Dear colleagues:

It seems appropriate to use this communiqué, entitled “Faculty Success Newsletter,” to highlight some recent faculty successes. It reassures me that my office is being bombarded with good news about the accomplishments of our faculty.

Recently, several faculty members, residents and students were recognized for the contributions they have made to the School of Medicine’s diversity programs:

Daniel Savin, MD
Dr. Savin is a leader in promoting diversity at the School of Medicine and the entire Denver community. As a psychiatrist, he has devoted his professional career to serving minority groups including immigrants, refugees and Native Americans. Dr. Savin is nationally known and respected for his clinical work, teaching and scholarship in areas of refugee and cross-cultural mental health.

(Continues on page 2)

Faculty FAQ

Q: What are the differences among at-will, indeterminate and limited appointments?

A: The University of Colorado recognizes four types of faculty appointments:

- **Tenured appointments** continue until resignation or retirement, or until termination (pursuant to applicable Regent laws and policies).
- **Indeterminate appointments** are made for an indefinite period of time; but, as stated in the faculty member’s letter-of-offer, continuance of the appointment is dependent upon inclusion in the approved budget and availability of salary support from specified grants or other sources. Typically, if funding from those sources ends, the appointment ends immediately, without the requirement for further notice.
- **Limited appointments** are for specified periods of time (from less than one year to four years).
- **At-will appointments** are made for an indefinite period of time; their continuance is at-will. By state law, non-tenure eligible faculty (Instructors and faculty holding research associate or research professor titles) may only hold at-will appointments, unless the faculty member’s duties are at least 50 percent devoted to direct patient care.

Q: If a department chair decides not to renew a faculty member’s appointment, is the faculty member entitled to notice?

A: One year’s notice of non-reappointment is required for full-time faculty members holding limited term appointments, after two or more years of service to the University. Three months’ notice is required for faculty members in their first year of

(Continues on page 4)
Letter from the Dean (Cont.)

(Continued from page 1)

Charlene Ortiz, LCSW, ACSW
As a part of the Colorado Health Outcomes Program, Ms. Ortiz understands issues related to diversity; she actively engages and teaches others about the critical importance of considering diversity and cultural differences when conducting health research.

Jerry Perry, MLS
Jerry Perry is the Deputy Director of the Denison Library. In his role as Diversity Liaison for the Office of Academic Affairs, Mr. Perry has served as a tireless advocate for diversity issues on this campus. In particular, as Chair of the Gay, Lesbian, Bisexual, Transgender, Intersex, Friends and Allies Committee, he has reinvigorated this group for faculty, staff and student participants.

Lisa Van Bramer, MD
During her residency at the Refugee Preventive Health Program at the Colorado Department of Public Health and Environment, Dr. Van Bramer worked tirelessly on behalf of her diverse patient population. As she learned more about refugee health, Dr. Van Bramer made new recommendations that resulted in fundamental changes in State programs.

Phillip Mendoza
Anyone who knows second-year medical student Phillip Mendoza knows him to be a leader by example. He has provided critical input into the cultural competency and diversity thread committee for the new medical school curriculum. He continually rolls up his sleeves and works in the trenches, whether as a volunteer with a preceptor physician in Guanajuato, Mexico, providing translation services in the community, or serving as the Treasurer on the National Network of Latin American Students, the student arm of the National Hispanic Medical Association.

Gabriela-Maria Valez
Gaby, a student in the MD/PhD program, serves as the School of Medicine Student Ambassador. In this role, she leads a group of students who work together to ensure that all minority applicants to the School of Medicine are contacted and made to feel welcome when they come to campus, especially during their medical school interviews. She is passionate about helping all students reach their full potential.

Congratulations to all of these individuals and to all of you who work behind the scenes to support the School’s commitment to diversity. I look forward to the day when diversity is so engrained in our culture that we won’t need to recognize individual contributions. Let’s all work to make that a reality sooner rather than later.

With warm regards,

Richard D. Krugman, MD
Dean
CU School of Medicine

New Resources for Medical School Faculty

Making the Right Moves --- An on-line career development manual for new faculty investigators

Last year, the Howard Hughes Medical Institute and the Burroughs Wellcome Fund released a new on-line manual for new investigators. This textbook, Making the Right Moves: A practical guide to scientific management for postdocs and new faculty, is available in its entirety, at no charge, at http://hhmi.org/labmanagement.

The book is based on the successful BWF-HHMI Course in Scientific Management for Beginning Academic Investigators, held in July, 2002 at the Howard Hughes Medical Institute headquarters in Chevy Chase, Maryland.

As outlined in the preface to this manual, it is designed for "talented, young biomedical scientists, who face challenges in having to fulfill their research, teaching, administrative and clinical responsibilities, while simultaneously being expected to obtain grant support, publish, hire staff and keep their labs running smoothly --- all without formal management training." The editors added, “Beginning biomedical scientists might have avoided costly mistakes and made better progress if they had learned to be managers as well as researchers before establishing their laboratories.”

