

Sample Dossier

Type of case: Promotion to Associate Professor and Tenure
Area of excellence: Research

Amber Comer

Department of Health Sciences

School of Health and Human Sciences

This dossier omits all internal reviews, external review letters, and appendix materials.
Pages are not numbered. The order may not be in the order of dossier folders.

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Pages 16-22 Candidate Statement (7 page version)

Pages 23-32 Research sections

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CURRICULUM VITAE
AMBER ROSE COMER, PH.D., J.D.

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EDUCATION

<i>Institution</i>	<i>Degree</i>	<i>Date Awarded</i>
GRADUATE		
Indiana University Fairbanks School of Public Health	PhD	2015
Indiana University McKinney School of Law	JD	2011
UNDERGRADUATE		
Indiana University	BA	2006
FELLOWSHIP		
Indiana University Health Fairbanks Center for Medical Ethics	Fellowship	2014-2015

APPOINTMENTS

ACADEMIC

<i>Institution</i>	<i>Credential</i>	<i>Inclusive Dates</i>
Indiana University School of Health and Human Sciences	Assistant Professor	2015 – Present
Indiana University School of Medicine	Adjunct Assistant Professor	2016 – Present
Indiana University McKinney School of Law	Adjunct Professor of Law:	2016 – Present
Regenstrief Institute	Affiliate Research Scientist	2015 – Present
IUPUI Center for Translating Research into Practice	Translational Scholar	2016 – Present
Research in Palliative and End-of-Life Communication and Training (RESPECT) Center	Faculty Member	2018 – Present
Indiana University School of Medicine Center for Aging Research	Affiliate Research Scientist	2018 – Present

NON-ACADEMIC

<i>Institution</i>	<i>Credential</i>	<i>Inclusive Dates</i>
Eskenazi Health Hospital	Ethics Committee Member	2015 – Present

LICENSURE, CERTIFICATION, SPECIALTY BOARD STATUS

<i>Credential</i>	<i>Number</i>	<i>Inclusive Dates</i>
Indiana State Bar	30381-49	2012 – Present

PROFESSIONAL ORGANIZATION MEMBERSHIPS

<i>Organization</i>	<i>Inclusive Dates</i>
American Heart/ American Stroke Association	2014 – Present
Indiana State Bar Association	2012 – Present
American Public Health Association	2012 – Present
American Academy of Hospice and Palliative Medicine	2017 – Present
Palliative Care Research Center (PCRC)	2018 – Present

PROFESSIONAL HONORS AND AWARDS

<i>Award Name</i>	<i>Granted By</i>	<i>Date Awarded</i>
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TEACHING

Favorite Professor by IUPUI Athletics	IUPUI	Awarded 2019
Favorite Professor by IUPUI Athletics	IUPUI	Awarded 2018
Favorite Professor by IUPUI Athletics	IUPUI	Awarded 2016
Emerging Teaching Award	IU-SHRS	Awarded 2016

RESEARCH

Bantz-Petronio Translating Research into Practice	IUPUI	Nominated 2017
Research Scholar	American Academy of Hospice and Palliative Medicine	Awarded 2018

SERVICE

Emerging Services Award	IU-SHRS	Awarded 2016
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OVERALL/OTHER

Early Career Achievement Award	Indiana University McKinney School of Law	Awarded 2017
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PROFESSIONAL DEVELOPMENT

<i>Course/Workshop Title</i>	<i>Provider</i>	<i>Date</i>
Professional Development Group	IU School of Medicine Center for Aging Research	Aug. 2013 – Present
EMPOWER Workshops	IU Office for Research Development	Aug. 2015 – July 2016
Research Works in Progress (attend)	IU Regenstrief Institute	2015 – Present
Research Works in Progress (presented)	IU Center for Aging Research	Numerous Dates
Research Works in Progress (presented)	Veterans Affairs Health Services Research	February 2016

TEACHING

UNDERGRADUATE

<i>Course#</i>	<i>Short Title</i>	<i>Format</i>	<i>Role</i>	<i>Term</i>	<i>Enrollment</i>
H120	Introduction to Health Policy	In-Person	Instructor of Record	SP 12	49
				SU 12	7
				FA 12	36

<i>Course#</i>	<i>Short Title</i>	<i>Format</i>	<i>Role</i>	<i>Term Enrollment</i>
				SP 12 51
				SU 13 14
				FA 13 50
				SP 14 49
				SU 14 6
				FA 14 49
				SP 15 40
				SU 15 6
W211	Intro to Health Sciences	In-Person	Instructor of Record	FA 15 40
W363	Medical Ethics	In-Person	Instructor of Record	FA 15 39
				FA 16 44
				FA 17 48
				SP 18 32
				FA 18 33
				SP 19 36
				FA19 11
				SP 20 15
W361	Health Promotion and Disease Prevention	In-Person	Instructor of Record	SP 16 33
				SP 17 57
				SP 18 47
		Online	Instructor of Record	FA 16 50*
				FA 17 49
				FA 18 50*
W250	Global Health Systems	In-Person	Instructor of Record	SP 16 51
H364	Legal and Regulatory Aspects of Health Care Delivery	Online	Instructor of Record	FA19 51*

*Denotes the course was taught online

GRADUATE

<i>Course#</i>	<i>Short Title</i>	<i>Format</i>	<i>Role</i>	<i>Term Enrollment</i>
H682	Global Health	In-Person	Instructor of Record	SP 15 9
L500	Disability Law	In-Person	Instructor of Record	SU 16 21
MED C601	Foundations of Clinical Practice	In-Person	Instructor of Record	FA 16 10
				SP 17 10
W680	Independent Study	In-Person	Instructor of Record	SU 17 2
W661	Health Promotion and Disease Prevention	In-Person	Instructor of Record	SP 17 5
W690	Independent Study	In-Person	Instructor of Record	SP 18 2
W661	Health Promotion and Disease Prevention	In-Person	Instructor of Record	SP 19 3
L763	Health Law: Legal Epidemiology	In-Person	Instructor of Record	SU 19 9
W662	Health Systems Delivery	In-Person	Instructor of Record	FA 19 4

MENTORING

GRADUATE

<i>Individual</i>	<i>Role</i>	<i>Inclusive Dates</i>
Abby Church	Faculty Advisor Research	August 2018 - Present
Sarah Tackas	Faculty Advisor – Research	Aug. 2018 – Present
Emily Burchfield	Faculty Advisor – Research	August 2019 – Present
Jacob Bradshaw	Faculty Advisor – Research	August 2019- Present
Areeba Jaweed	Faculty Advisor – Research	October 2019 - Present
Stephanie Bartlet	Faculty Advisor - Research	August 2017 – Present
Lynn D’Cruz	Faculty Advisor - Research	August 2017 – Present
Khalid Binshaiq	Doctoral Dissertation – Committee Member	March 2017 – May 2018
Amy Johnson	Faculty Advisor - Research	January 2017 – August 2019
Abdul Almojaibel	Doctoral Dissertation – Committee Member	Sept. 2016 – May 2019
Allision Dethoff	Masters Thesis – Faculty Advisor	July 2015 – August 2016
Seth Robins	Faculty Advisor – Research	Aug. 2015 – May 2016
Alisa Blumenthal	Faculty Advisor – Research	Aug. 2018 – May 2019
Lucille Schaeffer	Faculty Preceptor – Research	July 2019 – May 2019

UNDERGRADUATE

<i>Individual</i>	<i>Role</i>	<i>Inclusive Dates</i>
Aubrey Odgers	Faculty Advisor – Research*	August 2020 – Present
Brooklyn Richardson	Faculty Advisor – Research*	August 2019 – May 2020
Cassidy Butler	Faculty Advisor – Research*^	August 2019 – Present
Elise A’Hearn	Faculty Advisor – Research	August 2019 – Present
Carly Waite	Faculty Advisor – Research*	May 2019 – Present
McKenzi Marchand	Faculty Advisor – Research*^	August 2018 – Present
Isabel Zepeda	Faculty Advisor – Research *^	August 2018 – Present
Katelyn Endris	Faculty Advisor – Research *^	August 2018 – Present
Nina Ustymchuk	Faculty Advisor - Research	June 2017 – Present
Makalya Lake	Faculty Advisor - Research*	August 2017 – May 2018
Amy Truong	Faculty Advisor - Research*	August 2017 – May 2018
Kylie Coduti	Faculty Advisor - Research	Sept.2016 – May 2017
Makalya Culbertson	Faculty Advisor - Research	October 2016 – May 2017
Brittany Rollin	Faculty Advisor - Research*	Aug. 2016 – May 2017

* Funded through Life Health Sciences Internship Program Grant

^Funded through grant for undergraduate research

MENTEE AWARDS

<i>Mentee</i>	<i>Award Name</i>	<i>Granted By</i>	<i>Date Awarded</i>
Sara Takacs	American Association of Neuromuscular & Electrodagnostic Medicine Residency & Fellowship Award	AANEM	June 2020
Sara Takacs	Golseth Young Investigator Award	AANEM	June 2020
Katelyn Endris	IUPUI Student Research Day Best Poster	IUPUI	May 2020

GRANTS IN TEACHING

<i>Title</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Amount</i>	<i>Dates</i>
Assessing the effect of an undergraduate ethics course on student's moral judgement	IUPUI Office of Senior Advisor	PI	\$2500	May 2016 – April 2017
Sam H. Jones Service Learning Assistant Scholarship	IU Center for Service & Learning	PI	\$5000	Aug. 2017 – May 2017
IU Bicentennial Course Development Grant	IU Office of the Bicentennial	PI	\$3000	Aug. 2019- July 2020

GRANTS FOR STUDENT RESEARCH INTERNS

<i>Granting Agency</i>	<i>Role</i>	<i>Student</i>	<i>Amount</i>	<i>Dates</i>
Undergraduate Research Opportunity Program	Research Mentor	Isabel Zepeda	\$6000	2019-2020
Undergraduate Research Opportunity Program	Research Mentor	Katelyn Endris	\$2000	2019-2020
Undergraduate Research Opportunity Program	Research Mentor	McKenzie Marchand	\$2000	2019-2020
Life Health Sciences Internship Program	Research Mentor	Cassidy Butler		2019-2020
Life Health Sciences Internship Program	Research Mentor	Brooklyn Richardson		2019-2020
Undergraduate Research Opportunity Program	Research Mentor	Isabel Zepeda	\$2000	2019
<i>Granting Agency</i>	<i>Role</i>	<i>Student</i>	<i>Amount</i>	<i>Dates</i>
Undergraduate Research Opportunity Program	Research Mentor	Katelyn Endris	\$2000	2019
Undergraduate Research Opportunity Summer Program	Research Mentor	McKenzie Marchand	\$2000	2019
Life Health Sciences Internship Program	Research Mentor	Isabel Zepeda		2018-2019
Life Health Sciences Internship Program	Research Mentor	Katelyn Endris		2018-2019
Life Health Sciences Internship Program	Research Mentor	McKenzie Marchand		2018-2019
Life Health Sciences Internship Program	Research Mentor	Mikaela Lake		2017-2018
Life Health Sciences Internship Program	Research Mentor	Amy Thuong		2017-2018
Life Health Sciences Internship Program	Research Mentor	Brittney Rollins		2016-2017

INVITED PRESENTATIONS – TEACHING

LOCAL

<i>Title</i>	<i>Organization</i>	<i>#of Students</i>	<i>Date</i>
Surrogate Medical Decision Making	Indiana University School of Medicine - Medical Ethics Elective	15	2/2020
The Impact of Unethical Research on Clinical Practice	Indiana University School of Health and Human Sciences – Physician Assistant Program	45	7/2019
Law and Ethics in Medicine	Indiana University School of Health and Human Sciences	25	11/2018
Law and Ethics in Medicine	Indiana University School of Health and Human Sciences	22	11/2018
The Impact of Unethical Research on Clinical Practice	Indiana University School of Health and Human Sciences – Physician Assistant Program	44	5/2018
Health Care Consent in Clinical Practice	Indiana University School of Medicine	25	2/2018
Medical Ethical Dilemmas	Indiana University School of Medicine	100	9/2017
SHRS Convocation	Ethics in Clinical Practice	100	9/2017

Introduction to Bioethics	IU SHRS W250 Course	30	8/2017
Introduction to Bioethics	Indiana University School of Medicine & School of Dentistry	100	5/2016
Health Care Consent Laws	Indiana University McKinney School of Law	30	2/2016
Physician Aid-In Dying	Indiana University School of Medicine, Medical Ethics Course	25	2/2016
Introduction to Medical Ethics	Indiana University School of Medicine	100	12/2015
Introduction to Medical Ethics	Indiana University School of Medicine & School of Dentistry	100	8/2015
Electronic Medical Records and Social Media: Mistakes and Malpractice	Indiana University School of Medicine Neurology Morning Report	15	8/2015
Surrogate Decision Making Laws, Ethics, and Practice	Indiana University School of Medicine Neurology Morning Report	15	8/2015
Surrogate Decision Making Laws and Ethics	Indiana University School of Medicine Medical Ethics Course	18	2/2015
Advance Directives in the ICU: Ethics, Laws, and Practice	Indiana University School of Medicine	50	2/2013
Bioethics and the Law	Indiana University School of Medicine	30	2/2013

RESEARCH ACTIVITY

GRANTS – RESEARCH

PENDING RESEARCH GRANTS

<i>Title</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Amount</i>	<i>Date</i>
Palliative Care as an Early Intervention After Severe Stroke	National Institutes of Health	PI	\$646,344	2019

ACTIVE RESEARCH GRANTS

<i>Title</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Amount</i>	<i>Date</i>
Treatment Decisions and Outcomes After Stroke: A Retrospective Study	National Palliative Care Research Center	PI	\$175,000	2019
Examining the Effects of Changing Indiana’s Health Care Consent Law on Physician Practice and Patient Care in Indiana Hospitals	IUPUI Office of the Vice Chancellor for Research	PI	\$28,644	2019
Reflecting on 75 Years since the Liberation of Auschwitz: The lasting Impact of the Nazi Regime on Medical Research	Executive Committee of the Consortium for the Study of Religion, Ethics, and Society	Co-PI	\$5,000	2019
The Effect of a Change in Indiana’s Health Care Consent Law	IU School of Health and Human Sciences	PI	\$10,000	2018
HIP 2.0: Health Equity, Responsibility, and Community	Executive Committee of the Consortium for the Study of Religion, Ethics, and Society	Co-PI	\$5,000	2018

COMPLETED RESEARCH GRANTS

<i>Title</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Amount</i>	<i>Date</i>
The quest to diminish suffering: Identifying ethical issues in stroke Treatment that affect how patients die	IUPUI Vice Chancellor for Research	PI	\$13,589	2016
Using text messages to increase empathy in medical students and physicians	IU Vice President for Research Speed Networking Seed Funding	Co-PI	\$2,500	2016
Seminar in Religion and Medical Ethics	Executive Committee of the Consortium for the Study of Religion, Ethics, and Society	Co-PI	\$2,000	2016
Enhanced Mentoring Program with Opportunities for Ways to Excel in Research	Indiana University Office of the Vice Chancellor for Research	PI	\$5,000	2015
Promoting External Applications for Research	Indiana University SHRS	PI	\$10,000	2015

