Welcome, New Faculty!

Office of Faculty Affairs Overview
Faculty and Academic Affairs Overview

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

- **Our Mission:**
  To strengthen and sustain an inclusive culture that promotes the life-long career development of faculty, the development of effective leaders, and the vitality of a diverse faculty body.

- 4 major areas: promotion and tenure, faculty development, diversity and inclusion, and faculty issues.

[hub.med.umn.edu/faculty-affairs](http://hub.med.umn.edu/faculty-affairs)
Faculty Assembly

The Faculty Assembly is responsible for:
● Faculty governance at the School level

Faculty Advisory Council (FAC)

● Members of the FAC are Medical School faculty who have been elected by their peers to the All-University Senate, plus appointed representatives from Departments without Senators from each affiliate site.
● The FAC is an advisory council to the Dean.
Faculty and Academic Affairs

- Within the U of MN Provost’s Office
- FAA fosters a culture that welcomes, encourages, supports, and sustains a diverse faculty.
- FAA facilitates faculty success and promotes scholarly excellence.
- Hosts the U of MN New Faculty Orientation (please attend!)
- Offers support for the NCFDD Faculty Success Program (see flyer in your folder)

faculty.umn.edu
Welcome!

PAST, PRESENT...YOU

Jakub Tolar, MD, PhD
Dean, Medical School
Vice President for Clinical Affairs
tolar003@umn.edu
RESEARCH
EDUCATION
PATIENT CARE
COMMUNITY
LEGACY

27 Departments
17 Centers
70% of MN's physicians trained at U of M Medical School
Research

Faculty Publishing FY19

First/last Authored FY19

Blue Ridge Rank

2014 30
2015 32
2016 34
2017 33
2018 30
2019 27

NIH Funding

2014 $125
2015 $150
2016 $175
2017 $200
2018
2019

MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA
Areas of focus

NEUROSCIENCE  BIOENGINEERING  CANCER
Patient Care

Ranked #10 in Primary Care

U.S. News & World Report
Education
Incoming 2019

Twin Cities  10  Duluth
165 students  MD/PhD  65 students
13.6% First generation students
Community Medical Discovery Teams

Optical Imaging & Brain Science

Addiction

Biology of Aging

Rural & American Indian Health

Institute for Child & Adolescent Brain Health
Minnesota is perhaps the first state in the Union that may fairly be considered to have solved the most perplexing problems connected with medical education and practice except as to osteopathy. It has indeed still to realize its plans for an adequate clinical establishment of modern character; but there is little doubt that this is only a question of time,—and of a short time, at that. Meanwhile medical education has,
YOU

BE KIND.
Pursue Excellence.
Make a Difference.
HR & University of Minnesota Physicians
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
- 25 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

900 Common Paymaster Faculty

235 UMP-Only Physicians

UMP
- 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

University of Minnesota
Medical School

MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA PHYSICIANS
University of Minnesota
68,000 Students, 4,700 Faculty, 15,700 Staff

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900 Common Paymaster Faculty
235 UMP-Only Physicians

Medical School | University of Minnesota Physicians
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
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 – Kaama Malvin

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


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

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

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
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
Where We Provide Care
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
UM Physicians 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
- MINEP 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 – UM Physicians

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

Sr. Director, Human Resources – Judy Paul
Benefits Manager – Kaama Malvin
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](http://www.ump401k.com)

Clinical Translational Science Institute (CTSI) Overview

Melissa Hansen, MLS | Research Navigator, CTSI
Clinical and Translational Science Institute (CTSI)

Clinical and Translational Science Institute

University of Minnesota

Driven to Discover℠
Melissa Hansen, Research Navigator
hans1247@umn.edu or 612-626-2318

Helping researchers bring discoveries into practice
What is a Research Navigator

The CTSI Research Navigator provides counsel and direction regarding resources, processes, and expertise for conducting research at the University of Minnesota.
CTSI’s Mission

Helping clinical and translational researchers and study teams accelerate discoveries to improve human health
Broad CTSA grant goals

1. Train an outstanding multidisciplinary, diverse workforce across the spectrum of C&T research
2. Streamline methods and processes to increase research capacity, locally and nationally
3. Engage communities and stakeholders to improve the process of translation and delivery of healthcare across the lifespan and to a diverse population
4. Contribute unique U of M resources to the CTSA network
Five cores

Providing research-related support and resources for the UMN clinical and translational research enterprise
Office of Discovery and Translation (ODAT) helps researchers put promising ideas and discoveries on the path toward improved human health. ODAT provides the team-based infrastructure to leverage UMN capabilities and accelerate translation of discoveries.