Making the Right Moves is a 235-page guidebook. The 13 chapters cover a variety of academic as well as management topics, including: a) negotiating a faculty position and planning for tenure; b) defining and implementing your mission; c) staffing your laboratory (including "asking staff to leave"); d) mentoring and being mentored; e) Time management; f) Project management; g) data management and laboratory notebooks (including finding the right data management systems); h) getting funded; i) getting published and increasing your visibility; j) establishing collaborations (and special challenges for beginning investigators); and k) understanding technology transfer.
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) recently launched a new electronic publication for medical school faculty. *Faculty Vitae* is a no-cost, password-free newsletter, published by the AAMC’s new section on Faculty Development and Leadership. *Faculty Vitae* will focus on a variety of strategies to promote faculty success and strengthen the academic medical community. These will include: a) Faculty development programs targeted to a wide spectrum of faculty, from early career through senior leadership; b) Analyses of trends and models of practice for faculty advancement, retention and professional development; c) Development of effective, supportive organizational policies; and d) Activities that highlight increasing faculty diversity and gender balance. The AAMC’s Faculty Development and Leadership section and *Faculty Vitae* recognize that faculty vitality “requires attention to both individual and organizational development.”

*Faculty Vitae* will be published quarterly and may be accessed at [http://www.aamc.org/members/facultydev/start.htm](http://www.aamc.org/members/facultydev/start.htm). Or just enter “Faculty Vitae” into Google.

This link has also been added to the School of Medicine Office of Faculty Affairs web site ([http://www.uchsc.edu/sm/sm/offac.htm](http://www.uchsc.edu/sm/sm/offac.htm)).

Each issue of *Faculty Vitae* will include news of interest to medical school faculty, discussions, model programs, data summaries, research reports and references. The inaugural issue was published on-line in September, 2004, and the second issue followed in January, 2005. Among the early topics: a) Salary equity research studies; b) negotiation skills and examples of their application to academic medical life; c) perspectives on developing minority affairs and diversity offices; d) "speaking like a leader;" e) maintaining faculty vitality in academic medicine; and f) U.S. medical school faculty statistics (including the distribution of faculty by gender and rank).
Voices from the Past…

Catalogues of the School of Medicine: Volume 1, 1883

WITH THIS ISSUE of the Newsletter, we are introducing a new section, “Voices from the Past.” “Voices” will include brief historical abstracts, biographical sketches, news accounts, minutes from faculty meetings, curriculum outlines and other notes and excerpts from the rich history of the School of Medicine.

The following quotations are from the first edition of the Catalogues of the School of Medicine, published in September, 1883, which announced the opening of the Medical Department of the University of Colorado.

Announcement

The people of Colorado have ever shown a ready appreciation of the advantages of public education. The State is largely settled by intelligent and educated persons from all parts of the United States and from nearly every part of the civilized world … The object of the establishment of this Department is to secure a good medical education for those who may in the future be entrusted with the health of our citizens. The Regents believe that the lives and health of the people of Colorado are not second in importance to any other interest that can be subserved by the State University.

The Medical Department … offers no facile inducements to graduation, but proposes to serve the best interest of the citizens of the State. The University … is established by the Constitution of the State at the beautiful little city of Boulder, which contains a population of nearly five thousand inhabitants, and is most picturesquely situated at the mouth of the Boulder Canyon. Boulder is situated about thirty miles from Denver and is easily accessible by rail from all parts of the State.

The session commences on Wednesday, the 10th day of September, 1884 and ends on the 3rd day of June, 1885.

Requirements for Admission

Each candidate for admission must present: A literary or scientific degree; a high school diploma; or be required to write, in the presence of the examiner, a satisfactory application for admission, containing an account of his educational opportunities and acquirements, and then read this statement to the examiner… The candidate will further receive a thorough examination in the branches of a good English education, including mathematics and natural philosophy.

Sexes

By the provisions of the law … both sexes are received on equal terms.

Fees


Editor’s Note:

When the School of Medicine opened its doors in 1883, the faculty consisted of nine professors, led by the President, Horace M. Hale, of Boulder. There was one faculty member in each of the following departments: Medicine, Materia Medica and Therapeutics; Obstetrics and Diseases of Women and Children; Surgery, Ophthalmology and Otology; Anatomy and Physiology; Chemistry; Pathology and Hygiene; and Medical Jurisprudence.

An additional faculty member served as Demonstrator of Anatomy.

In the next issue of the Newsletter, we will summarize the first “Course of Instruction,” school calendar, lecture schedule, textbooks and requirements for graduation.

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


Faculty FAQ (Cont.)

(Continued from page 1)

service at the University, and six months’ notice is required for those in their second year of service.

Similar notice must be provided to faculty members holding indeterminate appointments if their appointment will not be continued for reasons other than availability of funding (as outlined in the letter-of-offer). Faculty members holding at-will appointments may see their appointments end at any time, without notice (although certain constitutional protections apply).

