New Faculty Orientation

Medical School Office of Faculty Affairs
Wednesday, October 17, 2018
Welcome

~ Amanda Termuhlen, MD
Associate Dean for Faculty Affairs
Professor, Department of Pediatrics
HR Overview
~ Michelle Morrisey | HR Director, Medical School
University of Minnesota

68,000 Students, 4,700 Faculty, 15,700 Staff

Office of Human Resources – OHR
Provides Shared Services (Position Classification, Compensation, Benefits, Payroll)
Sets Direction for University as a Whole

Medical School
5000 Faculty & Staff

UMN
Medical School
- 26 departments organized into one of eight Administrative Centers
- Admin Centers provide HR, Finance, Payroll
- 6 Centers have Clinical Functions & CP Faculty
- 28 HR Professionals supporting the Medical School

UMP
- 898 Common Paymaster Faculty
- 235 UMP-Only Physicians
- Practice in 100 Specialty & Sub Specialty Areas
- Own and Manage 50 Specialty Clinics & 5 Family Medicine Clinics
- 68 Locations
- 1600 Health Professionals & Staff
- 25 HR Professionals

University of Minnesota Physicians

MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA PHYSICIANS
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Medical School Employees

Influences: Tenure Code, UMN Provost, AAMC, Office of Faculty Affairs

Influences: UMN Student Affairs, Temp/Casual Policies

Influences: Contracts, Civil Service Rules, P&A renewal cycles

Influences: ACGME, Specialty accrediting bodies, post doc policies

Faculty
Staff
Learners
Other

7%, 400 Non-clinical

7%, 400 Temp/Cas Staff

33%, 700 Students

16%, 900 Post Docs

11%, 600 Residents

15%, 900 Staff

30%, 1700 P&A, CS, LTP
**Resources for New Faculty**

### Medical School HR
- **HR Director** – Michele Morrissey
- **Administrative Center HR Managers:**
  - ALRT: Troy Stevermer
  - CNC: Anne Ehrenberg
  - FOD: Christina Steere
  - Medicine: Cindy Livon-Shragg
  - OP: Lavon Anderson
  - SAC: Eric Laubach

### Clinical HR – UM Physicians
- **Vice President, Human Resources** – Nick Nyhus
- **Sr. Director, Human Resources** – Judy Paul
- **Benefits Manager** – Val Bock

### Many Resources on campus, including:

**Office of Conflict Resolution:** OCR provides formal and informal conflict resources services to University faculty who are experiencing employment-related conflicts. [www.ocr.umn.edu](http://www.ocr.umn.edu)

**Office of Equal Employment & Affirmative Action:** EOAA addresses reports of discrimination, harassment, nepotism, sexual misconduct, and related retaliation. [www.diversity.umn.edu/eoaa/home](http://www.diversity.umn.edu/eoaa/home)

**Disability Resources Center:** works with faculty, students, and staff to eliminate and minimize barriers and facilitate inclusion on campus. [www.diversity.umn.edu/disability/home](http://www.diversity.umn.edu/disability/home)

**Aurora Center for Advocacy & Education:** provides a free and confidential space for members of UMN community who are victims, survivors, or concerned people of sexual assault, relationship violence, or stalking. [www.aurora.umn.edu](http://www.aurora.umn.edu)

**Bias Response & Referral Network:** contributes to a campus climate that is welcoming, inclusive, and respectful for all by responding to reports of bias incidents. [www.bias-response.umn.edu](http://www.bias-response.umn.edu)
Clinical and Translational Science Institute (CTSI) Education Programs Overview
~ Michelle Lamere, MPA, ACC, Assistant Director for Educational Programs Clinical and Translational Science Institute
CTSI Education Programs Overview

Michelle M. Lamere, MPA, ACC, CDWF-Candidate
Our mission...

To train the next generation of diverse, multidisciplinary biomedical scientists and leaders, and the workforce conducting clinical and translational research to improve the health of populations.
Career development – open to all

- Write Winning Grants – daylong grant writer’s seminar (January 15th)
- Monthly Career Development Seminars & Workshops
- Optimizing the Practice of Mentor – online mentor training
- Guidance on forming research mentoring teams
Programs for research intensive junior faculty

Our motto, “High Challenge – High Support”

- **Pre-K** Discovery Scholars Program
- **KL2** Career Development Program
- **K-R01** Transition to Independence Program
- “Bonuses” – multidisciplinary mentoring teams; tuition support; exclusive seminars and retreats; biannual reviews; paid external reviews of major grant applications; other career development focusing on communication, leadership, and more
Pre-K Program

- Director = David Ingbar, MD, Professor Pulmonary Medicine and Critical Care
- Target: new junior faculty
- Goal: Submit K award (and get it funded)
- Requires:
  - > 50% protected research time
  - Translational research project with multi-disciplinary mentoring team
- Provides $50K award, 2 year program & career development training
- Devoted exclusively to URM junior faculty
KL2 program

• Director = Kelvin Lim, MD, Professor Psych
• Target: early Assistant Professors
• Goal: CTS training and research success, moving towards independent major grant funding
• Must apply for individual NIH K within 12 months
• Requires:
  – > 75% protected research time
  – Translational research project with multi-disciplinary mentoring team
K-R01 Program

• Transition to Independence Award
• Director = Esam El Fakahany, PhD, Professor & Dean of Faculty Affairs, College of Pharmacy
• Target: Assistant Professors with K award
• Goal: Generate addition & publications to increase success of funding of NIH R01 and other major grants
• Requires:
  – > 50% protected research time (post K award)
  – Translational research project with multi-disciplinary mentoring team
• Provides $50K award, 2 year program & career development training
Visit CTSI website for more about our programs and other support for clinical & translational researchers

WWW.CTSI.UMN.EDU
Master Mentoring Program
Overview
~ Iris Borowsky, MD, PhD, Faculty Director of the Master Mentoring Program, Professor, Department of Pediatrics
Faculty Mentoring
University of Minnesota Medical School

Master Mentoring Program
Medical School Office of Faculty Affairs

Iris Borowsky, MD PhD
William Roberts, MD
Margaret Semrud-Clikeman, PhD
Stanley Thayer, PhD
Kathleen Watson, MD

MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA
Master Mentoring Program
https://hub.med.umn.edu/master-mentoring-program

Individual faculty short-term consultations
For individual faculty, at any career stage: Master Mentors will engage in short-term consultations to provide guidance in areas of need, including:

- building a community of mentors
- identifying and accessing resources
- overcoming professional challenges and cultural barriers
- increasing scholarly output
- expanding networks
- establishing a desired level of work-home integration
- career advancement opportunities

Departmental support for assessing, creating, and expanding mentoring models, including:

- Consultations
- Mentor training tailored to department’s needs
- 2-stage internal grant review (interdepartmental mock study sections)
- Writing groups

Development support for the Office of Faculty Affairs

- Obtain data on efficacy of individual mentoring and group mentoring programs across the Medical School
- Determine strategies for refining mentoring programs and make recommendations to the Office of Faculty Affairs
- Develop and disseminate centralized mentoring/professional development resources for faculty and departments
Rethinking Mentoring

Do you get this?

