

## Volume 4, Issue 1

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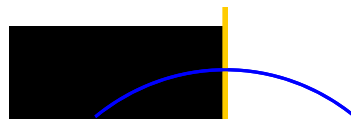
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### Faculty Affairs Webpage:

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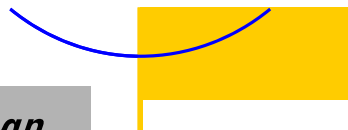
### Women in Medicine Webpage:

[www.uchsc.edu/sm/wim](http://www.uchsc.edu/sm/wim)



# Faculty Success Newsletter

## Winter 2009/2010



## Letter from the Dean

Dear Colleagues,

At one of the recent "Dialogue with the Dean" meetings I had with some of our faculty, a couple of issues came up that I thought I would recount here, since they may affect many of you.

A senior tenured faculty member, who had been here for some time, noted that he felt "stuck" in the sense that he had not been successful in getting NIH support in the last several years, and that as a PhD in a clinical department, he really had few options left to support his salary, which had been reduced to

the base. There were other senior faculty members in the meeting, and we talked about what the options were when situations like this came about. Among the suggestions were getting involved with departmental, School or University committees. Among the many committees that need faculty involvement are: COMIRB; the School of Medicine and departmental faculty promotions committees, the School of Medicine admissions committee, the Faculty Senate and the University Faculty Council. Contact information for these committees is provided in the table.

*(Continues on page 2)*

## Faculty FAQs

### Q: What is the faculty tuition benefit?

A: University of Colorado faculty and staff members are eligible for up to nine semester hours of tuition credit per fiscal year; courses can be taken at any CU campus. Full-time employees (classified or unclassified staff, professional exempt employees, administrative officers or faculty at the rank of Instructor or above) may receive the full benefit.

All continuing and professional education programs (for example, the Extended Studies, Executive and 11-month MBA programs) are excluded from the tuition benefit. The 9-hour limit is prorated based on the percentage of appointment, and the courses must be job-related or career-enhancing in order to qualify for the benefit. Employees can register for classes on a space-available basis, after non-employee students have registered. For more information about the tuition benefit, go to: <http://administration.ucdenver.edu/admin/hr/tuition/>.

The Colorado Springs campus (UCCS) is

piloting a program that would extend this tuition benefit to immediate family members. The expanded tuition benefit was established to help UCCS in recruitment and retention of faculty and staff. The expanded program allows a faculty member to transfer his or her unused tuition assistance benefit (still limited to 9 credit hours per year) to an immediate family member for undergraduate work.

During 2008-2009, the first year of the two-year pilot program, 14 dependents took advantage of the benefit for a total of 108 credit hours. This year, 20 dependents are enrolled for a total of 122 credits. Participants are eligible after a full year of employment.

Based on the success of the UCCS pilot program, the Regents may be asked to consider expanding the tuition assistance benefit to the other campuses. For more information regarding the UCCS pilot tuition assistance program, go to: <http://www.uccs.edu/~hr/web/advantagesbenefits/tuitionwaiver.html>.

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## Letter from the Dean (cont.)

(Continued from page 1)

There are also numerous teaching opportunities in our new medical student curriculum. Faculty teachers are needed to lead small groups in the basic science and clinical blocks. Clinical preceptors are needed for Foundations of Doctoring. There are additional opportunities to teach in the “threads,” which include “Culturally Effective Medicine,” “Humanities, Ethics and Professionalism,” “Informatics and Evidence-Based Medicine,” and “Medicine and Society.” Mentors, seminar leaders and lecturers are needed in several longitudinal tracks, such as global health, women’s health, rural medicine and the LEADS (Leadership, Education, Advocacy, Development and Scholarship) programs. Finally, in what may be the most readily available, all of our medical students now have a requirement for Mentored Scholarly Activity. We could potentially use nearly 500 faculty for the MSA program alone. For more information about all these teaching opportunities, a comprehensive document, “Undergraduate Medical Educators Teaching Opportunities,” is now available at: <http://www.uchsc.edu/som/faculty>.

With warm regards,



Richard D. Krugman, MD  
Vice Chancellor for Health Affairs

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<i>Admissions Committee</i>	Robert Winn, M.D. ( <a href="mailto:Robert.Winn@UCDenver.edu">Robert.Winn@UCDenver.edu</a> )
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## Faculty FAQs (cont.)

(Continued from page 1)

**Q: What is the Research Professor Series and who is eligible?**

A: The research professor series was established by Regental action in June, 1985. From the very beginning the SOM was exempted, because research faculty were covered by the “Research Specialty Track.” The SOM eliminated all specialty tracks in 1997, and the research professor series was formally adopted in 2004.

*Who is eligible?* The research professor series was designed for faculty members who have limited teaching and service responsibilities and whose primary duties are to conduct research. The following

titles are available: Research professor; associate research professor; assistant research professor; senior research instructor; and research instructor.

*What are the appointment and promotion policies?*

- Faculty in the research professor series are at-will employees, in accordance with state law. They have limited involvement in instructional programs and will be supported only by non-state funds. Research faculty members are eligible for benefits but not tenure or sabbaticals.
- Annual performance reviews are required, just as for regular faculty.
- Positions in the research professor series and regular tenure-eligible fac-

ulty series are not interchangeable. Faculty members holding regular appointments may be re-assigned to the research professor series only if agreed to by the faculty member and the department chair.

- The promotion criteria matrix (<http://www.uchsc.edu/som/faculty/CriteriaMatrixRev2007.pdf>) will be used to guide faculty members, department chairs and evaluation committees in determining whether faculty members meet the criteria for appointment and advancement in the research professor series.
- Faculty in the this series may be independent or collaborative investigators. They may be serving as senior investigators with independent fund-

(Continued on page 8)

## Faculty Development

### The Academy of Medical Educators: A New Program to Advance the Educational Missions of the School of Medicine Eva Aagaard, MD, Director of the Academy of Medical Educators

It is no secret that medical schools have undergone fundamental changes over the past ten years. Much has been written about the changing business environment --- especially how medical school faculty members must provide more and more of their support through competitive research grants or increased clinical earnings. But the last decade has also seen renewed attention to how we teach and how we measure learning and competencies. At all levels of training, from medical students to continuing medical education, medical schools are re-examining what they teach, how they teach it and whether or not it works. Medical schools are charged with developing innovative, interactive and problem-focused curricula. Residency and fellowship programs are tasked with creating educational learning experiences that are not constrained by service requirements, that promote patient safety and that respect work-hour restrictions, creating both challenges and opportunities in professional education.<sup>1-5</sup> Continuing medical education can no longer rest on passive learning strategies, but now must demonstrate the ability to change physician practice patterns and patient outcomes.