SUBMITTED BUT NOT FUNDED GRANTS

<i>Title</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Amount</i>	<i>Date</i>
Developing an intervention to improve communication and medical decision making for older adults with severe stroke	National Institutes of Health	PI	\$648,634	2018
Treatment Decisions and Outcomes after Stroke: A Retrospective Study	National Palliative Care Research Center	PI	\$150,000	2018
Developing an intervention to improve communication and medical decision making for older adults with severe stroke	National Institutes of Health	PI	\$648,634	2017
Implementing a Stroke Support Group at Eskenazi Hospital	IU Chancellor Bantz Fellowship Grant	PI	\$60,000	2017
Identifying Ethical Issues in Stroke Treatment and Care that Affect Clinical Care and Patient Outcomes	Indiana University Office of Vice Chancellor for Research	PI	\$13,489	2016
The Effect of Air Quality Control on Stroke and Cardiovascular Incidents	IU CTSI	PI	\$13,849	2016
The Long-term Effect of State Stroke Legislation on Patient Health Outcomes	American Heart/ Stroke Association	PI	\$150,000	2016

PRESENTATIONS – RESEARCH

STUDENT PRESENTATIONS

<i>Title</i>	<i>Organization</i>	<i>Date</i>
Disparities in utilization of life sustaining treatments after severe stroke	UROP student Research Day	08/2020
Palliative care is associated with transition to comfort measures after severe stroke	UROP student Research Day	08/2020
Palliative care utilization following acute severe stroke	Student Research Engagement Day	04/2019
Documented Goals of care conversations following acute severe stroke.	Student Research Engagement Day	04/2019
Documented medical treatment preferences following Acute severe stroke.	Student Research Engagement Day	04/2019
Palliative care utilization following acute severe stroke	CRL Student Poster Symposium	07/2019
Documented Goals of care conversations following acute severe stroke.	CRL Student Poster Symposium	07/2019
Documented medical treatment preferences following Acute severe stroke.	CRL Student Poster Symposium	07/2019
Palliative care utilization following acute severe stroke	IU Undergraduate Research Conference	11/2019
Documented Goals of care conversations following acute severe stroke.	IU Undergraduate Research Conference	11/2019
Documented medical treatment preferences following Acute severe stroke.	IU Undergraduate Research Conference	11/2019
Indiana medical resident’s knowledge of surrogate laws	Student Research Engagement Day	4/2018
Indiana medical resident’s knowledge of advanced directives	Student Research Engagement Day	4/2018

LOCAL PRESENTATIONS

<i>Title</i>	<i>Organization</i>	<i>Date</i>
The Use of Nazi Derived Research Data in Current Medical Research	WFYI Radio Program: “She Says Science, He Says Art”	3/2020
Health Care Consent for Incapacitated Patients	Indiana University School of Medicine Palliative Care Fellowship Lecture Series	9/2019
Physician Aid-in-Dying: Concerns for Psychiatry	Indiana University School of Medicine Psychiatry and Psychiatrist Grand Rounds	9/2019
Indiana’s Health Care Consent Law	Indiana University School of Medicine	2/2019
Changing Indiana’s Health Care Consent Law	Indiana University	
Changing Indiana’s Health Care Consent Law	Translating Research into Practice	11/2018
Changing Indiana’s Health Care Consent Law	Indiana University Health Fairbanks Center for Medical Ethics	09/2018
The Role of Informed Consent for Thrombolysis in Acute Ischemic Stroke	Indiana University School of Medicine Neurology and Neurosurgery Grand Rounds	9/2018
Religion and Bioethics in Clinical Practice	Indiana University School of Medicine Psychiatry and Psychiatrist Grand Rounds	8/2018
Surrogate Decision Making under Health Care Consent Law in Acute Ischemic Stroke	Indiana University School of Medicine School of Medicine	8/2018
Determining Palliative Care Treatment After Stroke	Neurology and Neurosurgery Grand Rounds	
Indiana Medical Resident’s Knowledge of Surrogate Laws	IUPUI Life-Health Sciences Research Symposium	4/2018
Indiana Medical Resident’s Knowledge of Advanced Directives	IUPUI Life-Health Sciences Research Symposium	4/2018
Determining Medical Decision Making Capacity	Eskenazi Hospital	11/2017
Assessing the Effects of an Ethics Course on Undergraduate Students’ Ethical Judgment	Life Health Sciences Internship Program Research Symposium	5/2017
Death for Dying: A Panel of Experts	Indiana University School of Medicine Neurology and Neurosurgery Grand Rounds	1/2017
To Consent or Not Consent, tPA is the Question	Indiana University School of Medicine Neurology and Neurosurgery Grand Rounds	5/2016
Ethical Considerations in Indiana’s Surrogate Decision Making Law	Indiana University school of Medicine Internal Medicine Grand Rounds	8/2015
Fifty Shades of Grey: Cases in Neurology Practice Where the Law & Ethics Collide	Indiana University School of Medicine Neurology Grand Rounds	8/2015
Surrogate Decision Making Laws, Ethics, and Practice	Indiana University School of Medicine Internal Medicine Grand Rounds	3/2015
Surrogate Decision Making Laws, Ethics, and Practice	Indiana University School of Medicine Internal Medicine Grand Rounds	9/2015
A Student Collaboration to Promote Transit Legislation	IUPUI Urban Health Conference	4/2014
Improving Public Health Action in Transit Legislation	Robert G. Bringle Civic and Community Engagement Showcase and Symposium	4/2014
Advance Directives in the ICU: Ethics, Laws, and Practice	Indiana University McKinney School of Law, Health Law Week Lecture Series	3/2013

REGIONAL PRESENTATIONS

<i>Title</i>	<i>Organization</i>	<i>Date</i>
HIP 2.0 –Legislative Issues and Future Directions	Indiana State Legislature	11/2019
HIP 2.0 – End-of-life Issues	Seminar, Religion and Medical Ethics	9/2019
Indiana’s Healthcare Consent Law	Indiana Osteopathic Association	4/2019
	122 nd Annual Conference	
HIP 2.0 – Opioids and Access	Seminar, Religion and Medical Ethics	3/2019
<i>Title</i>	<i>Organization</i>	<i>Date</i>
HIP 2.0 – How it’s working	Seminar, Religion and Medical Ethics	1/2019
Resident Physician Understanding of Statutes and Regulations that Dictate Surrogate Decision Making	RESPECT Conference on Palliative Care	2/2018
Perspectives of Specific Religions	Seminar, Religion and Medical Ethics	1/2018
Clinicians and Religion: The Ethics of Physician	Seminar, Religion and Medical Ethics	11/2017
Healthcare Organizations and Religion	Seminar, Religion and Medical Ethics	6/2017
The Place of Religion and Spirituality in Healthcare	Seminar, Religion and Medical Ethics	5/2017
Patients, Families, and Medical Decision Making	Seminar, Religion and Medical Ethics	4/2017
Paging God: religion in the Halls of Medicine	Seminar, Religion and Medical Ethics	3/2017
Ethics Grand Rounds: Clinical implications of Surrogate decision making	Marion University School of Osteopathic Medicine	11/2016
Key Issues with Indiana’s Healthcare Consent Statute	Before I Die Festival	5/2016
Understanding Indiana’s Health Care Consent Law	Indiana State Bar Conference	10/2016
Religion, Death, and End-of-Life Decisions	Indianapolis Hebrew Congregation	8/2016
Surrogate Decision Making Laws in Indiana Hospitals	Indiana State Bar Association	12/2015
The Legal and Ethical Implications of Indiana’s Surrogate Decision Making Act on Patient Care	Indiana University Health Fairbanks Center for Medical Ethics	10/2015
Indiana Hospitals	Conference	
The Affordable Care Act and Its Impact on College Students	Delta Sigma Theta, Key Note Speaker	2/2013

NATIONAL – *Peer Reviewed Presentations – First Author and Presenter*

<i>Title</i>	<i>Organization</i>	<i>Date</i>
Discordance between Surrogate Goals of Care and Medical Treatments Received by Hospitalized Older Adults	American Academy of Hospice and Palliative Medicine	2/2020
Discordance between Surrogate Goals of Care and Medical Treatments Received by Hospitalized Older Adults	AAHPM – State of the Science	2/2020
Physician Reports of Empathic Communication in Clinical Practice	American Academy of Hospice and Palliative Medicine (AAHPM)	3/2019
Neurologists versus Hospitalists: The Effect of Physician Specialty on Stroke Care and Outcomes	American Heart/ Stroke Association	4/2018
After Ischemic Stroke and TIA	Quality of Care and Outcomes Research In Cardiovascular Disease and Stroke	
Differential Ischemic Stroke Risk Among Women Veterans Across Age Strata	American Heart/ Stroke Association	4/2018
	Quality of Care and Outcomes Research In Cardiovascular Disease and Stroke	
Resident Physician Understanding of Statutes and Regulations that Dictate Surrogate Decision Making	RESPECT Palliative Care Conference	2/2018
Coming to a Hospital Near You: The Future of	American Public Health Association	11/2017

Physician Aid in Dying in the United States	Annual Conference	
Choosing Death over Suffering: Informing Patients	American Public Health Association	11/2017
About the Possibility of Physician Aid in Dying as an End-of-Life Option	Annual Conference	
Legal and Ethical Pitfalls of Electronic Medical Records	American Medical Association	9/2016
What do you mean I cannot consent for my Grandmother's medical procedure?: Key issues with state default surrogate decision making laws	American Public Health Association	10/2015
Advanced Directives in the ICU: Ethics & Law	American Public Health Association	11/2013
<i>Title</i>	<i>Organization</i>	<i>Date</i>
An Ethical Analysis of Conscientious Objection in the Healing Professions	Bioethics Association Meeting	5/2013

NATIONAL – Peer Reviewed Presentations – Co-Authorship

<i>Title</i>	<i>Organization</i>	<i>Date</i>
Oncology Fellow's Current Practice Regarding Concurrent Outpatient Oncology and Palliative Care	Palliative and Supportive Care in Oncology Symposium	11/2018
Oncology fellows' knowledge and current practice Regarding outpatient oncology and palliative care	American Society of Clinical Oncology	6/2019

SERVICE

UNIVERSITY SERVICE

DEPARTMENT

<i>Activity</i>	<i>Role</i>	<i>Inclusive Dates</i>
Dept. of Health Sciences Mission Statement Committee	Committee Member	8/2017 – 2/2018
Karen Gable Scholarship Award Committee	Committee Member	1/2018 – 2/2018
Faculty Search Committee	Committee Member	8/2017 – 12/2017
Faculty Search Committee	Committee Member	8/2018 – Present

SCHOOL

<i>Activity</i>	<i>Role</i>	<i>Inclusive Dates</i>
SHRS Governance Committee	Committee Chair	8/2016 – Present
SHRS Academic Affairs Committee	Committee Member	8/2016 – Present
SHHS By-Laws Restructuring Committee	Committee Member	12/2017 – Present
SHRS Commencement	Name Reader	5/2018
SHHS Dean Search Committee	Committee Member	8/2018 – Present
SHHS Strategic Planning Committee	Committee Member	11/2019 – Present

UNIVERSITY

<i>Activity</i>	<i>Role</i>	<i>Inclusive Dates</i>
Faculty Council	At-Large Representative	8/2016 – Present
University College Faculty	SHRS Representative	8/2016 – 8/2018
Institutional Review Board – Decisionally	Committee Member	8/2016 – 8/2017

Impaired Subjects Policy Working Group

PROFESSIONAL SERVICE

LOCAL

<i>Activity</i>	<i>Role</i>	<i>Inclusive Dates</i>
Eskenazi Hospital Medical Ethics Committee	Committee Member	8/2015 – Present
Eskenazi Hospital Medical Ethics Committee	Ethics Consultant	8/2015 – Present
Eskenazi Hospital Remdesivir Allocation Committee	Committee Member	7/2020 – Present

NATIONAL

<i>Activity</i>	<i>Role</i>	<i>Inclusive Dates</i>
BMC Palliative Care Medical Care	Manuscript Reviewer	12/2019
Chronicles of Health Impact Assessment	Manuscript Reviewer	11/2018
Chronicles of Health Impact Assessment	Journal Editorial Board Member	8/2015 – Present
J. Empirical Bioethics	Manuscript Reviewer	2/2018 – Present
Annals of Internal Medicine	Manuscript Reviewer	8/2015 – Present
Chronicles of Health Impact Assessment	Manuscript Reviewer	8/2015 – Present
J. of New Gen. Studies	Manuscript Reviewer	7/2016
J. of American Geriatrics Society	Manuscript Reviewer	9/2015

INVITED PRESENTATIONS – SERVICE

<i>Title</i>	<i>Organization</i>	<i>Date</i>
Effective Research Communications: Talking About your work to non-experts: Invited Panelist	Vice Chancellor for Research, Indiana University	11/2019
Research On-Boarding Orientation: Invited Panelist	Vice Chancellor for Research, Indiana University	10/2019
Testimony Committee on Public Health Indiana's Health Care Consent Act	Indiana Senate	1/2018
Testimony Committee on Public Health Indiana's Health Care Consent Act	Indiana House of Representatives	1/2018
Testimony Committee on Public Health Indiana's Health Care Consent Act	Indiana House of Representatives	5/2017
Presidential Election for Kids	Indiana Secretary of State	11/2016

PUBLICATIONS

TEACHING

Refereed/ Peer Reviewed Publications

1. **Comer AR**, The Syllabus as a Contract. The Chronicle of Higher Education; 2016: July 26. Retrieved from <http://chronicle.com/article/The-Syllabus-as-a-Contract/237251>.

