

# Faculty Resource Guide

## *for the Department of Pediatrics*

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Department of Pediatrics  
Version 1\_2-20-09



**SAINT FRANCIS**  
Hospital and Medical Center



**UConn**  
Health  
Center



**Connecticut**  
**Children's**  
MEDICAL CENTER

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# **1.0 History, Mission, General Organization, Governance, and Policies**

## **1.1 University History**

The Connecticut General Assembly in 1961 approved legislation authorizing \$2 million to plan and develop a medical-dental school in Hartford County. A year later, a selection committee, after examining 40 different sites, settled on 106 acres of orchard and farmland in Farmington, seven miles west of Hartford.

In 1963, the first deans were appointed: Dr. Lyman Maynard Stowe was named medical dean; Dr. Lewis Fox, dental dean. Dr. Stowe died unexpectedly in 1965 and Dr. John Patterson was named medical dean and executive director of the Health Center. Ground was broken the following year.

In 1968, the first students began classes in temporary buildings on campus. Construction continued through 1972 on what was at the time one of Connecticut's largest buildings at more than 1.2 million square feet.

Phased occupancy began in 1972, the year the first class of 29 physicians and 12 dentists graduated.

In 1975, the John Dempsey Hospital, the Health Center's hospital named after the governor who signed the initial legislation, admitted its first patient. In 1978, the Health Center was officially dedicated by the late Governor Ella Grasso. The dedication marked the end of the birthing phase of the institution and the start of its continued growth.

## **1.2 Mission of the University**

The primary mission of the University of Connecticut School of Medicine is education at the undergraduate, graduate, and professional levels for practitioners, teachers, and researchers, conducted in an environment of exemplary patient care, research, and public service. The School of Medicine's mission is reflected in its programs, which incorporate four basic interrelated goals:

- to provide educational opportunities for Connecticut residents pursuing careers in the patient care professions, education, public health, biomedical and/or behavioral sciences;
- to advance knowledge through basic, biomedical, clinical, behavioral, and social research;
- to develop, demonstrate, and deliver health care services based on effectiveness, efficiency, and the application of the latest advances in clinical and health care research;
- to help health care professionals maintain their competence through continuing education programs. [medicine.uhc.edu/about/mission.html](http://medicine.uhc.edu/about/mission.html).

## Fast Facts

- *The University of Connecticut is the state's flagship institution of higher learning.*
- *The University was founded in 1881 as the Storrs Agricultural School and became the University of Connecticut in 1939. Additional information about the University's history and its traditions can be found on The UConn Story website, [uconn.edu/history/](http://uconn.edu/history/).*
- *The University has ten schools and colleges at its main campus in Storrs, separate Schools of Law and Social Work in Hartford, five regional campuses throughout the state and Schools of Medicine and Dental Medicine at the UConn Health Center in Farmington. More information about our campuses can be found on the Campuses page, [uconn.edu/campuses/](http://uconn.edu/campuses/).*
- *UConn is a Land Grant and Sea Grant College and a Space Grant Consortium institution. Additional information about UConn's land-grant mission of outreach is available on the Outreach webpage, [uconn.edu/about/outreach.php](http://uconn.edu/about/outreach.php).*
- *The University spans 4,108 acres at its main campus and five regional campuses, and an additional 205 acres at the UConn Health Center in Farmington*

## 1.3 Department of Pediatrics History

UHC History: [medicine.uhc.edu/about/mission.html](http://medicine.uhc.edu/about/mission.html)

The Connecticut General Assembly in 1961 approved legislation authorizing \$2 million to plan and develop a medical-dental school in Hartford County. A year later, a selection committee, after examining 40 different sites, settled on 106 acres of orchard and farmland in Farmington, seven miles west of Hartford. In 1975, the John Dempsey Hospital, the Health Center's hospital named after the governor who signed the initial legislation, admitted its first patient. In 1978, the Health Center was officially dedicated by the late Governor Ella Grasso. The dedication marked the end of the birthing phase of the institution and the start of its continued growth

### The Department of Pediatrics History:

In January of 1967 the Department of Pediatrics was established one year prior to the entry of the inaugural SOM class. Dr. Milton Markowitz was named the Chairman of Pediatrics in 1968 but did not arrive in Hartford until 1969. Dr. Martha Lepow was named acting Head of the Department. The five (5) original UHC Pediatric faculty members were: Milton Markowitz, 1968-69; Martha Lepow, 1968-69; Robert Kramer (Mount Sinai Hospital), 1968-69; Robert Greenstein, 1969; and Patricia Hurlbrink, 1969. At that same time Dr. Leon Chameides came to Hartford Hospital to establish pediatric cardiology as a specialty in Hartford. He joined the community that included William Hart (Pediatrician at St. Francis Hospital), Ray Hintz (Pediatric Endocrinology) and

Ronald Gold (Pediatric Infectious Disease) as the first full-time pediatricians and pediatric sub-specialists here in northern CT. The Medical School was opened in 1968 and first searched for Chairs of General Pediatrics, General Internal Medicine, and Chiefs of both Internal Medicine and Pediatric Specialties. Dr. Milton Markowitz was recruited and became the Chair of General Pediatrics in 1968 of what was then considered to be a traditional Pediatric Department at the University of Connecticut at the Farmington campus and the idea of a separate specialty chair was abandoned.