If not, register at:

https://www.facultydiversity.org/join
NCFDD Core Curriculum

Strategic Planning
- Every Semester Needs A Plan
- Manage Stress & Rejection
- Develop a Daily Writing Practice
- Overcome Academic Perfectionism
- Move from Resistance to Writing

Thriving in the Academy
- Engage in Healthy Conflict
- Cultivate a Network of Mentors & Sponsors
- The Art of Saying "No"
- Align Your Time with Your Priorities
- Master Academic Time Management

Healthy Relationships

Work-Life Balance

Explosive Productivity
Ask: What do I need? How can I get it?

Faculty Member

- Substantive Feedback
- Access to Opportunities
- Sponsorship
- Professional Development
- Accountability for what REALLY Matters
- Emotional Support
- Intellectual Community
- Role Models
NCFDD Mentoring Map

1. Department Colleagues
   2. Readers (see intellectual community)
   3. Professional Editor
   4. Internal Mentors
   5. External Mentors

Substantive Feedback

1. Professional Development
   2. Internal
   3. External

Sponsorship

1. Senior Department Faculty
   2. Friends
   3. Family
   4. Other

Access to Opportunities

1. Poor Mentors
   2. Accountability For What REALLY Matters

Emotional Support

1. Intellectual Community
   2. Readers

Role Models

1. Safe Space
   2.
   3.

0-25%

25-50%

50-75%

75-100%

0.25%

1. 2.
   3.
   4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

Medical School | University of Minnesota
Ask: What do I need? How do I get it?

- substantive feedback
- professional development
- emotional support
- intellectual community
- role models
- accountability for what really matters
- sponsorship
- access to opportunities
- other needs

This is mentoring!
Each step on the academic ladder is a new game, with new rules (written and unwritten), new questions, and new challenges to navigate...

The most efficient way to make a transition is to build a network of mentors, sponsors, and collaborators that meet new rank-appropriate needs.
Books and Research on Writing

- Silvia P (2007) *How to Write a Lot*
- Furman R & Kinn J (2012) *Practical Tips for Publishing Scholarly Articles*
- *National Center for Faculty Development & Diversity (NCFDD)* [z.umn.edu/NCFDD](http://z.umn.edu/NCFDD)
Boice Maxim

Brief Regular Sessions of Writing

“Start before you are really ready
Stop before you are really done
Repeat”
Master Mentoring Program
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Center for Women in Medicine and Science (CWIMS) Overview

~ Jerica Berge, PhD, MPH, Faculty Director of the Center for Women in Medicine and Science, Associate Professor, Department of Family Medicine and Community Health
Introductions

Jerica M. Berge, PhD, MPH, LMFT, CFLE
Associate Professor and Vice Chair for Research
Department of Family Medicine and Community Health
Director, Center for Women in Medicine and Science (CWIMS)
Director, Healthy Eating and Activity across the Lifespan (HEAL) Center
Co-Program Director, Building Interdisciplinary Research Careers in Women's Health (BIRCWH)

Kait Macheledt
Project Specialist, Center for Women in Medicine and Science (CWIMS)
Program Coordinator, Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Program
CWIMS Structure

Nominations by Department Chairs & past WIL members

Working in Four Action Groups (monthly meetings):
  • Recruitment/Retention
  • Mentoring
  • Salary, Resource, Leadership Equity
  • Strategic Collaborations and Communications

Addressing the 17 WIL recommendations
Center for Women in Medicine & Science

Recruitment and Retention
- Increase recruitment of senior and mid-career women faculty (1)
- Increase representation of women on search committees (7)
- Measure job satisfaction and conduct exit interviews (9)
- Compare and promote equitable salary and start-up packages (10)
- Develop and disseminate Department Chair Metrics to measure leadership, resource, and salary equity (13-15)
- Advertise and expand Sick Child Care (UM Physicians)
- Build a faculty welcome packet
- Steward recognition process for CWIMS Annual Retreat
- Climate: Work/family balance
  WIL Recommendations: 1, 7, 9, 10, 13-15

Mentoring
- Provide resource to existing women leaders to facilitate ability to role model (5)
- Increase exposure of faculty to female role models (6)
- Individual consultations
- Facilitate mentorship and leadership trainings (8)
- Retreat, seminars, workshops (e.g., negotiation skills seminars, CWIMS Annual Retreat)
- Collaborate with the Master Mentoring Program
  WIL Recommendations: 5, 6, 8

Salary, Resource and Leadership Equity
- Build capacity for the appointment of women to leadership positions and equal rates of promotion (2, 3)
- Educate about implicit bias (4)
- Conduct annual salary equity study (11)
- Work to correct salary equity disparities (12)
- Build implicit bias training into all search committees
- Develop and disseminate needs assessment survey
  WIL Recommendations: 2, 3, 11, 12, 4

Strategic Collaboration and Communications
- Disseminate results relating to measuring leadership, resource, and salary equity (14-15)
- Connect and collaborate across UMN, Minnesota community and professional associations
- Build and disseminate monthly newsletter
- Prepare publications on CWIMS related initiatives
- Presentation at national conferences
- Philanthropy efforts
- Build networking databases of faculty expertise to promote collaborations and publications
  WIL Recommendations: 14-15
Areas of Focus

• Increase recruitment of senior and mid-career women faculty (1)
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Recent Events | Fall Retreat on September 27th
Next Steps...

• Developmental steps!

• CWIMS action groups—designing initiatives, carrying out recommendations
  • Talk to your Dept. Chair for nominations to CWIMS

• Spring meeting in May
University of Minnesota Physicians Overview

~ Nick Nyhus, SPHR, SHRM-SCP, Chief HR Officer, University of Minnesota Physicians
Supporting the Vision

• One Mission, One Practice

• Excellently trained and compassionate physicians

• Scientists with the courage & expertise to pursue life-changing discoveries
History of UMPhysicians

• UMPhysicians has deep roots in the U of M’s Medical School

• In 1997, 18 separate practice groups of physicians united to form UMPhysicians

• UMPhysicians exists to support the Medical School’s research and education priorities through clinical care, education, and financial support
UMN Medical School
- 27 departments organized into one of eight Administrative Centers
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MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA PHYSICIANS
Where We Provide Care

Grand Rapids
Hibbing
Duluth
Princeton
St. Cloud
Wyoming
Blaine
New Brighton
Maple Grove
Minneapolis
Woodbury
Edina
St. Paul
Bloomington
Burnsville
Mankato
Clinics & Partnerships