One additional note: Faculty members holding limited or indeterminate appointments may not be re-assigned to at-will appointments unless proper notice is provided.
**Faculty Facts**

**School of Medicine Faculty: By Gender and Rank**

**Female Faculty: By Rank**

- Associate Professor: N=10 (19%)
- Instructor/Sr. Instructor: N=204 (19%)
- Professor: N=322 (30%)

**Male Faculty: By Rank**

- Associate Professor: N=243 (23%)
- Assistant Professor: N=304 (28%)
- Professor: N=322 (30%)
- Instructor/Sr. Instructor: N=204 (19%)

**Rules and Regulations**

**Annual Reviews of Faculty Performance: A Fact of Life**

Most of us are aware that “Annual Performance Evaluations” are a necessary part of faculty life. In fact, annual performance evaluations are required under state law, Regent law and campus and School of Medicine policies. The citizens of Colorado also expect that University faculty members will be evaluated regularly. And apart from SOM and University rules, well-defined, well-executed performance reviews, carried out in face-to-face meetings between a faculty member and department chair, are essential in building a cohesive and productive faculty.

Unfortunately, as faculty members, department chairs and administrators have frequently observed, there are numerous types of review, including annual reviews, performance ratings, mid-term comprehensive reviews, professional plans and post-tenure reviews. The rules governing these reviews are confusing, overlapping and generally ambiguous.

The purpose of this article is to summarize and clarify the performance evaluations that are required for faculty in the School of Medicine. In every case, performing and tracking these evaluations are the departments’ responsibilities.

We have also prepared a more tabular “Guide to Faculty Performance Evaluations,” which appears on the Office of Faculty Affairs web site (http://www.uchsc.edu/smi/sm/EvaluationSummary.mdi) and on the inside back cover of this Newsletter.

**Annual Reviews**: All medical school faculty members are subject to annual reviews. Annual reviews are mandatory at the Instructor rank and higher, whether tenured or not. Faculty in the Research Professor series are also included. The annual review may be conducted by a faculty member’s division head. It must be completed no later than May 1st of each year.

During the annual review, the Chair should evaluate the faculty member’s performance in teaching, research, scholarship and service—the same areas of professional competence and achievement.
Annual Reviews of Faculty Performance: A Fact of Life (Cont.)

(Continued from page 5)

mend that are used in tenure and promotion reviews. The recent SOM report, ENHANCING PROFESSIONALISM, also rec-

ommended that faculty be evaluated in certain less objective areas, such as professionalism and departmental and SOM
citizenship. For additional information about annual performance evaluations, refer to the SOM Rules, http://
www.cu.edu/regents/Laws/AppendixA.html.

Annual performance reviews should be bi-directional conversations. One objective is to document whether the faculty
member is fulfilling the department’s expectations and is on course for promotion. In this part of the review, the Chair and faculty
member should refer frequently to the promotion matrices and Rules of the SOM. Equally important, the annual review
must provide an opportunity for the faculty member to indicate whether his or her own expectations are being met and
what additional time, resources, mentorship or other opportunities may be required to meet career objectives. Annual
reviews should provide an opportunity for the faculty member to have input into his or her job assignments and the allocation
of time and effort to teaching, clinical work, service and scholarship. The Annual Review is conducted concurrently
with writing or revising the faculty member’s Professional Plan; in both processes, the faculty member should engage in self-
evaluation, there should be input by the mentors, and there should be explicit short- and long-term goal setting for the
year(s) ahead.

Professional Plans: All tenure-eligible faculty, beginning in their second year, must develop a Professional Plan. Profes-
sional plans should contain clear statements of the faculty member’s goals in teaching, research/creative scholarship and
service and the time and effort that will be devoted to each. Faculty professional plans must be reviewed and updated on an
annual basis, during annual performance evaluations (See above). A template for professional plans is posted on the Office
of Faculty Affairs web site at http://
www.uchsc.edu/sm/sm/ProfPlanSample.mdi.

Comprehensive Mid-term Review: Each Assistant Professor must be evaluated in a comprehensive manner during
the third or fourth year in rank. The comprehensive mid-term review should be conducted by the departmental evaluation
committee (the committee that is designated to review candidates for appointment, promotion and tenure). This evalu-
ation is detailed and comprehensive and resembles a “mock” promotion review. The committee should evaluate faculty
performance in teaching, research, scholarship and service. The faculty member under review should furnish an updated
CV, copies of recent publications, funding record, description of teaching effort, teaching evaluations and evidence of
clinical, university or public service. Each faculty member must be informed in writing by the department chairperson of
the results of this evaluation. The written summary should state clearly whether the faculty member is on track for promotion
to Associate Professor; if the answer is “no,” the committee and chair should make recommendations for accelerated
faculty development.

Annual Performance Ratings: Colorado law requires that each faculty member be assigned, on an annual basis, an
overall “Performance Rating.” The rating must categorize the faculty member’s performance as: Outstanding; Exceeding
Expectations; Meeting Expectations; or Below Expectations. The rating follows naturally at the conclusion of the annual
review (See above). The performance rating must conform to the University’s policy and format (See http://
www.cusys.edu/policies/Personnel/perfratings.html). The performance rating should not be sent to the Dean’s Office; it
should be placed in the employee’s personnel file, where it is subject to disclosure under the Colorado Open Records Act.