Across the spectrum of undergraduate, graduate and continuing medical education, scores of new training and competency requirements are in place. But what is still needed is a strong system of resources and programs to support faculty members in their roles as educators. Medical schools increasingly must establish an academic environment that enhances the skills and status of teachers, promotes and rewards teaching excellence, fosters curricular innovation and enhances scholarship in medical education. Recently published data from the School of Medicine (SOM) demonstrate significant concerns among faculty educators.<sup>6</sup> Faculty members participating in a comprehensive survey cited inadequate support and mentoring for educators, as well as a lack of sense of "community" among educators.

The Academy of Medical Educators seeks to address these important issues. This program, supported by the Dean's Academic Enrichment Fund, the Office of Graduate Medical Education and private donor funds, is modeled after similar programs across the country. Academies have been developed at 18 outstanding institutions across the country.<sup>7,8</sup> In addition, the UK has developed a national Academy.<sup>9</sup> Early evidence suggests that Academies have had a major impact on the recognition of teaching efforts by faculty, fueled curricular reform, promoted educational research and garnered new resources to support teaching.<sup>10,11</sup>

The University of Colorado Academy of Medical Educators has focused its early efforts on developing and implementing new and sustainable faculty development opportunities to enhance the core teaching and educational skills of all faculty and trainees at the SOM and its affiliated institutions. You may have noticed recent advertisements for faculty development workshops on teaching and educational skills. These will be offered throughout the year. The Academy also plans to travel to remote sites to deliver workshops that meet the needs of our dedicated volunteer clinical faculty. The Academy is also developing a series of online modules to foster faculty skill-building in such areas as "Teaching and Learning in Clinical Settings," "Giving Effective Feedback" and "Medical Student Assessment in Clinical Settings." Two of these modules are already available on Blackboard. For more on these courses, visit the Faculty Development Seminar Series link on the Office of Faculty Affairs web site at [www.uchsc.edu/som/faculty/seminars](http://www.uchsc.edu/som/faculty/seminars).

The Academy has also joined forces with the Educational Development and Research (ED&R) Office to lead the Teaching Scholars Program, a certificate program designed to develop a cadre of highly skilled academic leaders for the School of Medicine and its departments. Faculty members selected for this 14-month, part-time program work on developing their teaching, curriculum development, educational scholarship and academic leadership skills. Information about

the Teaching Scholars Program is available at [http://www.uchsc.edu/som/edr/TSP\\_desc.html](http://www.uchsc.edu/som/edr/TSP_desc.html). A detailed description of the Teaching Scholars Program was also included in the Spring 2005 issue of the *Faculty Success Newsletter*.

In addition to supporting faculty development, the Academy seeks to promote and reward teaching excellence. An awards program has been designed to recognize the accomplishments of exceptional teachers, mentors, educational leaders, educational innovators and medical education researchers. Awards will be given annually to deserving faculty members across the continuum of medical education, after a rigorous nomination and selection process. In May, 2009 the Academy provided its first series of awards for excellence in medical education at the SOM Honors Convocation. Awardees included: Robert Neumann, MD, PhD (Neurosurgery); Dan Bessesen, MD (Endocrinology, Metabolism and Diabetes); J.J. Cohen, MD, PhD (Immunology); Nancy Madinger, MD (Infectious Diseases); Mark Deutchmann, MD (Family Medicine); and Gretchen Guiton, PhD (Medicine).

The Academy will also recognize career achievement in education through membership in the Academy itself. Membership will be awarded through a competitive application process and will require ongoing service to the educational missions of the SOM and a commitment to developing a community of medical educators. As the years progress, the Academy will include a large cadre of individuals from diverse departments and backgrounds who have skills in, and a commitment to, advancing teaching, learning and educational scholarship. The Academy is currently comprised of an Executive Committee of more than 25 key stakeholders, visionaries and partners in the medical education enterprise, including students. In May, the Academy will induct its inaugural class of Academy Members. Look for the "Call for Applications" in the coming months.

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## Faculty Development (cont.)

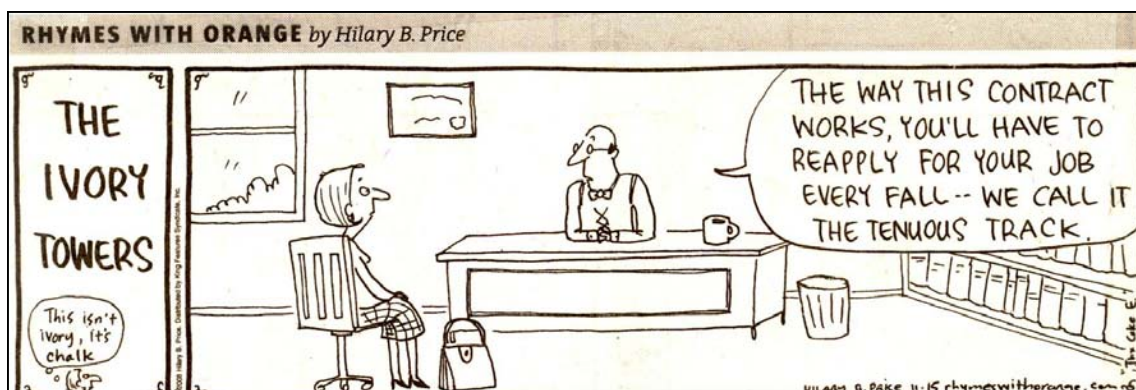
### The Academy of Medical Educators (cont.)

(Continued from page 3)

Last, but not least, the Academy is working to develop a competitive small grant program to encourage innovations and scholarship in medical education. The Rymer Endowment, created by Drs. Robert and Marilyn Rymer in support of medical education, is providing initial support for the competitive grant program. However, to strengthen this initiative the Academy will have to build on the Rymer endowment. With the help of the CU Foundation, the Academy is seeking additional funding via corporate gifts, foundation grants and individual donations. If you are interested in supporting the Academy and this vital mission, please contact [laura.olech@cufund.org](mailto:laura.olech@cufund.org) or [emily.washburne@cufund.org](mailto:emily.washburne@cufund.org). For more information about the Academy or its programs, contact Eva Aagaard, MD, Director of the Academy of Medical Educators, at [eva.aagaard@ucdenver.edu](mailto:eva.aagaard@ucdenver.edu) or (303) 724-1789.

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## Faculty Development (cont.)

### A New Faculty Leadership Training Program

Anne M. Libby, Ph.D., Associate Professor, Schools of Pharmacy and Medicine and Colorado School of Public Health

The Colorado Clinical Translational Sciences Institute (CCTSI) is now sponsoring a year-long leadership training program for mid-career and senior faculty. The program is called LITeS: Leadership in Innovative Team Science. LITeS consists of executive leadership and career development workshops, led by experienced executive trainers. Each participant in LITeS also develops an individual leadership development plan. LITeS was established with three main goals: First, to develop a broad cadre of faculty members with advanced skills who will help train the next generation of clinical and translational scientists; second, to build and foster cross-disciplinary, team science; and third, to enhance innovation and career-building in clinical translational science.

