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Faculty Affairs Webpage:

<http://www.uchsc.edu/som/faculty>

Women in Medicine Webpage:

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Faculty Success Newsletter

Fall 2007

Letter from the Dean

Dear colleagues,

Following the School of Medicine's reunion weekend over Memorial Day, I received a letter from one of our alumni that made a significant impression on me. The alum's message to me was, "...Prove to me that you will never let another student be abused and then I can support the future of your medical school."

The author of this letter graduated from our School 1987 and is part of what I refer to as the "lost years." I call graduates from the 1970s and 1980s the lost years because it's clear that our School of Medicine let down our graduates pretty significantly during these years. While many of them have gone on to illustrious careers, it is clear that something significant happened to these students during this time. They still harbor negative feelings about their years here. One measure of this is the lack of financial contribution to the School from this cohort of our alumni; there are numerous anecdotes as well.

As you may have heard me say, "If you don't understand someone's behavior, you don't have enough history." I have been looking for an answer to this particular situation for years. As underscored by this recent letter, I have heard from alums from this time period that while they were well taught the facts of medicine, many described repeated episodes of abuse and incivility in their educational environment.

It is gratifying that the School of Medicine faculty have worked so hard in the past few years to place professionalism as one of the key areas on the School's agenda, helping to ensure that tomorrow's alums don't suffer the same ill will. Faculty are well aware that professionalism, civility, institutional citizenship and respect for students, colleagues, patients and others are core competencies for faculty. SOM faculty have helped lead discussions in the Hidden Curriculum seminar series since this required course was first

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Faculty FAQs

Q: What happens to my sick and vacation time when I leave the University?

A: When a faculty member terminates from the University, 100% of earned vacation leave is paid out, up to the maximum accrual of 44 days. The rules for sick leave are different. Upon retirement, 25% of accumulated sick leave is paid out, up to a maximum payment of 30 days. Other variables which may influence the maximum sick leave accrual payments, such as a "grandfather clause" for documented and approved sick leave earned prior to May 1, 2001, are best dealt with on a case-by-case basis. Payment of leave accruals is made from a central pool of money maintained by the UCDHSC campus. Please contact Human Resources for additional information.

Q: Why can't faculty moonlight?

A: Moonlighting is prohibited for all full-time School of Medicine faculty physicians.

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Letter from the Dean (cont.)

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instituted in 1996. More recently, the comprehensive 2004 report by SOM faculty, *Enhancing Professionalism*, made concrete recommendations in five areas, and several of these have now been implemented. The SOM *Rules* now includes a statement of professionalism principles, which clearly highlights the importance of professionalism in the daily lives of faculty. Letters of offer for faculty now include an explicit statement that professionalism is a core competency and expectation for all faculty. And the Faculty Senate has developed a new award to honor a faculty member “who best represents the ideals of professionalism;” this recognition was recently bestowed upon Dr. Joe Cleveland of the Department of Surgery. In each of these areas, the Faculty Senate has played a critical leadership role. Faculty leaders also recognize that lapses in professionalism sometimes occur, and that the SOM has a critical need for a system of feedback and accountability. Faculty leaders are working now on a pilot web site that will enable students, residents, or others to report episodes of substandard professionalism --- and also exemplary professionalism --- that occur in clinical settings, offices, laboratories or classrooms. It is not just about reporting; when lapses in professionalism occur, the response system should also include (as the original report outlines) appropriate, tailored responses, such as feedback, reflection, mediation, remediation or other corrective actions.

We all value professionalism. Many years ago the *Rules of the SOM* added to the promotion criteria, *It is implicit that excellence in teaching includes being a role model of professional conduct for students, colleagues and patients*. But perhaps, we need to do more to change the culture of our school. Data from the annual Graduation Questionnaires, administered by the AAMC, indicate that approximately 25% of respondents had experienced mistreatment during medical school at the University of Colorado (2000-

2005), compared with approximately 15% of students reporting from all medical schools over the same period. The source of most episodes of mistreatment was primarily faculty, interns and residents in clinical settings. There was no reduction in the frequency of mistreatment of medical students over the 6-year period. Most episodes were never reported to the medical school administration, either because they were not judged to be important enough, or because the students feared reprisal. Certainly, there is more to be done. We need to work together to develop mechanisms and instruments to enable students and residents to provide candid, confidential feedback regarding the professional or unprofessional behaviors of their teachers. We must all demonstrate on a daily basis our sincere interest in, and commitment to, the welfare of our students.

As faculty, we may arguably be under greater pressures today than we were 20 – 30 years ago. With the constant growth of our enterprise, I find that with each passing day our faculty become increasingly busy, more stressed, and finding it harder to be more accountable to our education mission. But I am encouraged that even with all of these pressures, our faculty continue to remember that we are a *School of Medicine* – here to educate the next generation of physicians. We are here to impart our knowledge, wisdom and character to our students. In addition to our intellectual knowledge and our clinical skill, it is our responsibility to impart a commitment to civil behavior in all aspects of medicine – to our colleagues, patients, students and staff.

Our new medical student curriculum works to ensure that our students work together as teams. Today, the field of medicine advances so rapidly that physicians cannot expect to have all of the knowledge on their own; we are not the silos of information we were expected to be when I attended medical school. Instead, our faculty have committed to teaching the team model from day one. Physicians today must operate in teams to gather all of the information and wel-

come input from colleagues to make the best decisions for patients. We lead by example to our medical students. Through this tradition of example, our medical students learn a valuable lesson – that we are ultimately focused on the advancement of science and the improvement of care for our patients.

I hope that we can continue the commitment to professionalism so that we can provide a different future for our medical students. I feel confident that I can reply to the alum who sent me the letter that we have a much more civil, professional medical school today, and that we are working to strive to improve it even further. While the financial resources raised from alumni could be a tangible measurement of how we’re doing in the area of civility, we should pay attention to civility because it is the right thing to do. And the long term impact will mean the profession of medicine will be elevated for generations to come.

With warm regards,



Richard D. Krugman, MD
Vice Chancellor for Health Affairs
Dean, School of Medicine
University of Colorado at Denver and
Health Sciences Center

The School of Medicine Faculty Senate

Year-End Report by President Colleen Conry, M.D.



THE FACULTY SENATE has long provided a voice for the faculty in the governance activities of the School of Medicine. While the School of Medicine Executive

Committee consists primarily of department chairs and certain program directors, faculty senators are elected by faculty in their respective departments. The Senate meets monthly (September through June) and addresses major issues in the School of Medicine. A committee of faculty officers consisting of the President, President-elect, Past-President and Secretary, meets monthly with the Dean and Associate Dean for Faculty Affairs to discuss common issues and to set the monthly Senate agenda.

The 2006-2007 year reflected the challenges the School has faced pertaining to closure of the University of Colorado Hospital at Ninth Avenue, space on the Anschutz campus, parking, budget constraints and various conflicts and uncertainties related to the Health Sciences Center - Downtown Denver

Campus consolidation. The Senate heard presentations on each of these topics. The Faculty Senate is also responsible for educational policies affecting the SOM and has followed the new medical student curriculum closely. The Senate receives regular curriculum updates, and all structural changes to the phases, blocks and threads must be approved by the Senate.

