School of Medicine Educators Honored for Excellence

Three faculty members and one staff member were recently honored by the Academy of Medical Educators for cultivating and promoting excellence in teaching.

Excellence in Direct Teaching

The award for excellence in direct teaching was presented to Michael L. Fisher, MD, clinical professor in the Department of Medicine, Division of Cardiology, for teaching Cardiac Diagnostic Skills, an elective at St. Joseph’s Hospital. In the words of one of his nominators, “He is an incredibly skilled teacher, with years of experience under his belt, a wealth of humanism in his heart, and a sincere interest in every student who crosses his path. He believes that teaching is a skill to learn in itself and not something that necessarily comes naturally to all physicians. As a result, he is constantly working on his technique, updating his lesson plans and seeking out feedback from students. He is a wonderful role model for us all, and a teacher that none of us will forget!”

Excellence in Mentoring and Advising

Frank Scott, MD, associate professor, Department of Orthopedics, was honored for his excellence in mentoring and advising. The Academy received letters of support for his nomination from 21 students, residents and colleagues. In the words of one letter writer, “he is a compassionate, caring physician whose practice focuses on restoring functionality and stability to patients' hands. Each patient is different to him and he treats them as such, often remembering small details about their lives only mentioned in passing at prior visits. He truly listens to them. His patients notice this. His colleagues notice this. His learners notice this—and subsequently flock to him.”
Excellence in Educational Administration and Leadership

Kristina Oatis, coordinator of the Denver Health Longitudinal Integrated Clerkship, was honored for excellence in educational administration and leadership. This innovative course, the first of its kind at the School of Medicine, truly explored uncharted waters. In the words of the course director, “Kristina embraced the uncertainty and strived every day to innovate and find creative solutions that would meet the unique needs of students participating in this curriculum. She is an independent problem-solver and creative thinker who brings energy and enthusiasm to her work every day.”

Excellence in Curriculum Development and Educational Innovation

Jason C. Brainard, MD, assistant professor, Department of Anesthesiology, and Matthew Rustici, MD, assistant professor, Department of Pediatrics, received the award for excellence in curriculum development and educational innovation. Together they developed the Critical Care and Procedures elective, designed to instruct medical students in critical care procedures and situations they may not have been exposed to during rotations. Innovations included a model to practice thoracentesis and chest tubes using buckets, cloth and pork ribs, as well as games that forced students to use the same communication skills they would need in real-world resuscitations. In the words of one of their students, “These two weeks were hands down the BEST, highest-yield part of medical school for me. Every moment of curriculum was jam-packed with worthwhile student-centered learning.”

Please join us in congratulating the outstanding accomplishments of our faculty and staff.

***

New Faculty Inducted into Academy of Medical Educators

The Academy of Medical Educators inducted 18 new members on July 25, 2016. We congratulate the following educators for being recognized for their dedication to achieving excellence in academic medicine.

- Brian Bacak, MD, FAAFP, Family Medicine
- Heather Baer, MD, Physical Medicine and Rehabilitation (PMR)
- Scott De La Cruz, MD, MPH, Internal Medicine
- Maria (Gabby) Frank, MD, FACP, Internal Medicine
- Glenn Gravlee, MD, Anesthesiology
- Todd Guth, MD, Emergency Medicine
- Kimi Kondo, DO, FSIR, Radiology
- Lisa Lee, PhD, Cell and Developmental Biology
- Paul Mintken, PT, DPT, OCS, FAAOMPT, Physical Medicine and Rehabilitation
Faculty Honored for Professionalism During Matriculation Ceremony

Two School of Medicine faculty were honored on Aug. 12.

Maureen Garrity, PhD, associate professor, Department of Medicine, and associate dean, Department of Student Affairs, was recognized as a dedicated leader, advocate and mentor to students and colleagues. One letter of nomination states: “Dean Garrity is an exemplar of professionalism, with a longstanding record of dedication to the well-being of students.”