Why is there a leadership training program within a major NIH grant like CCTSI? The CCTSI grant was awarded to the University of Colorado Denver under the Clinical Translational Science Awards (CTSA) program. CTSA was born of the NIH Roadmap Initiative, whose goal was to plan for "a bolder, transforming vision for the 21st Century." Each CTSA program is required to embody three features of 21st century science: programs must be *transformative*, *novel* and *integrative*. To meet these requirements for novel and transformative science, each CTSA must include a training component. After all, approximately three-fourths of all research grant budgets are for personnel, and the greatest resource in science is human capital. A variety of new skills, that may be considered under the umbrella of "leadership," are needed to promote innovative, collaborative and transformative science.

LITeS is the leadership component of the Education, Training, and Career Development (ETCD) Core of the CCTSI. LITeS focuses on leadership, collaborative team-building and developing interacting communities of researchers, all of which seek to foster innovation. LITeS itself is translational by taking concepts from the business and leadership literature and adapting them for academic

health sciences. Basic and population scientists designed the LITeS program: Anne Libby, PhD; Spero Manson, PhD; Nancy Zahniser, PhD; Marc Moss, MD (ETCD Core Director); Jane Reusch, MD; and John Steiner, MD. We work closely with Kathy Kennedy, DrPH from the Colorado School of Public Health (CSPH) and the Regional Institute for Health and Environmental Leadership (RIHEL) and with Judith Albino, PhD from CSPH and Dental Medicine (and President Emerita of the University of Colorado).

LITeS is an invitational program, targeted to groups that support the overall CTSA goals. In the first two years, LITeS participants have included the executive leaders and program and research directors of the CCTSI. The current cohort of LITeS participants also includes research leaders from other health sciences schools (Pharmacy, Nursing, Dental Medicine and Public Health). The Deans of Nursing, Pharmacy, and Public Health are 2009-10 LITeS participants. In the first two program years, participation is fully funded by the CCTSI; in the future LITeS will be a tuition-match program.

Evaluations of LITeS have been overwhelmingly positive. Participants report that they are acquiring important, tangible leadership and career development skills.

Participants report they are establishing ties to potential collaborators across departments, schools and campuses, and that these ties are helping them understand and progress more rapidly in clinical translational research. This has resulted in being more aware of clinical translational research, and also knowing potential new collaborators. I myself am now a co-investigator on three new, potentially important clinical translational research projects . . . all of them in areas that I had never considered before, with investigators who I had never met.

It is our hope: that LITeS becomes an integral part of academic life at the University of Colorado Denver; that leadership training enhances the climate and culture in which we work; and that UCD becomes known as the place to build a career in clinical translation, because we have established a culture of investment in human capital, leadership training and innovative team science.

For more information, email [anne.libby@ucdenver.edu](mailto:anne.libby@ucdenver.edu) or go to <http://cctsi.ucdenver.edu/training-and-education/Pages/LITeS.aspx>.

### The First Published Medical School Mission Statement

Almost every medical school has a mission statement. Typically, these statements articulate the institution's responsibilities in three realms: the training of new physicians; the search for new knowledge; and service to the community. According to Lewkonja et al. (*BMC Medical Education*; 2001; 1:4), the first medical school mission statement was published more than five centuries ago at the King's College in Aberdeen, Scotland. Written in 1497, the King's College mission statement was simple: *The pursuit of health in the service of society.*

## Faculty Development (cont.)

### Today's Accredited Continuing Medical Education (CME) Can Help Faculty Succeed

*Ronald S. Gibbs, MD, Professor of Obstetrics and Gynecology and Associate Dean, Continuing Medical Education*

In the School of Medicine's promotion criteria, participation in CME activities --- as a teacher --- is mentioned fully five times. But to understand your opportunities in CME, it is essential to know how accredited CME has been transformed in just the last four years.

Traditional CME activities have primarily included live courses and "regularly-scheduled series" (CME language for recurring events such as Grand Rounds and M&M conferences). In addition to lectures and interactive seminars, other opportunities have included online courses and various self-study programs. The traditional CME model for CME was straightforward: education existed as a stand-alone activity, with the purpose of improving physicians' knowledge.

Accredited CME is now at the center of a "perfect storm" (See Figure). Key cells in the storm have included: Expanded, more rigorous accreditation requirements from the Accreditation Council for CME (2006); a 2008 report from the prestigious Macy Foundation advocating complete elimination of industry support for CME; the decision of the American Board of Medical Specialties to require demonstration of "maintenance of certification;" the School of Medicine's 2008 Conflict of Interest policy (2008); the 2009 Institute of Medicine Report calling for finding new ways to fund CME, free of industry influence; and ongoing public and congressional interest in monitoring the relationships between the pharmaceutical industry and CME. In addition to these new restrictions and requirements, ACCME has set a new direction for CME activities. Going forward, CME is expected to focus on reducing gaps in health care quality, improving patient outcomes, maintaining certification and licensure, and fostering interdisciplinary practice and collaboration to improve the quality of care.

Today's CME is no longer a stand-alone activity, where success is measured by attendance at lectures. Today, the focus is squarely on clinical performance improvement and quality assurance.

Needs assessments for today's CME are rigorous and must be based upon measurable gaps in provider competence and performance and patient outcomes. And as noted above, industry support will be reduced or eliminated. CME will be increasingly dependent on fees or support from medical school, hospitals or foundations. Of course, this is not all bad; the goal is to separate education from commercial promotion, allowing unbiased presentations of information and a stricter alignment of organizational priorities with education.

Thus, CME at the University of Colorado Denver School of Medicine is changing. In the near future, all CME will include: strong, rigorous, effective internal CME programs; CME that is independent of commercial interests; CME that improves patient outcomes; quality live courses with scaled down budgets; and CME that focuses more on quality education and less on event planning. CME will focus on improving faculty and resident practice. Accredited CME will also include exercises that help us develop and teach professionalism and team-based care.

Several departments have embraced the new CME enthusiastically. One department has re-configured its Grand Rounds to meet the maintenance of certification requirements of its faculty. Another department used its accredited M&M conference to develop and implement new protocols for managing emergencies and decreasing medical errors.

Well-designed, contemporary CME programs have other strategic advantages for departments and for the School of Medicine. CME programs can enhance the regional and national reputation of departments, the School of Medicine and its affiliated hospitals. Annually, there are 6,000 participants in our CME programs, and over 300,000 brochures are distributed to healthcare professionals throughout the country. Innovative CME programs can enhance

alumni relations and strengthen ties to our School's voluntary faculty. We all share an interest in keeping up to date, maintenance of certification and improving our performance in clinical care, professionalism and teaching.

For faculty members who are interested in a leadership role in their department's CME activities, there are excellent opportunities to design and implement more effective conferences, workshops, M&M's and online materials. For faculty members who wish to become more effective teachers in the CME environment, the Office of CME provides training sessions and offers a variety of new educational techniques.

In summary, CME is a strategic and tactical asset to achieve the educational and clinical care missions of the School of Medicine. Remember, all successful clinical interventions begin with education. The staff of the Office of Continuing Medical Education is eager to help School of Medicine faculty succeed through active involvement in Continuing Medical Education. Please do not hesitate to contact us.