The Senate has continued to address professionalism and has accomplished three major tasks. First, a new Faculty Senate professionalism award was conceived to honor a SOM faculty member who has represented the highest ideals of professionalism to students, colleagues or patients. Twelve nominations were received, including letters from faculty, patients, students, house officers and hospital CEOs. The winner of the professionalism award was honored at the SOM matriculation ceremony in August (See related story on page 9). Second, a statement about professionalism expectations was added to the template letters-of-offer for all new hires to the School of Medicine. Finally, the Senate, Executive Committee and Executive Faculty approved a slate of professionalism principles that is now a part of the *Rules of the School of Medicine*.

In June, Senators met with Dr. Rob

Nairn, Vice Chancellor for University Initiatives, to review the proposed Mission, Vision and Values statement for the University of Colorado at Denver and Health Sciences Center. Senators offered strong feedback that the statement did not reflect the unique service, educational or research missions of the Health Sciences Center.

The Senate also approved several important changes to the *Rules of the School of Medicine*, including the professionalism statement, an extension to the "up or out" promotion time clock and the addition of COMIRB service to the promotion matrix. In June these rules changes were approved by the Executive Faculty and the Provost for Academic and Student Affairs. A complete list of all actions of the Senate can be found at <http://www.uchsc.edu/som/faculty/offac.htm>, along with the monthly minutes.

It has been a pleasure to serve as your President during the past year. Faculty governance is critical to a strong, thriving School of Medicine. The opportunity for all faculty, not just appointed leaders, to debate the issues and policies affecting their work and passions is important to us all.

Resources for Medical School Faculty

Faculty Vitae: The AAMC's Newsletter for Medical School Faculty

AS READERS OF THE *NEWSLETTER* KNOW, 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.*, *Speak Like a Leader*, *Grant Writing Tools*, *The Teaching Portfolio*, *Preparing for New Leadership Roles* and *Create a Compelling Poster With Microsoft PowerPoint*.

Current and back issues of *Faculty Vitae* are available at www.aamc.org/facultyvitae. This link is also included on the School of Medicine Office of Faculty Affairs website

(www.uchsc.edu/som/faculty).

The Spring, 2007 issue of *Faculty Vitae* included the following topics:

Featured Article: Expanding scholarship in community-based research;

Leadership Lesson: Grant-writing tools: A new investigator's journal;

Spotlight: Building knowledge and community: The Native Investigator Development Program (Co-founded by Spero Manson, Ph.D., Professor of Psychiatry at the School of Medicine). The NIDP's success is evident in the 24 NIH grants awarded to American-Indian and Alaska-Native investigators in 2006;

Perspectives: How can faculty research improve local community health?

Faculty FAQs (cont.)

(Continued from page 1)

“Full-time” includes all University-paid faculty whose employment status is .50 FTE or greater and who have regular faculty appointments. This prohibition, which is strictly enforced, derives from policies governing University Physicians, Inc. (UPI) as well as the University of Colorado Malpractice Trust. Both documents require School of Medicine faculty members to devote 100% of their professional time and effort to the University. Moonlighting, clinical consulting and locum tenens work are prohibited, even during vacations. Here is why:

- Every full-time faculty member, at the time of hire, must sign a Member Practice Agreement with UPI. This is mandated by the University of Colorado Board of Regents as a condition of faculty appointment. The Agreement is a binding contract that obligates each faculty member to assign *all clinical practice and other professional income* to UPI. This includes all earned income, even during weekends, nights and vacations. “Clinical practice and other professional income” is defined broadly in the Agreement; such income includes all work that relates to a faculty member’s training, expertise and professional duties. Unrelated income --- for example, from a lawn care business or private music lessons --- is not restricted by this contract. There is also a narrow exception for certain types of academic honoraria. The University has strictly and vigorously enforced, in court, the prohibition against moonlighting.
- Moonlighting also violates the provisions of the Colorado Government Immunity Act (GIA) and jeopardizes a faculty member’s malpractice protection. Regular, full-time ($\geq .5$ FTE) faculty members are considered “public employees” under the GIA, and their malpractice liability is limited to \$150,000 per person and \$600,000 per incident. But the “public employee” status --- and this

malpractice insurance protection -- only apply if a faculty member has “no independent or other health care practice.” A faculty member who moonlights may no longer be considered a public employee under Colorado law and may not be covered by the GIA and the University’s self-insurance trust. A faculty member who moonlights jeopardizes not only his malpractice protection for the moonlighting work but also for clinical practice at the University and its affiliated hospitals. Thus, moonlighting can result in unlimited liability and no malpractice insurance coverage from the University of Colorado. Note that work for other public entities, such as Denver Health or the Veterans Administration, is not considered an “independent or other health care practice” and is permitted.

- Separate provisions apply to volunteer faculty members and to those who are paid on a part-time basis. Part-time, paid ($< .50$ FTE) faculty members sign an Associate UPI Member Practice Agreement that does not restrict their outside clinical or consulting practices. However, if they also have an outside health care practice: a) they are covered by the self-insurance trust only for injuries caused by a student, intern or resident under their supervision; and b) they are *not covered by the self-insurance trust for their own acts or omissions* and

must maintain their own malpractice coverage for work performed within and outside the University.

- Volunteer faculty members, who receive no payment or compensation from any University source, are covered by the University self-insurance trust for those services that are volunteered.
- Part-time and volunteer physicians must have active clinical faculty appointments to receive coverage by the University of Colorado Malpractice Trust.
- Occasionally, an outside clinical practice is considered vital to a faculty member’s work and to the School of Medicine. In these exceptional circumstances, UPI and the School of Medicine can structure contractual agreements to bring this outside work into a School of Medicine cost center, so that earned income can be provided as an incentive to the faculty member. When this is done properly, such outside clinical work is no longer considered moonlighting; rather, it becomes a component of the faculty member’s work for the University, and the legal entanglements discussed above are avoided. In these unique circumstances, the faculty member and his or her department should work closely with UPI to structure an agreement that permits the faculty member to perform the activities in question.

The Office of Faculty Affairs Web Site

THE OFFICE OF FACULTY AFFAIRS WEB SITE, located at <http://www.uchsc.edu/som/faculty>, is a valuable resource for faculty. It includes information on faculty appointments, promotions and faculty development. There are links to School of Medicine and University Rules and Policies, Faculty Senate announcements, AAMC faculty development sites and other resources for faculty success.

Faculty Development

Faculty Mentoring: The Department of Anesthesiology's Program—*Martha Tissot van Patot, Ph.D.*

Editor's Note: Mentoring contributes to faculty members' career success, academic progress and departmental and institutional loyalty (For a review of this topic, see *Beyond Every Great Star* at www.uchsc.edu/som/faculty/document/MentoringWebPDF.pdf.) Faculty expect that departments will provide strong mentoring programs, and the University now requires it. Here is a report describing the Department of Anesthesiology's new faculty mentoring program.

