

# Application for Core Faculty Appointment in the Colleges Advisory Program

1. Name:                      Last                                      First                                      Middle

2. Department/Division:

Academic Rank:

Office Address:

Office Phone:

E-mail Address:

3. Program Leadership (Educational or Clinical):

4. Educational Experience:

a. Current Education Assignments/Responsibilities:

b. Past Education Assignments/Responsibilities:

5. Relevant CME or Faculty Development Courses Taken (if any):

6. a. Current Effort Allocation:

Education/teaching: \_\_\_\_\_ %  
Research: \_\_\_\_\_ %  
Clinical: \_\_\_\_\_ %  
Administrative: \_\_\_\_\_ %

- b. A core faculty appointment in the Colleges Program will require a 20% effort for dual roles as student advisor and teacher in the Clinical Skills course. Please describe how you would create time in your schedule to devote to this work:

7. Briefly describe your career goals:

8. a. Briefly discuss your interest and experience in teaching Clinical Skills (bedside physical examination and diagnosis, history taking and reporting, physician-patient communication skills, clinical reasoning, and professionalism) to medical students. *Please note that past participation as a Clinical Skills instructor is not a pre-requisite for selection in the Colleges program and broad sub-specialty representation is welcomed. Faculty development in this area will be offered.*

- b. Briefly discuss your interest and experience in serving as a faculty advisor (mentoring, addressing student concerns, academic and career counseling) to medical students:

9. What values and/or wisdom would you hope to convey to students in your role as a longitudinal clinical instructor and advisor?

10. References:

a. Faculty Reference: List 3 professional references that have observed and/or are familiar with your educational activities, achievements, and goals. Please request a one-page letter of support from one of these individuals. *This individual should e-mail their letter directly to Dr. Tom Koenig ([tkoenig2@jhmi.edu](mailto:tkoenig2@jhmi.edu)). The selection committee will maintain its confidentiality.*

b. Learner Reference: Please ask a JHUSOM student (or housestaff) who is familiar with your teaching and/or mentoring skills to write a brief letter of support on your behalf, addressing the following questions:

- i. Describe the context of your experience with this teacher.
- ii. Describe the teacher's strengths from the learner's perspective. Provide an example if possible.
- iii. Explain why this teacher would be well suited as a longitudinal advisor and clinical skills instructor for medical students.
- iv. Any additional endorsements or reservations?

*Suggestion to Applicant: Cut and paste the text of 10b in your e-mail to the learner.*

*Note to student/housestaff: Please follow the instructions above in writing your letter (expected length is 1-2 pages) and e-mail directly to Dr. Tom Koenig ([tkoenig2@jhmi.edu](mailto:tkoenig2@jhmi.edu)). The faculty member will waive their right to review this letter, and the selection committee will maintain its confidentiality.*

11. Please attach:

- a. a 1-2 page biosketch.
- b. a statement from your Department Chair indicating his/her support for your application and devoting approximately 20% effort to this endeavor over the next 3-5 years.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_