**FUNDING**
ODAT provides funding for product definition, proof-of-concept and early development studies

**PROJECT MANAGEMENT**
Staff experienced in therapeutics development assists with identifying a feasible development pathway and establishing key milestones

**CONNECTING TO EXPERTS**
Specialized teams provide scientific, development, regulatory, and commercial guidance to ensure projects stay on development track
RESEARCH EDUCATION, TRAINING AND CAREER DEVELOPMENT (CTSI-ED)

CTSI-Ed is training the next generation of translational researchers and leaders with research training and career development for students, trainees and medical fellows to junior faculty to independent researchers.
Monthly Career Development Seminars & Workshops
Growing cache of online training modules
Optimizing the Practice of Mentoring (online mentor training)
Guidance on forming research mentoring teams
Community Engagement to Advance Research and Community Health (CEARCH) provides an infrastructure for University and community researchers to work together to address health issues in ways that are truly relevant to the community.

How CEARCH can help:

**Collaborate**
Collaboration with community organizations, University centers and institutes, and individuals on engagement strategies.

**Tap into Resources**
Connect to training and other resources for community members and University investigators.

**Connect with an Expert**
Assistance locating a community or University research partner.

**Get Funded**
Grants offered for community-University partnerships that stimulate new research in the area of community and population health.
BMIP drives the integration of clinical data across the University and Fairview Health Services, and gives researchers a one-stop-shop for the data, tools, and information technologies they need to accelerate their research.

**BMIP tools and services:**

- Best Practices Integrated Informatics Core (BPIC)
- Masonic Cancer Center – Clinical Informatics Shared Services (MCC-CISS)
- Clinical Translational Research (CTR) Portal
- Data Access
- I2b2
- TriNetX
- ACT Network
- OnCore Clinical Trial Management System
- REDCap
Best Practices Integrated Informatics Core

Centralized informatics services and collaborative science opportunities

SERVICES
- Assistance with submissions and documents
- Informatics resources and consultations
- Data analytics
- Healthcare application development
- Natural Language Processing extraction for clinical notes
- Data de-identification using validated tools
- Dataset preparation
- Design of data repositories
- Access to rich, secure clinical data environment

APP DEVELOPMENT
PRISM App won national award for its design in helping patients report health outcomes to doctors, which was partially developed by CTSI informatics experts.

BPIC OFFICE HOURS
- Tuesdays 1-3pm in CRSC
- Thursdays 1-3pm by appointment
- Online appointment scheduling available
CTSI’s Clinical Translational Research Services (CTRS) team provides support for studies across the spectrum of clinical and translational research.

**CTRS provides assistance with:**

- Study planning and design
- Identifying funding opportunities
- Budget development
- Protocol development
- Regulatory guidance and support
- Recruitment
- Study implementation
- Data collection and management
- Biorepository and lab services
- Statistical analysis
- Closeout
The Clinical Research Support Center (CRSC) brings resources together in one location to help researchers and study teams with the administration of a research study from project readiness/feasibility assessment through project initiation.

The CRSC is a collaboration among

Clinical and Translational Science Institute
The Office of the Vice President for Research
Fairview Health Services
University of Minnesota Physicians
QUESTIONS?