**UMP Owned Clinics**

- Family Medicine Clinics
  - Bethesda
  - Broadway
  - Phalen Village
  - Smiley’s

- Mill City Clinic (Primary Care)

- Specialty Clinics
  - Center For Clinical Imaging Research
  - Center for Sexual Health
  - Minneapolis Eye
  - MINCEP

- Health Sciences Clinics
  - Dental Clinic
  - Pediatric Dental Clinic
  - Nurse Practitioner Clinic

**Clinical Partnerships**
Partial list of other health systems where UMP provides services

- Fairview
- CentraCare
- Health East
- Hennepin County Medical Center
- North Memorial Medical Center
- Park Nicollet
- Regions Hospital
- Veterans Memorial Medical Center
- Essentia Health
- Saint Luke’s - Duluth
- Children’s Hospital of Minnesota

**UMP managed Health Partners-owned**
- Regions Hospital Orthopaedics/Trauma

**UMP managed Park Nicollet-owned**
- TRIA

**UMP partnerships with MN GI and CRSAL**
- Minnesota Endoscopy Center
UMPhysicians partners with M Health

M Health is an academic medical center, which harnesses the combined strength of University of Minnesota Physicians, the University of Minnesota Medical School and Fairview

• Co-management of all M Health activities toward common strategic vision, priorities, bottom line

• The teaching and research missions are as important to Fairview as they are to UMP and the Medical School

• The clinical mission is as important to the Medical School, as it is to UMP and Fairview
**INPATIENT SERVICES**
- University of Minnesota Medical Center, including University of Minnesota Masonic Children’s Hospital
- Other University-related services at Fairview sites (e.g. NICUs, tele-ICUs)

**SERVICE LINES**
- Heart
- Cancer
- Mothers’ & Children’s

**SPECIALTY CLINICS**
- Campus Clinics (UMP Managed, Fairview Owned)
- Maple Grove Specialty Clinics
- Imaging Center – East & West Bank
- Mill City Clinic - Minneapolis
- MINCEP Epilepsy Care – St. Louis Park
- Nurse Practitioners Clinic – Minneapolis
- Pediatric Specialty Clinic – St. Paul
- Radiation Therapy Clinic – Wyoming
- Smiley’s Family Medicine – Minneapolis
- Specialty Clinic for Children – Burnsville
- Sports Medicine Clinic - Minneapolis

**ACADEMIC HEALTH CENTER**
- Medical School
- Pharmacy
- Nursing
- Dentistry
- Veterinary Medicine
- School of Public Health

**UMP CLINICAL PARTNERSHIPS**
- Allina
- CentraCare
- Hennepin County Medical Center
- Park Nicollet
- Regions Hospital
- Veterans Memorial medical Center

*Partial list
Resources for New Physicians

Clinical HR – UMPhysicians:

• Vice President, Human Resources – Nick Nyhus
• Sr. Director, Human Resources – Judy Paul
• Benefits Manager – Val Bock
• Leadership Effectiveness & Coaching – Rosie Ward, PhD

Additional Benefits & Services Available beyond U of M:

• Vision Insurance (optional) – only available to select during UMPhysicians open enrollment (November)

• Identity Theft Protection (optional) – available via IDWatchdog and available any time

• Back-up Child/Elder Care (optional) – available anytime via https://clients.brighthorizons.com

• 401(k) & 457(b) Retirement Plans – www.ump401k.com

Resources for New Physicians

Clinical HR – UM Physicians

• Vice President, Human Resources – Nick Nyhus
  612-884-0721 – nnyhus10@umphysicians.umn.edu

• Sr. Director, Human Resources – Judy Paul
  612-884-0852 – jpaul10@umphysicians.umn.edu

• Benefits Manager – Val Bock
  612-884-0788 – vbock10@umphysicians.umn.edu

• Leadership Effectiveness & Coaching – Rosie Ward, PhD
  612-884-0933 – rward10@umphysicians.umn.edu

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Overview of Promotion and Tenure Process | Tenure and Academic Tracks

~ Linda McLoon, PhD, Promotion and Tenure Committee Co-Chair, Professor, Department of Ophthalmology and Visual Neurosciences

~ Paul Mermelstein, PhD, Promotion and Tenure Committee Co-Chair, Professor, Department of Neuroscience
Promotion and Tenure Overview

*Linda McLoon, PhD*
Co-Chair, Medical School Promotion and Tenure Committee
Professor, Department of Ophthalmology and Visual Neurosciences
mcloo001@umn.edu

*Paul Mermelstein, PhD*
Co-Chair, Medical School Promotion and Tenure Committee
Professor, Department of Neuroscience
pmerm@umn.edu

*George J. Trachte, PhD*
Co-Chair, Medical School Promotion and Tenure Committee
Professor, Department of Biomedical Sciences
## Faculty Appointment Types

<table>
<thead>
<tr>
<th>TRACK</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenured</td>
<td>7.12 statement</td>
</tr>
<tr>
<td>Tenure Track (Probationary)</td>
<td>7.12 statement</td>
</tr>
<tr>
<td>Academic Track</td>
<td>Academic Track statement</td>
</tr>
</tbody>
</table>

Make sure you know what track you are on, and make sure you have a copy of the track statement.
Expectations for Promotion

• Scholarship
  • Peer-reviewed scholarship
    • Journal publications
    • Peer-reviewed curriculum accepted at other medical schools, etc.

• Teaching
  • Didactic teaching
  • Mentoring
    • This refers mainly to one-on-one mentoring. Do not include every resident and fellow in your program.

• Service
  • International/National
  • Regional/Local
Expectations for Promotion

- **Tenure/Tenure Track:**
  - Professor: International Reputation
  - Associate Professor: National Reputation

- **Academic Track:**
  - Professor: National Reputation
  - Associate Professor: Regional Reputation

- **What do we use to assess this?**
  - External “arms-length” letters
  - Service on international/national/regional organizations
  - Serving as a reviewer for grants and journal submissions, going on site visits, etc.
Promotion and Tenure Timeline

*Internal Deadline

- Department review - dossiers complete. Includes departmental vote.

Mid September - October

- OFA reviews dossiers for compliance
- Any issues identified sent back to department
  - *Timeline for corrections is short!

Mid October - Mid January

- Medical School P&T Committee reviews dossiers

Mid October - Mid January

- Dean reviews split votes

*Please keep in mind:
Your department has earlier deadlines.
Promotion and Tenure Timeline

January - Mid February
- Appeals

January - Mid February
- Dean reviews appeal cases

February 15 (Tenured/Tenure Track only)
- Dossiers sent to Provost's Office for review

May 15
- All decisions conferred by Board of Regents or Provost's Office

July 1
- Promotions become effective
What Goes into your Promotion Dossier

1. 7.12 Statement or Track Statement (Tenure Track or Academic Track)
2. Curriculum Vitae: Medical School Format
3. External Review and Evaluation
4. Teaching Summary
5. Research and Scholarship Summary
6. Service Summary
7. Annual Appraisals (Including current year)
8. Departmental Recommendations
9. Record of Vote
10. Internal Review
11. Candidate Statement of Assurance
12. Selected Reprints
13. Cover sheet: Word document, submitted separately from dossier; Tenure or Tenure-track only.

