Comment [dg1]: Type your name/Header

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
Paul L. Foster School of Medicine

Application for Pre-Tenure and/or Promotion

Use your computer to complete this form and utilize as much space as necessary, below each heading, to provide the requested information. If you have no information for a topic, write "None" or "NA" under the heading. **Whenever dates are requested, list them in chronological order, beginning with the first and ending with the most recent.**

Comment [dg2]: Follow the instructions

Name: John C. Bartlet **Date:** March 2012

Department: Internal Medicine

Present Title (*Check one of the following*):

Comment [dg3]: Verify for accuracy of your rank/title

___ Instructor _X_ Assistant Professor ___ Associate Professor ___ Professor
___ Assistant Professor of Clinical… ___ Associate Professor of Clinical…
___ Research Instructor ___ Research Assistant Professor ___ Research Assistant Professor
___ Academic Assistant Professor ___ Academic Associate Professor

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I am applying for pre-promotion to: (*Check one of the following*):

___ Assistant Professor _X_ Associate Professor ____ Professor
___ Research Associate Professor ____ Research Professor

Present Tenure Status: _X_ Tenure Track ____Non-Tenure Track ____Tenured

Applying for pre-tenure? _X_ Yes ____No

Primary Area(s): _X_ Teaching _X_ Clinical Service ____ Scholarship

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I have read the Paul L. Foster SOM Guidelines for Faculty Appointment, Tenure and Promotion _X_ Yes ____No

I understand that the deliberations of the Pre-Tenure and Promotion Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of that committee or anyone involved in the deliberations. .

_X_ Yes ____No

SAMPLE

General Information

Whenever dates are requested, list them in chronological order, beginning with the oldest first and ending with the most current.

A. Education

List all earned and honorary college degrees that you have received (B.S., M.S., M.D., Ph.D., etc) and the dates, field of study, and name of institution with location for each.

Degree	Date	Field	Institution and Location
B.S. Ph.D.	5-31-1990 6-30-1994	Molecular Biology, Microbiology Microbiology. MD-Ph.D Program	Texas Tech University, Lubbock, Tx Univ. Texas Southwestern, Dallas, Tx
M.D.	6-30-1996	Medicine	Univ. Texas Southwestern, Dallas, Tx

B. Postdoctoral Education (Including Residencies and Fellowships)

List the postdoctoral education that you have completed. Give the title of your position (e.g. Postdoctoral Fellow), the beginning and ending dates, the source of funding (e.g. American Heart Association, Texas Affiliate), field, name of mentor, and name of institution and location for each. Underline those positions for which the applications were peer reviewed.

Title of Position	Dates	Source of Funding	Field	Mentor	Institution and Location
Resident in Internal Medicine	7-1-1996 6-30-1999	Dept Internal Medicine	Internal Medicine	Robert Clark, M.D.	Univ. Texas HSC San Antonio,Tx
Fellow	7-1-99 7-1-2001	Dept Internal Medicine	Infectious Diseases	Merle Sande, M.D.	UC San Francisco, CA

C. Honors

Comment [dg4]: Only for educational/training honors

List the education and/or training honors you have received and the dates (for example, Phi Beta Kappa, 1985; American Heart Association Established Investigator, 2001).

1. Phi Beta Kappa, 1988
2. Alpha Omega Alpha, Chapter xx, 1992
3. Resident of the Year, UTHSC at San Antonio. Teaching awards conferred by Medical Students, 1996-1999
4. Best Annual Clinical Vignette presentation at the national meeting of the American College of Physician (ACP) in 1999 at Philadelphia, PA.
5. Fellow of the Year, UC San Francisco. Research awards conferred by Faculty of the department of Internal Medicine, 2001.

SAMPLE

D. Specialty and Sub-Specialty Board Certifications

List the specialty of certification and the name of each board or other professional organization by which you have been certified. Also, give the date for each (e.g. Pediatric Infectious Diseases, American Board of Pediatrics, 1990).

