

# Department of Pediatrics

## Faculty Handbook

June 2011

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## Department of Pediatrics Letter from the Chairman

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Hello,

As Chairman of the Department of Pediatrics, I would like to welcome you to the Department and to the University of Colorado School of Medicine.

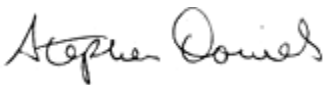
This book contains important information about the Department, the affiliate institutions (Denver Health & Hospital Authority, Children's Hospital Colorado, and National Jewish Health), collaborative research opportunities, educational opportunities, the promotions process, and general information that I hope you will find useful.



It is a time of continued growth and program development for all faculty. We are settled into our new location on the Anschutz Medical Campus but continue to expand up and out, both literally and figuratively.

I am delighted that you have chosen the University of Colorado School of Medicine, Department of Pediatrics to call your home.

Sincerely,

A handwritten signature in cursive script that reads "Stephen Daniels".

Stephen R. Daniels, MD, PhD  
Professor and Chairman, Department of Pediatrics  
University of Colorado School of Medicine  
Pediatrician-in-Chief  
L. Joseph Butterfield Chair in Pediatrics  
Children's Hospital Colorado

## Junior Faculty Welcome Letter

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Dear Faculty Member:

On behalf of the Junior Faculty Interest Group, we are pleased to present this edition of The Department of Pediatrics Faculty Handbook!

For the most updated version of the handbook, please visit:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/people/Documents/facultyhandbook.pdf>

Our goal was to compile general information about the broad range of resources available to us as members of the faculty at The University of Colorado, working at Children's Hospital Colorado. Sections of this handbook will be updated regularly so we can provide the most accurate information; please see the website for the latest edition.

As we were putting this together, we were reminded of the impressive network of services available for faculty in the Department of Pediatrics. We hope this will be a useful reference.

Sincerely,

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Junior Faculty Steering Committee

## Junior Faculty Interest Group

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### General Information

- Formed July 2002
- Target Audience:
  - Instructors and Assistant Professors
  - MDs, PhDs, PAs, NPs
- Goals:
  - Promote discussion
  - Address topics of specific interest to junior faculty
  - Facilitate interaction among faculty members at several campuses who may otherwise never work together
  - Support networking to allow for research and clinical collaborations
  - Assist socialization
- Forums:
  - Quarterly informal evening discussions
  - Formal full day junior faculty retreat every several years

### How to Get Involved

- Email [Christopher.Baker@UCDenver.edu](mailto:Christopher.Baker@UCDenver.edu) to be added to the junior faculty distribution list.

## Denver, Colorado

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### Denver Offers a Great Lifestyle

Located at the base of the Rocky Mountains, Denver is one of America's most beautiful cities – and one of the most dynamic! Over 300 days of sunshine a year encourage outdoor activities such as skiing, snowshoeing, hiking, biking, boating and a range of extramural sports teams. Here you'll find the nation's largest city park system, 90 golf courses and an incredible 650 miles of paved bike trails. Denver is home to seven professional sports teams: [NFL Denver Broncos](#), [MLB Colorado Rockies](#), [NHL Colorado Avalanche](#), [NBA Denver Nuggets](#), [MLS Colorado Rapids](#), the National Lacrosse League's [Colorado Mammoth](#), and the Major League Lacrosse [Denver Outlaws](#). In addition, Denver has horse racing, dog racing, and one of the world's largest rodeos, the [National Western Stock Show](#).

Denver has one of the most educated populations in America and a cultural community that supports the arts. The [Denver Art Museum](#) has recently doubled its exhibition space with a new wing. The [Denver Performing Arts Complex](#) is the second largest in the nation with ten theatres seating 10,000 people for theatre, symphony, opera and ballet. The [Museum of Nature and Science](#) is one of the preeminent natural history museums in the country and boasts numerous exhibit halls, an IMAX theatre and a new digital planetarium. The metro area hosts numerous [ethnic and cultural festivals and events](#) year-around.

Denver has the tenth largest downtown in the country, a bustling area centered around the [16<sup>th</sup> Street Mall](#), a mile-long pedestrian promenade that is lined with outdoor cafes, art galleries, bookstores and specialty retail stores. Downtown Denver is home to three new sports stadiums, 300 restaurants, a restored historic district filled with 90 bars and brewpubs, a collection of museums, a variety of galleries and shopping, a performing arts center, three college campuses and even a downtown amusement park, [Elyse Gardens](#).

### Internet Links to Denver and the Region

Denver City Guide	<a href="http://cityguide.aol.com/denver/">http://cityguide.aol.com/denver/</a>
Colorado Tourism Board	<a href="http://www.colorado.gov">http://www.colorado.gov</a>
Colorado Schools	<a href="http://www.greatschools.net/modperl/go/co">http://www.greatschools.net/modperl/go/co</a>
Fitzsimons Redevelopment Authority	<a href="http://www.fitzscience.com">http://www.fitzscience.com</a>
City of Denver	<a href="http://www.denvergov.org">http://www.denvergov.org</a>
Denver Visitors Guide	<a href="http://www.denver.org">http://www.denver.org</a>
Denver International Airport	<a href="http://www.flydenver.com">http://www.flydenver.com</a>

### **Regional News**

The Denver Post

<http://www.denverpost.com>

Rocky Mountain News

<http://www.rockymountainnews.com>

KUSA-TV (NBC affiliate)

<http://www.9news.com>

KMGH-TV (ABC affiliate)

<http://www.thedenverchannel.com>

KCNC-TV (CBS affiliate)

<http://cbs4denver.com>

### **Weather**

Denver (forecast/current conditions)

<http://www.wunderground.com/US/CO/Denver.html>

### **Ski Resorts (Snow Reports)**

Colorado Ski Country

<http://www.coloradoski.com/SnowReport/>

Vail Resorts

<http://www.snow.com>

### **Entertainment**

Westword (Free Magazine;Website)

<http://www.westword.com>

## Children's Hospital Colorado

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Founded in 1908, Children's Hospital Colorado (CHC) formerly known as "The Children's Hospital" or "TCH" is a not-for-profit, regional, acute care teaching hospital that offers a full spectrum of primary, secondary, tertiary and quaternary services. It is affiliated with the University of Colorado (CU). The hospital is currently licensed to operate 284 beds with construction of the [East Tower](#) expansion now underway.

Children's Hospital Colorado is known both for its nationally and internationally recognized medical, research and education programs as well as the full spectrum of everyday care for kids throughout Colorado and surrounding states. With more than 1,000 healthcare professionals representing the full spectrum of pediatric specialties, the Children's Hospital Colorado network includes its main campus on the Anschutz Medical Campus and [15 Network of Care locations](#).

- Children's Hospital Colorado at I-225 and Colfax is the only dedicated Level 1 trauma center in our 7 state region, handling the most challenging emergencies.
- We offer 2 additional emergency locations: [Saint Joseph Hospital in Downtown Denver](#) and [Parker Adventist Hospital in Parker](#).
- We offer 3 urgent care locations: [Littleton Adventist Hospital](#), [Broomfield](#) and [Exempla Lutheran Medical Center in Wheat Ridge](#).
- We offer [9 specialty care centers and clinics](#).
- We bring our expertise to doctors and families throughout the Rocky Mountain Region with more than 400 outreach clinics every year.

Children's Hospital Colorado once again has been ranked among the nation's top children's hospitals in the [U.S. News & World Report 2011-12 Best Children's Hospitals rankings](#). Children's ranked fifth on the *U.S. News & World Report* Best Children's Hospital's 2011-12 Honor Roll.

Children's has been ranked a top children's hospital by *U.S. News & World Report* every year since the inception of its rankings edition in 1993. Five of Children's specialty areas were among the country's top 10, including [cancer](#) (10), [diabetes and endocrinology](#) (4), [gastroenterology](#) (5), [orthopedics](#) (9) and [pulmonology](#) (4).

The new rankings recognize the top 50 children's hospitals in 10 specialties: cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology. Seventy-six hospitals are ranked in at least one specialty.

Best Children's Hospitals Honor Roll pulls together clinical and operational data from a lengthy survey, completed by the majority of the 177 hospitals asked to participate for the 2011-12 rankings. The survey asks hundreds of questions about survival rates, nurse staffing, subspecialist availability, and many more pieces of critical information difficult or impossible for those in charge of a child's care to find on their own. The data from the survey is combined with recommendations from pediatric specialists on the hospitals they consider best for children with challenging problems.

Children's Hospital Colorado has been named the tenth best children's hospital in the nation in the February 2009 issue of [Parents Magazine](#) (the most recent survey). The rankings follow a rigorous survey process that consists of a 250-question survey on such topics as staff expertise; nurse-to-nurse patient ratio; safety; experience in infant, heart and cancer case; and community/regional outreach.

In 2007, the hospital relocated to the [Anschutz Medical Campus](#). In addition to Children's Hospital Colorado, the campus houses the University of Colorado Hospital; the medical, dental, pharmacology and nursing schools of the CU; and over 1,000,000 square feet of research space.

Physicians work with a strong support team. At Children's Hospital Colorado, we believe that exceptional team members, a supportive environment, and state-of-the-art care are the keys to nurturing both a patient and a professional. Employee satisfaction ranks well above national averages in annual employee surveys. Our nursing staff holds [Magnet Status](#) from the American Nursing Credentialing Center.

### **Forefront of Research**

Children's is at the forefront of research into childhood disease and, in partnership with CU, consistently ranks as a top recipient of pediatric research funding from the [National Institutes of Health](#) and other government, industrial and private sources. Children's and its affiliates are responsible for virtually all of the pediatric research published in the Rocky Mountain region. The campus boasts over 1 million square feet of research space adjacent to the Colorado Bioscience Park Aurora. The bioscience park includes 4 million square foot of research space. The juxtaposition of the research laboratory space with the bioscience park development reduces the time it takes to translate research from the bench to the bedside, advancing the latest and best therapies and treatments for young patients.

## Academics at the University of Colorado

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### **Academic Program Overview**

With 13 schools and colleges and more than 132 degree programs, the University of Colorado Denver offers a hands-on, real-world education in a vibrant city in the heart of the energetic west.

Health careers begin here, with top-notch undergraduate nursing and biology programs linked with medicine, pharmacy, dental medicine, nursing and public health programs on our Anschutz Medical Campus in nearby Aurora. Students also build foundations for careers ranging from the music industry to the energy industry, from teaching to engineering and architecture. Our business programs, located in the heart of downtown Denver, attract up-and-comers and top executives alike, and many of the state's political leaders were trained in our public administration programs. Basic science and applied health research attracts more National Institutes of Health (NIH) funding than any other university in Colorado.

### **Schools and Continuing Education**

#### **School of Dentistry**

In this nationally recognized, award-winning program, students graduate with the ability to offer a broad range of dental services. It is the most selective dental school in the U.S. -- with more than 900 applicants annually for only 46 positions in the freshman class. In a program unique in the country, the 165 dental students, as a graduation requirement, also provide an academic year's dental clinical care to underserved populations throughout Colorado. Home to the regions only University-based dental implant center, the School pioneers research in oral cancer, salivary gland disease, neurobiology and pain control.

#### **School of Medicine**

With approximately 750 students, the University of Colorado School of Medicine is nationally and internationally respected for its education, research, patient care and community service programs. Faculty members teach and care for patients at the University of Colorado Hospital and affiliated hospitals, working side by side with nearly 800 graduate doctors who are in training in medical specialties and generalist care at the university. In addition to providing exceptional patient care and education, the medical school's greatest achievement, perhaps, has been the ability to attract gifted faculty and students who bring national renown to the school. The school's physicians and research scientists have pioneered breakthrough medical advances that have become national and world models.

#### **School of Nursing**

Ranked 15th in the nation in overall excellence, the pace-setting University of Colorado School of Nursing enrolls nearly 700 undergraduate and graduate students. The

philosophy that drives the school -- that knowledge of human responses and natural healing processes balances technological advances and biomedical treatments and cures - - shapes its programs. In 1986, the School of Nursing established the Center for Human Caring -- the nation's first formal program to undertake a systematic and comprehensive study of the art and science of caring medical treatment.

### **School of Pharmacy**

As drug products become more potent, more complex and more numerous, the need for pharmacists to assume a more active role in consultation and patient counseling has increased remarkably. The University of Colorado School of Pharmacy is one of the nation's top-ranked pharmacy schools and is committed to pharmaceutical education, research and patient care. The school's more than 400 undergraduate and graduate students learn about the chemical and physical properties of medicinal agents, the biology of disease and the actions of drugs on the human body, while pursuing either a bachelor's, doctor of pharmacy or PhD degree. The school also provides continuing education programs to pharmacists and other health practitioners throughout the state.

### **Graduate School**

At the University of Colorado Denver Graduate School, students learn to push the frontiers of human health and disease in more than a dozen basic science, clinical and nursing disciplines. In conjunction with the CU School of Medicine, the Graduate School offers a joint MD/PhD in the medical scientist training program which develops investigators with a broadly based knowledge of both basic and clinical biomedical sciences. The school's personal mentor-student emphasis provides a distinctive learning experience. Among distinguished alumni of the school is Tom Cech, PhD, 1989 Nobel Prize Winner for Chemistry.

### **Colorado School of Public Health**

The Colorado School of Public Health is built on the collective expertise and vision of faculty at three leading educational and research institutions: the University of Colorado, Colorado State University and the University of Northern Colorado. Our three universities collectively address issues of global health, natural resources, maternal and adolescent health, aging, technology, climate change, culture, genetics and injuries —all aspects of public health education and research.

### **Continuing Medical Education**

The University of Colorado School of Medicine provides continuing education opportunities for physicians and other healthcare professionals worldwide. The mission is to enhance the knowledge, skills and performance of physicians and other healthcare professionals, and in the process, to improve the health care of the populations they serve.

### **Physician Assistant Program**

The Child Health Associate/Physician Assistant (CHA/PA) is a primary care PA with specialized training in the care of infants, children and adolescents as well as training in

the care of adult patients. Program graduates are prepared to provide comprehensive medical care to patients of all ages and practice under state and national guidelines established for all PAs. Graduates are employed in many settings including managed care organizations, community health centers, physician's offices, public health agencies, hospitals, school based adolescent clinics, emergency departments and rural and inner city health care delivery sites.

### **Graduate Medical Education**

The University of Colorado School of Medicine and Affiliated Hospitals provide Graduate Medical Education training in over 60 specialties and subspecialties. The GME site is dedicated as a resource for prospective and current housestaff, as well as for faculty and staff of CU in the administration of these training programs. For housestaff, information on stipends, benefits, ECFMG, and policies affecting house officers and their training is available. In addition, a copy of the current housestaff manual is provided in Adobe© PDF format.

## Faculty at the University of Colorado

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### School of Medicine, Office of Faculty Affairs

The School of Medicine Office of Faculty Affairs has a broad range of responsibilities including:

- Providing assistance for preparing and processing all faculty actions, including new appointments, promotions, tenure awards, and sabbatical requests.
- Assisting faculty members, department chairs and administrators in the interpretation of University and School of Medicine rules.
- Maintaining a [Faculty Development Seminar website](#) and publishing the [Faculty Success Newsletter](#) to promote faculty development.
- Leading several faculty development programs that are aimed especially at junior faculty members who are beginning, or building, their careers as clinician-educators, scientists or scholars.
- Coordinating several school-wide projects addressing faculty professionalism, diversity, conflicts-of-interest and other topics.

### Faculty Affairs Website

<http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Pages/FacultyAffairs.aspx>

### General Contact

Phone: 303-724-5358

Fax: 303-724-5359

### Personnel

Steven Lowenstein, M.D., M.P.H. - Associate Dean for Faculty Affairs

Cheryl Welch - Faculty Affairs Administrator

Tom Frost - Administrative Assistant

Brenda Crawford - Administrative Assistant

### Faculty Affairs Resources

- [Governance](#): Faculty governance structure within the School of Medicine, which includes the Executive Committee, the Faculty Senate, and the Dean of the School of Medicine.
- [Faculty Appointments and Promotions](#): Policies and procedures for School of Medicine faculty appointments and promotions.
- [Faculty Development](#): The Faculty Development Seminar Web site, as well as other helpful faculty development resources.

- [Clinical \(Volunteer and Part-Time\) Faculty](#): Appointment and promotion information and benefits available to volunteer and part-time clinical faculty members.
- [Faculty Professionalism](#): School of Medicine's professionalism standards, the annual Faculty Professionalism Award, as well as various professionalism resources.
- [Diversity and Inclusion](#)
- [Women in Medicine](#)
- [Rules and Policies](#): University and school rules and policies, including the School of Medicine Rules.
- [Mission Statement](#)
- [University Physician Inc.](#)

## National Jewish Health

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For more than 110 years, National Jewish Health has been at the forefront of research and medicine. We integrate the latest scientific discoveries with coordinated care for lung, heart and immune diseases.

For 13 consecutive years, *U.S. News & World Report* has ranked National Jewish the #1 respiratory hospital in the nation.

### **Contact National Jewish**

1400 Jackson Street  
Denver, CO 80206  
1-877-CALL NJH (877-225-5654)  
[www.nationaljewish.org](http://www.nationaljewish.org)

### **Official Business or to Contact National Jewish Employees**

Main hospital phone number: (303) 388-4461  
Monday - Friday: 8:00 am - 11:30 pm Eastern time  
Saturday: 8:00 am - 9:30 pm Eastern time  
Sunday: 8:00 am - 10:00 pm Eastern time

### **Patients or Potential Patients**

Contact the LUNG LINE directly at 1-800-222-LUNG (5864)  
Weekdays: 10:00 am - 6:30 pm Eastern time or via [LUNG LINE email \(lungline@njhealth.org\)](mailto:lungline@njhealth.org). This toll-free telephone information service is staffed by registered nurses who are specialists in respiratory, allergic and immune diseases who offer guidance by: answering questions, providing educational materials and referring callers to a National Jewish specialist if needed.

### **Physician Line**

This free service is exclusively for physicians to call for patient referrals and phone consultations with a National Jewish physician.  
1-800-NJC-9555 (1-800-652-9555) or [physicianline@njhealth.org](mailto:physicianline@njhealth.org)

## Denver Health & Hospital Authority

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### About Denver Health

Denver Health & Hospital Authority is Colorado's primary “safety net” institution. In the last 10 years, this compassionate organization provided more than \$2.1 billion in care for the uninsured. Nearly \$285 million of that care was provided last year, constituting 42 percent of all unsponsored care provided in metropolitan Denver and nearly 30 percent in the state.