CTSI General Email
ctsi@umn.edu

Melissa Hansen, MLS
Research Navigator
hans1247@umn.edu
612-626-2318
Mentoring Matters!
Ten Tips for Mentees

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

Background:

Definitions

Types of mentoring

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, remediation, confidante, tutor.
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 re-assess
#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
#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?”
#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
#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

Ceil Wioczewski, 7/28/14: Cross-Generational Mentoring BLOG
#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

P3

Master Mentor Program

CTSI

Office of Faculty Affairs

ms-ofa@umn.edu

atermuhl@umn.edu

Departments - mentoring champions
Promotion and Tenure - Tenure and Academic Tracks

Kristin Hogquist, PhD | Promotion and Tenure Committee Co-Chair | Professor, Department of Laboratory Medicine & Pathology
## 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>
<tr>
<td>Master Clinician Track</td>
<td>Master Clinician Track statement</td>
</tr>
</tbody>
</table>
Promotion and Tenure Timeline

*Internal Deadline

- Department review - dossiers complete

Mid September - October

- All dossiers due September 15 every year
- 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.
January - Mid February
• Appeals

January - Mid February
• Dean reviews appellate cases

February 12
(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

Promotion and Tenure Timeline, cont.
1. **7.12 Statement or Track Statement**
   a. Tenure Track, or Academic Track
   b. If including an Memorandum of Understanding (MOU), it applies **ONLY** to Tenured or Tenure-track faculty. Be sure to include the correct 7.12 statement.

2. **Cover Sheet**
   a. Tenure-Track and Tenured faculty only

3. **Curriculum Vitae**
   a. Medical School format or WORKS format
   b. If there is a duplicate CV in a dossier that contains the most current revisions, departments should remove the older of the two

4. **Candidate’s Narrative Statement**

5. **Teaching Experience and Effectiveness**

6. **External Review & Evaluation**

7. **Internal Review & Evaluation**

8. **Annual Appraisals**
   a. Including current year

9. **Departmental Recommendations**
   a. Dept. Head letter; Dept. Report; Record of Vote

10. **Statements of Assurance**
    a. Department’s & Candidate’s

11. **Selected Reprints**
    a. List of reprints; Actual reprints
Curriculum Vitae

REQUIREMENTS

❖ Use Medical School CV template or WORKS Format Template

❖ Complete CV (should not be abbreviated)

❖ Number pages

❖ 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 cont.

REQUIREMENTS
❖ Remove any bracketed (italicized) 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.
Curriculum Vitae cont.

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

- Indicate whether or not the candidate is a single-PI, multiple-PI, or a contact-PI within an NIH grant (see NIH Guidelines for definitions).

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 cont.

Publications

Peer-Reviewed Publications
Author(s). Article title. Journal title. Year; Volume (issue - if applicable): Page numbers (e.g., 225-243). (Indicate the candidate’s role in multi-author papers) (Papers accepted for publication can be listed in this section)

❖ Do not include papers that are “in preparation.”
❖ “Submitted” papers are acceptable, but should be listed under a separate category. (Papers accepted or “in press” can be listed under the main publications list).
❖ Put in numbered list format and make sure the candidate’s name is in **bold** for easier identification.

- Bibliography can also be in APA style format.
- Mark mentees and/or trainees with an asterisk(*) within publication listings.
Curriculum Vitae cont.

Publications

❖ Perform the Citation Index and Impact Factor analysis as close to the due date as possible. These numbers can change a lot in the course of months.

❖ Use Manifold when possible.
  ● Always indicate if Google Scholar was used

❖ h-Index (the “Hirsch” number)
  ● Automatically calculated from ISI citation report or Google Scholar
Curriculum Vitae cont.

Impact Analytics Grid

<table>
<thead>
<tr>
<th>h-Index</th>
<th>h(fl)-Index</th>
<th>Total Publications</th>
<th>First/Last Author Publications</th>
<th>Total Citations</th>
<th>First/Last Author Citations</th>
</tr>
</thead>
</table>

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

*H(f/l)-index is not applicable for faculty at affiliate locations, however, the h-index must be derived and notated from Google Scholar.

Peer-Reviewed Publications
Author(s). Article title. Journal title. Year; Volume: Page numbers (e.g., 225-243). (Indicate the candidate’s role in multi-author papers) (Papers accepted for publication (in press) can be listed in this section)
Curriculum Vitae

- **Manifold** provides a central clearinghouse for reporting on Medical School scholarship and includes the ability to download publication data, generate a list of publication citations in the required Medical School CV format, and quickly retrieve salient impact measures like faculty h-index, among other features.
- It is not always up to date. If you find errors, please contact them to correct and update this.
## Citation Counts – Using Manifold

