

Personal Statement

“Young faculty members in [health professions education] HPE, drawn from distinct disciplines, may stumble in the dark as they integrate into a field positioned academically within faculties of health sciences... Scholars must cross out of their disciplinary field in order to enter HPE... While young faculty might prefer a well-defined path through the maze of review, one key advantage of the flowing nature of connotative meanings is that they are indeed changeable... In contemporary universities, we follow [Socrates’] path when we challenge and reinterpret how we might demonstrate teaching, scholarship, and service to our community of peers.”¹

For faculty like me, who are PhD-trained in the behavioral and social sciences, being a medical educator requires forging a new path to achieve impact on student learning, medical practice, and patient care. We cannot treat patients, incorporating students into clinical work; nor can we lecture on basic science. Rather, we affect learning indirectly—and often over the long term—by improving educational process and learning context. We cannot conduct groundbreaking bench research that will cure cancer or neutralize infectious diseases. Instead, our inquiry lacks experimental control—and often funding—typically raising more questions about how to educate than it answers. We spend much of our early career as faculty learning the language and culture of medicine, trying to figure out where we fit in and how we can make a difference in a highly exclusive environment. We discover that our role, by definition, is supportive; we work behind the lines like army engineers ensuring the tank commander’s plan will work given the features of his equipment and the characteristics of the terrain. Our impact may be seen in the success (or not) of the mission.

As I have written,² SIUSOM has been recognized internationally for excellence in several areas of education, including student performance assessment, student engagement, social accountability, and—most recently—simulation, and curricular innovation. This honor aptly reflects the priority SIUSOM places on physician education, the primary aim of our institutional mission. That I, a medical educator PhD-trained in the behavioral and social sciences, have a departmental home and am eligible for promotion and tenure reflects the value and expectations SIUSOM has for what a scholar like me can contribute. I am pleased to count myself among the medical educators—the educational engineers—supporting our mission, promoting excellence on the front lines. In this personal statement, I aim to guide you in considering the key impact I have had in the three areas of my job description: Teaching / Education (40% time), Research / Inquiry (40% time), and Service (20% time). It is a privilege to reflect—looking back on the second phase of my career (2016-2022)—on how I have eventually come to fit in and make a difference, not only here at SIUSOM, but regionally, nationally, and internationally, for medical educators, their learners, and the field itself.

¹Bates, J., & Schrewe, B. (2016). Navigating the uncharted: paths to promotion and tenure in health professions education. *Perspectives on Medical Education*, 5(6), 323-324.

²Cianciolo, A. T., Klamen, D. L., Beason, A. M., & Neumeister, E. L. (2017). ASPIRE-ing to excellence at SIUSOM. *MedEdPublish*. <https://www.mededpublish.org/manuscripts/983>.

Teaching / Education

When I joined SIUSOM in 2011, the Academy for Scholarship in Education annually gave an award to faculty recognized for outstanding teaching. Beyond teaching excellence, winners of the award distinguished themselves in educational research, innovation, and leadership. In 2016, the Outstanding Teacher Award was renamed the J. Kevin Dorsey Outstanding Educator Award, in honor of our former Dean and Provost who “with his accomplishments as a medical educator, scholar and leader - embodied the award itself.”³ The award’s name change from “Outstanding *Teacher*” to “Outstanding *Educator*” also better reflected the diversity of ways our faculty achieve a purposeful, developmental presence for learners, and it made explicit the value we place at SIUSOM on continuous curriculum innovation and enhancement. In the year I was promoted to associate professor and tenured—also in 2016—SIUSOM implemented major reform to the clerkship curriculum. “The New Year 3” reform completely changed our clerkship curriculum to one that explicitly accounted for the realities of clinical learning in the workplace.⁴ It aimed to foster two key developmental objectives of the clerkship year: socializing into medicine and choosing a specialty. I have been deeply involved in this innovation, and I have made two major contributions to clinical teaching and learning under the new model.