THE DEPARTMENT OF ANESTHESIOLOGY is in the process of implementing a mentoring program, with the goal of improving faculty satisfaction, retention and academic success. The Department includes 86 full-time faculty members; of these, 60 are Instructors or Assistant Professors. The majority are clinician-educators. Successful mentoring programs improve faculty retention and departmental morale, while reducing stress and improving the work environment for the mentors and mentees. Furthermore, productivity increases significantly, due to the energy and new ideas provided by junior and senior colleagues working together.¹⁻³

There is a large body of literature on how to mentor faculty in academic medicine. Although there is no consensus on a single successful program design, we have developed a mentoring system that is based on a variety of methodologies described in the literature and is specifically designed to meet the needs of our department.^{1, 4-8}

Classic faculty mentoring was based on a system in which a senior faculty member took a new faculty member "under his or her wing" and, over the course of a decade or more, led the new faculty member to succeed in academia. In the current environment, clinical practice demands, funding challenges, curriculum and teaching changes, and the increasingly competitive research environment do not allow for the more leisurely, social pace that accommo-

dates traditional mentor-protégé pairings.^{1,8,9} Our system in Anesthesiology is based on simplicity and flexibility and includes a combination of assigned and selected mentors. We are beginning with assistant professors but plan to expand the program to include all faculty ranks. The Anesthesiology mentoring system is outlined below:

Mentor committees - Each assistant professor is assigned 3 mentors; the first two are assigned by the Department. A senior mentor is charged with explaining departmental expectations and providing initial promotion guidance. A junior mentor introduces the new assistant professor to the workings of the Department and provides practical advice about day-to-day operations. Early on, the two departmental mentors will help the protégé to find a third mentor in their area of academic interest, encouraging the selection of mentors from outside the department. As a protégé develops, mentors may change, based on interests, needs and career development priorities. However, changes in the junior faculty member's mentoring committee must be approved by the departmental Mentoring Oversight Committee.

The Department has established several guidelines for the faculty mentors and mentees. They must meet together at least twice each year; the protégé must set up these meetings. The senior mentor takes minutes of each meeting, which are entered in the protégé's faculty file for review by the Chair.

Mentor - Protégé Training - Research indicates that mentoring is not always intuitive nor always successful, regardless of the seniority or academic success of the mentor.^{6, 8, 9} Initially, the Department will hold a retreat to train mentors in mentoring techniques. At the retreat, mentors and protégés will learn the departmental objectives and expectations of each group. We have based our mentor training guidelines on tested models, such as those described by Bower and Daloz.⁴⁻⁶ The department will provide mentors with protected time for mentoring junior faculty, and the mentoring committee will provide feedback to the mentors regarding techniques and successes and failures. The Department will recognize the "Mentor of the Year," who will be selected by protégés, and mentor

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"Doctor, have you any advice to offer a young man who would love to be a physician but whose crowded schedule simply doesn't permit time for medical school?"

Faculty Development (cont.)

Faculty Mentoring: The Department of Anesthesiology's Program—*Martha Tissot van Patot, Ph.D.*

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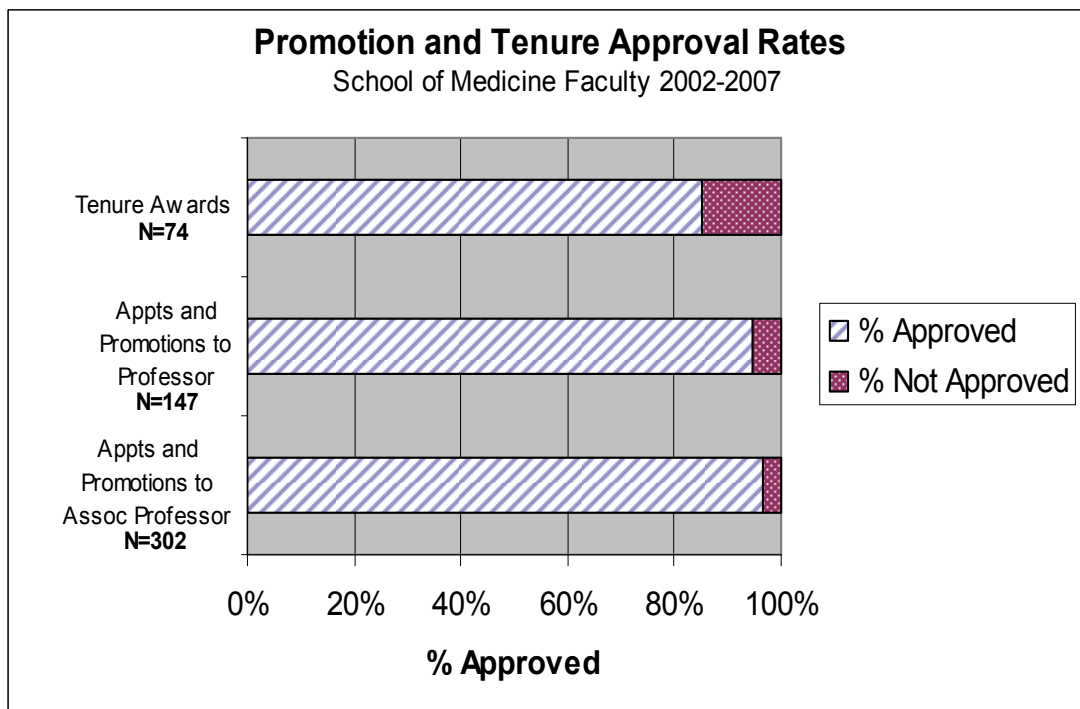
dinners will be held to discuss the mentoring system and individual questions or challenges.

Feedback and Program Improvement - The departmental Mentoring Oversight Committee will review the program on a yearly basis, using tools recognized in the literature (For example, mentor and protégé satisfaction measures and promotion, tenure and retention rates).^{2,10} The program is designed to be fluid and to change with the changing needs of the faculty, the Department and the School. Our overall goal is to improve faculty success, satisfaction and retention, while strengthening the Department as a whole.

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Faculty Facts



Rules and Regulations

Tenure at the University of Colorado: New Regent Policies—*Steven R. Lowenstein, MD, MPH, Associate Dean For Faculty Affairs*

IN MARCH, 2005 the Board of Regents initiated a comprehensive, system-wide review of faculty tenure at the University of Colorado. An Advisory Committee on Tenure-Related Processes was formed, advised by faculty, administrators and external consultants. After a year-long study, the Advisory Committee affirmed the value of tenure, writing that “tenure is fundamental to academic freedom ... and to the intellectual health of the University.” At the same time, the Committee found that some policies and procedures governing tenure and post-tenure review are misunderstood, are executed poorly and appear to “exist mostly on paper.” Mentoring was found to be weak and inconsistent.

In the fall of 2006, in response to the Advisory Committee’s report, the Regents approved several new administrative policies governing promotion and tenure, post-tenure review, tenure accountability and faculty mentoring. The most important changes are summarized below. All of the relevant documents, including five new or revised Administrative Policy Statements, may be found on the University of Colorado Tenure Policies web site at <https://www.cusys.edu/tenure/>. For a summary of the findings of the Advisory Committee on Tenure-Related Processes, see the *Faculty Success Newsletter* (Fall 2006, Volume 2, Issue 2, located at: <http://www.uchsc.edu/>

Tenure Accountability

- The University must conduct a system-wide review of tenure policies and procedures at least once every ten years; the School of Medicine must conduct a comprehensive review of its own standards for promotion and tenure at least once every seven years.
- The University must post its tenure award policies and statistics on a public web site.
- Random audits of tenure and post-tenure review case files must be undertaken at least once every 5 years.
- Procedural problems in specific tenure cases must be reviewed by the vice chancellor for academic affairs.
- Exit interviews of all departing faculty

must be conducted on a regular basis.

