

**Promotion Narrative in Support of _____ for Promotion to the Rank of
Associate Professor, Non-Tenure Clinical Track**

Introduction

After completing my residency at UTHealth I enthusiastically pursued a faculty appointment knowing that the opportunities for professional growth and providing compassionate clinical care would be endless. In my last five years as an Assistant Professor this institution has provided many opportunities to make contributions in the areas of clinical excellence, education, and administrative service. It is my hope that these contributions have served to uphold the core values of The University of Texas Health Science Center at Houston as well as the Department of Psychiatry and Behavioral Science. I am very grateful for the opportunities afforded in my career thus far and respectfully submit this narrative to serve as support for consideration in promotion to the rank of Associate Professor.

Clinical Activities

Proposed Score: 2

I joined the faculty of the Department of Psychiatry and Behavioral Sciences in 2012 as an inpatient psychiatrist after completing my last year of training as chief resident. My affinity for inpatient medicine, especially acute psychosis, declared itself early in residency so being assigned to the Bipolar Specialty Unit at the Harris County Psychiatric Center (HCPC) was cause for celebration. As is typical for HCPC, each clinical service including my own, consistently remains at full capacity with a daily waiting list for overflow patients. HCPC, as a safety-net academic hospital, places less emphasis on RVU's compared to other clinics and facilities; however, in tracking performance and volume, the typical productivity for my service is approximately 135% of the RVU's expected for this service size. Providing empathic and evidenced-based medicine is the core value that anchors my clinical service. Among the physicians at HCPC, the patient feedback I have received has ranked my clinical care in the top 4 based on the number of positive patient comments tracked by the Press-Ganey survey. Additionally, I serve as a fellow to the American Psychiatric Association and am certified by the American Board of Psychiatry and Neurology.

By collaborating with some of the leading publishers in the field of mood disorders I have had the opportunity to build expertise in Bipolar Disorder and psychopharmacology. Using this experience, I paired with a colleague to develop a psychopharmacology elective for trainees and a consult service which other faculty utilize on particularly difficult cases. In this capacity I have worked to develop my reputation regionally resulting in direct referrals for treatment and, more recently, a request from university leadership to fly out-of-state for a patient consultation. Building a network of collaboration within the medical center and beyond has been a priority at HCPC. My colleagues

and I consistently interface with other hospitals such as Ben Taub, Memorial Hermann, Texas Children's Hospital and the Harris County Jail to increase patient's access to care and improve the quality of services we provide overall.

After being appointed as Chief of Adult Services at HCPC in 2014 and Medical Director in 2017, a key focus area was networking with other departments at our institution and others to expand patient care opportunities. In these leadership roles some of the clinical initiatives I worked to accomplish included: expanding the pharmacy formulary at HCPC to offer more treatment options, collaborating with internal medicine to develop infection control protocols, and partnering with the UT School of Nursing to provide psychiatric training for advanced nurse practitioner students. From our partnership with the School of Nursing HCPC recruited its first psychiatric advanced nurse practitioner as faculty whom I clinically supervise as the delegating physician. Additionally we have re-established the ability to obtain EEG's by working with the Department of Neurology and, recently, Dr. Holly Holmes from Geriatrics and Palliative Medicine and myself have teamed up to establish a wound care protocol for HCPC's newly established geri-psychiatry inpatient unit.

As previously mentioned, collaborating with others is immensely important to me and I am thankful for any support provided by my colleagues and patients. Based on community feedback, I felt honored to be included in the Top Doctors List for *Houstonia Magazine*, *H Texas Magazine*, and *Texas Monthly Magazine*. Equally as encouraging was receiving the 2015 Medical Staff of the Year from the HCPC physicians and subsequently being nominated for a Women's Faculty Forum award in 2016 and 2017. Constantly I am reminded of how fortunate I am to be a part of such a cohesive team and for the career mentorship I have received to date. Lastly and most meaningful to me, in 2012 I received the Arnold P. Gold Resident Excellence in Humanism and Teaching Award after being nominated by medical students who rotated on my service. This award is perhaps the most personally inspiring because it later afforded me the opportunity for acceptance into the Gold Humanism Honor Society and to present the keynote address at the 2017 induction ceremony. As a clinical educator I believe there is no greater compliment than to be acknowledged for providing excellent clinical care in a compassionate manner.