Wendy Madigosky, MD, associate professor, Department of Family Medicine and director, Foundations of Doctoring Curriculum, was recognized for her remarkable interprofessional professionalism. One letter of nomination states: “Her skills in working across the professions with respect, integrity and commitment to excellence have been recognized by School of Medicine faculty and administrators, as well as faculty and administrators within the College of Nursing, School of Pharmacy, Physical Therapy Program, CHA-PA Program, School of Dental Medicine and Anesthesiologist Assistant Program.”

Congratulations to both honorees, as well as all nominees for these distinguished awards.

***
**You’re Invited: A Toast to Diversity**

For Shanta Zimmer, MD, diversity is not about checking a box or meeting quotas. And it’s not something that only people from underrepresented backgrounds should care about. She believes diversity is about the achievement of excellence that only occurs when people from different backgrounds come together to reach a common goal. Here at the University of Colorado School of Medicine (CUSOM), creating a diverse culture takes us a step closer to becoming the best medical school in the country.

Just six weeks into her new role as Associate Dean for Diversity and Inclusion, Dr. Zimmer is convinced that the School of Medicine is well positioned to achieve this goal.

“The people here are committed to diversity and inclusion,” she said. “Even when they bring up concerns and problems, everyone I’ve met has been very optimistic that we can do better. I haven’t met anyone who has said ‘we can’t do that’—or, ‘I don’t want to do that.’”

**A Background in Diversity**
Dr. Zimmer’s interest in diversity and inclusion were strengthened while she served as residency program director for the Internal Medicine department at the University of Pittsburgh. While she came into this role with an interest in diversity—her own parents were a mixed race couple who served as her personal role models for social justice—seeing the system through the eyes of her residents helped her better understand how it felt to be the person in the room who was different.

“My minority house staff helped me realize that I needed to really listen to what their experience looked like,” she said. “There is a lot of satisfaction in learning that you can help other people be successful simply by listening to their experience.”

She also had the benefit of a chair who supported her efforts to bring different perspectives to the table. So when she learned about the position at CUSOM, she jumped at the opportunity to further delve into this work. “I became really excited about working with someone like Dr. Reilly, who has a clear vision of diversity.”

This isn’t Synchronized Swimming

For an institution performing ground-breaking research, training future physicians and providing exceptional clinical care, diversity of thought is necessary.

“I can’t think of any activity where diversity of thought doesn’t add value,” she said, adding with a laugh, “Except maybe synchronized swimming. And that’s not the kind of work we’re doing.”

“The main mission of any medical school had better be achieving better health. If you focus just on this mission, people from diverse backgrounds bring about conversations that allow us to better address health disparities. They help to remind those who don’t come from diverse backgrounds to ask better questions and be open to learning from our patients and colleagues.”

Dr. Zimmer also cites data demonstrating how studies authored by people from varied backgrounds tend to have a significant impact, which has been attributed to the differences in perspective.

Misconceptions About Race, Ethnicity and Beyond

Circumstances often define diversity during our day-to-day activities. As a woman in medicine, Dr. Zimmer is aware that sometimes she brings the element of diversity into a conversation. “In some specialties and circumstances, this element may be provided by a man,” she explains. “While most often we see diversity as metrics—race, ethnicity, sexual orientation—there are also circumstances in which a greater understanding comes from a person with a rural background or someone who is the first in their family to graduate from college.”

Fostering a culture that embraces diversity and seeks opportunity for inclusion is essential.
“Certainly having more diversity in terms of numbers helps your organization move forward, but what’s more important than the numbers is the sense of importance surrounding diversity—to really make sure we all agree diversity takes us another step toward excellence,” she said. “It’s not about filling a deficit and it’s not something that is a problem. It’s about being the best—it’s about having a diverse population with diverse ideas in an environment and community that supports differences of thought.”

Moving Forward

Understanding what’s already happening on campus related to diversity and inclusion has been Dr. Zimmer’s first priority.