American Board of Internal Medicine, 1999.Re-certified 2009.
American Board of Infectious Diseases, 2001. Recertified 2009

E. Society Memberships

1. Local (Elected/Non-Elected)

Please identify each membership listed as elected or non-elected and year of election. (e.g. Member, El Paso County Medical Society, non-elected, 1995)

Member, El Paso County Medical Society, non-elected, 2002-present.

2. Regional (Elected/Non-Elected)

(e.g. Treasurer, Texas Medical Association, elected, 1985)

Secretary, Texas Medical Association (TMA), elected, 2005-2008

3. National/International (Elected/Non-Elected)

(e.g.; Member, American Medical Association, non-elected, 1980; Secretary, American Society of Microbiology, elected, 1982; Fellow, Infectious Diseases Society of America, elected 1994).

Member, American Society of Microbiology (ASM), non-elected, 1990-present
Fellow, Infectious Diseases Society of America (IDSA), elected, 2000-present.

F. Positions Held

List each position (teaching, administrative, and other) you have held subsequent to completion of your postdoctoral education. Give beginning and ending dates and the institution and location for each position. If you were a member of the graduate faculty at another institution, give the dates of appointment and the name of the institution and location. If you held an academic appointment, give the appropriate dates and the name and location of the institution. If you were tenured at another institution, give the appropriate dates and name and location of the institution. Underline your academic appointments at Texas Tech University Health Sciences Center.

Clinical Instructor, Department of Internal Medicine, UTHSCSA, San Antonio, 1996-19999
Senior Instructor, Department of Internal Medicine, UCSF, San Francisco, 2000-2001
Assistant Professor, Department of Internal Medicine, TTUHSC at El Paso, 2001-present

Comment [dg5]: Underline for position at TTUHSC

SAMPLE

Teaching

A. Teaching Responsibilities

Please refer to Section C of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

1. Teaching Responsibilities (includes teaching to Students, Residents, Fellows, Continuing Medical Education, and/or lay public).

Provide number of hours of direct instruction or supervision per year; Separate by category of leaner (i.e. Medical Student, Resident or Fellow). *Please use the suggested template to provide total number of direct instruction hours per year. (e.g. Medical Student; 40 hours, Resident, 100 hrs)*

Teaching	Hour/Year
1) Introduction to Prenatal Diagnosis and Obstetrical ultrasound, 40 hours, 55 – 60 medical students/year. The medical students spend one morning with me in the clinic and be trained to invasive diagnostic procedures.	

Comment [dg6]: Insert number of responsibility

2. Teaching for medical students, residents and fellows

Topic and number of hours of instruction/supervision per year; Approximate number of students, residents or fellows impacted; Please use the suggested template; Submit no less than three (3) but no more than six (6) resident/student evaluation forms in Appendix A(1). (e.g. Anatomy of the central nervous system, 10 hours, 40 Medical Students. Lecture in Power Point, plus handout).

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Institution/Comments
) Prenatal Diagnosis and Ultrasound 700 hours 4 residents/year The residents spend a 1 month rotation with me learning and performing genetic counseling, genetic ultrasounds, genetic amniocentesis and other invasive fetal procedures. The residents provide a semiannual evaluation of my performance that is given to the departmental chair. All residents are evaluated based on specific goals and objectives for this activity. 2) OBGYN morning reports 150 hours Approximately 55 – 60 medical students and 40 residents/year I am in charge of covering morning reports, Labor and Delivery rounds and Antepartum rounds with residents and medical students. We discussed all cases admitted with emphasis on complicated cases and therapeutic plans.					

Comment [dg7]: Pay attention to the number of reported hours

3. Continuing Medical Education

Topic and number of hours of instruction per year; Approximate number of professionals impacted; Please use the suggested template; Submit no more than three (3) evaluations of CME activities presented by you in Appendix A(2).

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Institution/Comments

SAMPLE

1) Genetic Ultrasound
1 hour
50 – 75 attendees
This is a CME seminar presented at all Texas Tech Campuses during 2005. It was part of a Prenatal Series of lectures that I organized. All OBGYN departments at the four Texas Tech Campuses participated. A handout was prepared for this presentation.