Post-tenure Reviews: All tenured faculty members must undergo a comprehensive performance review every
five years following the award of tenure. The objectives of the post-tenure review (PTR) are: a) To facilitate continued
faculty development, “consistent with the academic needs and goals of the University and the most effective use of institutional re-
sources;” and b) to ensure professional accountability by a regular, comprehensive evaluation of every tenured faculty
member’s performance. Department chairs must also undergo PTR, following the same five-year schedule. In addition to their PTR,
tenured faculty members must undergo annual reviews and must receive annual Performance Ratings, as summarized above. Each tenured faculty member must also develop a five-year professional plan as a part of the PTR.

PTR’s are conducted by a committee of at least three tenured faculty peers, appointed or elected by the department. The PTR committee should evaluate faculty performance in teaching, research, scholarship and service. The faculty member under review must furnish an updated CV, copies of recent publications, funding record, description of teaching effort, teaching evaluations and, if applicable, evidence of clinical, university and public service. The PTR Committee may (but is not required to) request written evaluations from respected peers within or outside the School of Medicine.

At the conclusion of the PTR, the chair of the PTR committee must submit the committee’s written report to the depart-
dment chair. The chair, in turn, must inform the faculty member, orally and in writing, of the results of the PTR. As the final step, a copy of the PTR must be submitted to the Dean. The chair may attach a letter of concurrence or non-concurrence. Faculty members have the right to appeal the results of the post-tenure review.
The 2005 Meeting of the Western Group on Educational Affairs—
The AAMC WESTERN GROUP on Educational Affairs (WGEA) annual regional meeting was held April 1-3, 2005 in Denver and was hosted by the University of Colorado School of Medicine. The theme was “The Many Faces of Narrative: Research and Stories from our Patients, Students, and Teachers.” The conference was a great success. Special thanks go to Dr. Carol Kamin (program chair), Helen MacFarlane, Diane Unitt and Sam Hanson for all their hard work to make the conference a success.

There were 106 attendees, 27 of whom were from the UCDHSC campus. There were 64 oral presentations, workshops and posters. Of the 64 presentations, approximately 30% were by School of Medicine faculty. One of the highlights of the conference was the plenary address by Dr. Dan Johnson, entitled “On Being Human: Preserving the Art of Healing.”

Among the other interesting presentations (SOM faculty presenters are noted):

- Self- and 360˚ assessment in a family medicine faculty development fellowship;
- A narrative-based hospice rotation for first-year physician assistant students (by Dr. Dan Johnson, winner of the Educational Innovations award);
- Revealing the richness of your data through qualitative methods;
- An innovative model of excellence: training Spanish-speaking standardized patients for the Program in Medical Education for the Latino Community (PRIME-LC);
- Evaluating and enhancing cultural competence education;
- CurrMIT and GQ Overview (Curriculum Management and Information Tool and the Graduation Questionnaire);
- Creating consensus on a progressive four year clinical curriculum (Robin Deterding);
- Tobacco treatment education: Strategic planning for successful curricula;
- Advanced academic training opportunities in clinical science: Exploring a continuum of options (Laurie W. Shroyer);
- MedEdPORTAL: Providing Online Resources To Advance Learning in Medical Education.

The 2006 WGEA conference will be held on April 30-May 3, 2006 at the Asilmar Conference Center in Pacific Grove, California. These regional meetings are a great way to connect with other medical educators and to share research innovations in medical education.

A New Teaching Scholars Program for School of Medicine Faculty

In late May, the Educational Development and Research (ED&R) Office will email all of the School’s department chairs and faculty to announce a new Teaching Scholars Program (TSP). The TSP will be taught by ED&R faculty as well as outside consultants. TSP will be an 18-month program that will meet for three hours every two weeks for nine months, with the remaining nine months used for completing a scholarly project. TSP topics might include: Learning and curricular theories; curricular planning and design; curriculum evaluation; testing; designing medical education research studies; survey design; quantitative and qualitative research methods; use of simulations; teaching in the information age; and career planning.

There will be no financial support for faculty participating in TSP; however, department chairs will be asked to provide 10% release time for their faculty who participate in the program. Chairs will be asked to nominate faculty who are most likely to benefit from TSP — namely, faculty who are building their careers as medical educators. Approximately 10-12 SOM faculty members will be chosen each year.

A similar program at the University of California, San Francisco led to marked increases in the scholarship of program participants. From the inception of the medical education office at UCSF, the number of peer-reviewed publications increased four-fold with an even greater increase in the publication of abstracts, editorials, chapters and books. In addition, there was a substantial increase in faculty attendance and in the number of presentations at national education meetings. It is the mission of the ED&R Office to provide a supportive environment for the development of educational scholars. The Teaching Scholars Program is one way in which we hope to achieve that goal.
Faculty News

Honoring Dr. Charles Blackwood

On February 25th, the School of Medicine honored a pioneer, Dr. Charles James Blackwood, Jr. Dr. Blackwood was the first African-American graduate of the University of Colorado School of Medicine. Dr. Blackwood graduated in 1947. He died in 1993 after a long and distinguished career serving the Denver community. The reception in his honor was sponsored by the School of Medicine and the Department of Pharmacology as a postdoctoral fellow in Medicine and the Department of Pharmacology. She is also a member of the Neurology Department. Dr. Zahniser's mentor was the first African-American graduate of the University of Colorado School of Medicine, Dr. Blackwood. Dr. Zahniser came to the School of Science Training Program and the Biomedical Science Program, the Medical Student Training Program.