The original clinical department was founded in the old McCook Hospital in Hartford until the anticipated new Farmington campus University Hospital was completed. Unfortunately this took longer than predicted and the department was moved from McCook in 1972 and dispersed among; Hartford Hospital, Newington Children's Hospital and the Farmington site. The University operated the Hartford Hospital NICU for a trial period of six months in 1969 but this did not ultimately continue. The University also temporarily operated the nursery at the New Britain General Hospital until the opening of its own NICU on the Farmington campus. Dr. Fred Flynn, a generalist practicing full time at Newington Children's Hospital and part-time at Hartford Hospital served as the acting director of Pediatrics at Hartford Hospital until Dr. Markowitz ultimately recruited Dr. Chameides to become the Chair of Pediatrics and Pediatric Cardiology at the Hartford Hospital in 1969. Drs. Markowitz and Chameides worked closely together and agreed that they would try not to duplicate specialties between the campuses with the foresight to envision a day when the departments would consolidate and didn't want competition between them to interfere in that evolution. Dr. Robert Greenstein, a geneticist, was among the first recruited faculty members to the Farmington site in 1969 (see above) later joined by Dr. John Raye, a neonatologist (who would later become the Department Chair) in 1971, and Dr. Arnold Altman, hematologist-oncologist in 1974. Recruitment of other pediatric subspecialists were from those available within the community and consisted of cardiology at Hartford Hospital, pulmonology at St. Francis Hospital, and endocrinology and neurology split at both the Farmington campus and Newington Children's Hospital. The University Hospital's research laboratories first opened in 1974 and patient beds one year later in 1975 in the presently named John Dempsey Hospital on the Health Center campus of the University of Connecticut in Farmington. Between the years of 1975-1982, recruited faculty into the department reached 19 pediatricians shared between the Farmington campus, Hartford Hospital and Newington Children's Hospital. Pediatric subspecialties were developed in the fields of; cardiology, neonatology, genetics, hematology-oncology, pulmonology, endocrinology, neurology, infectious disease and developmental pediatrics.

The Department originally sponsored two pediatric residency training programs. An integrated pediatric residency training program under the direction of the University started in 1969 and combined training at six separate sites; Hartford Hospital, St. Francis Hospital, New Britain General Hospital, Newington Children's Hospital, Waterbury Hospital prior to the completion of the John Dempsey Hospital which was then added. This proved to be too difficult to coordinate and later resulted in a modified program that included; Hartford Hospital, Newington

Children's Hospital and the John Dempsey Hospital until the early 1990s when the Newington site was available only as an elective location.

Coincident with the integrated pediatric residency training program, an affiliated primary care residency was operated through the Waterbury Hospital with subspecialty electives provided at the University site in Farmington until about 1994 when this was discontinued.

The department was first created from an amalgamation of pediatric practitioners within the Hartford community. Their academic focus was initially at Hartford Hospital; however with the creation of the new medical school in Farmington, a formal Department of Pediatrics was created and developed by Dr. Markowitz. Under his leadership the department began to recruit additional pediatric practitioners and specialists to practice within the department but stratified among campuses of the major hospitals in the region. Pediatric specialty services in radiology, pathology, and ophthalmology were added to UCHC, and the dental department became affiliated with the University of Connecticut, School of Dentistry. Special programs to evaluate child development and learning were added, and an inpatient psychiatric service opened. A full service department with all pediatric subspecialties was realized with complementary services for most specialties with little overlap located over the region. In 1986, Dr. Michael Bailie took over as the new Chair of the Department replacing a retiring Dr. Markowitz. Later Dr. John Raye assumed the role in 1993 and shepherded the delicate process of unification. After the formal unification agreement of faculty from Newington Children's Hospital, Hartford Hospital and those at the University campuses was completed and the new children's hospital built, the academic department officially re-located at Connecticut Children's Medical Center in 1996. After a national search, Dr. Paul Dworkin was named the next Department Chair in 1998 succeeding Dr. John Raye.

## 1.3.1 Connecticut Children's History

[www.connecticutchildrens.org/about/history.asp](http://www.connecticutchildrens.org/about/history.asp)

The history of Connecticut Children's Medical Center parallels the development of many children's hospitals across the country. In an era before handicapped accessibility and a society with fewer barriers, many children with disabilities lived for years at Newington. Children with cerebral palsy, spina bifida and polio, who for the most part used wheelchairs, literally grew up in the hospital, attended school there, and participated in on-campus scout troops. Some learned manual trades in shop facilities.

**1898:** "The Newington Home for Incurables" was founded at the base of Cedar Mountain. It was established by the Connecticut Children's Aid Society under the leadership of Virginia Thrall Smith to provide refuge for children with disabilities. The 56 acre property was a working farm and the staff and patients raised all their own food, including vegetables, meat, eggs and milk.

**1901:** A second house is built and 41 children are patients. Virginia Thrall Smith helps enact Connecticut law which removes physically disabled children from almshouses and places them in the “home” at Newington.