- Campuses and schools must collect data annually on each cohort of tenure-track faculty from the date of hire through the year of the tenure decision.

Policies and Procedures for Promotion and Tenure

- Department chairs and senior faculty must provide promotion and tenure information and advice to all pre-tenure faculty members (Assistant Professors).
- In evaluating candidates for appointment, promotion or tenure, the departments shall also take into account “other factors” that have a material bearing on the recommendation. “Material bearing” includes instances of formal disciplinary action only when reasons for disciplinary action might affect the candidate’s teaching, research/creative work, clinical activity or service.
- Regarding candidates for early tenure or promotion, “additional criteria or higher standards cannot be applied.”
- Candidates who are turned down for tenure may reapply at any time during the normal tenure review period.
- For promotion and tenure dossiers, external letters of reference must be undertaken by the department *in conjunction with the candidate*. Specifically:
 - ◊ Candidates must be given the opportunity to suggest possible evaluators and to indicate specific scholars who should be excluded from consideration (because their evaluations might be prejudiced against the candidate).
 - ◊ A minimum of 3 external letters (from outside referees) is required.
 - ◊ All letters that are received must be included in the candidate’s dossier; they are confidential and shall not be shared with the candidate.
 - ◊ Departments may offer external reviewers a modest stipend.
 - ◊ A redacted summary of the external reviewers’ letters must be prepared and shared in writing with the candidate.

- ◊ The departments or the dean should provide templates or models of good dossiers to guide candidates in dossier preparation.

New requirements for dossiers:

- Dossiers must include student evaluations PLUS at least two other types of evaluation of teaching. Examples include: colleague (peer) teaching evaluations; self-evaluations; classroom visits; examples of educational scholarship; innovative syllabi or other instructional materials; and teaching awards. See Administrative Policy Statement “Multiple Means of Teaching Evaluations” at <https://www.cusys.edu/policies/Personnel/teacheval.html>.
- The findings of the comprehensive review, including summaries of areas that needed strengthening (and the extent to which the candidate has addressed those areas).
- Narrative statements by the candidate regarding his or her scholarship, clinical activity, teaching and service to the University or community.

Failure to adhere to the promotion/tenure policies and procedures may lead to the imposition of sanctions.

Post-Tenure Review

- Regular post-tenure reviews must be conducted every five years (current policy).
- *Triggered review* is the new term for in-depth performance reviews that must be undertaken when a tenured faculty member receives an annual review of “below expectations.”
- *Extensive reviews* are carried out if a tenured faculty member has received two “below expectations” ratings in a five-year period (or if a faculty member who has undertaken a Performance Improvement Agreement did not achieve a rating of at least “meeting expectations” by the end of the agreement).
- Primary units shall develop written guidelines and descriptions of the

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Rules and Regulations (cont.)

Tenure at the University of Colorado: New Regent Policies—*Steven R. Lowenstein, MD, MPH, Associate Dean For Faculty Affairs*

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“meeting expectations” standard of acceptable professional performance.

- No later than 2010, funds must be set aside for development awards for selected faculty who successfully complete post-tenure review. The chancellor is charged with securing these funds.
- Faculty members who fail to participate in any aspect of the post-tenure review process may be subject to sanctions for insubordination and dereliction of duty. Sanctions may include termination of employment.
- Faculty members must develop their professional plan within 12 months of the award of tenure. A new 5-year professional plan must be developed at each post-tenure review. These professional plans must be reviewed, along with other documents, by post-tenure review committees.
- Campus administration must identify resource personnel to assist committees, chairs and faculty dealing with performance improvement agreements

and triggered and extensive reviews.

Mentoring and Faculty Development

- A new administrative policy states that “departments and colleges ... share a responsibility to nurture the talents of their tenure-track faculty members by providing relevant information and advice.”
- Colleges must provide their tenure-track faculty annual training and information sessions on the promotion and tenure process.
- Schools must provide training for faculty who agree to serve as mentors.
- Faculty who participate significantly in mentoring should be able to count these activities in the annual merit evaluation process.
- The responsibility for mentoring is shared: Department chairs have the responsibility to find mentors and to provide reasonable mentoring opportunities for faculty; at the same time, faculty members assume the responsibility for proactively seeking mentoring assistance. In addition:

- ◊ Faculty members who believe they are not getting adequate mentoring are responsible for bringing this to the attention of the department head or dean;
- ◊ In addition to the comprehensive (3rd-4th year) review, faculty members may request feedback on their progress toward promotion or tenure at any time.
- ◊ Mentoring should also be provided to long-term Instructors and Senior Instructors who are engaged in teaching.
- ◊ Schools shall report on the training and mentoring activities they have established for faculty by December 31, 2007.

Background Checks

Background checks on criminal history are required for all faculty being hired into tenured or tenure-eligible positions (current policy). Letters of offer must state that the offer of appointment is contingent on the results of the background check.

Changes to the Rules of the School of Medicine- *Steven R. Lowenstein, MD, MPH, Associate Dean For Faculty Affairs*

ON JUNE 30, 2007, the Executive Faculty of the School of Medicine approved nine changes to the School’s Rules. These policy changes were developed by the Rules and Governance Committee and approved by the Faculty Senate and the Executive Committee. To review the revised SOM Rules and these changes, see <http://www.uchsc.edu/som/faculty>.

Among the most important policy changes:

- COMIRB service will be recognized as evidence of “meritorious” scholarship for the purposes of evaluating faculty for promotion. Documentation of regular attendance over a three-year period, active participation, outreach activities and educational contributions are required.
- The School of Medicine will conduct a comprehensive review of its promotion and tenured policies and stan-

dards at least once every seven years.

- A statement of professionalism principles was added to the SOM Rules.
- Changes were made to the probationary period (“time clock”) for promotion to Associate Professor. The expected time for promotion will remain at seven years. However, a three-year extension will now be granted if requested by a faculty member who is in his or her fifth, sixth or seventh year. The three-year extension will be granted so long as the department advisory committee has reviewed the candidate’s readiness for promotion during a comprehensive “mid-course” review. The department chair must concur with the request for an extension, although an appeal to the Dean is also available. The new policy affirms that the requirements for promotion will not become more rigorous if a faculty member receives this extension.

This rules change is designed to promote faculty success and assist faculty members to adjust to changing job assignments, career interests or family responsibilities.

- The promotion rules for research professors were clarified, and a new research professor promotion matrix was added to the SOM Rules.
- The Council on Diversity was formally added as a standing SOM committee, and the membership and charge to the committee were clarified.
- The procedures for searching and appointing division heads were changed. The department chair will appoint the search committee but will not be a member. The dean will appoint the search committee for interdepartmental division heads, after consultation with the involved department chairs.

Voices from the Past...

One campus . . . or two? —Steven R. Lowenstein, MD, MPH, Associate Dean For Faculty Affairs

“VOICES FROM THE PAST” is a regular feature of the *Newsletter*. In “Voices” we present brief historical anecdotes, biographical sketches, news accounts, minutes from ancient faculty meetings and other excerpts from the rich history of the School of Medicine.