RESEARCH

Refereed/ Peer Reviewed Publications

1. **Comer AR**, Hickman SE, Slaven JE, Monahan PO, Sachs GA, Wocial LD, Burke ES, Torke AM. Discordance between Surrogate Goals of Care and Medical Treatments Received by Hospitalized Older Adults. *JAMA Network Open*. 2020;3(5):e205179.
2. **Comer AR**, Apathy N, Waite C, Bestmann Z, Bradshaw J, Burchfield E, Harmon B, Legg R, Meyer S, O'Brien P, Sabec M, Sayeed J, Weaver A, D'Cruz L, Bartlett S, Marchand M, Zepeda I, Finnell JT, Grannis S, Silverman SD, Embi PJ. Electric Scooters (e-scooters): A Threat to Public Health and Safety. *Chronicles of Health Impact Assessment*. 2020: *In Press*.
3. **Comer AR**, Fettig L, Torke AM. Identifying Goals of Care. *Medical Clinics of North America*. 2020, *In Press*.
4. Munk N, Church A, Nemati D, Zabel S, **Comer AR**. Massage preceptions and attitudes of undergraduate pre-professional health sciences students: a cross-sectional survey in one U.S. university. *BMC Complementary & Alternative Medicine*. 2020: *In Press*.
5. Almojaibel, A., Munk, N., Goodfellow, L., Fisher, T., Miller, K., **Comer, A.**, Bakas, T., & Justiss, M. Health Care Practitioners' Determinants of Telerehabilitation Acceptance. *International Journal of Telerehabilitation*, 2020;12(1);43-50. doi:<https://doi.org/10.5195/ijt.2020.6308>.
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7/28/2020
Date



Signature of Candidate

Candidate's Statement **Amber R. Comer, PhD, JD**

OVERVIEW

This dossier documents my merit for promotion and tenure to associate professor within the Indiana University School of Health and Human Sciences, Department of Health Sciences. My area of excellence is research. I specialize in medical decision making for seriously ill hospitalized patients. This work draws on my extensive training and expertise in the fields of medical ethics, law, and health policy. I am also developing expertise in the fields of palliative care and geriatrics. I have established an emerging national presence in my field as evidenced by the following career highlights which occurred in rank:

- Submitted 6 external grants as Principal Investigator (PI) and awarded 1 external grant as PI for a total of \$175,000 (this career development award currently funds 60% of my salary for two years)
- Submitted 12 internal grants (9 as PI, 3 as co-PI) and awarded 9 internal grants (6 as PI, and 3 as co-PI) for a total of \$81,733
- 15 peer reviewed publications, 9 as first and corresponding author, including a recent *in press* publication in JAMA Network Open
- 13 national peer reviewed presentations (11 as first author and presenter)
- American Academy of Hospice and Palliative Medicine Research Scholar, 2018
- My research has been cited multiple times in a clinical guidelines policy statement

My research and service has had a profound translational impact as it played a pivotal role in changing Indiana's Health Care Consent Law, a law which impacts medical decision making for hospitalized patients. For this work, I was awarded an Early Career Achievement Award by the Indiana University McKinney School of law in 2016. Additionally, my research has had a national impact as it has been used to set clinical practice guidelines.

In addition to my research, I have received three internal grants for the scholarship of teaching totaling \$10,500, and I have had one publication in the scholarship of teaching in the *Chronicles of Higher Education*. I was awarded my school's emerging teaching award in 2017 and named a favorite professor by IUPUI athletics three times. Additionally, my teaching evaluation scores are consistently above average, with multiple semesters of a 5 out of 5 rating.

I actively participate in service to both my profession, university, school, and department. As a service to my profession, I participate on a large urban hospital medical ethics committee. Additionally, I take ethics consultation call which consists of working with health care workers and families in the hospital to resolve difficult medical decisions. In addition to various other committees, I have served as the chair of my school's faculty affairs and bylaws committee for three years and I have recently been elected President of the Faculty Organization for my school (I will serve as President-Elect in the fall of 2020 -2021, serve as President in 2021-2022, and Past President in 2022-2023). I was awarded the Emerging Service Award for exceptional service to my school in 2017.

In recognition of my impact and involvement at Indiana University, I currently hold appointments in multiple schools and centers across campus, including: affiliate scientist at the Regenstrief Institute, Associate Instructor at the Indiana University School of Law, and affiliate faculty in both the Research in Palliative End-of-life Communication and Training (RESPECT) Center and Indiana University School of Medicine Department of Bioethics.

RESEARCH ACTIVITIES

A patient's ability to make medical decisions is fundamental to the ethical principle of respect for autonomy and is a key component of informed consent to medical treatment. My research goal is to improve the process and quality of medical decision making for hospitalized

patients with life threatening illnesses. I am especially interested in older adults who have suffered stroke, ethical dilemmas in medical decision making, as well as the utilization of palliative care to improve medical decision making quality. During my time at Indiana University, my research in medical decision making has focused on two primary aims: 1) medical decision making and establishing goals of medical care; and 2) the impact of surrogate health care consent laws on medical decision making.

As part of my career development award through the National Palliative Care Research Center (NPCRC), I engage in research intensive training which includes monthly works in progress sessions with other career development award recipients and yearly research methodology training sessions which are held prior to the annual Kathleen Foley Palliative Care Research Retreat and Symposium. I have also received VitalTalk communications training. I am currently being considered for the NIH, National Institutes on Aging, Butler Williams Program which involves a week long intensive research program specifically focused on applying for NIH, NIA support for aging research. In order to continue to improve my research skills, I will be applying to attend the Palliative Care Research Center training in clinical trials program which occurs in February of 2021. Additionally, I have and will continue to present my work at WIPS through the RESPECT Center for Palliative Care Research, where I am provided expert feedback on my research. Lastly, I have developed a relationship with the palliative care teams at Indiana University School of Medicine, Indiana University Health, and Eskenazi Hospital. Through these relationships, I engage in collaborative research and assist with the research component of the palliative care fellowship program.

In support of my research, I received a career development award as PI from the NPCRC (\$175,000) and 9 internal grants (6 as PI and 3 co-PI) totaling \$81,733. Additionally, I have one pending National Institutes of Health (NIH) K01 grant as PI, in the amount of \$646,344. I also have two unfunded but well scored NIH grants (impact score 40). In total, I have submitted 18 grants worth a total of \$2,587,683 and have been awarded a total of \$256,733 in funding. I have 15 peer-reviewed publications in rank, 9 as first and corresponding author in leading journals in my field, including a recent article as first author in JAMA Network Open, and first author publications in Medical Care, and the AJOB Empirical Bioethics.

Additionally, I have 13 national peer reviewed presentations at high impact venues (11 as first author and presenter) including the American Association of Hospice and Palliative Medicine Annual Conference, American Public Health Association Annual Conference, and American Heart/Stroke Association Quality of Care and Outcomes Research Conference. These conferences presentations have yielded 7 peer-reviewed published abstracts.

In addition to disseminating my research in forums such as presentations and publications, I have endeavored to translate my research findings into a practical outcome. As a result of my research regarding health care consent laws on medical decision making, I engaged stake holders, including legislators, to propose a law change. This advocacy contributed to a change in Indiana's Health Care Consent Law. This law is extremely important as it affects many hospitalized patients in the State of Indiana.

In recognition of my research success, I was named an American Academy of Hospice and Palliative Medicine Research Scholar in 2018 and was awarded an Early Career Achievement Award by the Indiana University McKinney School of law in 2016. My research efforts and successes demonstrate an emerging national reputation and promise for future funding and reputation building. The following represent some of my independent research studies which have either been completed or are currently in the process of being conducted while in rank. These projects represent my steady stream of research projects and promise for continued research productivity.

Research Aim 1: Medical Decision Making and Establishing Goals of Medical Care

Importance of my Research Focus

With nearly 800,000 Americans suffering stroke each year, stroke is a leading cause of death and disability worldwide. The five-year survival rate for patients who suffer stroke is only 40%, with survivors facing residual deficits including hemiplegia, dysphagia, cognitive issues, depression, uncontrolled pain, fatigue, and incontinence. After severe stroke, patients and families face major medical decisions including: use of mechanical ventilation, artificial nutrition, pain management, and the extent of life-sustaining measures. This is also a time of high distress for patients and families due to substantial disability and high morbidity and mortality.

Palliative care is an appropriate intervention for patients suffering stroke due to the high mortality rate (17% of all strokes) associated with stroke during the first 30 days, the high mortality rate (60% of all strokes) for patients five years post stroke, as well as the need for symptom management in stroke survivors. While palliative care intervention for patients suffering stroke is supported in the literature, there are still questions regarding the use, role, and timing of palliative care, as well as the outcomes associated with palliative care use in this patient population. Additionally, it is unclear what triggers a palliative care consultation in stroke patients and how often palliative care is utilized. Moreover, there is little research examining the importance of communicating prognosis, having goals of care conversations, and conversations about the limitation of life sustaining treatment with stroke patients. Additionally, how this communication affects treatment plans and patient outcomes in the stroke population has not been well studied.

Collaborative Medical Decision Making Research

In the research line of medical decision making and establishing goals of medical care, I have also been involved in collaborative research. I have conducted several analyses of existing datasets in collaboration with my mentors. I was responsible for leading data analysis and manuscript writing for three studies, all published in rank: 1) Assessment of Discordance between Surrogate Medical Care Goals and Medical Treatment Provided to Seriously Ill Older Adults; 2) Clinical Decision Making around tPA administration; and 3) Nontraditional Surrogate Decision Makers for Hospitalized Older Adults. Study number one sought to evaluate discordance between surrogate decision maker goals of medical care and medical treatments provided to hospitalized, incapacitated patients. Study number two sought to determine current beliefs about tPA consent among a large group of stroke clinicians and to identify ethical, clinical, and organizational factors that influence tPA consent practices. Study number three examined the relationship characteristics associated with traditional versus nontraditional health care surrogates who are making medical decisions for patients in hospitals. These studies have resulted in three peer-reviewed, in-rank publications and two national presentations: 1) the American Academy of Hospice and Palliative Medicine Annual Conference; and 2) AAHPM State of the Science.

Independent Medical Decision Making Research

To support my research endeavors, I was awarded a Career Development Award from the National Palliative Care Research Center (NPCRC) in 2019. This line of research funding seeks to examine how patient and clinical characteristics are associated with palliative care consultation, hospice utilization, and communication including: goals of care conversations, prognostication conversations, and conversations about limitations of life sustaining treatments. Furthermore, these studies seek to determine the effect palliative care consultation and documented communication have on patient outcomes including limitations on life sustaining treatment and hospice utilization. In order to accomplish these research aims, I have

established relationships with four large urban hospitals in the Indianapolis area and are enrolling patients from each of the four sites in my study. Recently, we completed data collection and enrolled over 1,500 patients. To aid me in my data collection, I have utilized various grants to secure funding for 15 research assistants, all of whom I train and supervise. I have various manuscripts planned from this data set which will be submitted in the forthcoming year for both publication and presentation at national conferences.

Future Plans for Medical Decision Making Research

In order to continue my research at the intersection of medical decision making, communication, and transition to palliative care, my next step is to use the results of my current studies to create an effective primary palliative care training program to help neurologists more effectively engage in patient-centered communication with stroke patients at end-of-life. My current research studies have positioned me to apply for further NIH funding in the form of a planned R21 grant and then R01 grant, in order to conduct a randomized trial of my intervention. My current research is important and has a high likelihood of future funding as evidenced by the 2014 American Heart Association (AHA) Statement on Palliative and End-of-Life Care in Stroke which makes a call for “providers, researchers, educators, payers, and policymakers [to] promote patient- and family-centered care as its own quality dimension that requires measurement and improvement” (Class I, Level of Evidence C recommendation). The statement further asserts that work is needed to support interventions and other efforts that encourage stroke providers to improve patient-centered communication skills.

Research Aim 2: The Impact of Health Care Consent Laws on Medical Decision Making

High quality medical care for seriously ill patients requires concordance between values, goals, and medical treatments. For patients who lack decisional capacity, surrogate decision makers are asked to provide consent for medical treatment decisions. If patient preferences have been previously documented, surrogates may rely on the existing advanced directive for guidance during medical decision making; however, in most cases, patient wishes for treatment are not well-documented, and surrogate medical decision makers are called upon to establish goals of medical care. In the absence of an advance directive, appropriate surrogates are determined via state law, which is the most common way that surrogate decision makers are identified in inpatient hospital units and emergency departments.

In my first study in this line of research, a representative survey of n=412 physicians in Indiana obtained from the American Medical Association masterfile, I found that surrogate decision making laws mostly affect older adults in hospitals and that the existing laws in Indiana resulted in a delay of patient care, while also unnecessarily complicating medical decision making. I also found that less than half of physicians could correctly identify the correct, legally authorized surrogate decision makers for a particular patient based on Indiana law. This line of research resulted in three peer-reviewed publications, one of which reported that the majority of physicians across Indiana were allowing family members, such as grandchildren, to make surrogate decisions even though they were not listed in the state’s Health Care Consent law. The practice of physicians allowing surrogates not authorized by law to make medical decisions for patients, reflects the reality of clinical practice, that what is legal is not always ethical.

In response to my research, I was determined to translate these findings into a practical outcome to help hospitalized patients in Indiana, so I worked to change Indiana’s Health Care Consent law. In order to change the law, I engaged stake holders, including the Indiana State Medical Association and Indiana state legislatures to propose the law change. For instance, I had several meetings with Senators and House members to discuss the implications of my research on hospitalized patients in Indiana. Additionally, I testified about the findings of my research to the House Committee on Public Health and the Senate Committee on Public Health multiple times. My testimony included the findings from my research that Indiana’s law was

extremely restrictive and without a signed healthcare consent form, the law only allowed a patient's legal spouse, child, or parent to make medical decisions, regardless of the length or depth of the relationship. The restrictive nature of the law was forcing family members to go to court and pursue guardianships, which is expensive and time consuming.

After several years of conversation, Indiana's Health Care Consent Law was changed in 2017 to allow grandparents and grandchildren to serve as surrogates. In addition to the law change in 2017, the legislature further expanded the list of allowable surrogates to include a hierarchy of decision makers and a dispute resolution mechanism in 2018. Since the law has passed, I have been contacted by health care providers and organizations from around the state expressing their gratitude for the law change. Additionally, I have been contacted asking for my expertise regarding questions about how to interpret the law. In order to aid in the dissemination of information about the new law, I procured an internal grant to create an educational video about the new law. I have validated this video as an educational tool. A publication about the validation of the video is currently under review.

Now that the law has been changed in Indiana, it is important to determine whether the change in the law has had an effect on the issues identified in my original research. I am currently conducting a replication of my original research study to understand how the new law is functioning in clinical practice. The current study, which is in the data collection phase, will compare data collected in the previous study, prior to the law change, to explore whether physicians are knowledgeable about the new law and whether it has had an effect on physician perception of delays in patient care due to surrogate decision making. This study is important to patients, physicians, stakeholders, and state law and policy makers because it will show how a change in policy can directly impact patients and physicians during clinical practice. This is one of the first studies, to my knowledge, that prospectively follows the effect of a law change on clinical practice. Publications from this study are forthcoming.

Future Research in Surrogate Health Care Consent

If the law change is effective in Indiana, I will set my sights on replicating my study at a national level and working to establish a federal standard for surrogate medical decision making laws. I plan to submit a grant proposal to Patient Centered Outcomes Research Institute (PCORI) to replicate this study on a national level. It is my long term goal to influence additional states surrogate medical decision making laws and propose a federal standard.

TEACHING

I have demonstrated successful teaching while in rank as evidenced by my consistently high course evaluations (multiple semesters of 5 out of 5 student ratings), grants in teaching, publication in the scholarship of teaching, course development, redevelopment, and refinement, as well as, awards and acknowledgements by my peers and students. I have been awarded three internal grants in teaching, for a total of \$10,500. One grant was for course redevelopment, one was for a course assessment, and one was for a service learning assistantship. I have one publication on the scholarship of teaching in the *Chronicles of Higher Education*. I was awarded my school's Emerging Excellence in Teaching Award in 2017, and I have been nominated as an IUPUI Athletics Favorite Professor three times. In order to assist me in my research, I have established a research team consisting of 15 funded research assistants who I am directly mentoring.

