, 1 – below average; The small group leader:

1. Was prepared and organized. **4** 3 2 1 n/a
2. Created environment that supports active/adult learning. 4 **3** 2 1 n/a
Involved learners used various modalities to involve learners.
3. Created opportunities for all students to participate. 4 **3** 2 1 n/a
A lot of participation from some of the residents, but I would have liked to see more from the students. Consider calling on people if necessary.
4. Promoted achievement of the learning objectives. **4** 3 2 1 n/a
5. Provides ongoing feedback to individual students. 4 3 2 1 **n/a**
6. Managed time effectively. **4** 3 2 1 n/a
Started a bit late in order to wait for residents (probably good idea) and finished on time.
7. Summarize strengths and suggestions for improvement below:

What was done well?	Suggestions for improvement:
• Overall great job! Very organized, covered multiple objectives for the session including self-assessment, knowledge, and administrative objectives. • Used multiple learning techniques (self-eval, discussion, lecture, self-directed web surfing), which kept it interesting. Time flew. • Very organized. Had laptops, materials all prepared. • Collaborative approach – did not put learners on the spot, but did solicit answers.	• I generally suggest lecturers stand, even in small group situations. • If planning to collect a self-assessment tool, it would be best practice to tell learners in advance that it will be collected and graded, and how it will be used. • In teaching hands-on computer situations, helpful to walk around – give 1:1 assistance etc or ask someone working with you to do this.

Group Leader: Michelle Roett Observer: Laurie Davidson Date: Dec. 4, 2008

Observation and critical self-appraisal can provide instructors with insights, ideas and means for improving their own small group leadership abilities. After the observation, this completed feedback form will be provided and discussed with the observed faculty and a copy will be forwarded to the course director. The form will be kept on file for 4 years, will be considered confidential and will only be provided upon individual faculty request. It will not otherwise be shared with other instructors, students, the department chair, deans, etc. This observation feedback is formative and intended to improve faculty small group facilitation skills.

For each item that applies evaluate the group leader using scale and comments. Please **provide specific examples**, of statements, actions or interactions that illustrate the observed behavior: 4 – exemplary, 3 - good, 2- average, 1 – below average; The small group leader:

1. Was prepared and organized.	**4**	3	2	1	n/a
2. Created environment that supports active/adult learning.	4	**3**	2	1	n/a
3. Created opportunities for all students to participate.	**4**	3	2	1	n/a
4. Promoted achievement of the learning objectives.	**4**	3	2	1	n/a
5. Provides ongoing feedback to individual students.	**4**	3	2	1	n/a
6. Managed time effectively.	**4**	3	2	1	n/a

7. Summarize strengths and suggestions for improvement below:

What was done well?	Suggestions for improvement:
Time management was very good Clarification of Resident's responsibilities, expectations, and procedures Presented self as articulate, approachable and supportive Facilitated group dynamics and promoted discussion	Provide more examples Perhaps addressed Resident's statistical concerns

Student Evaluations

1. Third Year Family Medicine Clerkship, 2012-2013

GEORGETOWN UNIVERSITY

Department of Family Medicine
School of Medicine

March 1, 2013

Dr. Michelle Roett
Fort Lincoln Family Medicine Center
4151 Bladensburg Road
Colmar Manor, MD, 20722

Dear Dr. Roett:

During the four weeks that third-year Georgetown medical students spend with us on Family Medicine, we try to teach them something about the work we do and the way that we think as family physicians. That's the didactic stuff. What the students value most, however, is their work with you in the office seeing patients. You can see how important this experience has been for them by these comments from students who recently worked with you in your office.

- Dr. Roett was pivotal in my family medicine rotation education. She challenged me to function at the level of an acting intern on wards and to become more efficient in my outpatient encounters. I grew substantially in my month on family med from the responsibility she granted me in my role as a care provider for her patients. I am proud to have been a Fort Lincoln clinic rotation alumni and am substantially more confident in outpatient encounters because of this experience.

Your time and expertise is very much appreciated, and I hope that this comment can serve as a testament to you of the value of your participation in the education of our future physicians.

Thank you for your work as a family physician, and as a teacher.

Sincerely,

Vince WinklerPrins, MD, FAAFP
Family Medicine Clerkship Director
Phone: 202-687-3220
Fax: 202-687-7277
vjw6@georgetown.edu

2. Doctoring Selectives, Spring, 2011

Doctoring Selectives: Spring 2011 Survey
Spring 2011

Georgetown University
School of Medicine

Course: IMSD 519 SEL - DOCTORING SELECTIVES **Department:** FAMD

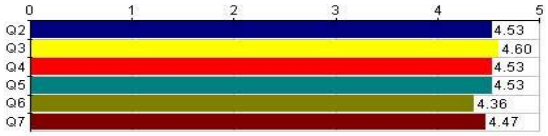
Responsible Faculty: Dr. Alison Bartleman **Responses:** 15

Faculty: Michelle Roett

Roett, Michelle A

Evaluation of the Instructor	Responses (%) [Y]	[N]	Individual Grp. Med.	Mode	N	Mean
Q1 Provided written educational objectives.	100%	0	**2**	2	15	2

Responses: [Y] Yes=2 [N] No=1



Roett, Michelle A

Evaluation of the Instructor	Responses (%) [E]	[VG]	[G]	[F]	[P]	N/A	Individual Grp. Med.	Mode	N	Mean
Q2 Clarity of selective objectives.	53%	47%	0	0	0	0	**4.56**	5	15	4.53
Q3 Enthusiasm for teaching students and respect for students.	67%	27%	7%	0	0	0	**4.75**	5	15	4.60
Q4 Preparation for teaching sessions.	67%	27%	0	7%	0	0	**4.75**	5	15	4.53
Q5 Effectiveness in teaching.	67%	27%	0	7%	0	0	**4.75**	5	15	4.53
Q6 Quality of handout material as an aid to learning.	64%	27%	0	0	9%	4	**4.71**	5	11	4.36
Q7 Your overall evaluation of this selective.	60%	33%	0	7%	0	0	**4.67**	5	15	4.47

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Q8 - Comments/suggestions about the selective you took

Faculty: Roett, Michelle A

Response Rate: 53.33% (**8** of **15**)

- Great class! My only suggestion for next year would be to perhaps let the students choose the hot topics they would like to present on, so they could be topics that interest us specifically.

- Dr. Roett was always helpful with finding background information about topics we were discussing. Had great details to share with us about the various topics.
- Next year I hope that the students will be able to read the papers we all wrote for our finals. From the 10 papers, that should provide a really broad, yet far from comprehensive overview of the topics we can discuss. I would also like to change the debate to something even more controversial.

  Overall this was one of my favorite classes of the year. I really hope it continues next year. Thanks for offering it!!
- I liked the topics as a whole and the discussions that took place after the presentations. I think that I would have liked the course more had there been more opportunity to discuss and less time spent presenting
- Learned a lot, but the paper was a bit of a headache. Good class. Will recommend it to members of the class of 2015.
- Wasnt able to speak with probational officer which would have been very educational other than that, great course!
- Dr. Roett is an excellent facilitator. I appreciate her (and the residents') willingness to answer all the questions to help us get a better picture of the incarcerated demographic and their experience in prisons. It was particularly inspiring when the two physicians who worked at the DC jail came and spoke to us. I am interested in incarcerated medicine/prison ministry because of this selective.
- The topic had a lot of potential and I encourage to continue with it in the future. The selective could have been much better organized. Sometimes instructors would be half an hour late. Most of the presentations weren't very useful because no helpful materials were used to supplement the talk.

Results Summary by Question Category/Sub-Category

Question Categories / Sub-Categories	Roett, Michelle A				
	Responses (%)		Individual		
	[Y]	[N]	Mode	N	Mean
C1 Evaluation of the Instructor	**100%**	0	**2**	**15**	**2**

Responses: [**Y**] Yes=2 [**N**] No=1

Results Summary by Question Category/Sub-Category

Question Categories / Sub-Categories	Roett, Michelle A								
	Responses (%)						Individual		
	[E]	[VG]	[G]	[F]	[P]	N/A	Mode	N	Mean
C1 Evaluation of the Instructor	**63%**	**31%**	**1%**	**3%**	**1%**	**4**	**5**	**86**	**4.51**

Responses: [**E**] Excellent=5 [**VG**] Very Good=4 [**G**] Good=3 [**F**] Fair=2 [**P**] Poor=1

3. Doctoring Selectives (Introduction to Health Care), Spring, 2010

Doctoring Selectives: Spring 2010 Survey
Spring 2010

Georgetown University
School of Medicine

Course: IMSD 519 SEL - DOCTORING SELECTIVES **Department:** FAMD

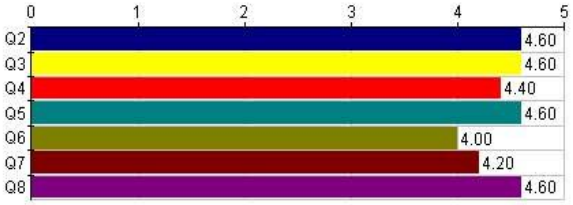
Responsible Faculty: Dr. Alison Bartleman **Responses:** 5

Faculty: **Michelle Roett**

Roett, Michelle A

Evaluation to The Lecturer	**Responses (%)**		**Individual**			
	[Y]	[N]	**Grp. Med.**	Mode	N	Mean
Q1 Provided written educational objectives.	100%	0	**2**	2	5	2

Responses: **[Y]** Yes=2 [N] No=1



Roett, Michelle A

Evaluation to The Lecturer	**Responses (%)**						**Individual**			
	[E]	**[VG]**	**[G]**	**[F]**	**[P]**	N/A	**Grp. Med.**	Mode	N	Mean
Q2 Clarity of selective objectives.	60%	40%	0	0	0	0	**4.67**	5	5	4.60
Q3 Enthusiasm for teaching students and respect for students.	60%	40%	0	0	0	0	**4.67**	5	5	4.60
Q4 Preparation for teaching sessions.	60%	20%	20%	0	0	0	**4.67**	5	5	4.40
Q5 Effectiveness in teaching.	60%	40%	0	0	0	0	**4.67**	5	5	4.60
Q6 Quality of handout material as an aid to learning.	75%	0	0	0	25%	1	**4.83**	5	4	4
Q7 If applicable, effectiveness of guest speakers.	60%	20%	0	20%	0	0	**4.67**	5	5	4.20
Q8 Your overall evaluation of this selective.	60%	40%	0	0	0	0	**4.67**	5	5	4.60

Responses: **[E]** Excellent=5 **[VG]** Very Good=4 **[G]** Good=3 **[F]** Fair=2 **[P]** Poor=1

Q9 - Comments/suggestions about the selective you took

Faculty: **Roett, Michelle A**

Response Rate: **40.00%** (**2** of **5**)

- Hearing clinical anecdotes was extremely beneficial. This module required some hard work, but the outcome was completely worth it.
- I really enjoyed the student presentations in the debate format. I thought the atmosphere of the selective was great, very comfortable and laid back. In the future, I would have liked to hear a little bit more about experiences with patients that surrounded the topics of the day in order to facilitate a little bit more of a group discussion after the presentations. Overall, I really learned alot about controversial issues in women's health.

Results Summary by Question Category/Sub-Category

Question Categories / Sub-Categories	Roett, Michelle A				
	Responses (%)		Individual		
	[Y]	[N]	Mode	N	Mean
C1 Evaluation to The Lecturer	**100%**	0	**2**	**5**	**2**

Responses: [**Y**] Yes=2 [**N**] No=1

Results Summary by Question Category/Sub-Category

Question Categories / Sub-Categories	Roett, Michelle A								
	Responses (%)						Individual		
	[E]	[VG]	[G]	[F]	[P]	N/A	Mode	N	Mean
C1 Evaluation to The Lecturer	**62%**	**29%**	**3%**	**3%**	**3%**	**1**	**5**	**34**	**4.44**

Responses: [**E**] Excellent=5 [**VG**] Very Good=4 [**G**] Good=3 [**F**] Fair=2 [**P**] Poor=1

IHC/Service Learning Course Evaluation - Spring 2007
Spring 2007

Georgetown University
School of Medicine

Course: IMSC-508-08 SL - Service Learning
Department: FAMD
Responsible Faculty: Dr. Donna Cameron; Dr. Steven Schwartz; Ms. Maranda Ward
Responses: 3
Faculty: **Michelle Roett**

Roett, Michelle A

Standard Preclinical Evaluation of the Service-Learning Team Leader(s)	Responses (%)					Individual			
	[SA]	[A]	[N]	[D]	[SD]	Grp. Med.	Mode	N	Mean
Q1 The faculty team leader was prepared and organized.	0	67%	33%	0	0	**3.75**	4	3	3.67
Q2 ...was effective in facilitating group process	0	33%	67%	0	0	**3.25**	3	3	3.33
Q3 ...showed respect for students.	67%	33%	0	0	0	**4.75**	5	3	4.67
Q4 ...was accessible and helpful.	0	67%	33%	0	0	**3.75**	4	3	3.67

Responses: [**SA**] Strongly Agree=5 [**A**] Agree=4 [N] Neutral=3 [**D**] Disagree=2 [**SD**] Strongly Disagree=1

Q5 - Short Comments

Faculty: **Roett, Michelle A**

Response Rate: **33.33%** (**1** of **3**)

- Overall I would have liked more direction and strategies to help keep the adolescents under control. She didnt take charge when things were slightly hectic, which I would have hoped as she has more experience than us in this matter.

Results Summary by Question Category/Sub-Category

Roett, Michelle A

Question Categories / Sub-Categories	Responses (%)					Individual		
	[SA]	[A]	[N]	[D]	[SD]	Mode	N	Mean
C1 Standard Preclinical Evaluation of the Service-Learning Team Leader(s)	**17%**	**50%**	**33%**	0	0	**4**	**12**	**3.83**

Responses: [**SA**] Strongly Agree=5 [**A**] Agree=4 [N] Neutral=3 [**D**] Disagree=2 [**SD**] Strongly Disagree=1

4. Introduction to Health Care, Spring, 2009

IHC Selectives - Spring 2009 Survey
Spring 2009

Georgetown University
School of Medicine

Course: 4255-103-12 SEL - IHC Selectives
Department: Family Med
Instructor: Dr. Alison Bartleman
Resp. Rec'vd / Expected: 30 / 195

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%) [Y]	[N]	Individual N	Mean
Q1 Provided written educational objectives.	100	0	**3**	**2.0**

Responses: [Y] Yes=2 [N] No=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%) [E]	[VG]	[G]	[F]	[P]	Individual N	Mean
Q2 Clarity of selective objectives.	100	0	0	0	0	**3**	**5.0**

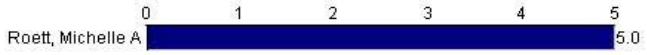
Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%) [E]	[VG]	[G]	[F]	[P]	Individual N	Mean
Q3 Enthusiasm for teaching students and respect for students.	100	0	0	0	0	**3**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

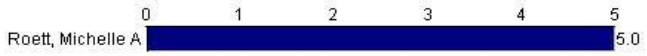


Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%) [E]	[VG]	[G]	[F]	[P]	Individual N	Mean
Q4 Preparation for teaching sessions.	100	0	0	0	0	**3**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1



Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q5 Effectiveness in teaching.	100	0	0	0	0	**3**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q6 Quality of handout material as an aid to learning.	100	0	0	0	0	**3**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q7 If applicable, effectiveness of guest speakers.	100	0	0	0	0	**1**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Evaluation to The Lecturer	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q8 Your overall evaluation of this selective.	100	0	0	0	0	**3**	**5.0**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Faculty: **Roett, Michelle A**

Question: **Brief comments about the selective you took.**

Response Rate: **6.67%** (**2** of **30**)

1 Same as above; i really enjoyed the course, the debate format and thought the preceptors were great- very open, friendly and helpful.

