

Volume 2, Issue 1

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Faculty Success Newsletter

Winter-Spring 2006

Letter from the Dean

Dear colleagues:

IN THIS ISSUE of the *Faculty Success Newsletter*, I want to talk about the recent experience a dozen of our faculty had when we all defended in federal court the Student Promotions Committee's decision to dismiss a student. While I am reluctant to go into details (since there is still a state court action pending), there are enough generic issues that this case raised that they are worth discussing with you, our faculty.

The first thing to say is that we all recognize that we are here at the University of Colorado School of Medicine, in part, because we want to be educators. If all we wanted to do was research, we could be a Research Institute; if all we wanted to do was take care of patients, we could do so at any community practice. While we work to "advance science and improve care," we are first a School of Medicine, and there are nearly 600 medical students, 1000 residents

(Continues on page 2)

Faculty FAQs

Q: *Who is eligible for tenure in the School of Medicine? How often is tenure awarded? What are the standards for awarding tenure?*

A: Faculty members who are employees of the University of Colorado in the regular academic ranks of Associate Professor or Professor are eligible for the award of tenure. Faculty members at affiliated institutions are not eligible for tenure but may be considered for the distinction of "tenure criteria." Details regarding tenure and tenure criteria may be found in the *SOM Rules* (See www.uchsc.edu/som/faculty).

Tenure is handled in a different manner at the SOM, when compared with other colleges and campuses in the University system. At the SOM, promotion and tenure are separate processes, although they may occur concurrently. Furthermore, the standards for awarding tenure are higher in the SOM than elsewhere in the University system, and tenure awards are now infrequent at the SOM. For example, during the past three years (2002-2005), the School's Faculty Promotions Committee (FPC) approved 243 promotions to Associate Professor or Professor. During this period there were only 39 applications for tenure; of these, 33 (85%) were approved. Currently (July, 2005), there are 295 University-paid Associate Professors; of these, just 36 (12%) are tenured. Among the 306 Professors, 70% hold tenure.

According to the SOM Rules, "The award of tenure is reserved for those faculty members who are among the best in their field of scholarly endeavor [and who are] widely recognized as outstanding and influential teachers ... Excellence [the highest SOM standard] in both scholarship and teaching must be present before an award of tenure is made." In teaching, the faculty member must have "an outstanding record of demonstrated success in mentoring students, residents, fellows or less experienced faculty members."

The SOM employs a broad definition of scholarship, modeled after the work of Boyer. The School recognizes the scholarship of discovery, application, integration and teaching. To be considered for tenure, the candidate must demonstrate "excellence in scholarship, which has

(Continues on page 2)

Letter from the Dean (Cont.)

(Continued from page 1)

and fellows, 100 PA students, 120 PT students and 50 graduate students relying on this faculty to train them in their chosen profession. And in doing so, all of our programs make the commitment to do whatever we can to assure that the trainees who begin with us have a successful outcome and graduate from whatever program they enter.

Our School and training programs also have a responsibility to the public. We certify that our graduates "have met all the requirements" for obtaining whatever degree or certificate we bestow. Our accrediting bodies now expect us to specify the competencies our students must master, and giving a diploma or certificate to someone who hasn't fulfilled all the requirements is increasingly recognized as

courting trouble.

Let me weave in another thread to this conversation. Our society is pretty litigious. Our state and federal courts are filled with cases brought because one party or another feels aggrieved. There are so many cases lined up that it often takes years for a case to make it to trial. But the reality is that in a free society, and in our particularly democracy, the court system is how we resolve those issues we cannot resolve ourselves. While many of us may not feel comfortable being put in the position of plaintiff or defendant, sometimes we have no other choice.

Why discuss this in a faculty newsletter? First, all of us as educators need to be prepared to stand behind our decisions. I am enormously proud of the dozen faculty who took the time to prepare and testify.

There is no question that it is often easier to practice "gaze aversion," turn the other way and not make difficult decisions. These faculty, the Promotions Committee and I all agree that the latter approach is a disservice to the student, the School, and most importantly, to society.

Each of us has the dual responsibility to our students and to society every time we teach health professional students. Thank you for taking this responsibility as seriously as you are.

With warm regards,



Richard D. Krugman, MD
Dean, CU School of Medicine

Faculty FAQs (cont.)

(Continued from page 1)

led to a national and international reputation." According to the SOM Rules, scholarship (in the context of tenure) means "the long, systematic study of phenomena or events ... accuracy and skill in investigation ... [and] the demonstration of powers of critical analysis in the interpretation of such knowledge."

At the SOM, the tenure salary obligation is limited to the "base salary." In accordance with the "Base-Supplement-Incentive" salary plan approved by the Board of Regents in 1995, the base salary is adjusted each year such that it equals 70% of the average salary during the prior year of all basic science faculty holding that rank.

Q: What are the rules governing sabbatical assignments?

A: After six years of full-time service to the School of Medicine, tenured and tenure-eligible faculty members are eligible for sabbatical assignment. Faculty members must have attained the rank of Associate Professor or Professor. All sabbatical assignments are subject to approval by the department chair, the dean, the Chancellor, the Vice President for Academic Affairs and the Regents. Sabbaticals are also subject to the availability of adequate funding, which must be secured by the faculty member. Sab-

batical assignments may not be granted more often than once every seven years. In accepting a sabbatical assignment, the faculty member must agree to return to the University for at least one year following completion of the sabbatical. Within 6 months after returning to regular duties, the faculty member must file with the dean a substantive report of his or her work and accomplishments during the sabbatical. The sabbatical plan and the post-sabbatical report are public documents.

Sabbatical assignments are considered academic and professional development tools, granted for the advancement of the teaching, service and research missions of

the University. The University considers sabbaticals to be "a time for concentrated professional development." Faculty members seeking approval for a sabbatical must submit a specific plan outlining the academic objectives of the sabbatical. Sabbatical plans must contain detailed descriptions of the manner in which the sabbatical will enhance student learning and benefit the faculty member, the department and the School. The sabbatical application must also address how the faculty member's regular assignments and responsibilities will be covered.

[Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs.]