“My office is charged with enhancing diversity in recruitment and retention and increasing success in this area at all levels,” she said. “I’m meeting with people who are already doing this type of work and finding ways our office can support their efforts and help build their communities.”

Dr. Zimmer is thrilled with the support she’s received from all levels of the university. “Given the position is full time—double the previously allocated effort—we clearly have the support of leadership. And the faculty, staff and students I’ve met have been so encouraging.”

Invisible No More

A recent event on campus highlighted the need for greater understanding surrounding diversity. The forum was focused on solidarity, and while it wasn’t as heavily attended as she would have liked, it underscored the need for making diversity a priority.

“People shared their own experiences on campus, and I kept hearing how minorities on campus felt invisible. The idea that people of color walk around our campus or come through our hospital doors and feel invisible—it’s something we as a community of physicians need to address. If you can’t feel visible at an institution dedicated to the health of all, something’s wrong,” she said.

“That’s why I’m so happy to be in this role. I want people to know, we see you. I see you. You are important.”

Shanta Zimmer, MD, is an infectious disease physician whose academic career began at Emory University. Most recently she served as vice chair of education for the Department of Medicine and the Internal Medicine Residency Program Director at the University of Pittsburgh. Learn more about the Office of Diversity and Inclusion.
Top Tips for Selecting an App for Health Professions Education

By Janet Corral, Helen Macfarlane and Michele Doucette

Mobile or web-based apps hold much promise for health professions education. However, faculty are often surprised at how many considerations are involved with being successful at adopting an app and integrating it into learning experiences.

**Administrative Tips**

As you review and select an app, consider the following:

1. **Encryption and security appropriateness for health professions contexts (HIPAA and FERPA).** If used in clinical settings or if the app has learner data, the app must be reviewed for HIPAA and FERPA compliance.
   - The Office of Information Technology will review and approve apps. You can submit a request through the OIT Help Desk at 303-724-4357.
   - If you will be keeping medical student data, you will also need to complete the Student Data Warehouse Confidential Data record. Contact Helen Macfarlane.

2. **Cost.**
   - Does the University of Colorado already host or have access to an app that does what you need? Contact Academic Technologies, CU Online help desk or instructional designers in your program.
   - Is it free? Often if an app is free, you (and your data) are the product the app may sell to other parties.
   - Is there a long-term cost? Consider the time and resources you will need to sustain interest in the app, to adapt it to a changing curriculum and to optimize its use in student or resident instruction. Be sure you have the funds to cover the app’s use over multiple years. Innovations in education often take several years before their use is “easy” for the faculty and for the learners.

3. **Integration with the learning management system (LMS).**
   - The centrally supported LMS on campus is Instructure Canvas. Canvas was designed for integration, allowing you to add apps to your existing digital curriculum. You can see a number of apps ready for integration with Canvas.
   - If you are looking for an app for an MD course, Michele Doucette, assistant dean of The Office of Integrated Curriculum, and Helen Macfarlane, director of the Office of Educational Technology, would be pleased to assist with a review of apps, plan electronic integration with Canvas, and design curricular integration with existing MD program content.

4. **Plan ahead.**
   - Give IT 4-8 weeks to adopt and integrate a new tool. Longer timelines may be needed if the tool needs to be reviewed for security compliance or purchased for educational use.
• Evaluating the effectiveness of the app in education may require IRB approval prior to using the app with learners.

Assessing an App’s Educational Value

Faculty should also assess the depth of educational engagement the app provides. For example:

• Does the app replace a knowledge-level resource (e.g., an app that has the same content as a textbook)?
• Does the app allow learners to practice (e.g., practice lab experiments or manipulate anatomy in 3D on a screen)?
• Does the app allow learners to apply and synthesize information (e.g., virtual patient cases to practice diagnostic reasoning)?

To date, there are no peer-reviewed lists of apps for health professions education. Many sites exist that provide single-person reviews of the utility of an app to a specific career or learning objective. These reviews should always be taken in conjunction with the considerations listed above so that faculty are compliant with HIPAA and FERPA concerns.

