

New Faculty Orientation

Medical School Office of Faculty Affairs
Thursday, February 20, 2020



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

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



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



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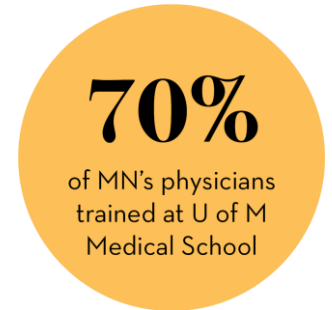
RESEARCH

EDUCATION

PATIENT CARE

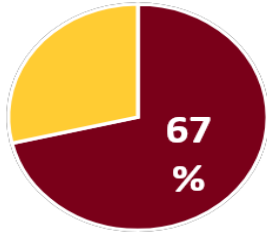
COMMUNITY

LEGACY

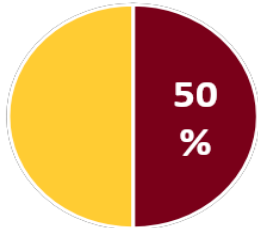


Research

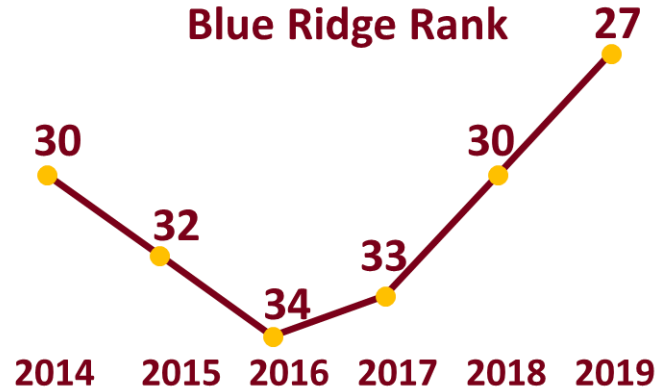
Faculty Publishing FY19



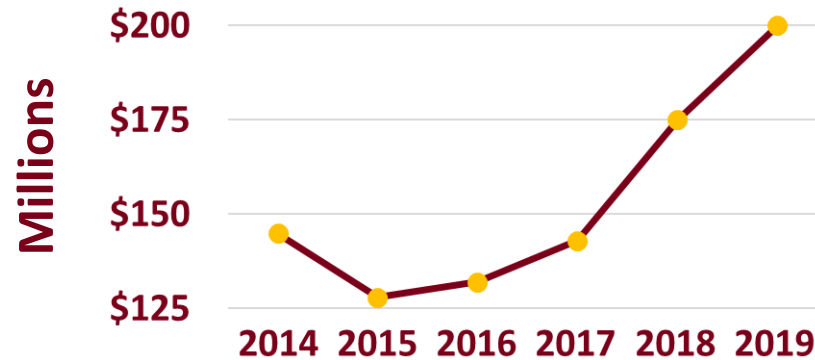
First/last Authored FY19



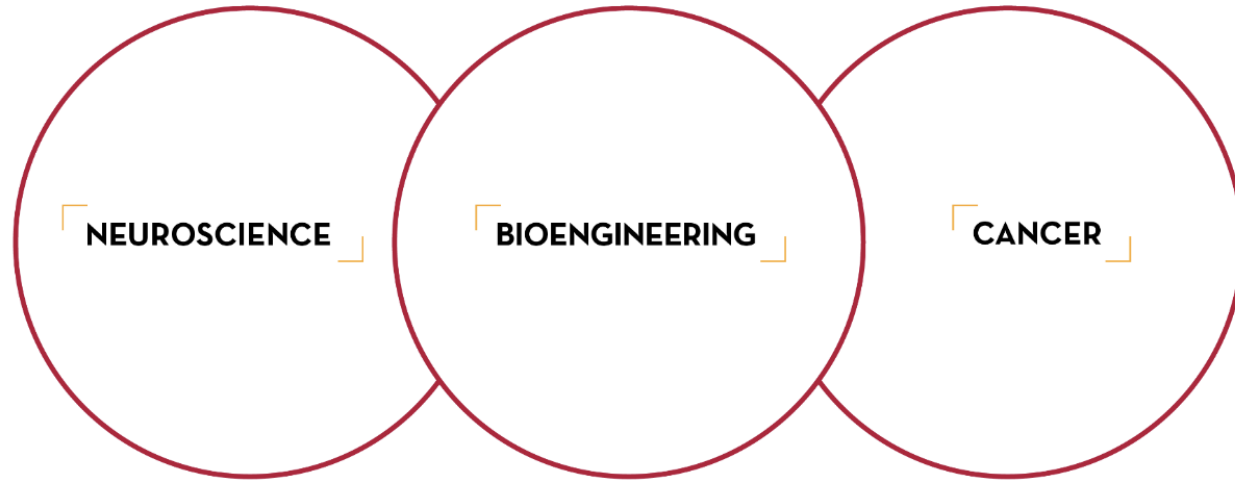
Blue Ridge Rank



NIH Funding



Areas of focus



Patient Care



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PHYSICIANS

Ranked #10 in Primary Care

U.S. News & World Report



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Education

Incoming 2019

One School.
Two Campuses.



Twin Cities

10

Duluth

165 students

MD/PhD

65 students

13.6% First generation students



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Community

Medical Discovery Teams



Optical Imaging &
Brain Science



Addiction



Biology of Aging



Rural & American
Indian Health

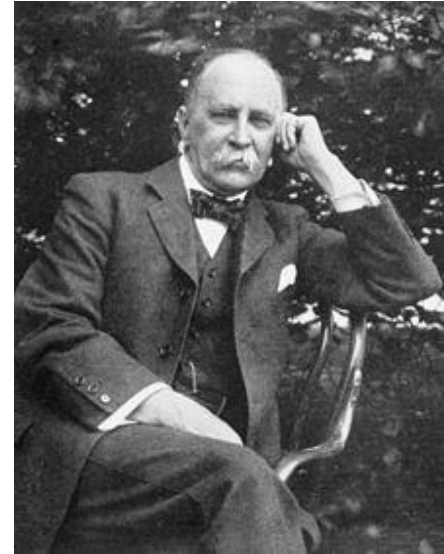
Institute for Child & Adolescent Brain Health



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Legacy

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,



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Aaron LeBeau, PhD, and Brandon Moriarity, PhD, receive Prostate Cancer Foundation Challenger Award

#43

U.S. News & World Report Ranking increase

Hubert Lim, PhD, chosen to lead \$9.7M NIH BRAIN Initiative grant



Daniel Cortez, MD, and team first in the Midwest to implant wireless pacemaker in a child

Kamil Ugurbil, PhD, receives 2019 IEEE Medal for Innovations in Healthcare Technology

50 years

ORTHOPAEDIC SURGERY

Department of Orthopaedic Surgery celebrates 50 years



MD Class of 2023 White Coat Ceremony

Rita Perlingeiro, PhD, and team receives \$945K grant for Duchenne muscular dystrophy research



M Health Fairview brand launches

Department of Family Medicine and Community Health celebrates 50 years



Medical researchers and artists showcase collaborative exhibits at "Walk Back to Your Body" event

First patient treated in T-suite at M Health Fairview University of Minnesota Medical Center

2019

Medical School Education Council approves the "Separation of Academic Roles in Providing Healthcare Policy"