Blackwood was born in 1921 in Trinidad, Colorado. He graduated with a BS in chemistry from the University of Colorado in Boulder and then graduated from medical school in the top ten of his class. Blackwood was the first African-American clinical professor of medicine at the School and the first African-American on the staff of St. Luke’s Hospital. He served in the United States Air Force (1952-1955) and established the radiology department at Hamilton Air Force Base. After military service, he returned to Denver and continued in practice until his retirement. During his years of practice, many of his patients could not pay for their treatment, yet he never turned away a patient in need.

Faculty at Work

SCHOOL OF MEDICINE faculty members do more than “just” teach, write, conduct research and provide clinical care to patients. They are also engaged in vital community health and outreach programs. Each year, the University of Colorado distributes a publication entitled, Faculty at Work, to highlight the service activities of faculty members. The 2005 issue of Faculty at Work highlights the contributions of 6 faculty members “whose dedication to service knows no bounds.” One of these is Dr. Kathryn Hassel, Associate Professor of Medicine. “As far as her patients are concerned, Dr. Hassel never sleeps. She is available around the clock for Colorado’s adult sickle cell anemia community, a commitment that her patients say is all about trust.” Dr. Hassel is Director of the Colorado Sickle Cell Treatment and Research Center, and she donates a portion of her speaking fees to help fund this organization. The Center helps interpret sickle cell tests from newborns around the state and sends a nurse specialist to visit every baby who tests positive. Dr. Hassel helped create an adult sickle cell health care provider network to share knowledge and treatment advances with providers across the country. She has worked tirelessly to increase community awareness and support for patients and families who are affected by sickle cell disease. Dr. Hassel was the recipient of the 2003 Bank One Faculty Community Service Award.

2005-2006 ELAM Fellow

Dr. Nancy R. Zahniser has been selected as a member of the 2005-2006 Executive Leadership in Academic Medicine (ELAM) program. Dr. Zahniser is Professor and Acting Chair of the Department of Pharmacology. She is also a member of the Neuroscience Program, the Medical Student Training Program and the Biomedical Science Training Program.

Dr. Zahniser came to the School of Medicine and the Department of Pharmacology as a postdoctoral fellow in 1977. Together with her mentor, Dr. Perry Molinoff, she did some of the pioneering work characterizing dopamine receptor subtypes; she published her initial paper on this work in the journal Nature. She continued her laboratory studies of catecholamine action, and in 1984 she received a Pharmaceutical Manufacturers Association Foundation Faculty Award, given annually to only two promising young pharmacologists in the country. Over her career, Dr. Zahniser has published more than 100 peer-reviewed journal articles. She has served on the editorial boards of three journals, including Neuroscience Letters.

ELAM offers an intensive yearlong program of personal and professional development with extensive networking and mentoring opportunities. Its goal is to expand the national pool of women candidates for leadership positions in academic medicine. Nearly 90% of US medical schools apply for ELAM fellowships, while no more than 45 candidates are chosen each year. During the 2005-2006 academic year, Dr. Zahniser will attend three weeks of professional skills development at the Gregg Conference Center near Philadelphia and during the AAMC fall meeting. She will also lead an Action Project at the University of Colorado School of Medicine. Participation in the ELAM fellowship program will allow Dr. Zahniser to her address the issues which arise in her role as Acting Chair and in future leadership positions.
2005 Diversity Research Exchange

THE THIRD ANNUAL DIVERSITY Research Exchange was held at the Fitzsimons campus on April 7, 2005. There were 94 attendees, including representatives from the School of Medicine and UCDHSC campus, the U.S. Public Health Service, Colorado Department of Public Health and Environment (CDPHE), county health departments, Kaiser Permanente, Colorado Foundation for Medical Care, Colorado State University, Metro State College, University of Denver and several advocacy groups (including the Safehouse Progressive Alliance for Non-Violence, Project Safe and Project Yes). Dr. Ana Hoffenberg served as conference chair; special thanks go to Drs. Angela Sauaia and Lourdes Yun and to Gwen Hill, Director of the UCHSC Office of Diversity, for their hard work in organizing this conference.

The theme of the Diversity Research Exchange was “Social and Political Determinants of Minority Health.” There were 43 oral or poster presentations, of which 40 percent were by SOM faculty members. Dr. Adewale Troutman, Director of the Louisville Metro Health Department, delivered an inspirational keynote address, entitled “Racism.” Among the notable research presentations:

- Dr. David Quissell’s presentation on a Native American community oral health program (Large numbers of children in this community live with chronic pain and suffer from poor nutrition because of unmet oral health care needs);
- Discussions by Drs. Bull, Osuna and Noe of the need for cultural awareness in recruiting minority participants for clinical research studies;
- Dr. Wendi Dick’s poster presentation on cancer health disparities and the role of poverty;
- Dr. Nettles’ poster presentation on knowledge, attitudes and beliefs regarding HIV prevention among African American STD clinic patients;
- Drs. Sarwal, Yun and Hoffenberg’s poster presentations on the challenges to providing diabetes, asthma and tuberculosis health education to Denver’s Asian/Pacific Islander population.

