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Faculty Affairs Webpage:

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Faculty Success Newsletter

Summer 2008

Letter from the Dean

Dear Colleagues,

THE ACADEMIC YEAR that ended on June 30th was, in many ways, one of our most successful as a school. Our clinical and research programs continued to grow, in spite of a very difficult funding environment. We have taken small steps toward filling the hole in our state funding that was created by the TABOR cuts of 2002-2005. The “new curriculum” is now three years old, and the first students to experience it from start to finish are now entering their senior year. And despite a variety of challenges, some expected, some not, we have nearly completed the move to the new campus. Yet as I talk with faculty, many of you still seem worried about how we will accomplish all of our teaching, research and service missions when those who supply our budget are increasingly demanding

more and more of us for less and less.

I sensed some of that frustration in the debate surrounding the new policy to guide our relationships with industry in educational settings. Clearly, some faculty members view this policy as yet another set of rules and regulations perpetrated by a “bureaucratic and politically correct” administration. I have sometimes described my position as dean as sitting between the two tectonic plates: the one on which faculty members work; the other that holds the administration above us – University Regents, the CU “System” and the state and federal governments. These governing entities have never gone through a year where they all felt it was unnecessary to regulate or enact something. Often – as was the case with the University ASP (Administrative Streamlining

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Saying Goodbye to the School of Medicine

Richard F. Hamman, MD, DrPH, Dean, School of Public Health; and Philip Archer, ScD

ON JULY 1, 2008 the Department of Preventive Medicine and Biometrics left the School of Medicine to form the core of the new Colorado School of Public Health. With the “retirement” of Preventive Medicine and Biometrics, after more than sixty years as a department in the School of Medicine, a brief reflection is in order.

Brief History of the Department

The Department of Public Health and Preventive Medicine was established in 1947, when the original Department of Public Health and Laboratory Diagnosis was dissolved.¹ During the 1950s and early 1960s, the department developed research and teaching programs in “the cultural and sub-cultural” components of health care, examined the health implications of radia-

tion exposure and participated actively in planning Denver’s model neighborhood health centers. In 1966 Dr. Jock Cobb was recruited to head the department, and he led the development of a fledgling medical ethics program and established the first medical-school based Masters Degree Program in Health Administration. Soon the department’s first biostatistical group was formed, under the leadership of Dr. Strother Walker. In 1971, the department chair left for a sabbatical; in his absence, the entire biostatistics faculty seceded and formed a separate Department of Biometrics, which remained independent until 1982.

The decade of the 1980s was a period of rapid growth. Under Dr. William Marine’s leadership, the department began to focus on com-

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Letter from the Dean (cont.)

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Process) roll-out years ago – regulators don't give us the means to do what they tell us we must do. And so the unfunded mandate was born.

This is the reality is that we live and work with. It is the reality of the new industry relationships policy. It is very clear that federal and state agencies and legislative committees now want to know what dollars are flowing, from where, to whom and for what purpose. Regulators are emboldened by surveys demonstrating that 64 percent of the American public believes that physician-industry interactions are the public's busi-

ness. Sadly, recent ghostwriting and stock ownership revelations have added to the clamor for a government crackdown. One recent survey demonstrated that the vast majority of patients believe that practicing physicians should never receive gifts from pharmaceutical representatives and should only receive their education from independent sources. Professions must regulate themselves. "Trust me, I'm a doctor" has, sadly, become a phrase that brings a smirk, not a nod.

As of this writing, I do not know whether our policy will pass. I hope it will. Should it not, it will not mean that we have affirmed the

status quo with respect to maintaining professional and ethical relationships with industry. It will mean that we still have a lot more work to do to reach a consensus.

With warm regards,



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

Saying Goodbye to the School of Medicine (cont.)

(Continued from page 1)

munity health and medical education. The Introduction to Clinical Medicine course was developed to help pre-clinical medical students bridge the basic and clinical sciences. Rural health care studies were expanded, including the SEARCH program (Service and Education for Rural Colorado's Health). The Department conducted technology assessment investigations, including Dr. Mim Orleans' landmark clinical trials in electronic fetal monitoring. The department was also home to the Center for Health Services Research. A dormant Masters of Science in Preventive Medicine program was revitalized and renamed the Master's of Science in Public Health; later, it won a "No. 1" ranking by U.S. News and World Report. The Preventive Medicine Residency Program was also established by Dr. Marine.

Dr. Richard Hamman was recruited in 1979 to lead the department's programs in chronic disease epidemiology. Under the leadership of Drs. Hamman and Marshall, the department initiated the San Luis Valley Diabetes Study in 1984. For more than two decades, department faculty members (including Drs. Hamman, Marshall, Rewers, Norris and Baxter) have conducted studies of diabetes in the San Luis Valley, focusing on insulin resistance and atherosclerosis, the genetics of diabetes and obesity, Hispanic aging and cognitive decline and diabetes prevention. Dr. Hamman was named department chair in August, 1989.

During the 1990s, new training programs

were added, including the Occupational and Environmental Medicine residency, a Ph.D. program in epidemiology, and a Ph.D. program in bioinformatics (co-directed by Drs. Larry Hunter and Denny Lezotte). In the late 1990s a departmental working group was formed that would recommend the development of the Colorado Health Outcomes Program, now led by Dr. John Steiner. In 2006 the Colorado Biostatistics Consortium (CBC) was formed, headed by Dr. John Kittelson, in order to provide high-level computational and bioinformatics support for a wide range of School of Medicine centers and programs, including the National Jewish Medical and Research Center, the Cancer Center and the Center for Human Nutrition.

Today, PMB includes more than 160 full-time, secondary and clinical faculty members. There are flourishing research programs in cancer epidemiology and prevention, diabetes, injury control, medical informatics and statistical genetics. The department also provides expertise in longitudinal data analysis, clinical trials methodology, complex sample size calculations and infectious disease modeling.

Planning for a School of Public Health

Planning for the Colorado School of Public Health (CSPH) has been "underway" for more than seventy-five years. The importance of public health degrees in Colorado was first mentioned in 1914.²

In the mid-1940's the American Public Health Association deemed Colorado "a reasonable place for a School of Public Health." There were halting discussions about forming a school of public health throughout the 1970s and 1980s. In 1989 the Blue Ribbon Task Force on the Future of Public Health in Colorado concluded that starting a School of Public Health was not feasible; at the time, the faculty infrastructure seemed too small, state funding too limited and the population of the state (then about 3 million) insufficient to warrant further planning.