Faculty Development

Teaching Portfolios: Required for Promotion

TEACHING IS AN important responsibility and privilege of faculty members at the School of Medicine. Evidence of accomplishments in teaching is also required for promotion and tenure. The purpose of a “teaching portfolio” is to document a faculty member’s teaching activities, effectiveness and impact. The teaching portfolio does what a C.V. cannot: it captures and explains what teachers do. **Each candidate for promotion or tenure must submit a formal teaching portfolio as part of a comprehensive promotion dossier.**

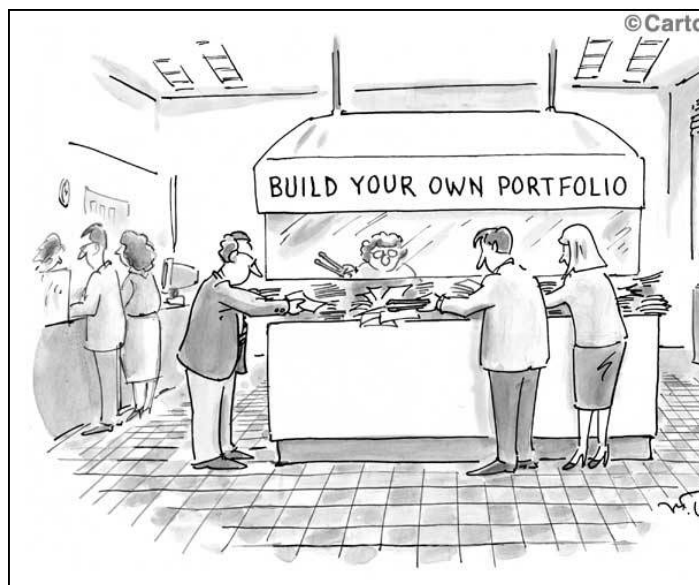
The following format is suggested (although faculty are not expected to have activities in every area):

- A teacher’s statement, which articulates your personal teaching goals and philosophy. The statement may address questions such as: What and how do you teach? What is unique or most important about your teaching? How do you assess students’ learning or measure whether your teaching is effective? What, specifically, do you want to improve about your teaching?
- Classroom instructional activities: List course name & number, dates, number of students and your role in course (lectures given, laboratory or small-group leader, etc).
- Clinical teaching activities (e.g., bedside rounds, ward attending, ambulatory care preceptor): specify site, nature of teaching activity, dates, numbers of trainees.
- Other didactic teaching activities (e.g., grand rounds, seminars, journal clubs, morning report).
- Teaching administration: List courses, clerkships, training programs or CME programs you have directed; also list national service, such as board examiner, participation on residency review or curriculum committees, faculty development activities, etc.
- Curriculum innovation and other “products of education” (Describe your work in preparing or revising high-quality syllabi, developing laboratory exercises or problem-based learning cases, CD-ROMs, evaluation tools or other instructional materials).
- Mentorship: List students, residents, fellows or graduate trainees you have mentored; specify *your* role as research preceptor, thesis director or thesis committee member, and list *their* achievements, including publications, grants, national presentations or awards.
- Advising (Describe your work in mentoring students, house officers or junior faculty).
- Outside education activities, including outreach. Describe your participation in CME or outreach education, including visiting professor invitations.
- Self-study and improvement: List meetings, workshops or fellowships you have attended aimed at improving your skills and effectiveness as a teacher.
- Scholarship of teaching: Describe research activities, education grants or other written scholarship that focus on understanding the best methods, or the outcomes, of teaching.
- Teaching awards or nominations.

A teaching portfolio must also contain supporting documents, including evaluations of your teaching effectiveness. Evaluations may include ratings by learners as well as by peers.

- *Learner ratings* may include quantitative scores, comments from students and letters from former trainees. Trainees who have been mentored can be asked to write letters describing the ways in which you (the mentor) have helped them advance their careers. For example, trainees can be asked to comment about the ways in which you helped them understand research methods, scientific writing or research ethics.
- *Peer ratings* may include written comments from peers who have observed you in various teaching settings or who have reviewed your syllabi, handouts, laboratory manuals or other teaching materials. Peer evaluations may include a general assessment of your knowledge, a statement about the clarity and effectiveness of your delivery, comments about the types of methods you employ in teaching or assessments of the scope, organization, clarity and accuracy of your teaching materials and lecture/seminar content.

[Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs.]



Faculty Facts**School of Medicine Faculty Statistics****July 1, 2005****FULL-TIME FACULTY (INSTRUCTOR & ABOVE):
BY DEPARTMENT**

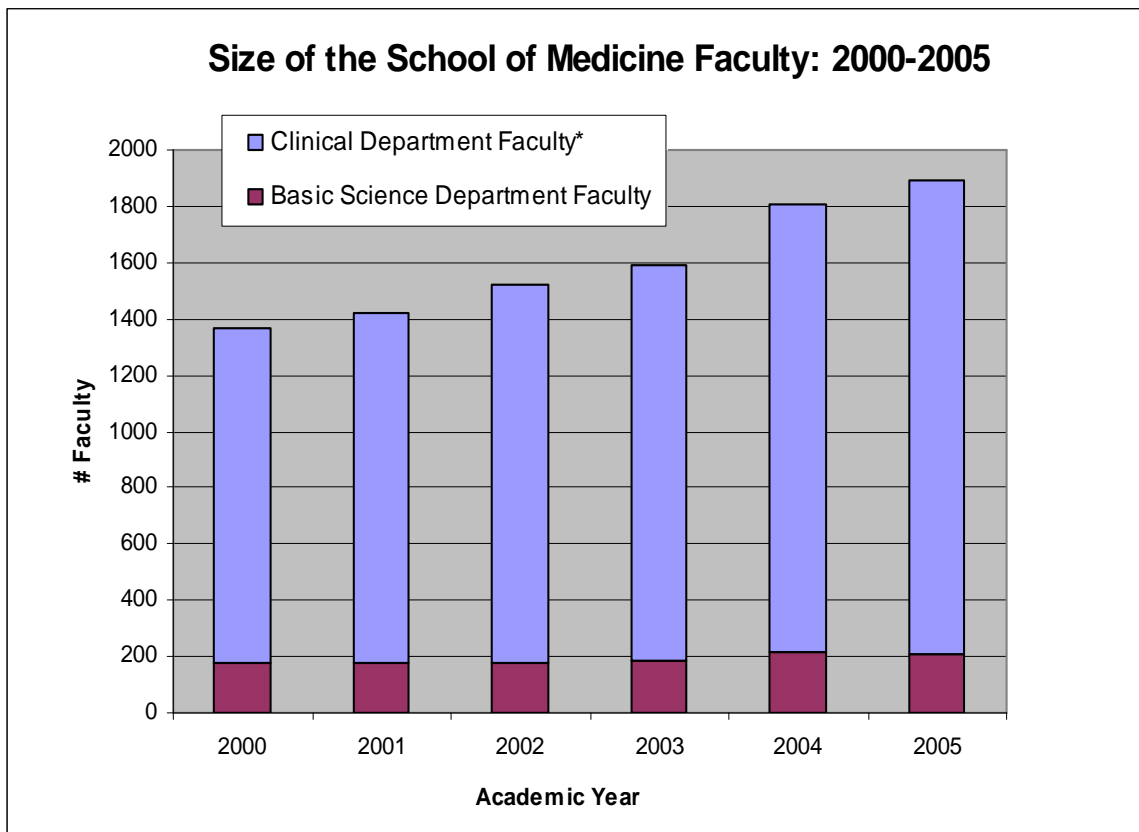
	<u>University Paid</u>	<u>Affiliate Paid</u>	<u>Total</u>
Total Faculty Count	1514	379	1,893
Basic Science Departments			
Biochemistry & Molecular Genetics	22	1	23
Cell and Developmental Biology	22	0	22
Immunology	15	13	28
Microbiology	14	1	15
Pathology	50	15	65
Pharmacology	33	2	35
Physiology and Biophysics	14	0	14
Preventive Medicine and Biometrics	39	13	52
Subtotal	209	45	254 (13%)
Clinical Science Departments			
Anesthesiology	77	13	90
Dermatology	18	1	19
Family Medicine	65	24	89
Medicine	357	155	512
Neurology	25	3	28
Neurosurgery	16	2	18
Obstetrics and Gynecology	35	7	42
Ophthalmology	10	0	10
Orthopedics	33	6	39
Otolaryngology	20	1	21
Pediatrics	317	42	359
Psychiatry	162	35	197
Radiation Oncology	11	0	11
Radiology	34	15	49
Physical Medicine & Rehabilitation	39	7	46
Surgery	86	23	109
Subtotal	1,305	334	1,639 (87%)