The discussions continued in the afternoon, with presentations and panel discussions addressing the social and historical determinants of minority health disparities (Dr. Estevan Flores), the political determinants of health (Dr. Tim Byers), Colorado’s medically underserved and uninsured (Dr. VanderArk), access to health care for immigrants (Dr. Lourdes Yun), and “pollution and the poor” (Dr. Jill Litt). The closing panel discussion addressed another determinant of health in Colorado --- how the tobacco tax amendment monies will, or should, be spent.

The Diversity Research Exchange is an annual event. It represents a partnership of people and organizations interested in health disparities and diversity education and research.

We hope to see you in April, 2006 at the Fourth Annual Diversity Research Exchange.

Wanted:

Email Addresses

If you are a regular faculty member in the School of Medicine (Instructor or above), you should have also received this newsletter by email. If you did not receive this by email, please send your email address to Cheryl.Welch@uchsc.edu so that we can update our database.
Women in Medicine

2005 CU Women’s Symposium on Faculty Development

The Fourth Annual CU Women’s Symposium on Faculty Development was held on March 4th at the St. Cajetan’s Center on the UCD campus.

This day of “Recognition, Information, Networking, Career Development and Support” was a great success, with approximately 120 women faculty attending from all campuses. Dr. Elaine Spector, PhD, Director of DNA Laboratory, Department of Pediatrics and Roxanne Byrne, Associate Professor of UCD Mathematics, were the program co-chairs.

President Elizabeth Hoffman welcomed the symposium attendees and, spoke eloquently about the need for CU autonomy to increase tuition and sustain academic programs during a major state budget crisis. She also spoke of the need to protect academic freedom, while preserving the right of the University to investigate and review faculty performances with appropriate due process. The Luncheon Speaker was the Elizabeth Gee Award winner, Marianne Wesson, from the Boulder Law Faculty.

The Women’s Symposium included multiple workshops, including a book club, discussions of tenure and sessions addressing diversity, balancing work and family and “surviving success.” Here are some of the highlights:

Academic Publication: More, Better, Faster focused on helping participants identify and implement strategies to improve academic publication rates. Workshop leaders gave examples of how to improve project planning and tracking, how to develop multiple products from research and how to increase the odds of acceptance of academic papers. The discussion was led by Marcia Muth, author, editor and writing consultant and Rodney Muth, Professor, UCDHSC School of Education and Chair, University of Colorado Faculty Council.

Life at HSC, Tenure Not Included focused on the School of Medicine promotion process, where tenure is awarded separately from promotion to Associate Professor, and where the majority of faculty do not receive tenure. There was considerable discussion about the lack of “tracks” in the medical school. Most participants believed that this still enabled most faculty to be promoted, whether focusing on clinical service, education or research. Faculty acknowledged that it is now much harder to gain tenure or to be promoted to full professor. Elaine Spector, PhD, Associate Professor of Pediatrics, Debra Dyer, MD, Associate Professor of Radiology and Susan Hagedorn, RN, PhD, Associate Professor of Nursing led the discussion.

Defining Diversity - A Roundtable Discussion explored the ways we think about diversity and inclusion as they relate to our lives as women on campus. The discussions touched on campus policies, curriculum and politics. The moderator was Majorie Levine-Clark, Assistant Professor of History, UCDHSC. The panelists included: Carmen Williams, Assistant Vice President for Diversity; Donna Langston, Chair and Professor of Ethnic Studies, UCDHSC; Jennifer Wade, Assistant Professor, Nonprofit and Public Management, Faculty Fellow for Inclusion, UCDHSC; Lena Sorensen, Associate Professor, School of Nursing; and Gwen Hill, Director, Office of Diversity, UCDHSC.

Creating Institutional Change for Women Faculty examined strategies for creating institutional change at the University of Colorado. Laura Goodwin, Interim Associate Vice Chancellor for Faculty Affairs, discussed her experience developing a mentoring program at UCD. Carol Rumack, Professor of Radiology and Pediatrics, discussed the activities of the Women in Medicine Committee and the new HSC Women Faculty Committee that is addressing parental leave, salary equity and child-care. Michel Dahlin, Associate Vice President for Academic Affairs for the University of Colorado System, focused more broadly on addressing problems, potential solutions and strategies for enacting change.

Book Review: Women Don’t Ask

“Women Don’t Ask” (Linda Babcock and Sara Laschever, Princeton University Press, 2003) was discussed at the first Women’s Symposium Book Club, led by Patricia Rankin, Associate Dean for the Natural Sciences at UC Boulder. About 20 University of Colorado faculty members participated.

This book argues that much of the difference between what women and men are paid can be traced to the fact that far fewer women negotiate effectively for their salary or for other resources necessary for success. And when women do negotiate, they tend to be happier settling for less. The book includes interesting research data and also includes advice for women on how to approach negotiations. According to the authors, the critical time for women occurs early in their careers, when women are less knowledgeable about what is needed to succeed in their careers.