Twenty-five percent of all Denver residents, or 160,000 individuals, receive their health care at Denver Health. One of every three children in Denver is cared for by Denver Health physicians.

Denver Health is a comprehensive, integrated organization with multiple components including:

- § 500-bed main hospital at Eighth Avenue and Bannock Street that houses the Rocky Mountain Regional Level 1 Trauma Center, the only academic level 1 trauma center in the area;
- § 911 medical response system for the City and County of Denver;
- § Denver Public Health Department;
- § 8-clinic network of Family Health Centers throughout the city;
- § 12-clinic network of school-based health centers in Denver public schools;
- § Rocky Mountain Poison and Drug Center
- § NurseLine, a telephone advice line that offers assistance to patients 24 hours a day, seven days a week;
- § Denver CARES, a safe setting for public inebriates with community detoxification services;
- § Correctional Care; and
- § Denver Health Medical Plan, Inc.



Denver Health also houses the Denver Health Paramedic School; the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics; the Rita Bass Trauma & EMS Education Institute; the Colorado Biological, Nuclear, Incendiary, Chemical and



Explosive (BNICE) Training Center, a statewide initiative to educate Colorado's health care and public safety workforce on the principles of preparing for, and responding to, a weapons of mass destruction event; and clinical training programs for medical residents and allied health professional in many different specialties.

### **Mission**

Denver Health is an integrated, efficient, high-quality health care system serving as a model for other safety net institutions across the nation.

Our mission is to:

- § Provide access to the highest quality health care, whether for prevention, or acute and chronic diseases regardless of ability to pay;
- § Provide life-saving emergency medicine and trauma services to Denver and the Rocky Mountain region;
- § Fulfill public health functions as dictated by the Denver Charter and the needs of the citizens of Denver;
- § Provide health education for patients;
- § Participate in the education of the next generation of health care professionals;
- § Engage in research, which enhances our ability to meet the health care needs of Denver Health system patients.

### **Contact Us**

777 Bannock Street  
Denver, CO 80204-4597  
(303) 436-6000

### **Women, Infants & Children (WIC) Program**

**The Women, Infants and Children's Program** WIC is a program for qualified women, infants, and children, providing nutrition and breastfeeding education, health referrals and special supplement foods. For more information call 303-436-4881.

### **Best Babies**

Children in Denver County are at an increased risk for health, developmental, behavioral and social problems as compared to other Colorado counties. To address the issue, Denver's **Best Babies Initiative (DBBI)** was created in July 1999 by Mayor Wellington Webb and Denver Health and Hospital Authority to optimize the cognitive, emotional and physical health and development of young children in Denver, but particularly those afflicted by the challenges of living in communities of poverty.



The comprehensive picture of DBBI:

- § Intensive support - home visitation/case management to women/families at highest risk for pregnancy and parenting outcomes.  
First time moms: the Nurse-Family Partnership program sends specially trained nurses on weekly or bi-weekly visits to low-income, first-time mothers starting as early as possible in pregnancy (no later than the 28th week) and continuing until their children's second birthdays. Under this voluntary program, nurses help mothers improve their health and nutrition during pregnancy, learn effective early parenting skills, and reach goals like completing school and finding employment.
- § Fetal Alcohol Syndrome - Prevention Activities, Choices and Empowerment.  
Purpose is to evaluate the risks of an alcohol-exposed pregnancy you might be taking and develop plans for avoiding those risks.
- § System-wide special projects: bilingual parenting classes and breast feeding support. Any pregnant woman who resides within Denver County can enroll in the Best Babies program, space permitting.

Any pregnant woman who resides within Denver County can enroll in the Best Babies program, space permitting.

Denver's Best Babies provides *free Pregnancy Testing* at the following clinics:

- § [Lowry Family Health Center](#), Mondays from 1 – 5 pm
- § [Davis Pavilion Clinic](#), Mondays from 9 am – Noon
- § [Westside Family Health Center](#), 8:30 am - 12:30 pm, Tuesdays
- § [La Casa/Quigg Newton](#), 8:30 am - 12:30 pm, Wednesdays
- § [Eastside Family Health Center](#) 501 28th Ave., Thursdays from 9 am– 12:30 pm and 1:30 pm - 5 pm
- § [Westwood Family Health Center](#) 4320 West Alaska Place, 8:30 am - Noon \*
- § La Mariposa Family Health Center\*, 1 - 5 pm, Mondays

\* A maximum of 12 patients can be seen during the clinic's hours.  
For more information please call 720-319-0029 or Best Babies, at 720-319-0306.

### Denver Health Campus Map

<http://denverhealth.org/PatientsVisitors/CampusMap.aspx>



## University Physicians, Inc.

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University Physicians, Inc. (UPI) is the multi-specialty group practice of faculty physicians and ancillary health care providers at the University of Colorado School of Medicine. UPI is primarily responsible for the administrative support of the clinical work we do. They handle all billing for clinical activity and are responsible for reimbursement of travel and other expenses.

Please work with your Section Administrator to ensure you are appropriately set-up with UPI.

### Contact Us

University Physicians, Inc.  
13611 East Colfax Avenue  
Aurora, Colorado 80045-5701  
Phone: 303-493-7000  
Fax: 303-493-7001  
[www.upicolo.org](http://www.upicolo.org)

### Member Practice Agreement

All School of Medicine (SOM) faculty members are required to sign a UPI Member Practice Agreement as part of their University of Colorado Denver (UCD) employment. This agreement specifies which income earned by faculty must be remitted to UPI. Medical legal and consulting service income provided and earned by all SOM faculty members must be billed and collected by UPI.

Failure to remit Medical Legal and Consulting service income to UPI may result in immediate UCD employment termination and loss of participation in the University's malpractice insurance trust.

All income, fees, retainers or other compensation received for professional services shall include, but is not limited to cash, checks, deferred compensation, warrants, phantom stock, stock option plans or arrangements and any other compensation or benefit plans or arrangements.

### Revenue Defined

As outlined above, all Medical Legal and Consulting income must be billed, collected and remitted to UPI. Exempt Honorariums, however, are excluded from this requirement. The following information summarizes the terms and differences between each income category.

**Medical legal services** occur when a faculty member is providing a professional opinion to or for the benefit of an attorney, a judge or an administrative entity, whether in a judicial or an administrative proceeding or in contemplation of one, including serving as an expert witness or as a medical record reviewer to or for the benefit of the individuals/entities.

**Consulting revenue** is defined as non-clinical revenue performed for non-affiliated entities such as academic and/or medical societies, pharmaceutical or medical instrument/device for-profit corporations. Consulting engagements accepted may or may not be directly related to UPI's and/or the University of Colorado Denver School of Medicine mission. **Consulting services are generally performed as an on-going service over a contracted period of time** as opposed to honorariums which are performed as a one-time engagement. A written consulting contract is preferred. Examples of consulting services may be serving on a for-profit corporation board as a medical advisor, performing a series of seminars or conferences for a medical device or pharmaceutical company, serving as a newsletter editor for a medical society and other like activities.

**Exempt honorariums** are after-the-fact transactions that are used to reward individuals for **ONE-TIME** services for which custom forbids a price to be set or where **no expectation exists for payment** of services. Exempt honorariums need not be assigned to UPI. Exempt honorariums include ONE-TIME payments for lectures, articles, visiting professorships, NIH study sections and single occurrence services on boards. Any honoraria payments not meeting these requirements must be reviewed by the Department Chair/Section Head and Dean of the School of Medicine to be classified as exempt.

### **Sample Billable Rates**

Each faculty member is responsible for setting their own Medical Legal and Consulting rates for billing purposes. UPI can provide information regarding what is considered reasonable and customary for the type of engagement according to the faculty member's department and the faculty member's area of expertise.

<b>Category</b>	<b>Billable Rate Ranges</b>
Consultation	\$350 to \$500 per hour
Deposition	\$400 to \$750 per hour
Testimony	\$500 to \$1000 per hour

### **Member Reimbursement**

Faculty may elect to receive of their total medical legal and consulting collections less the Dean's tax\* and UPI fees\* up to \$10,000 or up to \$20,000 annually with Department Chair approval. Medical legal and consulting funds will remain in the faculty member's respective department if the member does not elect to receive reimbursement for these services. Funds up to the approved amount will be distributed as an incentive payment in the faculty member's monthly UCD paycheck less employer paid benefits.

Funds earned in excess of the above noted limits remain in the faculty member's respective department. Future faculty receipt of excess funds less assessments will be processed according to the department's approved incentive plan.

\*Per UPI bylaws, Medical Legal and Consulting revenue is assessed a 10% Academic Enrichment Tax (i.e. Dean's tax) and a UPI 3.5% administrative fee on all Medical Legal and Consulting revenue. The UPI administrative fee covers the costs of billing, collecting, reporting and managing the faculty elected reimbursement process.

### **Billing & Collection for Medical Legal and Consulting Services**

When a faculty member provides medical legal and consulting services, the member needs to complete a UPI billing form indicating the type of services provided, hourly rate to be charged, and the number of hours to bill. The billing forms are available through UPI and the departments.

As part of the billing and collection process, UPI will perform all follow-up necessary to collect for the services provided. An original invoice is sent upon receipt of the billing form from the faculty member with collection follow-up occurring every 30 days. Payment demand letters are sent for all invoices aging 45 days or longer.

If a faculty member bills on their own behalf, UPI cannot provide collection follow-up services and often faculty members are faced with IRS tax reporting issues at year end. In addition the faculty member is in violation of their Member Practice Agreement, which can result in disciplinary action and/or employment termination.

### **Medical Legal and Consulting Team Contact Information**

Jenni Davies, Billing  
303-493-8223  
[Jenni.davies@upicolo.org](mailto:Jenni.davies@upicolo.org)

Valerie Bishop, Collections  
303-493-8218  
[Valerie.bishop@upicolo.org](mailto:Valerie.bishop@upicolo.org)

Maggie Allison, Manager  
303-493-8208  
[Maggie.allison@upicolo.org](mailto:Maggie.allison@upicolo.org)

### **General Principles of Medical Record Documentation**

Medical record documentation is required to record pertinent facts, findings and observations about an individual's health history, examinations, tests, treatments and outcomes. The medical record chronologically documents the care of the patient and is an important element contributing to the quality of care. The medical record serves the

need for communication and continuity of care among physicians and other health care providers. An appropriately documented medical record may also serve as a legal document to verify that care was provided. Documentation is also needed for accurate and timely claims review.

### **CUdoctors.com**

This is a new website that connects patients, families, and referring doctors to faculty. Faculty can update their profile at [CUSOMgateway.com](http://CUSOMgateway.com)

Contact: Adrienne Schafer with questions at (303) 493-8336  
[Adrienne.schafer@upicolo.org](mailto:Adrienne.schafer@upicolo.org)

## Who is my Employer?

### The University of Colorado, University Physicians, Inc or Children's Hospital Colorado?

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You are an employee of the University of Colorado School of Medicine and receive your paycheck and benefits from the University.

University Physician's Inc. (UPI) contracts to all insurance carriers on your behalf and you must sign a member practice agreement. You are required to be credentialed through UPI in order to obtain a billing number for patient billing; however, if you are not fully credentialed before you are scheduled to see patients, a temporary billing number can be obtained. All patient billing and collections are processed by UPI which is the business arm of your employer.

Children's Hospital Colorado is where you may attend clinic and admit patients. If you are caring for patients at Children's, you must have medical staff privileges and be credentialed by Children's.

The Department of Pediatrics administration is located on the 3<sup>rd</sup> Floor of the Administrative Pavilion.

## Department of Pediatrics Administration

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Ackerman, Jennifer	Finance Administrator	720-777-5100 <a href="mailto:Jennifer.Ackerman@childrenscolorado.org">Jennifer.Ackerman@childrenscolorado.org</a>
Ayala, Elizabeth	Executive Assistant	303-724-5583 <a href="mailto:Elizabeth.Ayala@childrenscolorado.org">Elizabeth.Ayala@childrenscolorado.org</a>
Barber, Elizabeth	Grant Specialist	303-724-2907 <a href="mailto:Elizabeth.Barber@childrenscolorado.org">Elizabeth.Barber@childrenscolorado.org</a>
Buckner, Rhonda	Executive Assistant to Gail Cohen	720-777-5775 <a href="mailto:Rhonda.Buckner@childrenscolorado.org">Rhonda.Buckner@childrenscolorado.org</a>
Christon, Peg	Director, FIDO	720-777-5818 <a href="mailto:Peg.Christon@childrenscolorado.org">Peg.Christon@childrenscolorado.org</a>
Cohen, Gail	Director, Finance & Administration	720-777-8425 <a href="mailto:Gail.Cohen@childrenscolorado.org">Gail.Cohen@childrenscolorado.org</a>
Falk, Barbara	Special Projects/Conferences	303-724-0546 <a href="mailto:Barbara.Falk@ucdenver.edu">Barbara.Falk@ucdenver.edu</a>
Fitzpatrick, Brooke	Academic Affairs Coordinator	720-777-2703 <a href="mailto:Brooke.Fitzpatrick@childrenscolorado.org">Brooke.Fitzpatrick@childrenscolorado.org</a>
Garcia, Carmen	Grant Specialist	303-724-2904 <a href="mailto:Carmen.Garcia@ucdenver.edu">Carmen.Garcia@ucdenver.edu</a>
Holmes, Jeff	Senior Software Developer/ FIDO	720-777-4294 <a href="mailto:Jeff.Holmes@childrenscolorado.org">Jeff.Holmes@childrenscolorado.org</a>
Hotchkiss, Susan	Executive Assistant to the Chair Administrative Supervisor	720-777-2766 <a href="mailto:Susan.Hotchkiss@childrenscolorado.org">Susan.Hotchkiss@childrenscolorado.org</a>
Johnson, Micah	Senior Financial Analyst	720-777-5779 <a href="mailto:Micah.Johnson@childrenscolorado.org">Micah.Johnson@childrenscolorado.org</a>
Loker, Jeff	LAN Administrator	720-777-5297 <a href="mailto:Jeffrey.Loker@childrenscolorado.org">Jeffrey.Loker@childrenscolorado.org</a>
Martin, Lindsay	Financial Analyst	720-777-5376 <a href="mailto:Lindsay.Martin@childrenscolorado.org">Lindsay.Martin@childrenscolorado.org</a>
Micone, Patrick	Grants Administrator	720-777-5776 <a href="mailto:Patrick.Micone@childrenscolorado.org">Patrick.Micone@childrenscolorado.org</a>
Novak, Rachel	Academic Affairs Coordinator	720-777-3061 <a href="mailto:Rachel.Novak@childrenscolorado.org">Rachel.Novak@childrenscolorado.org</a>

Porter, Helen	Web Administrator	720-777-1817 <a href="mailto:Helen.Porter@childrenscolorado.org">Helen.Porter@childrenscolorado.org</a>
Siegel, Bobbi	Assistant to the Chair & Clin. Faculty Affairs Coord.	720-777-3936 <a href="mailto:Bobbi.Siegel@childrenscolorado.org">Bobbi.Siegel@childrenscolorado.org</a>
Sloan, Shelia	Payroll Manager	303-724-2797 <a href="mailto:Sheila.Sloan@childrenscolorado.org">Sheila.Sloan@childrenscolorado.org</a>
Stiner, Rob	Grant Specialist	303-724-2905 <a href="mailto:Robert.Stiner@childrenscolorado.org">Robert.Stiner@childrenscolorado.org</a>
Twidale, Heather	Assistant to Steve Daniels, MD, PhD	720-777-5822 <a href="mailto:Heather.Twidale@childrenscolorado.org">Heather.Twidale@childrenscolorado.org</a>
Valdez, Laura	Grant Specialist	303-724-5637 <a href="mailto:Laura.Valdez@childrenscolorado.org">Laura.Valdez@childrenscolorado.org</a>
Villarreal, Anna	Assistant to Department Programs & Clin. Faculty Affairs Coord.	720-777-2715 <a href="mailto:Anna.Villarreal@childrenscolorado.org">Anna.Villarreal@childrenscolorado.org</a>
Wen, Audrey	Grant Specialist	303-724-2906 <a href="mailto:Audrey.Wen@childrenscolorado.org">Audrey.Wen@childrenscolorado.org</a>

**For a listing of Department of Pediatrics Faculty, please visit:**

<http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/people/Pages/PeopleFacultyStaff.aspx>

## my.CU Portal

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All University of Colorado employees are encouraged to access *my.CU*, the faculty/staff portal. The portal is generally available 24/7 with support from 8:00 –5:00, Monday through Friday. You can access support via phone call (303-492-9999) or email ([mycu@cusys.edu](mailto:mycu@cusys.edu)) during these hours. Also feel free to use these methods to provide feedback.

The URL for the portal is: <https://my.cu.edu/Login>

Your *my.CU* username and password should be the same as what you use to login to your office computer to access your University e-mail account. If you do not have a campus login account please contact the Anschutz Help Desk at 303-724-4357 to have an account created for you.

Make sure the **My Campus:** dropdown has “Denver” selected. Also choose the proper radio button to indicate whether you are accessing from a private computer (e.g. the computer in your office that you use to do your daily work) or a public or shared computer (e.g. a computer in a kiosk or one that is shared by other people). Choosing the Public or shared computer radio button will automatically log you off after 1 minute of inactivity, choosing the Private computer radio button will set the tolerance for inactivity to 15 minutes. If you do not choose either option you will still be able to login but your timeout tolerance will default to 1 minute.

Once you have logged into the *my.CU* portal, you should see several tabs, containing a number of portal channels. You are welcome to browse any of these channels. For an explanation on tabs and channels click on the [my. CU's List of Features \(Channels\)](#) link on the login page.

Of particular interest is the Pay Advice channel, located on the *my.Pay* tab. You can view your current pay advice starting on the last working day of the month, and you can also view pay advices from previous months as well. You can also view your accrued sick and vacation times in this area. Please feel free to contact either the *my.CU* Help Desk or your campus help desk if you have any questions. *my.CU* is provided by the Administrative Information Services (AIS) unit of System Operations. Please note that pay stubs are not mailed to faculty/staff but are found under the *my.CU* Portal.

## Payroll and Benefits Services

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The Payroll & Benefit Services (PBS) web site provides employees information on how to get paid, correct payroll errors, and other important pay and tax information, and on the features of the benefit plans offered by the University of Colorado. We also provide University administrators, managers and supervisors, and payroll and benefits professionals' vital information to help ensure successful Human Resources Management System (HRMS) use and benefit, payroll and tax compliance.