In September, 2007, as the medical school continues its move to the Anschutz Medical Campus, it is appropriate to revisit old debates about campuses and commuting. The reflections below were adapted from *The University of Colorado School of Medicine: A Millennial History* (2000, Claman and Shikes) and *The University of Colorado School of Medicine: A Centennial History* (1983, Shikes and Claman) and are reprinted here with permission.

One School – Two Campuses

When the University of Colorado Department of Medicine opened in Boulder, Colorado in 1883, it consisted of “two rooms, two instructors and two hastily recruited students.” Shortly thereafter, the first University Hospital was built in Boulder, consisting of 30 beds (and costing \$6,000). Soon, the School came under financial pressure from other units of the University, and the budget was cut to \$2,600. In response, the Dean and most of the faculty resigned. The School continued, only because a new Dean and cadre of faculty agreed to work for free and, essentially, subsidize the teaching and clinical programs. But in the late 1880’s it became clear that the School could not remain on a fixed campus in Boulder. Larger hospitals (and most of the patients required for teaching) were in Denver. Also, there were four medical schools in Colorado, and all were competing for students; the other three schools were in Denver, and the medical school, “landlocked” and isolated in the tiny town of Boulder, could not compete. Finally, the Board of Regents issued a public statement declaring that “The Medical School of the University cannot be continued longer on the present basis.” The decision was made to move the clinical years of the curriculum to Denver and to use Arapahoe County Hospital (later Denver General Hospital) to teach students. The School of

Medicine’s clinical programs moved to Denver in 1893.

The proposed move was not accepted readily or universally. Indeed, the decision to move was ruled unconstitutional by the state Supreme Court, and the School had to move back to Boulder four years later. And, uninterested in commuting to Boulder every day, most of C.U.’s medical school faculty resigned.

One School – One Campus

A few years later, a constitutional amendment was approved allowing the School of Medicine faculty to teach in Denver. By 1911 Denver General was providing most of the clinical teaching facilities, and a former mansion at the corner of 13th and Welton Streets was purchased to serve as the School’s “clinical center.” The basic sciences components of the curriculum continued to be taught on the Boulder campus. For the next twenty years the School of Medicine functioned on two campuses. In one respect, there was a third campus: During World War I, a third of the medical school faculty established and maintained Base Hospital No. 29 in England, caring for American soldiers evacuated from the front. But after the war ended, it was increasingly clear that the Boulder facilities were physically inadequate, and the split campuses, separated by 30 miles, proved untenable. The School of Medicine moved from Boulder to the Ninth Avenue and Colorado Boulevard campus in Denver in 1924, “a transition that allowed the School to flourish amid the growing city of Denver.”

The proposed move was not accepted readily or universally. But when the modern health sciences center opened on its new 17 acre campus at Ninth and Colorado Boulevard on January 23, 1925, Henry Sewall, one of C.U.’s most distinguished faculty members and a founder of the discipline of immunology, wrote: “Upon what stem of character and intellect the institution was founded and through what vicissitudes of poverty, stimulation and opposition it has emerged.”

Two Campuses Briefly – And Then One

The Ninth and Colorado campus served the needs of the Health Sciences Center until 1993, when it again became apparent that the landlocked medical school was plagued by

inadequate space for its rapidly growing teaching, research and clinical programs. In 1995 the U.S. Army announced that it would close the U.S. Army Medical Garrison at Fitzsimons in Aurora. On November 14, 1996, after careful study and considerable debate, the Board of Regents unanimously approved the Plan for Acquisition and Development of Fitzsimons Property.

The proposed move was not accepted readily or universally. There were concerns about the commuting, the cost, and the virtues of the move. Faculty engaged in a spirited debate about whether the School of Medicine should settle on one campus . . . or two.

One campus – Or two?

The entire Health Sciences Center will be united at the Anschutz Medical Campus by the end of 2008. However, the debates are likely to continue. Denver Health, National Jewish and the Veterans Medical Center are vital parts of the School of Medicine, although they are geographically removed from the new campus. So is the Downtown Denver Campus. There is also considerable excitement about the prospects of a western medical school campus in Grand Junction.

And so, the beat goes on: One campus . . . or two.



Brackett Collection, Norlin Library

In 1888 the School of Medicine moved into its own building, Medical Hall, built at a cost of \$2,540.

Photograph is from Claman HN, Shikes RH. *The University of Colorado School of Medicine: A Millennial History*. A.B. Hirschfeld Press, 2000.

Faculty News



GEORGE EISENBARTH, MD, Professor of Pediatrics and Executive Director of the Barbara Davis Center for Childhood Diabetes, was recognized on November 18, 2006, at the Sorbonne in Paris for

his accomplishments in medical research concerning childhood diabetes. He was awarded the senior prize in biomedical therapeutics by Pasteur/ Weismann Servier International. The prize is granted every three years to an internationally recognized scientist who has made a sig-

nificant biomedical contribution leading to new therapeutic treatments.

The Pasteur/Weizman Council is an international collaborative organization that sponsors research, educational grants, symposia and scientific exchange with the overall goal of promoting cooperation in biomedical research.

Eisenbarth was selected for the award for his work in the treatment of diabetes. In his early work, Eisenbarth and colleagues discovered that Type I diabetes was a chronic autoimmune illness. He proposed the now-standard model of Type I diabetes, which recognizes a genetic predisposition for the disease and a predictable series of stages that it follows. He has since instituted testing for infants that can predict diabetes, and therapeutic insulin treatments

to prevent the disease.

"Receiving this award is a great honor to me and all of my research collaborators over the past years," Eisenbarth said in a press release. "Type I diabetes is a huge global health problem and more research in this area is crucial. I believe it will be possible to develop an immunologic vaccine using response to insulin to prevent this disease, and our work to achieve this aim will continue."

Eisenbarth has been at the UCDHSC since 1992, and currently serves as a Professor of Pediatrics and Immunology at the CU School of Medicine

(Excerpted with permission from the Silver & Gold Record, December 21, 2006.)

JOHN MESSENGER, MD, Associate Professor, Department of Medicine, Division of Cardiology, has been named one of 19 recipients sharing a \$5 million grant from the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ). The grant, which was awarded to projects designed to improve patient safety through simulation research, will be used by Messenger and his team at the CU School of Medicine to improve emergency treatment of heart conditions in Colorado's rural areas.

The program partners with Medical Simulation Corp. of Denver to implement simulation as a means of engaging and training rural health care providers to treat heart attacks. Simulation training allows these providers to re-create potential medical scenarios and attempt new procedures to determine best practice outcomes that reduce medical errors and improve patient safety. Because rural health care providers may be required to assume more than one role in the event of an emergency, simulation training is particularly useful to them. Messenger plans to train personnel at eight

rural hospitals across northeastern Colorado and to reassess the care of patients at these hospitals following the intervention. The other members of the School of Medicine team are: Jack Westfall, Associate Dean of Rural Health; Cathy Jaynes of the School of Nursing; Fred Masoudi of the Colorado Health Outcomes Program; and John Rumsfeld, John Carroll and Andrew Klein of the Department of Medicine, Division of Cardiology.

(Excerpted with permission from the Silver & Gold Record, January 11, 2007.)