This book does not try to teach women to negotiate like men. Rather, it explores and validates the ways that women negotiate and how that does and does not work in a male-oriented environment. It explores why men and women negotiate (or fail to negotiate) the way they do.

According to authors Babcock and Laschever men negotiate four times as frequently as women and get better results. Men are much more apt to make demands and ask for benefits, pay increases and other resources. Men make more money not necessarily because the system is overtly discriminatory - though it well may be - but because men demand more. Although there are more problems presented than solutions, it sheds useful light on an important social problem. Perhaps reading this book will spur more women to focus on improving their negotiation skills.
### Abstracts and Commentary

**The Emergence of Physician-Owned Specialty Hospitals**  

In December, 2003 Congress declared an 18-month moratorium on the construction of specialty hospitals that are partly owned by physicians who refer patients to them. The moratorium is scheduled to expire in June, 2005. Most specialty hospitals provide care in one of the highly profitable medical disciplines, such as cardiac care, orthopedics, women’s health or general surgical care. They are sometimes referred to as hospital “boutiques.” More than 90 percent of single-specialty hospitals that have opened since 1990 are for-profit entities, and most do not have emergency departments or treat Medicaid or uninsured patients. Physicians gain financially, because they collect fees for their professional services, share in the hospital fees and profits and may also realize increases in productivity. General and academic hospitals stand to lose market share, especially if physicians preferentially refer insured and low-cost patients to their own hospitals.

General hospitals have responded by denying admitting privileges to doctors who are part owners of nearby specialty hospitals, a practice known as “economic credentialing.” Advocates of the growth of physician-owned specialty hospitals argue that these hospitals are “an innovation that provides new choices for patients, better quality of care and health care competition … The question is, what kind of competition should be encouraged?”

This review outlines the economic, political, ethical and health care-related ramifications of these specialty hospitals, which are part of a larger movement that is “roiling the relations between community hospitals and physicians throughout the country.”

**Systematic Review: Effects of Resident Work Hours on Patient Safety**  

The relationship between resident work hours, continuity of care and patient safety is complex. On one hand, excessive work hours lead to sleep deprivation for residents and, in turn, degradation in performance of various cognitive and motor tasks. On the other hand, the interventions that are used to reduce resident work hours and prevent fatigue, such as cross-coverage systems and night floats, lead to disruptions in the continuity of patient care. The authors express the research and policy question this way: “Who provides safer care to patients whose health is in flux? A well-rested resident who knows the patient primarily through reports or, a fatigued resident who has first-hand knowledge through performing the admitting history and physical examination?” The “trade-offs” between the positive values of continuity of care and decreasing resident fatigue have important implications for patient safety, both directly (for example, medical errors) and indirectly (for example, resident health).

In this study, the authors reviewed 7 published studies that assessed a system change designed to counteract the effects of work hours, fatigue or sleep deprivation (for example, night float systems) and that included an outcome related to patient safety. The studies were limited in quality, and various biases were present. Overall, the results suggested that introducing night floats and other cross-coverage systems has an unclear effect, at best, on indicators of patient safety, such as mortality, adverse events and medication errors. Based on this systematic review, the authors concluded that “evidence on patient safety is insufficient to inform the process of reducing resident work hours.”

**Why Have Academic Medical Centers Survived?**  
*JAMA.* 2005; 293:1495-1500

This essay, which appeared in the March 23/30, 2005 issue of *JAMA,* is about the survivability of academic medical centers (AMC’s). As the authors point out, “Over the past decade, many observers had predicted the demise of AMC’s, due to competition from community hospitals and physicians, fragile finances, inefficiency and organizational complexity.” The authors outline several other threats to the viability of modern AMC’s, including: Reduced borrowing ability; aggressive competition from boutique and single-specialty hospitals; a shift of laboratory and translational research and clinical trials to for-profit companies; the requirement to provide indigent care, burn and trauma services, high-risk obstetrics, inpatient psychiatry and other poorly reimbursed services; the unreimbursed costs of medical education; and inefficient organizational structures. The latter refers primarily to the “rigidity” imposed by the traditional medical school structure of discipline-based departments.

The authors interviewed AMC deans and executives, hospital administrators, industry leaders and health plan administrators representing 15 different AMC’s. The paper comes in two parts. In the first part, the authors explain why AMC’s have survived, despite all the financial and organizational threats outlined above. In the second part, the authors address the question, "What changes must AMC’s make to their missions and organizational models to succeed over the coming decades?" The recommended strategies for survival include: a) Reasserting organizational leadership of clinical and translational research, through academic clinical trial consortia and other collaborations; b) emphasizing active dissemination of new technologies and discoveries; c) fostering stronger relationships with private physician groups, government

(Continued on page 12)
and private agencies and other institutions, to share the immense costs of high performance computing systems, laboratory instrumentation and data bases; d) leading efforts in information technology, health outcomes, and analysis and remediation of medical errors; e) developing and sharing comprehensive approaches to managing chronic diseases; f) regaining AMCs' "primacy" in offering objective, current education to both consumers and practicing physicians; g) recruiting and developing cadres of academic faculty and administrators who have experience outside of academia (for example, in business, management, philanthropy, politics, policy analysis and industry); and h) "simplification of AMCs' anachronistic organizational labyrinth."