### Contact Information

UC Denver Payroll and Benefit Services  
3100 Marine St., 6th Floor  
Campus Box 575 SYS  
Boulder, CO 80309  
<https://www.cu.edu/pbs/>  
Ph: 303-735-6500  
Toll Free: 877-627-1877  
Fax: 303-735-6599

### Contact Information

Department of Pediatrics  
Shelia Sloan  
Payroll Manager  
Ph: 303-724-2797  
[Sheila.Sloan@childrenscolorado.org](mailto:Sheila.Sloan@childrenscolorado.org)

### PBS Hours/Locations

The current campus appointment schedule, locations, and phone numbers are as follows, and are subject to change:

**University of Colorado at Boulder:** Daily at PBS, 6th floor (8:00 a.m. – 5:00 p.m.). Phone – 303-735-6500. Benefit Counselors not available every Friday from 9:00 a.m. – 11:00 a.m. due to their weekly staff meeting.

**University of Colorado at Colorado Springs:** Cragmor Hall, Room 105(a). If you need immediate assistance, or to schedule an appointment, contact PBS at 1-877-627-1877 (option 3) or via e-mail at [benefits@cu.edu](mailto:benefits@cu.edu).

**University of Colorado Denver - Anschutz Medical Campus:** Building 500, Room C8000B, 8th floor. Phone – 303-724-0146. If you need immediate assistance, or to schedule an appointment, contact PBS at 303-735-6500 (option 3) or via e-mail at [benefits@cu.edu](mailto:benefits@cu.edu). Wednesdays and Thursdays (8:00 a.m. – 5:00 p.m.) Counseling and walk-in assistance available only in the mornings on all Wednesdays except the last Wednesday of the month.

**University of Colorado Denver – Downtown Denver Campus:** Lawrence Street Center, 1380 Lawrence St, Room 903, 9th floor. Phone – 303-315-2005. If you need immediate assistance, or to schedule an appointment, contact PBS at 303-735-6500 (option 3) or via e-mail at [benefits@cu.edu](mailto:benefits@cu.edu).

Counseling and walk-in assistance available all Thursdays except the afternoon of the first Thursday of the month.

### **Enrolling in Benefits**

This website contains information on Eligibility, Benefits Plans, and Enrollment for benefits to help you through the process of selecting the options for you and your dependents. You may also sign up for an Employee Benefits Orientation which will provide an overview of the benefits plans. You must make your benefits elections within 30 days of your date of eligibility (typically your date of hire). If you do not submit your Benefits Enrollment/Change Form within this period, you will be defaulted according to the information located in the Enrollment Section for Effective Dates and Defaults, and you will not be able to change this until open enrollment for the next plan year. Please contact PBS for more information.

### **PBS Forms**

Please visit the PBS website for a [complete list](#) of all forms

### **Benefits Enrollment/Change Form**

#### **HIPAA Authorization Form**

Authorization for Use and Disclosure of Protected Health Information

#### **Common Law Marriage/Same Gender Domestic Partner Forms**

CU Common Law Marriage Affidavit  
Same Gender Domestic Partner Affidavit  
Same Gender Domestic Partner Tax Certification

#### **Optional Life Insurance Form**

Medical History Statement

#### **Short-Term Disability Forms**

Medical History Statement

#### **CU Health Care and Dependent Care Flexible Spending Account Forms**

Claim Form (PDF format)  
Claim Form (Word format)  
Direct Deposit Form -- Health Care and Dependent Care Flexible Spending Accounts

#### **Retirement Pension/Savings Plans Forms**

Retirement Pension/Savings Fact Sheet  
Retirement Plan Enrollment/Change Form  
401(a) Fidelity Application  
401(a) TIAA-CREF Application  
401(a) Vanguard Application

401(a) Optional Retirement Plan External Transfer Form  
403(b) Hardship Withdrawal Application  
403(b) Salary Reduction Agreement (enrollment/change/termination form)  
403(b) Fidelity Application  
403(b) TIAA-CREF Application  
American Century 403(b) Application  
DSW Scudder 403(b) Fund Application  
Vanguard 403(b) Application  
PERA 401(k) Contribution Authorization Form (enrollment/change/termination form)  
PERA Member Information Form  
State of Colorado 457 enrollment form

**Preparing to Retire Booklet and Worksheets**

Preparing to Retire Booklet (includes worksheet) – CU 401a Participants  
Preparing to Retire Booklet (includes worksheet) – PERA Participants

**Benefits Leave Without Pay (LWOP) Form**

Faculty & Exempt Professional LWOP Form  
PERA Certification of Leave of Absence

## Leave Information for CU Faculty on 12 Month Appointments

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### Parental and/or Family Medical Leave

1. Read the official policies which can be found at:
  - a. [https://www.cu.edu/policies/policies/HR\\_ParentalLeave-FEP.html](https://www.cu.edu/policies/policies/HR_ParentalLeave-FEP.html)
  - b. [http://www.ucdenver.edu/faculty\\_staff/employees/policies/Policies%20Library/HR/FML-FacEx.pdf](http://www.ucdenver.edu/faculty_staff/employees/policies/Policies%20Library/HR/FML-FacEx.pdf)

2. Contact Human Resources; information provided is confidential

Greg Rowe, Sr., HR Consultant  
UCD @ Downtown  
P.O. Box 173364, Campus Box A005/130  
Denver, Colorado 80217-3364  
303-315-2739/Fax: 303-315-2725  
Email: [greg.rowe@ucdenver.edu](mailto:greg.rowe@ucdenver.edu)

3. Do you have short-term or long-term disability?

These may apply to certain leave situations but have to be in place prior to the precipitating event for which the person would invoke disability. They are both offered by UCD benefits but must be selected upon benefits enrollment.

4. Assess your sick and vacation time accrued via *my.CU* as noted above

For accrued sick/vacation questions, contact:

Shelia Sloan  
Payroll Manager/Human Resources  
Pediatrics Department, UCD  
720-724-2797 phone

## Promotion

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Promotion from Assistant Professor to Associate Professor, and from Associate Professor to Professor, is determined by a combination of Departmental and SOM reviews of candidates' qualifications. Each of the two reviewing entities has its own Committee. The Department of Pediatrics Promotions Committee includes the following members:

Nancy Krebs, M.D., M.S., Chair  
Daniel Ambruso, M.D.  
Tim Benke, M.D., Ph.D.  
Robert Brayden, M.D.  
Anita Glick, M.S.W.  
William Hay, Jr., M.D.  
Roger Hollister, M.D.  
M. Douglas Jones, M.D.  
John Ogle, M.D.  
Marian Rewars, M.D., Ph.D.  
Harley Rotbart, M.D.  
Kurt Stenmark, M.D.  
Carl White, M.D.

Rachel Novak is the Academic Affairs Coordinator in charge of promotions and can help you at every stage of the promotions process. Her phone number is 720-777-3061.

The SOM Committee has 15 members, including one representative from Pediatrics:  
Michael Kappy, M.D.

Your portfolio is first reviewed by the Departmental (Pediatrics) Promotions Committee, which provides you with suggestions for modifying and enhancing your presentation. This Committee also, by rules of the SOM, votes regarding approving your promotion. That vote is then provided to the SOM, along with a detailed cover letter and your completed portfolio. However, it is the vote of the SOM Committee only that determines your promotion.

Promotion to Associate Professor must be successfully completed by the end of the 7th year as an Assistant Professor. Extensions are given by the SOM if they are requested by the Department on behalf of the candidate; a justification for the need of extra time is required. If an extension is granted by the SOM, the extension is automatically for 3 years – but needn't last that long if the faculty member is ready sooner. Faculty working part time, and those taking leaves of absence, have additional time to complete their promotion process – the specific adjustments are made by the SOM based on each individual circumstance. Rachel can contact the SOM on your behalf to assess your

specific “time clock” if you have worked less than full time or taken leaves. There is no “clock” for promotion from Associate Professor to Professor, and many faculty retire as Associate Professors.

The Promotions process is a partnership between you and the Department. The roles of each are as follows:

## THE ROLE OF THE DEPARTMENT

1. Mentoring (see Mentoring section of Handbook)
  - a. Annual FIDO evaluations by your Section Head/Higher Level Reviewer are reviewed by the Dept
2. Mid-point reviews
3. Solicitation of letters of reference
4. Guidance on portfolio preparation
5. Review of portfolio with suggestions for improvement
6. Vote on candidacy
7. Submission of portfolio with cover letter summarizing the candidate and the Departmental Promotions Committee vote

## THE ROLE OF THE FACULTY MEMBER

1. Conscientiously work with mentor
2. Conscientiously update FIDO every year
3. Maintain real-time portfolio
  - A. Prepare dossier  
See SOM Guidelines:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Appoi ntmentsPromotions/Pages/PromotionsTenure.aspx>
  - B. Documentation of teaching -- quantity and quality  
See SOM guidelines for preparation of Teacher’s portfolio:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Appoi ntmentsPromotions/Documents/TeachingPortfolioFinal2010.pdf>
    - 1) Log of teaching activities – include date, venue, types of learners, numbers of learners
      - formal lectures
      - conferences
      - bedside/clinic teaching
      - lab teaching
      - teaching administration
      - curriculum development/innovation

- mentoring/advising
- scholarship in teaching (e.g. outcomes)
- 2) Teaching evaluations – piles and piles
  - individual lectures, full courses
  - clinical rotations
  - solicited letters – prospective and retrospective
- 3) Teaching awards
- C. Documentation of clinical activities – quantity and quality  
See SOM guidelines for preparation of Clinician’s portfolio:  
<http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Documents/ClinicalPortfolio2010.pdf>
  - 1) Log of clinical activities – include dates, venue, number of patients cared for
  - 2) Letters of gratitude from: referring physicians, patients, families, colleagues in hospital
  - 3) Clinical honors
- D. Documentation of scholarship – accurate and up-to-date CV detailing publications, grants, other scholarly work
  - 1) “Non-traditional” scholarship must be presented in a form that can be reviewed and recognized by others; this type of scholarship requires careful documentation. Scholarship must be in a reviewable, evaluable, and tangible form.
- E. Documentation of service – accurate and up-to-date CV detailing committees, other activities in your Department, the SOM, nationally, community
  - 1) Letters of gratitude for your service
- 4. Careful attention to deadlines for submission
  - A. Annual FIDO self-evaluations
  - B. Mid-point portfolio
  - C. Referees list
  - D. Promotions portfolio
  - E. Revisions to portfolio

*Prepared by:*  
Harley A. Rotbart, M.D.  
Vice Chairman for Academic Affairs  
720-777-7459  
[harley.rotbart@ucdenver.edu](mailto:harley.rotbart@ucdenver.edu)  
March 17, 2011

The pages that follow summarize the promotions process and provide you with many of the necessary materials to guide your preparation for promotion:

1. Flow charts for Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
2. The criteria of the SOM for determining eligibility for promotion
3. The SOM “Matrix” which provides examples of meritorious and excellent achievements in the categories required for promotion
4. List of materials requested for mid-point review and promotions packets
5. The SOM “Teaching Portfolio” guidelines:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Appointm entsPromotions/Documents/TeachingPortfolioFinal2010.pdf>  
These are applicable to all candidates preparing a portfolio for promotion, not just those whose primary area of emphasis is teaching.
6. The SOM “Clinician’s Portfolio” guidelines:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Documen ts/ClinicalPortfolio2010.pdf>  
These are applicable to all candidates preparing a portfolio for promotion, not just those whose primary area of emphasis is clinical.
7. The SOM recommended format for preparing and organizing your CV:  
See ‘CV Format (DOC)’ at the below link-  
<http://www.ucdenver.edu/ACADEMICS/COLLEGES/MEDICALSCHOOL/FACUL TYAFFAIRS/APPOINTMENTSPROMOTIONS/Pages/PromotionsTenure.aspx>
8. Departmental policy re: mentoring and faculty assessment
9. How to be an effective teacher

Please refer to the SOM Faculty Affairs website for additional useful information:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Pages/Faculty Affairs.aspx>

## The Promotions Process

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### **ASSISTANT PROFESSOR**

#### **Appointment to Assistant Professor – Chairman, Section Head**

-

Annual FIDO Reports – Dept Review

-

Mid-point Review – DPC  
(year 4-5)

-

Nomination for promotion to Associate Professor

- **Expanded Section Heads Annual meeting (summer)**
  - Chairman or Individual Section Head
  - Faculty Member (including self-nomination)
- 

Preparation of promotions packet by candidate (fall)

-

Formal review of promotions packet – DPC

-

Modifications to packet by candidate as necessary

-

Re-review of packet as necessary – DPC

-

Submission of packet to UCSOM Promotions Committee (Dec 31)

-

Formal review of promotion packet – UCSOM Promotions Committee

-

Approve « Defer pending  
Extend  
- Reject

Review by Executive Committee, Regents

-

Promotion to Associate Professor

## ASSOCIATE PROFESSOR

Annual FIDO Reports – Dept Review  
-

Mid-point review (informal, optional)  
(year 5-6)  
-

Nomination for promotion to Professor

- **Expanded Section Heads Annual Meeting (summer)**
- Chairman or Individual Section Head
- Faculty member (including self-nomination)  
-

Preparation of promotions packet by candidate (fall)  
-

Formal review of promotions packet – DPC  
-

Modifications to packet by candidate as necessary  
-

Re-review of packet as necessary – DPC  
-

Submission of packet to UCSOM Promotions Committee (Dec 31)  
-

Formal review of promotions packet – UCSOM Promotions Committee  
-

Approve « Defer Pending  
Extend  
Reject  
-

Review by Executive Committee, Regents  
-

Promotion to Professor

## School of Medicine Criteria for Promotion

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### **Associate Professor**

Excellence in one:

Teaching  
Research  
Clinical Activity

Meritorious in all:

Teaching  
Scholarly Activity  
Clinical Activity/Service

### **Professor**

Excellence in two:

Teaching  
Research  
Clinical Activity

Excellence in:

Scholarly Activity

Meritorious in both:

Teaching  
Clinical Activity/Service

National reputation

## Promotion Criteria

### Matrix

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NOTE: The following is intended to present examples of various levels of accomplishment in the areas of teaching, research, clinical activity, scholarship, and service. It is not exclusionary, but is intended to assist faculty, department chairs and promotion committees in matching candidates' accomplishments to the promotion criteria. Moreover, areas frequently overlap in practice, although they are presented as distinct entities here. It should also be noted that the matrix specifies just two categories, meritorious and excellent. Professors will need to achieve excellence by a number of criteria. Associate professors will have met fewer of these criteria and/or in not as great depth. The promotion process is meant to describe and reward continued professional growth and achievement. An associate professor is at an intermediate stage in that process, while a full professor has reached the final stage.

### Teaching

#### **Meritorious**

Active participation in teaching activities of the department, including two or more of the following: presenting a series of lectures covering one or more topics; coordinating a course, acting as primary instructor in a course, advising students, attending on inpatient or outpatient service, mentoring students and fellows, seminar or journal club organizer, small group or laboratory teacher, continuing education activities.

Meritorious teaching evaluations from students and peers.

Development or redevelopment of teaching materials for students, continuing education courses and/or other faculty training.

Invitations to present Grand Rounds/seminars here and at other institutions; invitations to present courses outside of primary department.

#### **Excellent**

Regularly assumes greater than average share of teaching duties – e.g., course director, residency fellowship director.

Consistently receives outstanding teaching evaluations or teaching awards, recognition as an outstanding role model for students.

Trains fellows who pursue outstanding academic careers.

Develops innovative teaching methods such as educational software, videotapes, packaged courses or workshops, etc.

Successfully runs regional continuing education courses.

Consistent participation in national educational activities – e.g., Residency Review Committee, programs sponsored by professional organizations, recertification, workshops and

### **Excellent**

symposia, etc.

Invitations to be a visiting professor at another institution.

Provides educational leadership by writing syllabi, textbooks or assuming an administrative role (e.g., Assistant Dean Continuing Medical Education, Graduate Medical Education, Allied Health or Student Affairs).

## Clinical Activity

### **Meritorious**

Active and effective participation in clinical activities of the academic unit.

Board certification.

Demonstration of mastery and independence (e.g., introduction of improved quality of care).

Support from internal peers at the site of practice.

Invitations to speak on clinical topics on campus, or participation on institutional clinical are committees.

### **Excellent**

Continuing significant participation for an extended period of time in clinical activities that are highly effective.

Development of new techniques, therapies, or HEALTH care delivery systems that have of clinical skills – improved the health of the population of new techniques, served.

Creative, active participation in the evaluation of the effectiveness (quality, utilization, access, cost) of the care being provided.

Recognition for excellence in clinical activity at the local, regional, and/or national level through letters of reference, awards, institutional evaluations, invitations to speak, requests to write reviews, etc.

Demonstration of effective leadership at the site of clinical practice – i.e., director of a clinical service, head of a division, chair of a department, head of an interdisciplinary team that creates and manages a clinical pathway and outcomes evaluation, Medical Staff President.

Assumption of a substantive leadership role at the regional level – i.e., chairing committees or accepting positions as office of local or statewide professional organizations.

Assumption of a substantive leadership role at the national level – i.e., chairing national symposia and meetings, chairing committees or accepting positions as officer of national professional organizations, editorial role in journal.

## Research

### **Meritorious**

Authorship of papers in peer-reviewed journals that demonstrate the ability to generate and test hypotheses and represent a significant contribution to the published literature.

Co-investigator on grants or recipient of a “First” award.

A principal and sustained role in the management of a research program with external funding.

Development of patents for discoveries.

Presentations at national meetings; invited research seminars at this and other institutions.

### **Excellent**

A consistent level of peer-reviewed and/or other funding for research over a sustained period of time.

Demonstrated evidence of originality as an investigator.

Principal investigator status on peer-reviewed grants.

An ongoing, peer-reviewed publication record with senior author publications.

A national and/or international reputation as evidenced by external letters of reference, invitations to present at national/international meetings, visiting professorships, service on study sections, organizing national meetings, serving as a national consultant or on editorial boards of journals, etc.

## Scholarship

Note: There may be considerable overlap between scholarship and the other areas – i.e., research, teaching, and clinical activity.

