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NEWS

Erik Wallace, MD, Named Associate Dean for Colorado Springs Branch

Erik Wallace, MD, FACP, has been chosen as Associate Dean for the School of Medicine branch in Colorado Springs. Dr. Wallace's first official day at the School of Medicine was January 21, 2014.

Most recently, Dr. Wallace was an associate professor of internal medicine at the University of Oklahoma College of Medicine, Tulsa School of Community Medicine. Dr. Wallace received his MD from Washington University School of Medicine in St. Louis.

Dr. Wallace will lead the development of the branch and will work with existing School of Medicine systems to ensure that appropriate and ongoing support and resources are available to provide medical education programs in Colorado Springs. He will collaborate with Colorado Springs and Southern Colorado hospitals, physicians and School of Medicine faculty to recruit physician preceptors in Colorado Springs.

The School of Medicine will increase the number of students enrolled in the MD program to 184 from the current 160, with the additional 24 students committed to complete their third year of training at the branch campus in Colorado Springs. The first cohort of students accepted to the Colorado Springs Branch will matriculate in August 2014.

[Learn more.](#)

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Rymer Endowment Supports Innovation through Approval of Nearly \$12,500 in Small Grants

The [Academy of Medical Educators](#) recently approved four small grants that support efforts to create, implement and evaluate innovative medical education programs and to promote innovation and scholarship in medical education. Grant funding is provided through the generous support of [The Rymer Family Endowment](#), [The Office of Faculty Affairs](#) and The Academy of Medical Educators.

Congratulations to the following recipients:

- For the creation of an evaluation tool to assess the impact of the global health track on participating medical students, Jennifer Bellows, MD and Jennifer Gong, PhD received \$1,150.
- For the development and validation of a ureteral surgery simulation model for surgical training, \$3,148 was awarded to Tyler Muffly, MD.
- In support of tympanic membrane visualization with a digital otoscope, Daniel Nicklas, MD was granted \$3,699.
- For the development of a master simulation educator workshop series, Margaret Sande, MD received a grant of \$4,500.

Click for more information about the [small grants program](#) or contact [Eva Aagaard, MD](#).

Physician Payment Sunshine Act: Implications for School of Medicine Faculty

There is a broad consensus in academic medicine that collaborations between physicians and industry (e.g., drug and medical device manufacturers) are vital to the discovery and development of life-saving drugs, therapies and medical devices. However, there is also a consensus that there must be boundaries and appropriate balance to reduce conflicts of interest that affect teaching and clinical care. As summarized by Korn and Carlat, “Drug and device promotional practices (including free gifts and meals, payments for speaking and other transfers of value) lead to shifts in physicians’ treatment choices and teaching, favoring new and more expensive products over existing ones that are just as effective, cheaper and have longer track records of safety.”¹

The Physician Payment Sunshine Act (Sunshine Act) was enacted in 2010 by the federal government as part of the Patient Protection and Affordable Care Act. The Sunshine Act requires pharmaceutical and medical device companies to report payments and other “transfers of value” made to physicians and teaching hospitals to the Centers for Medicare and Medicaid Services (CMS) for inclusion in a publicly-accessible database. According to the Congressional sponsors of the Sunshine Act, “The process is not

¹ JAMA, 2013

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designed to stop, chill or call into question beneficial interactions between physicians and industry, but to ensure that they are transparent.”

The Sunshine Act seeks to:

- Promote transparency regarding financial payments from pharmaceutical and medical device companies to physicians;
- Reveal the nature and extent of financial relationships, and
- Provide information to health care consumers to allow them to make informed decisions.

Undisclosed payments to physicians for promotional speaking were a particular concern and were targeted as a priority by Senator Chuck Grassley and other sponsors of the legislation. Ten states (including Colorado) have similar statutes, requiring public posting of payments that physicians receive from industry.