**University-Based Science and Biotechnology Products: Defining the Boundaries of Intellectual Property.**


The authors discuss patents and other means of allocating ownership and control over biomedical discoveries and innovations. The importance of patenting genes, molecular targets and other discoveries is emphasized. The authors also discuss the conflicts that arise when basic biomedical discoveries are funded from public monies or are not patentable, or when discoveries reflect collaborations from multiple sources and the patents overlap. The risks of excessive “upstream” patents are also outlined, including creation of an “anti-commons, where multiple owners each have a right to exclude others from a scarce resource and no one has an effective privilege of use.” The authors review several recent court cases that are beginning to define the boundaries of intellectual property protections in basic science and translational research. They also discuss several alternatives to traditional patents; these include basic science patent pools, licensing fees, mandated arbitration arrangements, and regulations that would allocate a percentage of royalties and commercial revenues to the NIH in the case of discoveries that arose from basic research that was performed or financed in the public domain.

**Generation X: Implications for Faculty Recruitment and Development in Academic Health Centers.**

_Acad Med_. 2005; 80:205-210

In this article in _Academic Medicine_, Bickel and Brown use a “generational lens” to examine components of effective faculty recruitment and development: Mentoring relationships; work-life balance; and career and leadership development.

For the most part, today’s medical school deans, department heads and other leaders are baby boomers, while today’s residents and junior faculty are Generation X’ers. While both share a deep commitment to their work, they often have different strategies for achieving their goals. Although acknowledging the dangers of generalizations, the authors argue that Generation X’ers “are seeking a greater sense of family and are less likely to put jobs before family, friends or other interests.” A greater desire for work-life balance is evident in both men’s and women’s choices of specialties, their desire for part-time positions and flexible work schedules and, increasingly, in a new reluctance to consider and remain in an academic career.

In the next decade, large numbers of older faculty will begin to retire, creating unprecedented numbers of vacancies. Given the salary constraints in academic medicine, high levels of educational debt, lack of funding for medical education and other stresses facing faculty --- and with the preferences of Generation X faculty in mind --- medical schools will have to pay careful attention to faculty recruitment, retention and career support. In particular, the authors write, medical schools must adopt several strategies aimed at increasing faculty vitality and loyalty, including: stronger faculty mentoring programs, career and leadership development, more frequent and effective communication with department chairs and division heads and more job flexibility.

**Also of Interest**


- Faculty ownership of medical facilities: Inappropriate conflicts or an opportunity that benefits physicians and patients? _Acad Med_. 2004;79:1051-1055.


- Effectiveness of a brief workshop designed to improve teaching performance at the University of Alberta. _Acad Med_. 2004; 79:798-804.


### Required Evaluations for all School of Medicine Faculty

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<th>Evaluation</th>
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| **Annual Review**           | Annually, by May 1st                           | Department Chair or Division Head               | • Evaluate CV and faculty performance in teaching, research, scholarship and service  
• Review in light of SOM criteria for promotion and tenure  
• Review and update professional plan  
• Document clearly whether faculty member is on course for promotion and is fulfilling department’s expectations  
• Provide opportunity for faculty member to indicate whether his/her expectations are being met and whether additional resources are needed to meet career objectives  
• Provide opportunity for faculty member to have input into job assignments and allocation of effort to teaching, research, service |
| **Annual Performance Rating** | Annually, by May 1st                           | Department Chair                                | • Performance rating must conform to University policy and format  
• Based on annual reviews faculty member must receive rating of: “Outstanding” or “exceeding,” “meeting” or “below” expectations  
• Rating form stays in departmental faculty personnel file  
• Rating subject to disclosure under Colorado Open Records Act |
| **Professional Plan**       | Beginning in 2nd year  
(Complete or revise by May 1st of each year)            | Department Chair or Division Head               | • Include clear statements of short- and long-term goals in teaching, research/scholarship & service;  
• Include nature & proportion of effort that will be devoted to each  
• Review & update annually (during annual review) |
| **Comprehensive Mid-term Review** | During 3rd or 4th year in rank as Assistant Professor | Department promotion committee                  | • Evaluation is detailed and comprehensive and resembles a “mock” promotion review  
• Committee evaluates faculty member performance in teaching, research/scholarship, service  
• Committee may request external evaluation letters  
• State clearly whether progress toward promotion is satisfactory and when dossier for promotion should be submitted to SOM  
• Faculty member must be informed orally & in writing of results of this review |
| **Post-tenure Review**      | Every 5 years after award of tenure             | Department post-tenure review committee (at least 3 tenured faculty peers) | • Committee evaluates performance in teaching, research, scholarship, service  
• Faculty member must furnish CV, copies of publications, funding record, teaching evaluations and evidence of clinical, departmental, university and public service  
• Committee’s written report is forwarded to Chair and then to faculty member and Dean |

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Dean Richard D. Krugman, M.D.

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