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NEWS

Your CUDoctors.com Profile: Less Work, Easier Access

By Michael Miller

CUDoctors.com is the School of Medicine’s online site that provides profiles and contact information for physicians and advanced practice providers who are part of University Physicians, Inc. (UPI).

CUDoctors.com receives more than 30,000 visits each month. And now, to reduce redundancy of data entry and administrative burdens for providers, CUDoctors.com is undergoing a complete redesign. The goal is to integrate the UPI CUDoctors profile system with the School of Medicine Faculty Information Management System (FIMS) and PRiSM, the School of Medicine’s annual faculty performance review system. This is a joint effort between UPI and the School of Medicine to help ensure that the most up-to-date information is presented on your profile at all times.

What does this mean for you?

• The integration will allow us to share your profiles and contact information securely across all three systems without double entry.

• You will be able to use your UCD username and password to securely access your profile information.

• We will be able to streamline information sharing with external systems such as Children’s Hospital Colorado, University of Colorado Health, Vitals, Health Grades, Medical Quest, departmental websites and others that need this type of public profile information.

• FIMS will become the central hub for faculty data.
An Update from the Center for Advancing Professional Excellence (CAPE)

By Elshimaa Basha

In the last few decades, simulation has become one of the major pillars of medical education, as it allows for experiential learning and enables learners to practice without risk to patients. At the Center for Advancing Professional Excellence (CAPE), we utilize multiple simulation modalities to teach and assess core clinical knowledge, skills and behaviors needed by health care professionals throughout the continuum of their education and into practice. We create, advance and research innovative programs that train providers and teams in safe, effective, compassionate and high quality care in order to improve patient care. In recent years, the CAPE has partnered with the Academy of Medical Educators (AME) and the Office of Lifelong Learning to act on this mission and support faculty development efforts.

Communication Skills Series Workshops

One of these efforts is the Communication Skills Series workshops that are part of the AME faculty development sessions. The workshops are held three times a year during the summer, fall and spring. The workshops are highly interactive and are designed for new and existing faculty members who are interested in developing, reinforcing and advancing their communication skills in challenging conversations and contexts.

Specifically, faculty participants learn relationship-centered skills to communicate respectful dissent, and repair and maintain relationships, while working within diverse beliefs and power gradients. Participants work in small groups to apply communication skills in several standardized patient-colleague scenarios involving differences in perspectives, values and opinions as well as conflicted and highly emotional conversations with team members and patients. Faculty participants value the opportunity to interact with a standardized patient-colleague in a learner-centered facilitation model.

According to one participant, the “hands-on practice employing communication skills with real time feedback from the standardized patient,” was the best aspect of the session. Faculty members who attended two sessions also added, “It was great to have a second opportunity to practice these skills only two days after the first session; that proximity made it easier to keep developing certain skills, and try out other skills.”

Customized Training

The CAPE has also been serving as a resource for students, residents, faculty and departments. Stressful environments, personal stressors, burnout and other factors can all contribute to professionalism lapses. Together with the Office of Lifelong Learning, we provide customized sessions for individuals who are struggling with teaching, difficult communication or professionalism during high stress situations. CAPE faculty and staff meet with the individual one on one to assess their specific concerns or triggers in order to design cases that are appropriate, contextually rich and authentically simulate those stressors. In this approach, the team uses direct observation and video-playback based feedback.
to provide specific and constructive suggestions to overcome their specific challenges. The objective of these individualized and goal-oriented sessions is to provide individuals with tools they can utilize to be their best when faced with challenging situations, such as struggling learners, difficult interprofessional or team dynamics or burnout.