Students have stated in my teaching evaluations: "I've never met someone as passionate about students and learning as Dr. Comer is. She is always willing to help us, and goes above and beyond to prepare for class and engage in our work with us as we learn. If more professors were like Dr. Comer, there's no way that any student would fail to succeed here." (L763, SU19); "I love everything about her. I wish that she could teach all of my classes. She makes the courses so engaging and interesting to the point where I force my family and

friends to listen to the material I learn in this class.” (W363, FA18); and, “She is one of the best professors that I have had the honor to listen lecture. She was really knowledgeable on all the topics that were discussed throughout the course. I also really enjoyed how she included us in the conversation rather than lecture at us the entire time. She also always reminded us about upcoming assignments and always made sure that we knew how to complete them.” (H363, FA19).

I am currently mentoring 15 research assistants including undergraduate, graduate, and medical students who have been funded to support their time working as my research assistants through programs such as the Undergraduate Research Opportunities Program and Life Health Sciences Internship Program. Additionally, I have been endorsed to serve as a doctoral dissertation chair and have successfully published with graduate students whom I mentor. My direct mentorship activities have resulted in three national and 11 local presentations and one publication with my mentees serving as first author.

My teaching responsibilities within my department include instruction of PhD and undergraduate students. In the PhD program, I have served as the instructor for both W661 Health Promotion and Disease Prevention and W662 Health & Rehab Systems Delivery. In the undergraduate program I have taught W221, Introduction to Health Sciences, W363 Healthcare Ethics, W361 Health Promotion and Disease Prevention, W250 Global Health Systems, and W364 Legal and Regulatory Aspects of Health Care Delivery. In addition to my teaching within my department, I have also taught at both the Medical School (C601, Foundations of Clinical Practice) and Law School (L500, Disability Law and L763, Health Law: Legal Epidemiology). I have engaged in original course development, as well as multiple substantial course redevelopments which have implemented novel teaching methodologies. For example, I redesigned W662 a core PhD course, to include both theories on research methodologies for making and evaluating health laws and policies as well as how to actually apply these theories in practice. The final result of this course is a publishable manuscript. Currently, I have two manuscripts from this course under review in journals which include all students as authors. In addition to my own courses, I am regularly invited to lecture in courses across campus, including lectures at the School of Medicine, School of Law, and courses within my own school.

In order to continue to advance my teaching, I have received formal peer and external reviews of my teaching, including a review from the University’s Center for Teaching and Learning. Additionally, I have received peer feedback from lectures I have given to both graduate and professional students. In response to these evaluations, I have made appropriate modifications to my course content and teaching approach such as changing assignments to better fit the needs of student learning.

Teaching Philosophy

Having the privilege to engage and influence students is one of the foremost reasons that I enjoy my position as an assistant professor. I have always enjoyed teaching because of the potential to change and impact students’ futures. My teaching philosophy is principally based on the premise that students who are engaged will learn and achieve more. In order to apply my teaching philosophy in the classroom, I take many steps to actively engage students. For example, while teaching my PhD students how to conduct research, I actively have them conduct a small guided research project throughout the semester. Providing students the opportunity to apply the knowledge they are learning in the classroom allows them to better understand and master the material. During my PhD courses, students are led through the research process step-by-step with the culmination being a publishable manuscript. In my undergraduate courses, I utilize a teaching method that involves active participation. I do not merely lecture to my students, but expect them to actively engage in conversation with each other. I believe that the dialog that occurs between students is one of the most important ways that students learn. While engaging with my undergraduate students, I encourage them to

challenge not only the thoughts and ideas of each other, but to also challenge the literature. I believe that students should learn to logically and analytically engage with material in a way that allows them to question the relevance and accuracy of what they are being taught. In this way, students are actively engaged in their current learning in a way that will allow them to continue to learn long after they leave the University.

SERVICE

I have actively been engaged in both professional and university service. In service to my profession, I have served as a manuscript reviewer for multiple high impact journals, including the Annals of Internal Medicine. Additionally, I am member of the Eskenazi Health medical ethics committee where I also take ethics consultation call. In my role as a committee member, I actively participate in the writing and revising of hospital policies that directly impact patient care. I co-led the creation of an ethics database for the hospital so that all medical professionals within the hospital could access ethics resources and policies. Additionally, I actively take ethics consultation call every three months for one week at a time. During ethics consultation call, I am responsible for helping resolve ethical dilemmas within the hospital. Ethics consultation call consists of going to the patient's bedside, as well as talking with clinicians and patient family members regarding medical decision making. My medical ethics fellowship and expertise in medical decision making allow me to navigate these complex situations so that patients receive high quality medical care. Serving on the ethics consultation service is beneficial for several reasons. First, I provide a much needed service to the medical community. Second, my work on the committee provides me with real world experience that is essential for developing research ideas. Additionally, this service provides me with ongoing ties to the hospital system and experts who aid me in completing my research.

In service to my University, I have been elected to the University Faculty Council two times (a two year term for each election) where I actively engage in council meetings and voting. In service to my school, I have served as the Chair of the Faculty Affairs and Bylaws Committee for three years. Additionally, I served on an ad-hoc committee to create bylaws for the merger of two schools (which created my current school). During my time as Chair of the Faculty Affairs and Bylaws Committee and member of the bylaws creation committee, I actively worked to create new bylaws and policies for our new school, and worked to make major revisions to these bylaws as they were implemented over the first two years of the new school merger. Additionally, in my role as chair, I continually provide guidance to faculty within my school on issues related to policy and procedure. In addition to my major role on the Faculty Affairs and Bylaws Committee, I have actively served on several other school and department committees as well as two faculty search committees, including the search committee for the Founding Dean of School of Health and Human Sciences. In recognition of my service contributions, I received my school Emerging Service Award in 2017.

FUTURE ENDEAVORS

In working toward the achievement of tenure, I have engaged in tenacious planning to outline a plan that will allow me to continue to achieve excellence in research. This plan, defined in detail in my research section, includes the continued engagement as the leader of a multi-disciplinary research team as PI in order to build a research trajectory that will result in the submission of multiple external grants that will support my research long term. In addition to my ongoing research trajectory, in order to ensure effective teaching and engaged service, I will remain engaged with my students and continue my teaching scholarship. Additionally, I will continue to serve my University, community, and profession through continuing my various service commitments. It is my long term goal to work toward promotion to professor and continue my research, teaching, and service at Indiana University.

DOCUMENTATION OF RESEARCH OR CREATIVE ACTIVITY

Amber R. Comer, PhD, JD

In concordance with the faculty workload expectations for faculty with research as their area of excellence, approximately 60% of my academic effort is dedicated toward research endeavors. My main research related activities include designing, conducting, and disseminating original research, pursuing both internal and external grant funding opportunities, and providing mentorship to the next generation of researchers. Additionally, I work to build collaborative relationships with other researchers in order to strengthen my own research skills and expand my reputation.

My research achievements in summation, include that my salary is currently funded as the Principle Investigator (PI) through a grant from the National Palliative Care Research Center (NPCRC). Additionally, I have received a total of 12 internal grants as PI. I have one NIH grant pending. I have published fifteen manuscripts (9 as first author) and 14 abstracts (13 as first author). I have given 13 national peer reviewed presentations (11 as first author). My work has been recognized on a national level as three of my first author publications have been cited in policy statements setting clinical practice standards. Lastly, I played a vital role in changing Indiana's Health Care Consent Law – which affects medical decision making for incapacitated hospitalized patients using my research. As research is my area of excellence, the following documents will provide an in-depth view of my research achievements, and plans to sustain future research excellence.

Documents Supporting Research Activities:

1. Discussion of five most significant publications
2. Significance and impact of research presentations and publications
3. Significance of grants and awards
4. Documentation of collaborative work
5. Future plans for ongoing program of research

DISCUSSION OF FIVE MOST SIGNIFICANT PUBLICATIONS WHILE IN RANK

1. **Comer AR**, Hickman SE, Slaven JE, Monahan PO, Sachs GA, Wocial LD, Burke ES, Torke AM. Discordance between Surrogate Goals of Care and Medical Treatments Received by Hospitalized Older Adults. *JAMA Network Open*. 2020;3(5):e205179.

This high profile publication represents the first theme of my research program – medical decision making and establishing goals of medical care. This study found that almost half of all patients receive at least one medical treatment which is discordant from their surrogate's identified goals of care, including 10 patients with Do Not Resuscitate orders who received cardiopulmonary resuscitation. This paper is significant because it shows the importance of high quality medical decision making and goals of care conversations. As first author, I determined the statistical analysis, interpreted the results, and wrote the manuscript. Although this is a recent publication (May 2020), within the first two months of this article's publication, the article has been viewed over 2,170 times.

2. **Comer AR**, Damush T, Torke, AM, Williams L. The Role of Informed Consent for Thrombolysis in Acute Ischemic Stroke. *Journal of Clinical Ethics*. 2019;30(4):338-346.

Determining whether patients and/or their surrogates should be consented prior to receipt of tissue plasminogen activator (tPA), the only medication available to treat acute ischemic stroke, has been a contentious question within the emergency medicine and neurologic communities for several decades. The results of this study found that stroke clinicians are divided on the appropriate way that medical decisions should be made in regard to consent and receipt of tPA. This paper is significant because its results led to a conversation between the paper's authors and the Veteran Affairs Hospital (VA) Ethics Committee regarding the VA's (all VA Hospitals in the USA) practice of requiring written consent prior to administration of tPA. As first author on this study, I determined the study question, conducted data analysis, and wrote the manuscript.

3. **Comer AR**, Slaven JE, Montz A, Burke E, Inger I, Torkie A. Non-traditional Surrogate Decision Makers for Hospitalized Older Adults. *Medical Care*. 2018;56(4):337-340.

This publication represents the second theme of my research program – the impact of health care consent laws on medical decision making. This study found that regardless of a surrogate medical decision maker's legal relationship with the patient, surrogates who are the patient's primary care giver have similar relationships to the patient as immediate relatives. This publication was essential for showing that Indiana's state health care consent law needed to change because the law automatically delegated medical decision making for incapacitated patients to immediate family members. The law was problematic because it did not allow persons outside of the immediate family to serve as surrogates without prior appointment by the patient as a health care power of attorney or a court appointed guardianship. This publication is significant because it was used as evidence to change Indiana's law. Additionally, this paper was used to set clinical practice guidelines in an official policy statement by the American Thoracic Society/ American Geriatrics Society on making medical treatment decisions for unrepresented patients in the ICU. As the first author on this study, I was responsible for the study design, data analysis, data interpretation, and manuscript writing.

4. **Comer AR**, Gaffney M, Stone C, Torke AM. Physician Understanding and Application of Surrogate Decision Making Laws in Clinical Practice. *AJOB Empirical Bioethics*. 2016;8(3):198-204.

This study identified that there are situations where the majority of physicians are willing to break the law in order to uphold ethical medical decision making regarding patients goals of care. This publication is significant because it was used as evidence during Indiana House and Senate testimony that Indiana's laws regarding health care consent needed to be changed because physicians were being placed in a position where they had to decide between treating patients in accordance to the law or in accordance with bioethical principles. This publication is also significant because it was used to set clinical practice guidelines as it was cited in an official policy statement by the American Thoracic Society/ American Geriatrics Society on making medical treatment decisions for unrepresented patients in the ICU. As the first author on this study, I was responsible for the study design, data collection, data analysis, data interpretation, and manuscript writing.

5. **Comer AR**, Gaffney M, Stone, C, Torke A. The effect of a state health care consent law on patient care in hospitals: A survey of physicians. *Journal of Hospital Administration*. 2018;7(2):31-35.

This study found that lack of high quality medical decision making laws regarding surrogate medical decision makers in Indiana was creating a delay in patient care. This paper is significant because it quantifies the findings of my other work in the field of medical decision making and health care consent laws by showing the number of days that patient's care is delayed and how these delays affect the delivery of quality medical care. This study was also used as evidence during Indiana House and Senate Committee testimony to change Indiana's Health Care Consent law. As the first author on this study, I was responsible for the study design, data collection, data analysis, data interpretation, and manuscript writing.

SIGNIFICANCE AND IMPACT OF RESEARCH PRESENTATIONS AND PUBLICATIONS

Amber R. Comer, PhD, JD

Impact of Publications

While in rank, I have published 15 peer reviewed journal publications (9 as first author) and 7 abstracts (6 as first author). Additionally, I have given 13 national peer reviewed presentations (11 as first author). Due to the high clinical impact of my research at a regional and local level, I have given over 50 peer reviewed and invited research presentations where I have been asked to discuss my research findings. The national impact of my publications and research is evidenced by multiple citations of my work by national medical associations in their policy statements. For example, three of my articles were recently cited in an American Thoracic Society/ American Geriatrics Society Policy Statement: Making Medical Treatment Decisions for Unrepresented Patients in the ICU.

The following tables represent the metrics of my research publications and presentations. JIF is from the year the article was published. Data from the Web of Science Citation Reports. Quartile ranking indicates the rank of the impact factor within a field. A quartile 1 (Q1) indicates that the journal is in the top 25% of journals in that discipline. Not Applicable (N/A) was given to JAMA Network Open as the journal is less than two years old and this information is not available (Table 1).

Table 1. Select Journal-Level Metrics

Journal	Journal Impact Factor (JIF)	Journal Ranking within Discipline
Medical Care	3.8	Health Policy and Services: #7/82, Q1
Medical Clinics of North America	3.5	Medicine, General & Internal: #33/165, Q1
Journal of Hospital Medicine	3.7	Public Health: #24/173, Q1 Infectious Diseases: 1#9/83, Q1
BMC Complementary & Alternative Medicine	2.8	Integrative & Complementary Medicine: #6/28, Q1
Infection Control and Hospital Epidemiology	2.2	Medicine, General & Internal: #42/155, Q2
Respiratory Care	1.7	Respiratory System: #52/63, Q4 Critical Care Medicine: #26/33, Q4
AJOB Empirical Bioethics	1.7	Philosophy: #33/475, Q1 Social Sciences (Health): #101/237, Q2 Medicine (Health Policy): #117/216, Q3
Journal of Clinical Ethics	1.3	Social Sciences (Health): #168/275, Q3 Medicine (Health Policy): #161/239, Q3
JAMA Network Open	n/a	n/a (acceptance rate: 30%)
International Journal of Telerehabilitation	n/a	n/a
Harvard Medical School Bioethics Journal	n/a	n/a
Journal of Hospital Administration	n/a	n/a
Indiana Health Law Review	n/a	n/a

International Journal of Medical Research Professionals	n/a	n/a
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This table represents combined download data from both the publisher and IUPUI Scholarworks. Download data is an indicator for intent to use. The Field Citation Ratio from Dimensions indicates how well cited an article is when compared to similar articles by publication year and discipline. A score greater than 1.0 is considered to be cited more than average. A score of 9 indicates that the article is cited 9 times more than the average article of similar age in that field (Table 2).