	<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
<b>CLINICAL RESEARCH</b>	<p>Collaborator on research, e.g., a participant in a multicenter trial, publication of articles on topic.</p> <p>Establishes an area of research in a clinical area.</p> <p>Conducts applied research including evaluation of the efficacy of various treatment modalities</p> <p>Facilitates the research programs of the SOM through substantive contributions to COMIRB, which must include: regular attendance at meetings over at least a three-year period; active and effective participation in discussions; review and presentations of protocols to the committee; and a demonstrated understanding of key topics (e.g. informed consent, risk assessment, protection of vulnerable populations, adverse event reporting or waivers of informed consent). Additional aspects of COMIRB service that may be considered evidence of meritorious scholarship may include: mentoring of new COMIRB members in the elements of proper review and presentation of protocols; active participation in COMIRB</p>	<p>Designs and directs research and plays a major role in writing up the results.</p> <p>First or senior author on publications.</p> <p>Coordinates research at a national level in multicenter study.</p> <p>Consistent funding for peer reviewed or other appropriate research.</p> <p>Multiple publications on area of expertise.</p> <p>Member of review section or editorial board.</p> <p>National reputation</p>

“education days;” training of

**Meritorious**

**Excellent**

SOM clinical investigators in techniques of protocol writing; and serving as a positive spokesperson for COMIRB service. A supporting letter from the Director of COMIRB is required.

<b>INNOVATIVE PROCEDURES FOR THE DELIVERY OF HEALTH CARE</b>	<p>Initiates improvements in delivery within institution.</p> <p>Provides documentation of intervention and outcome.</p> <p>Documents improvements to audiences outside the UCD, typically in the form of a written communication.</p>	<p>Consistent funding for peer-reviewed health services research</p> <p>Utilized as a national consultant in area of expertise.</p> <p>Multiple publications on subject.</p>
<b>WRITING OF MONOGRAPHS, REVIEWS, AND OTHER CREATIVE EFFORTS</b>	<p>One or more such efforts are published in journals.</p> <p>Reports integrate and put new discoveries into perspective.</p>	<p>The reviews represent a major body of work that provide a documentable national or international reputation.</p>
<b>TEACHING SCHOLARSHIP</b>	<p>Develops new educational materials</p> <p>Publishes articles on health professional education with emphasis on hypothesis-driven research.</p>	<p>Creates a new course or curriculum.</p> <p>National reputation as an innovative educator.</p> <p>A strong record of publications in health professional education</p>
<b>CLINICAL SCHOLARSHIP</b>	<p>Provides continuing education at local and national meetings.</p> <p>Successful completion of recertification examinations.</p> <p>Participation in departmental, divisional, and institutional quality assurance programs.</p> <p>Provide invited grand rounds</p>	<p>Peer-reviewed grant funding.</p> <p>Designs and directs hypothesis-driven research.</p> <p>A strong record of peer-reviewed publications.</p> <p>National/international reputation.</p>

	locally.	
	<b><u>Meritorious</u></b>	<b><u>Excellent</u></b>
	<p>Scholarly integration such as case studies, book chapters, and reviews.</p> <p>Media other than print are applicable (video and computer programs if utilized by educators/clinicians outside the School of Medicine). Provides written documentation of novel techniques in teaching on the deliver of care.</p> <p>Documentation of innovative quality assurance programs.</p> <p>Collaborator in design, conduct and publication of the research, e.g., a participant in a multicenter trial.</p>	
<b>BASIC SCIENCE SCHOLARSHIP</b>	Writes articles integrating knowledge in a field and assesses overall value of discoveries in relationship to the area of research.	<p>Initiates and designs the research protocol.</p> <p>May coordinate the research at a national level in a multicenter study.</p> <p>Directs research and plays a major role in writing up the results. Senior author on publications.</p> <p>Consistent funding for peer-reviewed research.</p> <p>Multiple publications on area of expertise.</p> <p>Member of review section or editorial board.</p> <p>National/International reputation</p>

## Service

### **Meritorious**

Service on committees or task forces within the program, division, department, school, campus and/or university.

Service to local, state and national organizations through education, consultation, or other roles.

### **Excellent**

Appointment to responsible positions within the institution such as chair of a committee; faculty officer; program director; academic clinical coordinator; membership on major decision-making UCD committees.

Service as an officer or committee chair in professional or scientific organizations.

Service on editorial boards of professional or scientific journals.

Election to responsible positions dealing with health care issues at the local, state, regional, national, or international levels.

Service awards from an area of the University or from a local, national, or international organization (civic, scientific and/or professional).

## List of Materials Requested for Mid-Point and Promotions Packets

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The following materials are requested when you submit your packets for mid-point review and promotions review. It's a good idea to begin organizing your promotions files according to what you'll need for these packets.

1. A CV Abstract Form, typed. See 'CV Abstract Form (DOC)' at the following link: <http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Appointm entsPromotions/Pages/PromotionsTenure.aspx>
2. Your current curriculum vitae. See 'CV Format (DOC)' at the following link: <http://www.ucdenver.edu/ACADEMICS/COLLEGES/MEDICALSCHOOL/FACUL TYAFFAIRS/APPOINTMENTSPROMOTIONS/Pages/PromotionsTenure.aspx>
3. A letter of review from your Section Head – only. (This may be submitted under separate cover.) **DO NOT SOLICIT OTHER LETTERS OF RECOMMENDATION.** This will be requested of your Section Head by the Academic Affairs Office at the time we request your packets.
4. Teacher's Portfolio (see more info on the following pages). Documentation of teaching ability, e.g.:
  - a. Descriptive Statement—describing teaching and mentoring activities
  - b. Quantity: Clinical bedside, formal lectures, graduate courses and other training. A cover table summarizing the quantity of teaching you do both in number of teaching opportunities as well as number and level of learners – be as specific as you can. Keep logs or calendars of all of your teaching.
  - c. Quality: Student, housestaff and faculty evaluations; collect these aggressively. They may come from your personal file and/or from the GME Office at TCH. Supplement formal evaluations with testimonial letters from trainees that briefly write on your behalf regarding your teaching prowess.
  - d. Awards -- teaching, advisory service, etc
5. Clinician's Portfolio (see more info on the following pages). Documentation of your clinical ability and/or your service to the UCD/TCH/outside communities, e.g.:
  - a. Descriptive statement
  - b. Quantity: Provide information regarding the amount of clinical service you provide, and document numbers of patients seen in each of your clinical venues. A cover table for this section is useful.
  - c. Quality: Provide any quality assessment tools regarding your clinical work, letters from grateful referring physicians and/or patients (patient names redacted).

- d. Letters or evaluations by students, interns, fellows, residents or patients (please be sure that evaluations indicate type of learner)
  - e. List and description of your involvement in committees, task forces, etc.
6. Research and/or Scholarship Section
- a. Descriptive Statement
  - b. Include documentation of research activity
  - c. Reprints of at least five of your most significant publications.
  - d. Evidence of nontraditional scholarship (see Matrix pages above).
    - 1) Web-based materials
    - 2) Non-peer reviewed materials
    - 3) Course curricula you have designed
    - 4) Clinical innovations you have instituted
7. Institutional and Community Service and Advocacy:
- a. University and Hospital Service
  - b. Community
  - c. Professional
8. Supplemental information including:
- a. Patents
  - b. Other information you feel gives insight into your promotions qualifications.

## University of Colorado School of Medicine Office of Faculty Affairs Suggested Format for Teachers' Portfolios

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Teaching is an important responsibility and privilege of faculty members at the School of Medicine. Evidence of accomplishments in teaching is also required for promotion and tenure. **Each candidate for promotion or tenure must submit a formal teaching portfolio as part of a comprehensive promotion dossier.**

The purpose of a “teaching portfolio” is to document a faculty member’s teaching activities, effectiveness and impact. The teaching portfolio does what a C.V. cannot: it captures and explains what teachers do. More specifically, a teacher’s portfolio accomplishes the following goals:

- Describes the faculty member’s everyday activities as an educator;
- Helps the faculty member take credit for specific accomplishments;
- Assists the Faculty Promotions Committee to conduct a semi-structured evaluation of the faculty member’s achievements, adding weight, rigor and parity to this component of the promotion evaluation; and
- Helps match the activities and accomplishments of the educator to the SOM’s promotion rules.

**Please refer to the Rules of the School of Medicine link below (especially the Promotion Matrices) for examples of “meritorious” and “excellent” performance in teaching.**

<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Documents/Rules2007.pdf>

It is also likely that preparation and submission of a teacher’s portfolio can foster a culture of teaching at the SOM and prompt reflection, self-improvement and career development by faculty members.

The following format is suggested. Please note that faculty members are not expected to have activities in every area. Also, be advised that faculty members should include narratives, charts, tables or annotated lists in each of the sections, below. The purpose of these narratives, charts and tables is to summarize and explain the scope, importance and impact of the faculty member’s principal teaching activities.

- **A teacher's statement**, which articulates your personal teaching goals and philosophy. The statement may address questions such as: What and how do you teach? What is unique or most important about your teaching? How do you assess students' learning or measure whether your teaching is effective? What, specifically, do you want to improve about your teaching?
- **Classroom instructional activities**: List course name & number, dates, number of students and your role in course (lectures given, laboratory or small-group leader, etc).
- **Clinical teaching activities** (e.g., bedside rounds, ward attending, ambulatory care preceptor): specify site, nature of teaching activity, dates, numbers of trainees.
- **Other didactic teaching activities** (e.g., grand rounds, seminars, journal clubs, morning report).
- **Teaching leadership and administration**: List courses, clerkships, training programs or CME programs you developed or have directed; also, list national service, such as board examiner, participation on residency review or curriculum committees, leadership of faculty development activities, etc.
- **Curriculum innovation and teaching scholarship**: Describe your work in developing or revising high-quality syllabi, laboratory exercises, novel lectures, problem-based learning cases, CD-ROMs, evaluation tools or other instructional materials. Also, describe research activities, education grants or other written scholarship that focus on understanding the best methods, or outcomes, of teaching. Include references to any publications, web sites, presentations or other "products of teaching scholarship" that are available for review.
- **Mentorship**: List students, residents, fellows or graduate trainees you have mentored; specify *your* role as research preceptor, thesis director or thesis committee member, and list *their* achievements, including publications, grants, national presentations, awards or attainment of academic or other positions. Outside of research, describe your other work in guiding or mentoring students, house officers or junior faculty.
- **Outside education activities, including outreach**. Describe your participation in CME or outreach education, including visiting professor invitations.
- **Self-study and improvement**: List meetings, workshops or fellowships you have attended aimed at improving your skills and effectiveness as a teacher.
- **Teaching awards or nominations**.  
A teaching portfolio must also contain supporting documents, including evaluations of your teaching effectiveness. Evaluations may include ratings by learners as well as by peers.

- *Learner ratings* may include quantitative scores, comments from students and letters from former trainees. Trainees who have been mentored can be asked to write letters describing the ways in which you (the mentor) have helped them advance their careers. For example, trainees can be asked to comment about the ways in which you helped them understand research methods, scientific writing or research ethics.

- *Peer ratings* may include written comments from peers who have observed you in various teaching settings or who have reviewed your syllabi, handouts, laboratory manuals or other teaching materials. Peer evaluations may include a general assessment of your knowledge, a statement about the clarity and effectiveness of your delivery, comments about the types of methods you employ in teaching or assessments of the scope, organization, clarity and accuracy of your teaching materials and lecture/seminar content.

## TEACHING EVALUATIONS

A teaching portfolio must also contain teaching evaluations, letters from students or mentees or other documents that address your teaching effectiveness. Evaluations may include ratings by learners as well as by peers. Most candidates for promotion or tenure include copies or summaries of teaching evaluations in an “appendix” at the end of their teacher’s portfolio.

- **Learner ratings** may include quantitative scores, comments from students or letters from former trainees. Trainees who have been mentored can be asked to write letters describing the ways in which you (the mentor) have helped them advance their careers. For example, trainees can be asked to comment about the ways in which you helped them understand research methods, scientific writing or research ethics.

- **Peer ratings** may include written comments from peers who have observed you in various teaching settings or who have reviewed your syllabi, handouts, laboratory manuals or other teaching materials. Peer evaluations may include a general assessment of your knowledge, a statement about the clarity and effectiveness of your delivery, comments about the types of methods you employ in teaching or assessments of the scope, organization, clarity and accuracy of your teaching materials and lecture/seminar content.

*[Prepared by Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs; revised 5/21/2010]*

## University of Colorado School of Medicine Office of Faculty Affairs Suggested Format for Clinicians' Portfolios

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The purpose of the clinical portfolio is to make your work understandable to a diverse group of people, who may not understand clinical practice, but who are charged with considering faculty members for promotion.

The clinical portfolio presents a picture of your clinical work over a period of years. The portfolio summarizes your efforts and accomplishments, including inpatient or outpatient responsibilities, quality improvement activities, continuing medical education, practice leadership and national service. The clinical portfolio also includes evidence of the quality of your clinical care, which may be gathered from clinical peers, nurses, practice managers or patients themselves. Clinical excellence may also be demonstrated through introduction of new techniques or models of practice, invitations to speak or write about clinical topics, studies that demonstrate favorable health outcomes or receipt of local, regional or national awards.

Your clinician's portfolio should contain detailed descriptions of your clinical effort and activities, plus supporting documents that demonstrate clinical effectiveness. A carefully assembled clinical portfolio provides essential documentation for the Faculty Promotions Committee, which must judge whether your clinical accomplishments meet the School's "meritorious" or "excellent" standards.

Please refer to the Rules of the School of Medicine (especially the Promotion Matrices) for examples of "meritorious" and "excellent" performance in clinical service. Also, please remember that the clinical portfolio is a highly individualized product; there is no single format that perfectly fits every faculty member's clinical activities, and most faculty members will not have activities in every area. Nonetheless, the following outline is suggested, to help you describe your clinical contributions in a manner that is understandable to members of the Faculty Promotions Committee. Also, you do not need to duplicate information that is listed in your CV; use the portfolio to summarize and explain the highlights of your clinical career.

## A. Descriptions of your clinical work

- I. Reflective Statement Outline your areas of clinical focus and expertise. Explain what is unique about your clinical practice. Explain how you evaluate your clinical effectiveness and outcomes.
- II. Scope of Clinical Activities Describe your clinical activities and responsibilities in detail. Include information about sites of practice, hours or months, numbers of patients (or procedures) and responsibilities. You may include a sample weekly calendar that depicts the range of your clinical duties. Also, describe mastery of specific clinical techniques.
- III. Self-improvement Describe steps taken to improve your knowledge or clinical practice skills, such as CME courses or recertification examinations. Describe any changes in practice that resulted from self-evaluation, outcomes studies or acquisition of new skills.
- IV. Role as a Clinician-Teacher Describe your activities as a clinician-educator, including numbers of students, residents or fellows supervised on a monthly or yearly basis. Often a tabular presentation is helpful. List teaching rounds, didactic lectures and seminars. *This material should also be included in your "Teacher's Portfolio Under the sub-heading "Clinical Teaching Activities."*
- V. Administrative Leadership and Service
  - a. *Local Leadership activities* – Describe active participation on departmental or hospital clinical committees. Include, for example, membership on committees for quality improvement, infection control, utilization review, operating rooms, etc. Note any important leadership positions such as committee chair, medical staff president, clinic or practice director, division head, etc. Supporting letters that describe your leadership role and how you positive influenced patient care programs are helpful.
  - b. *Regional or national service* – List important contributions to professional societies, clinical task forces and state and national agencies. Do not simply list the same memberships that are included in your CV; instead, describe your specific contributions to these regional and national commissions. Letters from national committee chairs should be sought to help you document the impact of your service.
- VI. Development of Innovative Techniques or Patient Care Practices Describe innovative techniques that have changed or influenced practice. Describe quality improvement work, health outcome studies, clinical pathways, leadership of interdisciplinary teams or other creative activities designed to evaluate and improve the quality of medical care. Also include practice reorganizations, analyses of health

care delivery, improvements in access or cost-effectiveness or other creative interventions that have improved the health of populations.

VII. Scholarship: Contributions to books, journals or clinical information systems

Highlight your contributions to clinical scholarship and your regional and national reputation, by summarizing your most important invited lectures, leadership of CME courses, books, book chapters, review articles, videos, case reports or other contributions in your field of interest. Summarize any published or unpublished materials relating to the care of patients, including new practice modules, clinical guidelines, quality improvement studies, utilization reviews or health care outcomes reports. Describe participation in clinical research, including clinical trials. *Some of this material may also be included in the "Scholarship" section of your dossier.*

**B. Evaluations and other documentation of outstanding clinical care**

- I. Statements from colleagues who have observed you at a clinical site or who have referred patients to you. Include letters from consultants, specialists or referring physicians inside or outside the institution. Surgeons and specialists often submit supporting letters from referring doctors, while primary care physicians often obtain letters from colleagues who can describe the faculty member's commitment to primary care, quality, continuity and accessibility.
- II. Documentation of clinical activities from departmental, UPI or hospital or clinic records.
- III. Results of quality or utilization reviews, practice audits or health outcome studies that directly measure your performance in providing personal care to patients.
- IV. Statements from the clinical service directors, chairpersons, practice managers or others that define clearly your role in the clinical enterprise. The practice director or chair's letter is especially helpful if it: Highlights how your performance compares with other practitioners (inside and outside the institution); enunciates the quantity and value of your contributions as a clinician and educator; or describes how the practice has benefited from your clinical talents.
- V. Letters or evaluations by students, interns, fellows or residents that comment specifically about your professional behavior and clinical excellence (as opposed to teaching skill).
- VI. Information from patients, which may include letters or emails or the results of ongoing patient satisfaction surveys. **Do not include any patient identifiers or protected health information.**
- VII. Honors or recognition from colleagues (for example, "clinical excellence" awards), or election to medical staff or professional society leadership positions.

VIII. To demonstrate, regional or national standing, summarize local, regional and national initiations from other campuses, outside agencies or health providers to discuss clinical topics or health care delivery issues. Invitations from public and lay groups, including news media, should also be listed here, if they reflect on the faculty member's standing as a clinician.