Faculty Facts (Cont.)

School of Medicine Faculty Statistics

July 1, 2005			
PAID FACULTY: BY RANK			
(Instructor and Above)			
	<u>University</u>	<u>Affiliate</u>	
	<u>Paid</u>	<u>Paid</u>	<u>Total</u>
Instructor/Sr. Instructor	474	75	549 (29%)
Assistant Professor	401	132	533 (28%)
Associate Professor	319	95	414 (22%)
Professor	320	77	397 (21%)
Totals	1,514	379	1,893

July 1, 2005	
CLINICAL FACULTY	
Volunteer	2,671
Paid (< .5 FTE)	126
Total	2,797



*Affiliate Hospital faculty are included in Clinical Department totals.

Rules and Regulations

Seven or Ten Years for Promotion?

AS ALL FACULTY members know, there is a “time clock” for promotion at the School of Medicine. According to the *Rules of the School of Medicine*, all Assistant Professors members must be evaluated and approved for promotion by the end of their seventh year at that rank. In March, 2005 Dr. Don Gilden, Chair of the Department of Neurology, proposed that the School consider extending the promotion clock to ten years. When this issue was first discussed at the Faculty Senate, opinions were divided. Therefore, the Office of Faculty Affairs and the Senate Officers conducted a formal survey to measure the views of the faculty. An important objective was to capture the views of junior faculty, who obviously have the most at stake. A web-based questionnaire was distributed in July, 2005; 512 faculty members, representing clinician-educators and basic scientists and representing faculty of all ranks, responded. Here are the main results:

- A majority (55%) of survey respondents wanted to extend the promotion time clock to ten years;
- Women, clinicians, and junior faculty members (Instructors and Assistant Professors) were much more likely to vote for the ten-year clock;
- Almost half (48%) of all junior faculty members were not aware that the current 7-year promotion clock is “flexible;” that is, they did not know that: a) extensions are granted routinely for family or personal commitments, changes in career focus or other reasons; and b) the clock is automatically extended on a pro-rated basis to accommodate periods of part-time service;
- Thirty-seven percent of junior faculty members reported they “definitely” or “possibly” will need to request a delay in their own promotion deadlines, due to family responsibilities, interruptions in full-time work or other reasons.

The survey also investigated several important areas of faculty support, including feedback from chairs and mentoring. The following results represent the views of Assistant Professors and Instructors (only those holding M.D. or Ph.D. degrees):

- Twenty-five percent of faculty have never reviewed the School’s promotions criteria, and an additional 38% have no understanding, or only a limited understanding, of them;

- Two-thirds of respondents have never discussed their progress toward promotion, or have done so only once, with their department chair or division head;
- Forty-eight percent of faculty do not have a mentor to assist in career development (and among those who do have a mentor, 57% have never discussed their career progress with their mentor, or have done so only once);
- Basic scientists are more than twice as likely to have a mentor compared with clinicians (68% vs. 31%).

Barriers to Promotion

The survey included two open-ended questions. Faculty were asked, “What are the main barriers that make it difficult to advance to Associate Professor?” There were 437 free-text responses. The 10 most common barriers to promotion were:

- Lack of time or support in my department or division for scholarship (“You get promoted during nights and weekends”);
- Lack of knowledgeable mentoring in my department or division;
- Poor dissemination of the SOM promotion rules;
- Overwhelming clinical demands, especially for the most junior faculty;
- Administrative service, including efforts to build new clinical programs, “counts for nothing” toward promotion;
- Inability to renew NIH funding consistently to support two-thirds or more of salaries;
- Struggles balancing a new family, a new career and the 7-year promotion clock;
- Inadequate start-up packages (salary guarantees, resources, technicians, access to ICR returns) for new faculty;
- Lack of meaningful career feedback and faculty development support by chairs;
- Useless administrative chores, such as this survey.

Faculty Preferences: 7 or 10 Years

The second open-ended question asked faculty why they preferred the 7-year or the 10-year clock. Faculty preferring the 7-year clock pointed out that: a) It is consistent with most peer institutions; b) 7 years is usually enough time to determine if success is likely; and c) the current SOM 7-year clock is already

flexible. Faculty also pointed out three important risks if the clock is extended to 10 years: First, in all likelihood, 10 years will become the “norm.” Second, grants, publications and other promotion requirements are likely to be inflated. And third, extending the clock will do nothing to help faculty who are unmentored and who lack sufficient time for teaching or scholarship. To summarize a large number of faculty responses, “The problem is not with the promotion timeline; rather, it is with the lack of time for scholarship and lack of mentoring and academic career support.” One faculty member wrote, “Extending the finish line to 10 years will not address these problems ... it will only prolong the pain.”

Faculty who preferred the 10-year clock cited the need for additional time to secure NIH funding, develop more diverse academic careers in the face of overwhelming clinical and administrative loads, and promote work-life balance. The clock should be extended by three years, wrote one faculty member, “if that’s what it takes to keep talented faculty members in academic medicine.” But, faculty members pointed out, if the clock is extended, there must not be a penalty for earlier promotion (at 5-7 years), and there must not be any inflation of the grant, publication and teaching requirements. Most faculty members appeared to agree with David Dobkin, Dean of Faculty at Princeton University, who wrote, “One shouldn’t think of this as only giving extra time for an individual’s scholarship ... we’re giving extra time so you can care for your broader life.”