Dossier Template Available Online: https://hub.med.umn.edu/faculty-affairs
KEEP YOUR C.V. CURRENT

CURRICULUM VITAE
LINDA K. MCLoon, Ph.D.

PROFESSIONAL ADDRESS
Department of Ophthalmology and Visual Neurosciences
University of Minnesota
373 Loma Research Building
2001 6th Street S.E.
Minneapolis, MN 55455
(612) 626-0777 (office)
(612) 626-0778 (laboratory)
(612) 626-0783 (fax)
mcloon001@umn.edu

IDENTIFYING INFORMATION

Education
Degree: Institution: Field:
B.S.
State University of New York at Binghamton, New York
Biology
Ph.D.
University of Illinois at the Medical Center, Chicago, Illinois
Anatomy
Postdoctoral Fellow
[Advisor: R.D. Lund]
University of Washington, Seattle, Washington
Department of Biological Structure
Postdoctoral Fellow
[Advisor: R.D. Lund]
Medical University of South Carolina, Charleston, South Carolina
Anatomy and Neuroscience
Postdoctoral Fellow
Medical University of South Carolina, Charleston, South Carolina
Research Affiliate, Department of Ophthalmology

October 8, 2018

Publications

Peer-Reviewed Publications


Curriculum Vitae

REQUIREMENTS

❖ Use Medical School CV Template
  ▪ Template available on OFA website
  ▪ https://hub.med.umn.edu/faculty-affairs

❖ Start now and convert your CV to the Medical School template.

❖ Items must be in reverse chronology with most recent listed first. **Education is the only exception to this requirement.**

❖ Create appropriate headers for unique information.
Curriculum Vitae

REQUIREMENTS
❖ Remove any instructions found under headers in the Medical School CV template.
❖ List and number publications, grants, presentations, book chapters, etc. **CVs that do not have sections in a listed format will be returned.**
❖ Use standard formatting, with an 11-12 point font and one inch margins. Choose a font that is easy to read (Times New Roman or Arial).
❖ *Carefully proof for errors or format inconsistencies.*
PROFESSIONAL ADDRESS
Masonic Cancer Center
Department of Laboratory Medicine and Pathology
University of Minnesota
Mayo Mail Code 806
420 Delaware St. SE
Minneapolis, MN 55455
Tel: (612) 625-1504

IDENTIFYING INFORMATION

Education

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Date Degree Granted</th>
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<tbody>
<tr>
<td>B.Sc.</td>
<td>University of Saskatchewan</td>
<td>1998</td>
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<tr>
<td></td>
<td>Saskatchewan, Canada</td>
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<tr>
<td>Ph.D.</td>
<td>University of Saskatchewan</td>
<td>2003</td>
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<tr>
<td></td>
<td>Saskatchewan, Canada</td>
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<tr>
<td></td>
<td>Keith Bonham, Ph.D., Advisor</td>
<td></td>
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</tbody>
</table>
Curriculum Vitae

Example from Required Template - Appointments

Academic Appointments

- Associate Professor with tenure
  University of Minnesota Medical School, Twin Cities
  1993-present

- Assistant Professor
  University of Minnesota Medical School, Twin Cities
  1987-1993

Academic Administrative Appointments

- Senior Associate Dean for Undergraduate Medical Education
  University of Minnesota Medical School, Twin Cities
  2011-present

- Associate Dean for Students and Student Learning
  University of Minnesota Medical School, Twin Cities
  2006-2011

Clinical/Hospital Appointments

- Staff Physician
  University of Minnesota Medical Center
  University of Minnesota Medical School, Twin Cities
  1986-present
Curriculum Vitae

For your Publication List, you need to include your h-index.

What is an h-index?

It is a metric that attempts to measure productivity and citation impact of the publications.

For example, a h-index of 30 means the person has 30 publications with 30 citations.

How can you calculate your h-index?
Curriculum Vitae

Manifold provides a central clearinghouse for reporting on Medical School scholarship. You can download publication data, generate a list of publication citations in the required Medical School CV format, and quickly retrieve your h-index, etc. ***It is not always up to date. If you find errors, please contact them to correct and update it.

❖ Go to Manifold: [http://z.umn.edu/manifold](http://z.umn.edu/manifold) to obtain the above information.
❖ You can also set up this in Google Scholar.

*H(f/I)-index is not applicable for affiliate faculty. They need to calculate their h-index using Google Scholar.
Finding $h$-Index on Google Scholar and type in the search box.

Go through all the entries and eliminate any that are not you. This is easy if your name is uncommon. This is harder if your name is common.

In the CV, indicate that Google Scholar was used to derive $h$-index and other metrics.

You can also easily generated the number of times an article has been cited.

<table>
<thead>
<tr>
<th>Citations</th>
<th>2754</th>
<th>921</th>
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<td>17</td>
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<tr>
<td>i10-index</td>
<td>75</td>
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</tbody>
</table>

*Transient expression of laminin in the optic nerve of the developing rat*


Abstract The optic nerve of the developing rat was examined for the presence of laminin, an adhesive glycoprotein, to assess whether it might serve as a substrate for retinal axon growth in vivo. The optic stalk and nerve of developing rats were screened.

Cited by 117, Related articles, All 5 versions, Web of Science: 129
Publication Roles

Many journals are now requiring all authors to indicate their role in the study that is the basis of their manuscript. It is particularly important for you to do this on all multi-authored publications in which you are not the first or last author.

- Guarantor of integrity of entire study
- Developed study concept
- Developed study design
- Defined intellectual content
- Conducted literature research
- Conducted experimental studies
- Data acquisition
- Data analysis
- Date interpretation
- Manuscript preparation
- Manuscript editing
- Manuscript review
Curriculum Vitae

Examples from Required Template – Publications


  **Impact Factor (2016): 3.3; Times Cited: 2.**

  **Role:**
  
  - Guarantor of integrity of entire study
  - Developed study concept and design
  - Defined intellectual content
  - Conducted literature research
  - Conducted experimental studies
  - Data acquisition, analysis, and interpretation
  - Manuscript preparation, editing, review
Curriculum Vitae

Journal Impact Factor

❖ Publications must be annotated to include the journal impact factor (from ISI Web of Knowledge).

❖ It is best to use the most recent year available (2016 for example) for ALL journal impact factors.