**Community Collaboration**

The CAPE has also been working in collaboration with the Colorado Department of Public Health and Environment (CDPHE). The purpose of this collaboration is to develop competency-based testing to assess the knowledge and skills of patient navigators completing the Patient Navigator Training Programs provided by the Patient Navigator Training Collaborative (PNTC) in Colorado. CAPE faculty and simulation educators have partnered with AMC faculty and physicians, as well as members from underserved communities to develop patient scenarios that represent the diverse population of Colorado, especially underserved populations such as LGBTQ, refugees and ethnic minorities. The patient scenarios represent multiple domains, including: social determinants of health; health beliefs and behavior; ethical, legal and professional issues; health care team-patient-client communication; care coordination; and patient education and support.

**Case Development Sessions**

In continuation of our outreach and faculty development work, the CAPE will hold case development sessions for AMC faculty to learn how to design cases that are tailored to their teaching or assessment objectives. The sessions will be taught by simulation educators who are highly trained and certified in case development. Participants will have the opportunity to learn best practices when it comes to constructing a patient’s story and integrating authentic affects and behaviors to mimic real world experiences.

**Accredited by the Society of Simulation in Healthcare**

The CAPE has earned a spot among an elite group of simulation centers around the country and abroad. The CAPE was recently accredited by the Society of Simulation in Healthcare (SSH), which sets rigorous standards for simulation education, assessment and research.

**Contact Us**

For additional information, please contact Dr. Eva Aagaard, Associate Dean for Educational Strategy, Director, Academy of Medical Educators and Center for Advancing Professional Excellence.

Register for one of the faculty development communication skills sessions or the case writing workshop.
Simple Ways to Bring Active Learning to Lecture

*By Janet Corral, PhD*

Active learning techniques are known to improve student learning outcomes by one to two standard deviations, as compared to lectures without active learning.¹⁻⁵

A number of active learning techniques have proven efficacy. Below is a selection of tips that require relatively small modifications to your existing lecture to have positive impacts on learning outcomes.

Pause every 8-15 minutes⁶ to do one of the following:

- Allow learners to make notes on what has been covered. This allows learners to consolidate the material in short-term, and possibly long-term, memory.

- Ask learners to discuss material covered to this point with their peers. This allows learners to check their understanding of the concepts presented, and either get clarification from a peer, or realize they need to ask questions of you.

- Ask learners to answer a question verbally, with a show of hands, or with an audience response system.²⁻⁴ This gives you a ‘snapshot’ of what learners are understanding – and misunderstanding – so you can correct them before moving to the next concept.

- Work on solving a problem related to the content presented to date⁵. This allows learners to apply what has been taught, and checks deeper levels of their comprehension of the material presented.

- Present cases or scenarios and invite students to choose appropriate investigations, vote on differential diagnosis, etc.¹ Such activities require application of material presented in the future context of medical practice, which may aid in transferring knowledge to clinical settings.

References:

FAQs

Am I eligible for retirement from the School of Medicine? What benefits are available?

Faculty members who have a full-time appointment (FTE = at least 50 percent) and who meet specific age and service requirements are usually eligible to retire with benefits. For most faculty members, “eligible to retire” means that, immediately preceding their retirement date: they are actively enrolled in a University of Colorado 401(a) retirement plan; and they are at least 55 years of age; and their age plus years of university employment is at least 75 years. Click here for additional information regarding the definitions of normal and early retirement.

Upon retirement, faculty members may be eligible to continue their participation in several university-sponsored health insurance plans. However, the health insurance benefits and requirements can be complicated. If you anticipate retiring from the School of Medicine in the next 3-5 years, contact Employee Services for important information regarding your plans for retirement. Employee Services Benefits Professionals can be reached at 303-860-4200 (option 3) or 855-216-7740 (option 3). You can also go to https://www.cu.edu/employee-services/prep-retire for a comprehensive list of topics related to retirement.

Faculty members who retire may also be eligible to retain certain benefits from their departments, such as office space, administrative support, campus parking or a university email account. Please contact your department directly to inquire about the availability of these benefits.

What is “Phased Retirement?”