In response to this survey, the Faculty Senate and the Rules and Governance Committee are considering several proposals to change the rules for promotion. One proposal, which was presented recently to the Senate, is located at: <http://www.uchsc.edu/som/faculty/offac.rules.2004.htm>. We encourage you to let your departmental Senators know whether you favor or oppose this rules change.

[Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs.]

Women in Medicine

Susan Fischer, Linda Crnic Lecturer



Carol Rumack, MD, Director, Women in Medicine Office; Rosalyn Richman, PhD, Co-Director of ELAM; Susan Fischer, Dean's Distinguished Seminar speaker; Peggy Neville, PhD, Women's Health Research Director.

First Annual Linda Crnic Memorial Lecture

THE FIRST ANNUAL LINDA CRNIC Memorial Lecture was presented on January 10, 2006 by Dr. Susan Fischer, Professor of Oral Biology, Anatomy and Pharmaceutical Chemistry at the University of California, San Francisco Cancer Center. Dr. Fischer was also a Dean's

Distinguished Lecture Series Speaker. Dr. Fischer is a world-renowned scientist who has made fundamental contributions to the understanding of placental development and how the invasion of the uterus by fetal stem cells leads to successful implantation. Her presentation was entitled, "Stem Cell Research: Cytotrophoblasts - Masters of Mimicry."

Dr. Crnic, who died in a bicycle accident in October, 2004, was a superstar in academic medicine. She was Professor of Pediatrics and Psychiatry for more than 20 years. She was known internationally for her discoveries into the causes of mental retardation and developmental disabilities. She had an extensive bibliography, had served on two NIH Study Sections and had received millions of dollars in grants to support the University of Colorado Mental Retardation and Developmental Disabilities Research Center, which she directed.

Dr. Crnic was also a devoted educator and mentor. She was a member of the 1995-1997 Blue Ribbon Panel on SOM Promotions. She was a founder of the Women in Medicine Committee, and in 1992 she helped develop the New Faculty Orientation Program, which has been held annually for the past thirteen years.

Dr. Crnic completed an Executive Leadership in Academic Medicine (ELAM) fellowship in 2003-2004. Dr. Rosalyn Richman, co-director of ELAM, was present at the January 10th lecture. Dr. Richman described Linda's influence on ELAM and the key role Dr. Crnic played as a leader, teacher and friend. Dr. Crnic helped form one of the most vibrant small learning groups at ELAM, which she named the "Corps of Discovery," after the Lewis and Clark expedition. Dr. Crnic and her Corps of Discovery colleagues were biking together, in Oregon, when she died.

The Women in Medicine Committee, the Dean and the faculty of the School of Medicine were honored to celebrate Linda Crnic's life by inviting Dr. Fischer to speak. The aim of the Women in Medicine Committee is to pass the torch of leadership to other women leaders and to celebrate the success of women in academic medicine --- in Linda Crnic's honor.

[Carol M. Rumack, MD, FACR, Associate Dean, GME and Women's Liaison Officer; and Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs.]

News from the Women In Medicine Committee

The University of Colorado Health Sciences Center has formed a new campus-wide Faculty Women's Committee. Committee members represent each of the HSC schools, the faculty assembly and the system women's committee. This group meets every other month and receives support from the Office of Academic Affairs and the Diversity Office staff. Committee members are presently working with Patricia Rankin, PhD to identify ways to expand the LEAP (Leadership Education for Advancement and Promotion) program, funded by NSF, to include the Health Sciences Center.

Faculty News

Laurie Gaspar, M.D., Receives Endowed Chair



DR. LAURIE GASPAR, FRCP(C), MBA, professor and chairman of Radiation Oncology at the University of Colorado Cancer Center (UCCC), has been named the David F. and Margaret Turley Grohne Professor of Clinical Oncology.

Gaspar plans to use the \$1.5 million endowment to expand the radiation oncology clinical research program at UCCC, build the recently established radiation oncology fellowship program and continue to work to lead her department toward becoming

one of the nation's top radiation oncology departments.

Since joining the UCCC as chair of the Radiation Oncology Department in 1999, Gaspar has recruited four radiation oncologists, overseen the relocation to a state-of-the-art facility at the Fitzsimons campus, introduced cutting-edge radiation equipment to Colorado, including shaped-beam surgery for intra- and extra-cranial lesions, and increased UCCC's participation in clinical trials, including cooperative group studies. During her tenure, annual patient treatment visits have more than doubled, and they continue to rise.

Gaspar actively participates in many professional societies. Some of her activities include chairing the American College of Radiology Committee for Practice Guidelines and Technical Standards of the Commission on Radiation Oncology, and serving as an executive board member of Women Against Lung Cancer. She also serves as an executive committee member for the American College of Surgeons

Commission on Cancer, is vice-chair of radiation therapy for the Southwest Oncology Lung Committee and serves on the Board of Governors of the Southwest Oncology Group. She is on the editorial boards of *Brachytherapy* and the *International Journal of Radiation Oncology, Biology and Physics*.

The Grohne chair is part of a larger gift from the Grohne family that supports two other endowed chairs; one in prevention and control, which is held by Dr. Tim Byers, MPH, deputy director of UCCC and the other in basic research, which is held by Andrew Thorburn, PhD, associate director of basic research at UCCC. The Grohne family also funded three floors of the south research tower at Fitzsimons.

(Excerpted with permission from University of Colorado Cancer Center "Topics," Fall 2005 issue.)

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.

New Resources for Medical School Faculty

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

AS READERS OF this *Newsletter* know, the Association of American Medical Colleges recently launched *Faculty Vitae*, an electronic publication for medical school faculty. This no-cost, password-free 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 and gender balance, leadership training and institutional vitality. Articles are aimed at all medical school faculty, from early career to senior administration.

Faculty Vitae is published quarterly and may be accessed at <http://www.aamc.org/facultyvitae>. This link has also

been added to the School of Medicine Office of Faculty Affairs website (www.uchsc.edu/som/faculty).