Table 2. Medical Decision Making Research: Articles in Rank

Article	Year Published	Citations (Google Scholar)	Downloads*	Field Citation Ratio**
Factors Influencing Antibiotic-Prescribing Decisions Among Inpatient Physicians: Qualitative Investigation	2015	61	388	11.4 in Medical/Health Sciences
Barriers to guidelines-concordant antibiotic use among inpatient physicians: a case vignette qualitative study	2016	26	133	5.48 in Medical/Health Sciences
Physician Understanding and Application of Surrogate Decision-Making Laws in Clinical Practice	2016	4	419	2.54 in Philosophy
Non-traditional Surrogate Decision Makers for Hospitalized Older Adults	2018	3	42	0.35 in Medical/Health Sciences
What do you mean I cannot consent for my grandmother's medical procedure?: Key issues with state default surrogate decision making laws	2016	3	n/a	n/a

Table 3. Research Abstracts

Journal	Journal Impact Factor (JIF)	Journal Ranking within Discipline
Journal of Clinical Oncology	32.9	Medicine (Oncology): #6/331, Q1
Circulation	23.1	Cardiac & Cardiovascular Systems: #2/136, Q1 Peripheral Vascular Disease: #1/65, Q1
Journal of Pain and Symptom Management	5.1	Nursing: #5/116, Q1 Medicine (Anesthesiology): #17/117, Q1 Medicine (Clinical Neurology): #90/348, Q2
Medical Care	3.8	Health Policy and Services: #7/82, Q1

Discussion of Research Presentations

I have been selected to give 13 oral and poster presentations (11 as first author and 2 as senior author) at the most prestigious national conferences in my field, including the American Academy of Hospice and Palliative Medicine Annual Assembly and State of Science, the American Heart and Stroke Association, and the American Public Health Association Annual Assembly. Additionally, I have given over 50 invited research presentations at a regional or local level. My presentations have been impactful and important for translating my research into practical clinical change. My research presentations have allowed me to make a measurable impact on the way medicine is practiced, as evidenced by the change in Indiana's law based on my research. My regional and local presentations consist of a diverse array of audiences such as physicians, health care administrators, attorneys, legislators, and the public.

SIGNIFICANCE OF GRANTS/AWARDS

Amber R. Comer, PhD JD

To support my research program in medical decision making for hospitalized patients suffering severe illness, I have been awarded nine internal grants and one external grant in the sum of \$256,733, all as Principle Investigator. In an effort to sustain my research funding, I have applied for six external grants, including three National Institutes of Health (NIH) grants, and three internal grants in the sum of \$2,587,683 which were not funded, but well scored (one NIH grant is currently under review). The combination of my successful grants, and unsuccessful but well scored grants show my track record of independent research that will continue through my promotion and tenure.

Summation of Research Grants Submitted as Principle Investigator (PI)

Total number of grants submitted as PI	18
Total number of external grants submitted as PI	6
Total number of internal grants submitted as PI	12
Total number of external grants – funded as PI	1
Total number of internal grants – funded as PI	9
Total dollar amount of grants submitted as PI	\$2,587,683
Total dollar amount of grants funded as PI	\$256,733

Most Significant Grants

Currently, my salary is supported through a grant from the National Palliative Care Research Corporation (NPCRC), which continues through June 2022. This national grant was extremely competitive (success rate of 16%). This grant produced a robust data set consisting of n=1550 patients from four different hospital systems. The results of this comprehensive data set have been used as pilot data for a pending grant submission to the NIH and planned grant submission to the Patient-Centered Outcomes Research Institute (PCORI). In addition to being used as pilot data for future grants, this grant has provided data for at least five planned publications which will be aimed toward high impact journals.

Although my NPCRC grant is the most significant, my other grants have been impactful as they have each resulted in publications and have been utilized as pilot grants to further my research program. For example, I received several internal grants to research the impact of Indiana's Health Care Consent Law on the effect of patient care during clinical hospital practice. These grants have resulted in four publications and two planned publications. Additionally, the data collected from these grants will be used as pilot data for a planned grant to the PCORI, which will expand this study from a state study to a national study.

In addition to providing funding to pursue my research program, the grants I have procured have allowed me to produce research that has changed clinical practice for physicians. Three important examples of translating my research into clinical change involve: 1) playing a pivotal role in changing Indiana's State Health Care Consent Law; and 2) affecting clinical care provided to patients who have suffered severe stroke. For the first example, I was able to utilize my grants to produce data which I used as evidence that Indiana's Health Care consent law needed to be changed in order to protect patients and clinicians in hospitals. Second, my NPCRC grant has resulted in a data set that has shown the need for palliative care intervention in patients who have suffered severe stroke. Although data from this grant is in the manuscript writing stage, I have presented preliminary data to administrators at hospitals within Indianapolis and we are in discussions about making a plan to automatically involve palliative

care for patients who have suffered severe stroke; and 3) my research, which resulted from my grants, has been cited three times in clinical practice guidelines which set the standards of clinical care provided to patients.

DOCUMENTATION OF COLLABORATIVE WORK

Amber R. Comer, PhD, JD

While in rank, I have had the immense honor of working with leading scholars in the field of stroke medicine and palliative care. These collaborations have allowed me to successfully receive grants and publish high impact articles. Although I have long standing collaborations, I have achieved research independence as I have submitted grants and successfully published manuscripts without my mentors while in rank. The following is a brief synopsis of my most impactful collaborations and the results of our combined efforts.

Collaboration with Alexia Torke, MD – Indiana University School of Medicine

Dr. Torke and I have a history of collaboration due to our common interest in medical decision making. Dr. Torke is currently my primary research mentor and serves as such on my career development award. Dr. Torke is a well-recognized expert in the field of palliative care and geriatrics research. Dr. Torke and I have worked together on some of my most prolific research studies, including work which resulted in the change in Indiana's Health Care Consent law. Dr. Torke and I are currently collaborating on multiple publications which will result from my career development award. The author contributions for manuscripts I have published with Dr. Torke are described in my 5 most significant publications section of my dossier.

Collaboration with Linda Williams, MD – Indiana University School of Medicine

I began to collaborate with Dr. Williams during my first year as an assistant professor. At that time, Dr. Williams was an established and internationally recognized stroke researcher in health services research. Dr. Williams and I began to work together on several projects including a secondary analysis of data which determined the attitudes and practices of stroke clinicians surrounding consenting stroke patients for Tissue Plasminogen Activator (tPA), the only medication available for treatment of severe acute stroke. This collaboration resulted in a publication in the Journal of Clinical Ethics. Our collaboration grew to include several other studies and Dr. Williams served as co-mentor on my career development award. Currently, Dr. Williams and my collaboration continues as we work to publish the results of the data collected through my NPCRC grant, as well as another study involving the transition of clinical care for stroke patients from neurologists as the primary to internal medicine. The author contributions for manuscripts I have published with Dr. Williams are described in my 5 most significant publications section of my dossier.

Collaboration with Lyle Fettig, MD – Indiana University School of Medicine

My collaboration with Dr. Fettig began several years ago while serving on Eskenazi's Medical Ethics Committee together. We determined we had a common interest in palliative care research and medical ethics. As he is a palliative care physician, my collaboration with Dr. Fettig has been vital for research question development and patient access. For the past four years, I have worked with Dr. Fettig to help design and conduct research studies as part of the palliative care fellowship program. Our collaboration has resulted in a recent in press publication in the Medical Clinics of North America as well as several manuscripts which are under review. Dr. Fettig and I plan to continue our collaboration as I pursue my research interest in palliative care. As my collaboration with Dr. Fettig has only recently resulted in published manuscripts, I did not include my work with him under the five most significant publications. However, Dr. Fettig's collaboration with me is important for the palliative care fellowship program as I provide research expertise and conversely, he provides access to patients and a clinical perspective.

FUTURE PLANS FOR ONGOING PROGRAM OF RESEARCH

Amber R. Comer, PhD, JD

My research program has developed with the focus on medical decision making for hospitalized patients with severe life threatening illness. My long-term goal is to become a national leader in the study of palliative care and medical decision making with an emphasis on patients who have suffered severe stroke.

The 2014 American Heart Association (AHA) Statement on Palliative and End-of-Life Care in Stroke made a call for “providers, researchers, educators, payers, and policymakers [to] promote patient- and family-centered care as its own quality dimension that requires measurement and improvement” (Class I, Level of Evidence C recommendation). The statement further advocates that work is needed to support interventions and other efforts that encourage the integration of palliative care after severe stroke.

My research is innovative because there is little existing research about medical decision making after acute stroke. Setting goals of care after severe stroke differs from other medical conditions due to the high variability in specific deficits and the uncertainty in predicting degree of functional recovery as well as the high likelihood of disability and prolonged suffering experienced by those suffering severe stroke.

Currently, my salary is funded through a grant award from the National Palliative Care Research Center (NPCRC). This grant has allowed me to collect a robust dataset that I intend to use as pilot data for future grants. From this data set, I have five planned manuscripts. Additionally, I have an additional five manuscripts in progress, and another three under review from other studies that I have recently conducted. It is my plan to publish these manuscripts over the next two years while I work to collect data on prospective grant funded projects.

In regards to future grants, I currently have an NIH K01 grant under review. Additionally, in order to ensure a continuation in my grant funding, I have three planned grants as Principle Investigator which will be submitted over the next year to the Patient Center Outcomes Research Institute (PICORI), the National Institutes of Health (NIH), and the Greenwall Foundation. My intention is to revise and resubmit each of these grants if they are not funded.

As I have a steady stream of data, planned manuscripts, and planned grant submissions, I believe that I will be able to not only continue, but exponentially improve my research trajectory by procuring high impact grants and disseminating important research in my field. It is my long-term goal to pursue promotion to professor with research as my area of excellence. As this is an important next step after promotion and tenure, my research trajectory has been devised to ensure the progression toward this long-term goal.

TEACHING LOAD

Amber R. Comer, PhD, JD

Although my area of excellence for promotion and tenure is research, I have a strong passion and dedication to the University's teaching mission. My teaching responsibilities are divided between undergraduate and graduate students. My teaching load comprises approximately 30% of my effort while in rank. My teaching expectations given research is my area of excellence consist of teaching two courses per semester during the fall and spring semesters. In addition to meeting my teaching expectations within my school, I also teach a course at the Indiana University McKinney School of Law each summer, and I have taught Foundations of Clinical Practice at the Indiana University School of Medicine.

In addition to my expected course teaching load, I serve on PhD student academic advisory committees prior to their qualifying examinations and serve on their doctoral dissertation committees. I also provide guest lectures within the Physician Assistant Program in my school and a biomedical ethics course at the Indiana University School of Medicine each year. I also teach a section each year on bioethics to the following medical residency programs: 1) Psychiatry; 2) Neurology and Neurosurgery; and 3) Palliative Care. Additionally, I provide a bioethics lecture to the Indiana University Health Fairbanks Center for Medical Ethics fellowship program each year.

In addition to providing high quality education, I have successfully procured two teaching grants and have published in the Chronicles of Higher Education. The following documents provide an in depth view of my teaching activities.

Documents Support Teaching Activities:

1. Impact of Instruction on student learning outcomes
2. Undergraduate and graduate mentoring outcomes
3. Peer review of teaching
4. Course and curriculum Development
5. Disseminated scholarship, grants, and awards of teaching and learning

STUDENT TEACHING EVALUATIONS

Amber R. Comer, PhD, JD

This document consolidates the impact I have had on student learning through the use of student teaching evaluations for my primary teaching assignments within my school. I have provided my overall mean score along with the department overall mean score for comparison. Throughout my time in rank, I have consistently received scores above the department mean for teaching, even receiving perfect scores (5 out of 5) two times. In addition to my mean score, I have provided at least one student comment from my teaching evaluations for each course that I have taught while in rank. More important than the high scores that I constantly receive is the impact that I have on student learning, which has been demonstrated through the student comments that I have provided. I have selected one or two comments from each semester. I have also provided unsolicited emails from students in the appendix which highlight the value that my instruction has had on their education.

Course	Semester & Year	My Mean Score (Out of 5)	Dept. Mean Score (Out of 5)	Student Comments
H363	SP20	4.78	4.14	"Dr. Comer is an AMAZING professor!" "I enjoyed this class because it stimulated critical thinking. Dr. Comer is an amazing professor and you really get the most out of the class the way she teaches."
H662	SP20	4.5	4.14	"Dr. Comer is very knowledgeable about both aspects—public health and the law."
H363	FA19	5.0	4.18	"How kind Dr. Comer is. She is very personable and makes class fun and interesting. There was never a class that I did not learn something new. I always learned something I did not previously know prior to attending class, which made me want to keep going to class." "Dr. Comer is amazing! This class is probably my favorite class I have taken and would recommend other students to take this course."
H362	FA19	4.49	4.18	"She was just great. She was so kind and respectful to students, which is something I think a lot of professors are not." "Amber Comer is a great professor. She made the online class easy to navigate and the expectations were clear."
W661	SP19	5.0	4.16	"I loved this course. The content was interesting and mostly the teacher had energy and passion in teaching and everything was very well structured and organized. I very much enjoyed this course and would definitely recommend it to future students."
W363	SP19	4.63	4.16	"Dr. Comer is such an amazing professor." "Professor comer is awesome!" "The professor, though fun and entertaining, is extremely knowledgeable and has a drive to get students to explore the subject."
Law – D763	SU19	4.91	4.67	"Dr. Comer is a PHENOMENAL instructor and greatly enhances health law courses at McKinney. Her background in law, public health research and medical research made for an incredibly diverse and interesting class taught by a knowledgeable instructor. I feel like I grew leaps and bounds in this short 6–week course. Dr. Comer should absolutely teach more, semester–long courses. I would take them all."