**1913:** A hospital is built on the grounds for orthopedic surgery.

**1917:** Constance Leigh begins her 30 year stewardship as executive director and changes the name of the institution to “Newington Home for Crippled Children.” More than 120 children are in residence at the “home” and a physical therapy department is formed.

**1929:** Maurice Pike, M.D., a well known orthopedic surgeon, becomes the first resident doctor and a new hospital building opens in 1930 and Franklin Delano Roosevelt, then governor of New York and polio survivor, is the keynote speaker at the dedication of the hospital.

**1941:** Burr H. Curtis, M.D., joins the medical staff as an orthopedic surgeon, beginning a relationship with the hospital that spans more than 50 years.

**1945:** Name changed to “Newington Home and Hospital for Crippled Children” and the facility is the first in Connecticut certified to train orthopedic resident physicians. More than 75 percent of the inpatient cases are children with polio. In one week in September 1943, 56 children with polio were admitted to the hospital during a severe polio epidemic.

**1950:** The Isidore Wise Pavilion, an on-campus school wing opens.

**1956:** The development of the polio vaccine spurs a significant change in the focus and direction of the hospital. Dr. Burr Curtis becomes the surgeon in chief and conducts a far reaching study of the care in children’s hospitals. His paper changes the direction of the hospital from one which primarily concentrated on orthopedics and children with disabilities to a hospital which provided care to the “total child.”

**1963:** Fredrick J. Flynn, M.D., is appointed Clinical Director of Pediatric Services as the hospital begins to add more pediatric specialty programs.

**1967:** Ground is broken for a new West wing and the name is changed in 1968 to “Newington Children’s Hospital.” The building is opened in 1970 and is dedicated and named after Dr. Burr Curtis who by then is the Medical Director and Executive Director.

**1970s:** Pediatric specialty services in radiology, neurology, pathology, and ophthalmology are added, and the dental department becomes affiliated with the University of Connecticut School of Dentistry. Special programs to evaluate child development and learning are added, and an inpatient psychiatric service opens.

**1976:** Dr. Curtis steps down as Executive Director and is succeeded by John Menichetti as President and CEO.

**1978:** Dr. Curtis is succeeded as medical director by Robert A. Kramer, M.D.

**1981:** The Gait Analysis Laboratory, the first of its kind in the nation, opens at Newington.

**1986:** In October, Newington Children's Hospital signs a memorandum of understanding with Hartford Hospital to develop plans to consolidate pediatric services and build a new children's hospital in Hartford.

**1989:** Newington Children's Hospital and Hartford Hospital file an application with the state commission on Hospitals and Healthcare to construct a 157-bed children's hospital in Hartford.

**1990:** The Greater Hartford Chamber of Commerce commissions Lewin Associates to conduct a study. The final report validates the need for a new comprehensive children's hospital in Hartford with some key revisions: it scales back the number of beds to 138, recommends psychiatry be moved to the Institute of Living (IOL) campus, insists that UConn's School of Medicine and pediatric beds at John Dempsey Hospital be included, and changes the focus of the proposed children's hospital to include greater emphasis on primary and preventative care. It recommends that St. Francis Hospital and UConn Medical Center be a party to the CON discussions, and that both St. Francis and UConn and representatives of the community have seats on an expanded board of directors for the new hospital. It also recommends establishment of the Children's Fund, to be endowed with a \$15 million contribution from Newington Children's Hospital (today the Children's Fund has a corpus of \$23 million with contributions from area corporations and foundations).

**1992:** Newington Children's Hospital submits a new CON application with the majority of the recommendations from the Lewin Report included. The Commission issues a CON in 1993 after lengthy hearings. Newington begins a payment schedule to endow the Children's Fund. Psychiatric beds are moved to the IOL and the new bed count is 123.

**1994:** In November, ground is broken on Washington Street in Hartford for construction of a \$90 million children's hospital. (John Menichetti had stepped down as President and CEO in August and taken medical leave. He died in January of 1995 of cancer.)

**1995:** Scott Goodspeed is named President and CEO of Newington Children's Hospital. In June, the hospital announces the name for the new children's hospital will be "Connecticut Children's Medical Center."

**1996:** Connecticut Children's Medical Center officially opens on April 2. Patients from Newington Children's Hospital, Hartford Hospital, and UConn Health Center/John Dempsey Hospital are moved in on March 30 and pediatric services at these three institutions are closed. Connecticut Children's Medical Center is the only freestanding independent hospital in Connecticut which exclusively serves children. It is also the new home of the University of Connecticut School of Medicine pediatric residency program. In November 1996, Larry Gold is named Executive Vice President and Chief Operating Officer. In March 1997, Scott Goodspeed resigns and Larry Gold is named President and Chief Executive Officer.

**2006:** Marty Gavin is President & CEO of Connecticut Children's Medical Center. He was appointed by the board of directors on May 11, 2006

## **1.4 Mission of Connecticut Children’s Medical Center**

Connecticut Children’s Medical Center is dedicated to improving the physical and emotional health of children through family-centered care, research, education and advocacy. We embrace discovery, teamwork, integrity and excellence in all that we do.