In 2002 the time was finally right. Chancellor James Shore formed the Public Health Education and Research Advisory Committee, comprised of academic, public health and business representatives. After reviewing the state's public health workforce needs, meeting with deans of leading schools of public health, and considering the threats of emerging infections, bioterrorism, an aging population, rising health care costs and growing disparities in health and health care along racial, ethnic and socioeconomic lines, the task force unanimously recommended that a collaborative, accredited School of Public Health be developed to serve Colorado and the Rocky Mountain region.³ The University of Colorado Denver was chosen as the lead institution, and Colorado State University and the University of Northern Colorado were named as core universities.

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Saying Goodbye to the School of Medicine (cont.)

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In June, 2007 the new school's mission statement, budget and curriculum were approved by the governing boards of CU, CSU and UNC. The opening date was set for July 1, 2008. Richard Hamman was named Founding Dean of the new Colorado School of Public Health by Chancellor M. Roy Wilson in December, 2007.

A Look Ahead

The new Colorado School of Public Health will open with five departments (Biostatistics and Informatics, Community and Behavioral Health, Epidemiology, Environmental and Occupational Health, and Health Systems Management and Policy). More than 135 existing students in the MS, PhD and MSPH/MPH programs will join students at CSU and UNC in the new School. The existing PhD programs

in biostatistics, bioinformatics and epidemiology and the Health Services Research track will be transferred to the School, and a new Doctor of Public Health degree program will be offered.

Now that July 1st has arrived, we are ending a long chapter as a department of the School of Medicine. But we are confident that the faculty and students of the Schools of Medicine and Public Health will continue to work closely together. Indeed, in 2007 the School of Medicine and the Department of Preventive Medicine and Biometrics signed a collaborative agreement, in which PMB faculty agreed to continue to provide medical student education and quantitative research support to the School of Medicine and to jointly develop research, educational and service programs that draw on mutual strengths. Schools of medicine

and public health are natural allies. It is our expectation that collaborative teaching and research programs between the two schools will only grow stronger, for the benefit of students, faculty and the citizens of Colorado.

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3. A Recommendation to Create a Collaborative School of Public Health for Colorado. Interim Report of the Colorado Public Health Education and Research Advisory Committee. 2002.

Faculty FAQs

Q: Election campaigning: What can faculty members do?

A: As private citizens, School of Medicine faculty members are permitted to participate in election campaigns and advocate for public policies. However, most faculty members are also public employees, and state and Regent laws limit the manner in which they may use the name and resources of the University. Specifically:

- Under the Colorado Fair Campaign Practices Act (CRS 1-45-117), public money and university resources cannot be used to advocate for or against any candidate, ballot initiative or referred measure in any local, state or national election. This means that faculty members are prohibited, 24 hours per day, from using University computers, e-mail accounts, university web sites, faxes or other resources to influence an election. Faculty members also may not participate in any election activities during working hours; if they wish to do so, they must take personal (vacation) leave. Even if using personal time, faculty members may not use University resources and must clarify that their activities

are being conducted on personal time and not on behalf of, or at the request of, the University.

- Under the Act, any person can complain to the secretary of state that a public entity or public employee has violated the campaign practices law.
- Certain campaign-related activities are allowed. For example, faculty members may provide information in response to questions posed in the ordinary course of their duties, even if the information provided relates to a ballot issue --- so long as the question was not solicited by a state employee.
- Separate rules and restrictions apply to students and student groups and to regents and certain other officers of the University.

Q: What is the Faculty Housing Assistance Program?

A: The Faculty Housing Assistance Program (FHAP) is a need-based housing assistance loan program that is available to full-time, tenured and tenure-eligible faculty on

all campuses of the University of Colorado. It is jointly administered by the University and the University of Colorado Foundation. The program is designed to support junior faculty, including newly-recruited faculty members, who may have limited access to capital resources. Since its inception in 2001, 114 faculty members from the Boulder, Downtown Denver, Anschutz and Colorado Springs campuses have taken advantage of the program. More information is available at <https://www.cu.edu/content/faculty-housing-assistance-program> or by calling the Office of the Treasurer (303-837-2182).

Q: What happened to the Faculty Handbook?

A: The old paperbound Faculty Handbook is gone. The new University of Colorado Faculty Handbook is now available only electronically at <https://www.cu.edu/content/faculty-handbook>. The Handbook still includes various policies, laws and procedures that apply to, and are of interest to, faculty members, including: Practices related to promotion and tenure; compensation and leave policies; and policies governing retirement, insurance and other benefits.

Faculty Development

Faculty Career Satisfaction

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) and medical school leaders across the country are paying increasing attention to faculty career satisfaction. Recently, the AAMC conducted an analysis of long-term faculty retention rates, and the results were concerning: "Forty-eight percent of faculty members at a given medical school in any year between 1981 and 1997 left that institution within ten years. Eight percent switched institutions, and the other 40 percent dropped out of academic medicine entirely" (DG Kirch. State of the Faculty. *AAMC Reporter*. 2008; 17 (5): 2). Faculty attrition is costly for departments and for medical schools; unfortunately, little is known about the reasons that medical school faculty members leave their academic careers.

Several years ago (2001-2002), 532 U.C. Denver School of Medicine faculty members participated in an online faculty satisfaction survey. The results were recently published in the journal *BMC Medical Education* (2007; 7:37). The article is entitled, "Medical school faculty discontent: Prevalence and predictors of intent to leave academic medicine." In this study, 40 percent of faculty members reported that their careers were not progressing satisfactorily; 42 percent were "seriously considering leaving academic medicine in the next five years." Members of clinical departments were more likely to consider leaving; members of inter-disciplinary centers were less likely. The most significant predictors of "intent to leave" were: Difficulties balancing work and family; inability to participate effectively in institutional governance

(including commenting on the performance of institutional leaders); absence of faculty development programs; lack of recognition of clinical work and teaching in promotion evaluations; absence of a sense of "academic community;" and failure of chairs to evaluate academic progress regularly.

Medical schools, the article concludes, "must pay attention to the sources of faculty discontent" if they hope to retain creative and successful faculty members. "Programs aimed at ensuring faculty vitality, productivity and institutional loyalty are likely to be far more cost-effective than continual recruitment and retraining." The article includes a series of recommendations aimed at strengthening faculty retention and career success.

The School of Medicine Faculty Senate

Year-End Report by Meenakshi Singh, M.D.