*[Prepared by Steven Lowenstein, MD, MPH; revised 3/23/2010.]*

University of Colorado School of Medicine  
Office of Faculty Affairs  
Format for Curriculum Vitae

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**1. Personal history or biographical sketch**

- Begin with “Current Position” --- include title(s) and professional address (with email and FAX)
- Optional: Marital status, spouse’s name, children
- Do NOT include birth date or Social Security Number

**2. Education**

- In chronologic order, list institutions attended and degrees (Begin with college or university)
- Include internship, residency, fellowships, post-doctoral training
- Do not include CME or other courses; this information may be included in a teacher’s or clinician’s portfolio  
<http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/APpointmentsPromotions/Pages/PromotionsTenure.aspx>

**3. Academic appointments**

- List these chronologically (including dates)
- Include full-time and adjunct faculty positions

**4. Hospital, government or other professional positions**

- List positions chronologically
- May divide into sections (hospital, government, etc.)
- Include military service, if applicable
- May list consulting positions

**5. Honors, special recognitions and awards**

- Graduate school honors and distinctions
- Clinical, teaching, research or service awards
- Elected and honorary society memberships
- Honorary fellowships

**6. Membership in professional organizations**

- List organizations (and dates)
- Include offices held and other leadership positions

**7. Major Committee and Service Responsibilities**

- Group (as appropriate) under headings: Departmental, SOM, university and hospital
- Include state and national committees, tasks forces, boards and commissions
- List important community service or public health activities
- Note leadership positions, key responsibilities

#### **8. Licensure and board certification**

- Include dates of state certification, board certification and recertification
- Do NOT list medical license numbers

#### **9. Inventions, intellectual property and patents held or pending**

#### **10. Review and referee work**

- Service on editorial board (Include dates)
- Grant review committees and study sections
- Service as ad hoc reviewer for journals professional societies or scientific meetings (State dates, journals, meetings)

#### **11. Invited extramural lectures, presentations and visiting professorships**

- As list lengthens, may divide into headings: Local, regional, national, international. Number if more than 3 in a list.

#### **12. Teaching record**

- *In separate sections*, list major presentations to medical (or other undergraduate) students, graduate students, house officers
- List course numbers and dates
- State ward/clinic attending duties (e.g., “2000-03: *Supervision and bedside teaching of residents, high-risk hypertension clinic - 6 hours/week*”)
- Key administrative positions (course or training program director) and dates
- List specific accomplishments (course development, innovative syllabus, etc)
- Teaching awards may be listed here or in Section 5
- All supporting details should be provided in separate teacher’s portfolio <http://www.ucdenver.edu/academics/colleges/medicalschooll/facultyAffairs/ApointmentsPromotions/Documents/TeachingPortfolioFinal2010.pdf>
- Trainees and mentees may be listed here; however, it is preferable to list them, with a summary of their accomplishments, in your teacher’s portfolio

#### **13. Grant support**

- List all grants awarded (number them); list active grants first
- Include your role (e.g., principal investigator, co-investigator), funding source (and grant number), dates, percent effort, and total direct costs
- As list lengthens, may divide into headings as appropriate (current and prior funding, whether competitive, by type of funding agency, etc)

#### 14. Bibliography

- Check all bibliographic citations for accuracy
- **Number** all publications (beginning with the earliest) and list in order of publication
- Underline your name (or highlight in bold) as it appears in author list
- Include, *in separate sections*, the following items:
  - Papers published in peer-reviewed journals (may include in-press and accepted articles)
  - Books and monographs
  - Book chapters, invited articles & reviews in non peer-reviewed journals
  - Other publications, non-published documents, reports, research or policy papers, lay press articles (must be complete and available for review)
  - Other “products of scholarship” (software, CD’s, case simulations, videos, etc.)
- Letters to the Editor
- Scientific abstracts published or presented at scientific meetings
  - List meeting, journal reference and type of abstract (plenary, oral or poster)
  - Divide into headings (Competitive, non-competitive)
- Do not list manuscripts that are “in preparation”; manuscripts that have been submitted & are under review can be listed in a separate section at the end of the publications section

## Department of Pediatrics Instructor/Senior Instructor Policy 2011

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- I. Current Senior Instructors will retain that title, and will continue to be required to be evaluated at least at the “meeting expectations” level as indicated on their Annual Review.
- II. New faculty in the Instructor/Senior Instructor track with work experience of *5 years or longer* (5 years at 1.0 FTE, or the equivalent if working less than 1.0 FTE at any time) in a field comparable to the work they will be performing in the Department of Pediatrics (i.e. prior work must be of the general nature that will be performed in the current position) may be eligible to be hired at the Senior Instructor rank. This determination will be made by the Section Head in collaboration with Harley Rotbart, M.D. and Dalice Hertzberg MS, FNP.
  - A. The designation as Instructor or Senior Instructor does not depend on the faculty member’s degree (e.g. the M.D. degree does not automatically entitle a faculty member to be a Senior Instructor)
  - B. For a new faculty member to qualify for immediate appointment to Senior Instructor, prior work experience must be current (i.e. in the period immediately preceding hiring by the Department).
  - C. Internships, residencies, fellowships and/or postdoctoral work do not count as years of work experience for immediate appointment to Senior Instructor.
- III. All new faculty appointed in the Instructor/Senior Instructor track with *less than 5 years* (5 years at 1.0 FTE, or the equivalent if working less than 1.0 FTE at any time) prior experience in a field comparable to the work they will be performing in the Department of Pediatrics will be hired as Instructors.
- IV. Promotion from Instructor to Senior Instructor:
  - A. A total of *5 years or longer* (5 years at 1.0 FTE, or the equivalent if working less than 1.0 FTE at any time) experience as an Instructor in the Department of Pediatrics with evaluations at least at the “meeting expectations” level as indicated on their

- Annual Review make an Instructor eligible for promotion to Senior Instructor.
- B. Individuals may be nominated for promotion by their Section Head, or they may self-nominate.
  - C. If disputes or ambiguities arise, each case will be individually reviewed by Harley Rotbart, M.D. Vice Chairman for Academic Affairs and Dalice Hertzberg MS, FNP, Departmental Instructor/Senior Instructor Liaison.
  - D. If previous Annual Reviews for Instructors have not contained the current Annual Reviews phrasing (“below expectations”, “meeting expectations”. “exceeding expectations” and “outstanding”), a judgement will be made by the Section Head in collaboration with Harley Rotbart, M.D. and Dalice Hertzberg MS, FNP, regarding the appropriateness for promotion at the 5 year mark.
- V. All future evaluations for Instructors and Senior Instructors will use the standardized Annual Review format used by the Department for all faculty. Senior Instructors will be eligible for designation as Senior Instructors with Distinction if they have served as a Senior Instructor for *at least five years* (5 years at 1.0 FTE, or the equivalent if working less than 1.0 FTE at any time). Nominations for the Senior Instructor with Distinction designation will be made by the faculty member’s Section Head. This recognition is based on faculty members having distinguished themselves by going above and beyond in any of the following categories:
- A. Teaching and mentoring
    - a. Examples
      - Exceptional long term teaching and/or mentoring
      - Teaching awards
      - Consistently outstanding teaching evaluations
  - B. Clinical Service: Department or Community Service; Program Development
    - a. Examples
      - Exceptional clinical performance
      - Design or leadership of new clinical programs

- Enhanced clinical service resulting from innovations in care delivery
- Outstanding community service

#### C. Publications and/or Research

##### a. Examples

- Peer reviewed journal articles/book chapters
- Initiation of, or participation in research projects
- Patient educational materials

#### D. National or international recognition as a leader in their chosen field

##### a. Examples

- Holding office
- Speaking at National or International conferences
- Leadership in national/international cooperative efforts such as development of guidelines or standards of care
- Policy development

*Examples given with each category above are examples only, and not meant to be definitive criteria. These accomplishments may occur outside the job description of the individual and must be supported by an evaluation of “exceeding expectations” or “outstanding” on the faculty member’s Annual Reviews.*

- VI. A peer council of Instructor/Senior Instructors will evaluate candidates for the Senior Instructor with Distinction Award by reviewing a nomination form submitted by the Section Head. The nomination form will specify the area(s) in which the Senior Instructor has gone above and beyond expectations, and the form will also confirm that the Annual Review evaluation(s) of that faculty member supports his/her “*exceeding expectations*” or “*outstanding*” performance.
- A. Senior Instructors given the Distinction recognition will be acknowledged at an annual ceremony with a special certificate
  - B. The peer council will choose the most exemplary candidate nominated for Senior Instructor with Distinction each year for a special award, the Barbara A. Quarantillo Senior Instructor with Distinction Award. The awardee will also be announced

and recognized at the aforementioned annual ceremony and awarded a plaque.

- C. Senior Instructors with Distinction may be nominated in subsequent years for the BAQ Award

VII. Instructors and Senior Instructors who are interested in joining the Academic (Tenure) track and converting their appointments to Assistant Professor should first consider the SOM criteria for promotion from Assistant Professor to Associate Professor. It is those criteria that must be satisfied within 7 years of becoming an Assistant Professor. If you have questions regarding making the transition to the Academic (Tenure) track, please contact Dr. Harley Rotbart. There is no set timetable for making the transition and the decision should be based on what best fits the career goals of the individual and the job expectations of the Section and the Department.

A. Individuals who are appointed as Instructors but intend to enter the Academic (Tenure) track should plan on transitioning to the Academic track within 1-2 years after being appointed as an Instructor. Once again, the timing of the transition should be based on what best fits the career goals of the individual and the job expectations of the Section and the Department.

\*The Senior Instructor position is defined by the School of Medicine. It does not automatically confer additional job security or entitle the individual to a higher salary. Each Senior Instructor is required to perform at least at the “meeting expectations” level as evaluated on their Annual Review.

\*\*The Senior Instructor with Distinction Award is an honor bestowed by the Department of Pediatrics only; it is not conferred or recognized by the University of Colorado as a separate academic title.

## FIDO (Faculty Information Database On-Line)

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FIDO is a database driven, web-based software tool that was created by, and is managed by the Department of Pediatrics at the University of Colorado Denver. Pediatrics first began using FIDO in early 2008.

Faculty in Pediatrics use the FIDO software each year to complete their Annual Faculty Review on-line. The software automatically routes each review to designated senior faculty who comment on the faculty members performance and provide career mentoring. If you are new faculty in the Department of Pediatrics – you will be contacted by the FIDO team in the fall about FIDO Orientation. Annual Reviews season starts in January each year.

FIDO's other functions include management of appointment and demographic data on all faculty in the department, extensive reporting of all kinds from the database, and an enhanced search engine which is accessible by all faculty in the department and across the School of Medicine. This search engine allows faculty to find colleagues and mentors based on keyword search of their research interests, research expertise, patents and publications. Users can pull up a profile on faculty who match the search criteria.

FIDO is available over the internet both on and off campus at [www.cupeds.org/fido](http://www.cupeds.org/fido)

The FIDO helpdesk is available at [helpdesk@cupeds.org](mailto:helpdesk@cupeds.org)

## Mentoring and Faculty Assessment

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1. The **primary mentor** for Junior Faculty is responsible for guidance (facilitating, advocating, and counseling) towards the faculty member's career development and promotion.
  - A. In most cases, the Section Head is the primary mentor for all Junior Faculty in the Section
  - B. The mentoring agreement between the Junior Faculty member and Section Head (primary mentor) is formalized by the electronic signatures of both on the FIDO annual review; electronic signature by the co-mentor is included, as applicable (see below).
  - C. Annual FIDO reviews of Junior Faculty members by the Section Head (primary mentor) must include a formal evaluation of the Junior Faculty member's progress toward promotion
  - D. It will be the responsibility of the Section Head (primary mentor) to solicit the co-mentor's evaluation (see below) and include that evaluation in the overall evaluation and as part of the permanent FIDO file for the Junior Faculty member.
  
2. By no later than one year after joining the faculty, the need for a **co-mentor** should be formally discussed between the Section Head and the Junior Faculty member. Co-mentors are typically "content" mentors, individuals more familiar with the specific research, clinical, teaching, and/or scholarly activities of the Junior Faculty member. In some instances, the co-mentor may be the day-to-day supervisor of the faculty member's activities. Occasionally co-mentors may be necessary for resolution of conflicts of interest or for additional career development and promotion mentoring. The co-mentor is expected to provide regular feedback to the Section Head (primary mentor).
  - A. The identification of the appropriate person to be a co-mentor is an ad hoc process initiated by the Junior Faculty member and/or Section Head. The co-mentor should be mutually agreed upon and assigned. The co-mentor must submit an assessment for the Jr. Faculty member's annual FIDO review.
  
3. Annual meeting(s)
  - A. An annual face-to-face meeting will be required between the Section Head (primary mentor) and the co-mentor of each Junior Faculty member in advance of submitting the annual FIDO review of that Junior Faculty

member's performance to the Chair. This annual meeting will provide the opportunity for the Section Head (primary mentor) and co-mentor to jointly discuss the progress and ongoing needs of the Junior Faculty member; the Junior Faculty member will not attend this meeting.

- i. Among the items discussed at this meeting will be:
  - a. Quality and quantity of publications and other evidence of scholarship
  - b. Emergence of independence (as reflected by papers, grants, lab development); balance between mentoring and collaboration
  - c. The "Big Picture" plan for the Junior Faculty member – including space, lab independence, technicians, etc.; also, a timeline for transition from mentoring to collaborative relationship with mentor and lab colleagues
  - d. Financial support – from whom does support come

B. A formal annual face-to-face meeting will take place between the Section Head (primary mentor) and the Junior Faculty member in advance of submission of the Annual Review to the Chair. This meeting is documented in the higher level review/primary mentor section of FIDO.

- i. Following this meeting, the annual FIDO evaluation for each Junior Faculty member will be completed by the Section Head (primary mentor) with input by the co-mentor if the latter has had at least 1 year of formal mentoring with the Junior Faculty member

#### 4. The role of the Jr. Faculty member

- A. Ultimately responsible for his/her own career development, with the guidance of the Section Head (primary mentor)
- B. Ultimately responsible for his/her own research, clinical, teaching, scholarly activity with the guidance of co-mentor if appropriate
- C. Should seek guidance via regular updating meetings with Section Head (primary mentor ) and/or co-mentor

#### 5. Mentoring process oversight

- A. Primary oversight of the career and promotions mentoring process lies with the Vice Chair for Academic Affairs

- B. All Junior Faculty FIDO reviews will be reviewed by the Vice Chair to identify problematic areas regarding promotion progress and career development
- C. The Vice Chair is available for resolution of career mentoring issues and general counseling

## How to be an Effective Teacher

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Academic faculty must teach to be promoted, but more importantly, you should teach because it is rewarding and fun. A few concepts are presented in an abbreviated version below that may help you and your learners get more out of your teaching.

### What is teaching?

If you teach you should obviously want someone to learn. **Learning doesn't happen if something, an idea or thought or behavior, doesn't change.** This is a very important concept – you need to decide what your students should learn and how you want them to change. This will set the stage for what you teach and how. The way this happens is by you creating a strong road map for learning with clear goals and objectives. Every teaching activity you do will require you to provide a goal and objectives.

### Goals and Objectives

The goal of your learning activity should provide the broad overall purpose of the curriculum or general educational outcomes of the activity. For example “*the goal of the pediatric clerkship is to provide the student with basic skills in clinical thinking and understanding of the common disease processes in children.*” Objectives on the other hand are much more specific to the exact things you want learners to accomplish. Objectives should be **measurable** outcomes of the education. An easy template for objective writing includes describing the following:

1. Condition: A description of the conditions under which the performance is expected to occur.
2. Audience: A description of the target of the instruction.
3. Performance or Outcome: An action-oriented description (verb) of what must be done to achieve desired outcome.
4. Criterion: A specification of the acceptable level of performance.

For example, “*after participating in the Pediatric clerkship (Condition) the student (Audience) will be able to list a differential diagnosis for the following common problems (Performance) as discussed in lecture (Criterion).*”

The performance activities you describe must be described in ways that can be measured. Words that are commonly used like the student will “understand or know” are not measurable. In contrast, writing that your students will “list, define, evaluate or describe” can all be measured.

## Lower versus Higher Order Learning

Depending upon the words you choose, you may be expecting a lower or higher level of thinking from your learners. What cognitive level do you want your learners to experience? If it is a beginning group you probably want to have more knowledge objectives, but you will always include a few higher order learning objectives. If the group is more advanced, like residents that you will actually expect to work at higher levels and use the information to synthesize or evaluate information you give them, then you will need higher order objectives.

Cognitive Level Categories:

- n Lowest Order thinking: **Knowledge**
- n **Comprehension**
- n **Application**
- n **Analysis**
- n **Synthesis**
- n Highest Order thinking: **Evaluation**

In general, each level has specific verbs that you can use in your objectives. The following levels and verbs are good to think about when you are writing objectives. These verbs are also good verbs to use in clinical rounds to get your learners to think at higher levels. Challenge yourself to incorporate higher order verbs into your objectives and rounds.

1. **Knowledge**: arrange, define, duplicate, label, list, memorize, name, order, recognize, relate, recall, repeat, reproduce, state.
2. **Comprehension**: classify, describe, discuss, explain, express, identify, indicate, locate, recognize, report, restate, review, select, and translate.
3. **Application**: apply, choose, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, solve, use, write.
4. **Analysis**: analyze, appraise, calculate, categorize, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, question, and test.
5. **Synthesis**: arrange, assemble, collect, compose, construct, create, design, develop, formulate, manage, organize, plan, prepare, propose, set up, and write.
6. **Evaluation**: appraise, argue, assess, attach, choose compare, defend estimate, judge, predict, rate, core, select, support, value, evaluate.

Go ahead and practice writing objectives at many different levels.

## The Lecture

Good data suggests that passive learning in lecture is NOT an optimal way for learners to learn and retain what they learn. You may love talking with your PowerPoint presentation about all the wonderful things you know; however, in the end you have to focus on the learner if you want your efforts to actually result in meaningful learning. The good news

is there are many ways to make your lecture more interactive, and this will increase the motivation of your learners to learn, increase their retention of the material, and be more fun.

Techniques for more interactive lecturing:

- Question the learners (using audience response systems)
  - Factual
  - Multiple choice
  - Brainstorming
  - Rhetorical
  - Surveying the class
- Buzz groups – discussion, application, problem-solving
- Clinical cases
- Debates
- Simulations or role-play
- Trigger videos
- Mini assessments

Go ahead a try to incorporate a few into your next lecture to students, residents or faculty.

Another way to get the learners to take key points away from your learning activity is to have a summary activity at the end. Have them write down the key point, one important thing they learned today or what they will try to change based upon what they learned. Summary activities have been shown to increase retention in learners.