JOSEPH CLEVELAND, MD, Associate Professor of Surgery, has been selected as the first recipient of the School of Medicine Faculty Professionalism Award. Dr. Cleveland's letters of nomination

came from students, residents, supervisors, surgical colleagues, other specialty colleagues and a hospital vice-president. Comments included: "I have always known Dr. Cleveland to treat those around him with respect, courtesy and kindness. As a mentor, Dr. Cleveland has taught me both by counseling and by example to cherish honesty, integrity, humility, dedication, perseverance and compassion." "He

is a very unselfish team player, always courteous and respectful of others, including fellow faculty, residents, nurses, medical students, office staff and allied health personnel . . . Some of his most impressive traits are humility, calmness, focus, productivity, organizational skills, and his ability to deliver outstanding quality of care to his patients." "Joe gives all patients

the same respect, the same effort, the same commitment." "It is his unique character, ethical conduct in challenging situations, consistency of core values focusing on putting patients first, and personal integrity that make him inspirational."

New Faculty Career Development Workshop

THE FIFTEENTH ANNUAL New Faculty Career Development Workshop (formerly the New Faculty Orientation) will be scheduled in the early Winter. At this workshop, new faculty will receive important information about the administrative structure of the School and the regulatory environment. New faculty will also have an opportunity to meet many of the institution's key leaders and to learn more about the new medical school curriculum, how to build careers as educators, criteria for promotion, the support systems that are available and tips for academic success. Department chairs will be asked to free new faculty from their usual responsibilities for this important program. Stay tuned for more information on this important workshop!

Women in Medicine

Carol Rumack, MD, Associate Dean, Graduate Medical Education, Women's Liaison Officer



JEAN KUTNER, MD, MSPH, Head of the Division of Internal Medicine, was awarded the *Executive Leadership in Academic Medicine (ELAM) Fellowship* for 2007. Dr. Kutner,

who was selected after a competitive national search, will begin her year as an ELAM fellow in September, 2007. Dr. Kutner has extensive administrative experience, leading a Division with more than 150 faculty members, larger than most other departments in the

School of Medicine. She is an internationally renowned expert in geriatrics and palliative care, and she has published highly acclaimed studies addressing the need for stronger inter-disciplinary research and evidence-based practice guidelines in the care of terminally ill patients. Dr. Kutner is triple-boarded in Internal Medicine, Geriatrics and Palliative Care. She is currently serving as Council Chair of the American Academy of Hospice and Palliative Medicine.

Dr. Kutner's project for ELAM will focus on inter-disciplinary care and research in palliative care, including

faculty development. The ELAM fellowship will also include formal instruction and experiential learning in financial and management skills, personnel development, strategic planning and negotiation and conflict resolution in academic medical institutions.

ELAM is a highly competitive fellowship; for 2007 there were 94 applicants representing 69 medical schools, 4 dental schools, 2 schools of public health and 2 osteopathic schools. The 2006 University of Colorado ELAM fellow, Nancy Zahnizer, PhD, was recently appointed Associate Dean for Research Education.

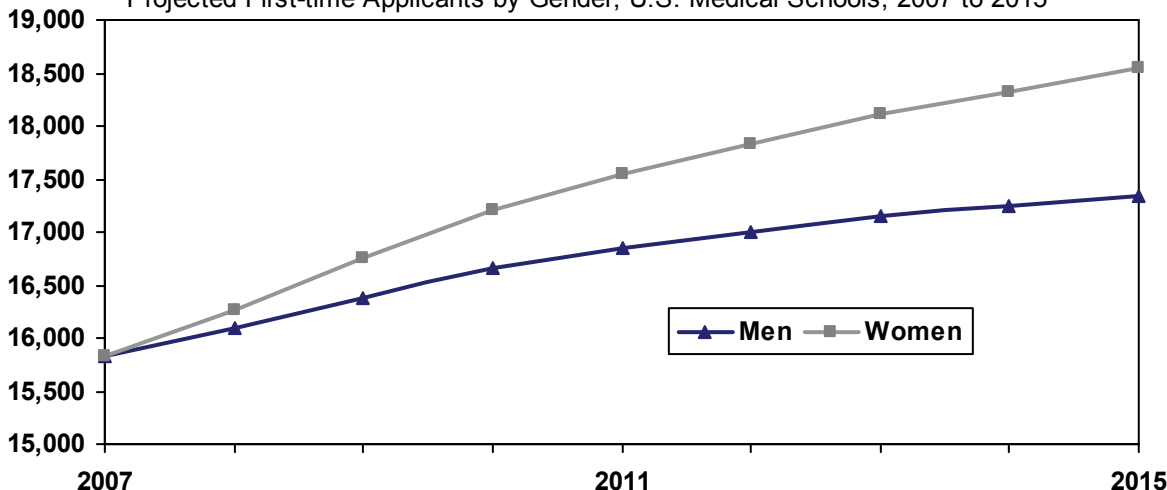
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES has called for a sizeable increase in medical school enrollment. However, if medical school classes do continue to expand, will enough women and minorities apply to maintain and improve diversity in both the medical school classroom and the physician workforce? In the June 2007 *Analysis in Brief*, the AAMC presents estimates of future medical school applicants by gender. The graph below shows that medical schools will see a greater share of women applicants

over the next eight years. There are at least two national "gender gaps" in the medical school pipeline. The first is a widening gap in the proportion of all undergraduate baccalaureate degrees awarded to men: Women first earned more degrees than men in 1981-1982; by 2015-2016, women's share of B.A. / B.S. degrees is projected to grow to 60 percent. Women's share of baccalaureate degrees in the biological sciences is also increasing. Second, there has been a measurable decline in the proportion of men receiving undergraduate bacca-

laureate degrees who apply to medical school ("applicant yield"). Overall, as the graph shows, the AAMC projects a steady decline in men's interest in medicine, compared with the level of interest among women. For the full report, please visit http://www.aamc.org/data/aib/aibissues/aibvol7_no4.pdf. A forthcoming analysis by the AAMC will examine applicant trends by race and ethnicity; we will highlight that report in a future issue of the *Newsletter*.

Future Medical School Applicants: Gender Diversity

Projected First-time Applicants by Gender, U.S. Medical Schools, 2007 to 2015



Excerpted from D. Matthew, G. Garrison. "Future Medical School Applicants, Part II: Gender Diversity." *AAMC Analysis in Brief*. 2007, 7(4).

Topics of Interest

MedEdPortal: An Online Resource to Advance Learning and Scholarship in Medical Education—*Carol Kamin, MS, EDD*

MEDEDPORTAL IS AN ONLINE resource developed by the Association of American Medical Colleges (AAMC). From its inception in January, 2006 MedEdPortal was designed to serve as “a prestigious publishing venue through which [medical school] faculty may disseminate their educational works.” (www.aamc.org/mededportal).

MedEdPortal enables medical school faculty from around the world to locate videos, simulations, virtual patients, curricula and other resources for teaching and learning. A recent collaboration between the AAMC and the McGill University Faculty of Medicine will dramatically expand MedEdPortal’s collection of free, high quality resources over the next year to more than 8,000 multimedia teaching materials from McGill’s Molson Medical Informatics (MMMI) project.