Some faculty members prefer to retire “gradually.” One option is to work at a reduced FTE (for example, 0.50 or 0.75 FTE) for a period of time. This option is available to all SOM faculty members, regardless of age or retirement eligibility, with the approval of the department chair. The appointment FTE, length of agreement and work assignments are negotiated between the faculty member and his or her chair.

Faculty members may also petition to participate in the University’s Phased Retirement Program. These agreements with the university permit the faculty member to reduce his or her time commitment, either immediately or incrementally. Importantly, they also include the faculty member’s irrevocable agreement to retire and, if tenured, to relinquish tenure on or before a specified date. Phased Retirement Agreements are binding contracts that are prepared by the university’s legal office, and they must be approved by the faculty member’s department chair, the Dean of the School of Medicine and the Chancellor. Faculty members participating in the Phased Retirement Program accrue several benefits: (1) The university’s retirement plan contributions (which are ordinarily 10 percent of full-time salary) are paid at twice the faculty member’s negotiated workload percentage (subject to specific limitations); (2) the university contributions to the group insurance plans (including health, dental and
life insurance) continue during phased retirement, even if the faculty member is less than 50 percent; and (3) assuming the faculty member is at least 59 ½ years old, he or she may begin retirement plan withdrawals as permitted under the terms of the retirement plan and IRS regulations. Click here for important additional eligibility requirements, terms and conditions of this program.

What faculty titles are available to me after I retire?

After retirement, some faculty members may wish to continue their teaching, research or other academic work on a voluntary basis. Talk to your department chair or division head about converting your regular faculty appointment to a clinical (volunteer) faculty appointment.

An Emeritus Professor title may also be available. According to the Rules of the School of Medicine, “Upon retirement, any member of the School of Medicine faculty who has given exemplary service to the School and continues to be active in the affairs of the School of Medicine may be allowed to retain his or her title with the description of ‘emeritus’ or ‘emerita,’ respectively.” Recommendations for emeritus or emerita titles originate with the department chair and are then forwarded to the School of Medicine Dean and Executive Committee for approval. Final approval by the Chancellor of the University of Colorado Denver|Anschutz Medical Campus is required. One additional benefit of having an emeritus or emerita title is continued eligibility to be a Principal Investigator on grants and contracts submitted through the School of Medicine. For more information regarding the process for obtaining emeritus appointments, please contact Cheryl Welch, Director of Faculty Affairs in the School of Medicine.

PROFILE

Cal Wilson, MD, Dedicates Career to Elevating Family Medicine Training Around the World

Cal Wilson, MD could have led a quiet life in private practice in the suburbs. As a family physician, he was sure to influence the lives of many. But the quiet life wasn’t for him. So with the help of his wife, he has spent his career pioneering training programs in family medicine around the globe.

Dr. Wilson participated in a few medical missions while in private practice. Yet he soon found it harder and harder to return to his stable practice in Golden, Colorado, after seeing the needs overseas. So after 10 years of private practice, he sold it and moved to Ecuador, where he remained for nine years.

He didn’t move just to provide much needed medical care. Dr. Wilson saw Ecuador’s need for quality general practitioners.

“We had gone to Ecuador with the idea that the care we were providing could be provided by their own doctors,” he said. “So we started a program to develop family medicine doctors who could then teach future doctors.”
Throughout this time, his wife was also actively involved. She started various programs for kids with special needs.

It took about nine years, but the programs the two developed were sustainable. So they came back to Colorado, and Dr. Wilson joined the Department of Family Medicine at the University of Colorado School of Medicine.

His first task as a new faculty member was to start the family medicine program at University of Colorado Hospital. It was a big shift for the hospital, considering that at the time, they focused mostly on specialty care. Today, the Department of Family Medicine is one of the largest in the country.

**USAID Program Improves Primary Care in Jordan**

After the department was up and running, Dr. Wilson once again began thinking about international work. He learned of a United States Agency for International Development (USAID) program that was trying to elevate the level of primary care in the country of Jordan. They asked him to serve as training advisor, and he and his wife packed their bags and moved to Jordan to take part in this five-year program.