### **Clinical Teaching**

Many of the comments related to goals, objectives, and higher order learning also apply in teaching rounds. What are you really trying to accomplish as the attending? It is a question worth thinking about and then reflecting upon after you round. Unfortunately, studies have shown that clinical presentations mostly focus on the exchange of factual data and are faculty centered. If you don't have the learner synthesize the problem, compare and contrast differential diagnosis, and evaluate the diagnostic tests, do you really know what your learner is cognitively thinking? How can you help them with their clinical reasoning?

One approach to presentations on the inpatient or outpatient service might include the SNAPPS approach (Wolpaw et al.). This approach allows you to hear from the learner and includes the following steps for the learner to complete: 1) Summarize briefly the history and findings; 2) Narrow the differential to two or three relevant possibilities; 3) Analyze the differential by comparing and contrasting the possibilities; 4) Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches; 5) Plan management for the patient's medical illness, and 6) Select a case-related issue for self-directed learning.

Give it a try and see if you better understand what your learner is thinking and how they are really managing your patients!

### **Giving Feedback**

Studies have examined the perceptions of medical students on what constitutes high-quality clinical teaching, and receiving high-quality feedback is a major factor. It is frequently not easy to do, but it is critical to guide the learner. Here are a few suggested approaches to effective feedback:

1. Well-timed and expected: relaxed atmosphere and appropriate setting.
  - Learner can self-assess: How did you do? What aspects were the best? Need improvement? Feedback happens when preceptor shares perceptions.
  - Best occurs on a day-day basis.
  - Should be expected and NOT unexpected. “I would like to give you some feedback; when should we talk?”
2. Regulated in quality and limited to behaviors that are remediable.
  - Personality traits not appropriate – Too shy cannot be changed, but giving **specific behaviors** like “participate more in rounds” can be addressed by the learner.
  - Don’t overwhelm.
3. Learner should paraphrase feedback.
4. Descriptive and nonjudgmental.
  - For example: “Your differential did not include X” verses “Your differential wasn’t adequate.”
  - Focus on decision, not the decision maker.
5. Specific performances, not generalizations – Avoid using the words “always and never.”
6. Label subjective data – “I thought you looked tired or not comfortable” verses “You were tired.” Use I statements.
7. Give both positive feedback and comments about ways to improve. Always giving positive feedback can become addicting, and everyone can improve in some way.

Go ahead and try to incorporate a few of these ideas and give feedback.

### **Teaching Portfolio**

The biggest statement here is to keep track of everything you do – when you gave a lecture and where, who was the audience, the time it took to prepare and, if possible, the evaluations of your teaching. Every time you teach, ask about evaluations – locally and nationally. Any CME event will have evaluations of your teaching. These are important to keep in a file that can some day be organized for your mid-point review or promotion package. If you develop a course curriculum, this is also important to track. The details of the teaching portfolio can be found at the SOM.

## Sample Classroom Teaching Evaluation

ITEM	Excellent	Good	Fair	Poor
1. What was your overall opinion of this presentation?				
2. Extent to which objectives were identified and met.				
3. Balance of review versus new information.				
4. Relevance of content in terms of enhancing your practice or teaching.				
5. Speaker's knowledge of subject matter.				
6. Clarity and quality of presentation.				
7. Effectiveness and quality of audiovisuals.				
8. Adequacy of Question and Answer time.				

9. How could this presentation have been improved?  
 Comments:

## Colorado School of Public Health

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The Colorado School of Public Health is built on the collective expertise and vision of faculty at three leading educational and research institutions: the University of Colorado Denver, Colorado State University and the University of Northern Colorado. Our three universities collectively address issues of global health, natural resources, maternal and adolescent health, aging, technology, climate change, culture, genetics and injuries—all aspects of [public health education and research](#).

The school operates at [three campuses](#), with each campus connected to one of our three partner institutions—University of Colorado Anschutz Medical Campus in Aurora, Colorado State University campus in Fort Collins, and the University of Northern Colorado campus in Greeley. Although each campus offers a unique identity and student life experience, all Colorado School of Public Health students have access to renowned faculty, more than [150 public health courses](#), [eight research centers](#), and a [network of community partners](#) and future employers. Colorado School of Public Health students and alumni assume careers with federal and local agencies, private hospitals and health care providers, international health agencies, research institutions, consulting firms, local business, and community-based organizations among many others.

Combined, the school incorporates all Colorado-based public health graduate education and research into a single school, guided under a single mission—To promote the physical, mental, social and environmental health of people and communities in the [Rocky Mountain West and globally](#).

### Colorado School of Public Health Website

<http://ucdenver.edu/academics/colleges/PublicHealth/Pages/welcome.aspx>

### Degrees & Programs

Certificate

DrPH, Doctor of Public Health

DVM/MPH, Joint Degree

MD/MPH, Joint Degree

MPH, Master of Public Health

MS, Biostatistics

MS, Epidemiology

PhD, Biostatistics

PhD, Epidemiology

PhD, Health Services Research

Residency, Occupational and Environmental Medicine

Residency, Preventive Medicine/Public Health

## Academy of Medical Educators

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### **Mission**

The Academy of Medical Educators provides a home base for teachers and a visible mechanism to support and enhance all educational programs and teachers at the University of Colorado School of Medicine. The primary goal of the Academy is to create an environment that promotes and rewards teaching excellence and enhances the education of our students, residents, fellows, faculty and community. Specific goals include:

- To develop and sustain a cadre of individuals skilled in medical education
- To promote and celebrate excellence in education
- To encourage curricular and teaching innovation
- To promote educational research and scholarship

### **Membership**

Membership in the Academy of Medical Educators signifies outstanding contribution to the educational missions of the University of Colorado School of Medicine. Members are selected through a competitive application process based on their accomplishments in one or more aspects of medical education including:

- Direct Teaching
- Mentoring and Advising (at all levels of training)
- Curriculum Development
- Leadership in Medical Education
- Educational Scholarship and Research

Membership requires ongoing service to the Academy in the form of participation on one or more working groups, direct mentorship and career advising of junior medical educator faculty, and participation in faculty development offerings.

### **Faculty Development**

The Academy of Medical Educators works closely with the Office of Faculty Affairs to provide all members of the campus community with a comprehensive faculty development program designed to train interested individuals in teaching skills, mentoring, curriculum development, programmatic evaluation and leadership.

### **Academy of Medical Educators Website:**

<http://www.ucdenver.edu/academics/colleges/medicalschoo/education/academy/Pages/default.aspx>

### **Contacts**

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## The CHA/PA Program

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The CHA/PA Program has gained national recognition for its curriculum in primary care medicine. One of the first programs in the country, it remains the only program to offer a Professional Master's Degree (MPAS-Pediatrics). In accordance with the mission of the program, the curriculum provides comprehensive physician assistant education in primary medical care with an emphasis on pediatrics and the need for service to disadvantaged, at risk and medically underserved populations. Program graduates are prepared to provide medical care to patients of all ages and are employed in settings ranging from managed care organizations to school based clinics and international sites.

This three-year program has frequently been recognized for curriculum excellence and innovation. The problem-based learning, evidence-based medicine, psychosocial courses, and clinical rotations are successful components of the curriculum. Clinical Experience in the first year of the training program has been an integral part of the curriculum since its inception. In cooperation with the School Medicine's Center for Advancing Professional Excellence, the program has increased the use of standardized patients in both education and assessment of students. In addition, simulation techniques are being integrated throughout the curriculum.

Other new opportunities include the ability for students to participate in primary care tracks. While the rural track clinical curriculum has been available for students who wish to live and practice in rural areas since 1995; through partnerships with the School of Medicine additional tracks include CU Unite for those students interested in urban health care, LEADS for students interested in patient advocacy and health policy, and Global Health for those with an interest in international aspects of health care. The University of Colorado School of Medicine Campus was designed to enhance interprofessional collaboration, making participation in tracks, as well as other student-driven interest groups more easily accessible.

As a part of the University of Colorado School of Medicine, the faculty of the entire school of medicine and affiliates contribute greatly to the quality of the learning experiences provided at the CHA/PA Program. Affiliations with the University of Colorado Hospital, Children's Hospital Colorado, Denver Health and Hospitals, National Jewish Health, in addition to community centers and clinics, provide a network of clinical rotations to enhance the training of students. The faculty within the departments of Pediatrics, Family Medicine, Internal Medicine, Surgery, and others regularly participate in both classroom and clinical training of the CHA/PA Program students. The high degree of acceptance by physicians, other health care providers and patients are proof of the success of the rigorous curriculum

## Description of CHA/PA Coursework

[http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/PAProgram/Pages/Home.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/PAProgram/Pages/Home.aspx)

## Contact Us

### CHA/PA Program Administrative Team

Anita Glicken, MSW, Program Director, [Anita.Glicken@ucdenver.edu](mailto:Anita.Glicken@ucdenver.edu)

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Shannon Gillette, Program Administrator, [Shannon.Gillette@ucdenver.edu](mailto:Shannon.Gillette@ucdenver.edu)

Kay Denler, Academic Support Specialist, [Kay.Denler@ucdenver.edu](mailto:Kay.Denler@ucdenver.edu)

### CHA/PA Program Didactic Team

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Liz Gray, Administrative Assistant, [Liz.Gray@ucdenver.edu](mailto:Liz.Gray@ucdenver.edu)

### CHA/PA Program Clinical Team

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David Eckhardt, MS, PA-C, Clin Coord, 1<sup>st</sup> & 2<sup>nd</sup> Year, [David.Eckhardt@ucdenver.edu](mailto:David.Eckhardt@ucdenver.edu)

Laura Casias, Program Assistant III, [Laura.Casias@ucdenver.edu](mailto:Laura.Casias@ucdenver.edu)

## CHA/PA Program Teaching Opportunities

Opportunities to participate in training the CHA/PA students exist throughout the three-year program. These opportunities are in both the didactic (lecture, small group, classroom, etc.) and clinical settings. Time commitment is variable and may be as little as a two-hour lecture, or as extensive as a 1 month clinical preceptorship.

### Didactic Teaching Opportunities

§ Physical Diagnosis Course – First year students

- interactive lecture with hands-on demonstration of exam techniques;
- small group teaching (4-6 students/session);
- clinical skills assessment.

§ Contact: Jonathan Bowser, MS, PA-C ([Jonathan.Bowser@ucdenver.edu](mailto:Jonathan.Bowser@ucdenver.edu))

§ Problem Based Clinical Reasoning Course – First year students

- Small group facilitation of case-based clinical scenarios

§ Contact: Rebecca Maldonado, MS, PA-C ([Rebecca.Maldonado@ucdenver.edu](mailto:Rebecca.Maldonado@ucdenver.edu))

§ Pediatric Clinical Medicine Course – Second year students

- Lecture-based pediatric clinical topics

§ Contact: Rebecca Maldonado, MS, PA-C ([Rebecca.Maldonado@ucdenver.edu](mailto:Rebecca.Maldonado@ucdenver.edu))

- § Adult Clinical Medicine Course – Second year students
  - Lecture-based adult clinical topics
- § Contact: Jonathan Bowser, MS, PA-C ([Jonathan.Bowser@ucdenver.edu](mailto:Jonathan.Bowser@ucdenver.edu))

- § For other didactic teaching opportunities not listed here, contact:  
Cathy Ruff, MS, PA-C Associate Director-Curriculum  
([Cathy.Ruff@ucdenver.edu](mailto:Cathy.Ruff@ucdenver.edu)) or

Darcy Solaynk, MS, PA-C Academic Coordinator  
([Darcy.Solaynk@ucdenver.edu](mailto:Darcy.Solaynk@ucdenver.edu))

### **Clinical Precepting Opportunities**

- § First year students –
  - 1 day/week for 7 weeks – mainly observational for student
    - § Occurs during fall and spring semesters
- § Contact: David Eckhardt, MS, PA-C ([David.Eckhardt@ucdenver.edu](mailto:David.Eckhardt@ucdenver.edu))
  
- § Second year students -
  - 2 week clinical experience
    - § Occurs during summer semester
  - 1 day/week for 7 weeks
    - § Occurs during fall and spring semesters
- § Contact: David Eckhardt, MS, PA-C ([David.Eckhardt@ucdenver.edu](mailto:David.Eckhardt@ucdenver.edu))
  
- § Third year students –
  - 4 week clinical experiences
    - § Beginning June each year
- § Contact: Jacqueline Sivahop, MS, PA-C ([Jacqueline.Sivahop@ucdenver.edu](mailto:Jacqueline.Sivahop@ucdenver.edu))

## Clinical Faculty Scholars Program

### Colorado Health Outcomes Program Fellowship

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The Clinical Faculty Scholars Program (CFSP) in the Colorado Health Outcomes Program is a two-year fellowship designed to develop research-oriented junior faculty into independent investigators in health outcomes and health services research. Through guided research project development, educational seminars, grant writing classes and mentorship, fellowship participants are assisted in obtaining a research career development award (K08/K23 award or equivalent), a first independent, extramural project award (R01 or equivalent), or foundation funding. Each Faculty Scholar will develop an individual career development plan and receive regular individual mentorship from four experienced senior researchers in clinical epidemiology, health services research, biostatistics, and health economics.

The CFSP enrolls 4-6 junior faculty members per year from clinical departments. Faculty from affiliated institutions (i.e., Denver VA, Denver Health) are also eligible. While the program emphasizes faculty development for physician-investigators, other clinicians and doctorally trained researchers in relevant disciplines may apply.

#### **Application Criteria**

1. Must be a current or prospective member of regular/affiliated faculty at the University of Colorado.
2. Must be a physician (MD or DO) or DDS, DMD or doctorally-trained non-physician (PhD, PharmD or equivalent).
3. Must have completed rigorous research training during fellowship (physicians) or doctoral program (PhD etc). An advanced degree (masters or doctorate) or substantial prior training in epidemiology, biostatistics, and research design is preferred for physician applicants.
4. Must not have any current or prior funding as a principal investigator at the R01 level or equivalent. Individuals with a current career development award (K-award or equivalent) are eligible.
5. Must demonstrate a commitment to a career as a clinical-translational researcher, signified by evidence of prior accomplishments (training, publications, small grants received). A clear research plan to obtain a career development grant or independent funding at the R01 level (for applicants with an existing career development award) is essential.

6. Must have the support of the applicant's home department/division; at least 50% protected time for research during the 2 years of enrollment in the CFSP with salary support for that protected time; and an agreement to fund the program costs. For 2010, the total costs of the program are \$20,000 per participant, per year.

7. Should have mentorship needs that are not fully addressed within the fellows' home department/ division.

**To apply, faculty members should submit:**

- Current *curriculum vitae*
- 1-2 page statement of research goals, and 1-2 page statement of career development plan and mentorship needs
- Letter of support from department chair/division chief addressing research and career plans, as well as the criteria for departmental/divisional support listed above
- Up to 2 other letters of support as appropriate
- 1 recent first-authored publications or manuscripts

The application site opens on January 1, and applications are due on January 15. Clinical Faculty Scholars are expected to begin on July 1 of the same year.

**Website**

<http://cctsi.ucdenver.edu/training-and-education/Pages/ClinicalFacultyScholarsProgram.aspx>

For more information contact:

Anne M. Libby, PhD  
CFSP Program Director  
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William Padula, MS  
CFSP Program Assistant  
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Voicemail: 203-506-0161

## Teaching Scholars Program

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The goal of the 14-month Teaching Scholars Program (TSP) is to develop a cadre of highly skilled educational scholars and leaders for the School of Medicine and its departments.

### **1. Medical Education Seminars**

Two- or three-hour seminars on medical education are held weekly from January through June for the purpose of exploring special topics relevant to the core objectives of the Program. The first half, Teaching and Learning in Medicine, focuses on curriculum development and theories of learning. The second half focuses on Evaluating Quality and Outcomes in Medical Education and guides participants through the design of the educational evaluation/research project that they will pursue in the second half of the Program. Topics may include: Learning Theories; Curriculum Models; Evaluating Competency; Using Computers in Support of Education; Moving from Novice to Expert; Simulation; Clinical teaching; Designing an Educational Research Study; Survey Design; Quantitative & Qualitative Research Methods; Evaluation; and Becoming an Educational Leader.

### **2. Curriculum Development Project**

Each Scholar develops a curriculum of any size and scale for any group of learners. Plans will be presented and critiqued throughout the Program. A formal presentation of the curriculum project will be presented prior to the end of the course seminar series.

### **3. Scholarly Project in Education**

Each Scholar designs a small-scale educational study during the first six months of the Program which is then conducted during the last eight months under the supervision of a Program faculty mentor. Projects might include evaluation of educational interventions, descriptive studies of learning or problem-solving events, or survey research on special populations. It is expected that these studies will be submitted for presentation or publication after being peer-reviewed by the Scholars and the Faculty in the Program. To receive the SOM TSP certificate of completion each Scholar must present their preliminary results at a special session.

### **4. Educational Leadership**

The Scholars are selected for their role or potential in providing leadership to the educational programs of their departments. During the Program, Scholars will have the opportunity to discuss current and potential educational programs for which they are responsible and to acquire feedback on curriculum development and teaching skills from the Program faculty.

For More Information Call: 303-724-7740

Director: Eva Aagaard, MD, [Eva.Aagaard@ucdenver.edu](mailto:Eva.Aagaard@ucdenver.edu)

Staff Support: Deborah Stevens, [Deborah.Stevens@ucdenver.edu](mailto:Deborah.Stevens@ucdenver.edu)

## CU Clinical Science Program

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### Background

The University of Colorado Denver offers two academic training opportunities for advanced clinician-scientist education within the Clinical Science (CLSC) Program: a Masters of Science in Clinical Science Program and a PhD in Clinical Science Program. For detailed information, the main CU CLSC Program website link is <http://cctsi.ucdenver.edu/training-and-education/CLSC/Pages/default.aspx>.

### Admissions Information

The programs for Ph.D. and M.S.C.S. in Clinical Science are designed for qualified individuals who have already earned a health care graduate degree (e.g., masters in public health, masters in epidemiology, masters in biostatistics) or a professional degree (e.g., physician, masters in nursing, masters in rehabilitation/therapy, masters in social work, pharmacist, dentist) or a graduate degree related to health sciences (e.g., masters in business administration - health care).

► **Masters Program (30 credit hours)**

► **PhD Program (60 credit hours)**

Three tracks offered in:

- Clinical Investigation (CI)
- Health Information Technology (HIT)
- Health Services Research (HSR) (collaborative program with the Colorado School of Public Health)

### Course Offerings

The CLSC Program coordinates graduate course offerings throughout the academic year. The schedule of course offerings changes frequently, so please be sure to review the latest offerings by semester at: <http://cctsi.ucdenver.edu/training-and-education/CLSC/Pages/CourseSchedules.aspx>.