Implementation

The Final Rule for the Sunshine Act was issued by Department of Health and Human Services on February 8, 2013. All covered industries were required to begin tracking payments to physicians starting on August 1, 2013. In fact, many pharmaceutical companies had been voluntarily tracking and reporting such payments long before the law became effective.

The first annual reports from industry to CMS are due in March 2014 (covering payment data from August 1, 2013 to December 31, 2013). All data are collected on a calendar year cycle and reported by industry to CMS once per year.

Reporting Details and Logistics

Beginning in 2014, companies will be required to report payment data to CMS, which will then post the data on a website that can be searched by healthcare consumers. The searchable database will be available to the public on September 30, 2014 (in future years, updated data will be available on June 30).

Critical Questions

- **Who is required to report?** The answer is, *all companies that have a physical presence in the United States and manufacture products covered by Medicare, including pharmaceuticals, medical devices and medical supplies*. The obligation to report payments and transfers of value rests entirely with the company that made the payment; **physicians have no reporting obligations**.
- **What data are reported?** All payments or other “transfers of value” worth \$10 or more from a covered manufacturer to a physician or teaching hospital. “Physician” includes doctors of medicine, osteopathy, dentistry, dental surgery, podiatry, optometry and chiropractic medicine. Payments to

residents, allied health professionals and non-physician prescribers are excluded from the reporting requirement. Non-physician scientists are also excluded.

The covered payments and “transfers of value” include:

- Consulting fees (or other compensation for consulting, such as dividends, profits or stock options)
- Payments for speaking, including direct payments for speaking at continuing education courses that are not accredited
- Honoraria of all types
- Research-related expenses
- Textbooks and articles
- Gifts, entertainment, food, travel and lodging
- Scholarships and other education-related payments
- Charitable contributions on behalf of physicians
- Royalties or licensing fees
- Grants
- Facility and (for teaching hospitals) space rental fees.

For non-cash payments (such as food and beverages), manufacturers will report the estimated value of the payment.

- **What is exempt from reporting?** Honoraria for lecturing at certified and accredited CME courses are excluded from the Sunshine Act reporting requirements, so long as the company does not have any role in suggesting or selecting speakers, and so long as the company does not pay the physician directly. Short-term loans of medical devices are excluded, as are buffet meals, snacks and beverages generally available to participants of large-scale professional conferences. Drug and products samples and educational materials that *directly benefit patients* are excluded from reporting under the Sunshine Act. However, textbooks and article reprints are *not* excluded under this provision. Payments and transfers of value worth less than \$10 are also excluded, as are in-kind items used for the provision of charity care.
- **Are payments to third parties reported (and under whose name)?** Payments made by a manufacturer to a third party, on behalf of a physician, *will be reported under the identity of the individual physician who performed the services or who was the intended beneficiary of the*

payment. For example, payments to the University of Colorado, to the School of Medicine or to UPI, intended to compensate for consulting or other services performed by a physician, will be reported under the identity of the physician who performed the services. Payments given to another person or to a preferred charity must also be reported.

- **What information will appear on the public website?** The following data will be reported by the manufacturer and subsequently disclosed to the public: Name, business address, state license number and practice specialty of the physician receiving the payment; the date and amount of the payment; the reason for the payment (for example, research, consulting, gift, honoraria, entertainment, travel or speaking honoraria); and any pharmaceutical product, biological or medical device related to the payment.
- **What are the penalties for failure to comply with the Sunshine Act?** CMS may impose a penalty of \$10,000 for each failure to report a payment. “Purposeful failure” to report is subject to a fine of up to \$100,000 per violation. Because of these high penalties, drug and device companies are expected to be inclusive and far-reaching in the payment data they report.
- **Will physicians be notified when payments are reported?** CMS will notify physicians that a manufacturer has reported a payment, if the physician registers with CMS to receive such notification. In June 2014, CMS will provide physicians with access to their personal financial disclosure reports for the prior calendar year.
- **What if the reported data are inaccurate?** Physicians will be able to access their data *prior* to public posting. Physicians can challenge the accuracy of the data through an established dispute resolution process. *Therefore, it is important for physicians to maintain independent records regarding payments from industry.* If a physician disputes the accuracy of data submitted by a manufacturer to CMS, the agency will have at least 45 days to review the data and work with the manufacturer to resolve the dispute and clarify or eliminate the data. If no resolution is achieved, the data will be publically posted by CMS with a notation that the data are in dispute. Early in 2014, CMS is expected to launch its new portal, where physicians can sign up to receive notices when their individual consolidated data are available for review, and where physicians can contact manufacturers to dispute the accuracy of a report.