2 I really enjoyed the Hot Topics in Women's Health Selective. I thought the topics that were covered were great and provided a lot of exposure to current issues facing women of all ages. I liked the way the class was set up-- the debate style made classes more interesting than just having a straight lecture. I also really appreciated the discussions about the topics following the presentations. Overall, it was a wonderful course and I really enjoyed taking it. I'm glad I selected it!

5. Evidence-Based Medicine I, Spring, 2009

Evidence Based Medicine I - Spring 2009 Survey
Spring 2009

Georgetown University
School of Medicine

Course: 4255-107-12 EBM - EVIDENCE BASED MEDICINE I **Department:** Family Med

Instructors: Dr. Jeff Weinfeld; Ms. Laurie Davidson **Resp. Rec'vd / Expected:** 16 / 194

Survey Results
Roett, Michelle A

Roett, Michelle A

Standard Preclinical Evaluation of the Small Group Leader	Responses (%)					Individual	
	[SA]	[A]	[N]	[D]	[SD]	N	Mean
Q1 The small group leader was prepared and organized.	100	0	0	0	0	**1**	**5.0**

Responses: [SA] Strongly Agree=5 [A] Agree=4 [N] Neutral=3 [D] Disagree=2 [SD] Strongly Disagree=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Standard Preclinical Evaluation of the Small Group Leader	Responses (%)					Individual	
	[SA]	[A]	[N]	[D]	[SD]	N	Mean
Q2 The small group leader was effective in facilitating group process	100	0	0	0	0	**1**	**5.0**

Responses: [SA] Strongly Agree=5 [A] Agree=4 [N] Neutral=3 [D] Disagree=2 [SD] Strongly Disagree=1

Survey Results
Roett, Michelle A

Roett, Michelle A

Standard Preclinical Evaluation of the Small Group Leader	Responses (%)					Individual	
	[SA]	[A]	[N]	[D]	[SD]	N	Mean
Q3 The small group leader was accessible and helpful.	100	0	0	0	0	**1**	**5.0**

Responses: [SA] Strongly Agree=5 [A] Agree=4 [N] Neutral=3 [D] Disagree=2 [SD] Strongly Disagree=1

Faculty: **Roett, Michelle A**

Question: **Comments/suggestions for this small group leader:**

Response Rate: **6.25%** (**1** of **16**)

1 You're really great at answering email questions and concerns. Keep up the good work. Hugs to you.

6. Introduction to Health Care, Spring, 2008

IHC II Selectives - Spring 2008 Survey
Spring 2008

Georgetown University
School of Medicine

Course: 4255-103-12 SEL - IHC Selectives
Department: Family Med
Instructor: Dr. Ranit Mishori
Resp. Rec'vd / Expected: 58 / 191

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)		Individual	
	[Y]	[N]	N	Mean
Q1 Provided written educational objectives.	100	0	**6**	**2.0**

Responses: [Y] Yes=2 [N] No=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q2 Clarity of selective objectives.	67	0	33	0	0	**6**	**4.3**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q3 Enthusiasm for teaching students and respect for students.	67	0	17	17	0	**6**	**4.2**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q4 Preparation for teaching sessions.	50	0	17	17	17	**6**	**3.5**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q5 Effectiveness in teaching.	50	0	17	17	17	**6**	**3.5**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q6 Quality of handout material as an aid to learning.	60	0	0	40	0	**5**	**3.8**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q7 If applicable, effectiveness of guest speakers.	67	33	0	0	0	**3**	**4.7**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Survey Results
Roett, Michelle A

Evaluation to The Lecturer

Roett, Michelle A

	Responses (%)					Individual	
	[E]	[VG]	[G]	[F]	[P]	N	Mean
Q8 Your overall evaluation of this selective.	50	17	0	33	0	**6**	**3.8**

Responses: [E] Excellent=5 [VG] Very Good=4 [G] Good=3 [F] Fair=2 [P] Poor=1

Faculty: **Roett, Michelle A**

Question: **Brief comments about the selective you took.**

Response Rate: **5.17%** (**3** of **58**)

1 Great course! Consistently kept my interest!

2 This was a great class. I enjoyed the format and learned a lot about each of the topics discussed. Having students present opposing views gave us a more complete picture of the issues than if we just had standard lectures. Also, all of the topics that Dr. Roett chose to discuss were interesting and I feel, very relevant to clinical practice.

3 I was very dissapointed by the structure of this selective. By the title "An In Depth Look at Diabetes" I expected just that. Instead, we rarely met longer than 45 minutes a week and discussed repetive material such as cultural competence and patient literacy issues, both of which we covered in IHC lecture and PPB. We learned practically nothing about diabetes or howto treat patient physically or mentally. The instructor also stressed multiple times that our classes were to help her with her research. It was as though she framed the sessions for her objectuves and not our benefit. I would write more but in short i would not recommend that this doctor teach this selective again.

7. Evidence-Based Medicine I, Spring 2007

Evidence Based Medicine I - Spring 2007 Survey
Spring 2007

Georgetown University
School of Medicine

Course: 4255-107-12 EBM - EVIDENCE BASED MEDICINE I
Instructors: Dr. Jeff Weinfeld; Ms. Janette Shaffer
Faculty: **Michelle Roett**

Department: Family Med
 # Responses: 2

Survey Results
Roett, Michelle A

Roett, Michelle A

Standard Preclinical Evaluation of the Small Group Leader	**Responses (%)**					**Individual**	
	[SA]	**[A]**	**[N]**	**[D]**	**[SD]**	N	Mean
Q1 The small group leader was prepared and organized.	0	50	50	0	0	2	3.5
Q2 The small group leader was effective in facilitating group process	0	50	50	0	0	2	3.5
Q3 The small group leader showed respect for students.	50	0	50	0	0	2	4.0
Q4 The small group leader was accessible and helpful.	50	0	50	0	0	2	4.0

Responses: **[SA]** Strongly Agree=5 **[A]** Agree=4 **[N]** Neutral=3 **[D]** Disagree=2 **[SD]** Strongly Disagree=1

Results Summary by Question Category/Sub-Category

Roett, Michelle A

Question Categories / Sub-Categories	**Responses (%)**					**Individual**	
	[SA]	**[A]**	**[N]**	**[D]**	**[SD]**	N	Mean
C1 Standard Preclinical Evaluation of the Small Group Leader	**25**	**25**	**50**	0	0	**8**	**3.8**

Responses: **[SA]** Strongly Agree=5 **[A]** Agree=4 **[N]** Neutral=3 **[D]** Disagree=2 **[SD]** Strongly Disagree=1

5. Advising

Name, Current Position	Training Program	Years	Advisor, Mentor	Thesis, Grant, Publication, Presentation
Tyler Barreto, MD	Robert L. Phillips Health Policy Fellowship	2016 to 2017	Mentor	Monthly to quarterly faculty development meetings Roett MA, Na'Allah R, Morris E, Kuznia A, Barreto T, Petersen J, Seymour C. Leadership Development for New Faculty in Family Medicine: Learn New Skills in Mentorship, Scholarly Activity, Research Development, Advocacy, Wellness, and Resilience. Presented at the 50th Annual Spring Conference of the Society of Teachers of Family Medicine; 2017 May 4-9; San Diego, CA.
Julie Petersen, DO	Robert L. Phillips Health Policy Fellowship	2016 to 2017	Mentor	Monthly to quarterly faculty development meetings Roett MA, Na'Allah R, Morris E, Kuznia A, Barreto T, Petersen J, Seymour C. Leadership Development for New Faculty in Family Medicine: Learn New Skills in Mentorship, Scholarly Activity, Research Development, Advocacy, Wellness, and Resilience. Presented at the 50th Annual Spring Conference of the Society of Teachers of Family Medicine; 2017 May 4-9; San Diego, CA.
Angela Kuznia, MD, MPH	Chief Resident Georgetown University-Providence Hospital Family Medicine Residency Program	2012 to 2015	Advisor, Mentor	Monthly to quarterly meetings Roett MA, Na'Allah R, Morris E, Kuznia A. Learning Faculty Development Skills: A Toolkit for New Faculty in Family Medicine. Presented at the 49th Annual Spring Conference of the Society of Teachers of Family Medicine; 2016 April 30 – May 4; Minneapolis, MN. Kuznia A, Roett MA. Genital Cancers in Women: Ovarian Cancer. *FP Essentials* 2015; 438:24-30. Roett MA, Seymour C, Na'Allah R, Julka M, Kuznia A. Learning Faculty Development Skills in

				Mentorship, Coaching, Scholarly Activity and Interprofessional Teamwork: A Toolkit for New Faculty in Family Medicine. Presented at the 48th Annual Spring Conference of the Society of Teachers of Family Medicine; 2015 April 25-29; Orlando, FL.
Megan Hollis, MD	Chief Resident Georgetown University-Providence Hospital Family Medicine Residency Program	2012 to present	Advisor, Mentor	Quarterly meetings
Joshua Fischer, MD, PhD	Chief Resident Georgetown University-Providence Hospital Family Medicine Residency Program	2011 to 2014	Advisor, Mentor	Journal Club Project: Fischer J, Roett MA. Self-monitored blood glucose in diabetes management.
Koryn Johnston, DO	Chief Resident Georgetown University-Providence Hospital Family Medicine Residency Program	2011 to 2014	Advisor, Mentor	Journal Club Project: Johnston K, Roett MA. What is the long term prognosis following a LEEP procedure?
Yalda Jabbarpour, MD	Chief Resident Georgetown University-Providence Hospital Family Medicine Residency Program	January, 2011 – 2012	Mentor	Roett MA, Liegl S, Jabbarpour Y. Diabetic Nephropathy. *American Family Physician*
Sarah Liegl, MD	Assistant Professor Georgetown University-Providence Hospital Family Medicine Residency Program	January 2011-June 2014	Mentor	Roett MA, Liegl S, Jabbarpour Y. Diabetic Nephropathy. *American Family Physician*

Stephen Wreesman, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	July, 2010 – present	Advisor	Monthly to quarterly meetings
Aminah Jones, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	July, 2010 – present	FPIN Faculty Mentor	FPIN Publication: Jones A, Roett MA. Obesity in Childhood. PEPID Primary Care Plus. Evanston, IL: PEPID. November, 2011. http://www.pepidonline.com
Mikel Hofmann, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	July, 2009 – present	Advisor	Monthly to quarterly meetings
Mary Puttmann, MD, MS	Medical Student Georgetown University School of Medicine	March, 2010 – 2011	FPIN Faculty Mentor	FPIN Publication: Puttmann, M, Roett MA. What is the relative efficacy of H2 blockers and PPIs in treating patients with dyspepsia? *Evidence-Based Practice* 2011; 14(2):14.
Christina McDonald, MD, MS	Georgetown University School of Medicine	2009 – 2010	FPIN Faculty Mentor	FPIN Publication: McDonald C, Roett MA. Is statin therapy a safe and effective intervention for hyperlipidemia in patients with baseline elevated liver function tests or chronic liver disease? *Evidence-Based Practice* 2010: 13(10):13.
Billie Downing, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2009 – 2010	FPIN faculty mentor	FPIN Publication: Downing B, Roett MA. Banned Substances and Drug Testing: Anabolic Steroids. PEPID Primary Care Plus. Evanston, IL: PEPID. March, 2010. http://www.pepidonline.com
Sarah Fellers, DO	Georgetown University-Providence Hospital Family Medicine Residency Program	2008-2011	Advisor	Monthly meetings
Keisa Bennett, MD, Fellow	Georgetown University Primary Care Health Policy Fellowship	2008-2009	Mentor	1. FPIN faculty team 2. Roett MA, Lawrence D, Bennett K. Meconium Aspiration Syndrome. PEPID Primary Care Plus. Evanston, IL: PEPID.

Christina Schreiber, DO	Georgetown University-Providence Hospital Family Medicine Residency Program	2007-2009	Advisor, FPIN faculty mentor	1. Monthly meetings 2. Journal club presentation August, 2008: Does preoperative weight loss predict success following surgery for morbid obesity?
Daniel Harris, MD	Chief Resident, Georgetown University- Providence Hospital Family Medicine Residency	2007-2008	Advisor	1. Monthly meetings 2. 2008-2009 Chief Resident
Karen Kelly, MD Instructor, Boston University School of Medicine	Clinical Instructor, Boston University School of Medicine Former Chief Resident, Georgetown University-Providence Hospital Family Medicine Residency	2005-2010	Mentor	1. Roett MA, Bartleman A, Kelly K. Hot Topics in Women's Health: Preparing medical students for informed discussions on controversial issues (Abstract). Proceedings of the 43rd Annual Society of Teachers of Family Medicine; 2010 April 24-28; Vancouver, BC. 2. Roett MA, Kelly K, Bartleman A. Teaching Medical Students to Address Controversy In Women's Health. Poster presented at: STFM Predoc 2009. Proceedings of the 35th Annual Predoctoral Education Conference of the Society of Teachers of Family Medicine; 2009 January 22-25; Savannah, GA.
Alison Bartleman, MD	Assistant Professor, Georgetown University Department of Family Medicine, Medical Student Education Georgetown University-Providence Hospital Family Medicine Residency Program	2005-2010	Mentor	1. Roett MA, Bartleman A, Kelly K. Hot Topics in Women's Health: Preparing medical students for informed discussions on controversial issues (Abstract). Proceedings of the 43rd Annual Society of Teachers of Family Medicine; 2010 April 24-28; Vancouver, BC. 2. Roett MA, Kelly K, Bartleman A. Teaching Medical Students to Address Controversy In Women's Health. Poster presented at:

				STFM Predoc 2009. Proceedings of the 35th Annual Predoctoral Education Conference of the Society of Teachers of Family Medicine; 2009 January 22-25; Savannah, GA. 3. Faculty co-leader "Hot Topics in Women's Health," Spring, 2009 to present 4. Resident co-leader "Hot Topics in Women's Health," Spring, 2008
Michele Arthurs, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2008 – 2010	FPIN faculty mentor	1. Journal club presentation November, 2008: Group-based parent-training programs for improving emotional and behavioral adjustment in 0-3 year old children 2. Critically appraised topic: Time-out, when properly employed, may be a useful behavioral modification tool for pre-school aged children
Adejumoke Osuntogun, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2007-2010	Advisor, FPIN faculty mentor	1. Monthly meetings 2. Journal club presentation, January, 2009: Progesterone vaginal gel for the reduction of recurrent preterm birth: primary results from a randomized, double-blind, placebo-controlled trial 3. FPIN publication, Help Desk Answer: Osuntogun A, Roett MA. What is the value of measuring cervical length in pregnant patients with prior pre-term labor? *Evidence-Based Practice* (In progress).
Melissa Stoner, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2007-2009	Advisor, FPIN faculty mentor	1. Monthly meetings 2. Journal club presentation, February, 2009: Random Comparison of Guaiac and Immunochemical Fecal Occult Blood

				Tests for Colorectal Cancer in a Screening Population 3. Critically appraised topic: Fecal immunochemical tests have higher participation and detection rates than fecal occult blood tests.
Djinge Lindsay, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2007-2010	AAFP Chief Resident Coach, Advisor, FPIN faculty mentor	1. Chief Resident 2009-2010 2. AAFP 2009-2010 Resident Representative to the Board of Directors of the Association of Family Medicine Residency Directors 3. Commission on Public Health and Science, 2008-09 Board of Directors, American Academy of Family Physicians 4. FPIN Publication: Lindsay D, Roett MA. Performance Oriented Mobility Assessment in the Elderly. PEPID Primary Care Plus. Evanston, IL: PEPID
Kelechi Uduhiri, MD	Georgetown University-Providence Hospital Family Medicine Residency Program	2007 – present	Advisor, FPIN faculty mentor 2007-2009	1. Mayor MT, Roett MA, Uduhiri K. Gonorrhea. *American Family Physican* 2. Roett MA, Mayor MT, Uduhiri K. Genital Ulcers. *American Family Physician* 2012;85(3):254-262. 3. Roett MA, Mayor M, Uduhiri K. Patient Education Handout: Genital Ulcers: What causes them? *American Family Physician* 2012;85(3):269. 4. Uduhiri K, Wellbery C, Roett MA. Is membrane sweeping at term effective at reducing post-term inductions? *Evidence Based Practice* 2010; 13(4): 12.