W361	SP18	4.69	4.23	"I absolutely adore my instructor in the course. She was so helpful in every way possible and I loved going to this class. I feel like I learned the most from this class this semester."
W363	SP18	4.42	4.23	"I really liked Dr. Comer and I loved how she always found a way to get the class engaged rather than just lecturing to us."
W361	FA18	4.53	4.10	"Dr. Comer is amazing, as always."
W363	FA18	4.44	4.10	"The only good part about my week is coming to this class. Dr. Comer is OUTSTANDING. This was one of the most educational courses I've ever taken at IUPUI. I talk to my family and friends about the things that I've learned in this class, and I even make them contemplate the ethical issues that Dr. Comer presents to us. I genuinely could not say enough about this class. My favorite aspect is how interactive Dr. Comer makes it. You can tell she is well-educated and wants us all to be successful."
W361	SP17	4.47	4.23	"The professor Doctor Comer is fantastic, and by far the reason why this class is so great, she is invested in this class and us as students, she knows what she is talking about, and isn't afraid to stray slightly off topic in order to promote discussion and to answer questions, she also provides proof when discussing more controversial ideas in class, and encouraged us to think about things in different ways. this class epitomizes what college should be, and its almost entirely because of Dr Comer"
W363	FA16	4.55	4.16	"Dr. Comer. Dr. Comer is an excellent professor and brings so much life to every course she teaches. The entire course was the most well organized, enjoyable class I have ever taken. Absolutely well done."
W361	FA16	4.27	4.16	"Professor Comer is AMAZING! She is very caring, knowledgeable, and wants to see students succeed. I loved how consistent Professor Comer was. Everything was always due on Sunday and if we had an extra assignment she would remind us plenty of times before the due date."
W361	SP16	4.40	4.14	"Dr. Comer is honestly one of the best professors I've had in my four years. Everyday she starts class off in a great attitude, filled with energy, and is always positive. She is passionate about the material and truly knows what she is talking about. She also sincerely cares about her students and their success, so it really makes you want to do well so you don't disappoint. Even after class she is always more than willing to answer questions about her material or over something that is completely irrelevant to the class."
W211	FA15	4.16	4.22	"I love the instructor Dr. Comer. She is so kind and explains the material very well."
W363	FA15	4.49	4.22	"Dr. Comer is by far my favorite professor. She really knows what she is talking about when it comes to ethics in the health field. She went out of her way to set up optional help sessions for our two assignments." "Professor Comer is the reason that I loved this class so much. I would definitely recommend her to anyone. She is so great at what she does and very knowledgeable on so many topics even outside this course. Her background knowledge helped me to understand everything better and the way she teaches allows me to think intellectually, which I loved."

UNDERGRADUATE AND GRADUATE RESEARCH MENTORING OUTCOMES

Amber R. Comer, PhD, JD

Mentoring students has been one of the most important and fulfilling components of my faculty position. I have had the pleasure of mentoring a variety of students in research, including undergraduates, graduate doctoral students, medical students, law students, and medical residents and fellows. One accomplishment of note is that I successfully mentored 16 research assistants through data collection at four hospitals over the course of a two year period. The majority of these research assistants were funded through the Life Health Sciences Internship (LHSI) Program and the Undergraduate Research Opportunity Program (UROP). I have served as an LHSI research mentor since 2016 and have housed 10 LHSI interns during that time. Additionally, 4 of these LHSI students have continued to work on my research team as part of the UROP and D-UROP programs. The LHSI program provides funding for research assistants to work 10 hours per week for the academic year. UROP provides funding for research assistants to work 20 hours per week during the academic year and up-to 40 hours per week over the summer.

The following tables represent the graduate and undergraduate research mentees which have produced a published manuscript, abstract, or poster presentation. This is not a complete list of all of my research mentees. The complete list can be found in my C.V. The list is incomplete because I have multiple research assistants with projects in the manuscript writing phase. These mentees have been left off of the list of achievements.

Table 1. Graduate Student Mentees – Research

Mentee Name	Inclusion Dates	Mentee Level	Publications/ Presentations/ Awards
Jacob Bradshaw	8/ 2019 – Present	Law Student	1. Comer AR, Apathy N, Waite C, Bestmann Z, Bradshaw J, Burchfield E, Harmon B, Legg R, Meyer S, O'Brien P, Sabec M, Sayeed J, Weaver A, D'Cruz L, Bartlett S, Marchand M, Zepeda I, et. all. Electronic Scooters: Assessing the Threat to Public Health and Safety. CHIA. 2020. <i>Under Review</i> 2. Manuscript regarding Physician Orders for Life Sustaining Treatments (POST) laws and policies throughout the country is currently in the writing phase.
Emily Burchfield	9/2019 – Present	Law Student	1. Comer AR, Apathy N, Waite C, Bestmann Z, Bradshaw J, Burchfield E, Harmon B, Legg R, Meyer S, O'Brien P, Sabec M, Sayeed J, Weaver A, D'Cruz L, Bartlett S, Marchand M, Zepeda I, et. all. Electronic Scooters: Assessing the Threat to Public Health and Safety. CHIA. 2020. <i>Under Review</i> 2. Manuscript regarding differences in palliative care regulations between states is currently in the manuscript writing phase.

Abby Church	8/2018 – Present	PhD Student	1. Munk N, Church A, Nemati D, Zabel S, Comer AR. Massage preceptions and attitudes of undergraduate pre-professional health sciences students: a cross-sectional survey in one U.S. university. BMC Complementary & Alternative Medicine. 2020: <i>In Press</i>
Samantha Zabel	8/ 2018 – Present	PhD Student	1. Munk N, Church A, Nemati D, Zabel S, Comer AR. Massage preceptions and attitudes of undergraduate pre-professional health sciences students: a cross-sectional survey in one U.S. university. BMC Complementary & Alternative Medicine. 2020: <i>In Press</i>
Donya Neminati	8/2018 – Present	PhD Student	1. Munk N, Church A, Nemati D, Zabel S, Comer AR. Massage preceptions and attitudes of undergraduate pre-professional health sciences students: a cross-sectional survey in one U.S. university. BMC Complementary & Alternative Medicine. 2020: <i>In Press</i>
Stephanie Bartlet	8/2017 – Present	PhD Student	1. Comer AR, Apathy N, Waite C, Bestmann Z, Bradshaw J, Burchfield E, Harmon B, Legg R, Meyer S, O'Brien P, Sabec M, Sayeed J, Weaver A, D'Cruz L, Bartlett S, Marchand M, Zepeda I, et. all. Electronic Scooters: Assessing the Threat to Public Health and Safety. CHIA. 2020. <i>Under Review</i> 2. Comer AR, Ustymchuk N, D'Cruz L, Bartlett, Fettig L. Physician Use of Empathy During Clinical Practice. Journal of Pain and Symptom Management. 2019;57(2):487-488.
Lynn D'Cruz	8/2017 – Present	PhD Student	1. Comer AR, Apathy N, Waite C, Bestmann Z, Bradshaw J, Burchfield E, Harmon B, Legg R, Meyer S, O'Brien P, Sabec M, Sayeed J, Weaver A, D'Cruz L, Bartlett S, Marchand M, Zepeda I, et. all. Electronic Scooters: Assessing the Threat to Public Health and Safety. CHIA. 2020. <i>Under Review</i> 2. Comer AR, Ustymchuk N, D'Cruz L, Bartlett, Fettig L. Physician Use of Empathy During Clinical Practice. Journal of Pain and Symptom Management. 2019;57(2):487-488.
Amy Johnson	1/2017 – 12/2019	Palliative Care Fellow	1. Johnson A, Newton EV, Fettig L, Comer AR. Oncology fellows' knowledge and

			current practice regarding outpatient oncology and palliative care. Journal of Clincial Oncology. 2019;37(15):10527.
Sara Tackas	8/2018 – Present	Neurology Resident	1. American Association of Neuromuscular & Electrodiagnostic Medicine: Residency & Fellowship Award (2020) 2. American Association of Neuromuscular & Electrodiagnostic Medicine: Golseth Young Investigator Award (2020)
Areeba Jaweed	8/2019 – Present	Palliative Care Fellow	1. Completed a secondary analysis of my data – manuscript forthcoming
Roma Patel	8/2019 – Present	Palliative Care Fellow	1. Lead the palliative care fellows in study regarding Do Not Resuscitate Orders – manuscript forthcoming
Abdullah Almojaibel	8/2017 – Present	PhD Student	1. Almojaibel A, Munk N, Goodfellow L, Fisher T, Miller L, Comer A, Bakas T, Justiss M. Health Care Practitioners Determinations of Telerehabilitation Acceptance. International Journal of Telerehabilitation. 2020;12(1):43-50. 2. Almojaibel A, Munk N, Goodfellow L, Fisher T, Miller L, Comer A, Bakas T, Justiss M. Development and Validation of the Tel-Pulmonary Rehabilitation Acceptance Scale. Respiratory Care. 2020;12:43-50.

Table 2. Undergraduate Student Mentees – Research

Mentee Name	Inclusion Dates	Publications/ Presentations/ Awards
Cassidy Butler	8/2019 – Present	1. Disparities in utilization of life sustaining treatments after severe stroke. UROP summer research presentations (2020)
Isabel Zepeda	8/2018 – Present	1. Palliative care is associated with transition to comfort measures in severe stroke patients. UROP summer research presentations (2020) 2. Zepeda I, et. all. Palliative care utilization following acute severe stroke. Student Research Engagement Day (2019) 3. Zepeda I, et. all. Palliative care utilization following acute severe stroke. CRL Student Poster Symposium (2019) 4. Zepeda I, et. all. Palliative care utilization following acute severe stroke. IU Undergraduate Research Conference (2019)
Katelyn Endris	8/2018 – Present	1. IUPUI Student Research Day: Best Poster (2020) 2. Endris K. et. all. Documented medical treatment preferences following acute severe stroke. Student Research Engagement Day (2019)

		<p>3. Endris K. et. all. Documented medical treatment preferences following acute severe stroke. CRL Student Poster Symposium (2019).</p> <p>4. Endris K. et. all. Documented medical treatment preferences following acute severe stroke. IU Undergraduate Research Conference (2019)</p>
McKenzie Marchand	8/2018 – Present	<p>1. Marchand M, et. all. Documented goals of care conversations following acute severe stroke. Student Research Engagement Day (2019)</p> <p>2. Marchand M, et. all. Documented goals of care conversations following acute severe stroke. CRL Student Poster Symposium (2019)</p> <p>3. Marchand M, et. all. Documented goals of care conversations following acute severe stroke. IU Undergraduate Research Conference (2019)</p>
Nina Ustymchuk	6/2017 - Present	1. Comer AR, Ustymchuk N, D’Cruz L, Bartlett, Fettig L. Physician Use of Empathy During Clinical Practice. Journal of Pain and Symptom Management. 2019;57(2):487-488.
Makayla Lake	8/2017 – 5/2018	1. Lake et. all. Indiana medical residents knowledge of advanced directives. Student Research Engagement Day (2018)
Amy Truong	8/2017 – 5/2018	1. Truong A, et. all. Indiana medical residents knowledge of surrogate laws. Student Research Engagement Day (2018)

Table 3. Grants and Funding for Research Mentees

Mentee	Granting Agency	Dates	Amount
Isabel Zepeda	D-UROP	2019-2020	\$6000
Katelyn Endris	UROP	2019-2020	\$2000
McKenzie Marchand	UROP	2019-2020	\$2000
Cassidy Butler	LHSI	2019-2020	10 hours per week
Brooklyn Richardson	LHSI	2019-2020	10 hours per week
Isabel Zepeda	D-UROP	2019	\$2000
Katelyn Endris	UROP	2019	\$2000
McKenzie Marchand	UROP	2019	\$2000
Isabel Zepeda	LHSI	2018 – 2019	10 hours per week
Katelyn Endris	LHSI	2018 – 2019	10 hours per week
McKenzie Marcand	LHSI	2018 – 2019	10 hours per week
Lynn D’Cruz	SHHS Block Grant	2018 – Present	20 hours per week
Stephanie Bartlet	SHHS Block Grant	2018 – Present	20 hours per week
Mikaela Lake	LHSI	2017 – 2018	10 hours per week
Amy Thuong	LHSI	2018 – 2018	10 hours per week
Brittney Rollins	LHSI	2018-2017	10 hours per week

PEER REVIEW OF TEACHING

Amber R. Comer, PhD, JD

During my time in rank, I have had the opportunity to receive multiple formal and informal peer evaluations of my teaching. Each peer evaluation provided me with critical feedback which I utilized to make changes to my curriculum and teaching style. The following table represents an aggregate example of select peer teaching evaluations, comments, and changes that I made based on formal evaluations. In addition to the evaluations and course improvements which I write about in this dossier, I have seriously considered each evaluation, whether formal or informal, and made improvements to my teaching and courses based on peer feedback.

W363 – SP18: Reviewer Dr. Richard Turner, IUPUI Center for Teaching and Learning

Comments:

Dr. Comer has a “problem so many contemporary instructors would love to have – too many students engaged at length and complexly with the material under discussion.”

“Dr. Comer’s approach to her teaching embraces a series of best practices in higher education instruction.”

Dr. Comer “has created an engaging, positive environment in her classroom from her open and friendly informal chat with students prior to her expert and interested introduction to the topic under discussion.”

“There didn’t seem to be any area of faults exactly. What is interesting about this level of success is the nagging question about the success of the class for every student present. The students who were engaged in the discussion seemed to be learning what the session hoped to teach, but it is hard to be sure about the learning going on with the students who didn’t actively participate in the discussion. Using some method of assessing student progress during the class or at interval during the semester might get at the possibility that some students are not learning at the same rate or in the way as others.”

Course Improvements:

Based on this feedback, I have altered my teaching strategy in order to ensure that all students are able to participate in discussions. This also allows me to ensure that students are learning. Part of my new strategy is that I have students engage in an online discussion forum where they are required to respond to a classmate. I then take the information that is posted in the online forum and use it to engage the less involved students during my course.

W363 – FA16: Dr. Joyce MacKinnon, Associate Dean, School of Health and Human Sciences

Comments:

Dr. Comer “did a great job in encouraging students to share their thoughts and feelings. [She] validated all of the comments without judgement.”

Dr. Comer is “well on [her] way to be an inspiring and wonderful teacher; one that the students will speak about with affection and respect.”

“Please encourage your students to demonstrate critical thinking skills rather than only report their feelings.”

Course Improvements:

In response to this comment, I incorporated in class activities which require the students to engage in critical thinking. The in class activity consists of an ethical analysis where the students are presented with a hypothetical vignette about a patient situation, and the students must engage by going through each of the steps to come to an ethical resolution of the case. These in class ethical analyses have been crucial for students learning critical thinking as they require analytical and logical thinking from the students in a way that teaches them how to think critically.

COURSE CURRICULAR AND PROFESSIONAL DEVELOPMENT

Amber R. Comer, PhD, JD

The following tables show the course, semester, and number of students that I have taught as the instructor of record each semester while in rank.