#30

NIH Blue Ridge Ranking increase

M Health Fairview Agreement begins



2019 Match Day

Heidi Moline, MD, MPH, partners with CDC and MDH on AFM research



Class of 2019 Commencement

Anna Wirta Kosobuski, EdD, receives President's Outstanding Community Service Award

100 years

MICROBIOLOGY & IMMUNOLOGY

Department of Microbiology and Immunology celebrates 100 years

M PHYSICIANS

University of Minnesota Physicians rebrands as M Physicians



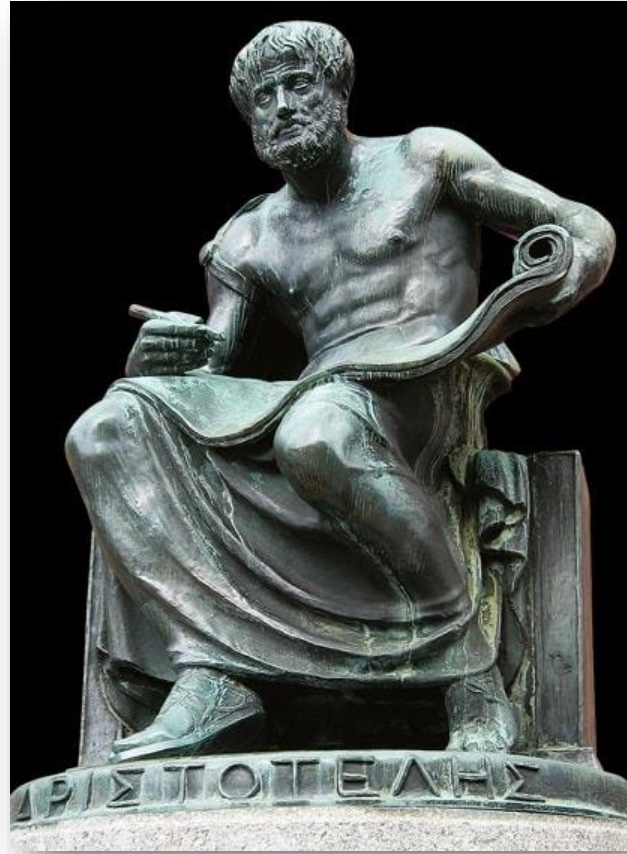
U of M Medical School Twin Cities Campus pilots new student house system

U of M Medical School Duluth Campus welcomes largest class of Native American students



Anne Pereira, MD, MPH, FACP, and Charles Reznikoff, MD, FACP, offer nation-leading course that equips providers to fight the opioid epidemic

U of M opens three first-in-human trials in one month focused on NK cell cancer immunotherapy



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YO

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BE KIND.

PURSUE EXCELLENCE.

MAKE A DIFFERENCE.



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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



UNIVERSITY OF MINNESOTA
PHYSICIANS

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



MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA PHYSICIANS

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Medical School Employees

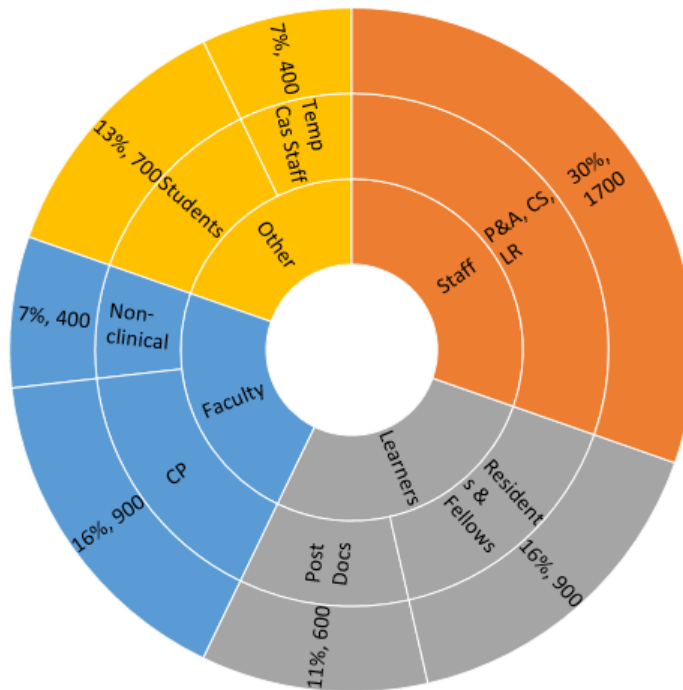
■ Faculty ■ Staff ■ Learners ■ Other

Influences: UMN Student Affairs, Temp/Casual Policies

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

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

Office of Equal Employment & Affirmative Action: EOAA addresses reports of discrimination, harassment, nepotism, sexual misconduct, and related retaliation. 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

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 UMPPhysicians

- UMPPhysicians has deep roots in the U of M's Medical School
- In 1997, 18 separate practice groups of physicians united to form UMPPhysicians
- UMPPhysicians exists to support the Medical School's research and education priorities through clinical care, education, and financial support



Where We Provide Care



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Clinics & Partnerships



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PHYSICIANS

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



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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



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KEY PARTNERSHIPS

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 – 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
- **Physician Concierge Program (optional)** – www.VitalWorkLife.com (username: umphysicians; password: member)



Clinical Translational Science Institute (CTSI) Overview

Melissa Hansen, MLS | Research Navigator, CTSI

Clinical and Translational Science Institute (CTSI)



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Melissa Hansen, Research Navigator
hans1247@umn.edu or 612-626-2318

Helping researchers bring discoveries into practice



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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.



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CTSI's Mission

Helping clinical and translational
researchers and study teams
accelerate discoveries to improve
human health



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Broad CTSA grant goals



Train an outstanding multidisciplinary, diverse workforce across the spectrum of C&T research

Streamline methods and processes to increase research capacity, locally and nationally