### **Services**

Connecticut Children’s Medical Center is a caring, full-service hospital for the benefit of all of our patients. Our philosophy is child-and family-centered with sensitivity to cultural diversity. We provide leadership in developing child health services in our communities and in advocating for children.

### **Education**

Connecticut Children’s Medical Center is committed to advancing child health through education and serves as a major regional pediatric resource. We encourage and support programs for health professionals, children, families, and the community.

### **Research**

Connecticut Children’s Medical Center is committed to advancing child health through research. We encourage and support basic, clinical, and health services research of regional and national significance.

## **1.4.1 Connecticut Children’s Code of Conduct**

Connecticut Children’s Code of Conduct can be found by going to [www.connecticutchildrens.org](http://www.connecticutchildrens.org), Click on “For Healthcare Professionals,” then on the left scroll down to “Code of Conduct or go to:

[www.connecticutchildrens.org/docs/compliance/Code\\_of\\_Conduct\\_rev\\_073108\\_final\\_clean.pdf](http://www.connecticutchildrens.org/docs/compliance/Code_of_Conduct_rev_073108_final_clean.pdf).

The Director of Compliance is Kathie Arbuckle, [karbuckle@ccmckids.org](mailto:karbuckle@ccmckids.org), 860.545.8123.

## **1.4.2 Connecticut Children's Chief Executive Officer**

[www.connecticutchildrens.org/about/executives.asp](http://www.connecticutchildrens.org/about/executives.asp)

### **Martin J. Gavin, President and CEO**

Location: Connecticut Children's 4E

Phone: 860.545.8583

Fax: 860.545.8558

Email: [Mjgavin@ccmckids.org](mailto:Mjgavin@ccmckids.org)

Assistant to the President: Becky Phillips, 860.545.8551

## **1.4.3 Connecticut Children's Executive Management Team (EMT)**

[www.connecticutchildrens.org/about/executives.asp](http://www.connecticutchildrens.org/about/executives.asp)

### **Martin J. Gavin, President & CEO**

Location: Connecticut Children's 4E

Phone: 860.545.8583

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Assistant to the President: Becky Phillips, 860.545.8551

### **Wendy E. Warring, J.D. Senior Vice President and Chief Operating Officer**

Location: Connecticut Children's 4E

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Email: [Wwarring@ccmckids.org](mailto:Wwarring@ccmckids.org)

Executive Associate: Jerilyn Veronsi, 860.545.8564

### **Gerald Boisvert, Senior Vice President and Chief Financial Officer**

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Executive Associate: Jerilyn Veronsi, 860.545.8564

### **Paul H. Dworkin, M.D., Professor and Chairman of the Department of Pediatrics, UConn School of Medicine and Physician in Chief**

Location: Connecticut Children's 4E

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Email: [Pdworki@ccmckids.org](mailto:Pdworki@ccmckids.org)