Scholarly Activities

Proposed Score: 0

Of all of the facets of medicine available to pursue today I find that research has been an intimidating prospect compared to my other areas of focus, mostly related to my lack of experience in this field. In my career thus far I have looked to more talented mentors and colleagues to help educate and guide me in scholarly activities. And, though I wouldn't consider myself exceptional in the area, I have made a conscious effort to strengthen my skills and to provide relevant scholarly contributions.

In the last few years I have been provided with the opportunity to act as a co-investigator in 3 grant-funded research protocols. The first 2 protocols involved a treatment study for children with Autism Spectrum Disorder and I was accountable for both the assessments and safety determination of the studies. Initially our research site was one of many participants but, with time and increasing recruitment, the UTHealth site is now the largest study site of all 28 centers.

With diligence I have strived to become more proficient at publishing. Originally my primary focus was aiding the residents I supervised in publishing abstracts to increase their exposure to

presenting at national conferences. Shortly after joining as faculty, my colleague and esteemed NIMH researcher, Dr. Teri Pigott, took it upon herself to mentor and train me in the creation of a mood disorder study protocol. Clinician and self-assessment tools comprised this protocol which was administered to all consenting patients admitted to our bipolar specialty inpatient unit and subsequently yielded a litany of psychiatrically-relevant information. In this role I have co-authored 17 abstracts in the last 5 years, 2 of which were winners of prestigious awards including First Place New Research Poster in the Biomedical Category at the American Psychiatric Association National meeting and the Young's Investigator Award at the American Society of Addiction Medicine. As new faculty and residents join HCPC I hope to mirror the mentorship that Dr. Pigott had provided to me.

Furthermore, I have co-authored 6 refereed original articles in journals, one of which I was first-author and another was the recipient of a national teaching award at the 2017 Association of Directors of Medical Student Education.

Additionally in 2016 I was invited to co-author a chapter on the sex differences in anxiety disorders in *The Oxford Handbook of Evolutionary Psychology and Behavioral Endocrinology*. I have a particular interest in women's mental health and actively seek ventures that would allow further research and publication in this field. As it stands, the book chapter has been submitted and is pending publication. Though my experience in the research category is limited I continue to pursue opportunities that will facilitate development in this area.

Teaching Activities

Proposed Score: 2

Participating in the education of medical students and residents is what solidified my commitment to a career in academics. To this day, my educational duties remain my greatest passion.

Since joining UTHHealth I have had the pleasure of being involved in all eight levels of medical student and resident education. Starting with the first year medical students, from 2013-2015, I volunteered as a co-leader of a master advisor group that met every other month to provide mentorship to medical students adjusting to the rigors of starting medical school. I was about to continue the learning experience with many of these students who went on to request a rotation with me in their 3rd and 4th years of medical school. I can't take credit for a student's career choice but it is so gratifying to know that 3 of the 20 students in my master advisory groups are pursuing careers in psychiatry. I find the possibility of making some sort of impact on a student's interest in psychiatry incredibly rewarding.

Regarding the 2nd year medical students, my educational involvement is extensive. Groups of 16 2nd year students rotate with me at HCPC 4 times a year for an introduction to conducting a psychiatric interview. Outside of these small groups I provide formal didactics for a class of 250 students on average for the mood and psychotic disorder lecture series. This 9-hour lecture series contains all originally developed material and is intentionally comprised of both interactive and traditional lecture formats to reach different types of learners. The enthusiasm exhibited by the students for this subject matter makes providing these didactics one of the highlights of every year. I am honored to consistently receive excellent feedback from the students on these lectures each semester and to be a five-time recipient of the Dean's Teaching Excellence Award.