4. Educational activities for the lay public

Topic and number of hours of instruction per year; Approximate number of individuals impacted; Please use the suggested template;

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Location/Comments

1. Update on Preterm Labor; Update on Prenatal Care
1 hour
Unknown number of TV viewers
The El Paso County Medical Society sponsors a TV program, "For your health, a time to know" each month were they talk to the community about health issues. I have been invited for the last two years to give updates on obstetrical issues. This TV program is seen throughout the community.
2. Attended H1N1 CME Workshop (4-2009, New Mexico)

Comment [dg8]: Only report CME activities that you CONDUCTED

5. Education Administration

List courses, clerkships, graduate programs, residency programs and fellowship programs you have directed and include the dates.

1. Clerkship Director, department of Internal Medicine, 1986-1992

6. Education Committees

Comment [dg9]: Only for State, Regional or National level

List state, regional and national education committees on which you have served (e.g. residency review committees, National Board of Medical Examiners), the dates of your membership, and any offices you have held (e.g. Secretary).

1. Consultant for Innovation in Medical Education Committee. State of Texas, 2000-2006.

SAMPLE

B. Accomplishments in the Scholarship of Teaching

Local, regional, national/international: education awards or innovation in education

1. Innovations in Education

List new courses, residency programs, fellowship programs, workshops, laboratory exercises and other educational components you have developed and the dates they were initiated.

2. Education Recognitions/Awards

List teaching awards you have received, the conferring body, and the dates (e.g. Best Teaching Faculty Award, conferred by Medical Students Class of 2005, Texas Tech University Health Sciences Center School of Medicine, 2005).

1. Distinguished Professor Award- Association of Professors in Gynecology and Obstetrics (1993) San Juan, Puerto Rico

2. Best Faculty Teacher Award- University of New Mexico Department of Obstetrics and Gynecology (1996)

3. National Faculty Award- Council on Resident Education in Obstetrics and Gynecology (1996) San Juan, Puerto Rico

4. Recognition Award by El Paso County Medical Society for Dedication and Service to the El Paso County- 2006

Comment [dg10]: Only awards for education

Comment [dg11]: Wrong place, only teaching awards

C. Mentoring of Learners

Students, Residents, Fellows, Faculty and others

1. Undergraduate students, high school students and other individuals

Please use the suggested template to list the name, beginning and ending dates, and approximate number of hours/week of each undergraduate student, high school student or other individual for whom you served as a research advisor, and the name of the program (e.g. Howard Hughes, SABR, and Clark's Scholars). Give the person's current title/position and location (if known).

Name	Dates	Hr/Week	Program	Results or Comments

1. Carla Hernandez
November 2002 - present
Student, Thomas Jefferson, El Paso

2. John Trevor
June 2005 – present
Resident, Dept. OBGYN Texas Tech, El Paso

3. Name: **Margaret Lee**, Dates: 1998 – 2000

Comment [dg12]: Only for undergrad or High School students

SAMPLE

John C. Bartlet

Hours/Week: 14 hours Role: Research Advisor

Name of the Program: MCB Honors Program, University of California, Berkeley, CA.

Title of Honors Thesis & Poster: ***Expression of RMT-1 gene and susceptibility to mammary cancer***.

Current Title/Position and Location: Medical Doctor, completed Family Medicine residency, at University of California School of Medicine, San Francisco, CA.

2. Graduate students

Are you a member of the graduate faculty? ____ Yes ____ No

If so, Date of Appointment: _____

Please use the suggested template to list the name of each student for whom you served as an advisor or Faculty Mentor. Underline the names of students for whom you served as Chairperson. Give the name of each student, the degree earned, the field of the student, the name of the department and institution where the degree was earned, and the date the degree was earned. Asterisk (*) those students who did not complete writing their dissertation under your supervision. Give each student's current title/position and location (if known).