First, I led the technical design and development of the CCC (Critical Clinical Competencies) online training program. The “CCCs,” as this software is known, is a committee-designed, mandatory spiral curriculum that exposes students in the first, second, and third year of medical school to 12 common chief complaints, offering deliberate practice on reasoning through these chief complaints to determine and justify a final diagnosis for 144 conditions. I worked with an external vendor to co-design the architecture for this system (i.e., the ways in which students interact with the content to work through each case); to populate the system architecture with multimedia content developed by other faculty on the curriculum implementation team; to test system usability and acceptance with medical students; to facilitate system use and maintenance until it was handed off to staff in the Office of Education and Curriculum; and to research its role in students’ clinical competency development. I worked with a second external vendor to create the CCC demonstration website,⁵ which not only showcases SIUSOM’s educational innovation but also makes system content freely available to educators at other institutions. The CCCs have been popular with educators outside SIUSOM and were recognized at Keck School of Medicine’s 2017 Innovations in Medical Education Conference as a “Best of Cool Ideas” presentation. My research on CCC impact demonstrates that student engagement in CCC training may be used to explore patterns in students’ self-regulated clinical learning and how these patterns might be optimized for success depending on students’ prior academic performance.⁶

³<https://www.siumed.edu/academy/j-kevin-dorsey-outstanding-educators.html>

⁴Klamen, D. L., Williams, R., & Hingle, S. (2019). Getting real: aligning the learning needs of clerkship students with the current clinical environment. *Academic Medicine*, 94(1), 53-58.

⁵<https://siuccdemo.org/>

⁶Cianciolo, A. T., Ashburn, C., Han, H., Schwind, C., Matos, S., Rafaquat, A., & Davila, J. (under review). The association between student engagement in an online clinical reasoning training program and clinical competency exam performance: Implications for clinical learning system evaluation. *Medical Science Educator*.

Second, as the faculty resource to the student Medical Education Special Interest Group, I oversaw the development and implementation of the Coachability curriculum. Coachability is a mandatory curriculum developed for students, by students to facilitate their success in the New Year 3, where coaching is the predominant mode of clinical instruction.⁷ In many respects, this curriculum development project was a real-world problem-based learning exercise in which the students and I collaboratively defined coachability, identified the instructional methods best-suited to develop this attribute, and navigated the logistical challenges of implementing clinically oriented curriculum in the second year of medical school. Like the CCCs, Coachability was immediately popular with educators outside SIUSOM; an abbreviated coachability workshop delivered at the 2017 Association for Medical Education in Europe (AMEE) conference was standing room only, and the materials have been requested several times since. With my guidance, Coachability has expanded and evolved over the years while staying true to its principles, and students continue to deliver the curriculum annually under my supervision.

Although SIUSOM's curriculum is continuously evolving—with several exciting opportunities to engage in re-envisioning direct instruction and performance assessment—the majority of medical education faculty's teaching / education time is devoted to small-group activities and individual mentorship. For example, I have had the pleasure of guiding and mentoring numerous SIUSOM students, residents, and faculty on the conduct of educational scholarship between 2016 and the present. These educational activities have allowed me to apply all that I have learned as a medical education journal editor and researcher to empowering people across the continuum at SIUSOM to enhance educational inquiry—and by extension, to improve education itself. For instance, I have given several presentations for the SUCCEED faculty development series on such topics as getting published in medical education journals, writing successful conference abstracts, and scholarly peer reviewing. By invitation, I have also given versions of these presentations for faculty development in the Department of Internal Medicine and for the Department of Psychiatry's Medical Education Track for residents. I also have mentored two faculty educational research projects, one resident educational research project, and several medical student educational research projects. As enumerated in my CV, these mentorships have been highly productive, resulting in numerous conference presentations and journal article publications. One project of which I am particularly proud was that of obstetrics and gynecology associate professor, Yahia Zeino, MD, which comprised the capstone project for the Association of Professors of Gynecology and Obstetrics (APGO) Academic Scholars and Leaders Program. So far, the result of Zeino's project may be seen in a conference poster⁸—the first step in a larger dissemination plan—but also, and more importantly, in the conduct and continuous renewal of his highly successful student-run obstetrics and gynecology clinic, which serves some of SIUSOM's most socio-economically disadvantaged patients. The most exciting part about all of