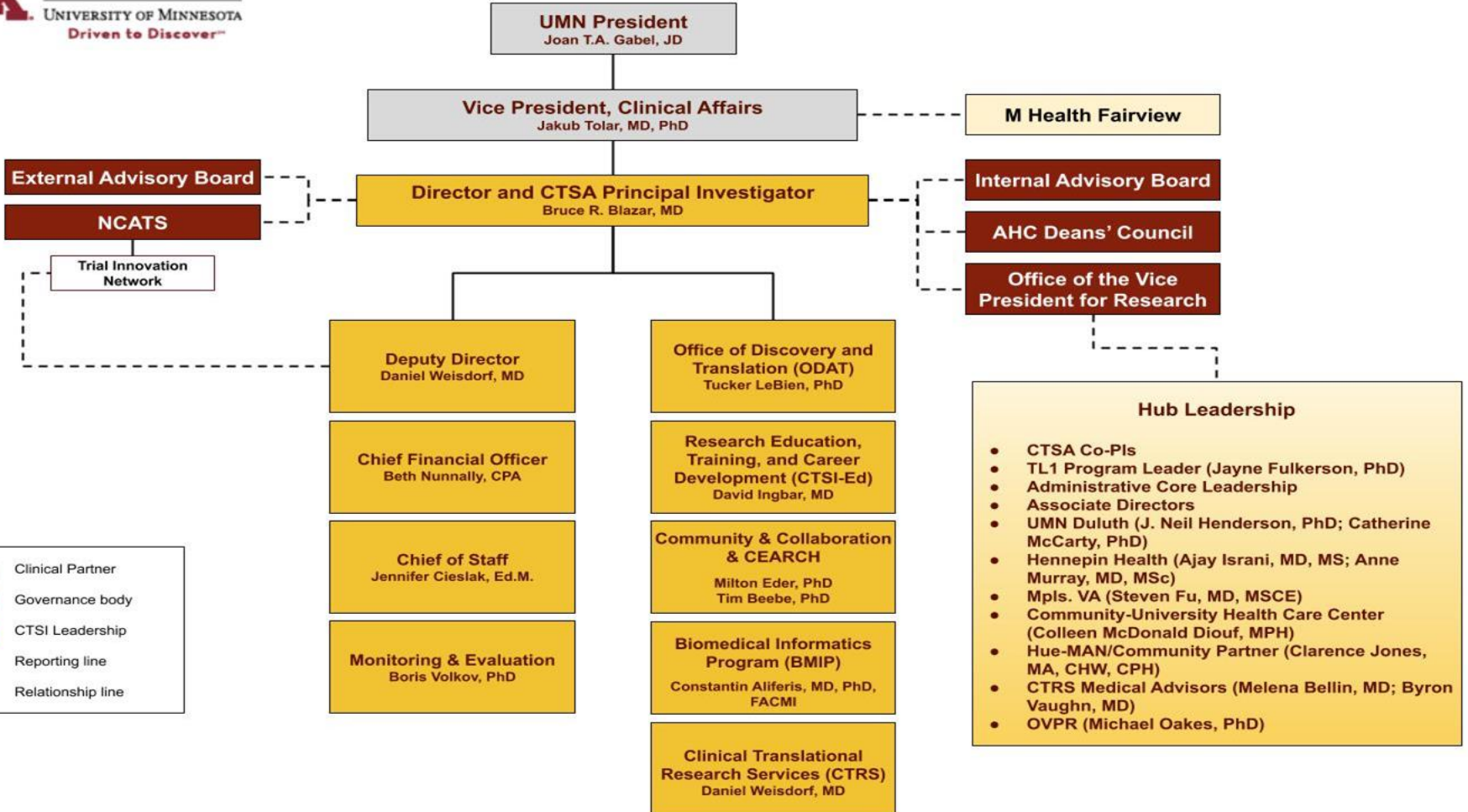
Engage communities and stakeholders to improve the process of translation and delivery of healthcare across the lifespan and to a diverse population

Contribute unique U of M resources to the CTSA network





CTSI ORGANIZATIONAL STRUCTURE

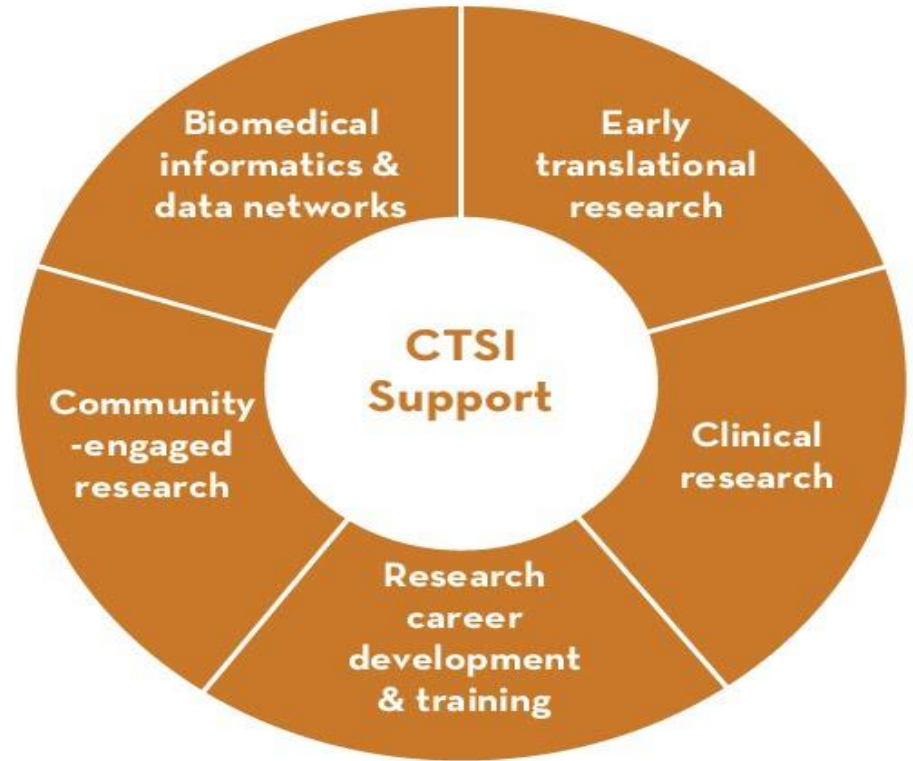


Clinical Partner
 Governance body
 CTSI Leadership
 — Reporting line
 - - - Relationship line

- Hub Leadership**
- CTSA Co-PIs
 - TL1 Program Leader (Jayne Fulkerson, PhD)
 - Administrative Core Leadership
 - Associate Directors
 - UMN Duluth (J. Neil Henderson, PhD; Catherine McCarty, PhD)
 - Hennepin Health (Ajay Israni, MD, MS; Anne Murray, MD, MSCE)
 - Mpls. VA (Steven Fu, MD, MSCE)
 - Community-University Health Care Center (Colleen McDonald Diouf, MPH)
 - Hue-MAN/Community Partner (Clarence Jones, MA, CHW, CPH)
 - CTRS Medical Advisors (Melena Bellin, MD; Byron Vaughn, MD)
 - OVPR (Michael Oakes, PhD)

Five cores

Providing research-related support and resources for the UMN clinical and translational research enterprise



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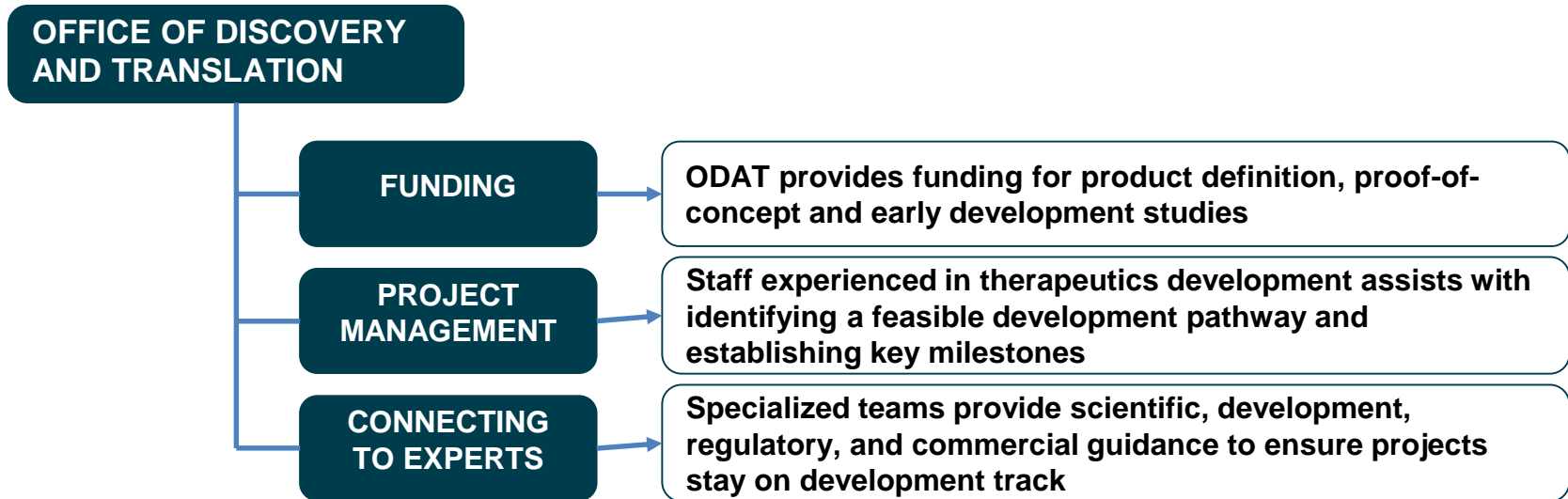
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Driven to Discover™

OFFICE OF DISCOVERY AND TRANSLATION (ODAT)

Director: Tucker LeBien, PhD
Assistant Director: Sandra M. Wells, PhD

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.