Name	Date of Earned Degree	Hr/Week	Student Field	Dept/ Institution	Comments

3. Medical students

Please use the suggested template to list the name and beginning and ending dates of each medical student for whom you served as a research advisor or faculty mentor, and the name of the program (e.g. Medical Student Summer Research Program).

Name	Dates	Hr/Week	Program	Comments

1. Carla Hernandez, MD
   November 2002 - present
   Medical student, PLFSOM, Texas Tech, El Paso

4. Postdoctoral fellows, research associates, residents, and fellows

Please use the suggested template to list the name and beginning and ending dates of each person for whom you served as an advisor or faculty mentor. Give each person's current title/position and location (if known).

Name	Dates	Hr/Week	Program	Comments

1. Sonia Trevor, MD
   June 2005 – present
   Resident, Dept. OBGYN Texas Tech, El Paso

5. Faculty

Please use the suggested template to list the name and beginning and ending dates of each faculty member for whom you served as an advisor or mentor. Give each person's current title/position and location (if known).

Name	Dates	Hr/Week	Program	Comments

SAMPLE

1. Joe Hernandez, Instructor, Department of Surgery, PLFSOM, 2001-2003

D. Enhancement of Faculty Teaching Skills

List teaching academy programs, continuing education programs and workshops you have attended and include the dates.

1) Participated and graduated from the Faculty Development Course sponsored by the Office of Faculty Affairs and Development, Texas Tech El Paso. 2005.

2) Participated and graduated from the Advanced Teaching and Technical Writing Course sponsored by the Office of Faculty Affairs and Development, Texas Tech El Paso. 2005.

3) Conference for American Gastroenterology Association, May 2008, Toronto.

Comment [dg13]: Wrong place, only for faculty development, enhancing teaching skills

SAMPLE

Scholarship

Please refer to Section D of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion.
Do not include "submitted" or "in preparation" works.

A. Accomplishments in the Scholarship of Discovery

Summarize in 100 words or less your most important discoveries and your current scholarly activities or interests including research, contributions to medical education, and patient care. Please submit no more than three (3) example publications of peer-reviewed scholarly works in Appendix B.

1. Publications

For Sections 1-6, please list according to category: Grants, Clinical Trials, Lab Research, Publications, Books, Book Chapters, Monograph, Abstracts, Presentations, Exhibits, Patents, Consultant, Manuscript Reviewer, Grant Reviewer, etc. Give the complete citation of each published article or case report for which you are an author or co-author (chronological order, ending with the most recent). Place an asterisk (*) before those that received peer review. Print your name in bold letters and underline the name of the person who submitted the article). Include the beginning and ending page numbers.

a. Published articles and case reports

Give the complete citation of each published article or case report for which you are an author or co-author (chronological order, ending with the most recent). **Place an asterisk (*) before those that received peer review.** Give all of the authors' names exactly as they appear in the article or case report, print your name in bold letters and underline the name of the corresponding author (the person who submitted the article). Include the beginning and ending page numbers. Please use the format of the following example:

.Lukyanenko V, **I Gyorke,** TF Wiesner, and S Gyorke. (2001). Potentiation of Ca^{2+} release by cADP-ribose in the heart is mediated by enhanced SR Ca^{2+} uptake into the sarcoplasmic reticulum. *Circ. Res. 89*, 614-622.

b. Articles and case reports in press

Use the same format as above, but give the date the article was accepted for publication. **Place an asterisk (*) before those that received peer review.**

SAMPLE

c. Books, chapters in books, and monographs

Give the complete citation of each book, chapter in a book, or monograph for which you are an author or co-author (chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the corresponding author. Use the format of the following examples for books and chapters:

Bresnick, E, and A Schwartz. (1968). *Functional Dynamics of the Cell*, 482 pp., Academic Press, New York and London.
Niemann, H. Molecular biology of clostridial neurotoxin. *In:* Alouf , JE and J Freer (eds). (1991). *Sourcebook of Bacterial Protein Toxins*, Academic Press, London, pp. 299-344.