Dr. Wilson conducted a needs analysis and set up a curriculum, all the while aiming to make the program sustainable—teaching those he trained to become trainers themselves.

“It was fun setting up an interdisciplinary program,” he said, explaining that the culture in Jordan wasn’t exactly keen on the value of such an approach. But five years later, he asked his first training group: What’s the most important thing you got out of training?

“More than half of the men and women said that they learned the value of teamwork,” he said. “They appreciated what other disciplines brought to patient care.”

Dr. Wilson met with another cultural challenge while in Jordan. “In many parts of the world, teaching is very formal,” he said, explaining that they were of a culture that didn't challenge authority. “I gave my students permission to not only question me, but to even question my conclusions and challenge me on what I did.” He says it was hard for them at first, but eventually they had great conversations.

When the program concluded in 2004, Dr. Wilson and his wife came back to the U.S. He explains that in the wake of 9/11, the medical profession saw increasing student interest in global medicine. It was around that time that a global health program was started at the downtown campus. Dr. Wilson worked with its creator, Dr. Blair Gifford of the UCD Business School, and eventually the program moved to the Anschutz Medical Campus. It became the Center for Global Health, and Dr. Wilson served as the first director. It quickly became an interdisciplinary program, with interest from the dental school, physical therapy, nursing and public health. Like his past ventures, Dr. Wilson ensured that the CU programs were about more than just providing care.
Global Health Program Provides Training in Rwanda

In 2005, Dr. Wilson was approached by Centura Health about a program in Rwanda. The medical school in this country was in the process of setting up a series of residency programs. With so few doctors in Rwanda—there were only five surgeons in the entire country who were qualified to be teachers—they needed visiting professors to fill in curriculum gaps. After securing a grant, Dr. Wilson and approximately 50 CU doctors from various specialties taught courses ranging from one to four weeks over the next few years.

During this time, Dr. Wilson and the other doctors were going back and forth between the U.S. and Rwanda.

“One of the real dangers of traveling back and forth is that you begin to see all kinds of opportunities. And that’s exactly what happened. It got to the point that my wife and I decided we had to move there. So in 2010, I stepped down as director of the global health program. And we moved to Rwanda.”

He found himself in a situation similar to Ecuador. The population was struggling with the demands of primary care.

“You just can’t teach all of it in medical school,” he explained. They needed a training program for family medicine providers, and that’s what they developed.

Dr. Wilson and his wife remained in Rwanda until 2013 when he decided to retire. “I wanted more flexibility. And we just wanted to continue trying to meet needs in various countries.”

Reflecting on a Career in Global Health

The most gratifying part of Dr. Wilson’s career has been seeing the sustainability of the programs he helped develop. Another best is seeing the accomplishments of program graduates. Case in point: He recently had the privilege of hosting one of the first Rwandan graduates, Dr. Vincent Cubaka, at his home in Colorado. Dr. Cubaka is currently working on his PhD at a Danish University in order to become a professor in Rwanda. He spent a week in Denver visiting with Dr. Wilson before traveling across the country giving presentations on his community health research in Rwanda.

“It’s so nice to see things come full circle. I remember choosing him for residency—I remember thinking, this guy has potential,” Dr. Wilson said. “He is one of the most capable doctors I have seen in many countries. He just naturally understands how to relate to a patient.”

As he reflected back on his career, Dr. Wilson was very clear about one thing: His accomplishments wouldn’t be possible without support. “It’s not me by myself,” he said. “My wife was with me this whole time, and very often she opened up some interesting contacts for us.”