6. Educational Scholarship

Presentations

Local

1. **Roett MA.** Intern Orientation 2016: Negotiating Clinical Agendas and Motivational Interviewing. Presented at Georgetown University School of Medicine, July 13, 2016; Washington, DC.
2. **Roett MA.** Intern Orientation 2016: Evidence-Based Medicine. Presented at Georgetown University School of Medicine, July 13, 2016; Washington, DC.
3. **Roett MA.** Intern Orientation 2015: How to Conduct an Office Visit: Time Management, Negotiating Clinical Agendas and Teaching Self-Management Skills. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 14, 2015; Colmar Manor, MD.
4. **Roett MA.** Intern Orientation 2015: Professionalism: Residency Policies and Procedures. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 1, 2015; Colmar Manor, MD.
5. **Roett MA.** Intern Orientation 2015: Workshops: Introduction to Electronic Medical Records. 5- session series presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6-16, 2015; Colmar Manor, MD.
6. **Roett MA.** Evidence Based Medicine I : Introduction to Journal Club. Presented at Providence Hospital, August 14, 2014; Washington, DC.
7. **Roett MA.** Intern Orientation 2014: Professionalism: Residency Policies and Procedures Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 1, 2014; Colmar Manor, MD.
8. **Roett MA.** Evidence Based Medicine I : Introduction to Journal Club. Presented at Providence Hospital, August 8, 2013; Washington, DC.
9. **Roett MA.** Intern Orientation 2013 : Medical Informatics : Introduction to Smartphones-medical applications. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 26, 2013; Colmar Manor, MD.
10. **Roett MA.** Intern Orientation 2013: Practice Management: Introduction to Billing and Coding. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 26, 2013; Colmar Manor, MD.

11. **Roett MA.** Intern Orientation 2013: How to Conduct an Office Visit: Time Management, Negotiating Clinical Agendas and Teaching Self-Management Skills. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 15, 2013; Colmar Manor, MD.
12. **Roett MA.** Intern Orientation 2013: Workshops: Introduction to Electronic Medical Records. 5- session series presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 2-15, 2013; Colmar Manor, MD.
13. **Roett MA.** Patient-Centered Medical Home: Building a Better Health Care Model. Presented at Providence Hospital, July 11, 2013; Washington, DC.
14. **Roett MA.** Intern Orientation 2012: Evidence Based Medicine Workshop. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 24, 2012; Colmar Manor, MD.
15. **Roett MA.** Intern Orientation 2011: Introduction to Diabetes. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2012; Colmar Manor, MD.
16. **Roett MA.** Intern Orientation 2012: Medical Informatics: Introduction to iPhones- medical applications. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 16, 2012; Colmar Manor, MD.
17. **Roett MA**. Intern Orientation 2012: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2012; Colmar Manor, MD.
18. **Roett MA.** Intern Orientation 2012: Introduction to Electronic Medical Records. 4-session series presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 3, 2012; Colmar Manor, MD.
19. **Roett MA.** Intern Orientation 2012: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 3, 2012; Colmar Manor, MD.
20. **Roett MA.** Evidence-Based Medicine I: FPIN Workshop. Presented at Georgetown University School of Medicine, September 15, 2011; Washington, DC.

21. **Roett MA.** Intern Orientation 2011: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 5, 2011; Colmar Manor, MD.
22. **Roett MA**. Intern Orientation 2011: Introduction to Quality Improvement. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 5, 2011; Colmar Manor, MD.
23. **Roett MA**. Intern Orientation 2011: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2011; Colmar Manor, MD.
24. **Roett MA.** E-prescribing Workshop. Presented at Georgetown University School of Medicine, July 7, 2011; Washington, DC.
25. **Roett MA**. Intern Orientation 2011: Medicare Wellness Visits. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 8, 2011; Colmar Manor, MD.
26. **Roett MA**. Intern Orientation 2011: Introduction to E-Prescribing. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 8, 2011; Colmar Manor, MD.
27. **Roett MA.** Intern Orientation 2011: Introduction to Community Medicine. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 19, 2011; Colmar Manor, MD.
28. **Roett MA.** Intern Orientation 2011: Introduction to PDAs: iPhone/iPod Touch. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 27, 2011; Colmar Manor, MD.
29. **Roett MA**. Evidence Based Medicine III: FPIN Workshop. Georgetown University-Providence Hospital Family Medicine Residency Program, Georgetown University Medical Center, June 2, 2011.
30. **Roett MA**. Evidence Based Medicine II: FPIN Workshop. Georgetown University-Providence Hospital Family Medicine Residency Program, Georgetown University Medical Center, February 3, 2011.

31. **Roett MA.** Intern Orientation 2010: Office Policies & Procedures. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 1, 2010; Colmar Manor, MD.
32. **Roett MA**. Intern Orientation 2010: Endometrial Biopsy Workshop. Presented at at Georgetown University-Providence Hospital Family Medicine Residency Program, July 26, 2011; Colmar Manor, MD.
33. **Roett MA.** Evidence-Based Medicine I: FPIN Workshop. Presented at Georgetown University School of Medicine, August 5, 2010; Washington, DC.
34. **Roett MA**. Intern Orientation 2010: Endometrial Biopsy Workshop. Presented at at Georgetown University-Providence Hospital Family Medicine Residency Program, July 26, 2010; Colmar Manor, MD.
35. Gillespie C, **Roett MA**. Intern Orientation 2010: Introduction to Labor & Delivery, External Fetal Monitoring and Perineal Laceration Repair. Presented at Providence Hospital, July 26, 2010; Washington, DC.
36. **Roett MA.** Intern Orientation 2010: Introduction to PDAs: iPhone/iPod Touch. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 22, 2010; Colmar Manor, MD.
37. **Roett MA.** Intern Orientation 2010: Evidence Based Medicine Workshop. Presented at Georgetown University School of Medicine, July 8, 2010; Washington, DC.
38. **Roett MA**. Intern Orientation 2010: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2010; Colmar Manor, MD.
39. **Roett MA.** Intern Orientation 2010: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2010; Colmar Manor, MD.
40. **Roett MA**. Intern Orientation 2010: Introduction to Quality Improvement. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 2, 2010; Colmar Manor, MD.
41. **Roett MA.** Intern Orientation 2010: Office Policies & Procedures. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 1, 2010; Colmar Manor, MD.

42. **Roett MA.** Intern Orientation 2009: Hypertension. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 13, 2009; Colmar Manor, MD.
43. **Roett MA.** Intern Orientation 2009: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 7, 2009; Colmar Manor, MD.
44. **Roett MA.** Intern Orientation 2009: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 7, 2009; Colmar Manor, MD.
45. **Roett MA.** Systemic Lupus Erythematosus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, September 10, 2009; Providence Hospital, Washington, DC.
46. **Roett MA.** Evidence-Based Medicine IV: FPIN Workshop. Georgetown University-Providence Hospital Family Medicine Residency Program, September 3, 2009; Georgetown University School of Medicine, Washington, DC.
47. **Roett MA.** Minority Health. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, August 20, 2009; Providence Hospital, Washington, DC.
48. **Roett MA.** Intern Orientation 2009: Introduction to Community Medicine. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 24, 2009; Colmar Manor, MD.
49. **Roett MA.** Intern Orientation 2009: Introduction to PDAs: IPod Touch. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 20, 2009; Colmar Manor, MD.
50. **Roett MA.** Intern Orientation 2009: Hypertension. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 13, 2009; Colmar Manor, MD.
51. **Roett MA.** Intern Orientation 2009: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 7, 2009; Colmar Manor, MD.

52. **Roett MA.** Intern Orientation 2009: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 7, 2009; Colmar Manor, MD.
53. **Roett MA.** Evidence-Based Medicine III: FPIN Workshop. Presented at Georgetown University Medical Center, April 2, 2009; Washington, DC
54. **Roett MA**. Evidence-Based Medicine: Preparing Medical Students to Chart a Course for Clinical Decision-Making. Presented at CIRCLE Grants: Overview and New Projects 2009, February 25; Georgetown University School of Medicine, Washington, DC.
55. **Roett MA.** Evidence-Based Medicine II: FPIN Workshop. Presented at Georgetown University Medical Center, December 4, 2008; Washington, DC.
56. **Roett MA.** Evidence-Based Medicine I: The Family Physicians Inquiries Network. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 31, 2008; Colmar Manor, MD.
57. **Roett MA.** Intern Orientation 2008: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 8, 2008; Colmar Manor, MD.
58. **Roett MA.** Intern Orientation 2008: Hypertension. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 8, 2008; Colmar Manor, MD.
59. **Roett MA.** Intern Orientation 2008: Introduction to Community Medicine. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program. July, 2008; Colmar Manor, MD.
60. **Roett MA.** Ovarian Cancer. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, February 21, 2008; Colmar Manor, MD.
61. **Roett MA.** Intern Orientation 2007: Introduction to Community Medicine. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program. July 16, 2007; Colmar Manor, MD.

Regional

1. **Roett MA.** Faculty Development Workshop: Teaching and Giving Feedback to Multiple Levels of Learners. To be presented at Prince George's Community Hospital Family Medicine Residency Program; October 3, 2015; Cheverly, MD.
2. **Roett MA,** Romeo L. FPIN: HelpDesk Answer/Evidence-Based Practice, Scholarly Activity Evidence-Based Medicine Workshop. Presented at Howard University Family Medicine Residency Program; December 14, 2011; Washington, DC.
3. **Roett MA.** Maternal Resuscitation. Presented at the Georgetown University-Providence Hospital Family Medicine Residency Program Advanced Life Support in Obstetrics Course 2007, May 30-31; Washington, DC.

National

1. **Roett MA**, Na'Allah R, Morris E, Kuznia A, Barreto T, Petersen J, Seymour C. Leadership Development for New Faculty in Family Medicine: Learn New Skills in Mentorship, Scholarly Activity, Research Development, Advocacy, Wellness, and Resilience. Presented at the 50th Annual Spring Conference of the Society of Teachers of Family Medicine; 2017 May 4-9; San Diego, CA.
2. **Roett MA**, Na'Allah R, Morris E, Kuznia A. Learning Faculty Development Skills: A Toolkit for New Faculty in Family Medicine. Presented at the 49th Annual Spring Conference of the Society of Teachers of Family Medicine; 2016 April 30 – May 4; Minneapolis, MN.
3. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at Wake Forest Family Medicine Residency Program; August 12, 2015; Wake Forest, NC.
4. **Roett MA**, Seymour C, Na'Allah R, Julka M, Kuznia A. Learning Faculty Development Skills in Mentorship, Coaching, Scholarly Activity and Interprofessional Teamwork: A Toolkit for New Faculty in Family Medicine. Presented at the 48th Annual Spring Conference of the Society of Teachers of Family Medicine; 2015 April 25-29; Orlando, FL.
5. **Roett MA**, Seymour C, Na'Allah R, Julka M, Bennett K. New Faculty in Family Medicine: Learning New Family Medicine Faculty Skills in Faculty Development, Mentorship, Academic Promotion and Interprofessional Teamwork. Presented at the 47th Annual Spring

Conference of the Society of Teachers of Family Medicine; 2014 May 3-7; San Antonio, TX.

6. Gallagher W, **Roett MA,** Coyne T. Building Stronger Leaders for Tomorrow's PCMH: An Approach to Developing Leadership Training for Residents. To be presented at the 47th Annual Spring Conference of the Society of Teachers of Family Medicine; 2014 May 3-7; San Antonio, TX.
7. **Roett MA**, Seymour C, Julka M, Bennett K, Dickerson K, Na'Allah R. New Faculty in Family Medicine: Learning New Skills in Faculty Development, Seeking Mentorship, and Academic Promotion. Presented at the 46th Annual Spring Conference of the Society of Teachers of Family Medicine; 2013 May 1-5; Baltimore, MD.
8. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at UMDNJ-RWJ Trenton Family Medicine Residency Program; January 25, 2013; Trenton, NJ.
9. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at Greenville Family Medicine Residency Program; November 12, 2012; Greenville, SC.
10. Julka M, Seymour C, Na'Allah R, Bennett K, Dickerson K, **Roett MA**. Welcoming New Faculty to Family Medicine! Presented at 45th Annual Spring Conference of the Society of Teachers of Family Medicine; 2012 April 25-29; Seattle, WA.
11. **Roett MA,** Wolff T, Romeo L**.** FPIN: EMedRef/PEPID Scholarly Activity Evidence-Based Medicine Writing Workshop. Presented at the Bronx Lebanon Family Medicine Residency Program; August 17, 2011; Bronx, NY.
12. Lyons C, Neyer J, **Roett MA**. FPIN Scholarship Implementation through Publication: Guide for Faculty & Directors. Presented at the 43rd Annual AAFP Workshop for Directors of Family Medicine Residencies; 2011 June 12-14; Kansas City, MO.
13. **Roett MA.** Learning by Teaching: A Family Medicine Resident Initiative to Teach a Medical Student Correctional Health Care Small Group Curriculum. Poster Presented at the 43rd Annual AAFP Workshop for Directors of Family Medicine Residencies; 2011 June 12-14; Kansas City, MO.

14. **Roett MA,** Romeo L**.** FPIN: EMedRef/PEPID Scholarly Activity Evidence-Based Medicine Writing Workshop. Presented at the West Virginia University Family Medicine Residency Program; June, 2010; Morgantown, WV.
15. **Roett MA.** Establishing a Longitudinal Residency Curriculum in Evidence-Based Medicine using the Family Physicians Inquiries Network. Poster Presented at Program Directors Workshop of the Association of Family Medicine Residency Directors; 2010 June 5-8; Kansas City, MO.
16. **Roett MA,** Bartleman A, Kelly K. Hot Topics in Women's Health: Preparing Medical Students for Informed Discussions on Controversial Issues. Presented at the 43rd Annual Spring Conference of the Society of Teachers of Family Medicine; 2010 April 24-28; Vancouver, British Columbia.
17. **Roett MA,** Lawrence D. Evidence-based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making. Presented at the 42nd Annual Spring Conference of the Society of Teachers of Family Medicine; 2009 April 29-May 3; Denver, CO.
18. Cadwaller K, **Roett MA.** FPIN: EMedRef Writing Workshop. Presented at the Denver Convention Center; May 2, 2009; Denver, CO.
19. **Roett MA,** Wessel L. Diabetes HEALTH MATTERS: Diabetes Health Education, Adapted Literacy Training, Healthcare Materials and Electronic Resources. Presented at the US Department of Health & Human Services, Office of Minority Health Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health 2009 February 25-27; National Harbor, MD.
20. **Roett MA,** Kelly K, Bartleman A. Teaching Medical Students to Address Controversy In Women's Health. Poster presented at: STFM Predoc 2009. Poster presented at the 35th Annual Predoctoral Education Conference of the Society of Teachers of Family Medicine; 2009 January 22-25; Savannah, GA.
21. **Roett MA**. Systemic Lupus Erythematosus: Update on Diagnosis and Treatment. Presented at the DeWitt Army Community Hospital ABFM Board Review Capitol Conference; 2008 June; Springfield, VA.