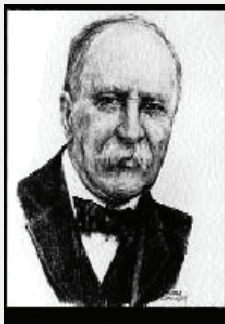
THE FACULTY SENATE of the School of Medicine remained active during the 2007-2008 academic year, addressing a variety of matters of importance to the faculty. Faculty Senators (along with several

invited guests) debated: The strategic plan for the consolidation of the downtown and health sciences campuses; the new name and logo for the University; health benefits for faculty members; interviews and campus feedback pertaining to the search for a new University of Colorado Presidents, and strategies and configurations for consolidation of the faculty assemblies. There were also frequent reports by standing committee chairs and by various School of Medicine and University administrative officers. There were lengthy and substantive discussions of the new policy governing interactions between health professionals and industry representatives. Senators also revisited the School's professionalism policy that was approved in 2005. There were some

preliminary discussions of the status of a "no smoking" policy for the Anschutz Medical Campus. The Faculty Officers and other members of the Senate also participated actively in other governance activities (for example, as members of the Health Sciences Faculty Assembly) and as members of several search committees. Officers are currently participating on the LCME site visit committees and the UPI bylaws committee. All of the minutes of the Senate meetings, and a complete list of all actions taken by the Senate, can be found at <http://www.uchsc.edu/som/faculty/offac.FacSen.htm>.

It has been a pleasure to serve as 2007-2008 Faculty Senate President. Active participation in faculty governance is encouraged for all faculty members. It is your Faculty Senate, and it should work for you.

Meenakshi Singh, MD
Professor of Pathology
President, School of Medicine Faculty Senate



William Osler: On Scientists and Teachers

Teachers who teach current knowledge are not necessarily investigators; many have not had the needful training, others have not had the needful time. The very best instructor for students may have no conception of the higher lines of work in his branch ... and contrariwise, how many brilliant investigators have been wretched teachers?

Sir William Osler. *A Way of Life and Selected Writings of Sir William Osler: 12 July, 1849 - 29 December, 1919*. New York: Dover Publications.

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.*, *Grant writing tools*, *The teaching portfolio*, *Negotiating for success*, *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 *Faculty Vitae* archives include two articles about mentoring: *Mentoring systems: Benefits and challenges of diverse mentoring partnerships*; and *Mentors and protégés: What protégés bring to the equation*.

The Winter/Spring, 2008 issue of *Faculty Vitae* includes a series of articles addressing educational scholarship:

Featured Article: Educational scholarship: How do we define and acknowledge it?

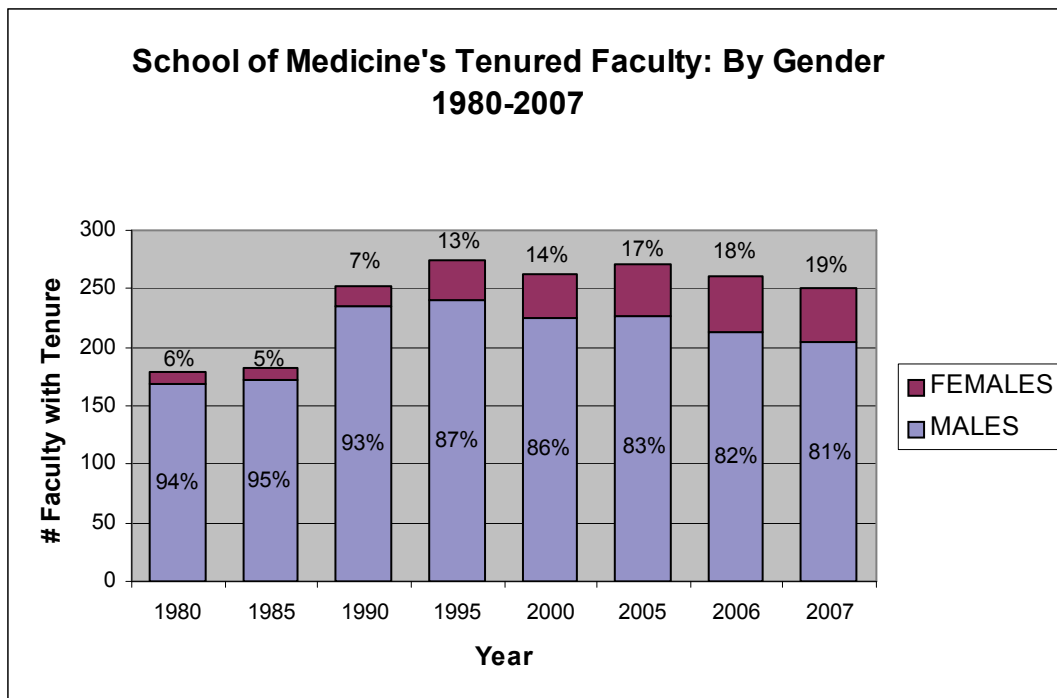
Leadership Lesson: The educator portfolio: A tool for career development;

Spotlight: Dr. Ruth-Marie Fincher embraces the challenge of educational scholarship;

Perspectives: Pathways and practices to educational scholarship.

Faculty Facts

Tenure Awards and Gender



Topics of Interest

Publishing in Open Access Journals: Advantages and Disadvantages

Catherine M. Reiter, MA, AHIP, Assistant Professor & Head of Acquisitions and Collections, HSC Library, UCD

OPEN ACCESS CAN BE DEFINED as free access to full-text, online, scholarly and scientific information without most copyright and licensing restrictions. The primary advantage of open access literature is its availability to users, whether or not they are affiliated with a subscribing library. There are other advantages as well:

- For authors: Wider readership and potentially greater impact;
- For researchers: Access to the research of others, fostering better-informed scholarship;
- For citizens: Elimination of restrictions on the free flow of information;
- For libraries: Lower costs and, therefore, greater ability to meet the information needs of users;
- For academic and research institutions: Maximized impact of research output and increased prestige;
- For organizations and taxpayers that fund research: Increased return on investment.

Open access removes the barriers that limit access to scholarly and research information to paying customers, without affecting the quality of publications. All major open access initiatives agree that peer review is essential for scientific journals. [Draft bylaws](#) issued recently by the Open Access Scholarly Publishers Association require that journals published by its members have editorial boards whose members are recognized experts in fields related to the scope of the journal, conduct peer review and regularly publish original research.