⁷Murray, E., Fetter, M., Ghareeb, A., & Cianciolo, A. T. (2018). Coachability: A student-led curriculum to promote clinical learning. *Medical Education*, 52(11), 1184-1185.

⁸ Zeino, Y., Cianciolo, A. T., Ashburn, C., Delfino, K., Peterson, S. *Evaluating Medical Students' Perception of the Educational Experience in an On-campus Supervised Student-run Prenatal Clinic versus Resident-run Clinics: An Intervention to Increase Autonomy*. CREOG and APGO Annual Meeting, Orlando, FL, March, 2022.

my educational research-oriented teaching / education activities is that so many of them directly serve our continuous curriculum renewal and innovation.

Of course, I also conduct numerous small-group activities and individual mentorship on curriculum and instruction itself. Not only have I conducted faculty development sessions on adult learning, student performance assessment and feedback, problem-based learning, and teaching-service balance, I also conduct seminars on setting goals & objectives and small-group instruction in the Doctoring Curriculum's Students as Teachers elective, and I oversee 4th year medical student electives on curriculum development. My work to facilitate curriculum development and direct instruction at SIUSOM has been invited by the Year 1 Curriculum Director (Carbondale), the Academy for Scholarship in Education, the Center for Human and Organizational Potential (cHOP), the Departments of Internal Medicine and Psychiatry, and Psychiatry's Medical Education Track for residents.

My teaching / educational activities are by no means restricted to SIUSOM faculty and trainees. I have been an active collaborator on numerous regional, national, and international workshops, seminars, and panel discussions—many of them invited—with the aim of building medical educators' capacity for education and scholarship and, in turn, advancing the field as a whole. Some of the activities that I feel have had a particularly strong impact include SIUSOM's annual Problem-Based Learning Workshop (I have been a co-facilitator since 2012); our AMEE workshops on Assessing Assessment in medical school (I have co-facilitated this workshop in Europe for standing-room only global audiences from 2016-2019 and virtually in 2020); and the countless Meet the Editors Sessions and Editors' Panel Discussions I have participated in over the past six years. It is through this teaching / educational effort that I have worked to export to learners worldwide SIUSOM's collegial culture, our drive for educational innovation and excellence, and our passion for developing others. However, my proudest teaching / educational effort has been the establishment of *Teaching and Learning in Medicine's* editorial internship program for investigators underrepresented in medical education scholarship.⁹ This internship, an extension of SIUSOM's commitment to anti-racism and a key component of *TLM's* anti-racism strategy,¹⁰ not only opens access to a historically guarded space; it also is changing that space as we learn from our interns what it means to move beyond espousing anti-racist aims to becoming truly anti-racist.¹¹ Moreover, this work has led to additional efforts to foster access to health professions education journals by educators in the Global South (*TLM's* Global Counterspace Initiative). With my leadership, *TLM* has become recognized as a journal that provides excellent feedback to contributors (both authors and reviewers), where editors go out of their way to assist authors in cultivating their voice, and as a pioneer in dismantling unjust systems in academic

⁹https://www.siumed.edu/sites/default/files/2021-10/TLM%20Editorial%20Internship%20Program%20Announcement_2020.pdf

¹⁰<https://www.tandfonline.com/doi/full/10.1080/10401334.2020.1836461>

¹¹So far, reporting of our lessons learned (*The Praxis in Anti-Racism Efforts: A Collaborative Autoethnography of an Academic Publishing Mentorship Program*) has been accepted as a poster session at both the 2022 Association of American Medical Colleges (AAMC) Learn Serve Lead meeting (Nashville, TN) and the 2022 Peer Review Congress (Chicago, IL). A journal article manuscript is in preparation.

publishing. I cannot overstate how much it has meant to me to represent SIUSOM in such a powerful way of advancing teaching / education in medicine.