The teaching and learning resources contained in MedEdPortal are peer-reviewed. Therefore, MedEdPortal also provides faculty an opportunity to submit their own medical education innovations for peer review and publication. MedEdPortal’s peer review process mirrors that employed by established biomedical journals. Approximately 51% of materials are accepted, and an additional 23% are accepted after revisions. New enhancements expected by late summer, 2007 will allow new users of the materials to post comments (similar to Amazon.com®). Currently, no materials are housed in MedEdPortal; only contact information is provided. But, by 2008 MedEdPortal will begin hosting materials, making it easier for developers and users to share resources.

When it comes to faculty promotion and recognition, faculty members may use acceptance of a publication by MedEdPortal to demonstrate educational scholarship. A citation may be placed in a faculty member’s curriculum vitae under “Peer Reviewed Publications.” The MedEdPortal website also has an Educational Scholarship Resources section to assist faculty in citing their work for pro-

motion and tenure committees and to answer related questions. According to the AAMC’s MedEdPortal web site, “an educational resource successfully peer-reviewed and published through MedEdPortal is comparable to a peer-reviewed research paper published through a reputable print-based journal and should be considered a compelling scholarly contribution suitable to support promotion and tenure decisions.” Authors maintain their own copyrights; they are asked to utilize the Creative Commons Copyright License (<http://creativecommons.org/>), so that users are aware of any existing copyright restrictions.

There is extensive information on the website about how to submit materials for review. Also, MedEdPortal is always seeking additional reviewers. If you are interested in providing peer reviews for materials in your content area, or if you have other questions about MedEdPortal, contact the Director, Robby Reynolds, at rreynolds@aamc.org or visit the website at <http://www.aamc.org/mededportal>. Brochures are also available in the Faculty Affairs Office. The web site includes a guide to MedEdPortal’s resources; the site also contains the Instructions for Authors and detailed information about copyrights and the editorial process.

The Faculty Council Women’s Committee announces a call for proposals for The Annual Faculty Development Symposium: CU Women Succeeding

The annual CU Women Succeeding Symposium will take place Friday, February 28th, 2008, 8:30am-4:30pm, on the Downtown Denver Campus.

We welcome proposals for sessions for workshops, roundtables, panels, book discussions, and other innovative formats which address the interests and concerns of CU women faculty. Session topics can span teaching, clinical, research, or broader educational/ professional issues related to women faculty. Sessions can be proposed for blocks of approximately one or two hours.

Session organizers will be responsible for coordinating their sessions and confirming other participants once a session is accepted. The Women’s Committee is happy to suggest suitable participants if the organizer requests assistance.

Proposals must include:

1. Proposed topic with brief description (200 words)
2. Level of content (is your session designed for beginners, those with some experience, an advanced level of experience, or appropriate for all?)
3. Time block preference: select one hour or two hours
4. Approximate number of panelists envisioned (and whether any panelists have already been identified)
5. Contact information: name of organizer; CU campus and department; title; email address; phone number

Please submit proposals by email to Beverly Louie, Conference Chair of the Faculty Council Women’s Committee, at Beverly.Louie@Colorado.Edu by September 28th, 2007. The Committee will decide on the program and inform those submitting proposals by the middle of October.

Topics of Interest (cont.)

The Clinical Faculty Scholars Program: A Unique Opportunity for Faculty Development in Health Outcomes Research— *John Steiner, MD, MPH*

ESTABLISHED IN 2003, the Clinical Faculty Scholars Program (CFSP) at the University of Colorado School of Medicine is designed to assist junior faculty to develop successful, independent careers in health outcomes research. This program is now entering its fourth year and continues to attract exceptional academic professionals from diverse backgrounds. At its inception, CFSP was supported (in part) by Academic Enrichment Funds provided by Dean Krugman; now, it is 100 percent self-funded through departmental sponsorship.

Each year a group of senior faculty co-directors (John Steiner, MD, MPH; Diane Fairclough, DrPH; Anne Libby, PhD; and Alan Prochazka, MD, MPH) select four well-trained individuals to enter the Clinical Faculty Scholars Program. Each scholar has articulated a clear plan to become a successful independent researcher in health outcomes. The four senior advisors, representing the disciplines of health services research, biostatistics, clinical epidemiology and health economics, spend two years guiding the scholars as they prepare, submit and, if necessary, resubmit career development grants, such as K08 or K23 mentored awards (or equivalent foundation awards), or R01, R21 or R03 grants. The senior faculty also offer advice on research projects and individual mentorship, and they serve as a sounding board for new ideas in scientific and professional development.

Scholars, in turn, are expected to attend and participate actively in a weekly forum with program participants and mentors, where research-in-progress is presented by scholars on a rotating schedule. Special research topics are also discussed. Thus, peer mentorship by other well-trained faculty at a similar stage of career development is also an important part of the program. The scholars participating in CFSP also discuss their own career plans in regular one-on-one meetings with mentors, enabling them to learn even more about how to sustain long-term careers in academia.

Professional development advice, coupled with a healthy dose of common sense, is offered through methodological team mentorship and a community approach to learning. At the end of the two-year program, the Clinical Faculty Scholars have markedly enhanced skills as research methodologists and grant writers, and they are prepared to carry out their career development awards and move toward independent research funding.

Applications for the CFSP are limited to current or prospective full-time faculty members at the University of Colorado School of Medicine. Only those who possess MD or DO credentials or who are doctorally-trained non-physicians (PhD or equivalent) are eligible. Additionally, prospective applicants may not have obtained any current or prior funding as a principal investigator at the R01 or equivalent level and must demonstrate a clear commitment to a career as a clinician-investigator in health outcomes re-

search. The support of the applicant's home department or division is essential; the sponsoring department must provide salary support for at least 50% protected time for research during the two years of enrollment in the CFSP, along with funding for the departmental share of program costs.

For more information on the Clinical Faculty Scholars Program, please contact Emily Warren, Fellowship Coordinator, at Emily.warren@uchsc.edu.

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"These tests are completely unnecessary. I just want to see how your insurance reacts."

Abstracts and Commentary

Medical Schools: Economic Engines. *AAMC Observer*. February, 2007: 1,4.

American medical schools have well-defined missions that include teaching, research and clinical care. But they are also major economic engines in their communities. A recent study by the Association of American Medical Colleges documents the impact that U.S. medical schools have on the economy. The study, "The Economic Impact of AAMC-Member Medical Schools and Teaching Hospitals," demonstrated that the 125 U.S. medical schools and their affiliated health systems and teaching hospitals generated \$451.6 billion in economic activity in 2005. This figure reflects local, state and federal tax revenues, student, staff, patient and family spending (excluding spending for patient care services), tourism and travel related to continuing medical education programs and other activities. Job creation is one critical byproduct of American medical schools and their affiliated institutions. According to this report, one in every 48 wage earners in the U.S. works at a job created directly or indirectly by a medical school or teaching hospital.

Attitudes of preclinical and clinical medical students toward interactions with the pharmaceutical industry

Acad Med. 2007; 82:94-99

The authors conducted a survey of medical students at Harvard to measure their beliefs regarding the proper role of the pharmaceutical industry in medical education. The majority of students were skeptical of any close contact between students and pharmaceutical representatives, and most felt that gifts of any size were inappropriate. Most students also felt inadequately educated regarding interactions with the pharmaceutical industry. According to the authors, medical school curricula should include training and practice so that students develop appropriate ethical standards to govern their future interactions with industry representatives.

Rejuvenating a founding institutional review board: One institution's story.