## Women in Medicine - An Exciting Year Ahead

*Carol M. Rumack, MD, FACR, Associate Dean, GME and Chair, Women in Medicine Program and Judy Regensteiner, PhD, Director, Center for Women's Health Research*

The Women in Medicine (WIM) program in the Dean's office continues to support a wide array of activities involving women's career development, leadership training and research in women's health.

### Leadership Training

Leadership training is a central focus for the WIM program. A key component in this area is the Executive Leadership in Academic Medicine (ELAM) program. Established by the Association of American Medical Colleges (AAMC) in 1995, ELAM offers an intensive one-year program of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership positions in academic medicine, dentistry and public health. Almost 90 percent of U.S. medical schools and 50 percent of dental schools are represented among the program's graduates. Brenda Bucklin, Professor of Anesthesiology, is the School of Medicine's 2009-2010 ELAM fellow. She is examining attrition rates of junior faculty members in the first three years after their initial appointments. Dr. Bucklin hopes to develop tools to measure junior faculty attrition rates and identify groups of faculty members at high risk. Departures of recently-hired clinicians, scientists and educators are costly to medical schools, in terms of lost recruitment costs, program leadership and human capital.

In addition to ELAM, the AAMC sponsors a number of other career development and leadership training programs for women faculty members. WIM sent two faculty members (Drs. Kelly White and Shandra Wilson) to the 2009 Early Career Women Faculty Professional Development Seminar. Three SOM faculty members (Drs. Eva Aagaard, Ann-Christine Nyquist and Jody Tanabe) will attend the December Mid-Career Women Faculty Professional Development Seminar in Scottsdale, Arizona. Finally, Dr. Debra Bislip received a travel award to attend the AAMC Minority Faculty Seminar, which took place in September, 2009. For more information on upcoming seminars and fellowship programs, contact the Women in Medicine Office at 303-724-5375.

### The Center for Women's Health Research

The Center for Women's Health Research was established by the Regents in 2004. The Center Director is Judy Regensteiner, PhD; JoAnn Lindenfeld, MD is Associate Director. The Center, through its research and training programs, seeks to close the research gap in women's health. The three-fold mission of the Center includes:

- Conducting rigorous basic, clinical, translational and health services research related to understudied issues in women's health (At present, the primary foci are cardiovascular diseases and diabetes);
- Training the next generation of scientists and physician-scientists who will conduct basic, clinical, epidemiologic and translational research in women's health;
- Educating women, health care providers, policy-makers and the public about research findings for the benefit of women, their families and communities.

Each year, through a competitive grant process, the Center provides pilot funding for junior faculty members (men and women) who wish to study women's health. Fifteen junior faculty members have received support to date. In addition, the Center is home to the *Building Interdisciplinary Research Careers in Women's Health*, a large NIH-sponsored grant that supports junior investigators. Through this grant, 4 junior faculty members receive most of their salary support as well as some project funding for 2-3 years each. The Center receives funding through the National Institutes of Health, the American Diabetes Association and the American Heart Association, as well as through philanthropic gifts. The Center for Women's Health Research is guided by a strong community-based Advisory Board.

Each year the Center sponsors a public outreach and education luncheon. The 2009 Luncheon was held on October 1, 2009 at the Denver Center for the Performing Arts and was attended by over 600 people. It featured a keynote speech ("Move to Live: Why should I be physically active?") by Dr. I-Min Lee from Harvard University.

Finally, the Annual Women's Health Research Day was held on October 28, 2009. Co-sponsored by WIM, the Center for Women's Health Research and the Basic Reproductive Science Program, the program featured a visit by Dr. Cheryl Kitt, Deputy Director of the NIH Center for Scientific Review. During her visit, Dr. Kitt met with a number of junior faculty members, including groups from: the Clinical Faculty Scholars Program; the Investigations in Metabolism, Aging, Gender and Exercise (IMAGE) group; the Building Interdisciplinary Research in Women's Health (BIRCWH) Scholars; the Women's Reproductive Health Research (WRHR) Scholars; and several other groups of junior faculty and post-doctoral fellows. Among many other messages, Dr. Kitt helped clarify important questions about peer review of grants submitted to the NIH.

### Did you know?

The University-wide Faculty Council has a Committee on Women. This Committee considers a variety of issues of importance to women faculty members, including:

- Assessing the climate of the University as it pertains to the academic environment and the success, advancement, productivity and compensation of women faculty members;
- Working to assure fairness in the recruitment and retention of women faculty;
- Developing support networks and recommending policies to address the needs of women faculty; and
- Administering the Elizabeth Gee Memorial Lectureship Award.

The SOM now has three Women's Liaison Officers to the AAMC: Jean Kutner, MD; Judy Regensteiner, PhD; and Carol Rumack, MD.

### CU Women Succeeding

The annual CU Women Succeeding Symposium will take place Friday, February 26, 2010 (8:00 a.m. – 2:30 p.m.) at the Anschutz Medical Campus. The program includes plenary addresses, workshops and roundtables addressing research, education, mentoring, academic promotion, work-life balance and other issues of interest to women faculty members. For more information, visit <https://www.cu.edu/FacultyCouncil/>.

## Faculty FAQs (cont.)

(Continued from page 2)

ing, scientists reporting to regular faculty principal investigators, co-principal investigators or directors or co-directors of core scientific facilities. Faculty in this series are expected to demonstrate excellence in research.

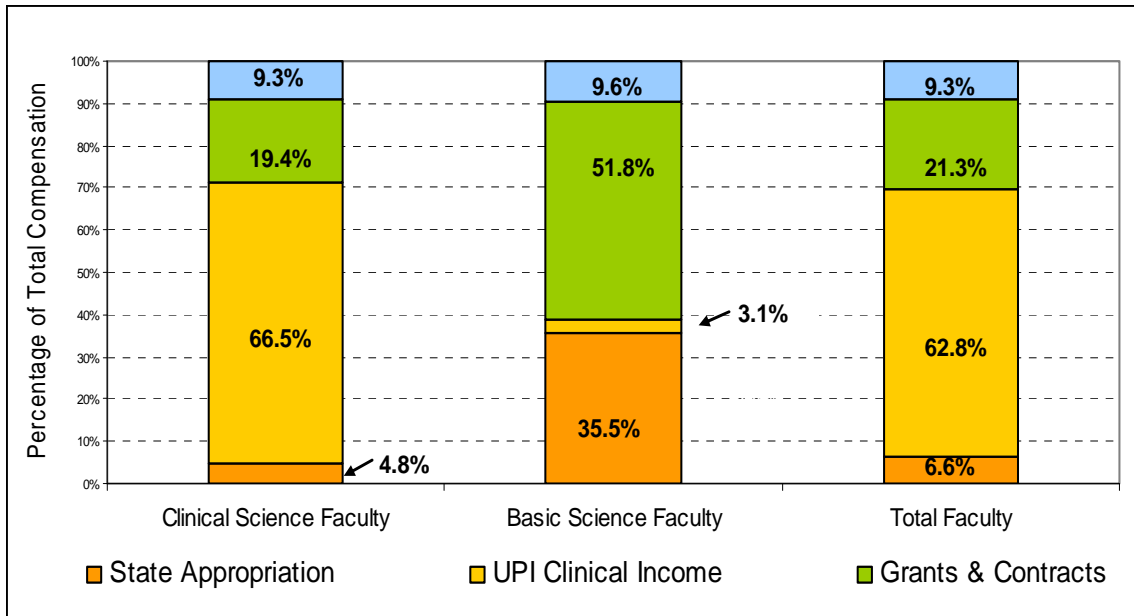
- Faculty appointed to the rank of Research Professor must demonstrate skill as an investigator, originality and creativity, outstanding contribu-

tions to the research programs of their department and the School of Medicine, and a national or international reputation. For more information about the criteria for promotion in the research professor series, go to: <http://www.uchsc.edu/som/faculty>.