Executive Associate: Esperanza Lesmes, 860.545.8566

**Robert Englander, MD, MPH, Vice President for Quality and Patient Safety**

Location: Connecticut Children's 5G

Phone: 860.545.8679

Fax: 860.545.9965

Email: Renglan@ccmckids.org

Administrative Services Manager: Dana Hastings, 860.545.8954

**Fernando A. Ferrer, M.D., Surgeon in Chief**

Location: Connecticut Children's 2E

Phone: 860.545.8491

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Email: Fferrer@ccmckids.org

Executive Associate: Stefanie Roth, 860.545.8491

**Theresa Hendricksen, RN, MS, Vice President of Clinical Services, Chief Nursing Officer**

Location: Connecticut Children's 4E

Phone: 860.545.8559

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Email: Thendri@ccmckids.org

Executive Associate: Paula McCormack, 860.545.8550

**Betsy Rudden, Vice President of Human Resources**

Location: Connecticut Children's 5A

Phone: 860.545.8465

Fax: 860.545.8538

Email: Erudden@ccmckids.org

Executive Associate: Paula McCormack, 860.545.8550

**Martha E. Schall, M.S., Vice President of Connecticut Children's Foundation**

Location: 60 Hartland St, East Hartford – 4th Floor

Phone: 860.610.5710

Fax: 860.610.5740

Email: Mschall@ccmckids.org

Development Associate: Mary Barry, 860.610.5735

**Ann Taylor, J.D., General Counsel**

Location: Connecticut Children's 4E

Phone: 860.545.8577

Fax: 860.545.8558

Email: Ataylor@ccmckids.org

Executive Associate: Esperanza Lesmes, 860.545.8566

**Dean Rapoza, Executive Director of Faculty Practice Plan (FPP)**

Location: Connecticut Children's 5B

Phone: 860.545.9338

Fax: 860.545.9229

Email: Drapoza@ccmckids.org

Assistant to Executive Director: Paula Scheiblich, 860.545.9381

# 1.4.4 Connecticut Children's Departments and Divisions

<i>Department/Division</i>	<i>Department Telephone</i>
Academic Administration.....	860.610.4263
Accounting.....	860.610.5690
Administration.....	860.545.8583
Admitting/ASU.....	860.545.9860
Adolescent Health.....	860.545.9378
Anesthesiology.....	860.545.9899
Asthma Center.....	860.545.9442
Audiology.....	860.545.9670
Audiovisual.....	860.545.8326
Bereavement Program.....	860.545.9700
Betances Clinic and School.....	860.525.4640
BioMedical Engineering.....	860.545.9025
Cardiology.....	860.545.9400
Cardiothoracic Surgery.....	860.545.9400
Catering.....	860.545.9568
Connecticut Children's Foundation.....	860.610.5710
Connecticut Children's Daycare.....	860.545.8460
Connecticut Children's School.....	860.947.4100
Center for Motion Analysis.....	860.284.0202
Central Billing Office.....	860.610.5610
Child and Family Support Services.....	860.545.9700
Child Development Center.....	860.545.8680
Child Health Data Center.....	860.545.9420
Child Life.....	860.545.9700
Child Protection Program.....	860.545.9995
Children's Homecare Network.....	860.545.8575
Clinical Nutrition Services.....	860.545.8759
Clinical Services.....	860.545.8559
Clinical Trials Unit.....	860.545.9967
Corporate Communications.....	860.610.5707
Craniofacial Team.....	860.545.9360
Critical Care.....	860.545.9805
Dentistry.....	860.545.9030
Developmental Pediatrics.....	860.545.8589
Digestive Diseases, Hepatology & Nutrition.....	860.545.9560
Education and Rehabilitation Services.....	860.545.8367
Education and Development.....	860.545.8365
Emergency Department.....	860.545.9200
Endocrinology.....	860.545.9370
Environmental Services.....	860.545.8579
Ethics Committee.....	860.545.9460

Facilities .....	860.545.9338
Family Support/ Social Work.....	860.545.9700
Feeding Team .....	860.545.9889
Food Allergy Program.....	860.545.8514
Foundation .....	860.240.7635
Genetics .....	860.523.6464
Government Relations .....	860.545.8561
Grants and Sponsored Programs.....	860.545.9346
Gynecology.....	860.247.5447
Hand Surgery.....	860.545.9100
Hematology/Oncology.....	860.545.9630
Health Information Management.....	860.545.8500
Human Resources.....	860.545.8530
Infectious Diseases.....	860.545.9490
Injury Prevention.....	860.545.9988
Information Desk.....	860.545.9380
Information Services (IS).....	860.545.9161
IS Help Desk .....	860.545.8090
Inpatient Services.....	860.545.8989
Mail Room.....	860.545.9018
Medical Education.....	860.610.4264
Neonatology.....	860.545.8950
Nephrology.....	860.545.9395
Neurology.....	860.545.9487
Neurosurgery .....	860.545.8373
Occupational/ Physical Therapy.....	860.545.8600
Ophthalmology.....	860.409.0449
Oral & Maxillofacial Surgery.....	860.545.9030
Orthopaedics .....	860.545.9100
Otolaryngology.....	860.545.9650
Pain relief program.....	860.545.9997
Parking.....	860.545.8258
Plastic surgery.....	860.545.7338
Primary Care.....	860.545.9300
Psychiatry.....	860.545.8660
Pulmonary Medicine.....	860.545.9440
Radiology.....	860.545.9120
Research.....	860.545.9905
Rheumatology .....	860.545.9390
Security.....	860.545.8243
Sleep Diagnostic lab.....	860.545.9463
Special Kids Support Center.....	860.610.4204
Suspected Child Abuse and Neglect.....	860.545.8626
Sports Medicine.....	860.284.0220
Surgery .....	860.545.9520
Urology.....	860.545.9520

## **1.4.5 Connecticut Children's Medical Staff Office**

Interim Director: Kathy Arbuckle

Location: 282 Washington Street

Phone: 860.545.8123

Fax: 860.545.9132

Email: [karbuckle@ccmckids.org](mailto:karbuckle@ccmckids.org)

The Medical Staff Office is responsible for coordinating medical staff administration functions to help the medical staff achieve compliance with JCAHO, State and Federal standards. The department provides administrative support to various medical staff committees and departments. In addition, it supports administrative functions such as maintaining bylaws, coordinating the credentialing and privileging process and assisting the medical staff in its role in performance improvement and peer review. The staff works closely with department and division directors to assure timely follow-up on issues pertinent to the medical staff function and to serve as professional resources to the medical staff.

For Connecticut Children's By-laws: [www.connecticutchildrens.org/docs/CCMC%20Medical%20Staff%20Bylaws%20Final%20071008.pdf](http://www.connecticutchildrens.org/docs/CCMC%20Medical%20Staff%20Bylaws%20Final%20071008.pdf).

For UConn School of Medicine By-laws: [medicine.uhc.edu/faculty/promotion/index.html](http://medicine.uhc.edu/faculty/promotion/index.html).

## **1.5 Connecticut Children's Faculty Practice Plan (FPP)**

Dean Rapoza, Executive Director of Faculty Practice Plan (FPP)

Location: 111 Founders Plaza, East Hartford – 19th Floor

Phone: 860.610.4223

Fax: 860.610.4222

Email: [Drapoza@connecticutchildrens.org](mailto:Drapoza@connecticutchildrens.org)

Assistant to Executive Director: Paula Scheiblich, 860.610.4228

Connecticut Children's Faculty Practice Plan, Inc. (FPP), is a non-profit, multi-specialty pediatric practice, dedicated to providing high quality, pediatric health care and service to patients, families and referring physicians. As part of its commitment to advancing children's health, FPP also undertakes valuable, innovative medical research and engages in teaching pediatric practice to residents and medical students.