Scholarly open access journals are compatible with all of the quality measures associated with conventionally published scholarly journals, including indexing, peer review and impact measures. Many scholarly biomedical open access journals are indexed in [PubMed](#) and other major bibliographic databases, and articles undergo a peer review process, just like their traditional print counterparts. In a 2004 survey of university faculty in the UK, participants who had published in open access journals reported that “peer review in open access journals is at least as rigorous as that for traditional journals”.¹

A number of studies have confirmed that open access articles are more likely to be found, used and cited than articles published in traditional subscription-based journals.²⁻⁴ A report published in *Nature* in 2001 showed that freely available online scholarly journal articles were cited 4.5 times more often than non-freely available online articles.⁵ Several open access journals, including those published by the [Public Library of Science \(PLOS\)](#), have already achieved extraordinarily high ISI impact factors. *PLOS Biology*, launched in October 2003, has an ISI impact factor of 14.101, highest among all biology journals. Launched a year later in October 2004, *PLOS Medicine* is already ranked fifth among the 103 journals in the general and internal medicine category.⁶

Many scholarly health sciences open access journals are being permanently archived in [PubMed Central](#), NIH’s electronic depository of full-text articles maintained by the National Library of Medicine (NLM). These articles are automatically linked to other [NLM databases](#), making it easier for researchers to discover additional relevant research. Some authors who publish in open journals are depositing copies of their final peer-reviewed manuscripts in institutional digital repositories (self-archiving), creating a

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A Separate Sacrifice

The dimly lit hospital corridor
looks at dusk as it did at dawn.
The patient list in hand, though,
appears much different in the evening light:
names, numbers, tasks—
added, underlined,
crossed off, moved—
Cryptic symbols of a day’s noble work done
and not yet done.

Moving to the next bedside,
weary,
committed,
sacrificial mantle felt,
I glance toward a westerly window
and am uncaring
to be unmoved
by the known-rapturous palette
of an evening’s fleeting majesty—
my soul obscured
until long after duty and privilege are discharged,
the list is satisfied,
and its servant late away.

My beloved’s greeting kindles
any time of day
or night.
Food can be rewarmed.
But a day’s excited story from a child
now asleep,
told by another,
is absent what could have been eternal between us—
a separate sacrifice
that saddens the most noble heart.

Lawrence J. Hergott, M.D.
Professor, Department of Medicine
University of Colorado Denver
School of Medicine

(This poem was published in 2007 in the *Annals of Internal Medicine*.)

Topics of Interest

Publishing in Open Access Journals: Advantages and Disadvantages (cont.)

(Continued from page 6)

wide range of research freely available via search engines like Google Scholar.

Open access publishers are offering innovative value-added features and services to authors who publish in their journals. For example, [BioMed Central](#), a UK-based publisher of 188 peer-reviewed scholarly open access journals, provides its authors with periodic updates including the number of times their articles have been accessed and an assigned rating (for example, “highly accessed for age”), as well as statistics regarding the number of times the article has been cited.

A significant advantage of publishing in open access journals is retention of copyright. Traditionally, authors have been asked to sign over their copyrights to publishers in return for publication and dissemination of their work. It is a tenet of open access publishing that authors (or their host institutions) should retain ownership of the intellectual property they create. Retaining copyright and ownership ensures that authors have the future rights they need to reuse their articles such as posting them on web sites, distributing copies to students, and sharing them with colleagues.

Open access journals are produced more quickly, more efficiently and more cheaply than conventional journals. However, while open access journals may be published more cost-effectively, they still incur the costs associated with peer review, editing, production and dissemination. Opponents assert that open access simply shifts these costs from the point of use of the information – subscribers – to the point of creation of the information – authors, and places an unfair financial burden on authors who are charged publication or processing fees. The “author pays” model, however, is only one business model used by open access publishers. There are many other sources of revenue used to support open access journals including: institutional memberships that eliminate or minimize author fees; subsidies from hosting institutions and professional societies; grant and endowment funding; advertising revenue; and scholarly society membership fees.

There are some concerns that open access will harm professional societies that depend on subscription income from their journals to fund other activities, and [The Association](#)

[of Learned and Professional Society Publishers](#) has cautioned its members to take into account the “hidden costs” of open access and weigh them against its “clear benefits”.⁷ Many associations and societies are already experimenting with various approaches to offer open access. [The New England Journal of Medicine](#) and [Proceedings of the National Academy of Sciences \(PNAS\)](#) offer free access to content six months after publication, and *PNAS* is testing an [author pays model](#) to allow immediate access to articles.

While questions remain about how to finance and sustain open access in the long term, the number and diversity of open access publishers and journals continues to grow.⁸ Advocates assert that the creators and users of biomedical literature as well as the taxpayers who fund research have a right to expect access to scientific knowledge. Whatever final form open access may take, many believe it offers the best option to meet those expectations.

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Learn more

[Create Change](#), Association of Research Libraries and Scholarly Publishing and Academic Resources Coalition (SPARC)

[Framing the Issue: Open Access](#), Association of Research Libraries

[Open Access](#), Scholarly Publishing and Academic Resources Coalition (SPARC)

[Open Access Overview](#), Peter Suber, Earlham College

Open Access at the University of Colorado

The University of Colorado libraries support BioMed Central and the Public Library of Science (PLOS) through institutional memberships. As a result of the libraries' support, UCD faculty can publish in [BioMed Central](#) and [PLOS](#) journals and receive a discount on their publication fees.

For more information about publishing with these open access publishers, contact the [UCD Health Sciences Library](#) at 303-724-2152.

Topics of Interest (cont.)

Launching the School of Medicine's Global Health Track

Andrew Kestler, MD, MBA, D TMH, Assistant Professor, Division of Emergency Medicine; Director, Global Health Track and Associate Director, Center for Global Health

GLOBALIZATION --- including frequent travel of Americans abroad, immigration to the U.S. from an ever-greater number of countries, and increasing awareness of world-wide health disparities --- has made global health an issue of increasing public health relevance. Global health is also an important academic discipline in American medical schools. In Colorado and elsewhere, medical student enthusiasm for global health continues to rise: According to a 2007 survey from the Association of American Medical Colleges, 26% of graduating medical students reported a global health experience during their training.

Until recently, the School of Medicine had no active course offerings in global health. In 2004 a student interest group (Students for Global Health) approached me and several faculty colleagues to develop a new elective, which was called "Introduction to Global Health." Encouraged by the success of that course, in 2005 we initiated a 2-week intensive course, Tropical Medicine & Global Health. By 2006 it was becoming clear that student and faculty interest had reached a critical mass. Following the model of the Rural Track, we designed a 4-year longitudinal curriculum for medical students, incorporating coursework and global health field experiences. Thus, the Global Health Track, or GHT, was born. From its inception, the GHT was carefully coordinated with the new Mentored Scholarly Activity (MSA) Program, so that students could meet the MSA requirement by completing a global health project.