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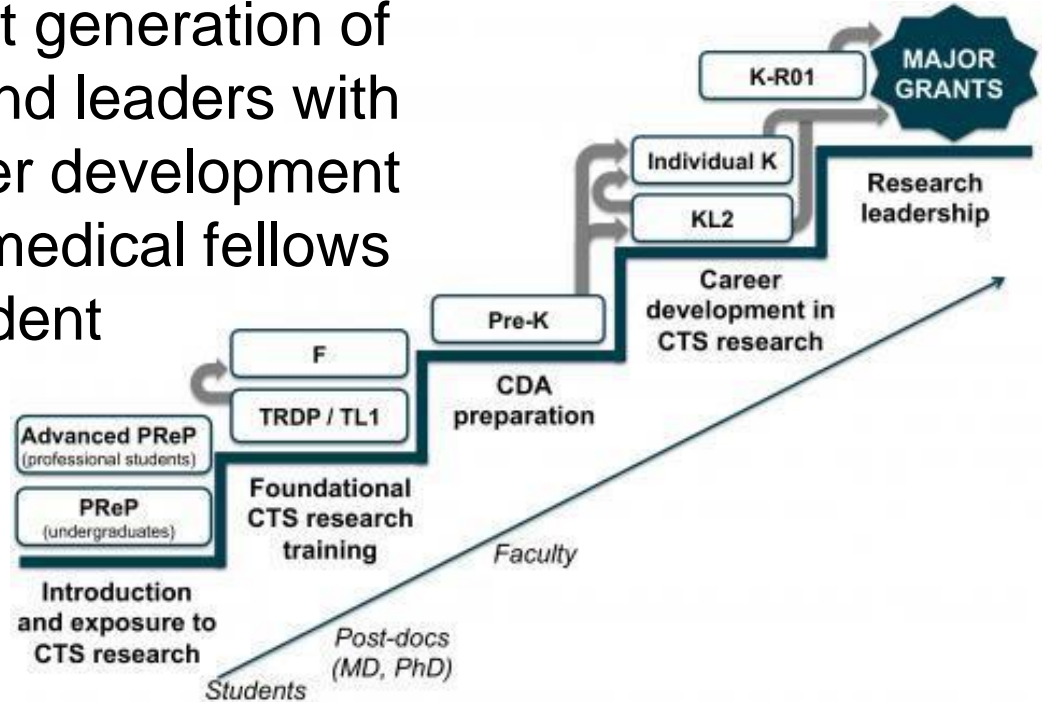
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RESEARCH EDUCATION, TRAINING AND CAREER DEVELOPMENT (CTSI-ED)

Director: David Ingbar, MD
TL1 Program PI and Director & TRDP: Jayne Fulkerson, PhD
Assistant Director: Michelle Lamere, MPA, ACC

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.



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Career development – open to all

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

Upcoming Events

FEB
25

ClinicalTrials.gov:

Requirements, Tips, and Tricks

CLINICAL RESEARCH PROFESSIONAL
DEVELOPMENT SERIES

For University of Minnesota clinical research professionals interested in learning about the ClinicalTrials.gov study database.

[View event details >](#)

MAR
3

Question, Persuade, Refer (QPR)

RESEARCH CAREER DEVELOPMENT
SEMINAR

For University of Minnesota faculty, staff, and students interested in learning best practices in suicide prevention.

[View event details >](#)



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COMMUNITY AND COLLABORATION

Co-Leaders: Milton “Mickey” Eder, PhD and
Tim Beebe, PhD
Assistant Director: Anne Snowden, MPH

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.



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BIOMEDICAL INFORMATICS PROGRAM (BMIP)

Director: Constantin Aliferis, MD, PhD, FACMI

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



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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



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CLINICAL TRANSLATIONAL RESEARCH SERVICES (CTRS)

Director: Daniel Weisdorf, MD
Interim Associate Director:
Brenda Prich, MHA, BSN, RN, CCRC

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



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CLINICAL RESEARCH SUPPORT CENTER (CRSC)

Director: Daniel Weisdorf, MD
CRSC Manager: Jessie Osowski

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



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QUESTIONS?

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Helping researchers bring discoveries into practice



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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 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 reassess



#2 Know the rules

FACULTY TENURE

Adopted: February 9, 1945

Amended: November 22, 1963; April 10, 1964; January 13, 1967; December 8, 1972; March 13, 1981; February 8, 1985; September 13, 1991; March 12, 1993; November 10, 1994; October 10, 1995; November 7, 1996; December 13, 1996; June 13, 1997; September 12, 1997; June 9, 2000; March 9, 2001; June 8, 2007; June 10, 2011.

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

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?”



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

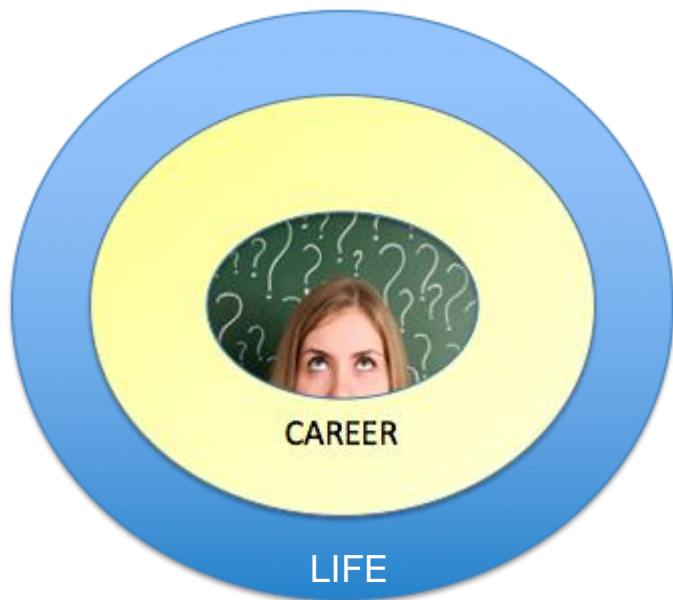
Make a time commitment for mentor meetings