<table>
<thead>
<tr>
<th>Title</th>
<th>Cover Date</th>
<th>Journal</th>
<th>Authors</th>
<th>Scopus Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of Repeated Eyelid Injections with Botulinum Toxin A on Innervation of Treated Muscles in Patients with Blepharospasm</td>
<td>2019-03-04</td>
<td>Current Eye Research</td>
<td>Olson, Rose M.; Mokhtazarzad, Ali; McLoon, Linda K; Harrison, Andrew R;</td>
<td>0</td>
</tr>
<tr>
<td>Muscle Satellite Cell Cross-Talk with a Vascular Niche Maintains Quiescence via VEGF and Notch Signalling</td>
<td>2018-10-04</td>
<td>Cell Stem Cell</td>
<td>Verma, Mayank; Asakura, Yoko; Murakonda, Bhavani Sal Rohit; Pengo, Thomas; Latroche, Claire; Chazaud, Benedicte; McLoon, Linda K; Asakura, Atsushi;</td>
<td>22</td>
</tr>
<tr>
<td>Visualizing neuronal adaptation over time after treatment of strabismus</td>
<td>2018-10-01</td>
<td>Investigative Ophthalmology and Visual Science</td>
<td>Fleuriet, J?rome; McLoon, Linda K;</td>
<td>0</td>
</tr>
<tr>
<td>Changing muscle function with sustained glial derived neurotrophic factor treatment of rabbit extraocular muscle</td>
<td>2018-08-01</td>
<td>PloS one</td>
<td>Fitzpatrick, Krysta R.; Cucak, Anja; McLoon, Linda K;</td>
<td>0</td>
</tr>
<tr>
<td>Composition, architecture, and functional implications of the connective tissue network of the extraocular muscles</td>
<td>2018-01-01</td>
<td>Investigative Ophthalmology and Visual Science</td>
<td>McLoon, Linda K; Vicente, Andre; Fitzpatrick, Krysta R; Lindstrom, Mona; Pedrosa-Domellof, Fatima;</td>
<td>3</td>
</tr>
</tbody>
</table>

Click “generate citations” to prepare report that can be cut and pasted into CV.
Curriculum Vitae

Finding citations & $h$-Index on Google Scholar

Always indicate if Google Scholar was used to derive metrics.

For help with Google Scholar Citation count, please visit: http://US/scholar/citations.html
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 (2019 for example) for ALL journal impact factors.

Click here for Impact Factor

Generates a pop-up window
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. James Staats (Senior, University of Minnesota) 2015-present
2. Lindsay Page (OD student, Ohio State University) 2014-2016
4. Tanisha Ronnie (Senior, University of Minnesota) 2012-2014
5. Joseph Navratil (Senior, University of Minnesota) 2013
6. Eric Homan (HHMI Support; Senior, University of Minnesota) 2012

For advising and mentoring sections, candidates need to have an extensive / defined relationship with their mentees. One meeting with an individual does not qualify as extensive experience. This information also applies to the Mentoring Table as well.
Teaching Experience and Effectiveness

This section should include:

❖ Teaching Experience
  ➢ Teaching table of undergraduate/graduate courses taught, including course number, title, brief description, quarter/semester, role, and number of students enrolled.
  ➢ Mentoring Training Table of persons trained /mentored /advised in research, degree sought, role as advisor, and status of advisee at time of training. Include current position of these individuals, if known.

❖ Teaching Effectiveness
  ➢ Lecture Evaluation Summary of formal teaching evaluations (student or peer) over time. Summarize the evaluations obtained through Office of Measurement Services forms or other formal measurement tools for evaluation of teaching effectiveness. A paragraph (up to 250 words) including evaluation comments may also be added after the table.
    NOTE: Do not include any raw evaluation data.
  ➢ Informal teaching evaluations such as peer, student, and advisee letters. If including actual letters, indicate whether letters were solicited or unsolicited or are an established component of the department's process of evaluating teaching effectiveness.
  ➢ Honors/awards received for teaching effectiveness.
One comprehensive narrative statement that should be 3-4 pages in length (absolute maximum of 4 pages).

All areas must be addressed in the narrative statement, you should focus on the area of your greatest contributions.