- There is a 7-year promotion “time clock” for assistant research professors. Extensions to the 7-year probationary period may be granted in

accordance with current SOM policies, which stipulate that: a) any assistant professor in the 5th, 6th or 7th year in rank may submit a letter to the Dean requesting a three-year extension; b) prior to submission of the request, the standing Departmental Advisory Committee must review the faculty member’s readiness for promotion; and c) the chair of the department must concur with the request for extension.

## Faculty Facts: Sources of Faculty Compensation



Sources of faculty compensation for basic science and clinical science faculty (instructor and above): Fiscal Year 2009-10.

## News About Academic Medicine

### Revisiting the Premed Curriculum

*Chemical and Engineering News*.  
November 2, 2009. 87:35-38.

A new report, "Scientific Foundations for Future Physicians," was published this summer by the Howard Hughes Medical Institute (HHMI) and the AAMC. It lays out a new vision for undergraduate premedical preparation in the basic sciences. Revisiting the pre-medical science requirements seems timely, since the requirements, largely unchanged since the time of Flexner, have not kept pace with modern science. Medical school requirements must change, according to the report; the "old requirements of a year each of biology, chemistry, physic, calculus and, especially, organic chemistry" will have to be

replaced. For example, biochemistry is included as part of the new, essential pre-med competencies. And the new requirements deemphasize calculus and focus instead on a developing a solid foundation in statistics and databases.

The hope, according to one news source, is that the HHMI/AAMC report "will liberate the undergraduate science curriculum from the shackles of medical school entrance requirements and encourage innovations such as inter-disciplinary courses." One panel member (Gregory Petsko, a professor of chemistry and biochemistry at Brandies University) wrote, "I'm disheartened by the way we teach the sciences, especially to premedical students. We tend to create a generation of students who have had most of their scientific curiosity beaten out of them." He added, "I

could teach freshman chemistry in almost any university in this country today, using the same book and the same set of notes I used when I took the course 40 years ago. That's not right."

Another panelist pointed out that "students entering college science courses do not all have 'premed' tattooed on their foreheads ... the college courses they get should also make it possible for them to become scientists, not just physicians, if they discover that they want to become chemists or biologists as a way to advance medical progress and scientific understanding." See the November 2, 2009 issue of *Chemical and Engineering News* for more information: <http://pubs.acs.org/cen/education/87/8744education.html>.

## Crackdowns on Conflicts-of-Interest

### Medical Schools Quizzed on Ghostwriting. *New York Times*. November 18, 2009.

According to a report in November in the *New York Times*, Senator Charles Grassley, the ranking Republican on the Senate Finance Committee, is continuing his investigation of ghostwriting by medical school faculty. "Ghostwriting" refers to publication of a medical article which bears the name of a faculty member as an author --- when, in fact, the article was prepared in whole or in part by an outside writer (typically paid by a pharmaceutical or medical device manufacturer).

According to the *Times*, Senator Grassley has written to ten leading medical schools to ask "what they are doing about professors who put their names on ghostwritten articles ... and why that practice is any different from plagiarism by students." Senator Grassley has argued that ghostwriting is an "attempt to manipulate the scientific literature." He added that ghostwriting raises medical care costs and may harm patients, because it "uses prestigious academic names to promote medical products and treatments that might be more expensive, or less effective, than viable alternatives."

Ghostwriting is prohibited by the School of Medicine's Policy on Conflicts of Interest with Industry, although there is no specific enforcement clause.

Journal editors have also initiated crackdowns on ghost-writing by unnamed industry-paid authors. According to an earlier article in the *New York Times* ("Medical editors push for ghostwriting crackdown," September 18, 2009), "the exorcisms of industry-financed editorial assistance even has its own name: ghost busting." An editorial from the Public Library of Science (PLoS) called for journals to "identify and retract ghostwritten articles and banish their authors."

### Academic Researchers' Conflicts of Interest go Unreported. *New York Times*. November 19, 2009.

In a separate story, the *New York Times* reported that faculty conflicts of interest are often tolerated by academic medical centers and other research institutions. The *Times* was summarizing the recently-released report by the inspector general of the Department of Health and Human Services. According to the report, financial conflicts of interest are only "lightly supervised" by institutions. "Few universities make required reports to the government, and even when such conflicts are reported, university administrators rarely required those researchers to eliminate or reduce these conflicts." The most concerning conflicts, according to the report, are large consulting contracts or equity ownership positions in companies that could benefit, or be harmed, by the results of government-sponsored research.

## Academic Medicine Reports

### Leadership Recruitment Practices in Academic Medicine: How Medical Schools and Teaching Hospitals Search for New Department Chairs and Center Directors

According to the AAMC, medical schools “are in a constant state of recruitment” for new deans, department chairs, center directors and other leaders. This report examines current search strategies and practices. A companion publication, “Finding top talent: How to search for leaders in academic medicine” has also been released by the AAMC; this guidebook offers innovative tools, resources and best practices for making searches as fair, effective and efficient as possible. AAMC has also announced an upcoming series of on-line training modules for search committees. For more information about these publications, visit <http://www.aamc.org/opi/leadership/start.htm>.

### Addressing Racial Disparities in Health Care: A Targeted Action Plan for Academic Medical Centers.

This report, prepared by Thomas Sequist, MD, MPH, focuses on disparities in health and health care that persist across racial and ethnic lines --- and how academic medical centers can “commit to the goal of eliminating these disparities as part of their mission to prepare future generations of physicians.” *Addressing Racial Disparities* is a free publication and is available at the AAMC’s web site at [www.aamc.org/publications](http://www.aamc.org/publications).

### The Importance and Benefits of Diverse Faculty in Academic Medicine: Implications for Recruitment, Retention and Promotion.

This publication is based on the proceedings of the Diversity Research Forum held during the AAMC’s 2008 Annual Meeting. It describes “the opportunities available

to address racial and ethnic disparities in the academic medicine faculty pipeline,” including career development, promotion and tenure and leadership training. This publication is available from the AAMC <http://lists.aamc.org/t/33000/190817/12/0/>.