Research / Inquiry

In medical education, the vast majority of research is investigator-initiated and practically inspired. The aim is to have an impact not only on knowledge and understanding, but also on how education is actually practiced. Research includes diverse modes of inquiry, going well beyond experiments and quasi-experiments to include literature reviews, qualitative studies, and conceptual analysis. There is limited funding available for this relatively low-cost work, however I have continued since my first year at SIUSOM to participate in research grants, disseminate the findings, and use my work to inform curriculum design and implementation. My research / inquiry has been published about equally as often in top-tier (Q1) research journals, whose impact factor is driven by a readership of other scholars who also are publishing, as in practice-oriented journals, whose readership is applying published research / inquiry to curriculum development and evaluation without necessarily publishing about their effort. I am pleased that my work is accessible not only to other scholars but to educators whose practice I aim to support and serve. The research / inquiry that I feel has had the greatest impact, and which I prioritize for description here, is that which has reached both audiences as well as informing and advancing our educational mission at SIUSOM.

Problem-Based Learning (PBL) – I became interested in problem-based learning prior to joining SIUSOM, and I have appreciated the “natural laboratory” that our tutor group sessions offer to learn more about what effective PBL is, how to adapt PBL technique in response to changing conditions, and how meaningful evaluation of PBL (as an exemplar of other widely adopted educational innovations in medical education) may be conducted. My PBL research / inquiry collaboratively answers questions about PBL raised by SIUSOM students and educators, and it has been published in top-tier research journals as providing new knowledge about an instructional method that is so often taken for granted.

- Cianciolo, A. T., Kidd, B., & Murray, S. (2016). Observational analysis of near-peer faculty tutoring in problem-based learning groups. *Medical Education*, 50(6), 757-767.
- Cianciolo, A. T., & Regehr, G. (2019). Learning theory and educational intervention: Producing meaningful evidence of impact through layered analysis. *Academic Medicine*, 94(6), 789-794. **Funded by a Society for Directors of Research in Medical Education grant.**
- Dawood O., Rea, J., Decker, N., Kelley, T., Cianciolo, A. T. (2021). Problem-based learning about problem-based learning: Lessons learned from a student-led initiative to improve tutor group interaction. *Medical Science Educator*, 31, 395-399.

Clinical Reasoning – I began exploring the nature of clinical reasoning when I arrived at SIUSOM, and prior to receiving promotion to associate professor and tenure in 2016, I co-authored multiple articles on this topic that were published in top-tier research journals. I also

was co-principal investigator on a National Institutes of Health (NIH) Phase I grant to study how written clinical reasoning can be assessed by computers using machine learning technologies. Since then, I completed, as co-principal investigator, Phase II of the NIH grant (\$311,331). This work culminated in an award-winning publication in medical education's flagship journal and in automated diagnostic justification essay scoring technology that SIUSOM can use to facilitate grading of the Summative Clinical Competency Exam. As SIUSOM embarks on a journey to innovate in clinical performance assessment, we have introduced automated scoring as an approach to assessing clinical reasoning that does not promote a checklist mentality and reflects how students communicate their thinking to preceptors in clinical settings. This is an exciting advancement and a pioneering application of machine learning to medical education.