Suggested outline:
- Introductory paragraph
- Scholarly activity focus (research or education) - label with this heading
- Education/teaching - label with this heading
- Service - label with this heading
- Concluding paragraph

For detailed information, refer to the [dossier template](#).
External Review & Evaluation

❖ 6-9 letters required. It should be clear that the candidate has not worked with the letter writer.

❖ No more than two (2) of the letters from people who have had a professional relationship with the candidate (i.e. Not Arm’s-Length).

➢ DO NOT SOLICIT MORE THAN 2 NON-ARM’S LENGTH LETTERS.

❖ 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.
External Review & Evaluation cont.

- **A numbered list** (1-9) of each letter requested in the following order:
  - Arm’s Length
  - Non-Arm’s Length (Professional Relationship)
  - Letters Not Received.

- Reviewers need to have, or have had, a position within academia. Exceptions can include those who are NIH staff or international experts in niche areas. Any question regarding external reviewers can be directed to OFA.

- Faculty (reviewer must be equal to the rank or above for which the candidate is being considered).

- Templates are available online to help create solicitation letters; Departments can modify as needed.

- The candidate should never **contact** the reviewer/s.

Review [External Review and Evaluation Procedures, and Definition of External Reviewers](#) for more information and sample relationship statements.
Internal Review and Evaluation

Include letters received from reviewers internal to the University of Minnesota.

❖ “Arm’s-length” policies do not apply to internal letters.
❖ Request must be made by Department Head or designated faculty member, not by staff.
❖ Include the list of letters solicited following the same format as for external letters.
❖ Consider soliciting some of these letters from faculty outside the department/college.
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
Selected Reprints

This section should include:

❖ A list of candidate-selected reprints.
  ➢ The reprints selected should reflect significant contribution(s) of the candidate
  ■ NOTE: In the case of multiple authorships, the contribution of the candidate to the project must be clearly established and reported within the CV.

❖ Three (3) reprints SHOULD BE INCLUDED IN THE PDF DOSSIER, AND BOOKMARKED.
Annual Appraisals

❖ Include all annual appraisals.
  ➢ Form 12, 12a or Summary of Annual Evaluations (previously “Form 12a”)
❖ Forms should be in reverse chronology (with most recent listed first).
❖ Tenured and non-tenure track faculty might be missing appraisals – include what you have.
  ➢ Probationary faculty MUST include appraisals for each year.
❖ If the tenure-clock was stopped during any year, the “Extension of Probationary Period” form must be attached to the appropriate Form 12.
  ➢ If personal information regarding illness is included on the extension request, please redact this information.
Master Clinician Track

Overview

Amanda Termuhlen, MD | Associate Dean for Faculty Affairs | Professor, Department of Pediatrics
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.
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
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.
10 MINUTE BREAK
NIH Proposal Preparation Program (P3) Overview

Matt Kushner, PhD | Faculty Director of the NIH Proposal Preparation Program, Professor, Department of Psychiatry and Behavioral Sciences
Medical School
Office of Faculty Affairs
P3
Proposal Preparation Program

AHC P3: Kushner, 2020
P3 Mentors

- Scott Crow, M.D. (Psychiatry)
- Kris Hogquist, Ph.D. (Laboratory Medicine)
- Matt Kushner, Ph.D. (Psychiatry)
- Subree Subramanian, Ph.D. (Surgery)
- Diane Treat-Jacobson, Ph.D., RN (Nursing)
P3 Program Goals

PRIMARY

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

• **Submit** your application in first NIH submission cycle following P3.

SECONDARY

• **Review** peers’ grant to improve their grants and yours.

• **Expose** yourself to other research areas and grant funding mechanisms.
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<th>Total Awards</th>
<th>Total Funding</th>
<th>% of Total Funding</th>
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P3 Participants Have an Edge!

AHC P3: Kushner, 2020
How Do We Do It?

- **STRUCTURE**: Every participant completes a grant over 10 intensive sessions.

- **FEEDBACK**: One mentor and one peer reviews your work each session.

- **MOCK NIH REVIEW**: Completed grant is reviewed by an independent expert.

- **YOU**: P3 selects for highly motivated and talented participants.