22. **Roett MA**. IN STRIDE: Innovation in Student Teaching and Resident Instruction in Diabetes Education. Poster presented at the Annual Spring Conference of the Society of Teachers of Family Medicine; 2007 April 26-30; Chicago, IL.

Publications

Peer-Reviewed

1. Robinson DR, Turner JW, Morris E, **Roett M**, Liao Y. What Residents Say about Communicating with Patients: A Preliminary Examination of Doctor-to-Doctor Interactions. *Health Communication* 2016; 31 (11): 1405-1411.
2. **Roett MA**. Ovarian Cancer. In Bope & Kellerman, Conn's Current Therapy. Philadelphia, PA: Saunders 2016.
3. Hill-Daniel J, **Roett MA**. Genital Cancers in Women: Vulvar Cancer. *FP Essentials* 2015; 438:31-43.
4. Kuznia A, **Roett MA**. Genital Cancers in Women: Ovarian Cancer. *FP Essentials* 2015; 438:24-30.
5. Morris E, **Roett MA**. Genital Cancers in Women: Cervical Cancer. *FP Essentials* 2015; 438:18-23.
6. **Roett MA**. Genital Cancers in Women: Uterine Cancer. *FP Essentials* 2015; 438:11-17.
7. **Roett MA**, Coleman MT. Practice Improvement, Part II: Collaborative Practice and Team-Based Care. *FP Essentials* 2013; 414:11-18.
8. **Roett MA**, Coleman MT. Practice Improvement, Part II: Health Literacy. *FP Essentials* 2013; 414:19-24.
9. **Roett MA**, Coleman MT. Practice Improvement, Part II: Update on patient communication technologies. *FP Essentials* 2013; 414:25-31.
10. Coleman MT, **Roett MA**. Practice Improvement, Part II: Trends in employment versus private practice. *FP Essentials* 2013; 414:32-40.
11. Mayor MT, **Roett MA**, Uduhiri K. Gonorrhea. *American Family Physician* 2012; 86(10):931-938.
12. **Roett MA**, Liegl S, Jabbarpour Y. Diabetic Nephropathy: The family physician's role. *American Family Physician* 2012; 85(9):883-889.

13. **Roett MA**, Mayor MT, Uduhiri K. Diagnosis and Management of Genital Ulcers. *American Family Physician* 2012;85(3):254-262.
14. **Roett MA**, Wessel L. Help your patient "get" what you just said: A health literacy guide. *Journal of Family Practice* 2012; 61(4): 190-196.
15. Jabbarpour Y, **Roett MA**. Does aggressive glycemic control in diabetic patients with established microvascular disease help prevent progression of kidney disease? *Evidence Based Practice* 2012; 15(5): 1-2.
16. Jones A, **Roett MA.** Obesity in Childhood. PEPID Primary Care Plus. Evanston, IL: PEPID. November, 2011. http://www.pepidonline.com.
17. **Roett MA**, Lawrence D, Bennett K. Meconium Aspiration Syndrome. PEPID Primary Care Plus. Evanston, IL: PEPID. November, 2011. http://www.pepidonline.com.
18. **Roett MA**, Gillespie C. Asthma. Chapter 53 In: Essentials of Family Medicine Sixth Edition. Sloane PD, Slatt LM, Ebell MH, Viera A Eds . Philadelphia, PA: Lippincott Williams & Wilkins 2011:607-624.
19. **Roett MA.** Pelvic Organ Prolapse. *The Core Content Review of Family Medicine* 2011; 42(3): 72-73.
20. Puttmann M, **Roett MA**. What is the relative efficacy of H2 blockers and PPIs in treating patients with dyspepsia? *Evidence-Based Practice* 2011; 14(2):14.
21. McDonald C, **Roett MA**. Is statin therapy a safe and effective intervention for hyperlipidemia in patients with baseline elevated liver function tests or chronic liver disease? *Evidence-Based Practice* 2010; 13(10):13.
22. Downing B, **Roett MA**. Banned Substances and Drug Testing: Anabolic Steroids. PEPID Primary Care Plus. Evanston, IL: PEPID. March, 2010. http://www.pepidonline.com.
23. Uduhiri K, Wellbery C, **Roett MA.** Is membrane sweeping at term effective at decreasing post-dates inductions? *Evidence-Based Practice* 2010; 13(4): 12.
24. Lindsay D, **Roett MA**. Performance-Oriented Mobility Assessment in the Elderly. PEPID Primary Care Plus. Evanston, IL: PEPID. December, 2010. http://www.pepidonline.com.
25. **Roett MA**, Evans P. Ovarian Cancer: An overview. *American Family Physician* 2009;80 (6):609-616. [Appendix D]

Non-Peer-Reviewed

1. Mayor MT, **Roett MA**, Uduhiri K. Information From Your Family Doctor: Gonorrhea. *American Family Physician* 2012;86(10): online. Available at http://www.aafp.org/afp/2012/1115/p931-s1.html.
2. **Roett MA,** Mayor M, Uduhiri K. Patient Education Handout: Genital Ulcers: What causes them? *American Family Physician* 2012;85(3):269.
3. **Roett MA,** Evans P. Patient Education Handout: Ovarian Cancer. *American Family Physician* 2009; 80 (6) 609S1. Available from http://www.aafp.org/afp/20090915/609-s1.html.
4. Wessel L, **Roett MA**, Leal S. Blood Sugar Too High or Too Low. Fort Lauderdale, FL: Home Diagnostics, Inc. (In Press).
5. Wessel L, **Roett MA**, Leal S. Can I get Diabetes? Fort Lauderdale, FL: Home Diagnostics, Inc. (In Press).
6. **Roett MA.** IN STRIDE: Innovation in Student Teaching and Resident Instruction in Diabetes Education. *Family Medicine Digital Resources Library*; 2008. Available from http://www.fmdrl.org/1993
7. Wessel L, **Roett MA**, Leal S (2008). Understanding Pills You Take for Your Diabetes. Fort Lauderdale, FL: Home Diagnostics, Inc.
8. Wessel L, **Roett MA**, Leal S (2008). Checking the Sugar in Your Blood if You Have Diabetes. Fort Lauderdale, FL: Home Diagnostics, Inc.
9. Wessel L, **Roett MA**, Leal S (2008). Healthy Eating and Diabetes. Fort Lauderdale, FL: Home Diagnostics, Inc.
10. Wessel L, **Roett MA**, Leal S (2008). Diabetes and a More Active Lifestyle. Fort Lauderdale, FL: Home Diagnostics, Inc.
11. Proser M, **Roett M** (2007). Pay for Performance and Principles that Health Centers Should Abide By. Washington, DC: National Association of Community Health Centers.
12. **Roett M**. 2006-2007 Community Health Center Director Development Fellowship. *Association of Clinicians for the Underserved: Clinician and Community*. Summer 2007: 2-3.
13. **Roett M**. Pay-for-Performance. *Association of Clinicians for the Underserved: Clinician and Community* Winter 2007: 3.

7. Grants & Research

Funded Research Projects

US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Training in Primary Care, Medicine and Dentistry: $2,550,000 awarded July, 2016 to June, 2021.

Principal Investigator: Roett, MA

Integrating Behavioral Health and Primary Care for Underserved Patients in the Patient Centered Medical Home.

US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Training in Primary Care, Medicine and Dentistry: $1,100,000 September, 2011 to August, 2016.

Principal Investigator: Roett, MA

Meeting the Needs of the Underserved: An Innovative Communication Curriculum using Interprofessional Group Visits and Video-feedback to Improve Clinical Outcomes.

American Academy of Family Physicians

National Research Network Award $3,000: July 1, 2013 to June 30, 2014

Principal Investigator: Roett MA

One of 12 nation-wide practices participating in a research project on effective implementation of the Health Literacy Universal Precautions Toolkit

American Academy of Family Physicians Foundation

2013 Pfizer Immunization Award $6,000: May 1, 2013 to June 30, 2014

Principal Investigator: Roett MA (1% FTE)

System Implementation Award Program at Fort Lincoln Family Medicine Center. Project objectives include: 1) increase adult immunization compliance rates to national standards; and 2) decrease missed opportunities for immunizations.

American Academy of Family Physicians Foundation

2011 Pfizer Immunization Award $11,000: May 1, 2011 to June 30, 2012

Principal Investigator: Roett MA (1% FTE)

System Implementation Award Program at Fort Lincoln Family Medicine Center. Project objectives include: 1) increase pediatric immunization compliance rates to national standards; 2) decrease missed opportunities for immunizations; and 3) decrease the no-show rate for routine pediatric appointments.

Georgetown University School of Medicine

CIRCLE (Curricular Innovation, Research, and Creativity in Learning Environment) grant $25,000: July 1, 2009 to June 30, 2010.

Principle Investigator: Roett MA (10% FTE)

Evidence-Based Medicine: Preparing Medical Students to Chart a Course for Clinical Decision-Making: provide experiences for medical students to: 1) work with clinical faculty on evidence-based exercises; 2) apply evidence-based medicine to clinical decision-making; and 3) use their knowledge and skills to facilitate completion of graduation research requirements, through evidence review. This project extends and expands the 2007-2009 program by beginning a fourth year medical student elective, and a third year family medicine resident elective.

US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Training in Primary Care, Medicine and Dentistry: $671, 380; awarded July, 2008 to June, 2011. HRSA Award

Principal Investigator: **Evans, P**

Grant awarded to the Georgetown University-Providence Hospital Family Medicine Residency program for curricular program development focusing on improving the quality of care provided to at-risk patients. This three-year curriculum focused on patients with developmental disabilities, correctional health care, the implementation and use of electronic medical records, and the application of cultural competence to quality improvement in the featured patient populations. Project Director – Correctional Health Care curriculum, 10% FTE

American Academy of Family Physicians Foundation

Health Literacy State Grant Awards Program $10,000: August, 2008 to July, 2009.

Principal Investigator: Roett MA (5% FTE)

Health Literacy and Chronic Diseases: Bridging the Gap in Diabetes Management.

The goals of this project are to achieve quality improvement in clinical diabetes care by educating clinicians on the impact of health literacy on disease management. This project will achieve educational goals by implementing: 1) a continuing medical education (CME) diabetes and health literacy event for clinicians introducing feasible health literacy assessment methods and algorithms for diabetes case management; 2) a workshop on diabetes and health literacy for clinicians, family medicine residents and medical students; 3) a health literacy webcast; and 4) the presentation of a health literacy curriculum at a national conference demonstrating teaching strategies for medical students, family medicine residents and the diabetes care management team. This project will culminate in a downloadable toolkit for office-based implementation, teaching tools for residents and medical students, and continuous updates on new health literacy products available.

Georgetown University School of Medicine

CIRCLE (Curricular Innovation, Research, and Creativity in Learning Environment) grant $25,000: July 1, 2007 to June 30, 2009.

Principle Investigator: Roett MA (Appendix A) (10% FTE)

Evidence-Based Medicine: Preparing Medical Students to Chart a Course for Clinical Decision-Making: provide experiences for medical students to: 1) work with clinical faculty on evidence-based exercises; 2) apply evidence-based medicine to clinical decision-making; and 3) use their knowledge and skills to facilitate completion of graduation research requirements, through evidence review.

STAIR (Student Teaching And Innovation by Residents and Fellows) grant $25,000: January 1, 2007 to present.

Principal Investigator: Roett MA (10% FTE)

IN STRIDE: Innovation in Student Teaching and Resident Instruction in Diabetes Education: A curricular program in diabetes management to prepare medical students to teach self-management skills to diabetic patients, and to consider how health literacy and other psychosocial factors contribute to chronic disease management. The project will also prepare family medicine residents to institute continuous quality improvement programs in

their future clinical settings and to face the challenges of collecting performance measures in resource-limited settings.

Research Project (unfunded)

Georgetown University School of Medicine, 2009 to 2012

Teaching Medical Students to Address Controversy in Women's Health

Principal Investigator: Roett MA (5% FTE)

Co-investigators: Bartleman A, Kelly K, Toman R

To prepare for unique doctor-patient communication challenges in primary care, students were introduced to clinical evidence appraisal and addressing psychosocial, political and cultural viewpoints using learner-centered teaching methods. Students were encouraged to: 1) research clinical evidence for informed doctor-patient discussions; 2) sample multimedia resources to access psychosocial, political and cultural perspectives; and 3) discuss topics associated with conflicting evidence or public controversy. Weekly sessions featured topics including: prescribing hormone replacement therapy; screening for ovarian cancer; and mandating Human Papillomavirus vaccines for children. Paired students collaborated to present opposing viewpoints; peer evaluations were compared to instructor assessments; and pre- and post-participation questionnaires were compared to non-participating students.

8. Memberships and Service

Memberships

Association of Departments of Family Medicine: 2016 to present

Society of Teachers of Family Medicine: 2007 to present

American Academy of Family Physicians: 1999 to present.

American Medical Association: 1999 to 2007.

American Medical Women's Association: 1999 to 2003.

Public Service

Chair, Providence Health Services Quality and Safety Committee, Providence Hospital, Washington, DC, July, 2013 to December, 2015.

Family Physicians Inquiries Network, Board of Directors 2012 to present

ePAC Member (Electronic Medical Record Physician Advisory Council), Providence Hospital, Washington, DC, 2012 to 2015.

Chair, Department of Family Medicine, Providence Hospital, Washington, DC July, 2011 to December, 2013. Family Medicine Representative to Medical Staff Executive Committee, Clinical Excellence Committee, Department Chairs Committee, OPPE and FPPE for department members.

Chair, Peer Review Committee, Department of Family Medicine, Providence Hospital, Washington, DC, July, 2011 to December, 2013. Peer review of inpatient family medicine clinical cases for OPPE, FPPE.

Honorary Advisory Panel Member, Journal of Family Practice, Family Medicine Education Consortium, June 2009 to present

Senior Editor, PEPID Primary Care Plus, April, 2009 to 2013.

Provide author instructions, teach sound practices for searching and writing evidence-based manuscripts, provide constructive feedback, review content for readability, accuracy and practical utility at the point of care, guide author in revisions until the topic meets FPIN and PEPID standards.

Peer reviewer, Journal of the American Board of Family Medicine, 2012 to present

Peer reviewer, Journal of Family Practice, 2012 to present

Peer reviewer, Evidence Based Practice, 2009 to present

Peer reviewer, American Journal of Preventive Medicine, 2008 to present

Peer-reviewer, Journal of Health Care for the Poor and Underserved, November, 2008 to present

Quality Improvement Committee Chair, Resident Coach

Fort Lincoln Family Medicine Center, July 1, 2010 to present. Interprofessional resident-lead team focused on quality improvement projects such as improvements in childhood immunizations, developing automated phone call messaging for patient reminders, referral protocol and tracking.