- Cianciolo, A. T., LaVoie, N., & Parker, J. (2021). Machine scoring of medical students' written clinical reasoning: Initial validity evidence. *Academic Medicine*, 96(7), 1026-1035. *Selected as a Johns Hopkins Bayview Division of Internal Medicine "Must Read," October, 2021.*

The Data Science of Character – The purpose of this Kern Institute-funded (\$99,961) project is to operationalize physician character such that its development in medical school can be assessed programmatically and facilitated through education and organizational change. This project will be the first in the history of medical education scholarship to define a key construct of “the good doctor” inclusively, i.e., from the perspective of multiple races, ethnicities, and other social identities.¹² I co-conceived the idea for this multi-institutional project and serve as its lead researcher. As this project has been ongoing for less than a year, its scholarly products are limited to peer-reviewed conference presentations, but our team currently has two journal article manuscripts in preparation. In addition, I have used the information we have gathered from literature review, community focus groups, and curriculum analysis to identify gaps in the medical profession's emphasis on different character traits. Filling this gap will be focus of planned curriculum enhancements at SIUSOM aimed at helping medical students flourish. Pleased with our progress, the Kern Institute recently funded our effort for a second year (\$75,000).

- Cianciolo, A. T., O'Brien, B., Klamen, D. L., Mellinger, J., Patel, S., Dunnington, K., & Treat, R. *Beyond Professionalism: Exploring a Data Science of Character in Medicine*. CGEA Annual Meeting, 2022. (virtual)
- Cianciolo, A. T., Klamen, D. L., O'Brien, B., Patel, S. *Toward a Data Science of Character*. The 2022 Kern National Network (KNN) Conference, Milwaukee, WI, September 2022.

Research / Inquiry Leadership – I have arguably had the greatest impact on knowledge and understanding in medical education in my role as Editor in Chief of *TLM*. Since I became Editor

¹²Volpe, R. L., Hopkins, M., Haidet, P., Wolpaw, D. R., & Adams, N. E. (2019). Is research on professional identity formation biased? Early insights from a scoping review and metasynthesis. *Medical education*, 53(2), 119-132.

in 2013, I have worked tirelessly to raise *TLM*'s rigor, visibility, impact, and stature. In this time, *TLM* has seen a steady annual increase in article downloads (reaching 146K in 2021) and in its impact factor, which now stands at 2.701, three times higher than it was when I started. *TLM* is now recognized by her peers as among the top medical education journals and has earned a Q2 Impact Factor Best Quartile rating. In addition, *TLM* has become known as the go-to journal for submitting scholarship that pushes the envelope of knowing in medical education. Among our initiatives to feature, highlight, and diversify the groundbreaking work we publish, I have co-launched a Philosophy in Medical Education series¹³ with action editor Mario Veen, PhD (which will be published as a book in 2023); sustained the annual Editors' Choice award program (established in 2015 in accordance with the Terrill Mast Foundation stipulations); cultivated *TLM*'s social media presence on Twitter (currently 1,980 followers); and led the *TLM* editorial board on a journey to make our journal anti-racist. A cornerstone of *TLM*'s anti-racism strategy has been our editorial internship program for scholars who come from racial or ethnic groups not overrepresented in medicine (described above). Our inaugural cohort comprises three interns, and more broadly this program has led to welcoming five new editorial board members who themselves come from racial or ethnic groups not overrepresented in medicine. *TLM* has become recognized as a leader among medical education journals in diversity, equity, and inclusion, and—through grant funding, invited presentations, peer-reviewed conference posters and presentations, and journal article manuscripts—our effort is producing scholarship on how to counter injustice in academic publishing.