AHC P3: Kushner, 2020
Submissions Must Be:

- **Received by noon** on the Monday preceding each Wednesday session.
- **Uploaded on Canvas** under the upcoming session’s tab.
- **Single WORD doc** (no PDFs).
- **Face Sheet** (to be described).
**Mandatory Face Page**

- **PI**: Last Name, First Name, Middle initial
- **Col’s/Collaborators**: Last Name, First Name
- **Title**: (Keep current if it changes)
- **Mechanism**: (e.g. R21, R34, K-01, K-08, K-23)
- **Institute**: (e.g., National Institute on Drug Abuse; NIDA)
- **Link to NIH announcement** ("Parent Announcement," "Program Announcement" or "Request for Applications")
EXPECTATIONS

Attendance is mandatory unless excused.

On time submissions are mandatory.

Assigned reviews are mandatory and must be submitted to your peer within a day of the class.
Peer & Mentor Reviews

- One mentor and one peer will review each submission.
- Reviewer assignments rotate. Schedule for each session is on Canvas.
- You have two days for your review between the Monday submission deadline and the Wednesday class.
- Review feedback is oral (during session) and written (emailed with comments/edits to participant).
- Oral feedback should be about 5 minutes or less and focus on major or general issues only.

AHC P3: Kushner, 2020
Giving Feedback

- **Honest**: Respectful and balanced but frank.

- **Constructive**: Attempt to suggest improvements along with critique.

- **Oral**: About 5 minutes per reviewer. Big and general issues with an example or two. Ideally, list major issues on cover sheet prior to session.

- **Electronic**: Detailed edits and comments in document; narrow these down for oral rev.
Receiving Feedback

- **Listen**: Allow the reviewer to completely finish before speaking.

- **Discussion**: Should be minimal but can clarify briefly or ask questions (time is very tight). Do NOT be defensive or argue.

- **Revisions**: Overview major changes on face sheet and explain why if you rejected any major reviewer suggestions.

   (DO NOTIGNORE REVIEWER INPUT)
Limits to Content Expertise of P3 Reviews

Mentors and peers with deep expertise in your area is the exception rather than the rule.

Mentors are reliably expert in “grantsmanship” and scientific writing.

Expert content guidance must come from personal mentors or senior colleagues outside of P3.
When Not Receiving or Giving Feedback

• For the majority of each session you will be neither the reviewer or the reviewed.

• This is similar to NIH review sessions (and those are two full days!).

• It is recommended that you listen attentively (can comment as appropriate).

• It is not recommended that you “check out” with email or surfing the net.
The final P3 session is a Mock NIH Review.

This is the only P3 session in which involves 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
The Grant Application: Brief Overview
R’s Seeking “Venture Capital” for your Science (must “Sell” the science)

- **Significance**: The problem is important and your work, if successful, would impact it meaningfully.
- **Premise**: High quality science supports the viability of concept, hypotheses and approach.
- **Innovation**: Your idea/approach expands the horizons of the field.
- **Approach**: Your methods will accomplish the stated scientific aims unambiguously.
- **Investigator & Environment**: Fully if not uniquely qualified and situated to do this important work.
- **Specific Aims**: Serve as an “executive summary” of the entire grant.
K’s Seek “Venture Capital” for You as a Scientist (must “Sell” the Candidate)

All sections for R’s plus:

- **Candidate’s Background**: Shows you are a highly promising candidate but lack specific skills and experience to be an independent investigator.
- **Career Development/Training Plan**: You detail a highly specific plan to acquire the skills and experience that you presently lack.
- **Letters of Support**: Those accomplished in the areas you lack are willing to commit significant time to helping you gain the skills and experience you lack (without remuneration).
Other Grant Sections
(Required but not part of P3 schedule)

• Environment (how suitable for the work?)
• Protection of Human Subjects
• Budget and Budget Justification (get help start soon)
• Inclusion of woman, minorities and children (important but easy)
• Project Abstract (important and challenging)
• Authentication of biological agents, cells, etc.

AHC P3: Kushner, 2020
Professionalism, Code of Conduct Overview

Amanda Termuhlen, MD | Associate Dean for Faculty Affairs | Professor, Department of Pediatrics
professionism

(prəˈfeSHənlˌizəm)

noun

1. the competence or skill expected of a professional.