d. Abstracts

Give the complete citation of each abstract for which you are an author or co-author (chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the presenter's name. Place an asterisk (*) before those abstracts that were not published. Use the same format as that for published articles and case reports. **Place an asterisk (*) before those that received peer review.**

e. Exhibits and productions

Describe any exhibits and productions for which you have been responsible (chronological order, ending with the most recent). Indicate which of these have won awards (e.g. the AMA Billings Silver Medal). **Place an asterisk (*) before those that received peer review.**

2. Presentations

Comment [dg14]: Only at national/international meetings

List the invited research presentations you have given at international or national meetings, symposia, workshops or Gordon Conferences, and invited research lectures (chronological order, ending with the most recent). Underline those presented at other institutions. Give the title of your presentation, the name of the meeting, symposium, workshop, Gordon Conference or institution, and the date. **Place an asterisk (*) before those that received peer review**.

3. Patents

List the titles, authors and dates of award and/or application of those patents to which you have contributed.

SAMPLE

4. Extramural Professional Service

In chronological order under each of the following headings, give the beginning and ending dates for each appointment as a regular or ad hoc member.

a. Manuscript reviewer for the following journals (dates not required)

b. Consultant to government agencies, private industry, or other organizations

c. Officer or committee member of scientific or professional organizations

d. Member of research grant study sections (e.g. NIH, AHA Western Review Consortium)

e. Member of editorial boards (e.g. *Circulation Research*)

5. Grants to Support Scholarly Work

Under the categories listed below, list each grant or contract on which you were a principal investigator or co-investigator (not consultant) obtained to support your current scholarly activities or interests including research, contributions to medical education, and/or patient care. Include the granting agency, grant number, beginning and ending dates, name of the principal investigator, title of the grant/contract, percent effort, and total direct costs for the duration of the grant. **Place an asterisk (*) before any grant or contract that was peer-reviewed.** Please use the format of the following example: NIH R01 HL 34567; 07/01/98 – 06/30/03; John Doe (PI); Mechanisms of cardiac arrhythmias; 30% effort; $1,000,000.

a. Intramural awards (e.g. seed grants)

SAMPLE

b. Extramural awards

i. Local but not from TTUHSC

ii. State and/or regional

iii. National and/or international

c. Grants approved but not funded

Give the priority scores and percentile scores (if available).

d. Grants submitted and pending approval

Give the dates of submission.

6. Sponsored Clinical Trials and Drug Studies

Supply the same information and use the same format as above for research grants.

SAMPLE

B. Accomplishments in the Scholarship of Application

Please list projects, contributions, funding awards, publications or established collaborative relationships with other disciplines, decision and policy-makers and communities in order to apply theory to solve everyday problems. This part may include any dynamic engagement and/or the translation of new knowledge in practical interventions that either solve problems or improve the difficulties experienced by individuals and society. *Creative intellectual work should not only be original and validated through peer review, but also be communicated in appropriate ways to have impact or significance for publics beyond the discipline itself*. Please use the format of the following example: Enhancing the Practice of Evidence-Based Medicine at a County Hospital: Results of Two-Year Collaborative Project. Presented at the Annual Seminar of the Association of Program Director in Internal Medicine (APDIM), San Diego, 6-2002. Joe Hernandez; Barbara Winslow.

C. Accomplishments in the Scholarship of Integration

Please list or describe innovative approach in integrating knowledge, making connections across disciplines, placing the specialties in larger context, illuminating data in a revealing way, educating non-specialist through disciplined work, to bring new insight to bear on original research. Please use the format of the following example: Web-Based Computerized Clinical Skills Assessment. John Bartlet, M.D., department of Internal Medicine, 2004. This web-based learning tool consists of 12 modules and 150 pre-tests and post-tests questions. The questions, which covered key topics of core competencies, were thoroughly referenced, researched and tested. They were adopted and endorsed by several residency programs in the country.

D. Recognitions/Awards for Accomplishments in Scholarship

List recognition and/or awards you have received, the conferring body, and the dates (e.g. Dean' Award for Young Investigator, PLFSOM Texas Tech University Health Sciences Center 2009).