Come prepared with an agenda of what you want to discuss

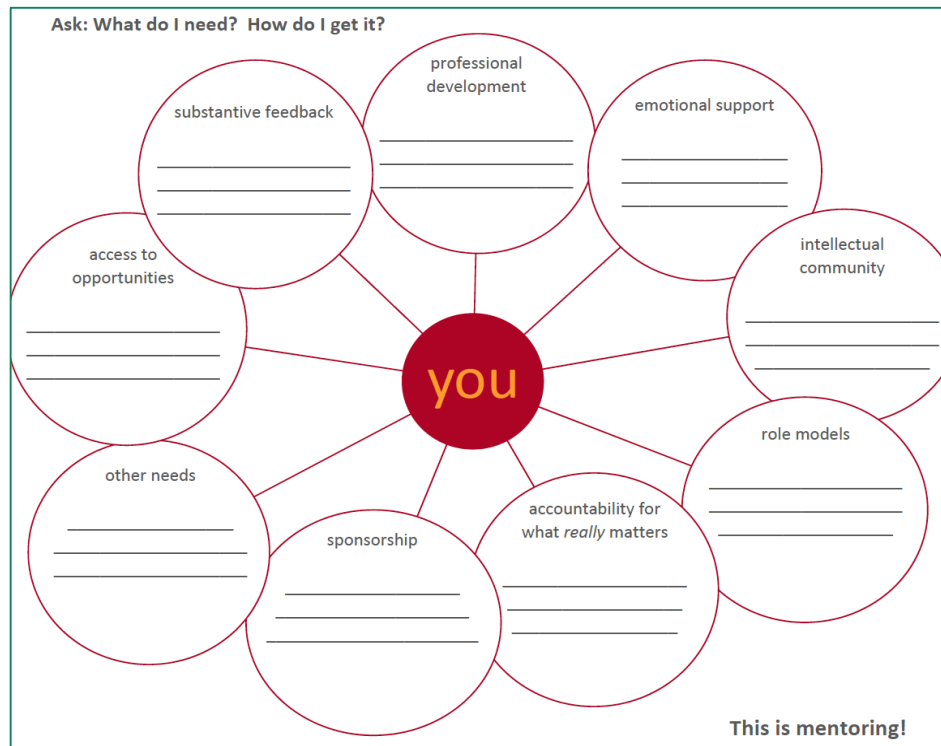
If life happens and you can't meet deadlines/expectations, let your mentor know and you will live for another opportunity...

#7 Have multiple mentors

One person cannot be all



Mentoring map - Dept of Pediatrics



#8 Listen to your mentor

Be willing to learn

Accept feedback - good and critical

You don't have to do everything your mentor suggests, but listen closely and be open to new ideas

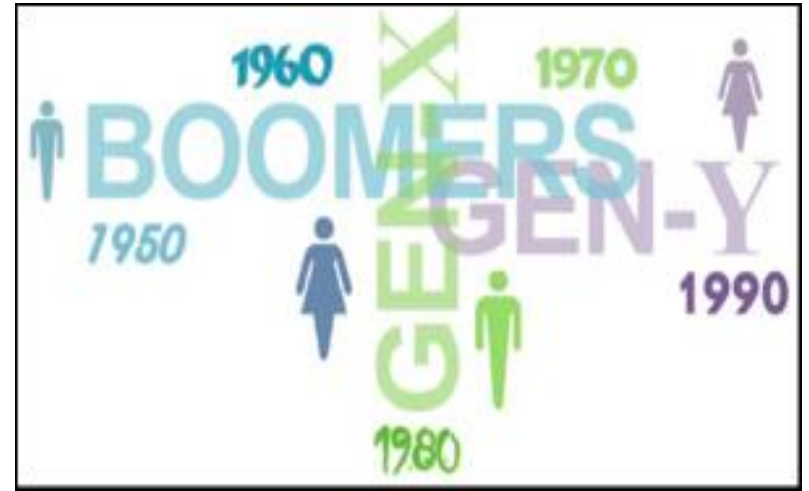
#9 Be aware

Power differential

Dependence vs. independence

Gender/Ethnic/Racial differences

Generational culture



Ceil Wiochewski, 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

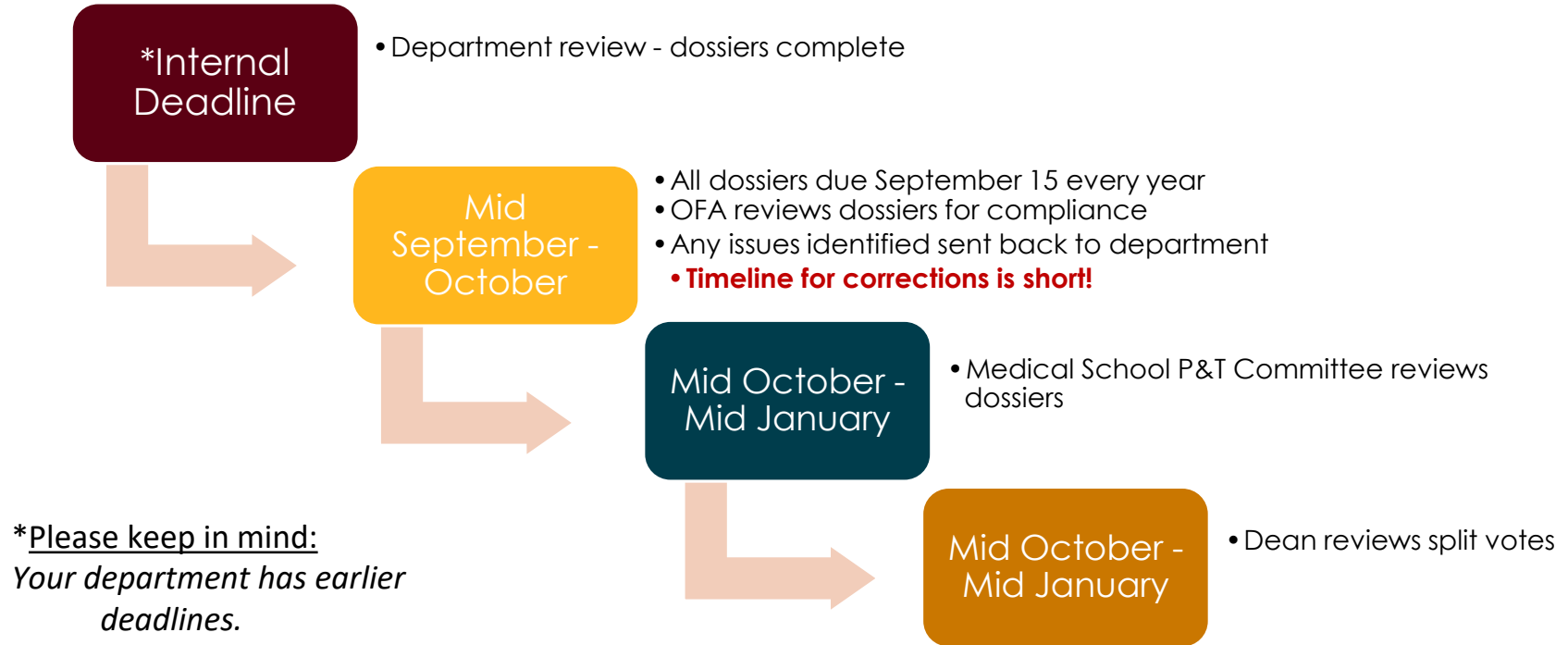
Promotion and Tenure - Tenure and Academic Tracks

Kristin Hogquist, PhD | Promotion and Tenure
Committee Co-Chair | Professor, Department of
Laboratory Medicine & Pathology