## **1.6 Faculty Meetings**

Pediatric Academic Staff meetings are held quarterly on the third Wednesday in March, June, September and December. The agenda is set by the Pediatric Department Chair, Dr. Paul Dworkin. Additionally the Departmental leadership and division heads also meet bi-monthly.

Junior Faculty Forums are held monthly and led by Dr. Francis DiMario. These meetings are open to all faculty of junior academic rank and intended to enhance faculty professional development with respect to advancement of junior faculty competence in scholarship and education.

## **1.7 Strategic Plan of Connecticut Children's**

A detailed description of Connecticut Children's strategic plan can be found on the Connecticut Children's INTRANET, at the Connecticut Children's home page under professionals, click on Strategic Plan.

## **1.8 Research at Connecticut Children's**

Known for providing high-quality care to children, Connecticut Children's Medical Center is also a center for pediatric research. Our investigators—many with national reputations as researchers—conduct studies that advance our fundamental understanding of human biology and disease, test new and innovative treatments, and improve healthcare for children over the long term. Research is also vital to the training of the next generation of healthcare professionals and the ongoing education of our clinicians. Through research activities, they keep abreast of the current thinking and latest approaches to caring for children.

### **Research Opportunities for Physicians at Connecticut Children's**

Healthcare professionals who wish to have access to advanced and experimental therapies for their patients and contribute to the medical community's body of knowledge have opportunities to conduct clinical, basic science, and health services research. Our professional Research Department staff is a key resource for investigators at virtually every stage of the research process, from planning and seeking funding to ensuring the highest standards of study conduct. For more information, please call the Department of Research at 860.545.9905 or email [researchinfo@ccmckids.org](mailto:researchinfo@ccmckids.org).

### **Submitting Grants**

All grant proposals need budget review and institutional sign off. Please contact the Office of Grants and Sponsored Programs as early in the process as possible: 860.545.8386 or email [researchinfo@ccmckids.org](mailto:researchinfo@ccmckids.org).

# 1.8.1 Human Research Subjects Protection Program and IRB Process

Connecticut Children's Mission: dedicated to improving the physical and emotional health of children through family-centered care, research, education and advocacy. We embrace discovery, teamwork, integrity and excellence in all that we do.

## The Belmont Report

Copies of the report can be found at:  
<http://ohsr.od.nih.gov/guidelines/belmont.html>.

## **The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research**

**April 18, 1979**

**AGENCY:** Department of Health, Education, and Welfare.

"SUMMARY: On July 12, 1974, the National Research Act (Pub. L. 93-348) was signed into law, there-by creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. One of the charges to the Commission was to identify the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects and to develop guidelines which should be followed to assure that such research is conducted in accordance with those principles. In carrying out the above, the Commission was directed to consider: (i) the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine, (ii) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects, (iii) appropriate guidelines for the selection of human subjects for participation in such research and (iv) the nature and definition of informed consent in various research settings.

The Belmont Report attempts to summarize the basic ethical principles identified by the Commission in the course of its deliberations. It is the outgrowth of an intensive four-day period of discussions that were held in February 1976 at the Smithsonian Institution's Belmont Conference Center supplemented by the monthly deliberations of the Commission that were held over a period of nearly four years. It is a statement of basic ethical principles and guidelines that should assist in resolving the ethical problems that surround the conduct of research with human subjects. By publishing the Report in the Federal Register, and providing reprints upon request, the Secretary intends that it may be made readily available to scientists, members of Institutional Review Boards, and Federal employees. The two-volume Appendix, containing the lengthy reports of experts and specialists who assisted the Commission in fulfilling this part of its charge, is available as DHEW Publication No. (OS) 78-0013 and No. (OS) 78-0014, for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Unlike most other reports of the Commission, the Belmont Report does not make specific recommendations for administrative action by the Secretary of Health,

Education, and Welfare. Rather, the Commission recommended that the Belmont Report be adopted in its entirety, as a statement of the Department's policy." [<http://ohsr.od.nih.gov/guidelines/belmont.html>]

### **The IRB Process:**

The IRB exists as a federally mandated board in all institutions engaged in human research. Its purpose is to assure in advance and by periodic review, that appropriate steps are taken to protect the rights and welfare of all participants in involved in research. (Research is defined as any systematic analysis designed to obtain generalizable knowledge with data linked to a person.)

The IRB is composed of at least 5 members of diverse backgrounds with at least: 1 scientist, 1 non-scientist, and 1 person non-affiliated with the institution. Connecticut Children's has 12 members (see link).

Applications (see link) must be signed the PI (principle investigator) and delivered 3 weeks before the meeting date (each 2nd Monday of the month). Each is assigned a primary and secondary reviewer.

Reviews are determined by the IRB to be stratified as:

- Exempt - when there is completely anonymous data with no link to a person,
- Expedited - when determined to be of "minimal risk" (not greater than that ordinarily encountered in everyday life),
- Full Board - all others

The IRB keeps minutes and has the authority to approve, approve with contingencies, defer, and table / disapprove protocols. A response is provided to the PI one week after a meeting.