- Cianciolo, A. T. (Research Team Member). How do Editors of Medical Education Journals View the Role of Journals in Expanding Diversity, Inclusion, and Access to Scholarly Publishing? (Principal Investigator – Jeffrey Cheung, University of Illinois at Chicago) Funded, \$6942. April 2022 – March 2024.
- *Why and How Scholarly Publishing Should Become Anti-racist: An Interactive Session Facilitated by Editors of Medical Education Journals*. Panelist. (Generalists in Medical Education Annual Conference, Virtual November 2020)
- Maduakolam, E., Kelley, T., Madden, B., & Cianciolo, A. T. (2020). Beyond diversity: Envisioning inclusion in medical education research and practice. *Teaching and Learning in Medicine*, 32(5), 459-465.
- Odukoya, E. J., Kelley, T., Madden, B., Olawuni, F., Maduakolam, E., & Cianciolo, A. T. (2021). Extending “Beyond Diversity”: Culturally responsive universal design principles for medical education. *Teaching and Learning in Medicine*, 33(2), 109-115.
- Invited panelist, *Breaking In, Out, and Through Professional Education Systems: Reimagining Scholarship for Equity*. American Educational Research Association annual conference. April, 2022 (virtual session).
- Wyatt, T. R., Bullock, J. L., Andon, A., Odukoya, E. J., Torres, C., Gingell, G., Han, H., Zaidi, Z., Mylona, E., Torre, D., & Cianciolo, A. T. (in preparation). Preventing anti-racism from reverting to status quo: A collaborative autoethnography as resistance. *Academic Medicine*.

¹³Veen, M., & Cianciolo, A. T. (2020). Problems no one looked for: Philosophical expeditions into medical education. *Teaching and Learning in Medicine*, 32(3), 337-344.

Service

For a scholarly medical educator, the roles of teaching / education, research, and service overlap; a medical educator's service involves applying her expertise in teaching / education and research to advancing her institution's mission as well as cultivating medical education as a field. As can be seen in my CV, I have offered my service to several SIUSOM committees; to the regional Group on Educational Affairs; to regional, national, international grants and awards committees; and to the local Springfield community. I believe I have had the greatest service impact where I have purposefully engaged the overlap in my roles to achieve a greater good.

Y3 Performance Assessment and Program Evaluation (PAPE) Subcommittee – I have served as the Y3 PAPE Subcommittee Chair since the committee's inception in April 2019. At the time I assumed this position, the New Year 3 was not so new anymore, and it was experiencing the growing pains typical of a maturing curriculum. Our committee was tasked with troubleshooting the problem of low-quality written feedback from clinical preceptors and identifying its implications for clerkship grading. We also wrestled with explaining why student performance on the Summative Clinical Competency Exam was decreasing every year following the New Year 3's inaugural year. As the leader of this committee, I sought to guide our effort by gathering and analyzing actual student data, augmenting the usual approach of surveying student and faculty opinion. In this way, we could inform not only our own curriculum design but that of clerkships elsewhere, where educators were just embarking on the innovation journey we had started years before. I first followed my inclination to “look under the hood” of our clerkship curriculum while serving as a member of both the Y3 Performance Assessment Subcommittee and the Y3 Performance Evaluation Committee, when these were separate entities. I have shared the findings of my analyses internally to inform curriculum refinement as well as externally as numerous conference presentations. I list here the journal articles—published and in progress—that have resulted from projects conducted in service to the New Year 3. To my knowledge, the Y3 PAPE Subcommittee, under my leadership, is the only curriculum committee that conducts research / inquiry to inform its decision making.

- Fetter, M., Robbs, R., & Cianciolo, A. T. (2019). Clerkship curriculum design and USMLE Step 2 performance: Exploring the impact of self-regulated exam preparation. *Medical Science Educator*, 29(1), 265-276.
- Cianciolo, A. T., Hingle, S., Hudali, T., & Beason, A. M. (2020). Evaluating clerkship competency without exams. *The Clinical Teacher*, 17(6), 624-628.
- Cianciolo, A. T., & Regehr, G. (revision under review). The Case for Feedback in Practice as a Topic of Educational Scholarship. *Academic Medicine*.
- Cianciolo, A. T., Ashburn, C., Han, H., Schwind, C., Matos, S., Razaquat, A., & Davila, J. (under review). If You Build It, Will They Come? Exploring the Impact of Medical Student Engagement on Clerkship Curriculum Outcomes. *Medical Science Educator*.