In 2013 I was appointed as one of only three Core Teaching Faculty members for the Department of Psychiatry, a position I held for 4 years consecutively until stepping down for administrative duties. In this role I met with a rotating group of approximately eight 3rd year medical students for 2 hours every week to provide education on conducting a complete psychiatric assessment and mental status exam. Additionally, for the 3rd year medical students I participated in the development of the Team-Based Learning (TBL) curriculum in collaboration with UT-Medical Branch and serve as the facilitator for the Psychotic Disorders Module which encompasses 16 hours of formal didactics annually. The curriculum developed was the recipient of a national award and resulted in a publication to the MedEd Portal in 2017. The majority of my educational contribution occurs on clinical rounds where I have the ability to directly interact with individual medical students. Over the last 5 years, I have been the supervising attending physician for 147 third year students rotating on my inpatient service. Regardless of what field my former students chose to pursue I feel fortunate to be viewed as an advisor and have written over 60 letters of recommendations for students who have rotated with me. Just as William Butler Yeats once said, "Education is not the filling of a pail but the lighting of a fire," there is nothing that better reinforces my career choice than seeing the enlightenment of a student comprehending something new. In 2016 I could have received no greater reward than to have been given the Psychiatry Clerkship Outstanding Clinical Educator Award as voted on by the 3rd year medical student class.

As previously mentioned, in 2013 a colleague and I developed a psychopharmacology elective for 4th year medical students. Since its inception, our elective has been a key recruitment tool and is one of the factors contributing to our residency program retaining internal medical students for the entering intern class. Over the last 3 years consecutively each intern class has been comprised of at least 50% of McGovern Medical School graduates.

Regarding the resident aspect of my educational involvement, I strive to be a mentor and source of support for our future psychiatrists. Starting with the interns and second year residents, I am one of the central training attending physicians for the junior resident classes each year. I have been heavily involved in daily clinical supervision during rounds with the goal of reinforcing evidenced based treatments, excellent documentation habits and diagnostic interviews.

In addition to supervision on clinical rounds and individually I have remained very actively involved in formal resident didactics. Aside from providing the lecture series on treatment guidelines for schizophrenia and bipolar disorder to the intern class, from 2013-2016 I was the course director for the PGY-1 Psychopharmacology lecture series. This lecture series encompassed approximately 30 hours per academic year (in addition to the 35 hours of formal didactics provided to the 2nd and 3rd year medical students), and 9 out of the 14 total lecture sessions presented had originally developed content.

I have been fortunate enough to remain involved in the 3rd and 4th year psychiatry residents by annually serving as a Clinical Skills Verification Examiner, the results of which are submitted to the American Board of Psychiatry and Neurology and required for residents to obtain board certification. Lastly, for the 4th year residents, I created an Academic Medicine rotation for those interested in an academic career which included resident opportunities for curriculum development and formal didactic presentations.

In the last 5 years I have clinically supervised 52 residents on rotation with me and have served as an ongoing individual supervisor to provide weekly one-on-one mentorship for a total of 15 residents. At the end of each year I look forward to the feedback I receive as part of the resident and

student anonymous evaluations. Receiving commentary such as this from a resident who rotated on my service in 2016 is all the confirmation I need that I am on the right career path, *“Dr. Allen is a dedicated, well-read, and supportive attending, and I believe that all residents would benefit from working with her. She is dedicated to resident and student education, going above and beyond in helping residents and students alike, at their respective levels of training. She is also dedicated to patient care, and is readily available to answer patient questions, and available to residents and other members of the treatment team for questions and advice regarding patient care. She is approachable, and available before and after rounds for questions and concerns, including after hours. She provides an educational and supportive environment for residents and students, and a therapeutic environment for patients. She is a role model physician and a great mentor for both residents and students, and I hope to have the opportunity to work with her again in the future.”*

Service and Administrative Activities

Proposed Score: 2

Since joining as faculty I have remained extremely invested in representing my clinical service, hospital and medical school in the various opportunities that have become available. One of my most inspirational mentors in high school would quote Henry Ford's mantra 'don't find fault, find a remedy.' This mindset has always motivated me to take an active role in committees and working groups as a way to problem solve and affect change.