### **The Informed Consent:**

- Is written in lay language and in the "second person"
- Is a voluntary agreement, with options outlined, and offer opportunity for questions
- Acknowledges to provide to participants new information as it arises
- Should incorporate "8 Essential Elements" to explain the study: purpose, procedures, risks/discomforts, benefits, confidentiality, questions, voluntary participation, right to withdraw.

The IRB process seeks to ensure the principles of Beneficence, Justice, and Autonomy for research participants as outlined by a National Commission [The Belmont Report].

- Beneficence; the subject's wellbeing takes precedence; risks are minimized and justified by anticipated benefit.
- Justice; fair sharing of burden and benefit among study subjects, research is only justified when there is a reasonable likelihood of benefit to that population, children should be included if there exists potential benefit for them.
- Autonomy; must be adequate provisions for child assent/parental permission, the informed consent incorporates "8 essential elements".

Many controversies currently exist in the arena of clinical research. New regulations concerning outcomes research will impact upon all phases of the process. The HIPAA regulations are now fully implemented (Health Insurance Portability and Accountability Act of 1996). For a HIPAA language compliant template for use in clinical research see the IRB website [www.connecticutchildrens.org/research/irb](http://www.connecticutchildrens.org/research/irb): to download the form.

### **IRB Website:**

[www.connecticutchildrens.org/research/irb](http://www.connecticutchildrens.org/research/irb): Click Research tab, scroll down to Institutional Review Board. Contact information, IRB members and a list with links to application forms and procedures. Contact the IRB Office at 860.545.9978 or 860.545.9980.

### **The website contains:**

- Connecticut Children's Medical Center Institutional Review Board Operations Manual.
- IRB Meeting Dates and Deadlines for Submission of research protocols are listed.
- Instructions for filling out the application and what you need to submit for research proposals.
- Blank application form to be filled out and submitted with all research proposals.
- There is a consent form template with instructions.
- HHS Regulations for the Protection of Human Subjects (45CFR.46) re: Provision for Emergency Medical Care.
- Human Subject Protection training link to online educational modules through the Collaborative Institutional Training Initiative (CITI).
- Health Insurance Portability and Accountability Act information. HIPAA Language and detailed explanations, including information for Limited Data Sets and sample template for submission.
- Forms for any modifications or continuations/terminations of an existing project already approved.
- Important reporting forms for Adverse Events and Unanticipated Problems Involving Risks to Participants and Others can also be found there.

### **A number of helpful resource links are also available: OHRP Pamphlet: Becoming a Research Volunteer: It's Your Decision**

- [www.hhs.gov/ohrp/education/index.html#materials](http://www.hhs.gov/ohrp/education/index.html#materials)

### **The Belmont Report (outlines ethical considerations for research with human subjects:**

- [www.hhs.gov/ohrp/](http://www.hhs.gov/ohrp/)

### **Federal government websites and guidance documents:**

- DHHS Office for Human Research Protections (OHRP): [www.hhs.gov/ohrp/](http://www.hhs.gov/ohrp/)
- OHRP Guidance Documents: [www.hhs.gov/ohrp/policy/index.html](http://www.hhs.gov/ohrp/policy/index.html)

- FDA Information Sheets for Investigators and IRBs:  
[www.fda.gov/oc/ohrt/irbs/default.htm](http://www.fda.gov/oc/ohrt/irbs/default.htm)

Federal Regulations pertaining to Human Subjects Research:

- 45 CFR Part 46 (DHHS Human subject Regulations):  
[www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm)

- 21 CFR Part 50 (FDA Protection of Human Subjects)  
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=50>

- 21 CFR Part 56 (FDA IRB Regulations): <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=56>

### **There are additional links to:**

- Resources for investigators who may call the Department of Research at 860.545.9905 or contact Georgine Burke, Ph.D. Director of Research. Operations, Associate Professor of Pediatrics, University of Connecticut School of Medicine [gburke@ccmckids.org](mailto:gburke@ccmckids.org).
- Resources for parents with information about participation in research projects.
- An active clinical trials program with centralized administrative and clinical management unit at 860.545.9981.
- There is a child health data center specializing in database design, management and statistical analysis of large and/or multi-center data sets

The IRB is in the process of implementing an electronic submission and document tracking system for campus-wide and inter-institutional accessibility.

### **Compliance**

The institution has a Human Subjects Research Protection Program (HRPP). Policy development and current policies are available on the HRPP / IRB website. All HRPP / IRB policies are available on-line at our internet website [www.connecticutchildrens.org/research/irb.asp](http://www.connecticutchildrens.org/research/irb.asp).

Research compliance is an ongoing activity at Connecticut Children's. We have initiated a Research Education and Improvement Program (REIP) to review ongoing investigator research activity and provide early intervention and later remediation services to PIs and others involved in research. Compliance of all federal and institutional policies is an ongoing review and enforcement activity in conjunction with the IRB.