The GHT is now two years old. Currently, 31 first-year medical students are enrolled (20% of the class), and it is the single most popular MSA concentration. There are also 13 second-year students in the GHT. Formal coursework includes laboratory exercises, didactic presentations and self-directed study. Global health field experiences take place during the summer between the first and second year and again during elective time in the fourth year. Students are encouraged to return to the same location for both field experi-

ences, in order to build on existing language skills, cultural knowledge and personal connections. Students also have the option of working with local global health and immigrant health organizations instead of traveling abroad. Currently, global health projects are planned or underway in 15 countries, often involving multi-disciplinary student-mentor teams. Current projects topic areas include: Bednets for the prevention of malaria in Uganda; ethical codes of conduct used by non-governmental organizations in international development work; interventions to reduce maternal mortality in Peru; and community perceptions of short-term medical mission volunteers in Guatemala.

Launching the GHT would have not have been possible without the close collaboration and support of the Center for Global Health (CGH.) CGH has helped to recruit close to 100 mentors and instructors who

work with GHT students. GHT faculty represent numerous clinical departments, diverse community organizations and schools, colleges and departments across the University (for example, Engineering, Journalism, Anthropology, Nursing, Dentistry and Preventive Medicine). The CGH affiliation has also greatly helped with advocacy and fundraising. Eighteen of the nineteen students traveling abroad this summer have secured funding to support their projects.

For prospective students, the GHT is the subject of frequent inquiries. Competitive students who formerly may have been drawn to other schools with more global health opportunities are now opting to stay in Colorado. We are now in the fortunate position of advising other schools and programs on starting their own global health tracks.



Faculty News



MARGARET "PEGGY" NEVILLE, Professor of Physiology & Biophysics and Obstetrics and Gynecology, and chief of the basic reproductive sciences section at the School of Medicine, is the recipient of the University's 2007 Elizabeth Gee Award. The Gee award recognizes a CU female faculty member each year who has contributed significant and original scholarship or creative works, has a distinguished record in teaching excellence, has a record of advancing women in the academic community, and has a record of research, teaching or service that pushes the boundaries of disciplinary knowledge and makes connections between disciplines.

The major focus of Neville's research is regulation of the development of the normal mammary gland. Currently, she is involved in three areas of investigation: the regulation of lipid synthesis in the mammary gland; molecular mechanisms by which progesterone withdrawal activates milk secretion during the transition from pregnancy to lactation; and analysis of the mechanisms by which the gland involutes at the termination of pregnancy. Since the pregnancy-lactation-involution developmental cycle protects against breast cancer, Neville has said that the results of her studies are relevant to both the normal functioning of the mammary gland and the progression into breast cancer.

Begun in 1992, the award is named for Elizabeth Gee, a CU faculty member, a founder of the Center for Human Caring in the UCD School of Nursing and the late wife of former CU President Gordon Gee.

It carries a \$1,000 prize.

Neville and Sallye McKee, CU-Boulder vice chancellor for diversity, equity and community engagement, were keynote speakers at CU's annual symposium on women, held Feb. 29 at the UCD Downtown Campus. The symposium, titled *CU Women Succeeding: Fifth Annual Faculty Development Symposium*, was sponsored by the Faculty Council Women's Committee, Faculty Council and the office of the vice president for academic affairs and research.

Excerpted with permission from the Silver & Gold Record, March 13, 2008)



ROBERT SCHRIER, Professor of Renal Medicine, has received a Lifetime Achievement award from Castle Connolly Medical Ltd., a health care research and information company whose mission is to help consumers find the best health care.

Schrier was chair of the department of medicine at the School of Medicine for 26 years and oversaw significant growth in faculty numbers, research grant funding and endowed chairs. His research centers on the pathogenesis of acute kidney failure, genetic kidney disorders, mechanisms of kidney cell injury, diabetic nephropathy, and kidney and hormonal control of body fluid volume in cirrhosis, cardiac failure, nephrotic syndrome and pregnancy.

Each year Castle Connolly receives thousands of nominations for the award. The physicians selected for the award all share one distinguishing professional attribute: an unwavering dedication to their patients and to medicine as a whole.

Excerpted with permission from the Silver & Gold Record, May 15 2008)

Colorado CTSA is Funded

On May 30th, Chancellor M. Roy Wilson publically announced a major achievement by faculty members at the University of Colorado Denver. The University was awarded a \$76.1 million, five-year grant to establish the Colorado Clinical Translational Science Institute. This National Institutes of Health grant is the largest ever awarded in the history of Colorado, and it is one of the largest ever awarded by the NIH. In his announcement Chancellor Wilson acknowledged the hard work of many researchers and clinicians from all the health professions schools and, especially, the leadership of SOM faculty member Ron Sokol. Chancellor Wilson pointed out that this award was also made possible by the enthusiastic participation of important partners in health care and research, including the University of Colorado Hospital, the University of Colorado at Boulder, Kaiser Permanente Colorado, the Children's Hospital, Denver Health, National Jewish Research and Medical Center and the Veterans Administration Medical Center. Under the umbrella of the new CTSA, clinicians and investigators from the public and private sectors will work together, harnessing scientific breakthroughs for the benefit of patients in Colorado, across the country and around the world. In an interview for the Denver Post, Director Sokol added, "Researchers of the future can't do their work behind locked doors. Not if the Institute is to deliver on its ultimate goal, which is to allow the population of this state to have new treatments first."

Women in Medicine

Women in Medicine: Balance, Barriers and Solutions

Carol M. Rumack, MD, FACR, Associate Dean, GME and Women's Liaison Officer

THE UNIVERSITY OF COLORADO Women's Symposium was held on February 29, 2008. The program featured addresses and panel discussions by four women faculty members from the School of Medicine. Carol Rumack, Professor of Radiology and Pediatrics, Kristin McKinney, Assistant Professor of Radiology, Deborah Saint-Phard, Associate Professor of Physical Medicine and Rehabilitation and Orthopedics and Nancy Zahniser, Professor of Pharmacology, all shared their perspectives on women in medicine and offered prescriptions for success.