Community Outreach Committee Chair

Fort Lincoln Family Medicine Center, September 1, 2007 to June, 2010. Committee focused on community involvement including holiday donations for underserved community organizations and local health fairs. Recent health fair booths have occurred at Fort Lincoln Family Medicine Center's 30th anniversary celebration November, 2008; the 12th Annual Port Towns Day, September, 2008; American Heart Association community fair, Southeast Washington, DC, September, 2008.

Utilization Management Committee, Providence Hospital

Family Medicine Dept representative September 1, 2007 to 2009

District of Columbia Academy of Family Physicians (DCAFP)

Board of Directors, Past-President, November, 2012 to present

President, November, 2010 to 2012

Delegate to AAFP Congress of Delegates, November, 2009 to present

Treasurer, Alternate Delegate to AAFP Congress of Delegates, 2007 to 2009.

Resident Representative, 2003 to 2004: monthly meetings including DCAFP administrative meetings, setting community objectives, and project planning seminars; DC delegate to AAFP National Conference for Residents and Medical Students in Kansas City, MO, 2004.

Institutional Review Board, Providence Hospital

Resident representative July 1, 2004 to June 30, 2006.

Tar Wars Resident Coordinator: July 1, 2004 to June 30, 2005.

American Academy of Family Physicians Tar Wars program: tobacco education and prevention program aimed at decreasing tobacco use among children in the Washington, DC Metropolitan Area.

University Service

Georgetown University-Providence Hospital Family Medicine Residency Program Patient-Centered Medical Home Implementation Director November, 2012 to present.

Leadership in PCMH initiatives, practice, provider and team scorecard development, resident and staff training in team-based care, referral, lab and imaging tracking, care plan development.

Georgetown University-Providence Hospital Family Medicine Residency Program

Electronic Medical Record Implementation Director, Superuser Committee Chair, **Physician and Staff Trainer** September, 2011 to present. Leadership in EMR implementation, template development, physician and staff training, superuser support, Meaningful Use and PCMH training linked to EMR processes.

Georgetown University-Providence Hospital Family Medicine Residency Program

Course Director, Advanced Life Support in Obstetrics, April, 2008 to 2011: ALSO Provider course targeting area maternity care providers and residents

Director, Georgetown Family Physicians Inquiries Network Project: July, 2007 to present

Director, Resident Education: June, 2005 to July, 2006

Community Outreach Committee: July, 2003 to July, 2006, Resident Chair 2005-2006

Resident Education Committee: June, 2004 to July, 2006

Georgetown University Alumni Admissions Program, 2007 to 2008

Admissions Committee Interviewer, undergraduate candidates

9. Continuing Education

Faculty Development

Date	Workshop/Faculty Development Activity	Description
July 9 to July 13, 2014	Certified Physician Executive Program, Certifying Commission on Medical Management for the American Association of Physician Leadership (formerly American College of Physician Executives)	A Certified Physician Executive is a licensed MD or DO with one year of leadership experience, 150 hours of tested management education or a graduate management degree and is board certified in a clinical specialty with three years' experience after residency and fellowship. CPE candidates must pass the three-and-a-half day Certifying Commission in Medical Management Certification Program.
August, 2012 to present	National Committee on Quality Assurance Patient-Centered Medical Home Content Expert Certification program	Attended NCQA conferences "Facilitation Patient Centered Medical Home Certification" and "Advanced Topics in PCMH: Mastering NCQA's Medical Home Recognition," passed CEC Examination CEC certification from 3/2013 to 3/2016
October, 2012	eClinicalWorks Users Conference	• PCMH documentation and reporting, Meaningful Use
May, 2011	American Academy of Family Physicians Annual Leadership Forum/National Conference of Special Constituencies, Kansas City, MO	• Network and exchange ideas with fellow Chapters and AAFP leaders. • Share best practices and learn from your peers. • Develop your leadership skills. • Chart the course for your Chapter.
October, 2010	Fellow of the American Academy of Family Physicians. Conferred at Scientific Assembly, October 2, 2010, Denver, CO.	The AAFP Degree of Fellow was established in 1971 by the AAFP Congress of Delegates to recognize AAFP members who have distinguished themselves among their colleagues and in their communities, by their service to family medicine, the advancement of health care to the American people and professional development through medical education and research.
May, 2010	American Academy of Family Physicians Annual Leadership Forum/National Conference of Special Constituencies, Kansas City, MO	• Network and exchange ideas with fellow Chapters and AAFP leaders. • Share best practices and learn from your peers. • Develop your leadership skills. • Chart the course for your Chapter.
October, 2009 to June, 2010	National Institute for Program Director Development I Fellowship, Program Directors Workshop, Association of Family	The National Institute for Program Director Development was designed for new directors, directors of developing programs, and physicians planning to assume the role of program director. This program provides a

	Medicine Residency Directors, June, 2010, Kansas City, MO. National Institute for Program Director Development I Fellowship, Residency Program Solutions, Association of Family Medicine Residency Directors, March, 2010, Kansas City, MO. National Institute for Program Director Development I Fellowship, AFMRD, October, 2009, San Antonio, TX	comprehensive education in the knowledge, skills, attitudes, and attributes needed by successful residency program directors including: roles and responsibilities; organizational leadership; curriculum and faculty development; introduction to finances; negotiation skills; and management skills for program directors
April, 2009	Leadership- A Question of Alignment. Society of Teachers of Family Medicine Annual Spring Conference, Denver, CO	Faculty development workshop on improving leadership skills, providing mentorship and becoming a positive institutional advocate
January, 2009	Developing Educational Scholarship and Building an Educator's Portfolio, Society of Teachers of Family Medicine Predoctoral Conference, Savannah, GA	Faculty development workshop on opportunities for educational scholarship, planning and implementation of team projects
December 4, 2008	Blackboard, Part III – Assessment Office of Faculty Affairs, Faculty and Curriculum Support Center, Dahlgren Memorial Library, Georgetown University School of Medicine	Creation and deployment of quizzes and surveys for students to complete online, management and analysis of grades.
September 14 to 17, 2008	Donald W. Reynolds Faculty Development Mini-Fellowship, Johns Hopkins Medical Institutions, Baltimore, MD	Faculty development mini-fellowship and mentorship program in Geriatric Medicine
July 13 to 15, 2008	Early Career Women Faculty Professional Development Seminar, Association of American Medical Colleges, Washington, DC	Seminar objectives are to: • Assist participants in creating an agenda for working toward professional development goals and provide insight into the realities of building a career in academic medicine • Help participants to expand their network of colleagues and role models and to bring new energy to their networking • Assist participants in identifying the skill areas on which they most need to work and give them a start in developing them.

April, 2008	Society of Teachers of Family Medicine Workshop I: Teaching and Learning Skills, Baltimore, MD	Workshop objectives: • To acquire basic knowledge and entry-level skills in presentation and instructional design
October, 2007	Procedures in Women's Health, American Academy of Family Physicians Scientific Assembly, Chicago, IL	Clinical procedures workshop. Objectives: • Practice techniques for the insertion and removal of intrauterine devices, diaphragms, pessaries and subdermal implants, and management of Bartholin gland cysts, breast cyst aspiration and biopsy, and techniques for performing an endometrial biopsy • Practice techniques for office aspiration of breast cysts • Examine the indications, contraindications, and complications of each procedure • Review the billing and coding for each procedure, patient education, and consent forms
May, 2007	American Academy of Family Physicians Annual Leadership Forum/National Conference of Special Constituencies, Kansas City, MO	• Network and exchange ideas with fellow Chapters and AAFP leaders. • Share best practices and learn from your peers. • Develop your leadership skills. • Chart the course for your Chapter.
April, 2007	Workshop VII: Educational Scholarship, Society of Teachers of Family Medicine, Chicago, IL	Faculty development workshop to help identify products emerging from daily work as educators to make public and seek peer review consistent with the principles of scholarship. Available electronic resources for re-crafting scholarly work so that others can access, review, and use.
March 16-21, 2007	National Association of Community Health Centers (NACHC) Policy & Issues Conference, Washington, DC	Working in tandem with State and Regional Primary Care Associations, NACHC: • Promotes the mission and accomplishments of health centers, secures support and resources to protect and strengthen health centers and expand health care access to communities in need. • Continuously monitors the changing health care environment • Provides in-depth analysis of the key legislative and regulatory issues affecting health centers and the delivery of health care to the nation's medically underserved and uninsured. • Educates policymakers, regulators, academia, corporate America and the public about the critical role America's Health Centers play in the nation's health care system and on issues that impact health centers.
March 17, 2007	National Association of Community Health Centers New Medical Director Training Workshop	

		• Unites all community health advocates through a strong voice to ensure health care access for all Americans.
Feb 12-14, 2007	American Medical Association (AMA) National Advocacy Conference, Washington, DC	Faculty development conference focused on teaching participants to advocate on behalf of patients, the medical profession and for the future of health care.
Feb 11-12, 2007	AMA Foundation Leadership Award program, Washington, DC	The AMA Foundation leadership awards are presented annually to 15 medical students, 10 residents/fellows and 5 early-career physicians in recognition of strong, nonclinical leadership skills in advocacy, community service, public health and/or education
December 6, 2006	Proposal Writing Seminar, The Foundation Center, Washington, DC	Grant-writing workshop
July 19-23, 2006	AAFP Family Centered Maternity Care Course, Providence, RI	This program provides evidence-based education in the knowledge, training and skills of pregnancy and the birth process, with an eye toward the unique continuity of care provided by the family physician
July 18, 2006	Advanced Life Support in Obstetrics Instructor Course Providence, RI	Course dedicated to train ALSO instructors to teach in ALSO provider courses
November, 2006	Articulating Instructional Goals	Center for New Designs in Learning and Scholarship (CNDLS), Georgetown University Medical Center faculty development workshops
November, 2006	Effective Lecturing	

10. Teaching Honors and Awards

Program Director Excellence Award from the Georgetown University-Providence Hospital Family Medicine Residency Program for excellence in program development and management, June 2016.

Teaching Excellence Award from the Georgetown University-Providence Hospital Family Medicine Residency Program for teaching excellence as an inpatient attending physician, June, 2011.

Donald W. Reynolds Scholar, Johns Hopkins Medical Institutions, a faculty development mini-fellowship, and mentorship program in Geriatric Medicine, September, 2008

John Eisenberg Memorial Career Development Award from Georgetown Women in Medicine, an organization dedication to professional advancement of women in academic medicine at Georgetown University Medical Center, 2008. Scholarship awarded to attend the annual Association of American Medical Colleges Early Career Women Faculty conference representing Georgetown University Medical Center, July, 2008

New Faculty Scholar Award from the Society of Teachers of Family Medicine for faculty development, February, 2008

Teaching Excellence Award from the Georgetown University-Providence Hospital Family Medicine Residency Program for teaching excellence as an inpatient attending physician, June, 2007

Teaching Excellence Award from the Georgetown University School of Medicine for excellence in teaching medical students in the academic year 2006 to 2007

American Medical Association Foundation Leadership Award for excellence in medicine, February, 2007

Society of Teachers of Family Medicine Resident Teacher Award June, 2006

American Academy of Family Physicians Bristol-Myers-Squibb Award for excellence in

graduate medical education**,** September 2005

11. Appendices

Appendix A

Establishing a Longitudinal Residency Curriculum in Evidence-Based Medicine using the Family Physicians Inquiries Network

Abstract

While critical evidence appraisal and clinical applications are core competencies for graduate medical education, participation in formally structured programming in evidence-based medicine (EBM) is uncommon. While more than 100 residency programs are members of the Family Physicians Inquiries Network (FPIN), time contraints represent a tremendous hindrance to: producing a significant volume of FPIN publications, assessing the efficacy of FPIN participation for improving EBM knowledge and skills, and increasing the number of FPIN particating residents, students and faculty. Quickly acquiring and applying clinical decision-making skills using evidence-based medicine and producing publication-ready outcomes are particularly challenging for family medicine residents. Writing critically appraised topics and secondary appraisal reviews help residents to recognize relevant contributing factors to everyday clinical scenarios. To support educational scholarship for junior faculty and residents, an FPIN faculty team was established with mentoring and evaluative guidelines, providing infrastructure for a sustainable FPIN project. After successfully implementing required FPIN participation and publishing for second year residents presenting monthly journal club clinical questions using the skills of a mentoring FPIN faculty team, longitudinal goals for interns and graduating seniors were developed to further prepare residents for clinical practice. Residents work with FPIN faculty to: 1) critically appraise clinical topics during journal club; 2) publish secondary appraisal resources; and 3) continuously reassess EBM knowledge and skills with a 360 degree evaluative process. Additional measurable outcomes include institutional FPIN product volume and publication rates, time to publication, number of participating faculty, and expansion of the program to include fourth year medical students.

Introduction

Evidence-based practice is defined by Haynes, Devereaux and Guyatt as clinical decision-making combining consideration of clinical circumstances, research evidence and patients' values (Haynes, 2001). Residents and medical students with appropriate evidence-based medicine (EBM) knowledge, attitudes and skills will make valuable contributions to their residency clinical teams. Reflecting on past teaching challenges could continuously refine future endeavors (Pinsky & Irby, 1997). Possible areas where EBM teaching often fails include: the emphasis on how to do research over how to use it; teaching time exceeding students' attention; and detachment between evidence, clinical skills and learning needs surrounding specific patient cases (Straus et al, 2005). Physicians are faced with multiple electronic media with often pre-appraised secondary sources of information (Haynes, 2001). EBM teaching efforts incorporating clinical scenarios, critical appraisal of evidence, and its application to clinical scenarios can prepare family medicine residents and medical students to appropriately use secondarily appraised information and effectively apply it to clinical decision-making.

Improvement in residents' EBM skills and behaviors could be achieved through evidence-based curricula based on adult learning theory incorporating targeted tutorials, representative or actual clinical encounters and specific acquired techniques for faculty teaching EBM (Green, 1997). Kim and colleagues (2008) demonstrated in a randomized controlled trial that EBM knowledge and use of information resources could be significantly improved by introducing a curriculum focused on the use of evidence-based resources and critical appraisal skills. The Family Physicians Inquiries Network (FPIN) provides just such a standardized opportunity for EBM teaching. FPIN is an international academic consortium including approximately 129 family medicine departments and residency programs and 59 medical librarians. FPIN provides structured participation for faculty development, facilitation of research, and access to information resources. Faculty development opportunities include teaching and learning critical appraisal skills, and participation as authors, peer reviewers and editors of FPIN products such as Clinical Inquiries, Help Desk Answers (HDAs) and clinical topics for PEPID Primary Care Plus (PCP). Clinical Inquiries (CIs) are published in the journal *American Family Physician* and the *Journal of Family Practice*. HDAs are published in *Evidence-Based Practice*. Both HDAs and CIs are also published by PEPID PCP as point-of-care PDA and online topic evidence updates. FPIN peer-

reviewed published products include secondary evidence appraisals, EBM links with Strength of Recommendation Taxonomy (Ebell et al, 2004) classification and delineation of the levels of evidence employed. PEPID PCP also includes links to applicable US Preventive Services Task Force recommendations and patient education resources. Residency Accreditation Council for Graduate Medical Education (ACGME) competencies can be fulfilled in patient care, systems-based practice and practice-based learning and improvement by participating in FPIN programs under faculty supervision.