FAQs

How Do I Prepare a Dossier for Promotion or Tenure?

Almost every discussion of promotion and tenure begins with the word “dossier.” Indeed, all candidates for promotion and tenure at the University of Colorado School of Medicine must prepare a comprehensive dossier before promotion or tenure can be considered.

What is a dossier?

According to various dictionaries, a dossier is “a file containing detailed records on a particular person or subject.” A dossier may also be defined as “the accumulation of records, reports, miscellaneous pertinent data and documents bearing on an individual’s subject of study or investigations.”

A dossier is more complicated than a simple curriculum vitae; in fact, the CV is just one component of a complete promotion dossier. Dossiers also include internal and external letters of reference, promotion matrix tables and learner evaluations. Most importantly, dossiers also include carefully written narratives that explain the faculty member’s activities, effectiveness and accomplishments as a clinician, educator or scholar.

All dossiers are submitted electronically, using ByCommittee®, an electronic submission and routing platform. For more information about the content and organization of dossiers, please see the Guide to Building a Dossier for Promotion and Tenure.

When should dossier preparation begin?
Ideally, you should begin to prepare your dossier during your second or third year as Assistant Professor. Dossiers are unwieldy documents; preparation requires time and is dependent upon careful documentation of your teaching, research, service and clinical activities over several years. Dossier preparation is, therefore, a continuous process. Preparation should begin early, with guidance provided by your chair and mentors.

**When should dossiers be reviewed? By whom?**

Your dossier, even in its earliest stages, should be reviewed periodically by your mentor(s). Also, you should ask your department chair, division head or other academic supervisor to review your promotion dossier periodically, more frequently as you near promotion. **Assistant professors, please note: Your draft promotion dossier must be presented and reviewed during your mid-course comprehensive review that takes place during your third or fourth year in rank.**

**What are the deadlines for submission of dossiers?**

The deadline for submission of all dossiers (appointments, promotions and tenure awards) to the Office of Faculty Affairs is December 31st of each year. However, each department has an earlier deadline for submission of dossiers for review by the Departmental Advisory (Promotion and Tenure Review) Committee; these deadlines vary by department.

**How long should my dossier be?**

Ideally, your entire promotion or tenure dossier will not exceed 100 pages, excluding your curriculum vitae and your internal and external letters of reference. You should exceed this limit only if you feel that a more extensive dossier is necessary to ensure adequate consideration and evaluation of your accomplishments.

**How is a dossier organized?**

In addition to your CV and letters of reference, your dossier will include separate *portfolios* that summarize your work in teaching, clinical care, and research or scholarship, as appropriate. Each portfolio, in turn, will include three components: 1) your teaching, research or scholarship and clinical narratives; 2) your personalized “promotion matrix tables;” and 3) teaching evaluations, letters of commendation or other relevant supporting documents.

**How long should each narrative be?**

---

1 According to the Laws of the Regents and the Rules of the School of Medicine, each Assistant Professor must undergo a comprehensive academic review in the third or fourth year in rank. The comprehensive review should resemble a “mock” promotion or tenure review and should include a detailed evaluation of the faculty member's promotion dossier, which must be prepared by the faculty member. Following the mid-course review, a written evaluation must be provided to the faculty member; this evaluation must comment on areas of strength and areas needing improvement and provide an overall assessment of the faculty member’s progress toward promotion or tenure.
Each candidate for promotion or tenure must provide a narrative summary of his or her accomplishments in teaching, research or scholarship and clinical practice or service. While there is no minimum or maximum length for your narratives, we suggest preparing succinct narratives (which may include full paragraphs, charts or bulleted lists) of 3-6 pages for each area. In each area, your narrative should focus specifically on the scope of your activities, your accomplishments and successes, and the impact and importance of your work. Be sure to include a description of each of the activities and accomplishments that you have listed in your personalized promotion matrix. Provide links to all supporting documentation (such as curricula, journal publications, policy papers or other relevant products of scholarship). For more information about preparing narratives, please refer to later sections of the Guide to Building a Dossier for Promotion and Tenure. Also, consider attending a Promotion 101 workshop, which focuses on dossier preparation (http://som.ucdenver.edu).

