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NEWS

Bringing Residents Back to the Anatomy Lab

Residents are going back to the cadaver lab, thanks to an innovative program led by Danielle Royer, PhD, assistant professor of Cell and Developmental Biology. Royer, along with anesthesiologist Adrian Hendrickse, MD, created a program that gives Anesthesia residents in the Acute Pain Service a chance to hone their skills using a specially dissected cadaver.

“The residents haven’t been exposed to gross anatomy since the beginning of their studies,” said Royer. “Dr. Hendrickse and I started talking about how an exercise in applied anatomy would give greater context to the landmarks they look for on scans.”

At this point in their training, the residents are experienced in using ultrasound to guide nerve block placements. They know which landmarks they need to see prior to placing the needle. “This stage of their training has been focused on the ‘how’ but not necessarily the ‘why.’ They know they need to see the first rib. By revisiting the cadaver, they are able to see how the first rib protects the lung, giving context to how each part of the body interacts.”

Attendings have appreciated having a chance to enhance the training they provide. “The attendings who come through have worked with these residents before. They’re able to say to residents, ‘I noticed you have a tendency to point the needle this way, and you can see here on the cadaver how that needs to be corrected,’” she said.

Thus far, seven residents, a fellow, and a student nurse anesthetist have been through the program. Each small group session was jointly led by an attending and anatomist. Though the program is new, Royer and Dr. Hendrickse are already seeing it as a success. “The entire group was in awe by how it all came together. After the first session, it was clear that we were on to something worthwhile,” she said.
Royer hopes to see if a return to basic sciences in the later years of training becomes a trend.

“Medical education has done a good job of integrating clinical sciences into the first couple of years to give important context to the basic sciences,” she said. “But there hasn’t been a lot of vertical movement of the basic sciences back up. We think this program could be a powerful model of the value of further integration.”

The program also represents a collaboration with the master’s students in the Modern Human Anatomy program, which Royer helps to oversee. Her students were hired to prepare the cadaver for the anesthesia residents. “Our students are very skilled,” she said. “We are an underutilized resource, and we hope to find new ways to collaborate with other programs on campus in the future.”

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**Jennifer Adams, MD, Receives the Dr. Debasish Mridha Spirit of Medicine Award**

The Board of Directors of the American Medical Association (AMA) Foundation has named Jennifer Adams, MD as a recipient of the 2017 Excellence in Medicine Awards. The awards honor physicians who represent the values of altruism, compassion and dedication to patient care.

Dr. Adams will be honored during an awards ceremony at the American Medical Association’s Annual Meeting on June 9, 2017. The AMA Foundation will be granting $2,500 to the School of Medicine. Dr. Adams is a member of the Division of General Internal Medicine in the Department of Medicine, Director of the Denver Health Longitudinal Integrated Clerkship, and a member of the Academy of Medical Educators.

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**3rd Annual Research-Intensive Junior Faculty Retreat to be Held Friday June 2, 2017 in Krugman Hall**

*By Arthur Gutierrez-Hartmann*

This year’s Junior Faculty Retreat will focus on key aspects of departmental and university-wide promotions and tenure issues. It will also include mock promotions review forums at the event’s conclusion. The decision to focus on this area was in response to the Climate Survey and consistent feedback received from previous retreats.

*Workshop 1: Promotions and Tenure Issues (8:00 AM-9:30 AM)*
Junior faculty will gain a better understanding of the relationship to and process of departmental and SOM promotions committees, including the recurring issues that become major impediments to promotion.

**Workshop 2: Case Reviews (9:30 AM-10:30 AM)**

Junior faculty will receive brief vignettes that will help underscore frequently asked promotions questions, such as: What constitutes “research excellence?” What constitutes sufficient “teaching” for PhDs in a clinical department? When does the promotions/tenure clock start? Can faculty temporarily stop the promotions clock for medical, personal or career issues?

**Workshop 3: Mock Promotions Committee Review (11:00 AM-12:00 PM)**

The mock promotions committee exercise will help junior faculty better understand and better prepare for the promotions process.

**Roundtables**

Lunch will be provided, and faculty members will have an opportunity to ask further questions.

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**Congratulations to the New Members of the Academy of Medical Educators**

The Academy of Medical Educators recently welcomed new members, chosen for their excellence in education and their commitment to the mission of the Academy.