Residents using PDAs with access to information resources such as Essential Evidence demonstrate increased EBM knowledge testing scores (Grad et al, 2005). PDA and online access to PEPID PCP through faculty FPIN participation provides an unbiased point-of-care secondary appraisal resource to complement existing electronic resources available to residents and medical students. To formally demonstrate EBM knowledge gains, Strauss and colleagues suggest a teaching program surrounding generating Critically Appraised Topics (CATs).**Error! Bookmark not defined.** A CAT is defined as "a structured, one-page summary of the results of an evidence-based learning effort, in which a patient's illness stimulates a learner's question, for which the learner finds evidence, appraises the evidence, and decides whether and how to use that evidence in the care of the patient" (Suave et al, 1995). CATs (illustrated in Appendices A.I and A.II) are not necessarily systematic reviews, depending on the appraiser and the resources used, but facilitate clinical decision-making, a skill often difficult to teach. The EBM textbook provided to residents and students includes a CD with CATMaker software to record appraisals and contribute to an online CAT database.**Error! Bookmark not defined.** Several residency programs and medical centers have successfully implemented CAT databases or variants of EBM curricula using CATs, such as having an "EBM intern" or "EBM resident" on inpatient rotations resulting in increased evidence-based teaching and practice by clinical faculty, and increased EBM application by residents to clinical patient care (Thom et al, 2004).

In a systematic review, existing instruments were evaluated for the assessment of several domains of evidence-based practice including EBM knowledge, skills, attitudes, behaviors and feasibility (Shaneyfelt et al, 2005). The review suggested that continuous research models are necessary to evaluate attitudes and newly evolving skills, but sufficient validity exists for other domains. The "Fresno Test" evaluated in this review

(Ramos, Schafer & Tracz, 2003), and a questionnaire developed for third year medical students (Webershock et al, 2005) showed promising content, internal consistency, discriminative validity and inter-rater reliability. The Fresno test (Appendix B) may evaluate EBM knowledge gains.

While computer-based modules have been evaluated for efficacy in measuring EBM skills, no established comprehensive educational programs are represented in the current literature that combine structured faculty EBM teaching initiatives, PDA and online EBM teaching and appraisal, computer-based teaching and evaluative tools, and continuous feedback for improvement of EBM knowledge, skills, attitudes and behaviors (Frohna et al, 2006).

Objectives

To enhance the EBM curriculum for medical students and residents, instructional goals for the Georgetown FPIN Project include: 1) preparing medical students and residents to critically evaluate evidence and apply EBM to clinical scenarios; 2) introducing regular workshops and self-study programs for continuous improvement of EBM knowledge; 3) teaching medical students and residents essential elements of reliable secondary evidence appraisal resources to contribute to timely clinical decision-making using PDA point of care tools. Creating evaluative tools to assess progress will also be featured. Specific objectives are as follows:

1. To provide a fourth year elective opportunity for medical students to shadow the Georgetown FPIN Project director, Senior Editors for PEPID Primary Care Plus, and the Georgetown FPIN faculty team. By the end of the elective month fourth year medical students will be able to:
    - Describe the process of systematic review of clinical evidence.
    - Create written appraisals of existing clinical evidence (CATs) as the "EBM Intern" on the family medicine inpatient service according to the teams needs.
    - Demonstrate EBM knowledge gains compared to pre-participation scores on Fresno tests.
    - Publish an FPIN product based on a chosen CAT
2. To provide family medicine residents with a longitudinal curricular program containing curricular elements for each year of training. By the end of residency training including FPIN participation through quarterly

FPIN workshops, required FPIN journal club participation, residents will be able to:

- Describe potential uses of PDA point of care programs to improve patient outcomes.
- Demonstrate EBM knowledge gains compared to pre-participation scores.
- Publish an FPIN product based on a chosen CAT
- Evaluate colleagues' EBM skills
- Evaluate FPIN faculty small-group and mentoring skills

Project Implementation

Georgetown University has the appropriate venue for the development of such programming, with existing institutional FPIN membership, EBM courses, medical school and residency faculty with EBM teaching interests and expertise in medical editing, Blackboard online assessment modules, and evolving computer-based evaluative tools. Project elements will be directed to achieve measurable gains in EBM knowledge, attitudes and skills for medical students and family medicine residents. To achieve a standardized faculty approach, an FPIN faculty team was established in the GUMC department of Family Medicine. This team consists of residency faculty, community preceptors, EBM I & II small-group leaders, an associate editor for the journal *American Family Physician*, inpatient attending physicians, Senior Editors for PEPID PCP, and FPIN Librarians. Cultivating a core group of FPIN faculty required persistent efforts to increase faculty buy-in, create opportunities for mentorship, and familiarize faculty with the educational scholarship benefits of FPIN participation. FPIN faculty team skills were developed by first mandating FPIN as a publication requirement for family medicine residents and assigning faculty mentors based on monthly journal club schedules.

Checklists were implemented to guide faculty mentorship of residents and students writing FPIN products (Appendix C). Similar checklists with timelines were developed for residents, medical students, and for faculty writing FPIN products alone. FPIN products to date, including peer-reviewed, in press publications and topics in progress are illustrated in Appendix D. students and residents is illustrated in Appendix D. All Georgetown FPIN products (PEPID PCP topics or HDAs) by residents or students will be published with a

faculty co-author or mentor. Georgetown FPIN Project activities, each faculty-mentee relationship, learning tools and learner feedback will be chronicled using "Blackboard" media.

The established fourth year medical student elective (Appendix E) entails: shadowing FPIN faculty members for CAT selection, FPIN topic research, publishing an FPIN product, clinical experience at Fort Lincoln Family Medicine Center, inpatient experience at Providence Hospital as an 'EBM Intern;' participation in faculty EBM teaching for first and second year medical students; monthly journal club participation; and *American Family Physician* shadowing of Associate Editors. Educational materials include the textbook "Evidence-Based Medicine: How to Practice and Teach EBM" which includes a CATMaker software CD, and quick-reference tool cards reviewing assessment and validity of evidence on: diagnostic tests, therapy, systematic reviews, clinical decision analysis, guidelines, prognosis and harm. Inpatient teams are the current venue for "EBM Interns" or 4th year medical students doing FPIN rotations to demonstrate their EBM skills by producing 2-3 CATs during a 1-week stint on the inpatient service.

Project Evaluation

Evaluative measures for student, resident and faculty stakeholders are illustrated in Appendix F. Resident evaluations will include web-based pre- and post-participation assessments of EBM knowledge and skills using the Fresno test to assess progress. Both the production of CATs and pre- and post- FPIN participation assessments with the Fresno test (Appendix B) will assist in evaluation of EBM knowledge gains.

Quarterly FPIN workshops for residents and medical students feature short questionnaires on point-of-care EBM tools to assess whether continued longitudinal participation in the EBM curriculum results in ease of comfort or increased frequency of use. 360 degree FPIN evaluations include residents (Appendix G) and FPIN faculty (Appendix H) evaluating journal club presenters. Evaluative mechanisms for faculty mentoring residents include evaluations from participating residents and faculty at workshops or small group meetings (Appendix I), and routine annual evaluations completed by residents.

Future Considerations

Successful implementation in a residency setting resulted in a larger pool of faculty mentors for students, development of 360 degree evaluative mechanisms, and sustainability through planned multidisciplinary collaboration. The next phase of development will include peer review of the EBM longitudinal curriculum. Collaboration between clerkship departments will facilitate the implementation of the program in third year clerkships in family medicine and internal medicine, and the development of future models for other clerkships. A pre- and post- participation controlled trial using the Fresno test could be implemented for all medical student participants.

According to Tempelhof (2009), 70% of residents use PDAs daily, most commonly for medication-prescribing guides, textbooks, patient documentation programs, and medical calculators. Residents currently participating gain experience in the use of online and PDA EBM appraisal programs through the availability of PEPID PCP, Up-To-Date and DynaMed, and receive guidance on the best application of these secondary appraisal sources as they write FPIN products. The implementation of web-demonstrations to introduce medical students and residents to the concepts of embedding secondary appraisal sources in PDA programs and electronic medical records (EMRs) and using them for decision support in electronic prescribing could also be explored.

According to Whelan and colleagues (2004), the expanding availability of electronic medical records and wireless technology could aid in third year clerkship planning and development by providing individual evaluative tools and tracking mechanisms. PEPID PCP along with several other secondary appraisal resources is available as a PDA program and can be embedded into EMRs to prompt clinical application of available evidence. The use of standardized methods to assess clinical skills in medical students is on the rise (Barzansky, 2003). Developing methods to train new physicians to systematically review clinical cases using EBM and PDA or online point-of-care tools will introduce them to multifaceted approaches to chronic disease care. Georgetown University provides many potential audiences for the expansion of such a program, including first and second year medical students during their ambulatory care course or summer immersion projects, in third

and fourth years on internal medicine, pediatric or psychiatry outpatient clinical rotations, residents from other specialty programs, and educational scholarship for new faculty members.

References

Barzansky B (2003). Educational programs in US medical schools, 2002-2003. *JAMA 290*(9),1190-6.

Frohna JG, Gruppen LD, Fliegel JE, Mangrulkar RS (2006). Development of an Evaluation of Medical Student Competence in Evidence-Based Medicine Using a Computer-Based OSCE Station. *Teaching and Learning in Medicine 18*(3): 267-272.

Grad RM, Meng Y, Bartlett G, Dawes M, Pluye P, Boillat M et al (2005). Effect of PDA-assisted Evidence-based Medicine Course on Knowledge of Common Clinical Problems. *Family Medicine 37*(10): 734-740.

Green ML (1997). Impact of an evidence-based medicine curriculum based on adult learning theory. *J Gen Intern Med 12*(12), 742-750.

Haynes RB (2001). Of Studies, synthesis, synopses, and systems: The "4S" evolution of services for finding current best evidence. *ACP Journal Club 134*, A11-A13.

Haynes RB, Devereaux PJ, Guyatt GH (2002). Clinical expertise in the era of evidence-based medicine and patient choice. *ACP Journal Club 136*, A11-A14.

Kim S, Willett LR, Murphy DR, O'Rourke K, Sharma R, Shea JA (2008). Impact of an Evidence-Based Medicine Curriculum on Resident Use of Electronic Resources: A Randomized Controlled Study. *J Gen Intern Med* 23(11),1804-1808.

Pinksy LE, Irby DM (1997). If at first you don't succeed: Using failure to improve teaching. *Academic Medicine 72*, 973-976.

Ramos KD, Schafer S, Tracz SM (2003). Validation of the Fresno Test of competence in evidence based medicine. *BMJ 326*:319-321.

Roett MA, Lawrence D (2009). Evidence-based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making (Abstract). Proceedings of the 42nd Annual Spring Conference of the Society of Teachers of Family Medicine; April 29-May 3; Denver, CO.

Sauve S, Lee HN, Meade MO, Lang JD, Farkouh M, Cook DJ, Sackett DL. The critically appraised topic: a practical approach to learning critical appraisal. *Annals of the Royal College of Physicians and Surgeons of Canada* 1995; 28: 396-398.

Shaneyfelt T, Baum KD, Bell D, Feldstein D, Houston TK, Kaatz S, Whelan C, Green M. Instruments for Evaluating Education in Evidenced-Based Practice: A systematic review. *JAMA* 2006; 296(9): 1116-1127.

Straus SE, Richardson WS, Glasziou P, Haynes RB (2005). Evidence-based Medicine: How to Practice and Teach EBM. 3rd Edition. Churchill Livingstone: London, England.

Templehof MW. Personal Digital Assistants: A review of current and potential utilization among medical residents (2009). *Teaching and Learning in Medicine 21*(2): 100-104.

Thom DH, Haugen J, Sommers PS, Lovett P (2004). Description and evaluation of an EBM curriculum using a block rotation. *BMC Medical Education 4*,19.

Webershock TB, Ginn TC, Reinhold J et al (2005). Change in knowledge and skills of year 3 undergraduates in evidence-based medicine seminars. *Medical Education 39*: 665-671.

Whelan A, Appel J, Alper EJ, De Fer TM, Dickinson TA, Fazio SB, Friedman E, Kuzma MA, Reddy S (2004). The future of medical student education in internal medicine. *American Journal of Medicine 116*(8), 576-80.

Table 1: Longitudinal EBM Curriculum

Fourth Year Medical Student	Quarterly FPIN workshops 1 week as "EBM Intern" on inpatient service producing critically appraised topics First and Second Year medical student EBM small group leadership Editorial assistant to Associate Editors for the *American Family Physician* Editorial assistant to PEPID PCP Senior Editors FPIN product publication Clinical Patient Care
First Year Family Medicine Resident	EBM Introduction during orientation EBM Textbook, reading assignments Quarterly FPIN workshops Monthly Journal Club participation Introduction to PEPID PCP PDA and online point-of-care use Introduction to Dynamed PDA and online point-of-care use
Second Year Family Medicine Resident	EBM Textbook, reading assignments Introduction of Up-to-Date online as a point-of-care tool Critically appraised topic preparation Journal Club Presentation FPIN product publication Quarterly FPIN workshop participation
Third Year Family Medicine Resident	First and Second Year medical student EBM small group leadership Journal Club Presentation Elective FPIN Product publication Elective rotation with editorial assistant responsibilities for *American Family Physician* and PEPID PCP editors

Table 2: ***Instructions for Co-Authoring FPIN Products with Family Medicine Residents***

8 to 10 weeks before Journal Club presentation. Journal club date _____ **Resident Name:** _____ **Resident's Advisor:** _____ **Date completed:** _____	○ Please visit www.pepidonline.org and login to explore PEPID PCP content. ○ Please review Help Desk Answers (HDAs) in issues of the Evidence-Based Practice journal at www.fpin.org or on the residency Blackboard website under Documents > Journal Club > Evidence-Based Practice: Answering clinical questions with the best sources ○ Contact resident, instruct to review Journal Club Survival Guide on the residency Blackboard website (also on GUShare for your review), and review available HDA and PEPID topics at www.fpin.org. The resident must rank top 5 choices and submit them to you via email within 7 days.
8 to 10 weeks before Journal Club presentation **Date completed:** _____	○ To submit choices, go to www.fpin.org and follow prompts to HDA/PEPID topic choice submission or submit the resident's HDA choices to ebp@fpin.org, and PEPID PCP choices to pepid@fpin.org identifying yourself as the faculty co-author. **It is important that you submit the choices and not the resident. We cannot currently offer the opportunity to residents to write topics on their own, and we would like to standardize resident supervision.** ○ If you do not receive a response regarding HDA/PEPID topic assignment within 7 days, please email both andrea@fpin.org (HDA) and lushawna@fpin.org (PEPID) to inquire about progress. ○ If all 5 ranked topics have been assigned to other authors, please ask for an updated list of topics and review with resident as soon as possible. This process may take up to 3 weeks.
6 to 8 weeks before Journal Club Presentation FPIN Product Deadline: _____ **Editor/email:** _____ **Date completed:** _____	○ Confirm HDA/PEPID topic assignment with resident, forward author invitation email. **Note that the deadline for submission is flexible**. ○ For PEPID PCP only: once you are signed up for a PEPID PCP topic you can request your free 1-year subscription for the PDA version of PEPID PCP ($199 value). Please email mar2@georgetown.edu to request your PDA version, and one for the resident if desired. ○ Schedule a meeting with resident to start planning work schedule ○ Ask the resident to update CV for author submission. Please provide a CV template (GUShare document)
4 to 6 weeks before Journal Club Presentation **Date completed:** _____	○ Meet with resident to plan work schedule. At this initial meeting: ○ Review the author invitation received with topic assignment for any questions. **Note that the deadline for submission is flexible**. ○ Review CV for revisions. This may also be done electronically prior to the meeting using the track changes feature in Microsoft Word. ○ Complete the HDA/PEPID Author Agreements. These need to be completed and signed in duplicate for both you and the resident, faxed to the number indicated on each form, and mailed where indicated.