1. Improvement of Eye Alignment in Adult Strabismic Monkeys by Sustained IGF-1 Treatment
   By: McLoon, Linda K.; Christiansen, Stephen P.; Ghose, Geoffrey M.; et al.
   Published: Nov 2016

Click here for Impact Factor

Creates Pop out
## Citation Counts – Using Manifold

<table>
<thead>
<tr>
<th>Title</th>
<th>Cover Date</th>
<th>Journal</th>
<th>Authors</th>
<th>Scopus Citations</th>
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<tr>
<td>Changing muscle function with sustained glial derived neurotrophic factor treatment of rabbit extraocular muscle</td>
<td>August 2018</td>
<td><em>PloS ONE</em></td>
<td>Fitzpatrick, Krysta R.; Cucak, Anja; McLoon, Linda K.</td>
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<tr>
<td>Composition, architecture, and functional implications of the connective tissue network of the extraocular muscles</td>
<td>January 2018</td>
<td><em>Investigative Ophthalmology and Visual Science</em></td>
<td>McLoon, Linda K.; Vicente, André; Fitzpatrick, Krysta R.; Lindström, Mona; Pedrosa Domellöj, Fatima</td>
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<td>Muscle Satellite Cell Cross-Talk with a Vascular Niche Maintains Quiescence via VEGF and Notch Signaling</td>
<td>2018</td>
<td><em>Cell Stem Cell</em></td>
<td>Verma, Mayank; Asakura, Yoko; Murakonda, Bhavani Sai Rohit; Pengo, Thomas; Latroche, Claire; Chazaud, Benedicte; McLoon, Linda K.; Asakura, Atsushi</td>
<td>1</td>
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<td>Effects of retinoic acid signaling on extraocular muscle myogenic precursor cells in vitro</td>
<td>1 December 2017</td>
<td><em>Experimental Cell Research</em></td>
<td>Hebert, Sadie L.; Fitzpatrick, Krysta R.; McConnell, Samantha A.; Cucak, Anja; Yuan, Ching; McLoon, Linda K.</td>
<td>0</td>
</tr>
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</table>
Curriculum Vitae

Citation Counts - using Google Scholar

Transient expression of laminin in the optic nerve of the developing rat
Abstract The optic nerve of the developing rat was examined for the presence of laminin, an adhesive glycoprotein, to assess whether it might serve as a substrate for retinal axon growth in vivo. The optic stalk and nerve of developing rats were screened
Cited by 117 Related articles All 5 versions Web of Science: 129 Cite Save

For help with Google Scholar Citation count, please visit: https://scholar.google.com/intl/en-US/scholar/citations.html
Curriculum Vitae

Example from Required Template - Grants

External Sources (federal {NIH, NSF, DEO, etc.} or state grants, foundation awards, etc.)

#
Role: Investigator status (Principal investigator, Co-PI, Co-investigator)
Name of PI (if not the candidate):
Grant Number (If Applicable):
External Granting Agency
Grant Title:
Project Dates:
Direct Costs Per Year:
% Effort/Salary Support

Required format from CV template!

Current External Sources

1. Role: Principal Investigator
   Grant Number: CIN 13-406
   Agency: Department of Veterans Affairs Health Services Research and Development
   Title: Center for Chronic Diseases Outcomes Research, VA HSR&D Center of Innovation
   Dates: 10/01/2013 – 09/30/2018
   Direct Costs Per Year: $4,000,000 in Core Center funds over five years
   Effort/Salary: 50%
Curriculum Vitae

Examples from Required Template – Presentations

Presentations

International Invited Oral Presentations (International Professional Meetings)

National Invited Oral Presentations (Invited Seminars and National Professional Meetings)
TEACHING AND CURRICULUM DEVELOPMENT

Umeå University, Sweden
2012-2014  Head and Neck Anatomy to Medical Students (a total of 16 lectures over 2 years)

University of Minnesota
2018-present  NSci8321: Career Skills: Course Director
2012-present  NSci2100 and 2001: Extraocular Muscles and Ocular Motor Control of Eye Movements

2010, 2013  3062W: Research Paper for Physiology Majors, Research mentor, Physiology Research mentor
Etc.
Curriculum Vitae

Example from Required Template – Advising and Mentoring

ADVISING AND MENTORING

Research Advising

Undergraduate Students (current position; * indicates publication(s) resulted from their work in my laboratory)

1. Kira Sampson (Sophomore, University of Minnesota) 2018-present
2. Maddy Webster (Junior, Colorado College) 2018
3. Aaron Wald (Senior, University of Minnesota) present 2018-present
4. David Immen (Senior, University of Minnesota) present 2018-present
5. Maria Godinez (Senior, University of Minnesota) present 2018-present
6. William Price (Senior, University of Minnesota) 2018
Curriculum Vitae

Example from Required Template – Professional Service

Divide this into International/National and Regional/Local

What do you include?

Editorial Boards
Journal Reviewer
Grant Reviewer (separate international/national from regional/local)
Program Review
Meetings or Symposia Organized (separate international/national from regional/local)
Service to Organizations (separate international/national from regional/local) [e.g. abstract reviewer; committee service]
External Review and Evaluation

These are very important, as they give an unbiased assessment of your accomplishments as they relate to the specific track on which you were hired. They speak to your national/international/regional reputation.

- 8 letters are required. It should be clear that the candidate has not worked with the letter writer.
- External reviewers should be at the rank the candidate is requesting or higher.
- Request must be made by Department Head or designated faculty member. Requests should not be addressed by staff.
- Do not request letters from individuals with a personal relationship with the candidate.
- If the tenure-clock was stopped during any year, a statement to that effect MUST be made in the request letter.
Annual Appraisals

• **Every faculty member** must undergo an annual appraisal, either with their department chairperson or their division director.

• Read it before you sign it. You have the right to a rebuttal if it contains statements with which you disagree.

• These documents allow you to see what the expectations are within your department for promotion, as well as allow you to communicate with your department chairperson or division director what your personal goals are for the year.
Candidate Statement of Assurance

- This must be signed by candidate after they have reviewed ALL MATERIALS* in their dossier.
- It is the candidate’s responsibility to make sure they have read the entire dossier.
- The candidate is encouraged to provide a rebuttal to anything to which they disagree.

*Includes Department report, vote, and any comments
We want everyone to be successful.

Clear expectations of what you need to do to be promoted are the key.