### Report on Medical School Faculty Salaries, 2007 – 2008.

This is the AAMC’s 44<sup>th</sup> review of salary and total compensation statistics for more than 85,000 faculty members at U.S. medical schools. Data were submitted by 127 of 129 accredited medical schools. There are charts and tables summarizing salaries for faculty according to department, specialty, degree and geographic region. There are separate summary statistics for total compensation and also for specific sources of income (clinical practice, bonuses and incentives and outside earnings). To order this publication, visit [www.aamc.org/publications](http://www.aamc.org/publications).

### The Aging of Full-time U.S. Medical School Faculty: 1967 – 2007.

*Analysis in Brief* (from the AAMC). October, 2009 (Volume 9, Number 4). [http://www.aamc.org/data/aib/aibissues/aibvol9\\_no4.pdf](http://www.aamc.org/data/aib/aibissues/aibvol9_no4.pdf)

This *Analysis in Brief* documents the increasing average age of medical school faculty members, a finding that holds for men and women and across all department types and faculty ranks. For example: The average faculty age was 41.7 years in 1967, 44.7 years in 1987 and 48.5 years in 2007.

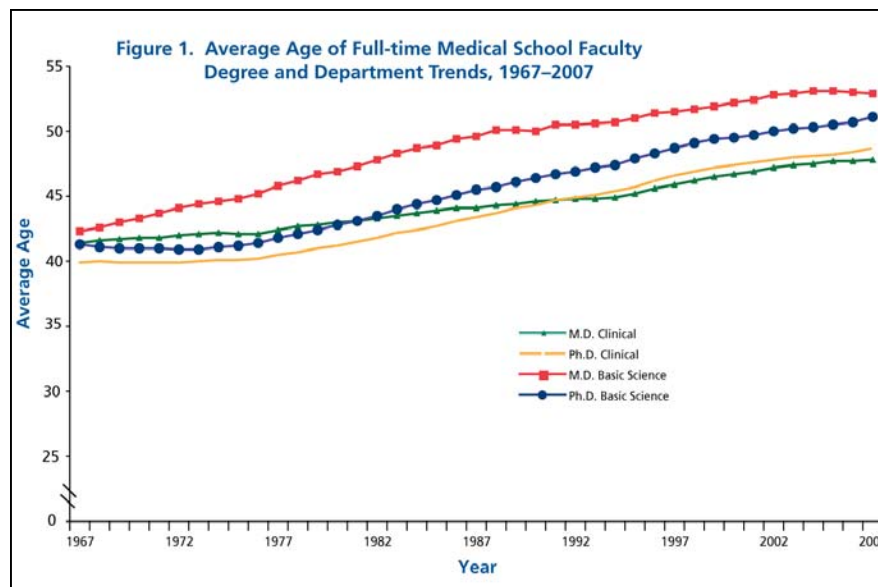
Forty years ago, 9 percent of medical school faculty were over 55 years of age; this proportion was 19% in 1967 and 29% in 2007.

In 2007, MD and PhD faculty members in basic science departments were, on average, 5 years older than their peers in clinical departments (53 vs. 48 years of age).

The report considers a number of explanations for these trends, including the

abolition of mandatory retirement in 1967 and, more recently, the increasingly long training periods for research-focused faculty members. In future years, medical schools may have to “manage the financial implications of increasingly older (and

higher-paid) faculty who postpone retirement.” These data on aging also raise other policy questions for medical schools regarding the training, recruitment, retention and financing of medical faculty.



## Academic Medicine Reports (cont.)

### Report of the Blue Ribbon Panel on VA-Medical School Affiliations.

The sub-title of this report is, *Transforming an Historic Partnership for the 21st Century*. The panel was established in 2006 to provide a blueprint for strengthening the partnerships between Veterans Affairs medical centers and medical schools.

The panel was chaired by Jordan Cohen, MD, President Emeritus of the AAMC. The report recommends aggressive strategic planning, new governance structures and new collaborations at local, regional and national levels. Medical schools and VA hospitals must work together to strengthen partnerships in workforce training and in scientific, health services and translational research. The

report notes that the VA, given its expertise in systems design, quality monitoring and medical informatics, is “ideally positioned to lead a collaborative effort ... in transforming the clinical practice and learning environment.” The complete report is available at <http://www.aamc.org/advocacy/library/va/110709brp.pdf>.

### Faculty Development Workshops

The 17th Annual New Faculty Career Development Workshop will be held Thursday, January 21, 2010, from 8:00-2:00 p.m. in the Nighthorse Campbell Building Shore Family Forum Auditorium. At the workshop, participants will have an opportunity to meet many of the institution’s key leaders and to learn more about the criteria for promotion, preparing portfolios and dossiers, the support systems that are available and tips for academic success. You can register for this workshop at: [www.uchsc.edu/som/faculty/seminars](http://www.uchsc.edu/som/faculty/seminars).

Several other workshops are available on the Office of Faculty Affairs Faculty Development Seminar website, including a series of three lectures led by Dr. J.J. Cohen, MD, CM, PhD, which are designed to improve large-group lecturing and presentation skills. You can learn more about, and register for, this series of lectures at: [www.uchsc.edu/som/faculty/seminars](http://www.uchsc.edu/som/faculty/seminars).

## Resources for Medical School Faculty

### Faculty Vitae: The AAMC’s Newsletter for Medical School Faculty

The Association of American Medical Colleges publishes a quarterly, on-line journal for medical school faculty, called *Faculty Vitae*. This publication focuses on strategies to promote faculty success and to strengthen the academic medical community. Each issue of *Faculty Vitae* includes articles, bibliographies, reports of scientific studies and other resources that address faculty development, diversity, leadership training and institutional vitality. The website also includes professional development tools, such as: *Create my C.V.*; *grant writing tools*; *the teaching portfolio*; *negotiating for success*; *preparing for new leadership roles*; and *creating a compelling poster with Microsoft PowerPoint*.

Current and back issues of *Faculty Vitae* are available at [www.aamc.org/facultyvitae](http://www.aamc.org/facultyvitae). This link is also included on the School of Medicine Office of Faculty Affairs website ([www.uchsc.edu/som/faculty](http://www.uchsc.edu/som/faculty)). The *Faculty Vitae* archives also include two articles about mentoring: *Mentoring systems: Benefits and challenges of diverse mentoring partnerships*; and *Mentors and protégés: What protégés bring to the equation*.

### STAT – A new e-newsletter for medical school faculty members from the AAMC

The AAMC recently initiated a new electronic publication for medical school faculty. It is designed especially for faculty members who need up-to-date infor-

mation about: medical school and teaching hospital policies; financing of medical education, research and clinical care; public health policy and health care reform; and government programs and initiatives affecting medical schools, teaching hospitals and their students, faculty and staff. The newsletter is called STAT (an acronym for “Short, Topical and Timely”). STAT is free and is delivered to email addresses every Monday morning. For more information about STAT visit [www.aamc.org/aamcstat](http://www.aamc.org/aamcstat).