Your Responsibilities as a School of Medicine Physician

- First, remember that physicians have no obligation to report payments from manufacturers. Reporting obligations rest solely with the manufacturers.
- Physicians should nonetheless maintain accurate records of payments from industry in case they want to dispute the accuracy of the data being reported about them. The American Medical Association has created a free Smartphone app ([OPEN PAYMENTS Mobile for Physicians](#)) to help physicians track reportable payments.

- Physicians should register with CMS in order to receive advance notification of any payment data reported by a manufacturer to CMS about the physician. Physicians may register with CMS beginning in 2014. [Click here for more information about the physician registration process.](#)

Remember that the Sunshine Act does not replace or supersede other university and state of Colorado reporting requirements. Faculty members must report all payments, ownership interests and other financial ties to the [University of Colorado Denver Conflict of Interest and Commitment Office](#). Physicians and other licensed providers in Colorado must also provide regular disclosures of financial interests to the [Colorado Medical Board](#).

The American Medical Association offers this additional advice: *Physicians should “ensure that all financial and conflict-of-interest disclosures required by [their employer] are current and updated regularly. Review and update these disclosures several times each year. Those entities requiring financial or conflict-of-interest disclosures may compare information posted on the public website.”*

Information about the Sunshine Act and frequently asked questions are being updated frequently by the AMA, CMS, the AAMC and other organizations. For the latest information and access to archived webinars, visit any of the following: <http://ama-assn.org/go/sunshine>; or <http://www.policymed.com/2013/12/physician-payment-sunshine-act-listing-of-policy-and-medicine-resources-for-open-payments.html>.

Crowd Wisdom Platform Offers Improved Training and Development Experience for Faculty

Maximize your teaching effectiveness using the self-directed learning modules on [Crowd Wisdom](#). The new system uses videos and interactive feedback mechanisms, representing huge strides in the quality and usability of online coursework.

Courses offered on the [Crowd Wisdom](#) platform are free of charge and offered to all School of Medicine faculty, including community-based faculty and preceptors. Topics aim to help educators at all levels and in various locations develop foundational knowledge in teaching essentials, such as providing feedback, teaching in clinical settings, mentoring, remediation and more. The time it takes to complete each course depends on the individual learner; however, you have the added convenience of being able to begin courses and save your progress until completion.

Whether you're in the clinic, hospital or your own living room, you can maximize your teaching effectiveness by participating in the more than 20 online modules sponsored and developed by the Academy of Medical Educators. New courses are in development, so check back often for updated listings. To create an account or log in, visit <https://somed.ucdenver.edu/somaccess/>. If you have ideas about additional modules or want to serve as a content expert in the development of a module, contact [Janet Corral](#).

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Mark Your Calendars for the Educational Scholarship and Innovation Symposium

All students, residents, graduate students, post-docs and faculty are invited to attend the Educational Scholarship and Innovation Symposium hosted by the Academy of Medical Educators. The afternoon features engaging and dynamic presentations from across all schools and an interactive keynote address by Dr. Kari Franson, Skaggs School of Pharmacy and Pharmaceutical Sciences on the topic of *Reflection, the Key to Interprofessionalism*.

Wednesday February 12, 2014

1:00 p.m. to 5:30 p.m.