Questions?
Office of Faculty Affairs

Mark Rosenberg, MD
Vice Dean for Education & Academic Affairs
612-626-9596 | rosen001@umn.edu

Amanda Termuhlen, MD
Associate Dean of Faculty Affairs

Heather Dorr, M.Ed
Director, Office of Faculty Affairs
612-626-7371 | hdorr@umn.edu

Nick McArdle
Program Specialist, Office of Faculty Affairs
612-624-2653 | nmcardle@umn.edu

Devin Walker
Executive Assistant, Office of Faculty Affairs
612-624-5442 | walkerd@umn.edu | ms-ofa@umn.edu

All materials can be found at http://hub.med.umn.edu/faculty-affairs
Master Clinician Track Overview

~ Hyun Kim, MD, Master Clinician Track Co-Chair, Associate Professor, Department of Medicine
Master Clinician Track (MCT)

A promotion pathway recognizing faculty members contributing to **excellence** of the University of Minnesota Medical School primarily through clinical expertise and excellence, education, training, and mentoring

MCT faculty members must contribute to the academic missions
- no mandated protected time
- no requirement for peer-reviewed publication,
  although dissemination of new knowledge is encouraged
MCT Dossier Template

CV in University of Minnesota Medical School Template or WORKS format
Four external letters (2 arm’s length and 2 non-arm’s length) solicited by Department

Sections:

Service - Clinical
Clinical time (% effort) in direct patient care, administration or education related to clinical service
Description of patient care and related clinical service (<250 words)
Description of how candidate meets department metrics (<250 words)

Service - Non Clinical % effort (activities described in CV)
MCT Dossier Template

Sections:

- **Education** - no change from P&T dossier; includes teaching/lecture evaluations and table of mentees

- **Candidate’s Statement** - 2 pages ideally (3 absolute max), focus on clinical expertise and contribution to excellence at the Medical School; includes educational philosophy and contributions to teaching and mentoring; future plans
Review Process

- After department approval, dossier submitted to OFA
- Rolling acceptance starting Sept 1, ending February 1 of academic year
- ACGME Competency mini-360 evaluations
  - Department will generate list of contacts
  - Random, anonymous survey
  - Includes peers, trainees/reports, senior colleagues
  - Evaluates ACGME competencies not elicitable from CV, teaching evaluations, or letters
  - Done at the Medical School level; given to Medical School MCT Promotion committee
After MCT Committee review

● Candidate is notified of approval at department and Medical School committee level
● Sent to Dean’s office for approval
● Sent to Provost’s office
● Appeals process if denied by the Medical School MCT committee:
  ○ An appeal letter/packet can be submitted to the Office of Faculty Affairs. Contact OFA for more information about this process.
New Appointments on MCT

**Assistant Professor** - department submits Rank/Track request, current CV (any format) to OFA; OFA approves Rank and Track request

**Associate Professor or Professor** - department submits Rank/Track request, current CV (any format) to OFA for approval prior to issue of offer letter; *abbreviated dossier* must be completed and reviewed *prior to appointment start*
Advanced appointments on the MCT Track

Abbreviated MCT Dossier includes:

CV (any format, convert to medical school or Works by first annual review)
4 external letters (2 arm’s and 2 non-arm’s length)
Teaching/lecture evaluations and mentee list
Candidate’s statement- 2 pages
Letter of support from the department chair

Abbreviated MCT dossier reviewed by two members of MCT Promotions Committee
Overview of Faculty Advisory Council (FAC) and Faculty Assembly

~ Marna Ericson, PhD, Assistant Professor, Department of Dermatology
Faculty Advisory Council (FAC)

- **Who we are..**
  - committee of the Faculty Assembly
  - elected by peers
  - meet quarterly (+)
  - 3 year commitment
  - attend UMN Senate Meetings
Responsibilities

Advise the Dean on faculty affairs, finance and planning as they relate to research, education or clinical programs in the Medical School.

The Council may develop subcommittees or task forces as needed for specific tasks.
Subcommittees/Task Forces

- Salary Equity Study
- Excellence in Research
- Diversity and Inclusion

- Update/clarify the CONSTITUTION and BYLAWS OF THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL.

- Identify tactics and strategies to insure success in academic medicine.
Equal Opportunity and Affirmative Action (EOAA) Overview

~ Sofia Andersson-Stern, Associate to the Director of Equal Opportunity and Affirmative Action
EOAA addresses reports of sexual misconduct (including sexual harassment, sexual assault, stalking and relationship violence), discrimination, harassment, nepotism, and related retaliation through formal investigation and informal problem solving.

We are the Twin Cities campus Title IX office. University of Minnesota employees are required to report possible sexual misconduct that they learn about to their campus Title IX office.
Professionalism, Code of Conduct Overview

~ Amanda Termuhlen, MD, Associate Dean for Faculty Affairs, Professor, Department of Pediatrics
profes·sion·al·ism
(prəˈfeʃənlˌizəm)
noun
1. the competence or skill expected of a professional.

Amanda M. Termuhlen, M.D.
Associate Dean for Faculty Affairs
Professor Pediatrics
10/17/2018
Learning Objectives:

• Define professionalism

• Define disruptive behavior

• Recognize disruptive behavior

• Identify the benefits of addressing disruptive behavior

• Prevent and address disruptive behavior
What is professionalism?

“Doing the right thing when nobody is watching.”

Multidimensional
   Personal behavior
   Relationships and communications with others
   Conduct in professional clinical services provided
   Conduct in research
   Conduct in teaching

Derived from our profession - education, training, expectations, and trust
What behaviors are considered disruptive?

I disagree with you…
I call you stupid on rounds…
I deride you for asking me a question or for your answer to my question …
I threaten you if you don’t do what I tell you to do…
I don’t see eye to eye with you on major issues…
I physically move every time you try to talk to me…
I hear you bad-mouthing other specialties or other people....
I hear you swear at others and use foul language in the conference room…
I see you on your cell phone throughout the entire meeting…
I hear you in the hall making fun of the patient in room…
I have different ideas as to the priorities of…
Disruptive behavior

Interferes with effective work

Creates a hostile environment

Creates a situation that others find stressful

Center for Patient and Professional Advocacy 2009
Vanderbilt University, Hickson G.
What does addressing disruptive behavior do?

- Decreases medical errors
- Improves communication
- Reduces lawsuits
- Improves clinical outcomes
- Improves satisfaction of patients and families
- Enhances the reputation of the institution
- Promotes retention of colleagues
- Increases productive time
- Mitigates burnout
Most faculty member don’t come to work to be disruptive. What triggers disruptive behavior?

- **Personal**
  - Burnout
  - Learned behaviors
  - Not enough resources

- **Interpersonal**
  - Stressful environment
  - High expectations
  - Psychological distress
  - Fatigue

- **Situational**
  - Documentation/EMR
  - Loss of control
For you personally, what averts a trigger becoming behavior? What have you seen work for others?

Discuss with a neighbor....
Tell all of us what may work...