The Institutional Perspective

Dr. Rumack, who also serves as the Women's Liaison Officer to AAMC, discussed the role of chairs, mentors and departmental promotions committees, as well as the role of the Office of Faculty Affairs and the school-wide faculty promotions committee. She addressed the importance of meeting not only academic career goals, but also the department's expectations for "economic" productivity. For clinicians, conflicts often arise between the time and support needed for research and scholarship, and the demands of generating clinical revenues. For basic scientists, there are similar expectations regarding acquiring grants. For many faculty members, these pressures are most intense during the initial years of service as assistant professor, exactly when academic progress toward promotion must occur. Therefore, each department must guide the faculty member through the process toward successful promotion. And there are individual responsibilities as well: junior faculty members must understand the promotion requirements, work steadily toward building a portfolio of excellence, and relentlessly document achievements in teaching, research or clinical service.

In recent years, the School has adopted new policies to help junior faculty members achieve career success while balancing their professional and personal lives. For example, the probationary "time clock" for promotion to assistant professor may be extended, when needed, from 7 to 10 years (The procedures and rules regarding promotion extensions are outlined in detail in the SOM Rules). Faculty members may reduce their percent effort and work "part-time," without jeopardizing their eligibility for

promotion or tenure. The Office of Faculty Affairs has also developed several documents covering a variety of topics of interest to faculty members. For example, the faculty affairs web site has links to the School's mentoring guide (*Beyond Every Great Star*), guidelines for assembly clinicians' and teachers' portfolios, examples of "alternative" forms of scholarship and the syllabus and course outline for *Promotion 101*.

The Junior Faculty Perspective

Dr. Kristin McKinney, Assistant Professor of Radiology, joined the SOM faculty 18 months ago. She spoke about the realities of balancing a new career with important family changes, including the birth of a new child. She described the challenges inherent in taking time off for maternity leave, including arranging for child care upon her return. Her perspective was brightened by the encouragement and support of her faculty colleagues and the department's interim chair. Still, as she pointed out to those attending the panel discussion, "it still felt like I was in a bind. My family needs me, and I love my work" What do I do?" Dr. McKinney explained how she made choices between family and professional responsibilities, coming to realize that balance means, at least in part, understanding that "you can't do everything for everyone, all at the same time."

The Mid-Career Faculty Perspective

Dr. Deborah Saint-Phard, an expert in the field of women's sports-related injuries and Founder and Director of Active Women's Health, spoke of her recent promotion that capped several years of hard work. She explained that her chair had served as a mentor, as well as supervisor, and that other senior faculty also served as key advisors. She discussed how to "not waste time" and how to focus on tasks that facilitate promotion. Dr. Saint-Phard emphasized methods to demonstrate scholarship, including design and preparation of course syllabi. She also discussed the challenges, and even some solutions, to maintaining a healthy balance between work and her home responsibilities (including two daughters, ages 3 and 5). She discussed challenges related to diversity in academic medicine, as well as the manner in which her prior experiences as an Olympic athlete

helped her maintain her focus on "just the critical issues."

The Basic Science Faculty Perspective

Dr. Nancy Zahniser is Professor of Pharmacology and Associate Dean for Research Education. She is also a former Executive Leadership in Academic Medicine (ELAM) fellow. Dr. Zahniser urged younger faculty members to make publishing their research findings their top work priority, because this is critical to academic development and career success. She introduced the "passion

(Continued on page 11)

THREE NEW MEDICAL SCHOOLS

The Liaison Committee on Medical Education (LCME) has granted provisional accreditation to three new American medical schools, bringing the total number of accredited schools to 129. The new schools are: the University of Central Florida College of Medicine in Orlando; the Paul L. Foster School of Medicine (Texas Tech University) in El Paso; and the Florida International University College of Medicine in Miami. In addition, according to the *AAMC Reporter* (April, 2008), six other schools are currently advancing through various stages of the application and accreditation process.

--- AND A NEW COLORADO OSTEOPATHIC SCHOOL

In other accreditation news, the Rocky Vista University College of Osteopathic Medicine has received provisional accreditation by the American Osteopathic Association Commission on Osteopathic College Accreditation. Rocky Vista, located in Parker, CO, will enroll its first class in August, 2008. Currently, there are 28 accredited osteopathic schools in the United States.

Women in Medicine (cont.)

Women in Medicine: Balance, Barriers and Solutions (cont.)

(Continued from page 10)

thermometer” as a tool for ranking work priorities and the many service requests that women faculty members receive. She spoke about the challenges of maintaining grant support and stressed the importance of developing successful collaborations, including collaborations with investigators at other institutions. The ELAM fellowship was influential in her career development, helping her develop the administrative expertise needed to move to higher levels of institutional leadership. In concert with her new roles as Associate Dean and a member of the leadership team of the Colorado Clinical

Translational Science Institute, Dr. Zahniser will continue to focus her efforts on helping younger faculty scientists, through mentoring, leadership training, networking and development of grant writing and related skills.

References of Interest

1. *Crazy Busy*, by Edward M. Hallowell, MD (Ballantine Books, 2006) is a delightful discussion of our high speed, high tech life; the best parts are Chapters 28 and 29, including the “ten key principles to managing modern life.”

2. *What's Holding You Back? 8 Critical Choices for Women's Success* (by Linda Austin, M.D., Basic Books 2000) is a great read on how to transcend both private and public glass ceilings.
3. *Talking 9 to 5. How Men and Women's Conversational Styles Affect Who Gets Heard, Who Gets Credit, and What Gets Done at Work* (by Deborah Tannen, PhD). This book is based on research data and includes fascinating anecdotes of men and women from her work as a Georgetown University linguistics professor.

Women in Medicine Committee: Activities and Accomplishments (2007-2008)

IT HAS BEEN AN ACTIVE, productive year for women faculty members and for the Women in Medicine (WIM) Committee. In July, 2007 Dr. Wendy Madigosky, M.D. of Family Medicine and Dr. Audrey Yee of Pediatric Neurology were supported to attend the AAMC Early Career Seminar. In December, 2007 Dr. Meenakshi Singh (Pathology) and Dr. Kavita Garg (Radiology) attended the AAMC Mid-Career Seminar.

In January, 2008 Dr. Rumack, WIM Committee Chair, hosted a dinner at her home to honor Mina Bissel, PhD, the Linda Crnic Memorial Lecturer and Dean's Distinguished Speaker. Also attending the dinner were WIM committee members, Colorado Executive Leadership in Academic Medicine (ELAM) fellows, Dean Krugman and Rosalyn Richman, PhD, Co-Director of ELAM.

In May, 2008 Dr. Robin Deterding, Profes-

sor of Pediatrics and Associate Dean for the Clinical Curriculum, was selected as the University of Colorado Denver School of Medicine ELAM fellow for 2008-2009.