	○ Have the resident complete a Berlin Questionnaire (GUShare document), if they have not already done so. This may also be done electronically prior to the meeting. ○ Instruct resident to review the Critically Appraised Topic Sample (GUShare document, also available on Blackboard). Instruct resident to begin research to complete CAT, may use CATmaker software if familiar. ○ Instruct resident to start search using his/her Up-To-Date account at www.uptodateonline.com and the search engines available with GOCard access at http://dml.georgetown.edu/5074.html and at http://dmlgeorgetown.edu/5504.html for fulltext journals ○ To help the resident formulate searches, please perform searches of your own to provide support. Consider the following websites in your search: • http://www.aafp.org/online/en/home/membership/resources/memberdiscounts/uptodate.html for a free 14-day trial of Up-To-Date for AAFP members. • http://www.aafp.org/online/en/home/membership/resources/memberdiscounts/dynamed.html for a free 30-day trial of DynaMed for AAFP members • http://www.tripdatabase.com/index.html for the TRIP database • http://dml.georgetown.edu/5074.html for other search engines such as MDConsult and Cochrane Reviews available with GOCard access • http://dml.georgetown.edu/5504.html for fulltext journals ○ Please contact your FPIN Librarians Laurie Davidson at lwd7@georgetown.edu or Jeanne Larsen larsenje@georgetown.edu at Dahlgren Memorial Library for searching assistance ○ Instruct resident to introduce clinical question to other residents at the journal club scheduled one month prior to his or her presentation. This clinical question is required in PICO (Population/Intervention/Comparison/Outcome) format (e.g. resident should present in less than 5 minutes the case that prompted the clinical question then the PICO description) ○ Instruct resident to choose one article from CAT research for Journal Club presentation
4 weeks before Journal Club Presentation. Date completed: _____	○ Confirm article choice for journal club presentation. Review article for appropriate evidence, statistical quality. You should re-direct the resident if the article is simple topic review or editorial or other article lacking statistical analysis. (e.g. look for RCTs, cohort/case-control/retrospective studies, systematic reviews or meta-analyses related to the topic) ○ Email mar2@georgetown.edu with article choice. You will receive a confirmation email within 48 hours. ○ Respond to resident with approval of article within 7 days. ○ Email resident potential points of concern regarding CAT or article (e.g. equivocal results, conflicting evidence, low statistical power)
2 weeks before Journal club presentation Date completed: _____	○ Meet with resident to assess progress on CAT and required powerpoint presentation. This may also be done by email. ○ Instruct resident to provide a copy of the article to the residency administrative assistant for distribution to all residents and faculty.

Date of Journal Club Presentation **Date completed:** _____	○ Attend journal club presentation if possible. If you cannot attend, please contact the Georgetown FPIN Project Director Michelle Roett to arrange alternative faculty coverage. ○ Forward powerpoint presentation to mar2@georgetown.edu. ○ Schedule a date to review progress on HDA/PEPID topic within 2 weeks. If the deadline on author invitation is approaching, please email andrea@fpin.org (HDA) or lushawna@fpin.org (PEPID) and your assigned senior editor to inform of new timeline.
2 to 4 weeks after Journal Club Presentation **Date completed:** _____	○ Instruct the resident to submit first draft of HDA/PEPID topic by email to you. ○ Review topic, edit using the track changes feature in Microsoft Word. ○ Submit topic to senior editor as instructed in the topic assignment email ○ Submit your CV, the resident's CV and the HDA/PEPID author checklist to dballarin@pepid.com and pepid@fpin.org for PEPID or ebp@fpin.org for HDAs
4 to 6 weeks after Journal Club Presentation **Date completed:** _____	○ You will receive comments from your assigned senior editor regarding acceptance or requested revisions. Please confer with resident on revisions, divide work, and set a 2 week deadline for completion ○ Submit revised version ○ Please instruct the resident to update his or her CV by adding the peer-reviewed publication as an "In Press" entry. ○ Optional: update your CV with publication and under "Collaborative Activities" (in a GUMC template CV) add the resident's name as a Mentee, with the associated dates of mentorship, and the joint publication ○ Optional: update your educational portfolio with the mentoring relationship, time span and product; consider asking resident to write a letter to add to your portfolio regarding the mentoring relationship. ○ Please ask the resident to complete a Berlin Questionnaire once again.

Table 3: Evaluative Tools for FPIN Target Audiences

Target audience	Evaluative tools
Residents	Blackboard online Pre-and post-participation Fresno Test of Evidence Based Medicine Questionnaire regarding use of EBM point of care tools Journal Club Evaluation Peer review of FPIN product
Fourth year medical students	Blackboard online Pre-and post-participation Fresno Test of Evidence Based Medicine Questionnaire regarding use of EBM point of care tools Journal Club Evaluation Faculty evaluative instrument Peer review of FPIN product
Third year medical students	Blackboard online Pre-and post-participation Fresno Test of Evidence Based Medicine Questionnaire regarding use of PDAs as point of care tools, EMR exposure Journal Club Evaluation CourseEval online faculty evaluative instrument Peer review of FPIN product
First and second year medical students	Questionnaire regarding use of PDAs as point of care tools, EMR exposure For summer immersion projects blackboard online pre- and post-test participation Fresno Test of Evidence Based Medicine Peer review of FPIN product
FPIN faculty	Individual CourseEval assessments by medical students and residents Feedback regarding FPIN mentorship of student or resident Peer review of FPIN product
FPIN Faculty Senior Editors for PEPID PCP	FPIN Editor mentorship Peer review of FPIN products
FPIN Project Director	Individual CourseEval assessments by medical students and residents Feedback regarding FPIN mentorship of student or resident Peer review of FPIN product

Appendix A.1

Writing Structured Summaries of Evidence-Based Learning, or CATs (Critically Appraised Topics)[2]

Title: declarative sentence that states the clinical bottom line.

Clinical question: four (or three) components of the foreground question that started it all.

Clinical bottom line: concise statement of best available answer(s) to the question.

Evidence summary: description of methods and/or results in concise form (e.g. table).

Comments: about evidence (e.g. limitations) or how to use it in your own setting.

Citations: include evidence appraised and other resources, if appropriate.

Appraiser: so you'll know who did the appraising when you return to it later.

Date CAT was "born"/expiration date: so folks will know when to look again.

---

[2] Adapted from Table 7.7 in Straus SE, Richardson WS, Glasziou P, Haynes RB 2005. Evidence-based Medicine: How to Practice and Teach EBM. 3rd Edition. Churchill Livingstone: London, England.

Appendix A.2

Journal Club Feedback

Resident:

Date:

Evaluator:

Please circle the response most applicable to the presenter's performance

1. Preparedness:

Poor				**Excellent**
1	2	3	4	5

2. Presentation:

Poor				**Excellent**
1	2	3	4	5

3. Organization:

Poor				**Excellent**
1	2	3	4	5

4. Will you use the information presented today in your clinical practice?

Yes No

Comments:

_____

_____

_____

Please return your evaluations to the FPIN faculty member present at the journal club session. Responses will be compiled without associated names and shared with the presenter as one evaluation from FPIN faculty.

Appendix A.3

JOURNAL CLUB (EBM/FPIN) EVALUATION OF RESIDENT (PGY II/III)

RESIDENT: (Name) _____

Evaluator: (FPIN Co-Author) _____

FPIN/JOURNAL CLUB PERIOD: (MONTH/YEAR of presentation) _____

1) Preparation: clinical question is in appropriate PICO format (relevant Population, Intervention, Comparison, Outcomes), presentation encompassing appropriately researched background and foreground information, relevance to clinical question, well researched critically appraised topic (CAT), appropriately representative discussion article, group-led worksheet completion, uses EBM text or pocket cards

Needs Remediation	Beginner	Competent	Mastery

2) Fund of Knowledge/Reasoning: applies good fund of knowledge, clearly justifies thought process and rationale for arrival at conclusions (e.g. Strength of Recommendation [SOR] and Level of Evidence [LOE] ratings where applicable), demonstrates knowledge of study types most useful for the analysis of the chosen clinical question (e.g. for diagnosis, treatment, cost, guideline, prognosis).

Needs Remediation	Beginner	Competent	Mastery

3) Teaching skills/group leadership: constructive contributions, consistently teaches others, often engages other residents (and students present) with ideas, questions, or feedback at journal club session; open, candid, willing to share information or relevant clinical personal experiences at journal club meeting; uses required EBM text to research teaching strategies

Needs Remediation	Beginner	Competent	Mastery	N/A

4) Practice-based learning/Patient care: demonstrate the ability to investigate and evaluate care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and lifelong learning; demonstrates formulation of clear, concise yet comprehensive synopsis of the relevant literature, use of point of care resources (e.g. PEPID PCP, Dynamed, Up-to-Date) and searching literature effectively; demonstrates ability to apply depth of knowledge on specific conditions to care in the primary care setting (e.g. appropriate assessments of validity and application to current patient population).

Needs Remediation	Beginner	Competent	Mastery	N/A

5) Interpersonal and Communication Skills: Clear, concise, well-organized written products which facilitate inter-provider communication; demonstrates ability to 'translate' complex language from the literature into easily readable text to improve communication with patients and their families; works with members of the FPIN team to foster mutual respect, including appropriate consultations with those from other disciplines, presents information on healthcare topics in an organized manner; develops appropriate plans to address FPIN project requirements; chooses appropriate timeline; consistently attentive to feedback, responds with appropriate improvements

Needs Remediation	Beginner	Competent	Mastery

6) Professionalism: completes assigned and expected duties dependably; responsibly insures appropriate continuity of care; identifies educational interests, deficiencies and needs and engages in appropriate medical education activities; engages in activities that foster personal professional growth

Needs Remediation	Beginner	Competent	Mastery

7) Systems-Based Practice: demonstrates knowledge of system challenges for clinical scenario, applying relevant research to clinical practice; demonstrates knowledge of relevance of different types of insurance and pertinent system variables to deliver quality, cost effective care; recognizes relevant staff management issues; (where applicable) identifies legal issues affecting practice; aware of the impact of national organizations (e.g. JCAHO, OSHA, NCQA) on the practice of medicine; interfaces with other health professionals on behalf of the patient; advocates for quality patient care and assists patients in dealing with system complexities

Needs Remediation	Beginner	Competent	Mastery	N/A

REMARKS: PLEASE DISCUSS RESIDENT'S STRENGTHS AND WEAKNESSES. Please note that marks of "Needs Remediation" and "Beginner" require comments.

STRENGTHS:_____

_____

_____

WEAKNESSES:_____

_____

_____

ADDITIONAL COMMENTS:_____

_____

_____

WOULD YOU LIKE TO SPEAK WITH THE PROGRAM DIRECTOR REGARDING THIS RESIDENT'S PERFORMANCE?
_____ YES _____ NO

WAS THIS EVALUATION DISCUSSED WITH THE RESIDENT? (STRONGLY ENCOURAGED)
_____ YES _____ NO

SIGNATURE OF EVALUATOR_____

DATE_____

Appendix A.4

FPIN Faculty: Small Group Feedback Form

Group Leader: _____Observer: _____Date: _____

Observation and critical self-appraisal can provide instructors with insights, ideas and means for improving their own small group leadership abilities. After the observation, this completed feedback form will be provided and discussed with the observed faculty and a copy will be forwarded to the course director. The form will be kept on file for 4 years, will be considered confidential and will only be provided upon individual faculty request. It will not otherwise be shared with other instructors, students, the department chair, deans, etc. This observation feedback is formative and intended to improve faculty small group facilitation skills.

For each item that applies evaluate the group leader using scale and comments. Please **provide specific examples**, of statements, actions or interactions that illustrate the observed behavior: 4 – exemplary, 3 - good, 2- average, 1 – below average; The small group leader:

8. Was prepared and organized.	4	3	2	1	n/a
9. Created environment that supports active/adult learning.	4	3	2	1	n/a
10. Created opportunities for all students to participate.	4	3	2	1	n/a
11. Promoted achievement of the learning objectives.	4	3	2	1	n/a
12. Provides ongoing feedback to individual students.	4	3	2	1	n/a
13. Managed time effectively.	4	3	2	1	n/a

14. Summarize strengths and suggestions for improvement below:

What was done well?	Suggestions for improvement:

Appendix B

Introduction to Health Care Selective:
Hot Topics in Women's Health

Instructor:
Michelle Roett, MD, MPH mar2@georgetown.edu

This selective is designed to present contemporary and controversial issues in women's health. Discussion and debate among students, instructors and possible guest speakers are the essence of this selective.

Overview
The Selective section of the Introduction to Health Care (IHC) course is a collection of small group seminars addressing various topics related to the delivery of health care. Selectives are scheduled for eight consecutive weeks, with each class session lasting two hours.

Selective Goal
To enhance your ability to understand the importance of key psychosocial, cultural and political issues that affect women's health.

Specific Learning Objectives
At the end of eight sessions, you should be able to:

1. Analyze current issues and trends in women's health;
2. Assess the scientific/clinical, psychosocial, cultural and political aspects of each issue;
3. Describe and discuss conceptual, methodological and policy issues/trends in women's health; and
4. Present individual views based on evidence-based literature using concise language in an oral or written format.

Selective Grading
The Selective grade represents **25%** of your final grade in IHC. The selective grading criteria is as follows:

Attendance and Participation = 30% (or 7.5 points)
Selectives are founded on the principles of small group teaching, encouraging a format of group discussion and problem solving rather than lecture. As such, your individual involvement is an expected and required part of the course. An in-class oral presentation is a required part of this portion of your grade. Please see the attendance policy below.

Attendance Policy: Attendance at all Selectives meetings is expected. If you find it necessary to be absent from a Selective meeting for medical or personal reasons, you are required to notify the selective instructor AND the Course Director before or immediately following the absence. To avoid a point deduction from the final grade, excused absences must be remediated by completing a makeup assignment (to be assigned by Selective instructor) by the end of the course. Selective instructors will note absences on the attendance roster and indicate if you were adequately remediated. Selective instructors may chose to provide remediation or deduct points from the attendance/participation portion of the selective score of the IHC grade depending on the nature of the selective. Except for extremely rare circumstances (e.g. severe chronic illness or disability), mandatory point deductions will occur in any of the following situations:

1) Any unexcused absence (you fail to notify Selective Instructor AND Course Director)
2) Any excused absences that are not adequately remediated
3) More than two absences within the selective.

Excessive absence may result in loss of all points for the segment, incomplete or course failure and will be addressed on a case by case basis by the course director.

Written Evaluation = 70% (or 17.5 points)

A written evaluation is required for **all** Selectives**.** This evaluation will take the form of a 6 to 8 page (1500-2000 words) research paper on your assigned 'hot topic' due on the last day of class. At the end of the semester, **all papers will be returned** to the Family Medicine Predoctoral office, 208 Kober-Cogan, for review by the course director.

Research Paper: The 6-8 page research paper on your pre-assigned women's health 'hot topic' is due on the last day of class by email to mar2@georgetown.edu by 5pm. A successfully written paper will be well-researched, have a clear and specific intention, have a reasonable goal, be logical and persuasive, have a thorough understanding of the problem and be accurately formatted and clearly written. The following checklist is what will be used to evaluate your written research paper:

CONTENT

The paper fulfills the requirements of the assignment: □ yes □ no

The paper meets the following level of analysis (i.e. presents a logical argument in support of its thesis statement):

□ The paper exhibits a sustained, consistent level of analysis.
□ The paper exhibits a slightly less sustained, less consistent level of analysis.
□ The paper exhibits a less sustained, less consistent level of analysis.
□ The paper exhibits a lack of analysis or a confused sense of the level of analysis.