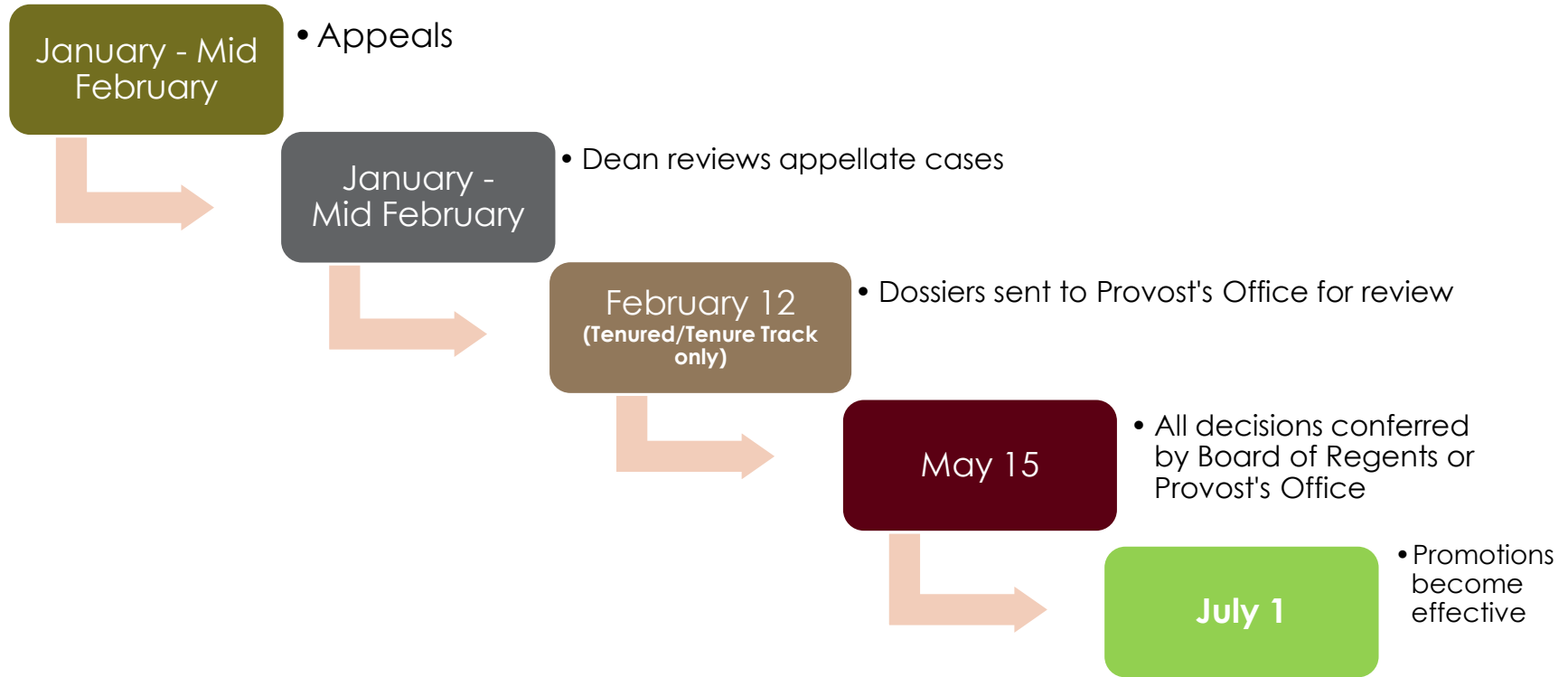
Faculty Appointment Types

TRACK	CRITERIA
Tenured	7.12 statement
Tenure Track (Probationary)	7.12 statement
Academic Track	Academic Track statement
Master Clinician Track	Master Clinician Track statement

Promotion and Tenure Timeline



Promotion and Tenure Timeline, cont.



Dossier Template Available Online

New dossier layout as of Jan. 2020 ****According to the Provost's Office****

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



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%

- 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).

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

h-Index	h(f/l)-Index	Total Publications	First/Last Author Publications	Total Citations	First/Last Author Citations

- ❖ **Go to 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.

Manifold
IMPACT ANALYTICS
University of Minnesota

If you notice any inaccuracies in your profile at any time, please contact manifold@umn.edu.

QUICK | DROPDOWN | CUSTOM | REPORTS

McLoon, Linda

h-index	h(f)-index	Total Publications	First/Last Author Publication	Total Citations	First/Last Author Citations
25	24	110	94	2117	1744

Click to load full profile →

h-index

Click to load full profile



Curriculum Vitae

Citation Counts – Using Manifold

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



Journal articles, through

[Download all records](#) | [Generate citations](#)

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

Curriculum Vitae

Finding citations & *h*-Index on 

Always indicate if Google Scholar was used to derive metrics.

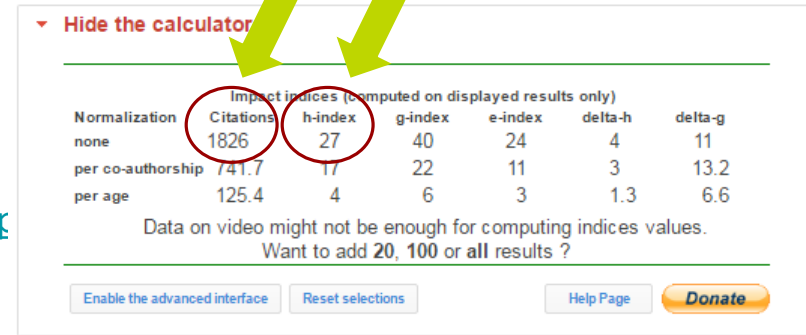
For help with Google Scholar Citation count, please visit: <http://US/scholar/citations.html>

▼ Hide the calculator

	Impact indices (computed on displayed results only)					
Normalization	Citations	h-index	g-index	e-index	delta-h	delta-g
none	1826	27	40	24	4	11
per co-authorship	741.7	17	22	11	3	13.2
per age	125.4	4	6	3	1.3	6.6

Data on video might not be enough for computing indices values.
Want to add 20, 100 or all results ?

[Enable the advanced interface](#) [Reset selections](#) [Help Page](#) [Donate](#)



Transient expression of laminin in the optic nerve of the developing rat
[SC McLoon](#), [LK McLoon](#), [SL Palm](#) - Journal of ..., 1988 - Soc Neuroscience

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](#)

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.

1. **Radiation Resistance and Muscle Stem Cells in Extraocular Muscles from a Mouse Model of Muscular Dystrophy**
By: **McLoon, Linda K.**
Conference: Annual Meeting of the Association-for-Research-in-Vision-and-Ophthalmology (ARVO) Location: Vancouver, CANADA Date: APR 28-MAY 02, 2019
Sponsor(s): Assoc Res Vis & Ophthalmol
INVESTIGATIVE OPHTHALMOLOGY & VISUAL SCIENCE Volume: 60 Issue: 9 Meeting Abstract: 1396 Published: JUL 2019



Find It

View Abstract ▾

Click here for
Impact Factor



Generates a
pop-up window



INVESTIGATIVE OPHTHALMOLOGY & VISUAL SCIENCE

Impact Factor

3.427 3.732

2015

5 year

JCR® Category	Rank in Category	Quartile in Category
OPHTHALMOLOGY	6 of 56	Q1

Data from the 2015 edition of Journal Citation Reports®

Curriculum Vitae cont.