SAMPLE

Clinical Service

Please refer to Section E of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

A. Clinical Service Responsibilities

For each of the categories below, list the current site of practice, hours per week of attending and your service physician primary responsibilities. Please use the format of the following example: University Medical Center (Thomason), 20 hours, delivering direct inpatient care and supervising students and residents.

1. Clinical Services Including Consultations

a. In-patient clinical activity

1. Attending faculty physician: supervised 4 residents and 2 students for in-patient service at UMC, 6 months/year
2. Infectious Diseases consultant at UMC 3 moths/year, supervised 2 residents and 2 students

b. Out-patient clinical activity

1. Faculty clinic; 2 half-day/week

c. Telemedicine activity

2. Your Hospital Appointments

List your hospital appointments and the dates.

B. Clinical Service Productivities

The Business Office will provide the School of Medicine's CFAPTA with RVUs/year and billings/year. For each of the categories below, list the number of patients you have seen during the past year and briefly provide any other specific information that will help the committee evaluate your practice.

1. In-patient

SAMPLE

2. Out-patient

3. Telemedicine

C. Clinical Service Contracts

List any funds received to perform services for the city, county, or state (please indicate dollar amounts of contract and those actually received).

D. Other Accomplishments in Clinical Service

1. Clinical Leadership

List positions of leadership you have held such as head of a clinical (e.g. surgical) team, director of a clinical service, head of a division, or chair of a clinical department, and give the dates.

1. Chief, Division of Infectious Diseases, department of Internal Medicine, PLFSOM, TTUHSC at El Paso (2007-present)

2. Recognition or Awards

Briefly describe recognition you have received at the local, state, regional or national level for excellence in clinical activity as evidenced by: awards; requests to write reviews; invitations to speak at meetings, workshops or symposia; letters from experts in your field; institutional peer, resident or student evaluations; and patient surveys or letters. Provide no more than three (3) unsolicited letters or comments from patient satisfaction surveys in Appendix C.

3. Innovation

Summarize in 100 words or less your role in the development of new clinical techniques, services, therapies, or health care delivery systems that have improved the health of the population you have served. Include how you evaluated the effectiveness (quality, utilization, access, cost, etc.) of the care being provided.

SAMPLE

Academically-Related Public Service

Please refer to Section F of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion

A. Administrative Positions Held

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held and whether you were elected, appointed or volunteered for that service (e.g. Admissions Committee, 1999-present, appointed).

1. Departmental

2. Hospital

3. Institutional (Schools of Medicine and TTUHSC)

4. State and Regional

5. National and International

B. Other Academically-Related Public Service Accomplishments

1. Recognition

List service awards you have received and the dates.

SAMPLE

2. Innovation

List organizations, task forces, committees or programs you have initiated and the dates of establishment.

3. Elected, Appointed or Voluntary Positions

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held, and whether you were elected, appointed or volunteered for that position (e.g. El Paso chapter, American Heart Association, 1995-present, voluntary).

a. Local

b. State and Regional

c. National and International

SAMPLE

Appendices

A. Teaching Activities

1. Student/Resident Teaching

Submit no less than three (3) but no more than six (6) resident/student evaluation forms.

2. Continuing Medical Education

Submit no more than three (3) evaluations of CME activities you have presented.

B. Scholarly Works

Provide no more than three (3) Internet links to your peer-reviewed scholarly work. If works are unavailable on-line, provide a scanned portable data file (pdf).

C. Clinical Service

Provide no more than three (3) unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys.

SAMPLE

D. Personal Statement

Submit a personal statement no longer than (2) pages.

SAMPLE

D. Personal Statement (continued)

SAMPLE

Certification

I certify that, to the best of my knowledge, the information contained herein is true and correct.

_____ _____

Signature of Applicant Date

I certify that, to the best of my knowledge, the information contained herein is true and correct.

_____ _____

Signature of Department Chair Date

SAMPLE