Amanda M. Termuhlen M.D.
Associate Dean for Faculty Affairs
Professor Pediatrics
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 don’t see eye to eye on major issues…
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…
I physically move every time you try to talk to me…
I hear you bad-mouthing other specialities or other people….  
I hear you swear at others and use foul language in the conference room…
I see you on your phone throughout the entire meeting…
I see your social media posts making fun 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 disruptive behavior produce?

Medical errors
Lawsuits
Poor clinical outcomes
Unsatisfied patients and families
Failure to retain colleagues
Non-productive time
Burnout
Most faculty members don’t come to work to be disruptive. What triggers disruptive behavior?

**Personal**
- Burnout
- Learned behaviors
- Not enough resources
- Stressful environment
- High expectations
- Psychological distress
- Fatigue
- Documentation/EMR
- Loss of control

**Interpersonal**

**Situational**

For you personally, what averts a trigger becoming behavior? What have you seen work for others.
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
No tolerance for disruptive behavior

Learn to 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 and 80% of physicians exhibiting disruptive behavior will improve
Center for Women in Medicine and Science (CWIMS) Overview

Sade Spencer, PhD | Center for Women in Medicine and Science, Retention & Recruitment Action Group Member | Assistant Professor, Department of Pharmacology
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
Associate Director, Citizen Professional Center
Chair, Families and Health Section at NCFR

Kait Macheledt
Project Specialist, Center for Women in Medicine and Science (CWIMS)
Program Coordinator, Building Interdisciplinary Research Careers in Women’s Health (BIRCWH) Program
Snigdha Pusalavidyasagar (Sagar), MD
Assistant Professor of Medicine, Division of Pulmonary, Allergy, Critical Care and Sleep Medicine
Mentoring Action Group Leader, Center for Women in Medicine and Science (CWIMS)

Alicia Kunin-Batson, PhD, LP
Assistant Professor, Department of Pediatrics
Salary, Resource and Leadership Equity Action Group Leader, Center for Women in Medicine and Science (CWIMS)
Rebekah Pratt, PhD
Assistant Professor, Department of Family Medicine and Community Health
Retention and Recruitment Action Group Leader, Center for Women in Medicine and Science (CWIMS)

Sara Zimmer, PhD
Assistant Professor, Medical School, Duluth Campus
Strategic Communications and Collaborations Action Group Leader, Center for Women in Medicine and Science (CWIMS)
CWIMS Structure

Working in Action Groups:
- Recruitment/Retention
- Mentoring
- Salary, Resource, Leadership Equity
- Strategic Collaborations and Communications

Addressing the 17 WIL recommendations
- Monthly Meetings
- Medical School wide events
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)
- Advertise and expand Sick Child Care (UMPhysicians)
- Build a faculty welcome packet
- Steward recognition process for CWIMS Annual Retreat
- Climate: Work/family balance
- Build implicit bias training into all search committees

WIL Recommendations: 1, 7, 9, 10

Mentoring
- Provide resources to existing women leaders to facilitate ability to role model (5)
- Increase exposure of faculty to female role models (6)
- Facilitate mentorship and leadership trainings (8)
- Retreat, seminars, workshops (e.g., negotiation skills seminars, CWIMS Annual Retreat)
- Collaborate with the Master Mentoring Program
- Promotion and tenure process mentoring for women faculty across rank
- Individual consultations
- Build methods to incentivize and recognize mentoring

WIL Recommendations: 5, 6, 8

Strategic Collaboration and Communications
- Connect and collaborate across UMN, Minnesota community and professional associations
- Create communications to key stakeholders regarding diversifying the face of leadership
- 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
- Be an incubator for leadership opportunities (i.e., steward nominations of women for awards)

WIL Recommendations: 14-15

Salary, Resource and Leadership Equity
- Build capacity for equal rates of promotion and appointment of women to leadership positions (2, 3)
- Educate about implicit bias (4)
- Conduct annual salary equity study (11)
- Work to correct salary equity disparities (12)
- Develop and disseminate Department Chair Metrics to measure leadership, resource, and salary equity (13-15)
- Develop and disseminate needs assessment survey
- Disseminate results relating to measuring leadership, resource, and salary equity (14-15)

WIL Recommendations: 2, 3, 4, 11, 12, 13-15

CWIMS Strategic Collaborations

Women in Science Summit Across University
Collaborate to: align women in science initiatives, strengthen partnerships, increase impact while decreasing effort, provide positive female leadership role-modeling in academia for students, staff, etc.