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 | |
| 3. Whitney Burger (Med. Student, Rush Medical College, Chicago) | 2013-2015 |
| 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.

Candidate's Narrative Statement

- ❖ 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

Academic Health Center
Candidate's Statement of Assurance

Department/College of _____

Proposal for promotion of _____ to
the rank of _____ and (if applicable) for granting
of tenure.

I have had adequate opportunity to inspect the contents of this dossier. I
have also had an opportunity to add to the dossier materials or comments of
my choosing, properly identified.

Candidate's Signature

Date

- 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.



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



Equal Opportunity and Affirmative Action (EOAA) Overview

Sofia Andersson-Stern | Associate to the Director of
Equal Opportunity and Affirmative Action



Office of Equal Opportunity and Affirmative Action

eoaa.umn.edu

612-624-9547

eoaa@umn.edu

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**

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.

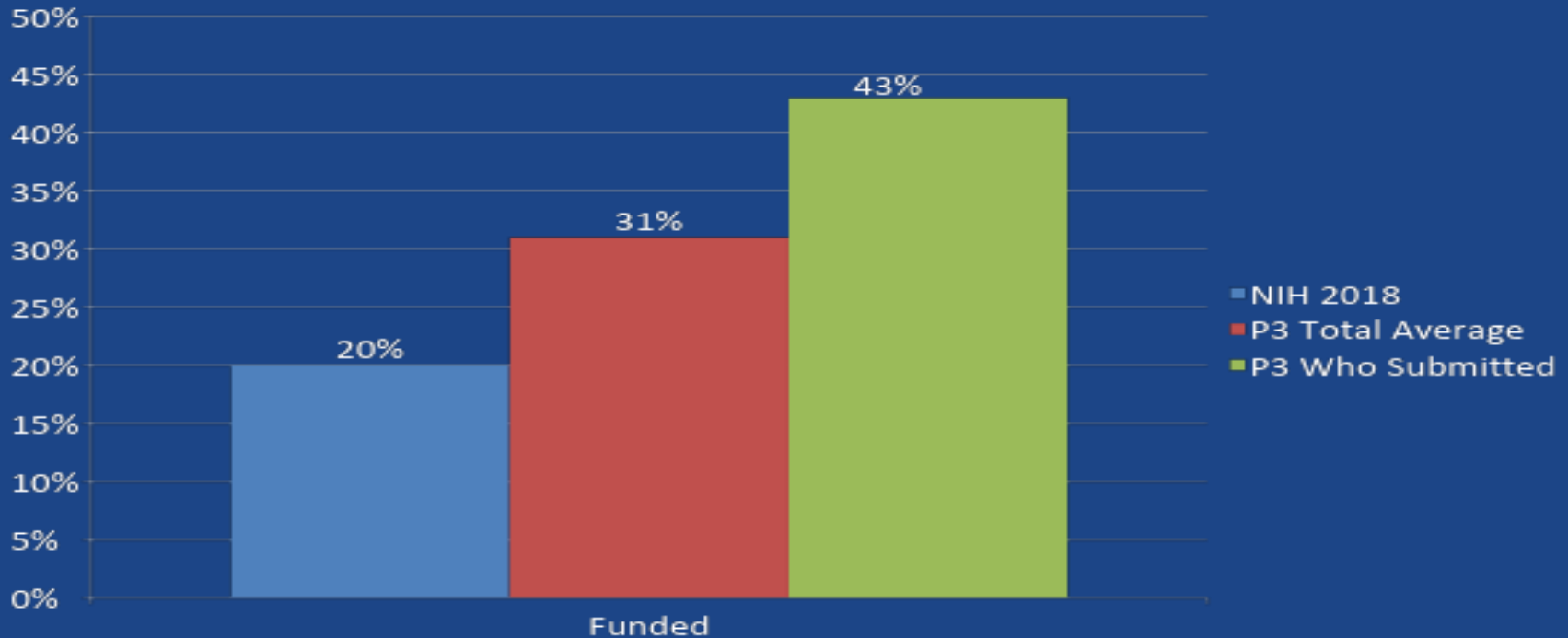
SECONDARY

- Review peers' grant to improve their grants and yours.
- Expose yourself to other research areas and grant funding mechanisms.

Funding is Competitive!

FIC	210	41	\$7,741,674	19.5%	2018
NCATS	66	23	\$17,511,462	34.8%	2018
NCCIH	306	62	\$27,031,681	20.3%	2018
NCI ³	10,282	1,162	\$571,221,786	11.3%	2018
NEI	1,159	310	\$125,004,384	26.7%	2018
NHGRI	268	75	\$41,408,137	28%	2018
NHLBI	3,960	992	\$560,224,209	25.1%	2018
NIA	3,240	937	\$909,452,485	28.9%	2018
NIAAA	948	253	\$90,130,499	26.7%	2018
NIAID	6,207	1,420	\$609,007,725	22.9%	2018
NIAMS	1,589	266	\$95,968,966	16.7%	2018
NIBIB	1,523	256	\$81,941,039	16.8%	2018
NICHD	3,033	557	\$219,303,457	18.4%	2018
NIDA	2,108	391	\$214,428,590	18.5%	2018
NIDCD	840	228	\$93,186,178	27.1%	2018
NIDCR	906	201	\$75,411,281	22.2%	2018
NIDDK	3,195	689	\$320,470,578	21.6%	2018
NIEHS	1,118	191	\$71,273,065	17.1%	2018
NIGMS	3,835	1,118	\$432,735,737	29.2%	2018
NIMH	2,714	602	\$343,854,980	22.2%	2018
NIMHD	656	70	\$34,557,375	10.7%	2018
NINDS	4,478	975	\$455,799,261	21.8%	2018
NINR	691	71	\$29,633,659	10.3%	2018
NLM ²	186	33	\$10,800,868	17.7%	2018
OD COMMON FUND	1,243	135	\$168,007,320	10.9%	2018
OD ORIP-SEPA	73	13	\$3,417,033	17.8%	2018
FY Totals	54,834	11,071	\$5,609,523,429	20.2%	2018

P3 Participants Have an Edge!



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.

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.

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 NOT IGNORE 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.

Mock NIH Review

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.

Professionalism, Code of Conduct Overview

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

pro-fes-sion-al-ism

(prə'feSHənI,izəm)

noun

1. the competence or skill expected of a professional.

Amanda M. Termuhlen M.D.
Associate Dean for Faculty Affairs
Professor Pediatrics



MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA

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



MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA

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.



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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 member don't come to work to be disruptive. What triggers disruptive behavior?

Personal

Burnout

Learned behaviors

Interpersonal

Not enough resources

Stressful environment

Situational

High expectations

Psychological distress

Fatigue

Documentation/EMR

Loss of control



For you personally, what averts a trigger becoming behavior? What have you seen work for others.