The Fall, 2005 issue of *Faculty Vitae* included the following topics:

- **Featured Article:** Preparing Your Curriculum Vitae
- **Leadership Lesson:** Negotiating With Style (Part 3 of a 3-part series)
- **Spotlight:** University of Pittsburgh's Career Development Program for Postdoctoral Scientists
- **Perspectives:** Insights for Junior Faculty

Compact Between Resident Physicians and Their Teachers

WHAT IS GRADUATE medical education all about? According to the AAMC and a broad coalition of residents and faculty, the answer is education. At the November, 2005 Annual Meeting, the AAMC released a new document, the *Compact Between Resident Physicians and Their Teachers*. This document was written to capture the underlying principles of graduate medical education and the commitments both faculty and residents have to make to one another to sustain "optimal learning environments that foster academic excellence, inspire the highest standards of professionalism and ensure delivery of safe, high-quality care to patients." The *Compact* emphasizes that residents are, first and foremost, learners. The *Compact* states explicitly that the "patient care services provided by residents in the course of fulfilling their duty assignments should be determined primarily by their educational needs. The *Compact* also highlights the importance of resident well-being:

"Acknowledging the uncommon stresses inherent in ... their training, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities and to obtain adequate rest."

Achieving the goals of the *Compact* will not be easy, given the complex and fast-paced clinical environment where residency training takes place. Educational resources are scarce, faculty are hard-pressed to find time for teaching, and a premium is often placed on efficiency and productivity, not education, understanding or reflection. The *Compact Between Resident Physicians and Their Teachers* is being distributed to Residency Program Directors, hospitals and medical schools throughout the country. For more information, see www.aamc.org/residentcompact. From the *AAMC Reporter* (AAMC, December, 2005).

Got an Extra Room?

Medical students, often minority or economically disadvantaged, who want to come to Denver to do an externship at CU or one of our affiliates in preparation for applying to one of our residency programs, may find it difficult to pay for accommodations while here, particularly because we have no student housing on or near our campuses. However, we have had faculty express an interest in having a student stay at the faculty member's home. These externships are usually for one month.

We are establishing a database of faculty interested in housing a student. To avoid any conflict of interest, we would only ask you to house a student interested in a specialty other than yours. If you are interested, please e-mail Gwen Hill at Gwendolyn.Hill@uchsc.edu or 303-315-0583. Please provide your name, telephone number, e-mail address and specialty. Please indicate how far you are from campus and if public transportation is available.

We believe that an arrangement such as this will allow promising residency candidates an opportunity they might not otherwise have and will help us in our ongoing efforts to recruit minority housestaff.

Topics of Interest - Diversity

Best Practices for Faculty Searches

SERVING ON A faculty search committee is a vital responsibility for current School of Medicine faculty members. The search process is time-consuming, and some training is required. For more information about on-line and in-person training for search committees, contact Gwen Hill, Director of the SOM Office of Inclusion and Diversity (303-315-0583 or gwendolyn.hill@uchsc.edu).

Below, we list several "best practices" that can aid search committees in identifying a diverse and highly qualified applicant pool.

Search actively for the best candidates

All too often, search committees are merely "sort committees." But the committee's charge is to "search." It is not enough to sort or sift through CV's that arrive in the mail. Actively recruit for qualified and diverse applicants. In addition to using standard journals and web sites, identify professional journals, national meetings, women and minority professional organizations and other networks for recruitment of candidates. Make telephone calls, and send letters and e-mails. When attending national meetings, take position announcements along.

Write a creative job description

Successful searches begin with well-written position descriptions and announcements. Search committee

members should review the position description and announcement to ensure that it is not too broad --- or too narrow --- and that required and preferred qualifications are clear. Ask for a cover letter addressing the qualifications outlined in the announcement; this may give candidates an opportunity to provide information not immediately evident in a CV --- for example, their commitment to diversity, management skills, leadership experience or past service to underserved populations.

Treat all applicants fairly and consistently

This is a fundamental principle of faculty searches and hires. You must ask each candidate the same questions, based on the job description and required and preferred qualifications. Then, you may ask individual candidates any appropriate follow-up questions. You must also be aware of certain inappropriate or illegal questions: For example, you may not ask about age or marital or family status.

Recruit aggressively

The search process offers candidates their first impression of the University and the School of Medicine. Communicate promptly with all applicants; acknowledge receipt of their application and provide frequent updates about the search. Give all applicants information about the

Department, the SOM and the Denver community. For finalists, begin discussions about specific programs or centers of interest, teaching opportunities, collaborative research and possible SOM mentors.

Contact EMAC

And a recommendation to help recruit minority faculty members: When you are recruiting a candidate of color, please contact Dr. Robert Winn, Chair of the UCHSC Ethnic Minority Affairs Committee (EMAC). EMAC has created a new "R-n-R" (Recruitment and Retention) program, designed to assist departments in the recruitment of minority faculty. EMAC members will meet personally and informally with faculty candidates to discuss resources for minority faculty, the social climate and academic opportunities. EMAC members will make follow-up calls, answer candidates' questions and even offer support in finding a home, a place of worship or a school for their children. This is a service that works.

[Gwen Hill, M.A., Director, SOM Diversity and Inclusion;

Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs; and

Robert Winn, M.D., Chair, UCDHSC Ethnic Minority Affairs Committee.]

ALLIES GROUP FORMING

SERIOUS RACIAL INCIDENTS on the CU-Boulder campus have made the news in recent months. We know that our own students, faculty and staff also encounter bias, discrimination and racism. When racism occurs, it affects the whole SOM community, and it is not solely the responsibility of minority students, staff or faculty to respond. A group of concerned and committed "majority" faculty and staff are organizing, to learn more about privilege and race, and to stand ready to respond to acts of racism that might occur in our community. If you are interested in learning more about these efforts, please contact Gwendolyn.Hill@uchsc.edu.

Topics of Interest - Admissions Update

Admissions Update: The Class of 2009

MEDICINE, SCIENCE AND SOCIETY are constantly changing. To ensure that graduates from the University of Colorado School of Medicine are up to the challenge, the CU School of Medicine has completely transformed its four-year curriculum. The first substantial curriculum revision in more than 70 years, CU's medical school is among the first in the country to study fundamentally change all four years of medical school. CU's medical students will now learn through a sequence of interdisciplinary Blocks and Threads that are designed to gradually build student competency in our missions of education, research, clinical care and community service.

In addition to being the first class to benefit from the new curriculum, the 2006 entering class holds a few other distinctions. At 144 students, this is largest class ever to enter the CU School of Medicine. The increase in class size was approved in February 2005, because CU has been turning away so many highly qualified applicants over the past several years. The last increase in class size was in 1972 when Colorado's population was 2.2 million. With the current population of over 4.5 million, more than half of the Colorado residents matriculating to medical school in the United States each year are going out of state. Almost all of these applicants would prefer to come to CU. In addition, the new Fitzsimons campus

has been designed for a class size up to 200, although the plan is to slowly expand to that size rather than increasing all at once. The second increase in class size to 156 was approved in January 2006, with implementation this August.