Finally, the WIM committee helped plan and support the 2008 CU Women Succeeding Symposium. See the related article, Balance, Barriers and Solutions.

Upcoming Events

In July, 2008 Drs. Sarah Parker (Pediatrics) and Patricia Yoon (Otolaryngology) will attend the 2-day AAMC Early Career Seminar, supported by the WIM office.

Next spring, the Health Sciences Library will host a special exhibit and program on Women in Medicine. The event, entitled “Changing the Face of Medicine,” will take place over a six-week period from April 9 to May 22, 2009. “Changing the Face of

Medicine” will begin with a special presentation of “Marie Curie,” performed by a Boulder actress. Please watch for more details.

On September 18, 2008, the Center for Women's Health Research and the Women in Medicine Committee are co-sponsoring a Women's Health Research Poster Session and wine and cheese reception from 4:00-6:00 PM. Dr. Peggy Neville will be the keynote speaker. Please submit your posters for consideration. The deadline for submission is August 15, 2008. There will be awards for the top posters, and the top posters will be displayed at the SOM “Fantasy MD” gala on October 4, 2008 at the Colorado Convention Center. For more information, please contact Dr. Judy Regensteiner at 303-724-2247 or Judy.Regensteiner@uchsc.edu.

CALL FOR PAPERS

A new online refereed journal exploring community engagement and community-based learning experiences, *The Journal of Community Engagement and Higher Education*, has announced its first call for papers. This new journal is intended to serve as a forum for the review of research and practice by professionals in higher education in the fields of community engagement and engaged learning practices. For more information, visit <http://www1.indstate.edu/jcehe/>. The journal is also seeking qualified individuals to serve on the editorial board. Interested individuals should submit an email of interest and an abbreviated curriculum vitae to: Nancy Brattain Rogers, JCEHE Editor at nancyrogers@indstate.edu.

The RAISE Project is a program for women scientists, administered by the Society for Women's Health Research, based in Washington, D.C. The RAISE project seeks to increase recognition of women in science, technology, engineering and medicine by providing a series of high-profile professional awards. Despite women's growing presence in these professions, men still receive the vast majority of awards. According to the Society, among the 1,011 science and medicine awards tracked by the RAISE Project, only 17 percent of the 20,373 recipients since 1981 have been women. One-third of the awards tracked by RAISE have never had a woman recipient. For information on the RAISE project, visit www.Raiseproject.org.

Abstracts and Commentary

Exploring the color of glass: Letters of recommendation for female and male medical faculty

Discourse Society. 2003; 14:191-220

This article, published several years ago, is a fascinating review of more than 300 letters of recommendation submitted on behalf of faculty applicants at a large American medical school. Letters written for men were systematically different from those written for women. Letters of reference for men routinely highlighted the faculty candidate's research training, academic productivity and national reputation. Letters written on behalf of women were far more likely to include references to the applicant's communication abilities and commitment to teaching. Letters for women were shorter, and they contained fewer concrete details about accomplishments. Letters for women contained more "grindstone" adjectives ("hard working," "dependable," "thorough," "diligent") but were less likely to use terms such as "achievement," "successful," "scholar" or "leader." Letters for women were far more likely to include "doubt-raising" phrases, such as *While she has not been able to accomplish as much in the laboratory*. The greatest differences between letters of recommendation for women and men were in the numbers of references to 'her personal life' and 'his publications' (Editorial in *Nature Structural and Molecular Biology*. 2007; 14:787).

Student decisions about lecture attendance: Do electronic course materials matter?

Acad Med. 2007; 82(10 Suppl): S73-S76

How do students decide whether to attend medical school lectures? This study, conducted at the University of Massachusetts Medical School, sought to measure the factors that influence student attendance. Of particular interest to the authors was whether student decision-making was influenced by the presence of on-line syllabi and other course materials. Out of 292 students completing end-of-course questionnaires, 197 provided responses to questions about lecture attendance. The majority of medical students reported they made conscious decisions to attend, or not attend, lectures on a case-by-case basis. Each decision appeared to be a "cost-benefit analysis." Decisions to attend a lecture were based primarily on prior experiences with the particular lecturer --- and the degree to which that lecturer encouraged active learning and provided context, helpful explanations or integration of information. Students were less likely to attend a lecture if the teacher tended to confuse students, recited only facts or tended to read directly from prepared slides or materials, providing no new insights into the content. Students also were influenced by two additional questions: *Am I prepared enough to learn from the scheduled lecture?* And, *Will I learn this material better by attending the lecture or by individual study?* Ninety percent of students reported that electronic materials did not affect their decisions. Not a single respondent said that having course materials available on-line discouraged them from attending a lecture. Furthermore, "no student commented negatively on the large-group lecture as an educational method." There was one additional influential factor: Students were less likely to attend a lecture scheduled at 8 AM.

The leaky pipeline: Factors associated with early decline in interest in premedical studies among under-represented minority undergraduate students. *Acad Med*. 2008; 83: 503-511

Medical schools across the country have recognized the importance of increasing the socioeconomic, racial and ethnic diversity of their medical student classes. This 5-year longitudinal study was conducted to determine the reasons that under-represented minority (URM) premedical undergraduates, who declared as freshmen that they "hoped to become physicians," lose their interest in applying to medical school. Overall, women and URM students showed larger declines in interest in medical careers than did men and non-minorities. This waning interest in medicine was not associated with their SAT scores. The most influential factor that explained the decline in interest, especially among women and minorities, was "a negative experience in one or more [undergraduate] chemistry courses." When students were asked how the premedical experience could be made more positive, they recommended improving the student advising program and increasing students' exposure to practicing physicians. Students also said, "definitely change chemistry." One URM woman wrote, "It seems that chemistry courses were only designed to weed people out ... [they] allow a kind of disconnect between the courses that people have to take and the actual type of medicine or career they want to pursue."

Abstracts and Commentary (cont.)

Evidence-based appointment and promotion of academic faculty at the University of Chicago. *Acad Med.* 2008; 83:85-89

The authors describe a new system for evaluation of faculty candidates for promotion at the University of Chicago Pritzker School of Medicine. At Pritzker, all forms of scholarship (discovery, teaching, application and integration) are recognized for faculty promotion and tenure. However, there had never been an evidence-based system for defining or measuring "excellence." The deans and faculty at the University of Chicago sought to develop and implement a more robust system that would be transparent, reproducible and credible and that would properly accommodate the varying job expectations of faculty in teaching, clinical practice, service or scholarship. In order

to add objectivity to various criteria (e.g., impact, originality, rigor, external reputation and educational excellence), the new system relies on web-based forms. These on-line forms "are programmed to reject incomplete, irrelevant or erroneous information --- [like] an inaccurate credit card number." The e-forms incorporate data elements utilized by the National Science Foundation and also require specific answers and information related to each faculty rank, "track" and promotion or tenure standard. According to the authors, using e-forms makes it easier for candidates to address each required item, and makes it easier for review committees to discern when they have not done so. The authors also report that this system "deters hyperbole and gratuitous verbiage," and minimizes duplication and overlap, thus reducing the work load for faculty members, departments and review committees alike.