At HCPC I have served on 11 hospital committees with leadership roles as chair of the medical staff, chair of the executive committee, and co-chair of the Bipolar Specialty Unit Admissions Protocol. Within the Department of Psychiatry and Behavioral Sciences I have been an active participant in 6 committees, the majority of which involved residency training and recruitment. Each year I participate in interviewing residency applicants several times a month from October through January and take part in the applicant ranking committee which selects the incoming residency class. Remaining involved at McGovern Medical School has been a priority allowing me to serve on the faculty senate from 2013-2015. Following my faculty senate term I was appointed to the Student Evaluations and Promotions Committee which is tasked with evaluating the academic and professional performance of medical students and making recommendations for corrective actions. As a psychiatrist I find this service extremely rewarding because the committee frequently works with students struggling with depression and anxiety to get them the support needed to recover.

Over the last year I have felt especially grateful for the things learned from my previous service experiences as I acclimate to the role of HCPC's Medical Director. HCPC is a free-standing inpatient psychiatric hospital that treats over 9,500 admissions annually and is considered the 2nd largest free-standing academic psychiatric hospital in the country.

In a previous section I briefly touched on some of the clinical initiatives I have worked on as the Chief of Adult services and Medical Director but I would also like to highlight some of the strictly administrative accomplishments made as part of these leadership roles. One of my highest priorities at HCPC has been improving faculty recruitment and retention. Since student loans are heavily considered when weighing employment opportunities I decided to pursue a Mental Health Professional Shortage Area (M-HPSA) classification for HCPC which would open up a vast number of government-funded grants and scholarship opportunities. After 1 full year of completing forms

and applications HCPC was granted an M-HPSA designation in 2016, making all faculty with medical school loan debt eligible for a loan repayment of up to \$160,000 if they remain at HCPC for a period of 4 years. To date, 5 physicians have enrolled in this loan repayment program as well as multiple nurses and social workers. HCPC has had minimal faculty turnover since this program took effect resulting in lower patient loads and significantly improved employee morale.

Another top priority as Medical Director has been to improve physician burnout triggers such as patient load, cross coverage, documentation requirements and work stress. By reformatting HCPC documentation templates into structured fields and minimizing the amount of free-text that needed to be entered we were able to decrease the amount of time spent completing an admission history and physical document by 30%. This structured format also standardized the collection of the clinical history and is making research easier to facilitate because it allows for a systematic data collection electronically. Previous complaints of excessive cross coverage and high patient loads are now minimal due to improved faculty retention and the addition of an advanced nurse practitioner who acts as a float to cover physicians who are out on leave. In the near future I hope to establish a formal quality improvement program which incorporates the residents and faculty and will continuously evaluate the policies and procedures we have in place at HCPC.

Summary of Progress at Current Rank

In summary, I believe I have demonstrated myself to be a dedicated and effective clinician-educator that has contributed to the university's educational, community, and clinical missions. The last 5 years have been a rewarding period of professional and personal growth reinforcing my commitment to academic medicine. My future efforts will be directed at partnering with other community resources to build a continuum of care for those with mental illness. I believe that access to additional levels of care will improve quality of life, decrease readmission rates, and have a positive impact on the inpatient psychiatric bed shortage in Texas. I plan to pursue research opportunities in women's mental health, specifically post-partum disorders, and will continue to take an active role in the educational endeavors of our medical students and residents. Overall I remain dedicated to advancing the mission of this institution through my roles as a clinician, scholar, and educator for years to come.