Trivisible

Academic Research Building

[Learn more.](#)

TEACHING TIPS

8 Tips for Powerful Presentations

Whether it's your first time or you're a well-seasoned presenter, there is always room for improvement. Here are 8 tips for powerful presentations.

- 1) Plan from beginning to end.** While it's common to spend significant time on the technical aspects, such as creating slides, keep the concept of "flow" in the forefront of your mind. It's important to spend time conceptualizing what you know versus what your audience needs to know, as you complete the requisite background reading. This can help you to stay on point. Remember, too much information (or informational overload) will make you talk faster and can leave your audience unengaged.
- 2) Practice, practice, practice.** There is no substitute for practice. Consider asking someone who is both knowledgeable and willing to give direct and specific feedback. This exercise can help you determine the best timing as well as the painful task of eliminating slides that you might love but prove to be "too much" for your audience. By practicing, you'll be aware of areas that cause you to stumble so you can adjust.
- 3) Engage them at the start.** Psychologists have shown that it takes someone 18 seconds to decide if they like you. Consider applying this statement to public speaking. Hook your audience by starting your talk with a pop—think in terms of audience-participation questions, video clips or calls to action. Above all, know your audience--and find ways to keep them engaged.
- 4) Tell a story.** The best talks resemble a good detective story—following the form of presenting a problem and then searching for a solution. We, as humans, are hardwired to listen to stories and learn our lessons from how these stories conclude.

5) Watch your tone and body language. Don't underestimate the role of nonverbal communication when presenting. If you are stiff and uninterested, your audience will notice. Stand tall, use your hands, and be dynamic. And don't forget to make eye contact. Consider dividing your audience into three segments and pick a friendly face in each section to come back to regularly. Vary the tone and speed of your voice. Consider investing in a remote slide advancer that allows you to move beyond the podium to further engage your audience.

6. Interact with the audience. Involving the audience is the easiest way to sustain attention. When you begin with a story or a clinical question, ask the audience what they would say or do. Make them respond and continue with eye contact as mentioned. If you feel as though you are losing an audience member, move closer to him or her. This helps your audience members focus on the presentation.

7. Avoid "death by PowerPoint." Many outstanding presenters refuse to rely on PowerPoint. And when they use it, the presentations contain very few words and images. These presenters understand that busy slides kill presentations. Slides with too many words cause your audience to focus on reading rather than listening. If you find yourself saying, "I know this slide is busy, but..." it's time to simplify the slide. Keep fonts (e.g., Arial) and formatting simple. It's tempting to use the "bells and whistles" that PowerPoint offers, but most only serve to distract your audience.

8. Repeat all questions. Whenever you are asked a question, repeat it. This allows the audience to hear the question clearly and helps you stay focused on what you are being asked. If you are asked questions that you are not clear about, ask for clarification. And if you are not sure about the answer, ask the audience what they think. If the conversation turns argumentative, stay cool and diffuse the situation. It is best to offer to talk privately at the end of the presentation than to engage in jousting with facts.

Without a doubt, deliberately focusing on these tips over time will help improve your presentation and lecturing skills. However, if a more formal approach interests you, the Academy of Medical Educators' [iTeach Peer Mentoring Program](#) can help by providing direct and individualized coaching on teaching techniques at the bedside, in small groups or in large group lectures. This program is designed to be a resource for everyone from the novice presenter to the master educator. To sign up, contact [Kathy Werfelmann](#).

FREQUENTLY ASKED QUESTIONS

FAQs about PRiSM: The New System for Faculty Performance Reviews in the School of Medicine

What is PRiSM?

PRiSM, or Performance Reviews in the School of Medicine, is a new, unified online system for faculty performance evaluations developed by the Office of Faculty Affairs and the Information Technology project team. PRiSM will be utilized for all university-based School of Medicine faculty members,

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beginning in January 2014. It replaces DOMINO, FIDO and the Family Medicine department's version of DOMINO.