Table 1. Undergraduate Courses Taught while in Rank

Course #	Short Title	Format	Term	Enrollment
H211	Introduction to Health Sciences	In-Person	FA15	40
H363	Bioethics	In-Person	FA15	39
H363	Bioethics	In-Person	FA16	44
H363	Bioethics	In-Person	FA17	48
H363	Bioethics	In-Person	SP18	32
H363	Bioethics	In-Person	FA18	33
H363	Bioethics	In-Person	SP19	36
H363	Bioethics	In-Person	FA19	36
H363	Bioethics	In-Person	SP20	15
H361	Health Promotion and Disease Prevention	In-Person	SP16	33
H361	Health Promotion and Disease Prevention	In-Person	SP17	57
H361	Health Promotion and Disease Prevention	In-Person	SP18	50
H361	Health Promotion and Disease Prevention	On-Line	FA16	50
H361	Health Promotion and Disease Prevention	On-Line	FA17	49
H361	Health Promotion and Disease Prevention	On-Line	FA18	50
H250	Global Health Systems	In-Person	SP16	51
H364	Legal and Regulator Aspects of Health Care	On-Line	FA19	51

Table 2. Graduate Courses Taught while in Rank

Course #	Short Title	Format	Term	Enrollment
L500	Disability Law	In-Person	SU16	21
MED 601	Foundations of Clinical Practice	In-Person	FA16	10
MED 601	Foundations of Clinical Practice	In-Person	SP17	10
W661	Health Promotion and Disease Prevention	In-Person	SP17	5
W661	Health Promotion and Disease Prevention	In-Person	SP19	3
L763	Health Law: Legal Epidemiology	In-Person	SU19	9
W662	Health Systems Delivery	In-Person	FA19	4

Graduate Curriculum Development

H662 – Health and Rehabilitation Systems Delivery

While in rank, I have engaged in substantial curriculum development and modifications. Mostly recently, I engaged in multiple substantial course redevelopments in 2019. The first example of a course redevelopment that I undertook includes a total overhaul of H662 Health and Rehabilitation Systems Delivery. For this course, I was assigned to take over a long standing and mandatory course within the PhD program which was in need of redevelopment. The course was redeveloped to include more theories that would be applicable to the student's research development. Additionally, the course was redeveloped to include a research study aspect for hands on learning. The students were required to develop a research study using the theories that they learned from the new course curriculum. The students worked together to collect and analyze data. The final assignment for the course was a publishable manuscript.

The individual student's manuscripts were combined into one manuscript which the class submitted for publication with each of the students names listed as an author. This course was additionally designed to include an oral presentation which emulates presenting a poster at a national research conference. The students presented their posters to an audience which included undergraduate students in Health Sciences (the posters were presented during undergraduate classes). The manuscript from this course was accepted to the BMC Complementary & Alternative Medicine and is in press.

L700 – Topics in Health Law

In an effort to bridge my clinical research and legal backgrounds, I designed a new course for the law school which blends policy surveillance and epidemiology. The course is premised on the fact that while public health laws affect the health and wellness of populations, the use of evidence-based data to inform health policies and laws is an emerging new field in the law. The course teaches how to use scientific methodologies and evidence based practice when making or evaluating public health laws and policies. As I believe that the best way to learn is by actually doing, the course required law students to employ evidence based methodology and engage in data collection in order to determine whether a public health law was successful. A manuscript in publishable format was the outcome of the course which was accepted to the Chronicles of Health Impact Assessment and is in press.

Undergraduate Curriculum Development

H362 – Legal and Regulatory Aspects of Health Care

I redeveloped H362 legal and regulatory aspects of health care delivery. For this course redevelopment, I was awarded an Indiana University Bicentennial Course Redevelopment Grant which was used as the basis of this course redevelopment. The course, which explores legal and regulatory aspects of health care delivery, was completely redesigned in order to bring the course up-to-date with the most recent laws, regulations, and codes. Additionally, the core curriculum was redesigned to make the course more applicable to students in the health sciences (the original course curriculum as I inherited it was more focused on public health than health sciences). Lastly, the course was redesigned to add a component which connects Indiana University and the accomplishments that faculty and students from Indiana University have made in the health care sector with the curriculum of the course. This addition allows students to see the translation of the work of Indiana University faculty and students has on the provision of health care. The Indiana University connection included a series of modules where I utilized both existing videos and I developed and recorded original videos and pod casts about Indiana University accomplishments in health care.

H363 – Bioethics

When I began my faculty position, I first taught H363, a course in biomedical ethics. This course has become one which I teach almost every semester, and is one of my favorite courses to teach. When I first began teaching this course, I completely redesigned the curriculum in order to better meet the learning objectives of the course and to ensure more student engagement in the subject matter. Part of the curriculum redevelopment was to choose a more relevant and easier to read textbook, design new slides and lectures, as well as create all new assignments and examinations. Additionally, I incorporated real world bioethics cases and experiences in order to enhance student engagement. Each semester that I teach this course, I have used peer and student evaluations to improve the curriculum.

H363 – Health Promotion and Disease Prevention

I first began teaching this course when I started my faculty position five years ago. In an effort to provide a better experience and education to students, I completely revised the curriculum in order to ensure that the course objectives were met. Part of this major course overall included selecting a new textbook, making all new course content, examinations, and assignments. As I alternated teaching this course online and in person, I completed the entire course overhaul for both the online section and in person section. In doing so, I was able to ensure continuity of information taught regardless of the forum in which the student took the course. Additionally, I modified online assignments to ensure that students were engaged with each other, even though they were not physically present in the classroom. One way that I accomplished this was through having assignments that required students to answer a forum question and then respond to a classmate. These assignments created a dialog between students who were being taught at a distance.

DISSEMINATED SCHOLARSHIP AND GRANTS OF TEACHING AND LEARNING

Amber R. Comer, PhD, JD

Disseminated Scholarship of Teaching and Learning

While in rank, I have disseminated one high influence publication in teaching and learning. This publication, entitled *The Syllabus as a Contract: How do you deal with clever students who find loopholes you didn't intend?* was published in *The Chronicle of Higher Education* in 2016. *The Chronicle of Higher Education* is a well read and respected journal within higher education with more than 2 million people visiting the website each month and over 1650 higher education organizations across the country subscribing to the journal. The article was well received in academia and stimulated interesting conversation in the article comments over how to write and enforce syllabi.

Although my article in the *Chronicle of Higher Education* is my only published scholarship in teaching and learning, I have a manuscript under review which was a product of a PRAC grant I received. The paper reports the results of a study I conducted to determine the effect of a semester long bioethics course on students ethical judgement and reasoning. A second paper from this grant which will analyze qualitative data from this study is expected forthcoming.

Grants in Teaching and Learning

1. *IU Bicentennial Course Development Grant. IU Office of the Bicentennial (2019)* **\$3,000**

This grant allowed me to redevelop my undergraduate course, *Legal and Regulator Aspects of Health Care Delivery*, in a way that engaged health sciences students with Indiana University. I redesigned the curriculum of a core course to include 13 modules which accomplished three aims: 1) to chronicle, document, and explore the numerous ways in which the alumni, faculty, and students of Indiana University have positively contributed and impacted the health care field; 2) to celebrate and recognize these incredible achievements and contributions to the health care field by highlighting them in a series of short videos and podcasts; and 3) to inspire and engage the next generation of health care providers and stakeholders by connecting the achievements and accomplishments of Indiana University faculty, students, and alumni to current students. The modules were successfully implemented into my course and received very positive feedback from students who felt that the modules allowed them to foster a deeper connection to Indiana University.

2. *Program Review and Assessment Committee (PRAC). IUPUI Office of Senior Advisor.* **\$2,500**

This grant allowed me to conduct a quantitative and qualitative assessment of the impact of an ethics course on students' understanding and approach to bioethical dilemmas. The assessment is important for health care ethics educators, schools offering health care related undergraduate degrees, and students pursuing health care related undergraduate degrees because it provides insight into the value of ethics curriculum at the undergraduate level for students in the health care field. Additionally, this project provided information on how ethics education at the undergraduate level can be improved to provide new pathways for learning. This data collection portion of this study was successfully completed and included six semesters of student data. Currently, a manuscript with the first aim of the study is under review. A second manuscript which analyzes the qualitative data will be completed forthcoming.

**3. Sam H. Jones Service Learning Assistant (SLA) Scholarship. IU Center for Teaching and Learning.
\$5000**

The SLA scholar program allowed me to work with a student in order to achieve community-engaged scholarly practice. Through this grant, I worked with a law student, Seth Robbins, to translate my research findings into law change. As a result of my research, I was able to encourage a member of Indiana's State Legislature to propose a change to the Health Care Consent law. This grant allowed time to track the law as it was going through the legislative process, as well as to engage with legislatures regarding the importance of the law. The results of this grant were the successful community engagement with state legislatures in order to change a health care law that was harming patients in the hospital.

IMPACT OF INSTRUCTION ON STUDENT LEARNING OUTCOMES

Amber R. Comer, PhD, JD

There are many ways to show the impact of instruction on student learning outcomes. As there is no gold standard, I have elected to provide evidence that my instruction has positively impacted students by sharing the results of a program review I conducted in my H363 bioethics course. In 2016, I was awarded a Program Review and Assessment Committee (PRAC) grant to evaluate my bioethics course, H363. This grant allowed me to show the impact of my instruction on student learning outcomes over a series of semesters by measuring the effect of my ethics course on undergraduate students' ethical judgment and ability to approach and resolve ethical dilemmas. The results of this study show the positive impact of my instruction on student learning outcomes by using a validated survey instrument to show that students met both the course learning objectives and Principles of Undergraduate Learning (PULs).

H363 Course Description

This course examines contemporary ethical/moral considerations in the organization and management of rehabilitation agencies and the delivery of rehabilitation services. Practical applications of ethical principles to the delivery of rehabilitation service and client-provider relationships will be covered. The course will be a combination of lectures, case studies, debates, and guest speakers.

Principles of Undergraduate Learning (PULs)

The activities in this course are linked to the following Principles of Undergraduate Learning:

- ✓ *Critical Thinking*: The ability of students to engage in a process of disciplined thinking that informs beliefs and actions. A student who demonstrates critical thinking applies the process of disciplined thinking by remaining open-minded, reconsidering previous beliefs and actions, and adjusting his or her thinking, beliefs and actions based on new information.
- ✓ *Integration and Application of Knowledge*: The ability of students to use information and concepts from studies in multiple disciplines in their intellectual, professional, and community lives.
- ✓ *Values and Ethics*: The ability of students to make sound decisions with respect to individual conduct, citizenship, and aesthetics. A sense of values and ethics is demonstrated by the student's ability to:
 1. Make informed and principled choices and to foresee consequences of these choices;
 2. Explore, understand, and cultivate and appreciation for beauty and art;
 3. Understand ethical principles within diverse cultural, social, and environmental and personal settings

H363 Course Objectives

Upon completion of this course, the student will be able to:

- Identify core ethical principles
- Identify ethical dilemmas
- Perform an ethical analysis
- Apply ethical principles in health sciences practice

Methods

A prospective cohort study was conducted during three semesters, spring and fall of 2017, and spring of 2018 of undergraduate students enrolled in my bioethics course. The course is a 300 level, compulsory course for students majoring in Health Sciences. The main course objective is to equip students to identify and reason through ethical dilemmas in the health care field. The course curriculum was developed based on best practices in bioethics education. Students learned through attending biweekly lectures, reading assignments, and two assignments which asked students to complete ethical analyses of hypothetical ethical dilemmas. The specific topics within the bioethics field which were covered in the course curriculum are included in Figure 1.

In order to assess whether my semester long bioethics course impacted students' ethical and moral judgement, students were administered the Ethics and Health Care Survey Instrument (EHCSI) at both the beginning and end of the semester. The EHCSI is a validated assessment tool consisting of 9 ethical case vignettes in which there is a broadly shared, ethically acceptable answer among medical ethicists. As there is no gold standard for assessing the impact of bioethics education, the EHCSI survey was selected for three reasons: 1) it has been used in numerous cohort studies; 2) other available survey tools require the adaptation of a specific moral school of thought in the bioethics curriculum; and 3) other assessment tools do not present students with ethical dilemmas. Comparison of the answers given at time point one (the start of the bioethics course) and time point two (the conclusion of the bioethics course) on each of the EHCSI survey questions were analyzed using McNemar's test. SAS 9.4 was used for statistical analysis (Carry, North Carolina).

Students were offered the opportunity to abstain from survey participation during both the pre and post-surveys. Surveys were administered by a research assistant and each student was given a unique study identification number in order to ensure students and their respective survey answers remained anonymous. The University IRB approved this study.

Results

A total of n=116 students took the pre-test, while n=102 students took both the pre and post-tests. Loss to follow up of the 14 students occurred for two reasons: 1) the student dropped out of the class after the pre-test; or 2) the student was not present in the classroom on the day that the post-test was administered. Three students opted not to participate in the survey. Students who completed both the pre and post-tests were 66% female (n=67) and 53% white (n=54) (Table 1). The majority of students were between the ages of 21-25 (70%, n=71). Almost half of students were seniors (48%, n=48), 44% (n=44) were juniors, and only 8% were sophomores (n=9).

Students showed a statistically significant shift toward answering with the ethical consensus on four of nine questions (Q3. $p = <.00$, Q4. $p = .02$, Q6. $P = .01$, and Q7. $p = .01$) (Table 2). On another four of nine questions, a statistically significant shift toward ethical consensus was not reached; however, the overwhelming majority of students answered in alignment with the ethical consensus on both the pre-test and post-test (Q1. pre-test=86%/ post-test=90%, Q2. pre-test=90%/ post-test=91%/ Q5.pre-test=86%/ post-test=91%, and Q9.pre-test=71%/ post-test=71%). On one question, Q8, 5% of students shifted their responses away from the ethical consensus; however, this shift away from ethical consensus did not reach significance ($p = .27$).

Analysis of Impact of Instruction on Student Learning Outcomes

The results of this study show that students in my bioethics course had a change in their moral and ethical reasoning and thus, met both the learning objectives of the course and the Principles of Undergraduate Learning. On the post test, the overwhelming majority of students responded with the ethical consensus on all but two questions; question 6, where a teenager requests an abortion and question 8 which addresses whether or not to tell a child that they are dying against the wishes of the child's parents.

On question 6, which covered the subject of abortion, student responses did significantly shift toward ethical consensus; however, a relatively low number of students responded with the ethical consensus on this question on both the pre and post-tests (pre-test 25%/ post-test 38%). This may be because abortion was not directly covered in the course curriculum. Additionally, this finding of low ethical consensus on both the pre and post-test is consistent with other studies which have used the EHSI survey instrument.

Question 8 was the only question which resulted in students shifting their responses away from ethical consensus. This question featured parents who did not want to tell their child that she was dying of leukemia. Students may have shifted away from the ethical consensus due to confusion between the ethical obligations to the parent as the surrogate medical decision makers due to the child's age or the child who is able offer assent. The course curriculum stressed respecting the cultural norms of patients who request not to be told that they are dying, even if that means not fully disclosing all aspects of their medical diagnosis or treatment plan. On the other hand, the course curriculum also pointed out the importance of allowing patients who can assent to medical treatments to be allowed to have a say in their medical care, even if they are not able to give final consent. The ethically challenging part of this question is that the patient is a child and the students were forced to balance the autonomy of the parents as the patient's surrogate medical decision makers and the autonomy and rights of the child as the patient to be informed of her medical condition. It is likely that had this question been about an adult patient, the students may not have shifted away from ethical consensus because the ethical response may have been more concrete. Due to the shift away from consensus on this question, I made changes to the course curriculum to ensure that my materials and teaching made the outcome for this question and others like it clearer.