- Jennifer Whitfield Bellows, MD, MPH, Emergency Medicine
- Maryam Guiahi, MD, MSc, Obstetrics & Gynecology
- Christine E. Waasdorp Hurtado, MD, MSCS, FAAP, Pediatrics
- Jay Lemery, MD, Emergency Medicine
- Mark R. Nehler, MD, Surgery
- Prem S. Subramanian, MD, PhD, Ophthalmology
- Molly E.W. Thiessen, MD, Emergency Medicine
- Eric Young, MD, Medicine

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**Small Grants Program Recipients Announced**

The Academy of Medical Educators recently provided five small grants that support efforts to create, implement and evaluate innovative medical education programs. 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 recipients:

- Debnath Chatterjee, MD – Pediatric Anesthesia "Just-in Time" Training Using Video Podcasts ($2,000)
- Janet Corral, PhD – Just-in-Time Coaching System to Maintain High Quality Teaching in Small Groups in the MD Program ($4,880)
- Michael Kriss, MD; Ruhail Kohli, MD – Simulation-based Training of Balloon-Tamponade Tube Placement for the Treatment of Variceal Hemorrhage: Utilization of a Mastery Learning Model for Low Volume Procedural Training ($2,317.48)
- Danielle Royer, PhD (Co-PIs: Janet Corral and Maureen Stabio) – A Framework for Mobile App Appraisal for Use in Health Professions Learning ($1,420)
- Scott A. Simpson, MD, MPH; Melanie Rylander, MD – Video-based curriculum for teaching verbal de-escalation and personal safety skills ($3,474.88)

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Meet the Newly Inducted Members of the Resident and Fellow Chapter of the Gold Humanism Honor Society

The Gold Humanism Honor Society (GHHS) inspires and promotes the tenets of integrity, excellence, compassion, altruism, respect and empathy. The following inductees were nominated by their peers for their commitment to the principles of the GHHS:

GHHS Newly Inducted

- Benjamin Abrams, Anesthesiology
- Andrew Berry, Internal Medicine
- Alonso Carrasco Jr., Pediatric Urology
- Christopher Chen, Orthopedic Surgery
- Emily Corcoran, Family Medicine
- Stephanie Cowherd, Physical Medicine and Rehabilitation
- Brendan Dewan, Cardiothoracic Surgery
- Daniel Ehrmann, Pediatrics
- Miranda Farmer, Internal Medicine
- Nigel George, Emergency Medicine
- Lyndsey Graber, Anesthesiology
- Jeff Graham, Pediatrics
- Bethany Graham, Psychiatry
- Denise Hasson, Pediatrics
- Sarah Hilton, General Surgery
- Maggie Hodges, General Surgery
- Jeremy Hua, Internal Medicine
- Abir Hussein, Internal Medicine
- Supriya Jain, Radiation Oncology
- Ryan Kammeyer, Pediatrics and Child Neurology
- Amarpeet Kaur, Internal Medicine
- Julia Kreger, Dermatology
- Catherine McClure, Pediatrics
- Lauren McLaughlin, Anesthesiology
- Lindsay McMillian, Pediatric Anesthesiology
- Ryan O’Leary, Dermatology
- Alessandro Paniccia, General Surgery
- Travis Peveto, Family Medicine
- Clare Prohaska, Internal Medicine
- Andrew Prouse, Cardiology
- Sai Anandi Ramaswami, Internal Medicine
- Jessica Rice, Internal Medicine
- Michael Ritchie, Internal Medicine
- Tyler Robin, Radiation Oncology
- Christina Rodriguez, Maternal Fetal Medicine
PROFILE

Building a Personalized Medicine Program
Kathleen Barnes, PhD, came to the study of personalized medicine before its name was ever coined. She started her career in medicine as a nurse, then went on to earn a PhD in biomedical anthropology, where she examined how environment and culture impacted the biology of individuals. She completed a post-doctoral fellowship at Johns Hopkins in immunogenetics, where she then worked for 23 years as a researcher examining the genetics of complex lung disease and other immunological diseases.

“It was an exciting field, and we were on the cutting edge,” she said. “But I began feeling limited because we only focused on a particular disease and a particular set of genes.”

She visited CU when the university had just started creating a vision for using “big data” as a path to personalized medicine. After a series of visits, she was asked to lead the Colorado Center for Personalized Medicine and build it from the ground up.