The face of medicine is one that is in a major evolutionary stage. In 2004, for the first time, more than 50% of applicants to medical school across the country were women. The CU School of Medicine class surpassed that figure with 74 women and 70 men in the new class. This is the second time in CU's history that the medical school class has been more than 50% women. The increase in women applicants has been occurring steadily over the last four years. It will be fascinating to see where the percentage lands in another five to ten years.

The academic qualifications of the class are outstanding. Their average GPA is 3.68 and the average score on the MCAT is 32. This compares very favorably with national averages for all medical schools of 3.63 and 30. In addition to their academic qualifications, the class is regionally diverse. The Colorado contingent represents just over 75% of the class with 109 students. There are eight students each from California and Montana, three from Wyoming, and sixteen students from eleven other states from Virginia to Washington. The median age of the class is just under twenty-five and many members of the class have worked overseas after college.

After they were accepted this spring, the members of the Class of 2009 were allowed to apply to enter the new Rural Track. Ten students were selected as the first Rural Health Scholars. The Rural Track was made possible by a grant from the Colorado Trust and is being led by Dr. Mark Deutchman from Family Medicine and Dr. Jack Westfall, Associate Dean for Rural Affairs. The track is intended to enhance the experiences of our medical students who come from rural areas and who have a stated interest in returning to their home towns or to similar small towns. The course work in the Rural Track is the same as for all of our students; but in addition, there will be regular meetings with Dr. Deutchman, and the grant from the Colorado Trust will cover the salaries of all the students so that they can work one-on-one with rural primary care doctors next summer, after their first year of medical school.

It is clear that the educational portion of the mission of the CU School of Medicine continues to excel. We look forward to reporting back on the success of the new curriculum and the Class of 2009.

(Excerpted with permission from "CU Medicine Today" Fall 2005 Issue.)

[Henry Sondheimer, M.D., Associate Dean for Student Admissions.]

Topics of Interest - Curriculum Update

The Medicine & Society Thread

HEALTHY PEOPLE ARISE from healthy communities. Most of the illness we see are a result of the way we live: our habits, our daily patterns, our worklives, our social and physical environment, and our personal and community resources. Furthermore, quality health care arises from good systems of care. While there is little debate over these facts, there has also been little attention paid to them in traditional medical education. The goal of the Medicine and Society Thread is to change that tradition. We hope that our students will complete their medical training with a broad understanding of the interplay of

social forces and health and a vision of how they, in their professional lives, can be a force for healthy change in their patients, their practices, and their communities.

The goal of the Medicine and Society Thread is to provide context to the basic science and clinical learning objectives. What are the economic implications of the issues at hand? What is the role and effect of public policy in this arena? How would organizational or systems change affect the desired or observed outcome? What are the roles and responsibility of physicians to identify and address these issues? These

are the kinds of questions we pose for our students. While the answers aren't easy, we believe that helping our students wrestle with these complex conundrums is an important step in creating a generation of physicians ready to lead Colorado and the nation toward a healthier future.

[Mark Earnest, M.D., Associate Professor of Medicine and Director, Medicine & Society Thread.]

Voices from the Past...

The First Medical School Curriculum

“VOICES FROM THE PAST” is a regular feature of the *Newsletter*. In “Voices” we present brief historical anecdotes, biographical sketches, news accounts, minutes from ancient faculty meetings and other excerpts from the rich history of the School of Medicine. In the Spring, 2005 issue we described the “Opening of the Medical Department of the University of Colorado” in September, 1883. We continue this series by describing the first medical school curriculum.

The First Course of Study

The first medical curriculum was outlined in the *Catalogues of the School of Medicine* (1883). The curriculum consisted of “a graded course of three years of nine months each year.” In the first year students were to learn Botany, Anatomy and Dissection, Chemistry, Physiology, Histology, Therapeutics and *Materia Medica*. The second year of the curriculum added Pathology, Physical Diagnosis, the Practice of Medicine, Surgery and Obstetrics.

The third year included: the practice of medicine, surgery and obstetrics; diseases of women; diseases of children; therapeutics; ophthalmology; otology; laryngology; clinical gynecology; hygiene and public health; medical jurisprudence; nervous and mental diseases; physical diagnosis; and physiological and medical chemistry.

The basic science and clinical years were sharply divided. Indeed, the pace and order of instruction was carefully designed, so that “the fundamental branches, such as anatomy, chemistry, *materia medica* and physiology shall be understood before burdening the mind with the more advanced studies of the course.”

Some of the course footnotes are of interest. In Histology, for example, instruction “will be given in methods of

preserving, cutting and staining histological specimens...[and] free hand sketches of the subjects studied will be required.” Anatomy will be taught “by means of lectures, quizzing and demonstrations on the cadaver...and no pains will be spared to have the student acquire a thorough knowledge of the anatomic details which are so necessary a foundation for a complete medical education.” Physiology will be “well illustrated ... by the use of the solar microscope and by models, charts, drawings and demonstrations upon the lower animal.” Pathology lectures will include ample time to study “cerebral localization and the diagnosis of mental disease.” Also, pathology students “will be required to attend *post mortem* examinations, and the very best facilities will be offered for study of gross pathology in the dead room.” The Medical Jurisprudence curriculum will cover “certain medico-legal subjects which are of special interest and value to the medical practitioner.” In *Materia Medica* and Therapeutics, “each student, before taking his degree in medicine, [will be] obliged to compound drugs for a specified time in the dispensing laboratory of the college.”

For clinical instruction, the School promised “a well-arranged and commodious hospital, established on the University Grounds, and under the charge of the Medical Faculty...open to patients resorting thither for treatment.” In an early example of medical simulation, obstetrics students “will be trained on the manikin in the recognition of the various positions, delivery with forceps, turning and other obstetric procedures...and members of the senior class will be taught to locate the foetal heart-beat.” In Physical Diagnosis, students “will be required to draw charts of the artificial regions of the chest and abdomen, give their boundaries, the structures and organs found in each, as well as the physical signs of the diseases to which such structures are liable.”

Trauma was also included in the curriculum and was referred to as “Railway Sur-

gery.” This course consisted of “lectures on traumatism, as modified by the various concomitant circumstances attendant upon railway accidents, [including] practical demonstration in transporting railway injury cases, especially those suffering from severe shock, extensive wounds or compound fractures.”

At the hospital clinics, each student was expected to “present a patient which he has previously examined in connection with the chief of the clinic and make remarks on the diagnosis, prognosis and treatment.” Clinical instruction was to be a “prominent feature of the course of medical study: According to the Catalogue, “Bedside instruction will be thorough, under the guidance of the teachers...In this way, it is expected that [each graduate] will have such a fund of a practical, as well as theoretical, knowledge, that, when cast upon his own resources, he will be able to successfully perform the duties of the profession.”