PRiSM is designed to help faculty document activities and accomplishments while updating information pertinent to the annual performance evaluation. PRiSM complements—but does not replace—the face-to-face performance review meetings between each faculty member and his or her division (or section) head or department chair or their designee.

How do I access PRiSM?

You can access PRiSM via this link: <https://som.ucdenver.edu>. This link will take you to the SOM Portal, where you will be able to click on a link to PRiSM to begin your performance review and view and upload prior-year evaluations.

What is the review period for PRiSM?

The review period for faculty evaluations has changed from academic year to calendar year. Therefore, the review period that is beginning now will encompass activities and accomplishments that were completed during the 2013 calendar year (January 1 through December 31). This change was made to allow for a more consistent evaluation of work that has already been completed.

What is the deadline for annual faculty evaluations?

The deadline for completion of faculty evaluations is May 1, 2014. Faculty members must submit their performance reviews by this date. May 1 is also the deadline for division heads, department chairs and other supervisors to complete their reviews. (Note: Most departments will establish department-specific, earlier deadlines for submitting performance reviews in PRiSM.)

Will I be able to access information from my previous reviews?

As in past years, information that was contained in the last year's review can be uploaded into your review this year. However, some of the data and free text fields have changed. Therefore, some information from your prior-year review may "map" to a different field or section of PRiSM. It will be easy to cut and paste information within the system.

How is my faculty appointment information updated in PRiSM?

Your faculty appointment information, including academic rank and other information, will now be updated automatically using information contained in the Faculty Information Management System (FIMS), which is a database maintained by the Office of Faculty Affairs. This will minimize data duplication and increase data integrity, while also alleviating the need for administrative staff to add or manage faculty data within PRiSM.

Will teaching evaluations be uploaded into PRiSM?

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Medical student teaching evaluations from the Office of Undergraduate Medical Education (UME) will be automatically uploaded into your review in February 2014. You will also have the ability to upload additional teaching evaluations (for example, from residents or graduate students).

What other enhancements have been made to PRiSM?

PRiSM includes some additional features that should make your work easier. Formatting text using rich text features is included, so you can easily underline, add bullets or bold text. Sections in which you summarize your accomplishments in teaching, clinical work, research and scholarship and community service have been redesigned to match the language of the promotion matrix (making later dossier preparation easier). Near the end of the PRiSM document, you will have an opportunity to upload other documents, such as letters from peers, mentees or grateful patients. And you can now automatically upload your publications directly from Pub Med.

For more information regarding the enhancements that have been made to PRiSM, [click here](#).

Will IT support be available?

Open information sessions will be held weekly to provide hands-on support during the performance review cycle. Sessions are scheduled every Tuesday from 10:00 a.m. – 11:00 a.m. in the Health Sciences Library Teaching Lab 1. Ongoing support will also be available by contacting SOMSupport@ucdenver.edu.

FACULTY PROFILE

Judith G. Regensteiner, PhD, Advances Women's Health through Research and Resource Alignment

Dr. Regensteiner Recently Named Chair of the Women in Medicine and Science Committee

When it comes to health research, a disparity exists. Women's health is understudied, leaving unanswered questions surrounding the prevention, diagnosis and treatment of the diseases that impact women's health. Judith G. Regensteiner, PhD, intends to see that changed.



As co-founder and current director of the Center for Women's Health Research, Dr. Regensteiner is making an impact by aligning researchers, resources and the community. Dr. Regensteiner and her colleagues conduct key research on women's health and sex differences while mentoring the next generation of researchers. Educating both the public and health care providers about women's health and sex differences is also a key component of the work.

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Dr. Regensteiner was recently chosen to be chair of the Women in Medicine and Science Committee, a position she feels honored to take over.

“I feel really lucky to be on a campus with such phenomenal support--of myself, my research and women researchers in academia,” said Dr. Regensteiner. “Traditionally, women aren’t at the top in academia. I’m excited to keep expanding the leadership training available to our women faculty members.”