- Speak respectfully to everyone
- Address behavior directly in a timely and appropriate manner
- Engage more senior faculty members or mentors to assist with addressing behavior
- Breathe if you are triggered
- If anticipating dealing with a disruptive person, have a plan ahead of time, look for common ground, and remain calm
- Document for yourself so you remember details and so patterns may be detected
- Let HR or OFA know of your concerns so we can detect patterns and intervene to prevent pattern development
University Code of Conduct

- act ethically and with integrity
- be fair and respectful of others
- manage responsibly
- protect resources
- ethically conduct teaching and research
- avoid conflict of interest
- promote a culture of compliance
- preserve academic freedom
- manage public, private, and confidential information
- promote health and safety at work
Tolerance for disruptive behavior = Zero

Recognize and avert your own triggers from becoming behavior

Promote your own well-being and the well-being of those around you

Intervene or report if you witness disruptive behavior

Most incidents are one time events

Eighty percent of physicians exhibiting disruptive behavior will improve
Physician Wellbeing Overview

~ David Rothenberger, MD, Senior Advisor for Physician Wellbeing, Professor, Department of Surgery
Never a greater opportunity to help people … life should be great for us
But, too often, we feel like this...
… and our workplace is characterized by …
Why all the angst and anxiety now? It seems paradoxical... We should be high-fiving but instead ...
By 2014 ... rapidly rising trend line ... “a crisis of epidemic dimension”

Physician Burnout Rising

40% in 2009 to 45% in 2011 to 54% in 2014

Slide courtesy of Christine Sinsky, MD
Who’s at risk?

Significant physician burnout rate in U.S. regardless of practice setting (private, AHC, VAMC)*

Not confined to an age group. Among surgeons ≥ 45 yrs old, SI was 1.5 to 3.0 times more common than in general population**

Burnout not confined to specific specialties but some at higher risk than others; generalists at higher risk than specialists***

Other healthcare professionals (RNs, NPs, PAs, Mas) at similar risk

*Shanafelt et al, Arch Intern Med. 2013; 172 (18): 1377-1385
**Shanafelt et al, Arch Surg. 2011; 146 (1): 54 -62
*** Shanafelt, Noseworthy, Mayo Clin Proc; Dec 2015; 90 (12): 1606
About 400 physician suicides per year in U.S.*

- Lifetime rate of depression among MDs is similar to general population
- Suicide rate higher among MDs
  ✓ 1.5 - 3.8 x higher in men**
  ✓ 3.7 – 4.5 x higher in women***
- Medical students at equal or higher risk
- Suicide remains a taboo topic

*** Center et al, JAMA. 2003;289(23):3161-3166
Why? Transitions at unsustainable rate

<table>
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<tr>
<th>PAST</th>
<th>TODAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Paper</td>
<td>• Electronic</td>
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<tr>
<td>• Volume (fee for service)</td>
<td>• VALUE (cost and quality)</td>
</tr>
<tr>
<td>• Subjective outcomes</td>
<td>• Big Data</td>
</tr>
<tr>
<td>• Individual Healthcare</td>
<td>• Population Health</td>
</tr>
<tr>
<td>* Knowledge doubles every 150 years</td>
<td>* Knowledge doubles every 73 days</td>
</tr>
</tbody>
</table>

It’s not a sign of weakness!

The Widespread Problem of Doctor Burnout

1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.

Slide courtesy of Christine Sinsky, MD
Well-Being Alliance … Coalition of the Willing at University of Minnesota

Well-Being Alliance “Better Together”

Workplace Culture & Well-Being
Just Culture, empowering front line, mutual respect, equity, diversity, personal & professional support, and healthy work conditions

Core Responsibilities

Realize organization’s full potential by leading in professional, ethical, legal and financially sustainable manner to meet needs of all

Patient Care
VALUE = Safety + Quality Outcomes + Total Cost ($ and human) over time (High Reliability Organization)

Education and Training
the next generation of Healthcare Professionals for Minnesota and beyond

Scholarly Work and Research
to find new and better ways to prevent, diagnose and treat disease and maintain health
Well-Being Exec Leadership Team:
Bryan Williams, Levi Downs, Mark Welton, Laura Reed, Mary Jo Kreitzer, Connie Delaney

Restoring Well-Being and Joy to Medical Practice

Advisor
Dave Rothenberger

Chief Well-Being Officer (dyad)
TBD

Internal Resource
Bakken Center for Spirituality and Healing

External Resources
National Academy of Medicine (NAM)
Institute for Healthcare Improvement (IHI)
Minnesota Hospital Association (MHA)

Potential Future Collaborators
Major teaching affiliates (HCMC, VAMC, Regions, Childrens)

Hospitals’ Medical Executive Committees
Consult re credentialing, behavioral health issues, MN State Health Professional Services

Human Resource Directors
FHS, UMP and UM have benefit programs supporting wellbeing (VITAL. RedBrick)

Potential Future Collaborators
Major teaching affiliates (HCMC, VAMC, Regions, Childrens)

Workgroups from the Well-Being Alliance
Features

- Interprofessional
- Longitudinal
- Objective, research-based as possible
- Utilize all assets of M Health Fairview including the AHS and UM broadly
- Chief Well-Being Officer (dyad)

Initial Focus on

- Work team, unit, group, department
- Healthcare organization – system
- Identify ~ 5 high priority “nodes” on grid
  - Design, resource and implement key interventions
  - Monitor progress and outcomes

Current plan – NOT completed
Provided many actionable ideas for our medical school
Strengthen community and minimize isolation
Foster meaningful relationships
Provide students more autonomy and choices to individualize their curriculum
Continuous revising of curriculum to help students learn essential information and skills to practice while ensuring time and resources to care for selves
Vulnerability and Circle of Safety

- Ensure free, 24/7/365 help is easily available and free of concerns about privacy or impact on ability to practice
- Remove stigma of being human and vulnerable … no blaming and shaming
- Respect right to have time off to connect with family and friends; take care of personal health; sleep/bathe/eat
Four broad action steps

1. Recognize and acknowledge that physician burnout is a major threat to the healthcare system.

2. Use what we now know about the drivers of burnout to improve the workplace environment and build physician well-being.

3. Build an economic case to justify expenditures to remedy burnout.

4. Intensify research to determine what works best to minimize physician burnout and develop well-being.

Your help is needed and welcome!
Faculty and Academic Affairs Overview

~ Rebecca Ropers-Huilman, PhD, Vice Provost for Faculty and Academic Affairs
Faculty and Academic Affairs
Office of the Provost

Vice Provost Rebecca Ropers-Huilman
Associate Vice Provost Ole Gram
Faculty and Academic Affairs Mission

Our office fosters a university culture that welcomes, encourages, supports, and sustains a diverse faculty as they achieve excellence in research, teaching, service.
Priorities

- Ensure a Robust Faculty Review/Promotion and Tenure Process
- Initiate and Support Faculty and Leadership Development Opportunities
- Enhance Respectful and Equitable Academic Cultures
- Liaise with Faculty Governance and Faculty Leaders
- Advance High-Quality Teaching and Learning

Connect the power of the faculty and administration to advance inclusive excellence.
Mentoring Matters!