- Cianciolo, A. T., Klamen, D. L., Han, H., Schwind, C., Howes, L., & Matos, S. (in preparation). Student perceptions of feedback in clerkship: A behavioral sampling study. *Perspectives on Medical Education*.

Medical Education Scholarship, Research, and Evaluation (MESRE) – Starting in April 2015—the year before I was promoted to associate professor and tenured—I served as the Central Group on Regional Affairs MESRE Section Chair for one and a half terms. I first assumed this position when the elected chair moved out of the Central region and was no longer eligible to serve. Not one to take service commitments lightly, I was excited not only by the opportunity to expand my professional network but also by the promise of nurturing my professional community. I spent my first year in this role meeting people, learning the ropes, and carrying out MESRE tasks, including management of the mini-grant program and the research portion of the annual spring meeting. The following year I began exploring how to expand my impact on bringing new medical education scholars into the fold. Working locally at first, I improved the process for providing feedback on mini-grant proposals and conference presentations. In the fall of 2016—feeling like I had only just gotten started—I officially ran for my position and was elected for the 2017-2019 term. It was during this term that collaborations established earlier really helped me take my MESRE service to the next level. Together with colleagues similarly interested in medical education community building—both in the Central region and beyond—I co-created and co-facilitated regional and national workshops on scholarly program evaluation and conceptual and theoretical frameworks. I have listed these below. As can be seen in my CV, two educational packages currently under review at MedEdPortal—a peer-reviewed, indexed, and open-access repository for educational packages—are efforts I collaborated on as MESRE Section Chair. If accepted, these packages will expand my MESRE impact to the international level. In addition, I have brought back what I have learned about managing the research portion of a regional medical education meeting (including providing feedback) to assisting with our internal Teaching & Learning Symposium.

- *Evaluation of Educational Innovations as Scholarship*. Workshop Co-Facilitator. (AAMC Learn, Serve, Lead Meeting, Seattle, WA, November 2016)
- *Evaluation of Educational Innovations as Scholarship*. Workshop Co-Facilitator. (CGEA Spring Meeting, Chicago, IL, March 2017)
- *Practical Approaches to Applying Conceptual and Theoretical Frameworks to Education Research*. Workshop Co-Facilitator. (AAMC Learn, Serve, Lead Meeting Phoenix, AZ November 2019)
- *Practical Approaches to Applying Conceptual and Theoretical Frameworks to Education Research*. Workshop Co-Facilitator. (CGEA Spring Meeting, Virtual, April 2021)

Editorial Service – My service as Editor of *TLM* has been a labor of love, and it has been so exciting to see the journal grow. Since 2016, we have seen a 33% increase in manuscript submissions, and the number of issues we publish annually has increased to five. Our editorial board is now 43 members strong, including a new Associate Editor role, a new International Editor role, and three editorial interns. I serve the field of medical education and all of *TLM*'s

contributors through the work I do to lead and mentor board members, cultivate manuscripts collaboratively with authors, expand our pool of peer reviewers, and partner with our publisher to ensure that every publication is timely, accurate, and appealing to read. Although I have worked purposefully to integrate my service as Editor with my teaching and research, much of the effort invested in “keeping the lights on” at a journal and supporting its contributors often goes unrecognized. Even so, I have been sought for advice on how to start and manage a journal from as near as our own Orthopedics Division to as far as Aga Khan University in Pakistan.

Concluding Remarks

Since 2016, I have been recognized as an SIUSOM Outstanding Scholar (2016), an SIUSOM Outstanding Educator (2018), and a Central Group on Educational Affairs Laureate (2021). I believe I earned this recognition by embracing my purpose to serve medical educators, fulfilling my duty to inform and improve education via inquiry, and pursuing my passion to develop others and—by extension—the field of medical education. As an educational engineer, it has truly been a privilege to support SIUSOM’s mission, moving always forward, in excellence.