Dr. Regensteiner draws pride from helping connect researchers with the resources they need to fund their work. Recently, she and her colleagues at the Center helped a novice researcher who was having trouble getting funding. Once she was provided with some training related to grant applications, the researcher received the funds she needed to get pilot data and then received a big NIH grant.

“It was lovely—just lovely! A great moment for all of us,” said Dr. Regensteiner.

Connecting Research and Resources

Dr. Regensteiner’s work in bringing the community together in support of women’s health holds a very special place among her long list of accomplishments. The Center itself was the culmination of the community and the university working together. In 2013, Dr. Regensteiner was named the inaugural holder of the Judith and Joseph Wagner Endowed Chair in Women’s Health Research. After an 18-month effort, the center received more than \$2 million in private support, including a \$1 million lead gift from Judi and Joe Wagner. The chair was the first of its kind at the University of Colorado and is currently one of only a few nationally directed toward women’s health research.

“It’s been huge. First, it’s \$2 million! But it also represents the devotion of our community and the continued building of this relationship,” said Regensteiner.

Dr. Regensteiner believes that it’s this alignment that will help us all see increased understanding in the women’s health issues that impact us all. “When you combine resources with devotion and drive—that’s when you start seeing a big impact.”

LINKS TO ARTICLES ABOUT ACADEMIC MEDICINE

<http://www.ucdenver.edu/academics/colleges/medicalschool/education/academy/Newsletter/academicmedicine/Pages/Jan.-14.aspx>

- [Assessing Medical Students' Perceptions of Patient Safety: The Medical Student Safety Attitudes and Professionalism Survey](#)
- [Conflicts of Interest in Medical Education: Recommendations From the Pew Task Force on Medical Conflicts of Interest](#)

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- [Educational Outcomes for Students Enrolled in MD–PhD Programs at Medical School Matriculation, 1995–2000: A National Cohort Study](#)
- [General Surgery Residency Inadequately Prepares Trainees for Fellowship: Results of a Survey of Fellowship Program Directors](#)
- [Medical Students’ Perceptions of the Physician’s Role in Not Allowing Them to Perform Gynecological Examinations](#)
- [Mentoring and the Career Satisfaction of Male and Female Academic Medical Faculty](#)
- [Perspective: Getting Through the Night](#)
- [Primary Care Residency Choice and Participation in an Extracurricular Longitudinal Medical School Program to Promote Practice with Medically Underserved Populations](#)
- [The New 2015 MCAT Testing Competencies](#)
- [The New Education Frontier: Clinical Teaching at Night](#)

EVENTS

<http://somapps.ucdenver.edu/facultyaffairs/faculty/>

Managing Medical Errors

January 28, 2014
3:00 p.m. to 5:00 p.m.
Christopher Carey, MD
TBD

Learning Analytics Part 1: Top 5 Things Educators Need to Know about Learning Analytics

January 28, 2014
12:10 p.m. to 12:50 p.m.
Dr. Janet Corral
Ed 2 North, Room 2106

How to Use Social Media at Academic Conferences Part 2: Presentation Sharing on Social Media

February 4, 2014
12:10 p.m. to 12:50 p.m.
Dr. Janet Corral
Ed 2 North, Room 2302

Teaching Procedural Skills

February 13, 2014
1:00 p.m. to 4:00 p.m.
Matthew Rustici, MD
Ed 2 North, Room 2301

“Mi Plan” to be a Better Bedside Teacher

February 20, 2014
3:00 p.m. to 5:00 p.m.
Drs. Mel Anderson and Chad Stickrath
Ed 2 North, Room 1304

Disseminating Scholarship with Style and Panache

March 13, 2014
2:00 p.m. to 4:00 p.m.
Dr. Lindsey Lane
Ed 2 North, Room 1206

Public Speaking and PowerPoint: The Potential, Perils and Pitfalls

April 15, 2014
Noon to 1:30 pm (Brown Bag)
Dennis Boyle, MD
TBD