Acad Med. 2007; 82:11-17

In 2002 the East Carolina University Institutional Review Board was under attack. The IRB, it was alleged, was inefficient, arbitrary, prone to misplacing submissions and delaying approvals, and even "anti-research" and "anti-investigator." There were pleas from a variety of constituents that the University replace the IRB with a commercial or independent board (a path followed at several academic health sciences centers). This article outlines the steps taken, and the investments made, to rejuvenate the East Carolina IRB. According to the authors, the reforms, which included hiring a smaller but more highly trained office staff, new software, a "robust educational program for committee members" and other operational changes, led to an undisputed turnaround in the IRB. The positive results, which included continued and enhanced protection of human subjects, were confirmed by an outside audit by the Office for Human Research Protections. The authors wrote, "More than anything else, the reorganization was built around the conviction that personnel with the appropriate intellect, expertise and insight could, with sufficient support, increase efficiency and oversight simultaneously." They cited Robert Levine who has argued that "the development of successful IRBs depends most heavily on nurturing the attitude that the IRB consists primarily of researchers and colleagues and that its mission is to provide guidance on how an institution's values are to be honored and upheld."

Creative Professional Activity: An additional platform for promotion of faculty.

Acad Med. 2006; 81:568-570.

The traditional standards for faculty promotion emphasize teaching, research and published scholarship. The authors argue that other faculty contributions are not adequately captured. At the University of Toronto Faculty of Medicine, a new promotions platform, *Creative Professional Activity* (CPA), was adopted. CPA (which overlaps with activities often referred to as the "scholarship of integration") includes three dimensions: professional innovation; exemplary practice; and contributions to the development of the discipline. This article defines CPA, provides concrete examples and describes the successful implementation of CPA in the faculty promotions process. CPA, according to the authors, helps clinical faculty members "who spend much of their time advancing the practice of medicine" but who are often disadvantaged at the time promotion decisions are made.

Streamlining administration at the University of Minnesota Medical School

Acad Med. 2007; 82:252-257.

The authors report on a project to overhaul and streamline administration of the medical school by creating six administrative centers, each serving a cluster of 2-4 traditional clinical departments. Each administrative center provided oversight and management of finance, human resources, information technology, clinical service operations, research support and grants management and support for graduate medical education and undergraduate education for its departments. According to the authors, there was initial resistance to this "radical" change by department chairs and other school leaders. But later, the administrative center model was accepted as an appropriate, efficient and highly professional mechanism to strengthen management, enhance compliance and reduce annual administrative costs, when compared with traditional stand-alone departmental administrative units. Under the new model, "the dean's office gained an important measure of centralization ... which promoted understanding of the interdependency of the whole medical school and aided in reducing redundancy of staffing [saving] up to \$3 million for the school." The authors wrote that, over a decade, "a previously fragmented administration system ... has been dramatically transformed and streamlined."

Abstracts and Commentary (cont.)

The continued evolution of faculty appointment and tenure policies at U.S. medical schools.

Acad Med. 2007; 82:281-289

This article summarizes the continuing evolution of promotion and tenure policies at U.S. medical schools. Over time, most medical schools have had to realign their faculty promotion and tenure policies in the face of several trends: a) the instability and uncertainty of clinical and research income; b) changing roles of medical school faculty, including the emergence of full-time clinician-educators; c) growing interest in incentive-based salary models for academic medical faculty; and d) a new generation of medical school faculty, both men and women, who seek to balance professional and personal responsibilities. Relying pri-

marily on data from the AAMC's 2005 Faculty Personnel Policies Survey (125 participating medical schools), the authors discovered that medical schools are: lengthening their promotion and tenure probationary periods; continuing to expand the definitions of scholarship; increasingly recognizing interdisciplinary and team science; and adopting tenure clock-stopping and part-time policies for tenure-eligible faculty. Tenure systems remain "well-established." Indeed, in 2005 just 6 of the 125 medical schools did not offer tenure; an additional 6 schools limited tenure to basic science faculty. Nonetheless, the proportion of faculty who are tenured or on tenure tracks has continued to decline. In 2005, only 42% of full-time physician faculty were tenured or in a tenure track, compared with 57% in 1985. Between 1985 and 2005 the number of tenured or tenure-track physician faculty increased 50 percent, while the

number of nontenure-eligible clinician faculty increased more than 315%, as medical schools increasingly "populated their faculty ranks with nontenure-track practitioners whose primary responsibility is patient care." And increasingly, medical schools are limiting the salary guarantees that accompany tenure awards for both clinical and basic science faculty. According to the survey, among all 113 medical schools that offered tenure to clinician faculty, only half (56) included any financial guarantee. Of these 56 medical schools with a tenure salary guarantee, only 3 guaranteed the faculty member's full institutional salary. According to the authors, many medical schools appear to have "reached the point at which ... tenure is more important for prestige than for job protection."

Strategies for academic and clinician engagement in community-participatory research

JAMA. 2007; 297:407-410.

New opportunities exist for academic clinicians to engage in community-participatory partnered research. Often, community-based research projects address health care disparities and, more broadly, the "quality chasm" between scientific knowledge and evidence-based practice guidelines and the shortcomings of real-world practice. Several agencies, including the NIH, the CDC and Robert Wood Johnson Foundation have supported research projects that emphasize authentic partnerships between academic physicians and community leaders. This article defines community-participatory partnered research and outlines seven guiding principles that are necessary for successful and sustained research collaborations.

Overcoming a fiscal storm: An academic cardiology section's story of survival.

Acad Med. 2007; 82:245-251.

The authors present a real-life case study of an academic cardiology section. The section faced large shortfalls, due to simultaneous reductions in hospital support, clinical revenues, procedures and investment income, combined with changing practice trends and higher costs. The dean of the medical school directed the section to end the losses and to balance the practice plan budget within a year. The article summarizes the strategies that were utilized to meet this challenge, along with the effects on the section's academic missions.

Other Articles of Interest

Responsibly managing the medical school-teaching hospital power relationship.

Acad Med. 2005; 80:690-693.

Why invest in an educational fellowship program?

Acad Med. 2006; 81: 936-940.

The benefits and challenges of research centers and institutes in academic medicine: Findings from six universities and their medical schools.

Acad Med. 2006; 81:502-512.

Financial relationships between institutional review board members and industry.

N Engl J Med. 2006; 355:2321-2329.

American medical education 100 years after the Flexner Report.

N Engl J Med. 2006; 355:1339-1344.

Establishing a regional medical campus in southeast Florida: Successes and challenges.

Acad Med. 2007; 82:383-389.

Professionalism: The next wave.

N Engl J Med. 2006; 355:2151-2152.

School of Medicine State of the School Address

By Richard D. Krugman, MD

Vice Chancellor for Health Affairs

Dean, School of Medicine

University of Colorado at Denver and Health Sciences Center

Thursday, December 6, 2007

Beginning at 4:00 pm

Immediately followed by the Retiring Faculty Reception

Location: Anschutz Medical Campus, location TBA

Simultaneous Broadcasts to:

DHHA, TCH & NJC – locations TBA

Office of Faculty Affairs
School of Medicine Dean's Office
University of Colorado at Denver & Health Sciences Center
4200 East Ninth Avenue, Box C290
Denver, Colorado 80262