The e-forms also include questions that clarify credit for collaborative scholarship, an issue that "ordinarily bedevils promotion committees." In the past, promotions committees could only "infer credit," based on the number and position of the authors on a manuscript. Finally, data fields were designed to obtain information about other areas of faculty success, including mentoring, quality of clinical care and service to the university ("internal impact"). The implementation of e-forms at the University of Chicago had important measurable effects, not only in adding objectivity and uniformity to faculty evaluation, but also in facilitating career development and planning by junior faculty members.

What makes a good clinical teacher in medicine? A review of the literature. *Acad Med.* 2008; 83: 452-466.

What makes a good clinical teacher? To address this question, the authors (from the Department of Obstetrics and Gynecology at the University of Pittsburgh) conducted a review of 66 published articles. Of these, 42 were published after 1966. Most were based on surveys of students, residents or peers, but the older articles (pre-1973) were almost all essays or transcriptions of speeches given to professional societies. According to the authors, "What surprised us was the dominance of non-cognitive characteristics ... perhaps what makes a clinical educator truly great depends less on the acquisition of cognitive skills such as medical knowledge or formulating learning objectives, and more on inherent, relationship-based non-cognitive attributes." Great teaching, according to the authors, is found primarily when faculty members are "inspiring, supporting, actively involving and communicating" with their students.

Developing a research ethics consultation service to foster responsive and responsible clinical research

Acad Med. 2007; 82:900-904

The authors begin this commentary by asking, "Why do many see research ethics as a nuisance to investigators and an obstacle to science, while clinical ethics has become a central, and welcome, component of the health care landscape?" The authors argue that research-related ethics are becoming ever more important, especially as interest in technology transfer and translational research grows. Rather than rely solely on a regulatory approach to research ethics, the authors suggest that academic medical centers consider developing research ethics consultation services. Such consultation services might be composed of clinical investigators, lawyers, ethicists and institutional review board experts. Such consulting services might address difficult challenges (for example, related to vulnerable populations or emergency consent) and could serve to "foster fruitful partnerships between researchers and ethicists."

Abstracts and Commentary (cont.)

Leaving the “empty glass” of problem-based learning behind: New assumptions and a revised model for case study in pre-clinical medical education. *Acad Med.* 2007; 82:479-485

Problem-based learning (PBL) “has dominated the discussion of curriculum for several decades.” In this article, a SUNY pathology professor argues that PBL has not lived up to its promise. The author does not question the value of case analyses as a key component of the preclinical curriculum. Rather, he conducts a dispassionate, systematic analysis of the costs, structure, content and outcomes of PBL. The author argues that “medicine should not be self-taught at the under-graduate level;” while developing self-directed, life-long learners is a desirable outcome, “true self-directed learning implies a maturity [and familiarity] in relation to the subject matter.” Faculty expertise is also misapplied in PBL, according to the authors; perhaps this is why PBL proponents and course directors find recruitment of faculty tutors so difficult. Content is also taught unevenly in PBL, because of the variability among tutors and students. The author concludes that the PBL approach is costly and inefficient and that it “misuses the faculty, tends to compromise the authenticity of cases and results in an unnecessarily varied and impoverished educational experience for students.” The author concludes by describing a new method of case-based learning that has been implemented at the State University of New York Upstate Medical University College of Medicine.

Impugning the integrity of medical science: The adverse effects of industry influence. *JAMA.* 2008; 299: 1833-1835

This editorial accompanies two hard-hitting studies that examined the practices of one pharmaceutical company (Merck) during the years prior to the approval of rofecoxib (Vioxx). Using publicly available documents as well as internal documents obtained as part of litigation against Merck, these two studies document how Merck “apparently misrepresented research data ... and manipulated dozens of publications to promote one of its products.” One study (by Ross et al) found that clinical trial articles and review articles related to rofecoxib were “frequently [ghost-] written by unacknowledged authors who were employees of for-profit information industries.” All too often, academically-affiliated investigators, who had little to do with the studies or the reviews, allowed themselves to be named as first or primary authors (often, with no disclosure of this arrangement). The second study, by Psaty and Kronmal, illustrates how Merck withheld data and may have “misrepresented the risk-benefit profile of rofecoxib” in various clinical trials. During one clinical trial, there was, apparently, “no data or safety monitoring board in place.” Rather than place all of the blame on industry, the authors of the editorial argue that ghost writing and other research and publication misconduct “could not occur without the cooperation (active and tacit) of clinical researchers, other authors, journal editors, peer reviewers and the FDA.” They also make 11 different recommendations for corrective action, including more uniform registration of all clinical trials prior to patient enrollment, stricter oversight of rules for manuscript authorship, and, in the case of industry-sponsored trials, a requirement for independent analysis of all data by a qualified statistician who is affiliated with academia and not an employee of the company. The authors also recommend disciplinary action against any faculty member who fails to disclose financial relationships or other conflicts of interest or “who allows his or her name to be used for work that he or she did not actually perform.”

Also of Interest

Merging two universities: The Medical University of Ohio and the University of Toledo

Acad Med. 2007; 82:1187-1195

How to run a successful academic practice plan

JAMA. 2007; 298:799-801.

Burnout in Medical School Deans: An Uncommon Problem

Acad Medicine. 2008; 83:476-482.

Evaluation of clinical faculty: Gender and minority implications

Acad Med. 2007; 82(10 Suppl): S94-S96.

Diversity of U.S. medical students by parental income

AAMC Analysis in Brief. Volume 8 (January, 2008).

Advancing institutional efforts to support research mentorship: A conceptual framework and self-assessment tool

Acad Med. 2008; 83:217-225

Clinical revenue investment in biomedical research: Lessons from two academic medical centers

JAMA. 2007; 297:2521-2524

Addressing health care needs of the Latino community: One medical school’s approach

Acad Med. 2007; 82:1145-1151

Student body diversity: Relationship to medical students’ experiences and attitudes

Acad Med. 2007; 82(10 Suppl): S85-S88.

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