For Barnes, the choice to come to CU was easy.
“There are points of excellence here at CU that don’t exist at other institutions,” she explains. “The geographic and demographic diversity alone was of interest to me as a researcher. But there are also exciting changes all across campus. There is an influx of new ideas and new talents that I wanted to be part of.”

She began her tenure at CU in 2015. Her first order of business was building out all the parts that make a center, a center. “After being at Johns Hopkins for so long, it was a steep learning curve to come to CU and learn the organizational structure and get to know the leadership,” she admits. Yet within the first year, she created a biobank and established a data infrastructure.

“My job was made a lot easier by CU’s existing health data warehouse,” she said. “We had immediate access to data from 5 million patients.”

Barnes was also responsible for building a team. She recruited from existing campus talent, but because the program was so new, needed to recruit from outside the university. “We’ve brought in top talent from major academic institutions. There’s a challenge in building something from scratch, but the upside is a lot of people want to be part of this growing operation in particular. It’s not hard to recruit people to come to Denver.”

Now that the infrastructure and teams are in place, Barnes is focusing on how to better recruit patients to participate in the program. “Right now we’re only recruiting about 40% of potential participants, and we know other institutions have rates around 80-85%.” She is now working to strengthen relationships between the center and university partners.

Barnes believes the true value of this program is its agnostic approach to disease. While she’s still passionate about her lung disease research, she’s thrilled to be a part of this movement at CU. “We’re looking at genetic data that will influence both rare and common diseases,” she said. “The people who participate in the biobank are giving our researchers a tremendous opportunity to use genetic data to influence what we know about rare and common diseases. When we translate these discoveries into clinical settings, we will truly make a big impact on outcomes,” she said.

“It’s an exciting time to be at CU.”

TEACHING TIPS

How to Find a Mentor

The following article is republished with permission from a previous publication by the Office of Faculty Affairs titled, Behind Every Great Star: A Mentoring Guide for School of Medicine Faculty and Administrators.

Mentoring is an important element of academic success. Among medical school faculty, mentoring is associated with improved confidence in academic roles and skills\(^1\) and higher likelihood of promotion.\(^2\)
Strong mentoring relationships are positively associated with career satisfaction, promotion, research grants, publications and other measures of academic productivity. Junior faculty especially, those who have mentors are more confident, enthusiastic and successful in their jobs.

How to Find a Mentor

1. **Begin by identifying what you need and want from your mentor.** You may need assistance with a project or research proposal, your teaching or clinical skills, general career guidance, work-life balance, managing conflicts or leadership training, among others. To identify a mentor, you need to be aware of your needs and goals first and seek people who might be able to help you attain them. Observe senior faculty members in laboratory, clinical, classroom and conference settings—even during meetings. Select someone whose interests and goals match your own. Look for someone who is a role model for the kind of academic physician, teacher, scientist or administrative leader that you want to become. Keep in mind, most of us will need more than one mentor in order to meet all of our career goals.

2. **Look for mentors inside and outside your department or division.** Getting input from someone who understands your department and its goals, and who can advocate for you, may be vital to your success. At the same time, an external mentor—whether outside your department or even outside your institution—can provide a fresh and valuable perspective. Attend talks, research presentations, meetings or other opportunities that allow you to meet people with similar interests. You’ll be surprised at how flattered people are that you care about their work or interests.

3. **Look for mentors with the 3 Cs- Competence, Confidence and Commitment.**
   - **Competence:** Effective mentors have professional knowledge and experience in the field or area of your interest. They have generally achieved what you are hoping to accomplish. They are respected and use excellent interpersonal and communication skills with you and others.
   - **Confidence:** Effective mentors are confident in themselves and what they have achieved. They share contacts and connections. They share credit and give resources if they have them. They allow you to develop your own skills and path and are happy in your personal successes.
   - **Commitment:** Good mentors are committed to your success. They help you and also challenge you. They are available when needed and step back when they are not, but they are there for you.

4. **Look for someone who is a good “fit.”** You are developing a relationship with your mentor, one that will hopefully last for many years. Treat it as such. Is this someone who you can get along with? Is this a person who has similar work habits and patterns, or will your last minute emails
drive him crazy? Do you only communicate via email, and she loves the phone? Get to know your prospective mentor a bit before you dive in.