### Program Statistics

The original Ph.D. Program was approved for initiation in 1998, and as of June 2010, the PhD program had 38 active students and 26 graduates. The MSCS Program, began in 2005, had 20 students and 3 graduates.

### Summary

The overall goal of the University of Colorado Graduate Program in Clinical Science (CLSC) is to train nationally competitive clinician/clinical translational scientists by providing a formal, structured, and rigorous educational program in the clinical and translational sciences. The Clinical Science Graduate Program was designed in response to the demand for well-qualified clinical researchers in academia and industry. The

critical need for individuals capable of conducting rigorous, credible and relevant patient-based research within stringent ethical and regulatory guidelines, and translating the evidence for community application, is expected to continue to grow.

**Contact Us**

**Program Director:**

Lisa Cicutto, PhD, APN, RN  
[cicuttol@njhealth.org](mailto:cicuttol@njhealth.org)  
303- 398-1538

**Program Administrators:**

Lori Stepp  
[steppi@njhealth.org](mailto:steppi@njhealth.org)  
303-398-1657

Nicole Ganley  
[Nicole.ganley@ucdenver.edu](mailto:Nicole.ganley@ucdenver.edu)  
720-848-6663

## School of Medicine Diversity and Inclusion Program

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### **The Ethnic Minority Affairs Committee (EMAC)**

The Ethnic Minority Affairs Committee (EMAC) considers concerns of ethnic minority faculty, including:

1. Assessing the cultural climate of the university as it pertains to opportunities for ethnic minority faculty for academic advancement, productivity and appropriate compensation;
2. Making recommendations for creating an academic environment that fosters the academic success of ethnic minority faculty;
3. Working to assure fairness in the recruitment and retention of ethnic minority faculty;
4. Developing support networks and recommending policy to address the needs of ethnic minority faculty.

The EMAC works co-chairs are Philip Joseph (UCD-English) and Frances Charteris, (UCB--Integrated Arts).

### **Faculty affairs website**

[http://www.ucdenver.edu/faculty\\_staff/faculty/faculty-affairs/Pages/default.aspx](http://www.ucdenver.edu/faculty_staff/faculty/faculty-affairs/Pages/default.aspx)

### **Contacts**

Ann-Christine Nyquist, MD, MSPH  
Associate Dean, Diversity and Inclusion  
Phone: 303-724-5280 Fax: 303-724-5378  
Room: E-1300  
Email: [Ann-Christine.Nyquist@ucdenver.edu](mailto:Ann-Christine.Nyquist@ucdenver.edu)

Regina D. Richards, MSW, BA  
Director, Office of Diversity and Inclusion  
Office: 303-724-4537 Fax: (303)724-5378  
Room E-1301  
Email: [Regina.Richards@ucdenver.edu](mailto:Regina.Richards@ucdenver.edu)

## Women in Medicine and Science Committee

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### **Mission**

To facilitate the success of women in all ranks of the academic medical community and to promote academic excellence at all levels for faculty, housestaff and students while reducing areas in which gender hinders success.

### **Background Information**

The Women in Medicine and Science Committee was formed to identify the major issues and to provide leadership for these issues. The committee has representatives from the School of Medicine, University Hospital, Denver Health Medical Center and Children's Hospital Colorado.

### **Objectives**

- Foster networking for women faculty by means of quarterly meetings of the Women in Medicine and Science Committee.
- Provide Career Development Workshops twice a year.
- Publish a WIM webpage, which alerts women faculty, residents, and students to on-going issues and events, awards, and educational opportunities.
- Work with the Associate Dean for Faculty Affairs to produce annual New Faculty Orientation.
- Work with the Associate Dean for Student Affairs to support mentoring women medical students.

### **Contacts**

**Women's Liaison Officer:** Dr. Carol M. Rumack, MD, Professor of Radiology and Pediatrics (Email: [carol.rumack@ucdenver.edu](mailto:carol.rumack@ucdenver.edu))

**Group Representatives:** Jean Kutner (Email: [Jean.Kutner@ucdenver.edu](mailto:Jean.Kutner@ucdenver.edu)) and Judith Regensteiner (Email: [Judy.Regensteiner@ucdenver.edu](mailto:Judy.Regensteiner@ucdenver.edu))

### **Website**

[http://www.ucdenver.edu/academics/colleges/medicalschoo/administration/admin\\_offices/Pages/WomeninMedicine.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/administration/admin_offices/Pages/WomeninMedicine.aspx)

## Grants and Contracts

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### Websites

University of Colorado office of grants and contracts:

<http://www.ucdenver.edu/academics/research/AboutUs/GrantsContractsOffice>

- Includes list of federal and non-federal funding sites
- Cancer Center also has multidisciplinary grants: <http://www.uccc.info>
- Internal grants: contact Paul Fennessey at [paul.fennessey@ucdenver.edu](mailto:paul.fennessey@ucdenver.edu)

Children's Hospital Colorado's internal grants contact is: [paul.fennessey@ucdenver.edu](mailto:paul.fennessey@ucdenver.edu).

Website is internal only: log into citrix, go to PlanetTCH, go to Policy and Procedures, then to the funding section and then to internal grants. Grants TCH offers are:

- Research Scholar award
- Pilot grant award
- Quality improvement award
- Bridge fund award
- Special research emphasis

Check the website of your subspecialty organization for more information.

### Contact Us

**Patrick Micone**, Department of Pediatrics, Grant and Contract Administrator

[micone.patrick@tchden.org](mailto:micone.patrick@tchden.org)

**Paul Fennessey**, Department of Pediatrics, Vice Chair for Research

[paul.fennessey@ucdenver.edu](mailto:paul.fennessey@ucdenver.edu)

### Grant Specialists

- 1) **Rob Stiner** ([robert.stiner@ucdenver.edu](mailto:robert.stiner@ucdenver.edu))
  - Hematology/Oncology, Critical Care
- 2) **Carmen Garcia** ([carmen.garcia@ucdenver.edu](mailto:carmen.garcia@ucdenver.edu))
  - Infectious Disease, JFK, Kempe Center, General Pediatrics
- 3) **Audrey Wen** ([audrey.wen@ucdenver.edu](mailto:audrey.wen@ucdenver.edu))
  - Allergy and Immunology, Endocrinology, Neurology, CHAP, Developmental Biology, Nutrition
- 4) **Laura Valdez** ([laura.valdez@ucdenver.edu](mailto:laura.valdez@ucdenver.edu))
  - Pulmonary, Adolescent Medicine, Colorado WIN, CDU/Developmental and Behavioral Peds

## **Grant FAQs**

### **Are there time guidelines for grant submission?**

The guidelines for electronic submission (grants.gov) is that the preliminary routing must be at the Office of Grants and Contracts by the end of the 12th business day prior to the agency due date and the final routing must be by the 4th business day prior to the agency due date . Please note, however, that before it gets from the PI to the Office of Grants and Contracts, it must travel from the PI, to the Grants Specialist, to the Department Grant and Contract Administrator, to the Dean's Office. These intermediary steps can happen quickly, but in order to get the best assistance from the Grant Specialist, make contact with them a minimum of 20 business days prior to the agency due date. (Since most grant applications are moving toward electronic submission, this timeframe is suggested for all applications.)

### **How do I decide where to route my grant proposal, TCH or UCD?**

Please contact your Grant Specialist for guidance.

### **What will my grant specialist help me with?**

- Budget
- Routing
- Help understanding financial reports

### **Which classes are required for grant submission?**

There are two online classes that are currently required for Faculty: "Research Administration – Start to Finish" and "Personnel Effort Reporting." Both can be found at: <http://www.ucdenver.edu/academics/research/AboutUs/GrantsContractsOffice/training-documentation/training> .

### **How do you read financial reports?**

Patrick Micone suggests the Faculty arrange a time with the Department Grant and Contract Administrator or assigned Grant Specialist. Explaining the Financial Reports is best done on a one-to-one basis, rather than a seminar format. At this time, we will also provide the Faculty with an "in-house" grant projection, which will help manage the account to a zero balance at the end of the project period.

The University is rolling out a new individual web portal: <https://my.cu.edu>. This will augment the current paper distribution of financial reports. In order to access this new reporting tool, a University domain account is required for each user. Jeff Loker,

[jeff.loker@ucdenver.edu](mailto:jeff.loker@ucdenver.edu), can provide assistance to obtain a University domain account. Additional uses for this portal include: University Communications, Payroll Benefits, Pay Advice, Vacation and Sick Time Accruals, etc.

### **How are Personnel Effort Reports (PER) properly filled out?**

Under “classes” above, PERs are addressed. The University is trying to automate the PER system, but it’s too soon to tell what the system will look like. It will be accessible through the <https://my.cu.edu> portal.

## Colorado Multiple Institutional Review Board (COMIRB)

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The Colorado Multiple Institutional Review Board (COMIRB) exists to review all proposed human research projects prior to implementation in the affiliated institutions and/or research conducted by faculty or staff members of these institutions, even if it is performed at other locations. Review is performed in accordance with Federally mandated regulations. The main responsibilities of COMIRB in the order of priority are: 1) protect human subjects and their rights, 2) protect researchers, and 3) protect the institution.

Federal-Wide Assurance#: FWA00005070: [FWA Expiration Date](#)

IRB Registration #: IORG0000433

**Institutional Official:** [Dr. Richard J. Traystman](#)

**Director:** [Alison Lakin](#)

Campus Mail Box F490  
13001 E. 17th Place, Room N3214  
Aurora, CO 80045

**Phone:** (303) 724-1055

**Fax:** (303) 724-0990

[COMIRB@UCDENVER.edu](mailto:COMIRB@UCDENVER.edu)

**Before you can begin any submission to COMIRB, you will need to do the following:**

- Have an active [UCD e-mail Account](#) to gain access into the InfoEd System
- Have a [UCD employee ID or \(POI\)](#) person of interest number for students and non-UCD faculty, or staff
- Do the required [CITI human subjects and HIPAA](#) training (HIPAA training is not needed for DDC faculty, staff and students unless conducting research in a HIPAA regulated institution)
- Do your [UCD Conflict of Interest Declaration](#) as set in the requirements or before your application submission

Investigators are encouraged to first visit the COMIRB website at <http://www.ucdenver.edu/academics/research/AboutUs/comirb/Pages/comirb-home.aspx> to familiarize themselves with “Instructions to Clinical Investigators” and the various documents and templates found on the website as answers to many of their questions can be found there. An additional resource is the COMIRB office staff (303-724-1055) who can answer questions about the administrative aspects of COMIRB. As a general rule, the Chairs do not pre-review COMIRB submissions. However, the Chairs will provide suggestions on strengthening your proposal so it moves through the COMIRB review process smoothly.

Investigators at Children's may drop off or pick-up COMIRB mail at the CHC RI located on the 2nd floor of the Administrative Pavilion, SE corner. Investigators at the other campuses must make their own arrangements for getting their COMIRB paperwork to the Anschutz COMIRB office.

Review times for protocols vary depending on the completeness of the submission, the adherence to COMIRB instructions, coherence of text, and attention to grammar and spelling. In general, a well written, well prepared protocol that is submitted for full board review currently takes about 60 days from submission to approval. Protocols for exempt or expedited review take less time to approval. COMIRB review times are generally less than most or comparable to other academic IRBs.

## Clinical Trials Organization

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Children's Hospital Colorado's mission is "to improve the health of children through the provision of high quality, coordinated programs of patient care, education, research and advocacy." In 1997, the Clinical Trials Organization (CTO) was established to help promote the research component of this mission. This "one-stop office" is available to all Children's investigators who desire assistance with clinical research projects. CTO staff, which includes a Medical Director, Clinical Program Director, Research Coordinators and Assistants, and a Financial Administrator, helps with all aspects of clinical trials research.

Early in the development of a study, the CTO can assist with tasks including hosting pre-site visits for the potential sponsors, protocol review for determination of safety and feasibility, budget negotiation and financial oversight, and preparation of regulatory documents to sponsors and standardized regulatory binders, as well as submission to the Colorado Multiple Institutional Review Board.

Next, the CTO helps establish sites for recruitment of subjects into the study and coordinates study plans with hospital services essential for many studies, including Pharmacy, Laboratory, Neuropsychology, Ophthalmology and Radiology and develops individualized source documents specific to each study.

Once a study has been "set up" and has received institutional approval to begin, the CTO assists with subject recruitment and coordination of study visits: appropriate testing is done, laboratory specimens are obtained, medications are dispensed, and data are recorded. Along the way, regulatory documents are updated as required, on-going monitor visits are conducted in the advantageous setting of the CTO, and queries between the site and sponsor are addressed. These services are provided for many different investigators by an experienced certified research staff, a commodity that individual investigators may not otherwise have at his/her disposal. This improves the efficiency and quality of clinical research performance and enhances Children's as a clinical research site.

Since its inception, the CTO has served between 20-30 investigators annually, participated in 45-100 studies per year, and contributed significantly to the overall increased clinical research activity occurring at Children's Hospital Colorado. The majority of studies conducted by the CTO have been pharmaceutical industry-sponsored; however, a considerable number of studies have also been sponsored by federal agencies, including the National Institutes of Health and the Centers for Disease Control and Prevention. In addition, some studies have been supported by intramural funding, e.g., grants from the Children's Research Institute. The CTO has assisted with studies involving many different pediatric disciplines and encompassing a broad range of topics,

including immunizations; otitis media; tonsillectomy; reactive airways disease; pediatric analgesia; viral, bacterial, and fungal infections; Kawasaki Disease; hepatitis; inflammatory bowel disease; pulmonary hypertension; epilepsy; hemolytic-uremic syndrome; inborn errors of metabolism; and autoimmune diseases. Studies have been conducted in a variety of Children's venues, including the Child Health Clinic, the Emergency Department, subspecialty clinics, inpatient units, the Pediatric Intensive Care Unit, and the Newborn Center. Additionally, some studies have been conducted in Children's satellite specialty clinics and in community pediatric practices. At the new Children's Hospital at the Anschutz Medical Campus, the CTO conducts studies in a dedicated clinical research unit.

In the past 10 years, the U.S. Food and Drug Administration (FDA) has placed increased emphasis on the evaluation of new and old medications in children. Whereas the prevailing opinion in previous decades was that it was unethical to perform clinical research studies in young children, the pendulum has swung to a prevailing opinion that it is unethical *not* to perform such studies in children. It is critical that we understand the pharmacokinetics, safety profile, and efficacy of medications in children, rather than incur potential mistakes and dangers that may result from merely extrapolating what we know from studies in adults to our smaller patients. For this reason, the FDA has instituted requirements and financial incentives for pharmaceutical manufactures to perform studies in children. Children's investigators, with the assistance of the CTO, are well situated to participate in these important studies.

### **Contact Us**

13123 E. 16<sup>th</sup> Avenue, B-198  
Aurora, Colorado 80045  
720-777-8430  
720-777-7351 (facsimile)  
[clinicaltrials@childrenscolorado.org](mailto:clinicaltrials@childrenscolorado.org)

## The Clinical & Translational Research Center of The Children's Hospital (TCH CTRC)

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### Overview

The Clinical & Translational Research Center of The Children's Hospital (TCH CTRC) is one of the premier Child Health clinical research centers in North America. The TCH CTRC is part of the newly funded [Colorado Clinical Translational Sciences Institute](#) (CCTSI), supported by the NIH as part of the nationwide Clinical and Translational Science Award (CTSA) program.

The goals of this innovative new program are to transform clinical and translational research and training throughout Colorado in order to speed the application of discoveries into clinical practice. At the TCH CTRC, research is focused on improving child health and understanding disease processes and health issues that specifically affect infants, children, and adolescents. The Center has been continuously funded since 1962 by the NIH and is currently in a five-year funding cycle beginning in 2008.

While the TCH CTRC is part of the [CCTSI](#) based at the University of Colorado, its administrative offices, inpatient unit, outpatient clinic, "scatterbed" nurses, core laboratory, and research subject advocacy program are located at [The Children's Hospital](#), and its perinatal unit is located at [University of Colorado Hospital](#) and TCH.

On this Web site you will find overview information from the Department of Pediatrics' Departmental Report about the TCH CTRC's [clinical and research services](#), [research](#), [research funding](#), [publications](#), [education](#), and [faculty](#) members' [awards and honors](#).

### Contact Us

Please direct your questions or requests for additional information about the TCH Clinical & Translational Research Center to:

#### **Cindy Scott, BS**

Administrative Director  
TCH Clinical & Translational Research Center  
The Children's Hospital  
13123 East 16th Avenue, B-218  
Aurora, Colorado 80045  
Tel: (720) 777-6644  
Fax: (720) 777-7275  
E-mail: [Cindy.Scott@childrenscolorado.org](mailto:Cindy.Scott@childrenscolorado.org)

## Specific Resources and Contact Information

### Research Nursing

Nursing expertise is available for a broad range of patient care acuity levels from the healthy volunteer to the acutely ill patient/subject. Nursing care can be coordinated on the CTRC inpatient unit, through ongoing clinical care visits, and at the bed side of children who can not be moved to the CTRC Unit.

Inpatient Contact: Diane Branham, 720-777-3195

[Diane.brandham@childrenscolorado.org](mailto:Diane.brandham@childrenscolorado.org)

Location: CHC 9<sup>th</sup> Floor (take patient elevators west down the hall)

Outpatient Contact: KC Clevenger, 720-777-4529

[kc.clevenger@childrenscolorado.org](mailto:kc.clevenger@childrenscolorado.org)

Location: CHC Ambulatory Pavilion, 3<sup>rd</sup> Floor, halls D & E

Perinatal Scatterbed Contact: Christine Reed, 720-777-4694

[Christine.reed@ucdenver.edu](mailto:Christine.reed@ucdenver.edu)

Location: CHC and UCH

### Core Laboratory

The Pediatric CTRC Core Laboratory is staffed by senior medical technologist and is located at Children's Hospital Colorado. Staff is available to develop and provide a broad spectrum of high complexity chemical and immunological non-routine assays for CTRC approved protocols. Contact: Peggy Emmett, 720-777-8100,

[Peggy.emmett@childrenscolorado.org](mailto:Peggy.emmett@childrenscolorado.org)

Location: CHC, SW corner of lower level, Room A0922

### Bionutrition Core

The Bionutrition Core is a team of Registered Dietitians (RDs) with extensive research experience. The Bionutrition unit supports inpatient and outpatient studies, providing services to investigators regarding study design, methodology, and outcome measures related to nutrition and relevant to the primary topic of the research protocol.