ORGANIZATION AND DEVELOPMENT

□ The paper's title clearly suggests its topic/thesis.
□ Thesis statement is clear and makes sense (is defensible) □ is not focused enough □ is missing or in a rhetorically awkward place.
□ Introduction clearly provides context and direction □ provides minimal context and direction □ provides neither context nor direction.
□ The paper provides adequate support for each step in the argument.
□ Paragraphs are logically organized (i.e. all necessary steps in argument are included, no leaps in logic) and has clear transitions between paragraphs □ is partially logically organized (i.e. sometimes unclear) and occasionally lacks transitions □ lacks logical development and has few transitions.
□ Concluding paragraph is emphatic, relevant, logical □ is merely a tedious summary □ just peters out □ does not universalize.
□ Paper is of appropriate length for assignment □ is too short □ is too long.

MECHANICS AND STYLE

□ Sentences are varied and grammatically correct □ and use the active voice □ are occasionally grammatically incorrect □ often grammatically incorrect □ garbled.
□ Paper has no spelling errors or typos □ minimal spelling errors or typos □ multiple spelling errors or typos.
□ Page numbers are present □ not present.
□ Sources are documented consistently and accurately in endnotes and text □ are inaccurately documented □ are not documented.
□ If used, tables and figures are accurately labeled □ and their relevance is clearly defined in the text.

Research Paper Grading Scale and Criteria

"A," outstanding:

Content: The paper more than fulfills the requirements of the assignment in an extraordinarily clear, purposeful fashion which shows originality in thought. There is a clear sense of audience and the paper is expertly tailored to the audience. The content of the paper is clear in reasoning, appropriate in length, and persuasively presented.

Organization and Development: The paper is clearly organized and demonstrates its organization by skillful use of transitions.

Mechanics and Style: The writing is clear, fluent, and often well phrased. It is virtually error-free.

"B," above average:

Content: This paper fulfills the assignment well and is generally clear and purposeful. It has occasional flashes of insight and demonstrates some originality of thought. Though aware of its audience, it may sometimes falter in presenting material that will appeal to its audience. Content is clear and well reasoned, but there may be minor lapses in reasoning, evidence or presentation.

Organization and Development: The organization is logical but perhaps not as clear as it should be. Some shifts in thought are signaled with transitions.

Mechanics and Style: The writing style is basically competent. Serious errors do not occur.

"C," average:

Content: The paper meets the basic requirements of the assignment. The content is adequate, but may be fairly brief. The reasoning is competent, but may also contain a flaw or two.

Organization and Development: The paper has a sense of organization though it may be routine or unclear. Transitions may be missing.

Mechanics and Style: There may be some errors in Standard English.

"D," below average:

Content: The paper addresses the assignment poorly. It has a weak sense of audience and purpose. The content is weak: reasoning may be flawed; evidence may be scarce or irrelevant.

Organization and Development: The organization is unclear. Transitions are missing or vague.

Mechanics and Style: There are many errors in the mechanics of English.

"F" failing, unacceptable:

Any one or more of the following:
Content: The paper fails to address the assignment. Its purpose is unclear except to have something on paper to turn in. It may be substantially shorter than the required length. The evidence is weak or unconvincing.

Organization and Development: *There is very little sense of organization. Paragraphs seem to be grouped in an arbitrary rather than a necessary way.*

Mechanics and Style: *There are numerous errors in mechanics. The problem is so severe that the reader is distracted from the content and begins to read for errors only.*

or:
No paper was turned in or paper shows evidence of plagiarism.

Selective Schedule

This selective, "Hot Topics in Women's Health", will meet every Wednesday afternoon from April 11th - May 30th from 1pm-3pm. This selective will use the 2 hours as follows-

30 mins- Proponent Presentation
30 mins- Opponent Presentation
30 mins- Literature Review
30 mins- Q & A/Debrief

Research Topics
Introduction/Overview How to Review Medical Literature
Mandatory HPV Vaccines for Children
Over-the-Counter Availability of Emergency Contraception
Physician Recommendation of Hormone Replacement Therapy
Rights of Minors to Confidential Sexual Health care
Screening for Ovarian Cancer
Mandatory Genetic Counseling in Prenatal Care

In-Class Presentations

Based on the results of the Selective Intake Survey, medical students are pre-assigned to a women's health 'hot topic.' Each student is expected to prepare a 30 minute presentation representing one side of a particular issue. The presentation must:

1) Summarize the student's understanding of the scientific/clinical, psychosocial, cultural and political aspects of the assigned 'hot topic';
2) Include references to evidence-based literature to support statements;
3) Provide a persuasive argument to explain stance on the issue; and
4) Demonstrate knowledge on the points of the opposing side.

The presentation of a persuasive argument on a controversial topic may be challenging, the Selective instructor will remain available to you to answer any questions. However, students are responsible for presenting topics in a format which will summarize his or her research paper in the 30 minutes allotted. Please allow for 5 minutes at the end of the presentation to field questions from colleagues. Student peers will evaluate each other's presentations (with written feedback). This feedback will be made available to you upon review by the Selective instructors. Students are encouraged to use these written comments for professional development, and they may be taken into consideration for the final participation grade.

After each 30 minute presentation on the pro/cons of each issue, the Selective instructors will review the literature on the 'hot topic' of the day for discussion.

Appendix C

Introduction to Health Care Selective:
An In-Depth Look at Diabetes

Instructor: Michelle Roett, MD, MPH mar2@georgetown.edu

This selective is a part of IN STRIDE: Innovation in Student Teaching and Resident Instruction in Diabetes Education. This program was created to establish targeted experiences for medical students to introduce approaches to teaching diabetic self-management skills and addressing psychosocial factors contributing to diabetes care. Group discussion, discussion board contributions, guest speakers and a field trip exercise will all contribute to achieving objectives.

Overview

The Selective section of the Introduction to Health Care (IHC) course is a collection of small group seminars addressing various topics related to the delivery of health care. Approximately 20 different Selective courses are offered in the second half of the spring semester and all students are required to take one. Selectives are scheduled for eight consecutive weeks, with each class session lasting two hours.

Selective Goal

The goals of this selective are: to prepare medical students to teach self-management skills to diabetic patients; and to teach medical students to consider how health literacy and other psychosocial factors contribute to chronic disease management.

Specific Learning Objectives

3. To provide a curricular program for medical students containing essential information for students to learn the impact of health literacy on diabetes outcomes, adult learning principles, risk assessment, and resources for diabetes education. By the end of the training sessions, medical students will be able to:

- *Explain* and *illustrate* differences between types of diabetes and management strategies. *Perform* a sample diabetes patient risk assessment, *explain* the findings, and *describe* routine diabetes tertiary prevention measures to their colleagues.
- *Describe* important elements of adult learning principles, patient education methods, health literacy assessment tools, cultural competency, and the application of health literacy evaluation to diabetes management. *Illustrate* and *describe* local resources for diabetes education.

Selective Grading

The Selective grade represents **20%** of your final grade in IHC. The selective grading criteria is as follows:

1. Attendance and Participation = 30% (or 6 points)

Selectives are founded on the principles of small group teaching, encouraging a format of group discussion and problem solving rather than lecture. As such, your individual involvement is a required part of the course. Please see the attendance policy below.

Attendance Policy: Attendance at all Selectives meetings is expected. If you find it necessary to be absent from a Selective meeting for medical or personal reasons, you are required to notify the selective instructor AND the Course Director before or immediately following the absence. To avoid a point deduction from the final grade, excused absences must be remediated by completing a makeup assignment (to be assigned by Selective instructor) by the end of the course. Selective instructors will note absences on the attendance roster and indicate if you were adequately remediated. Selective instructors may chose to provide remediation or deduct points from the attendance/participation portion of the selective score of the IHC grade depending on the nature of the selective. Except for extremely rare circumstances (e.g. severe chronic illness or disability), mandatory point deductions will occur in any of the following situations:

4) Any unexcused absence (you fail to notify Selective Instructor AND Course Director)
5) Any excused absences that are not adequately remediated
6) More than two absences within the selective.

Excessive absence may result in loss of all points for the segment, incomplete or course failure and will be addressed on a case by case basis by the course director.

2. Written Evaluation = 70% (or 14 points)

A written evaluation is required for **all** selectives**.** This evaluation will take the form of discussion board postings as assigned, and a 3 to 5 page (750-1250 words) summary paper on diabetes due on the last day of class. At the end of the semester, **all papers will be returned** to the Family Medicine Predoctoral office, 208 Kober-Cogan, for review by the course director.

Research Paper: The 3-5 page paper on diabetes, and the contributing factors to successful management, is due on the last day of class. The papers should be emailed to the selective instructor at mar2@georgetown.edu by 5pm. A successfully written paper will be well-researched, clearly written, and adequately review adult learning principles, patient education methods, health literacy assessment tools, cultural competency, and the application of health literacy evaluation to diabetes management.

The following checklist will be used to evaluate your written research paper:

CONTENT

The paper fulfills the requirements of the assignment: □ yes □ no

The paper meets the following level of analysis (i.e. presents a logical argument in support of its thesis statement):

□ The paper exhibits a sustained, consistent level of analysis.
□ The paper exhibits a slightly less sustained, less consistent level of analysis.
□ The paper exhibits a less sustained, less consistent level of analysis.
□ The paper exhibits a lack of analysis or a confused sense of the level of analysis.

ORGANIZATION AND DEVELOPMENT

□ The paper's title clearly suggests its topic/thesis.
□ Thesis statement is clear and makes sense (is defensible) □ is not focused enough □ is missing or in a rhetorically awkward place.
□ Introduction clearly provides context and direction □ provides minimal context and direction □ provides neither context nor direction.
□ The paper provides adequate support for each step in the argument.
□ Paragraphs are logically organized (i.e. all necessary steps in argument are included, no leaps in logic) and has clear transitions between paragraphs □ is partially logically organized (i.e. sometimes unclear) and occasionally lacks transitions □ lacks logical development and has few transitions.
□ Concluding paragraph is emphatic, relevant, logical □ is merely a tedious summary □ just peters out □ does not universalize.
□ Paper is of appropriate length for assignment □ is too short □ is too long.

MECHANICS AND STYLE

□ Sentences are varied and grammatically correct □ and use the active voice □ are occasionally grammatically incorrect □ often grammatically incorrect □ garbled.
□ Paper has no spelling errors or typos □ minimal spelling errors or typos □ multiple spelling errors or typos.
□ Page numbers are present □ not present.
□ Sources are documented consistently and accurately in endnotes and text □ are inaccurately documented □ are not documented.
□ If used, tables and figures are accurately labeled □ and their relevance is clearly defined in the text.

Grading Scale and Criteria

"A," outstanding:

Content: The paper more than fulfills the requirements of the assignment in an extraordinarily clear, purposeful fashion which shows originality in thought. There is a clear sense of audience and the paper is expertly tailored to the audience. The content of the paper is clear in reasoning, appropriate in length, and persuasively presented.

Organization and Development: The paper is clearly organized and demonstrates its organization by skillful use of transitions.

Mechanics and Style: The writing is clear, fluent, and often well phrased. It is virtually error-free.

"B," above average:

Content: This paper fulfills the assignment well and is generally clear and purposeful. It has occasional flashes of insight and demonstrates some originality of thought. Though aware of its audience, it may sometimes falter in presenting material that will appeal to its audience. Content is clear and well reasoned, but there may be minor lapses in reasoning, evidence or presentation.

Organization and Development: The organization is logical but perhaps not as clear as it should be. Some shifts in thought are signaled with transitions.

Mechanics and Style: The writing style is basically competent. Serious errors do not occur.

"C," average:

Content: The paper meets the basic requirements of the assignment. The content is adequate, but may be fairly brief. The reasoning is competent, but may also contain a flaw or two.

Organization and Development: The paper has a sense of organization though it may be routine or unclear. Transitions may be missing.

Mechanics and Style: There may be some errors in Standard English.

"D," below average:

Content: The paper addresses the assignment poorly. It has a weak sense of audience and purpose. The content is weak: reasoning may be flawed; evidence may be scarce or irrelevant.

Organization and Development: The organization is unclear. Transitions are missing or vague.

Mechanics and Style: There are many errors in the mechanics of English.

"F" failing, unacceptable:

Any one or more of the following:
Content: The paper fails to address the assignment. Its purpose is unclear except to have something on paper to turn in. It may be substantially shorter than the required length. The evidence is weak or unconvincing.

Organization and Development: There is very little sense of organization. Paragraphs seem to be grouped in an arbitrary rather than a necessary way.

Mechanics and Style: There are numerous errors in mechanics. The problem is so severe that the reader is distracted from the content and begins to read for errors only.

or:
No paper was turned in or paper shows evidence of plagiarism.

Selective Schedule

This selective, "An In-Depth Look at Diabetes", will meet every Friday afternoon from April 3rd – June 5th from 1pm-3pm with few noted exceptions. This selective will use the 2 hours as follows-

- 15 minutes, session introduction, review of planned content or past materials reviewed as applicable
- 45 minutes diabetes education exercise
- 45 minutes, visiting speaker or diabetes patient education exercise
- 15 minutes, wrap-up, questions, discussion of exercises or readings to complete before next session

Topic	Responsible
Introduction/Overview Diabetes Education: Types of Diabetes, demographics, mortality, examples of clinical management Health education exercise: AAFP Play it Safe…With Medicine! Toolkit Discussion Board exercise on Toolkit uses	Michelle Roett, MD, MPH
Review of Discussion Board postings Diabetes Patient Education: Adult Learning Principles, Diabetes Management Strategies Discussion Board exercise on cultural and linguistic competence	Michelle Roett, MD, MPH
Review of Discussion board postings Diabetes Education: The challenge of language barriers in diabetes care – Latino populations Discussion board exercise: readings on teaching patients with low literacy skills or limited English proficiency	Michelle Roett, MD, MPH Lois Wessell, RN, FNP
Field trip: National Center for Cultural Competence Discussion board exercise: Lessons learned from field trip	Tawara Goode, Director, National Center for Cultural Competence
Review of discussion board postings Diabetes Education: the National Diabetes Education Program	Michelle Roett, MD, MPH
Diabetes Education: Diabetes Risk Assessment Discussion board exercise: readings from Health Literacy: A Prescription to End Confusion.	Michelle Roett, MD, MPH
Review of discussion board postings Diabetes Education: Tertiary Prevention	Michelle Roett, MD, MPH
Research Day Final Paper Due: Readings from Understanding Health Literacy	Michelle Roett, MD, MPH

References

Doak CC, Doak LG, Root JH (1995). Teaching Patients with Low Literacy Skills. 2nd Edition. JB Lippincott Company: Philadephia, PA.

Institute of Medicine (2004) Health Literacy: A Prescription to End Confusion. National Academies Press: Washington, D.C.

Schwartzberg JG, VanGeest JB, Wang CC. Understanding Health Literacy: Implications for Medicine and Public Health. AMA Press: Chicago, IL.

Small Steps Big Rewards: Your GAME PLAN for Preventing Type 2 diabetes toolkit (2003). National Diabetes Education Program. Accessed November 1, 2006. http://www.ndep. nih.gov/diabetes/pubs/GP_Toolkit.pdf

US Department of Health and Human Services (2005). National Healthcare Disparities Report. Accessed November 1, 2006. http://www.ahrq.gov/ qual/nhdr05/nhdr05.pdf

Walker EA. Characteristics of the adult learner. *The Diabetes Educator* 1999; (S) 16-24.