[Steven R. Lowenstein, M.D., M.P.H., Associate Dean for Faculty Affairs.]

From the *Catalogues of the School of Medicine* (1883), Volume I.



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

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

Abstracts and Commentary

The History and Meaning of the Journal Impact Factor

JAMA. 2006; 295: 90-93

The author of this paper, Eugene Garfield, first mentioned the concept of a journal impact factor in an article in *Science* in 1955. In this paper, Garfield reviews the development of the journal impact factor and the influence it has had on individual scientists, journals, libraries, promotions committees and federal funding agencies. The article provides a thorough explanation of the science of "citation analysis." It also covers the need to adjust citation studies to account for variables such as specialty, citation density and half-life. Controversies, such as English-language bias and "two-way citational relatedness" are discussed, as are some of the controversies when journal impacts are used to evaluate individuals. And while discussing these esoteric concepts, the author provides some interesting historical anecdotes. One example is the phenomenal number of publications by former School of Medicine faculty member, Tom Starzl (over 2,000), and the inventor of the oral contraceptive pill, Carl Djerassi (> 1,300). There is also the well-known 80/20 phenomenon, which states that 20% of published articles account for 80% of all citations. Interestingly, of the 38 million items cited from 1900-2005, only 0.5% were cited more than 200 times. Some examples of "super-citation classics" are provided: The Lowry method (this 1951 article in the *Journal of Biological Chemistry* has been cited 300,000 times), and the Southern Blot technique by E.M. Southern (1975, *J Mol Biol*, 30,000 citations). These are old, methodologic papers. Two examples of recent "hot papers" include the *JAMA* papers on the benefits and risks of estrogen therapy in post-menopausal women. The earlier study, published in 2002 by JE Rossouw and the Women's Health Initiative Investigators, was cited 132 times in the first six months after publication, 776 times in 2003 and 862 times in 2004.

Separate and Equitable Promotion Tracks for Clinician-Educators

JAMA. 2005; 294:1101-1104

This brief article reviews the evolution of faculty promotion and tenure tracks for clinician-educators. More than 100 U.S. medical schools currently have separate tracks for clinician-educators, whose primary responsibilities are patient care and education. Clinician-educator tracks were designed to "satisfy institutions by eliminating the long-term financial liabilities of tenure while increasing clinical revenue and rewarding individual faculty members through the loyalty-generating, buy-in-inducing process of promotion." According to the authors, "the reality has fallen far short of the promise." Tiered systems have developed in which only researchers are awarded tenure or advance to the highest ranks. And, according to the authors, "academic medical centers have traded the financial burden of tenure for the high cost of [faculty] turnover, which represents approximately 5 percent of the total medical center operating budget." The authors argue for more enlightened promotion and tenure systems, including use of clinical and educational portfolios and a broad definition of scholarship that is "shaped to fit the activities of clinician-educators."

Editor's note: Such a system of faculty rewards currently exists at the University of Colorado School of Medicine, at least for promotion to Associate Professor. For more information, see: <http://www.uchsc.edu/som/faculty>.

Aligning compensation with education: Design and implementation of the educational value unit (EVU) system in an academic internal medicine department.

Acad Med 2005; 80:1100-1106.

The authors, from the University of Kansas Medical Center, report the development of a new metric for measuring faculty effort in teaching and for distributing university funds in support of teaching activities. "Educational Value Units" were developed to measure the specific types of teaching performed by departmental faculty (for example, core education, clinical teaching and administration of educational programs). A specific work profile was calculated for each faculty member, and a dollar value was calculated for each 0.1 EVU. Application of the metric resulted in increases or decreases in faculty support, according to teaching effort. Unlike some earlier mission-based metrics for teaching, the EVU system was easily understood by faculty, easily implemented and was judged to be fair by most faculty. It was designed to reflect the time invested in education; no effort was made to measure quality of teaching.

Abstracts and Commentary (Cont.)

Marriage and baby blues: Re-defining gender equity

Paper delivered at *The Conference on Mommies and Daddies on the Fast Track: Success of parents in demanding professions*. University of Pennsylvania, October 30, 2003.

Do babies matter when it comes to promotion, tenure and other traditional measures of career success? This study was conducted by Dr. Mary Ann Mason, Graduate Dean at the University of California at Berkley. Women currently make up about half of all students in medical and law schools and at least half of all graduate doctoral students in the social sciences and humanities.

According to data from the Survey of Doctoral Recipients (SDR), summarized in this paper, the outlook is still not bright for women faculty in their childbearing years. SDR is a national, longitudinal study that has followed, since 1973, more than 160,000 PhD recipients from award of their degree until age 76. Here are some of the major findings:

- “Early babies” (defined as those who join the household within 5 years after the parent receives a PhD) matter a great deal: Women who have early babies are 29% more likely to drop out, or be forced out, of academia before obtaining their first tenure-track job, compared with women who do not have early babies. This early attrition, which occurs before even obtaining the rank of Assistant Professor, is the “largest leak in the pipeline.” The authors point out, “their decision may be to take a few years off before returning to a tenure track position, but our research indicates that there is very little re-entry.”
- Single mothers are more successful than married mothers at obtaining tenure, a finding that may surprise some people. Single women without children fare the best of all, in terms of receiving tenure.
- Women with late babies - those who begin motherhood more than five years post-PhD, enjoy a better record of achieving tenure than women with early babies. However, these “late mothers” were few in number, and they were likely to have only one child. So, the advice to “wait until after tenure to have children” proved true (despite the biological drawbacks).
- The authors of this study asked, “What happens to women after they leave the tenure track? According to the SDR database, they most often enter a “second tier” of faculty ranks, working in the part-time, adjunct or lecturer corps. According to the authors (and some might disagree with this label), these Ph.D.-mothers become the “gypsy scholars” of the university. Years later, these women are more likely to have

multiple children and to experience marriage stability.

- For men, these rules do not apply. The overwhelming majority of men who achieved tenure were married with children; in fact, marriage and children provide a distinct boost to men, and these men do better than all others, including single men and women. For men, “married with children” is the “dominant model of success.”
- Finally, the authors reversed the cause-and-effect assumptions, asking, What happens to the men and women who secure their first Assistant Professor position before becoming parents? Men were still highly likely to have children, but women were not. Only 1 in 3 women who secured an Assistant Professor position without children ever became parents. And women who achieved tenure were twice as likely as men to be single 12 years after receiving their PhD.

The authors suggest several strategies to help recruit and retain women faculty members and assist them in achieving both professional success and family goals. These include more part-time options, stopping tenure clocks, generous childbirth leaves, on-site childcare that is available during school breaks and emergencies, and re-entry fellowships for parents seeking to return to full-time academic posts.