Research Across AHC and University
Collaborate to: develop a CWIMS research agenda, promote career development of junior faculty, maintain funding, publish manuscripts, and present at peer reviewed research conferences.

National Associations
Join national associations to present at national meetings and conferences, cement a national presence in women in medicine work, utilize national models, etc.

University of Minnesota, Medical School Departments
Collaborate across the Medical School to: build four action groups with representation from each department, carry out CWIMS initiatives related to recruitment and retention, salary/resource/leadership equity, mentoring, and strategic communications and collaborations.

Collaborate across the Midwest to: align CWIMS efforts, cement a local presence in women in medicine (WIM) work, increase impact while decreasing effort, strategize potential co-research/publications opportunities and presentations, carry out conferences, etc.

Office of Faculty Affairs (+)
Collaborate across the Medical School to: carry out CWIMS initiatives, support culture change across medical school departments, coordinate the SERC, etc.

Join national associations to present at national meetings and conference, cement a national presence in women in medicine work, utilize national models, etc.

University of Minnesota, Medical School
Collaborate to:
- Develop a CWIMS research agenda, promote career development of junior faculty, maintain funding, publish manuscripts, and present at peer reviewed research conferences.
- Align CWIMS efforts, cement a local presence in women in medicine (WIM) work, increase impact while decreasing effort, strategize potential co-research/publications opportunities and presentations, carry out conferences, etc.
- Carry out CWIMS initiatives, support culture change across medical school departments, coordinate the SERC, etc.

Center for Women in Medicine & Science
MEDICAL SCHOOLS OFFICE OF FACULTY AFFAIRS
Version | Fall 2018
Mission

CWIMS supports and facilitates leadership and professional development opportunities to achieve gender equity, diversity, and inclusion.
Vision

CWIMS creates supportive institutional collaborations and infrastructures to ensure gender equity now and in the future.
“A Medical School Dean’s Initiative”

“Incubators of Leadership”

“Action Oriented”

“Building Infrastructure so that Equity and Excellence can Prosper”

“Using Community-based Participatory Research methodology to inform program organizing”
Connect with us:

- Join CWIMS connect email address
  - Go to: z.umn.edu/cwims
- Attend upcoming events
  - 2020 Annual CWIMS Spring Workshop on May 15, 2020
- Reach-out to our leadership team
- Look for our email!
CWIMS- Early Pathways to Success Program

• 2019 Pilot Cohort
• Consider Self-nominating to the 2020 Cohort
  ○ Call will go out Fall 2020
Annual Spring Workshop: The Art of Risk-Taking

MAY 15, 2020
10 am - 2:30 pm
Location: Duluth Campus, Remote viewing available
Thank you!

CWIMS Contact Information

Jerica Berge, CWIMS Director
Email: jberge@umn.edu

Kait Macheledt, CWIMS Project Specialist
Email: kmac@umn.edu

Sade Spencer, PhD; CWIMS-Early Pathways to Success Program Officer
Email: spencers@umn.edu

Rahel Ghebre, MD, MPH; CWIMS-Early Pathways to Success Program Officer
Email: ghebr004@umn.edu

Website: z.umn.edu/CWIMS
Phone number: (612)-625-1850
Email: cwims@umn.edu
Social Media in the Medical School

Kristine Elias | Communications Director, University of Minnesota Medical School
Responding to calls from the media

If you receive a call from the media:
• Do not agree to an interview
• Call:
  • Kristine Elias, Communication Director, 651-283-3018
  • Kelly Glynn, Media Relations Coordinator, 414-758-3191
Social media dos and don’ts

DO:
• Follow the Medical School on social channels
  facebook.com/umnmedschool
  instagram.com/umnmedschool
• Like and share Medical School posts
• Follow UMN and M Physicians social media policies

DON’T:
• Share patient information or give patients advice

Other help: resource.umn.edu; search MarComm