Ten Tips for Mentees

~ Amanda Termuhlen, MD
Associate Dean for Faculty Affairs
Professor, Department of Pediatrics
Objectives

By the end of this presentation you will be able to:

Define a mentoring relationship

Describe the different types of mentoring relationships

Know the importance of good mentoring

Learn how to be a great mentee!
Background: Definitions

- **Mentoring**: dynamic, reciprocal relationship aimed at fostering personal and career development within the framework of a profession.
- **Mentor**: one who teaches, guides, advises in the traditions, practices of a profession.
- **Coach**: focus on specific skills, brings out the coachee’s insights and learning.
- **Sponsor**: promotes publicly, provides introductions, protects.
Types of mentoring

• **Formal (assigned/structured)**
  – Pairs
  – Group/Team
  – Speed Mentoring
  – Learning Communities
  – Peer Based
  – Didactic
  – Other

• **Informal (mutual interest; not initiated, managed or structured by the organization)**
  – Networking opportunities
Relevance: Mentored faculty members have...

• Higher career satisfaction
• Increased likelihood of promotion
• Improvement on research, teaching, and clinic skills on annual evaluations
• More publications and grant funding

Sambunjak, JAMA 2006

• Significant reduction in time to promotion

Morrison, Medical Teacher, 2014

• Informal/formal mentoring – increased satisfaction and productivity

Shollen, Academic Medicine, 2014
How do you build successful mentoring relationships for career development?
#1 Know where you are going

- Establish goals
- Visioning exercise
- Assess and reassess
#2 Know the rules

**PROCEDURE**

Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty

- Promotion and Tenure guidelines
- Trends: focus, productivity, impact, reputation

**FACULTY TENURE**

Adopted: February 9, 1945
Technical Change: March 31, 2016

**PREAMBLE**

The Board of Regents adopts these regulations with the conviction that a well-defined statement of rules is essential to the protection of academic freedom and to the promotion of excellence at the University of Minnesota. A well-designed promotion and tenure system ensures that considerations of academic quality will be the basis for academic personnel decisions, and thus provides the foundation for academic excellence.

Tenure is the keystone for academic freedom; it is essential for safeguarding the
#3 Confidentiality and trust

Key items

Set mutual expectations
#4 ASK!

Have an introductory discussion

Brief meeting over lunch or coffee

Be specific on the goals/expectations of the mentorship

“Could you mentor me on...

writing my specific aims, a clinical protocol, a paper,

navigating an operational issue, moving into a cooperative group?

my career plans?”

PD Eastman
#5 Advocate

Advocate for what you need to succeed from your mentor - the world lacks mind readers...

Ask for help when you need it
#6 Be accountable

Given an opportunity - shine!

Be responsible for meeting deadlines on projects

FINISH PROJECTS

Make a time commitment for mentor meetings

Come prepared with an agenda of what you want to discuss

If life happens and you can’t meet deadlines/expectations, let your mentor know and you will live for another opportunity...
#7 Have multiple mentors

One person cannot be all

Mentoring map - Dept of Pediatrics

Ask: What do I need? How do I get it?

- substantive feedback
- professional development
- emotional support
- access to opportunities
- intellectual community
- role models
- accountability for what really matters
- sponsorship
- other needs

This is mentoring!
#8 Listen to your mentor

Be willing to learn

Accept feedback - good and critical

You don’t have to do everything you mentor suggests, but listen closely and be open to new ideas
#9 Be aware

Power differential

Dependence vs. independence

Gender/Ethnic/Racial differences

Generational culture
#10 If it is not working out or it is done, exit with grace!
Summary:

1. Know where you are going
2. Know the rules
3. Respect confidentiality and develop trust
4. Ask
5. Advocate for what you need
6. Assume Accountability
7. Have multiple mentors
8. Listen to your mentor
9. Be aware in the mentoring relationship
10. Exit gracefully when not working or done
Resources

Proposal Preparation Program (P3)

Master Mentor Program

CTSI

Office of Faculty Affairs

ms_ofa@umn.edu

atermuhl@umn.edu

Departments - mentoring champions
NIH Proposal Preparation Program (P3) Overview

~ Matt Kushner, PhD, Faculty Director of NIH Proposal Preparation Program, Professor, Department of Psychiatry and Behavioral Sciences
Mentors

- Matt Kushner, Ph.D. (Psychiatry) (P3 PD)
- Diane Treat-Jacobson, Ph.D., RN (Nursing)
- Subree Subramanian, Ph.D. (Surgery)
- John Grabowski, Ph.D. (OFA-Psychiatry)
- Kris Hogquist, Ph.D. (Laboratory Medicine)

- Served as NIH PIs
- Served on NIH Scientific Review Group
- Mentored junior faculty who have successfully obtained NIH funding
P3 Program Goals

PRIMARY

• Produce a full NIH grant body (12 pp.)

• Submit application in first NIH submission cycle following P3

SECONDARY

• Review peers’ grant

• Expose yourself to other research areas and grant funding mechanisms
## NIH Funding is Competitive!

<table>
<thead>
<tr>
<th>Institute</th>
<th># Apps</th>
<th># Awards</th>
<th>$$ Awards</th>
<th>% Success</th>
<th>Year</th>
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<tbody>
<tr>
<td>FIC</td>
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<td>23</td>
<td>$4,382,136</td>
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<tr>
<td>NCATS</td>
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<tr>
<td>NINR</td>
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<td>56</td>
<td>$25,619,819</td>
<td>9%</td>
<td>2016</td>
</tr>
<tr>
<td>NLM ²</td>
<td>123</td>
<td>16</td>
<td>$5,865,829</td>
<td>13%</td>
<td>2016</td>
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<td>OD Common Fund</td>
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<td>2016</td>
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<tr>
<td>OD ORIP-SEPAT</td>
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<td>13</td>
<td>$4,794,994</td>
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<td>FY Totals</td>
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<td>10,372</td>
<td>$5,025,523,010</td>
<td>19.1%</td>
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</tbody>
</table>
P3 Participants Have an Edge!

AHC P3: Kushner, 2017
How Do We Do It?

- 10 intensive sessions
- Detailed mentor and peer reviews each session
- Significant revisions between each session
- New section added every two sessions
- NIH Mock Review by independent expert
- Highly motivated and talented participants

AHC P3: Kushner, 2017
Mock NIH Review

Our final P3 session is a Mock NIH Review

This is the only P3 session in which we involve external (to P3) content experts

You will be expected to identify an appropriate reviewer who is a:

- Content expert in your research area
- Current or past NIH funded researcher
- UMN faculty
- Not your primary mentor or a key collaborator

AHC P3: Kushner, 2017
How to Apply

P3 Sessions
- Winter (January to May)
- Summer (May to September)
- Fall (September to December)

Applications Require:
- Completed NIH Biosketch
- Completed 1-page Specific Aims
- Completed application questionnaire

Application info found in OFA newsletter