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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



Center for Women in Medicine & Science



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



Center for Women in Medicine & Science



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**Mentoring Action Group Leader, Center for Women
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Alicia Kunin-Batson, PhD, LP
Assistant Professor, Department of
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**Salary, Resource and Leadership Equity
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Center for Women in Medicine & Science



Rebekah Pratt, PhD
Assistant Professor, Department of Family Medicine
and Community Health
**Retention and Recruitment Action Group Leader,
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Sara Zimmer, PhD
Assistant Professor, Medical School, Duluth
Campus
**Strategic Communications and
Collaborations Action Group Leader, Center
for Women in Medicine and Science (CWIMS)**



Center for Women in Medicine & Science

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

- 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



- 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

WIL Recommendations: 14-15

- 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)

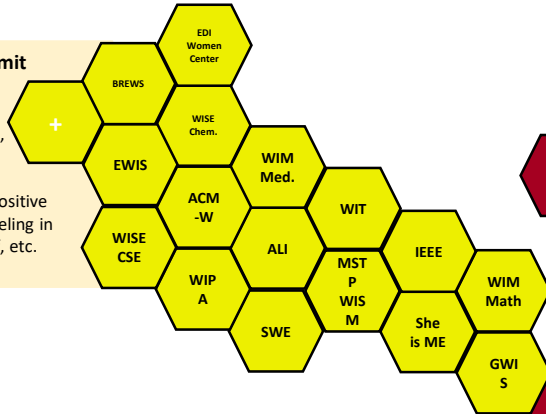
WIL Recommendations: 2, 3, 4, 11, 12, 13-15

- 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)

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.



CWIMS Action Groups



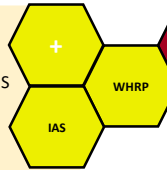
University of Minnesota, Medical School Departments

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.

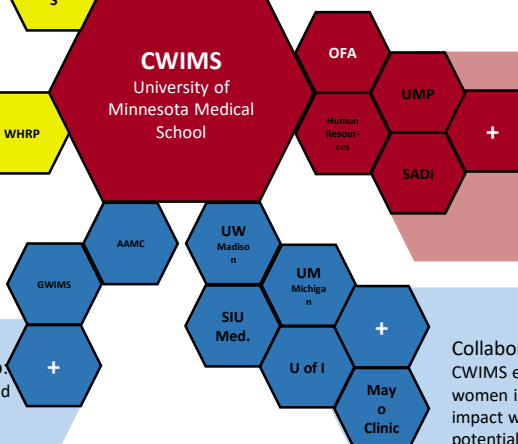


Research

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.



CWIMS University of Minnesota Medical School



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.



National Associations

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

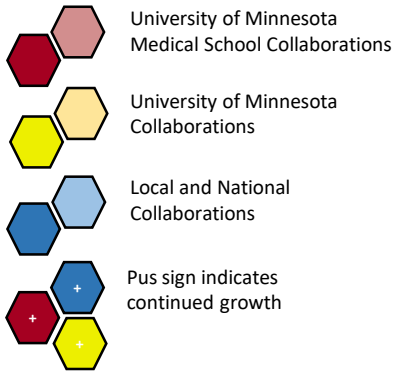


Midwest Consortium

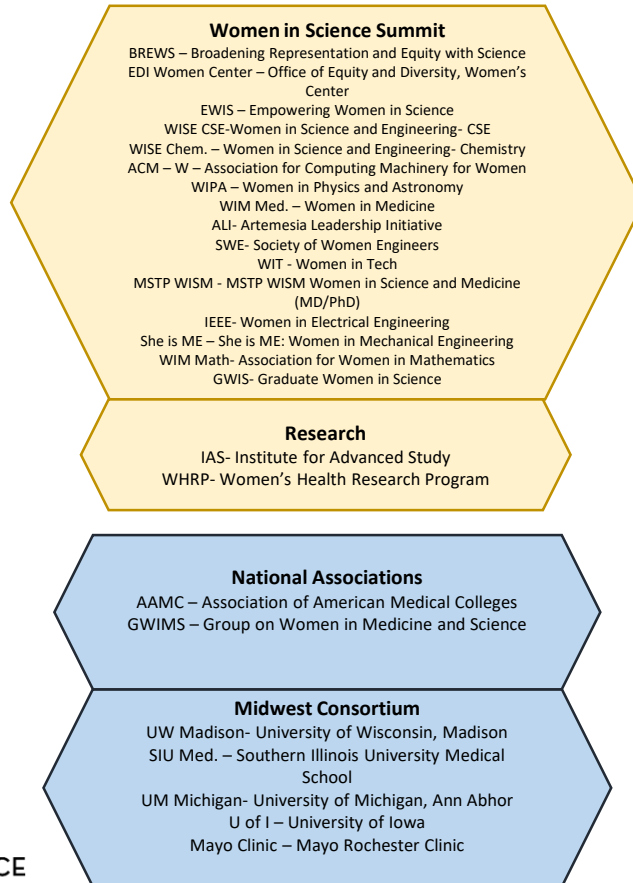
Collaborate across the Midwest to: align CWIMS efforts, cement a local presence in women in medicine (WIM) work, increase impact while decreasing effort, strategize potential co-research/publications opportunities and presentations, carry out conferences, etc.



CWIMS Strategic Collaborations – Key



- ◆ Faculty
- ◇ Staff
- ◆ Students





Center for Women in Medicine & Science

Mission

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



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Office of Faculty Affairs

Center for Women in Medicine & Science

Vision

CWIMS creates supportive institutional collaborations and infrastructures to ensure gender equity now and in the future.



Center for Women in Medicine & Science

“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”



Center for Women in Medicine & Science

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!

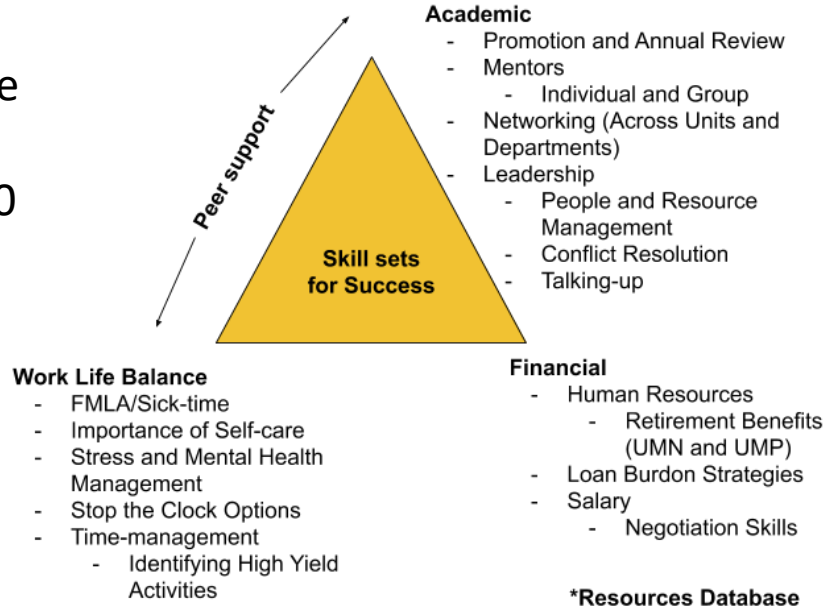




Center for Women in Medicine & Science

CWIMS- Early Pathways to Success Program

- 2019 Pilot Cohort
- Consider Self-nominating to the 2020 Cohort
 - Call will go out Fall 2020





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Office of Faculty Affairs

Center for Women in Medicine & Science

Annual Spring Workshop: The Art of Risk-Taking



MAY 15, 2020

10 am - 2:30 pm

Location: Duluth Campus,
Remote viewing available



Center for Women in Medicine & Science

Thank you!

CWIMS Contact Information

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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