Contact: Janine Higgins, 720-777-2955, [Janine.higgins@childrenscolorado.org](mailto:Janine.higgins@childrenscolorado.org)

Location: CHC, Administration Pavilion, Room C2406

### Biostatistical Services

A team of PhD-level biostatisticians are available to provide guidance on study design (e.g. prospective vs. retrospective, randomization issues, choice of controls, choosing the appropriate outcome measures), hypothesis generation, sample size and power calculations, data abstraction and storage, test method selection and data analysis.

Contact: Jane Gralla, 303-315-0322, [jane.gralla@childrenscolorado.org](mailto:jane.gralla@childrenscolorado.org)

Location: Building 500

### **Bioinformatics Core**

The Bioinformatics Core supports investigators with all data management and security needs in cooperation with hospital Information Systems groups. Staff is available to assist with database design and maintenance, provide training on new/current technology, and conduct hardware/network./software problem solving.

Contact: Michael Kahn, 720-777-6407, [Michael.Kahn@childrenscolorado.org](mailto:Michael.Kahn@childrenscolorado.org)

Location: CHC, 4<sup>th</sup> Floor, Administrative Pavilion

### **Research Subject Advocate**

The Research Subject Advocate (RSA) provides expertise in evaluation and assistance in formulating and implementing data and safety monitoring provisions for research involving human subjects (DSMP's, DSMB's), consultation about research subject issues: consent, staff education, presentations.

Contact: Terri O'Lonergan, 720-777-8529, [theresa.o'lonergan@childrenscolorado.org](mailto:theresa.o'lonergan@childrenscolorado.org)

Location: CHC, Administration Pavilion, Room C2420

### **Administration**

The Pediatric Clinical Translational Research Center (CTRC) Administrative staff provides information to investigators regarding protocol applications, resources available within the CTRC, and use of the Center's facilities. We assist investigators with cost analyses in the developmental stages of the protocol, and guide them through the application process.

Contact: Elle Lothlorien, Protocol Manager, 720-848-6234,  
[elle.lothlorien@ucdenver.edu](mailto:elle.lothlorien@ucdenver.edu)

Contact: Cindy Scott, Administrative Director, 720-777-6644  
[Cindy.scott@childrenscolorado.org](mailto:Cindy.scott@childrenscolorado.org)

Location: CHC, 2<sup>nd</sup> Floor, Administrative Pavilion

### **Website**

<http://cts.si.ucdenver.edu/Pages/index.aspx>

## Research Institute

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Research in childhood diseases formally began in 1978 at Children's Hospital Colorado. Today, Children's Hospital Colorado is nationally recognized for its excellence in research in the diseases of the newborn, child and teen.

While the Research Institute (RI) is affiliated with the University of Colorado, our offices are centrally located at Children's on the 2nd floor of the Administrative Pavilion, SE corner.

All forms, policies and procedures, and staff contacts are located on PlanetTCH (Children's Hospital intranet) under the RI departmental website. If you do not have access to PlanetTCH, call the RI office for assistance at 720-777-6310.

The RI serves as an umbrella organization for all research at Children's Hospital Colorado. The Sponsored Programs Office in the RI facilitates both pre- and post-award management of grants and contracts at Children's and develops subcontracts with outside institutions. Children's Hospital Colorado is a member of the Colorado Multiple Institutional Review Board (COMIRB) is a Federally mandated board established to review biomedical and behavioral research involving subjects conducted at or supported by each of the institutions. The RI houses the Clinical Trials Organization (CTO), which supports CHC faculty and staff who are involved in clinical trials evaluating state-of-the-art drugs and devices for treating childhood diseases.

The RI, in collaboration with the Pediatric Clinical Translational Research Center (Pediatric CTRC), supports a Biometrics Office which offers consultation services with CHC faculty and staff regarding the design of research projects, interim monitoring and the data analysis of research projects.

The RI has also focused on new, young investigators by funding them for projects that may subsequently provide the preliminary data necessary for the investigator to compete for funds from outside agencies. Over half of RI grant recipients have been successful in obtaining additional funds from outside granting agencies such as the National Institutes of Health and the American Heart Association, as well as other foundations and granting agencies.

### **General Information About Internal Research Awards**

#### **Bridge Funds**

Funds are available to preserve basic programmatic functions in the period between the loss of one grant and the beginning of another. Funding depends on a high probability of renewal. The award will be granted for the time required for re-application and reviewed

by the funding agency, but no longer than 12 months; exceptions to this will be considered on an individual basis. An investigator may submit any number of applications, but only one will be funded per calendar year. This is an ongoing program with proposals reviewed monthly. Awards are available to all regular full- or part-time Children's staff.

- Eligible Principal Investigators (PIs) conducting research at Children's Hospital Colorado.
- Preference will be given to investigators with a history of consistent extramural funding.
- There must be a clear need to maintain a research effort to retain competitive capability.
- Funds may be used to support the PI's salary only in special circumstances.
- Funds to bridge the grant should be "cost shared" between divisions and the RI.

### **Nursing Research Award**

Nursing Research Awards are available to all Children's professional nursing staff for developing and implementing studies related to the care of children and families. Awards are awards which may be used for data collection and analysis, a research assistant, purchased tests or services and equipment and supplies. The award does not cover investigator's salary or patient care costs.

- New investigators are eligible for funding.
- Multidisciplinary collaborative studies with direct clinical application to the health care of children and families are encouraged.
- Data acquisition for development of future research may be funded.
- Award may not exceed \$3,000 per project.

### **Pilot Award**

Pilot Awards provide financial support for research projects that will allow investigators to obtain data for future extramural research support. The amount awarded is limited to \$30,000 and the award lasts for one and one-half years. The Children's Research Council will only fund one award per investigator per year and only a second to a member of the same department if the proposal is extraordinarily meritorious. This is an ongoing program with proposals reviewed monthly.

- Awards are available to all regular full- or part-time Children's staff.
- Award will support acquisition of preliminary data needed for obtaining extramural funding support. The long-term plan for the project must be clearly described in the proposal.
- Up to 25% of a Pilot Grant (\$7,500) can be applied toward principal investigator's (PI) salary.
- No funding will be provided for travel.
- Funding is not to exceed \$30,000.

### **Quality Systems Improvement Award (QSI)**

The goal of the QSI Award is to improve the quality, efficiency, and cost effectiveness of patient care at CHC. The QSI will be awarded to CHC staff from all disciplines that are interested in performing research that will meet this goal.

- Applicants from all disciplines are encouraged to develop research studies focused on improving patient care outcomes, reducing costs and improving service.
- A multidisciplinary approach to research projects is highly encouraged.
- Awards are available to all regular, full- or part-time staff of Children's.
- New interventions/systems/products for patient care delivery are encouraged.

### **Research Scholar Award (RSA)**

The RSA is available to help new investigators solidify and apply their research training. The Award is for one year, with funding available for a second year if progress has been satisfactory. The award requires a letter from a supervisor guaranteeing that the specified percentage of time is available for research.

- The RSA is intended for beginning investigators within the first five years of their research careers.
- The applicant must identify a mentor who is committed to working with the investigator throughout the course of their project. A letter of support from the mentor must be included with the application.
- The Applicant currently should have limited or no extramural support.
- If greater than 50% of salary is currently being paid from research-based sources, then the applicant is not eligible for a Research Scholar Award. The proposal must include a list showing outside support.
- If a research scholar awardee has or later obtains additional research funding that includes salary, then the RI award may be prorated.
- The award must be used to cover that part of the PI's salary/benefits needed to complete the research (usually greater than 60% time). Additional funds for technical support and supplies are available.
- The total award cannot exceed \$70,000 per year.

## Procedure

Obtain the award-specific application information as stated on the next pages and email to RI staff assistant along with a cover letter, and budget justification. The GCRC application format may be used where applicable.

- I. Applications are accepted at any time during the year (except for Research Scholar Awards in which reviews begin on April 1 and October 1 of each year).
- II. When the research proposal has been completed or if the investigator has received funding for the project from another source, all remaining funds will be returned to the RI. No investigator will be able will to keep or reallocate unused funds.
- III. The Children's Research Council will review applications/criteria and allocate funding. Criteria includes but is not limited to:
  - a. Potential for extramural funding.
  - b. Scientific merit.
  - c. Well thought out research plan that supports specific aims and objectives.
  - d. Potential value of research to children.
- IV. Awardees must submit an annual progress report as well as at the completion of the project.

## Contact Us

If you require additional information, please contact David Lawellin, PhD, Director, Research Resources, at [david.lawellin@childrenscolorado.org](mailto:david.lawellin@childrenscolorado.org) or 720-777-6081 or Dawn Trujillo at [Dawn.trujillo@childrenscolorado.org](mailto:Dawn.trujillo@childrenscolorado.org) or 720-777-4798.

## Intellectual Property and Technology Transfer

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### Information for the Campus Community

If you are a student or faculty inventor or researcher on one of the University of Colorado's four campuses, TTO is here to serve you. Offices at the three CU campuses provide services as needed. Their web site provides specific information on CU's technology transfer policies and procedures, answers to frequently asked questions, and resources beyond the university. Contact them directly at 303-724-0221 with questions or concerns.

### What can Technology Transfer Do for You?

#### Research Related Services—done in cooperation with investigators and the campus' contracts and grants offices

##### Review, advise and negotiate:

Intellectual property clauses of sponsored research agreements

Material transfer agreements

Confidentiality (nondisclosure) agreements

Intellectual property clauses in facilities use agreements

Intellectual property in center and institute agreements

Interinstitutional agreements

Negotiate sponsored research funding as an element of consideration for a license

Provide input to investigators on commercial perspectives to their research

#### Intellectual Property and Invention Related Services—most done in cooperation with inventors

Conduct educational seminars

Receive and evaluate confidential invention disclosures

Determine if a reported invention is CU intellectual property

Perform federal regulatory compliance activities

Devise and execute a protection strategy for intellectual property

Manage external intellectual property counsels' preparation and prosecution of patent applications

Market intellectual property to innovative adopters of technology

### Invention Disclosure

CU inventors and researchers are bound by the University's Policy on Patents and Inventions, which requires disclosure of inventions and discoveries and outlines the procedures for doing so.

Inventions include:

- processes
- products
- tools or instruments
- compositions of matter
- living organisms

or improvements to existing technology in these categories.

Help inventors obtain intellectual property rights when CU decides not to secure intellectual property rights  
Respond to licensing inquiries  
Manage the commercialization process cradle to grave

### **License Transaction Related Services—most done in cooperation with investors**

Set expectations with all parties in the transaction  
Negotiate license and related documents  
Provide timely information about license negotiations to all parties  
Execute by signing licenses and related agreements  
Receive and distribute license royalty and other payments  
Monitor and enforce licenses and related agreements

### **Services for Prospective Start-ups—done in cooperation with investors and entrepreneurs**

Assess the scope of the university intellectual property and its appropriateness for a start-up company  
Conduct market research and focus group sessions to determine commercial pathways  
Consult on and review business plans  
Introduce the start-up opportunity to entrepreneurs, strategic partners and investors  
Provide assistance through advisory and corporate boards  
Advise on conflict of interest plans

### **Services to the University Community**

Provide “learning” laboratory opportunities for students  
Participate in classroom lectures, seminars and course projects  
Provide networking opportunities for faculty to engage in businesses community  
Review consulting agreements to protect faculty and university interests  
Provide leadership in updating CU’s intellectual property policy  
Provide recognition and support to faculty inventors  
Provide information on the status of the Technology Transfer Office and intellectual property at CU

### **Services to Business, General Public and Government**

Provide technology licensing opportunities to innovative adopters  
Provide networking opportunities for businesses to engage faculty  
Connect university and business interests and build common agendas  
Engage in technology policy groups

Speak about intellectual property and its role in academia, the economy and human welfare

Convey successes and other information to the press

## Resources

- [Campus and Intellectual Property Resources](#) - provides links to individual campus offices, regional technology incubators, research centers, and federal funding agencies
- [Tools for the IP Professional](#) - join professional organizations, search technology exchanges, or search for commercialization opportunities here
- [Venture Capital Resources](#) - find Colorado venture capital firms, entrepreneur resources, technology incubators, or research funding opportunities
- [Other Technology Transfer Offices](#) - here you will find a sampling of the predominant Technology Transfer Offices around the country
- [Science and Technology News](#) - stay up-to-date on current research trends and new innovations by checking the industry news frequently
- [Legal Resources](#) - search these databases for current case law and patent law information
- [Patent Document Resources](#) - search these databases for current patent filing information
- [Biotechnology Resources](#) - search these databases for reference information in the biotechnology field

## Website

<http://www.cu.edu/techtransfer/>

## Contact Us

### For CU-Boulder inventors

[techtran@colorado.edu](mailto:techtran@colorado.edu)

Phone 303-492-5647

Fax 303-492-2128

### For UCD inventors

[techtran@ucdenver.edu](mailto:techtran@ucdenver.edu)

Phone: 303-724-0221

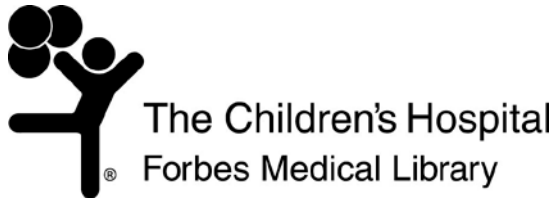
Fax: 303-724-0816

### For information about licensing university technology to start-up companies

[techtransfer@cu.edu](mailto:techtransfer@cu.edu)

Phone 303-735-1085

Fax 303-735-3831



Clinical and Research Library  
Staffed: 7:30 a.m. to 5:30 p.m. M-F  
Phone: 720-777-6400  
Fax: 720-777-7152  
E-mail: [library@childrenscolorado.org](mailto:library@childrenscolorado.org)

The staff of the Clinical and Research Library is excited to help with your information needs! Librarians are available to teach how to search various databases, give library orientations, and teach where to go to find information, books, and online resources. The Clinical and Research Library offers these services:

- **Literature Searching:** Librarians search the literature for you FREE of charge!
- **Book a Librarian:** Schedule an appointment to meet with a librarian one-on-one to help you with your particular information need. Or book a librarian to come to a small group or department meeting to give a library lesson on whatever is needed.
- **Interlibrary Loan:** The staff will order articles and books not owned at the TCH library.
- **BERT (Best Evidence in Real Time):** Have a patient with a case where literature is needed? Contact the library to search the literature and a librarian will send relevant information directly to you (within 30 minutes, whenever possible), that may be shared with all of the patient's caregivers.

Explore the many useful resources on the Medical Library & References home page found on Planet TCH:

- **UpToDate:** "performs a continuous review of over 350 journals and other resources." This is a good place to get an overview of many medical topics.
- **MDConsult:** Searches full-text articles, books, patient handouts and more.
- **FIRSTConsult:** Has a differential diagnosis tool, allows you to search medical topics, procedures, and patient handouts.
- **PubMed:** Free access to MEDLINE citations. Best results when searching with MESH.
- **Ovid:** May search MEDLINE (for medical literature), CINAHL (for nursing and allied health literature), Psycinfo (for behavioral sciences literature), and other databases, including several Evidence Based Practice databases.
- **Stat!Ref:** Searchable full-text access to several medical references including: *Current Pediatric Diagnosis & Treatment, Rudolph's Pediatrics, and the Merck Manual.*
- **FirstSearch:** Access to searchable databases including: ERIC (searches education literature), GPO (searches U.S. government publications), Proceedings (searches conference proceedings).

Make sure to check out the Clinical and Research Library in person or online. Remember, the ultimate search engine is at the library – your medical librarian!

## Public Relations

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We want to hear from you!

We do our jobs best when we have input from you! If you have story ideas for TCH News, know a great patient story or are part of an exciting project, let us know! You can reach us at 720-777-6667.

Our work includes:

### **Internal communications**

We communicate with staff through such tools as *TCH News*, Employee Meetings, E-mail Bag, FYI, News Now, Office of Public Relations and bulletin boards on each floor. In conjunction with media relations, we maintain an internal crisis communication plan for hospital emergencies. Additionally, we provide considerable direction to the hospital intranet for content and editing, and significant internal communication support to departments and the executive team.

### **Publications**

Through written stories, we share TCH news and the uniqueness of Children's as a hospital devoted entirely to children with internal and external readers. Children's expertise is demonstrated through *Children's Magazine*, the Annual Report, *TCH News*, *School Health Reporter* and *Caring for our Future*. Reporting on the new campus and plans for downtown site is featured in *Fitz Focus*, along with progress in fundraising.

### **Media Relations**

Our professionals working in media relations respond to media inquiries and set up interviews with experts in the hospital, proactively pitch stories to the media that demonstrate our leadership in caring for children, give tours to and conduct editorial boards with key editorial and publishing contacts, provide counsel and make recommendations on media strategy to hospital leadership, maintain an external crisis communication plan for emergencies and have an on-call person to respond to media around-the-clock.

### **Special Projects**

We also work on projects aimed at increasing patient and family satisfaction while at the hospital. Such projects include: an informative orientation video that runs on TCH Channel 3, TV guides that inform patients and families about programs on The Patient & Family Education Channel 3, phone book covers that include easy-to-find phone numbers for families, and the See & Do Tour Stations and accompanying guides in English and Spanish.

## **Community Relations**

Our community relations specialists manage events that bring TCH's mission outside the hospital walls through such events as Immunization Day, Parenting Seminars and Children's 101 and coordinate participation in such community events as National Western Stock Show and the All About Kids Expo. Additionally, they also coordinate several internal events such as the *U.S. News* celebration and Donor Awareness effort.

If you've read e-mail bag, thumbed through *TCH News*, seen a story about Children's Hospital Colorado on TV or joined a US News celebration, you've probably worked with some of our team. Public Relations plays a large role in telling Children's Hospital Colorado "story" and keeping our many audiences mindful of the health and well-being of all children, and why Children's is the best choice for children. Ensuring that the community understands the needs of children and the special role Children's plays in meeting those needs is vital to advancing our mission. Keeping Children's staff informed about what we're doing inside and outside the hospital also is part of what we do.

## **Department Contact Information**

720-777-6667

720-777-8004 (FAX)

Mail Code: B-080

24-Hour Media Pager: 303-890-8314