Once you have a mentor, there are some pitfalls that may arise. Read this short article for more tips on how to make your mentoring relationship work: http://www.jgme.org/doi/abs/10.4300/JGME-D-11-00304.1. For additional mentoring tips, and an outline of your responsibilities as a good mentee, refer to Beyond Every Great Star: A Mentoring Guide for School of Medicine Faculty Members and Administrators.

FAQs

Does the School of Medicine Recognize Team Science For Promotion and Tenure?

The answer is, unequivocally, “Yes.” The School of Medicine (SOM) recognizes that team-based, collaborative science is essential to solving an array of challenging, multifaceted health problems. In fact, as pointed out in the 2010 NIH Report, Collaboration and Team Science: A Field Guide, team science has become the “primary mode of research for many scientists and physicians.”

Inter-disciplinary and team science are highly valued by the SOM and are recognized when promotion and tenure decisions are made. According to the SOM Rules: The School of Medicine recognizes the importance of inter-disciplinary science and the need for collaboration among investigators. Therefore, as recommended by the National Academy of Science, the School of Medicine defines an “independent investigator” as one who demonstrates “independence of thought”—that is, one who has defined a problem of interest, who has chosen or developed the best strategies and approaches to address that problem and who has contributed distinct intellectual expertise.

Team science is also recognized explicitly within the SOM Promotion Matrix. This is the document that promotion and tenure review committees, including the SOM Faculty Promotions Committee, use to judge whether a faculty member has achieved “excellence” in research (or other areas). The Matrix includes the following as one example of excellence in research: Demonstration of significant independent intellectual contributions to successful research programs.

I am a team scientist. How can I document my “independent intellectual contributions to successful research programs”?

Guidance is provided in the “Investigator’s Portfolio” section of the current Guide to Building a Dossier for Promotion or Tenure. If you are seeking promotion or tenure based on research excellence, you are required to submit a 4–6 page Research Narrative. Typically, the narrative highlights your research focus and key discoveries or insights; usually, the narrative will include an “annotated bibliography,” which explains the importance and impact of your “top” published papers. The Research Narrative is particularly important if your research is multi-disciplinary and if your publications and other
accomplishments reflect the work of multi-disciplinary teams. You should use your narrative to clarify the contributions that you have made to multi-author publications and co-PI and co-investigator grants. In your narrative, be specific about your “intellectual contributions” (for example, the manner in which you defined the research objectives, led the research efforts, interpreted the results or shaped the overall research program). Ideally, your dossier will also include other supporting evidence, such as letters from the Principal Investigators or research group heads with whom you have collaborated, outlining in detail your specific contributions and the unique skills that you brought to the team. For multi-authored papers, letters from the first- or senior-authors may also provide evidence of your specific contributions. The overall objective is to convey clearly and concisely to the SOM Faculty Promotions Committee the importance, significance and broad impact of your cumulative, “independent” research contributions.

EVENTS

Unless otherwise indicated, register at https://som.ucdenver.edu/Events

**Junior Faculty Career Promotion Retreat**

June 2, 2017
8:00 AM to 1:30 PM
Anschutz Medical Campus, Krugman Hall, RC2
TBD

**Challenging Conversations and Contexts**

June 22, 2017
12:00 PM to 3:00 PM
Ed 1, Room 4103
Kirsten Broadfoot, PhD

LINKS TO ARTICLES ABOUT ACADEMIC MEDICINE

http://www.ucdenver.edu/academics/colleges/medicalschool/education/academy/Newsletter/academicmedicine/Pages/may-17.aspx

- A Place To Start
- Competency Milestones for Medical Students: Design, Implementation, and Analysis at One Medical School
- Designing a National Longitudinal Faculty Development Curriculum Focused on Educational Scholarship: Process, Outcomes, and Lessons Learned
- Faculty Development for Medical School Community-Based Faculty: A Council of Academic Family Medicine Educational Research Alliance Study Exploring Institutional Requirements and Challenges

- Faculty Experience and Engagement in a Longitudinal Integrated Clerkship

- Journal Watch From ACE (Alliance for Clinical Education): Annual Review of Medical Education Articles in Internal Medicine Journals, 2014-2015

- Self-Observation and Peer Feedback as a Faculty Development Approach for Problem-Based Learning Tutors: A Program Evaluation

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1 Wingard, Acad Med 2004; 79(10 suppl): S9-11
3 Sambunjak, JAMA 2006; 296:1103-1115
4 Behind every great star: A mentoring guide for School of Medicine faculty and administrators.