He adds, “Wherever I was teaching, there was a whole team with me. I’m grateful for all the support.”
NOVEMBER 2015

LINKS TO ARTICLES ABOUT ACADEMIC MEDICINE

http://www.ucdenver.edu/academics/colleges/medicalschool/education/academy/Newsletter/academicmedicine/Pages/nov-15.aspx

A Diversity 3.0 Update: Are We Moving the Needle Enough?

A Narrative Review of High-Quality Literature on the Effects of Resident Duty Hours Reforms

An Observational Pre-Post Study of Re-Structuring Medicine Inpatient Teaching Service: Improved Continuity of Care within Constraint of 2011 Duty Hours

Course Offerings in the Fourth Year of Medical School: How U.S. Medical Schools Are Preparing Students for Internship

Does Making the Numerical Values of Verbal Anchors on a Rating Scale Available to Examiners Inflate Scores on a Long Case Examination?

Making Value-Based Payment Work for Academic Health Centers

On Being a Doctor: Our Family Secrets

On Being a Doctor: Shining a Light on the Dark Side

The Affordable Care Act: Who Will Write the Next Chapter?

The Merits and Challenges of Three-Year Medical School Curricula: Time for an Evidence-Based Discussion

Using the American Board of Surgery In-Training Examination to Predict Board Certification: A Cautionary Study

EVENTS

Unless otherwise indicated, register at http://som.ucdenver.edu/FacultyDevelopment/

Outpatient Teaching
November 30, 2015
1:00 p.m. to 2:30 p.m.
Karen Chacko, MD | Jennifer Adams, MD | Suzanne Brandenburg, MD
Nighthorse Campbell, Room 103
Inpatient Teaching
November 30, 2015
2:30 p.m. to 4:00 p.m.
Mel Anderson, MD
Nighthorse Campbell, Room 103

Cyborg Learners in Health Care Education
December 1, 2015
12:15 p.m. to 12:45 p.m.
Janet Corral, PhD
Webinar

Active Learning: 3 Easy Ways
December 2, 2015
12:15 p.m. to 12:45 p.m.
Janet Corral, PhD
Webinar

Adverse Clinical Events and the Second Victim
December 2, 2015
12:00 p.m. to 1:00 p.m.
Lauren Frey, MD
Nighthorse Campbell, Room 103

Developing Standardized Patient Cases for Teaching and Assessing Medical Learners
December 2, 2015
1:00 p.m. to 3:00 p.m.
Jenn Fisher, DNP, WHNP and Antonio Francesco, MFA
Nighthorse Campbell, Room 103

Active Learning for Residency
December 4, 2015
12:15 p.m. to 12:45 p.m.
Janet Corral, PhD
Webinar

Developing Standardized Patient Cases for Teaching and Assessing Medical Learners
December 9, 2015
1:00 p.m. to 3:00 p.m.
Jenn Fisher, DNP, WHNP and Antonio Francesco, MFA
Nighthorse Campbell, Room 204
Challenging Conversations and Contexts Round 1 – 12:05 p.m.
December 10, 2015
12:05 p.m. to 2:55 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103

Challenging Conversations and Contexts Round 2 - 2:50 p.m.
December 10, 2015
2:50 p.m. to 5:30 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103

Challenging Conversations and Contexts Round 1 – 12:05 p.m.
December 17, 2015
12:05 p.m. to 2:55 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103

Challenging Conversations and Contexts Round 2 - 2:50 p.m.
December 17, 2015
2:50 p.m. to 5:30 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103

Focus on Strengths
January 14, 2016
1:00 p.m. to 4:00 p.m.
David Clute, M.B.A.
Nighthorse Campbell, Room 103

2 Day- Relationship Centered Care: A Balint Approach
January 22, 2016
6:00 p.m. to 9:00 p.m.
Frank Dornfest, MD
Donald Nease, MD
Nighthorse Campbell - Shore Family Forum
and
January 23, 2016
9:00 a.m. to 3:00 p.m.
Frank Dornfest, MD
Donald Nease, MD
Nighthorse Campbell - Shore Family Forum