## Abstracts and Commentary

**Non-physician medical educators: A literature review and job description resource.** *Acad Med.* 2009; 84:1078-1088.

The authors argue that physician faculty members face so many clinical and administrative demands on their time that they have "little time to teach and assess learners and even less time to work on curricular improvement and related activities." They propose that medical schools consider employing non-physician medical educators (NPMEs) to assist in the education of medical students, residents and fellows and, "to a lesser extent," continuing medical education of physicians.

The authors define "non-physician medical educators" as individuals with masters or doctoral training in education, plus a clinical background (for example, a nurse or physician assistant). According to the authors, non-physician medical educators "can offer added value [because] they have unique training (adult learning theory, educational research, instructional design) and can provide clinical skills training and evaluation at a reduced cost." The authors add, "The non-physician medical educator will never replace the physician educator." But they also argue that "most physician educators have received little training for their teaching roles, [and] time constraints and the demands of practice make it even more difficult to acquire this knowledge. Given new practice constraints, it may be impossible for academic physicians to "add a thorough understanding of education theory, valid needs assessment, curriculum development [and] competency-based evaluation." Therefore, the authors assert, the use of NPMEs will increase.

The authors argue that NPMEs can contribute to student and resident training in history taking and clinical examination, patient education, student evaluation and remediation, administrative monitoring of clinical training sites, curriculum and examination development, evaluation of humanistic behaviors and more. Therefore, NPMEs "offer a way to improve the quality of physician clinical education while controlling costs."

The Editor of the *Faculty Success Newsletter* is not convinced. And in a harsh rebuttal, Hafferty and Hafler (*Acad Med.* 2009;84:978-981), offer a completely different assessment. First, they ask, what is the evidence that NPMEs can do so much so well? And they take issue with the untested assertions that NPMEs (whose clinical qualifications are not defined) can "improve the quality of physicians' clinical education, while adding value and controlling costs." There is, as always, a need for more research and continued discussion about the future role of NPMEs in academic medicine.

**Commentary: The right time to rethink part-time careers.** *Acad Med.* 2009; 84:9-10

In this commentary (and in an accompanying article in the same issue, "A time for change: An exploration of attitudes toward part-time work in academia among women internists and their division chiefs") the authors explore changing attitudes toward part-time academic positions. There is considerable evidence that the demand for part-time career positions is increasing in medical schools, for both gender- and generation-related reasons. One of the advantages of working part-time, for both men and women, is "the freedom to shape a career that is tailored to one's individualized life needs." Advantages also accrue to medical school departments and to the institution. These include greater success in recruitment and retention of faculty and enhanced resource utilization and faculty productivity. The commentary also outlines the some of the challenges that institutions and individual faculty members are likely to face if part-time careers are encouraged. One is the need for transparent institutional policies regarding benefits, promotion and tenure and compensation. Another is the need to define performance expectations for part-time faculty members in a way that is also fair to their full-time colleagues. Faculty members working full-time and part-time, and their department heads and institutional leaders, must work together to mitigate concerns about fairness with respect to faculty compensation, privileges and teaching, clinical and research obligations.

**How important is money as a reward for teaching?**

*Acad Med.* 2009; 84:42-46.

It has long been recognized that teaching medical students in clinical practice settings is not "free." Research suggests that teaching practices cost 30% - 40% more to operate than non-teaching practices and that patient encounters are approximately twice as long when a student is present. Yet, volunteer and fulltime medical faculty continue to teach because of the personal and professional rewards that teaching brings. It is not known whether additional stipends for teaching would encourage more clinician faculty members to continue teaching. In this study, conducted at Harvard Medical School, the authors surveyed 404 clinicians who served as preceptors in a longitudinal primary care clerkship. Beginning in 1997 the clerkship paid preceptors an annual \$600 stipend as a token of appreciation; the stipend was raised to \$2,500 in 2004. For this study, the authors surveyed all 404 preceptors to determine the relative importance of these teaching stipends, and the level of the stipends, in their decisions to continue as preceptors. Faculty members were 2.6 times more likely to return each year to teach in the highest pay periods, compared with the lowest. However, no one ranked the stipend as the most important factor in their decision to teach. The most influential factor was "having a good student to teach." The authors report that "raising stipends was associated with increased retention, although faculty ranked stipends low in terms of what motivates them to continue teaching."

## Abstracts and Commentary (cont.)

### Prescribing records and the first amendment – New Hampshire’s data-mining statute. *N Engl J Med.* 2009; 360:745-747 and 747-749.

In 2008 the U.S. court of Appeals upheld a New Hampshire statute that prohibited “data mining.” Data miners are commercial companies that obtain prescribing practice records of individual physicians (typically from retail pharmacies) and sell these data to pharmaceutical companies or other commercial entities for marketing and promotional purposes. This *New England Journal of Medicine* commentary discusses the New Hampshire anti-data mining statute and how it withstood a First Amendment challenge. Leaving no doubt about the position of the Court, Judge Bruce Selya wrote: “the statute regulates conduct, and to the extent that the challenged portions impinge at all upon speech, that speech is of scant social value ... [moreover] plaintiffs, who are in the business of harvesting, refining and selling this commodity, ask us in essence to rule that, because their product is information instead of, say, beef jerky, any regulation constitutes a restriction of speech. We think that such an interpretation stretches the fabric of the First Amendment beyond any rational measure.

### Some hidden costs of faculty turnover in clinical departments in one academic medical center.

*Acad Med.* 2009; 84: 32-36

Faculty turnover is an important expense for academic medical centers and their departments. In the present environment --- with limited resources and the impending retirement of large numbers of baby boom faculty members --- the issue of faculty turnover is more pressing. This study, conducted at the University of Arizona College of Medicine, attempts to calculate the costs, both direct and indirect, of medical school faculty turnover in two clinical departments (medicine and surgery). Turnover rates in these two departments ranged from 4.9% to 8.3% annually during the five-year study period. Turnover was highest among Assistant Professors; there were no gender differences. The recruitment, hiring and “lost clinical income” costs for replacing a general internist averaged \$115,000; the costs were higher for medical specialists (\$286,503) and surgical subspecialists (\$587,125). Overall, the average annual cost of faculty turnover for the departments of medicine and surgery exceeded \$400,000.

### Retention of junior faculty in academic medicine at the University of California, San Diego.

*Acad Med.* 2009; 84:37-41.

In 1998 the UC San Diego School of Medicine implemented a professional development program for assistant professors. The program, funded in part by the U.S. Department of Health and Human Services, is a 7-month, formal curriculum that includes skill-building workshops, individualized academic performance reviews, career planning counseling, and academic networking. The authors now report the impact of the program on retention of assistant professors. Quantitative survival analyses were performed to measure retention of all assistant professors hired at the UCSD School of Medicine over an 18-year period. After adjusting for hire date, gender, age and ethnicity, faculty who participated in the professional development program were 67% more likely to remain at UCSD at the end of their promotion probationary period (8 years after hire). The results of this study suggest that an organized program of mentoring and professional development can favorably influence retention of junior medical school faculty.