Editors' Note:

This report is not specifically about medical school faculty. Moreover, this study cannot untangle cause and effect, nor shed light on the voluntary choices men and women might have made. Also, the data base does not include any measures of life or career satisfaction. Nonetheless, their data suggest that gender inequities exist for women academicians in both career and family outcomes.

Abstracts and Commentary (Cont.)

Health Industry Practices that Create Conflicts of Interest: A Policy Proposal for Academic Medical Centers

JAMA. 2006; 295:429-433

Pharmaceutical and medical device manufactures serve patients and society through their commitment to research and product development. But their ultimate responsibility, according to the authors of this paper, is to their shareholders. The authors argue that there are fundamental conflicts between the desires of pharmaceutical companies to sell their products and the commitments of physicians to scientific integrity, unbiased clinical decision-making and putting the interests of patients first. For this argument, they call for a prohibition against pharmaceutical samples, paid attendance at conferences or lectures, direct funding for continuing medical education (CME) courses, funds for physician travel, speakers' bureaus and ghostwriting of articles. According to the authors, even small gifts from pharmaceutical companies should be banned, since such gifts influence the selection of drugs for patients. For this argument, they cite published studies, which come mostly from the behavioral sciences and psychology literature. They also call for more stringent regulation (but not prohibition) of consulting and research contracts between academic physicians and industry. And in all these areas, they argue, current rules and reliance on "full disclosure" are not sufficient.

Academic medical faculty should take the lead in establishing new ethical standards for institutional and individual behavior, given faculty members' roles as educators, clinicians and spokespersons for the medical profession. When it comes to students and residents, the authors argue, "research reveals that habits learned or acquired during training persist into practice." The authors point out that, despite the recent attention paid to direct-to-consumer marketing, approximately 90 percent of the \$21 billion annual marketing budget of the pharmaceutical industry continues to be directed at physicians. And "recent congressional investigations, federal prosecutions and class action lawsuits have ... demonstrated how company practices frequently cross the line between patient welfare and profit-seeking behavior."

The authors envision a new environment in medical schools, in which there is a greater reliance on objective sources of prescribing information to promote optimal patient outcomes. The absence of pharmaceutical representatives at meetings and lunches and in the corridors would "increase the sensitivity among medical students and house staff to the values of medical professionalism and scientific integrity."

The influence of teaching setting on medical students' clinical skills development: Is the academic medical center the "gold standard?"

Acad Med. 2005; 80:1153-1158.

In recent years, many medical schools have revised their curricula, introducing earlier clinical training and expanding the use of community-based preceptors. Little is known about the impact of different clinic and office-based practice sites on clinical skills development. In this study, the authors evaluated two cohorts of second-year medical students enrolled in a clinical course designed to prepare them for their clerkship year. Learning outcomes were evaluated in two structured cases --- a cardiopulmonary case and an endocrinology case. Student performances were judged based on objective structured clinical examination (OSCE) scores, and results were compared among students according to precepting sites (academic-medical center (AMC)-affiliated clinic, AMC-affiliated office-based practice or community-based primary care office). One hundred fifty-five medical students were studied. Their performances did not differ among the clinical learning sites. Thus, according to the authors, early clinical skill development, at least in these two areas, was not influenced by the educational setting. Their original hypothesis --- that the AMC is the gold standard of clinical teaching --- was rejected.

Also of Interest . . .

Who's watching out for the clinical academician?

Acad Med. 2005; 80:905-907

A controlled comparison study of the efficacy of training medical students in evidence-based literature searching.

Acad Med. 2005; 80: 940-944

U.S. needs more physicians soon, but how many more is debatable.

Ann Intern Med. 2005; 143: 469-472

April 21, 2006

2006 Student National Medical Association (SNMA)/University of Colorado School of Medicine Mentor Day and Graduation Banquet --- April 21, 2006, Keynote Speaker: Representative Andrew Romanoff

The Student National Medical Association (SNMA) is a national organization of medical students charged with promoting diversity in medical education. Each year, with the support of the Dean of the School of Medicine, the Colorado Chapter of SNMA hosts a banquet to honor our minority graduating seniors and to welcome and help recruit minority students who are newly accepted to the incoming medical school class. The 2006 banquet will be held on April 21, 2006 at 6:30 PM at the Grand Hyatt Hotel in downtown Denver. This year, the keynote address will be presented by the Honorable Andrew Romanoff, Speaker of the Colorado House of Representatives. Please plan to attend. This banquet is a wonderful opportunity to congratulate our highly accomplished senior students, help us recruit minority students who have been accepted to the School and support diversity within the School of Medicine. For more information, please contact Gaby Velez (Maria-gabriela.velez@uchsc.edu) or Lesley Brooks (lesley.brooks@uchsc.edu).

March 3, 2006

2006 CU Women Succeeding Faculty Development Symposium - Friday March 3, 2006

On Friday, March 3, 2006 the University of Colorado will host its annual *CU Women Succeeding* Faculty Development conference. This year's event will be take place from 8:30 AM - 4 PM at the St. Cajetan's Center on the Downtown Denver Campus of UCDHSC. As in past years, the conference will be "**A Day of Recognition, Information, Networking, Career Development and Support.**" University of Colorado President Hank Brown will offer welcoming remarks and host a question and answer session. The keynote address will be presented by Kristi S. Anseth, winner of the 2006 Elizabeth Gee Memorial Lectureship Award. Lectures, seminars and workshops will focus on an array of contemporary topics, including diversity, academic publication, cultural issues in the curriculum, non-tenure career ladders, administrative skill development, grant writing and women in science, engineering, mathematics and medicine. The event is free, although the Committee on Women asks that attendees consider a donation to the Elizabeth Gee Memorial Fund to help ensure continuation of this conference and the Elizabeth Gee award. The Elizabeth Gee Memorial Lectureship Award honors outstanding female faculty in the four-campus system for scholarly contributions, distinguished teaching, interdisciplinary work and efforts to advance women in academia. For more information about the conference, or to make an online donation, see <http://web.uccs.edu/women>.

August 11-13, 2006

Women in Medicine Leadership Retreat August 11-13, 2006

On August 11-13, the School of Medicine and the Society of Executive Leadership in Academic Medicine (SELAM) will co-host a Women in Medicine Leadership Retreat at the Given Institute in Aspen. Other medical and dental schools are expected to participate, and speakers will include national leaders in academic medicine, drawn primarily from prior fellows of the Executive Leadership in Academic Medicine (ELAM) program. All faculty are invited to attend.

May 4, 2006

4th Annual Health Disparities Research Exchange, May 4, 2006.

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