Four of the nine questions significantly shifted students' moral and ethical reasoning toward ethical consensus. This is an important finding because very few students answered with the ethical consensus during the pre-test on these questions. Students likely experienced a shift in their moral and ethical reasoning due to the ethics curriculum they were exposed to during the course of the semester. For instance, the course curriculum directly addressed the scenarios in questions 3 and 4 and broadly addressed the issues found in questions 6 and 7. There were four questions where students' moral and ethical reasoning did not shift significantly; however, this is likely because the majority of students answered with the ethical consensus on both the pre and post-tests. Prior studies suggest that students do not come to bioethics classes as blank slates and often have preconceived notions about ethics from their life experiences. This prior exposure to ethics may explain the high consensus on both the pre and post-tests. The results of this study show the value of the impact of my instruction on undergraduate students, as a semester long bioethics course may influence students' moral and ethical judgment. This is important as the main objective of the course is to change the way students analyze difficult situations, such as the ethical dilemmas posed in the survey.

Figure 1. Bioethics curriculum

Subject 1	The use of ethics in health care
Subject 2	The principles of bioethics
Subject 3	Informed consent and capacity
Subject 4	Proxy medical decision making and advanced directives
Subject 5	Using or forgoing life sustaining treatments
Subject 6	Bioethics and religion
Subject 7	Multicultural perspectives in bioethics
Subject 8	Treatment decisions for vegetative state patients
Subject 9	Physician aid-in-dying
Subject 10	Treatment decisions for seriously ill newborns
Subject 11	Research and experimentation involving human subjects
Subject 12	The use of artificial nutrition and hydration
Subject 13	Public health ethics

Table 1. Demographics

	n (%)
Gender	
Female	67 (66%)
Male	35 (34%)
Race	
White	54 (53%)
Black	18 (18%)
Hispanic or Latino	3 (2%)
Asian	7 (7%)
Indian	1 (1%)
Other	19 (19%)
Age	
18-20	22 (22%)
21-25	71 (70%)
≤26	9 (8%)
Year in School	
Freshman	0
Sophomore	9 (8%)
Junior	44 (44%)
Senior	48 (48%)

Table 2. Responses to questions on the EHCS Instrument

N=102	Pre-Course Ethical Consensus n (%)	Post-Course Ethical Consensus n (%)	P-Value
Q1. Assisted Suicide	88 (86%)	92 (90%)	.25
Q2. The Patient with Epilepsy	92 (90%)	93 (91%)	.78
Q3. The Patient's Family	64 (62%)	84 (83%)	<.00
Q4. The Jehovah's Witness	49 (48%)	64 (63%)	.02
Q5. The Prostitute	88 (86%)	93 (91%)	.17
Q6. Teenager Requests Abortion	26 (25%)	39 (38%)	.01
Q7. The Down's Baby	55 (54%)	72 (71%)	.01
Q8. Childhood Leukemia	29 (28%)	23 (23%)	.23
Q9. The Attractive Patient	72 (71%)	72 (71%)	1

AWARDS IN TEACHING AND LEARNING

Amber R. Comer, PhD, JD

Award	Organization	Year
Favorite Professor	IUPUI Athletics	2019
Favorite Professor	IUPUI Athletics	2018
Favorite Professor	IUPUI Athletics	2016
Emerging Teaching Award	School of Health and Rehabilitation Sciences	2016

DOCUMENTATION OF SERVICE

Amber R. Comer, PhD, JD

Service has always been a priority as I believe that this type of work is imperative to ensuring the success of my school, university, and profession. As a junior faculty member, I have a long-standing commitment to service. Some of the highlights of my service activities include: serving as an At-Large Representative on the IUPUI Faculty Council for 4 years, serving as the Chair of the Faculty Affairs and Bylaws Committee within my school for 3 years, and serving as an active member of the Eskeanzi Health Medical Ethics Committee and Consultation Service. The following documents highlight my service accomplishments in more depth:

1. Evidence of service to the university, school, and department
2. Evidence of Service to the community and discipline
3. Evidence of service presentations and awards

EVIDENCE OF SERVICE TO THE UNIVERSITY, SCHOOL, AND DEPARTMENT

Service to my University, School, and Department has always been a priority. Given my background in law and policy, I have been extremely involved in service related to governing the university and my school. During my time in rank, I have served as an active member on university, school, and department committees. In recognition of my commitment to service, I was awarded the School of Health and Human Sciences Emerging Faculty Service Award in 2016.

University Service

As a junior faculty member, I have a long standing commitment to university level service. Among my important accomplishments, is that I have been elected and have served as an at-large representative on the IUPUI Faculty Council for four continuous years. In my role on faculty council, I have been involved in setting campus level policies through conversation and voting. In 2016, I was asked to serve as an expert on the Institutional Review Board (IRB) Decisionally Impaired Subjects Policy Working Group. The work product of this committee was a new university wide policy on how to conduct research when working with patients who are incapacitated. This campus wide policy is still in place.

Service Activity	Role	Dates
IUPUI Faculty Council	At-Large Representative	8/2016 – Present
University College Faculty	SHRS Representative	8/2016 – 8/2018
Institutional Review Board (IRB) Decisionally Impaired Subjects Policy Working Group	Workgroup member	8/2016 – 5/2017

School Service

I have had the honor of being involved in service positions within my school that have allowed me to help shape school policies. For example, I have served as the chair of the faculty affairs and bylaws committee for four consecutive years, and was a member of a committee which focused on writing by-laws for the merger of my former school, the School of Health and Rehabilitation Sciences with the former School of Physical Education and Tourism Management. I particularly enjoyed my role as chair of the faculty affairs and bylaws committee this role allowed me to write bylaws and polices and play a role in determining the process of how my school is governed. Additionally, I was also honored to be a part of the search committee for the Founding Dean of the School of Health and Human Sciences (SHHS). These positions have provided me insight into the way that my school functions and have allowed me to really participate and feel a part of my school.

Service Activity	Role	Dates
Faculty Governance Committee	Committee Chair	8/2016 – Present
Academic Affairs Committee	Committee Member	8/2016 – Present
By-laws Restructuring Committee	Committee Member	12/ 2017 – 2018
Dean Search Committee	Committee Member	8/2018 – 2/2019
Commencement	Graduate Name Reader	5/2018
Strategic Planning Committee	Committee Member	11/2019 – Present

Department Service

During my time in rank, I have served my department in any way that I have been able. One of the highlights of my department service was my active role on two faculty search committees. Each of these committees resulted in the placement of a faculty member within our department.

Service Activity	Role	Dates
Mission Statement Writing Committee	Committee Member	8/2017 - 2/2018
Karen Gable Scholarship Award Committee	Committee Member	1/2018 – 2/2018
Faculty Search Committee	Committee Member	8/2017 – 12/2017
Faculty Search Committee	Committee Member	8/2018 – 2/2019

EVIDENCE OF SERVICE PRESENTATIONS

As a part of my duty to give back to the university and to my community, I have engaged in numerous service oriented presentations. For example, I was invited multiple times by the office of the Vice Chancellor for Research to talk about my experience translating my research into clinical practice by changing the law. During these presentations, I helped to inspire and inform other faculty. Other service presentations include my testimony to the Indiana legislature. These presentations were incredibly important as I served as an expert providing testimony on reasons why Indiana's Health Care Consent Law should be changed. These reasons were based on my research, which made providing this testimony more meaningful.

Service Presentations

Presentation	Role	Organization	Date
Effective Research Communications: Talking about your work to non-experts	Invited panelist	Vice Chancellor for Research	11/ 2019
Research on boarding orientation	Invited speaker	Vice Chancellor for Research	10/2019
Indiana Health Care Consent Law	Expert Testimony	Indiana House of Representatives	1/2018
Indiana Health Care Consent Law	Expert Testimony	Indiana House of Representatives	1/2018
Indiana Health Care Consent Law	Expert Testimony	Indiana Senate	5/2017
Presidential Election for Kids	Invited panelist	Indiana Secretary of State	11/2016

EVIDENCE OF SERVICE TO THE COMMUNITY

Amber R. Comer, PhD, JD

Eskenazi Health Hospital Medical Ethics Committee and Consultation Service

For the past five years, I have been a very involved member of both the Eskenazi Hospital Medical Ethics Committee and the Ethics Consultation Service. My role as part of the medical ethics committee has been beneficial to the hospital and patients as the committee works to set hospital policies regarding ethics. For example, I have played a key role in the drafting and editing of policies such as the policy regarding procedures for removing life sustaining treatments. This policy involves the process and rules for ethically removing life sustaining treatment such as a ventilator or feeding tube from patients against the wishes of either the patient or surrogate medical decision maker. This policy is important because there are instances where the sustained use of life sustaining interventions will prolong a patient's life at the expense of severely diminishing the patient's quality of life, which would be ethically inappropriate.

Most recently, I was placed on a subcommittee which was formed to determine the ethical allocation of remdesivir to COVID-19 patients. New evidence has shown that remdesivir may improve clinical recovery and provide a 62% reduction in risk of mortality compared to the standard of care. While remdesivir is thought to provide a reduction in risk of mortality, there is a shortage of the medication; therefore, a committee was formed to determine the ethical allocation of the medication since there is not enough for all patients. On this committee, I served as a bioethics expert to help write the policy for who should and should not be a candidate for this medication. I also serve on the committee which makes the final determination for medication allocation.

One of the most interesting and challenging parts of my work with the Eskenazi Medical Ethics committee is my role as an ethics consultant. In this role, I take "ethics call" where I assist clinicians to resolve ethical dilemmas among patients in the hospital. A recent example of one of my ethics consultation pages involved a young man who had intentionally ingested an opioid because his girlfriend had broken up with him. The young man was resuscitated and on a ventilator; however, he was not likely to ever have any quality of life due to an anoxic brain injury. The physicians believed that they could keep his heart beating if he were placed on a permanent ventilator (tracheotomy), but saving his life would come with the compromise of the patient never being able to interact with the outside world again. The patient would in essence be in a vegetative state. I was called as an ethics expert because the patient's grandmother and father were torn on whether the patient should be extubated and allowed to die a natural death, or whether the patient should be placed on permanent ventilation.

In my role as the ethics consultant, I spoke to members of the clinical care team and family and conducted an ethical analysis to determine the ethically appropriate way to handle this situation. In this case, the ethically right thing to do was to alleviate the suffering and allow the young man to die a natural death – which would be accomplished through extubating the patient (removing the ventilator). Under the Eskenazi Health policy (as I wrote about supra in this section), the decision to remove a ventilator when the patient or the patient's medical decision maker is not in agreement requires the approval of an ethics consultant, legal, and the chief medical officer. In this particular case, the chief medical officer and I were in agreement; however, legal counsel was hesitant to allow such a young patient to die. The situation was further complicated by the pressure from the ICU team who said the patient needed to either be allowed to die or he would be placed on a permanent ventilator (a situation that would make allowing death harder). I worked with legal and the CMO in order to come to a decision. In this case, I was able to work with legal to set a compromise which resulted in the ethically best outcome – which was to diminish suffering and allow the patient to die.

In addition to my work setting policies and taking ethics consultation call, I also serve as a biomedical ethics expert on the committee where clinical cases of ethical dilemmas are reviewed. During case review, the committee determines how ethical dilemmas should be resolved. This type of review occurs after each ethics consult, such as the one explained supra. Through case review, we determine precedent for how similar cases should be ethically resolved in the future.

SERVICE RECOGNITION

Amber R. Comer, PhD, JD

In recognition for my service contributions, I was awarded the emerging service award from the Indiana University School of Health and Rehabilitation Sciences in 2016.

SIGNIFICANCE OF SERVICE

Amber R. Comer, PhD, JD

The impact of my service can be seen throughout the state of Indiana, as well as within individual patients whom I have helped. For example, my service related to translating my research on surrogate medical decision making into law resulted in a law change that has helped a countless number of clinicians, patients, and surrogate medical decision makers throughout the state of Indiana. I am very proud of this accomplishment because it means that my research and my service have helped others during a time when they need help the most.

In addition to working to change a law that affects patients in the hospital, my service on the Eskenazi Health Hospital Medical Ethics Committee and Consultation Service plays an important role and has a significant impact upon individual patients, clinicians, and family members. Through this role, I am able to work with patients, families, and clinicians to help them resolve ethical dilemmas and make life and death decisions. Although this role is incredibly taxing at times, it is one that I cherish because I enjoy my role in supporting these patients during their most difficult moments in life and in death.

SERVICE TO THE PROFESSION

Amber R. Comer, PhD, JD

I have served my profession in several ways during my time in rank. First, I have served on several committees within my professional organizations. Second, I have served as a journal reviewer for multiple important journals within my field.

Professional Committees

Currently, I am serving on an ad hoc committee within the American Academy of Hospice and Palliative Medicine (AAHPM) to create a policy statement regarding palliative care research. On this committee, I have given extensive comments on the outline and format of the policy statement. I will also be writing sections of the policy statement. Additionally, I have served on the American Public Health Association ethics committee where I have given feedback on ethics policy statements for the organization. I have currently been nominated for a position on the AAHPM policy committee. If selected, I will help set policies for the organization. Additionally, this committee also works with the United States legislature to set policies for palliative care practice throughout the country.

Journal Reviewer

I have served as a manuscript reviewer multiple times each year while in rank for the following journals:

Journals in which I have provided peer-review
BMC Palliative Care
Medical Care
Chronicles of Health Impact Assessment
Journal of Empirical Bioethics
Annals of Internal Medicine
J. of New Gen. Studies
J. of American Geriatrics Society

Subject: Re: Congratulations! And...dossier, speaker requests?
Date: Tuesday, August 17, 2021 at 5:30:19 PM Eastern Daylight Time
From: Comer, Amber
To: Applegate, Rachel

Hi Rachel,

Thank you for your congratulations. I would be honored for you to use my materials as an example. In regards to the workshops, I know I can be in person on February 4th at 1pm. The others are falling at times that I have committmenets; however, if you need someone as we get closer, let me know and I can try to move some things around.

Please let me know how you would like me to share my dossier files.

Warm regards,
Amber

Amber R. Comer, PhD, JD
Associate Professor, Health Sciences
Indiana University

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[iupui-logo](#)

From: Applegate, Rachel
Sent: Tuesday, August 10, 2021 9:31 AM
To: Comer, Amber
Subject: Congratulations! And...dossier, speaker requests?

Amber,

Congratulations on your tenure+ promotion.

I have a few requests of you....

--could I post your dossier as an example?

These examples are behind CAS. They consist of the CV, Candidate Statement, and dossier-regular-folders (not appendices); not external letters, not committee/voting letters or records.

--Would you consider being a panelist for one or more of the following:

Dossier prep, # 1 (in-person) Tuesday Sept. 7, 9-10:30 am
Dossier prep, # 2 (zoom) Thursday, Oct. 7, 5:30-7:00 pm
Dossier prep, # 3 (zoom) Monday, Jan. 24, 9-10:30 am

Excellence in Research # 1 (in-person): Friday, Feb. 4, 1:00-2:30 pm
Excellence in Research # 2 (zoom): Tuesday, March 1, 5:30-7:00 pm

???? It doesn't require much preparation: the panel parts are about 45 minutes, and each panelist introduces themselves, shares 3-5 tips for attendees, and responds to questions.

Rachel Applegate

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