Are there documents that should not be included in my dossier?

You should not include reprints of original articles or course syllabi. Instead, you can include links to these documents. If you have questions about how to create links from PubMed for your publications, please contact the Health Sciences Library. Try to limit the number of letters and emails from colleagues, patients, trainees and others, including only those that are substantive. Also, it is usually not helpful to include announcements of your lectures, slides prepared for your lectures, meeting agendas or copies of awards.

How will I know when my dossier has been reviewed?

Once your dossier has been reviewed by the Faculty Promotions Committee, your department will be notified of the outcome of the review. Your department should then provide this information to you. After approval by the Faculty Promotions Committee, all promotion recommendations are forwarded to the School of Medicine Executive Committee and then to the Chancellor’s Office for final approval. Tenure awards are also subject to approval by the Board of Regents.

EVENTS

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

Teaching Procedures
August 18, 2016
1:00 p.m. to 3:00 p.m.
Matt Rustici, MD and Kristina Tocce, MD, MPH
AO1, Room 4101

Learning Styles
August 24, 2016
AUGUST 2016

1:00 p.m. to 2:30 p.m.
Suzanne Brandenburg, MD, FACP
AO1, Room 6101

Giving Effective Feedback
Sept. 9, 2016
9:00 a.m. to 10:30 a.m.
Multiple Presenters
Location TBD

Teach, Learn, Guide - Using Learning Theory to Give a Killer Talk
Sept. 14, 2016
10:00 a.m. to Noon
Dennis Boyle, MD
Location TBD

Flipped Classrooms - Examples and Tools
Sept. 15, 2016
12:15 p.m. to 12:45 p.m.
Janet Corral, PhD
Webinar

Promotion 101 for Clinician-Educators
Sept. 15, 2016
4:00 p.m. to 5:00 p.m.
Steven Lowenstein, MD, MPH
Ed 2 North, 1206

Herding Cats Leadership Workshop
Sept. 27, 2016
8:00 a.m. to Noon
Kari Granger, PCC
Fulginiti - Gossard Forum

Active Learning - 3 Easy Ways
Sept. 29, 2016
12:15 p.m. to 12:45 p.m.
Janet Corral, PhD
Webinar

Promotion 101 for Research-Intensive Faculty
October 6, 2016
4:00 p.m. to 5:00 p.m.
Steven Lowenstein, MD, MPH
Ed 2 North, 1206
A Framework for Understanding Lapses in Professionalism Among Medical Students: Applying the Theory of Planned Behavior to Fitness to Practice Cases

A Multidisciplinary Housestaff-Led Initiative to Safely Reduce Daily Laboratory Testing

A Randomized Controlled Trial of Mentoring Interventions for Underrepresented Minorities

Accelerating Medical Education: A Survey of Deans and Program Directors

Addressing Authorship Issues Prospectively: A Heuristic Approach

Advancement of Women in the Biomedical Workforce: Insights for Success

After the "Doc Fix": Implications of Medicare Physician Payment Reform for Academic Medicine

Blueprint for an Undergraduate Primary Care Curriculum

Charting a Key Competency Domain: Understanding Resident Physician Interprofessional Collaboration (IPC) Skills

From Impairment to Empowerment: A Longitudinal Medical School Curriculum on Disabilities

Race-Conscious Professionalism and African American Representation in Academic Medicine

Recognizing Privilege and Bias: An Interactive Exercise to Expand Health Care Providers’ Personal Awareness

Sexual Harassment and Discrimination Experiences of Academic Medical Faculty

The Culture of Academic Medicine: Faculty Behaviors Impacting the Learning Environment

U.S. Medical Schools' Compliance With the Americans With Disabilities Act: Findings From a National Study