### Finding the line: Physicians, PhRMA and drug development

*Acad Med.* 2009; 84:228-229

This commentary was written by a third-year medical student at the Northwestern (Feinberg) School of Medicine. The author recounts the time, in her first year of medical school, when she gladly “emptied her pockets” of every pen, book, pad or other item that boasted a pharmaceutical company logo. It was hardest, she recalled, to give up her “prized Bristol-Myers-Squibb laser pointer.” But as she progressed in her clinical training, she was forced to re-evaluate her black and white opposition to PhRMA. For example, while caring for a patient with a rare cancer, she and her clinical team worked closely with a pharmaceutical company to obtain a critical experimental chemotherapeutic agent. Her patient was enrolled in a clinical trial. The drug company was cooperating at every step, even “overnighting a supply of the experimental drug that was keeping her patient alive.” So, she grew confused by new questions: Was the pharmaceutical industry really that bad, if their drugs were keeping her patient alive? Where is the line between unacceptable marketing and advanced medical care, when the latter is so inextricably linked to new drug development? In her first-year ethics classes, she had learned about the risks of accepting speakers’ fees, free travel, gifts and other abusive marketing practices. But with a new understanding that drug development requires physician involvement, “how do we define ethical professionalism in this setting?” As she looks for answers, she poses this challenge to educators and policy-makers: We need to focus not on eliminating physician-industry contacts, but rather on defining its boundaries, and educating physicians how to sidestep marketing ploys while maintaining a professional relationship that benefits those who matter most – our patients.” “Throwing out a handful of pens is not the hard part.” The challenge ... is to avoid the pens without ignoring the pharmacy.”

## *Abstracts and Commentary (cont.)*

### **Organizational climate and family life: How these factors affect the status of women faculty at one medical school.** *Acad Med.* 2009; 84:87-94

The authors conducted a comprehensive survey of full-time faculty at the University of Minnesota Medical School. For this report, they focused on obstacles to retention and career satisfaction among women. Women faculty members reported a variety of barriers to career success and retention, ranging from lack of child care to salary inequities to subtle and blatant gender bias. Participants in the survey identified several institutional policies that would help support women faculty members and encourage career success and retention. These included promotion and tenure opportunities for part-time faculty members, on-site child care, improved parental leave policies and “restructured meeting times that do not require evening or weekend hours.” All faculty members, not just women, would benefit. According to participants in this survey, a second course of action is also needed: institutions and departments must address gender bias, which is felt in a variety of areas, including salaries, allocation of resources, promotion, tenure, mentoring, collegial interactions and consideration for leadership positions.

### **Developing a peer assessment of lecturing instrument: Lessons learned.**

*Acad Med.* 2009; 84:1104-1110

It has been suggested that peer teaching evaluations, combined with student and resident evaluations, can improve the quality of teaching. Peer assessments of teaching may also contribute to faculty performance and promotion evaluations. The University of Colorado Denver School of Medicine encourages faculty members to include peer teaching evaluations in their promotion and tenure dossiers. But admittedly, there are few validated, reliable, tools for peer teaching assessments. In this article, the authors describe the development and pilot testing of one “Peer Assessment of Lecturing” instrument.

### **A simple model to optimize resource allocations when expanding the faculty research base: A case study.** *Acad Med.* 2009; 84: 13-25

“Construction of new biomedical research facilities has outpaced the funding sources for faculty to occupy those facilities. This puts a premium on the efficient allocation of central resources for faculty recruitment.” In this paper, the authors describe a mathematical model that could be used to guide allocation of space, salary commitments, research assistants, equipment and other start-up costs at the time of faculty recruitment. The model is designed to determine the optimal start-up investment when recruiting a new faculty member, based on expected financial returns from the new hire.

### **Minority faculty voices on diversity in academic medicine: Perspectives from one school.**

*Acad Med.* 2008; 83: 781-786.

The authors, from the University of California, San Francisco School of Medicine, conducted a series of interviews with minority faculty members (including those at senior and junior faculty ranks). They sought to gather insiders’ views of their institution’s diversity climate. They also explored prejudice, barriers to academic advancement and various shortcomings in their institution’s official diversity plans. The minority faculty members who participated in this study reported: a) difficulties integrating their cultural backgrounds into their daily work; b) frequent institutional pressures to participate in diversity programs, leading to overextension; c) experiencing, and needing to react to, episodes of discrimination; d) a paucity of effective mentors; and e) clear gaps between “word and deed” with respect to their institution’s official diversity mission and plan, implying that diversity was not truly an institutional priority. Participants called for stronger leadership and greater accountability for meeting diversity goals. They also called for adequate funding and a more centralized focus to increase outreach and improve faculty and student recruitment and retention.

## *Abstracts and Commentary (cont.)*

### **The economics of new faculty hires in the basic sciences.**

*Acad Med.* 2009; 84: 26-31

When medical school departments invest in new basic science faculty members, it is expected that, more often than not, the faculty members will repay these costs by acquiring research grants. It may be important to determine if this is the case, given that initial investments in research faculty members can be substantial (\$500,000 – \$1,000,000 according to studies cited by the authors). The authors of this study included an assistant professor, an administrative manager, a statistician and a medical school dean. They studied a cohort of 25 basic science researchers hired between 1999 and 2004. They compared the grant revenues (direct and indirect) generated by these investigators with the initial financial investment made by the school. To facilitate dollar comparisons, all revenues and expenses were calculated at present value in 2006 dollars. The medical school invested a total of \$69 million in start-up and other costs to support these faculty members; through 2006 these faculty members had generated \$99 million in extramural grants. The faculty members generated \$1.45 in total grant revenue for each dollar invested. However, the school still needed to invest additional monies to cover various costs of research that could not be assigned directly to individual faculty members.

### *Also of Interest*

#### **A good clinician and a caring person: Longitudinal faculty development and enhancement of the human dimensions of care.**

*Acad Med.* 2009; 84:117-126.

#### **Making the most of mentors: A guide for mentees.**

*Acad Med.* 2009; 84:140-144.

#### **Live lecture versus video-recorded lecture: Are students voting with their feet?**

*Acad Med.* 2008; 83:1174-1178.

#### **Medical school deans' perceptions of organization climate: useful indicators for advancement of women faculty.**

*Acad Med.* 2009; 84: 67-79.

#### **Perspective: Disclosing hidden sources of funding**

*Acad Medicine.* 2009; 84:1226-1228.

#### **Centralized oversight of physician-scientist faculty development at Vanderbilt: Early outcomes**

*Acad Med.* 2008; 83: 969-975

#### **Governance of the academic health center: Striking the balance between service and scholarship.**

*Acad Med.* 2009; 84:170-176.

#### **Effect of exposure to small pharmaceutical promotional items on treatment preferences.**

*Arch Intern Med.* 2009; 169:887-893.

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