The development of an institutional Human Subject Research Protection Program (HRPP) includes an Administrative Director [Sarah Kiskaddon, J.D.] and a Medical Director [Francis J. DiMario Jr, M.D.] with a full time research monitor. Research reviews (audits) are conducted on all qualifying protocols on a rotating basis each month. The results of all research reviews are summarized and presented at the periodic meetings of the Research Compliance Committee. This committee reviews trends suggested in the data presented and suggests institutional changes that may impact beneficially upon improving research compliance and avoid systems problems contributing to non-compliance.

Regulatory binder templates for investigators are in the process of development and follow-up of all research reviews also occurs on an ongoing basis.

## **Research Integrity Officer**

The institution has an identified Research Integrity Officer [Dr. Francis DiMario] who is responsible for initiating evaluations of all allegations of research misconduct pertaining to data falsification, fabrication and plagiarism in accordance with federal and institutional policies.

## **Research Education**

All members of the medical research, compliance, and IRB communities as well as students and trainees contemplating or preparing for engagement in research activity undergo human subject protection training. This is primarily accomplished by earning certification through CITI) at: [www.citiprogram.org](http://www.citiprogram.org). Individual education is supplemented through a number of continuing education activities made available on-site.

The Connecticut Children's Department of research offers a biweekly conference on research methods and an opportunity for investigators to openly discuss pilot projects for constructive feedback. The institution via the REIP in conjunction with the IRB present educational seminars on a regular basis to update investigators and stimulate greater awareness, understanding, and implementation of the best practice methods to maintain highest quality human subject research possible. These forums are supplemented by the availability of on-campus expertise in protocol development, statistical design, clinical trials support structure and easy access to IRB and human subjects protection expertise.

IRB staff and compliance-centered personnel attend nationally, regionally and locally sponsored educational meetings and conventions. Quarterly meetings of the CHA (CT Hospital Association) along with annual meetings of the CHA / Donaghue sponsored CT IRB educational and networking symposium are regularly attended. The IRB Chair, Vice-Chair and select panel members attend the annual meeting of PRIM&R (Public Responsibility in Medicine and Research). These educational venues are supplemented by brief educational discussions prior to each convened IRB review meeting. All IRB staff receives a copy of the Human Research Report, published monthly for continued education activity.

Each member of the IRB contributes to the development and refinement of the IRB handbook and operations policy manual. This document is under periodic review and updating for greater utility and more explicit detail about the IRB functions, policies and procedures.

## **IT Infrastructure**

The institution has fundamental IT capabilities and is in the process of implementing an electronic research application submission capability. The goals of the anticipated database system are to: to enhance interinstitutional and PI collaboration and project development, streamline the application process, improve document tracking, ensure compliance with research and IRB related federal regulations, expand the efficiency and thoroughness of the IRB review process, augment the IRB capacity to critically analyze and maintain research participant safety within complex research collaborations, and intensify efforts at

improving PI compliance and best practices in research participant protection.

### **Reciprocity Agreements / CIRB**

Currently Connecticut Children's has had reciprocity agreements with the University of Connecticut Health Center (UCHC). This agreement needs expansion to include acceptance of CIRB (central IRB) review for COG (Children's Oncology Group) currently accepted at Connecticut Children's but not at UCHC.

## **1.8.2 Clinical Trials Unit**

Connecticut Children's supports and encourages participation in clinical trials, as a means of bringing the most up-to-date therapies to our patients. Help with clinical trials is available through a centralized clinical trials unit (CTU). Investigators are encouraged to contact the CTU or the Office of Grants and Sponsored Programs at the earliest stages of discussion with a sponsor for assistance with regulatory documents, budget preparation, contract negotiation and institutional approvals.

Studies are currently being conducted in collaboration with private industry and others.

For assistance with clinical trials contact:

#### **William Zempsky, MD**

Medical Director, Clinical Trials  
Wzempsk@ccmckids.org

#### **Bertha Robbins, RNC, MS, CCRP**

Clinical Research Manager  
860.545.9523  
Brobbin@ccmckids.org

#### **Lisa Benson, CCRP**

Director of Grants and Sponsored Programs  
860.545.9967  
Labenso@ccmckids.org

## **2.0 Faculty Policies and Guidelines**

All faculty members are directed to the University of Connecticut website to review those faculty policies addressed within the Faculty Handbook [<http://medicine.uhc.edu/faculty/pdfs/bylaws.pdf>]. These are core to those established as supplements within the department of Pediatrics and Connecticut Children's.

### **2.1 Academic Affairs**

In order to promote the mission of the Department of Pediatrics<sup>1</sup>, which encompasses the entire academic faculty across several sites and multiple disciplines, an office for pediatric faculty academic affairs has been developed. This office serves to offer faculty resource and mentoring guidance. The goal

of faculty development is to prepare physicians for their faculty roles. It is an ongoing goal to assist faculty in their acquisition of relevant skills for their faculty position, and to sustain their vitality both now and in the future.<sup>2</sup>

The benefits of investment in a faculty development have been well demonstrated.<sup>3</sup> This Faculty Guide is but one source for faculty to access. The Connecticut Children's internet website has access through the "For Professionals" button to the Faculty Development and Academic Affairs button location [[www.connecticutchildrens.org/professionals/development\\_board.asp](http://www.connecticutchildrens.org/professionals/development_board.asp)]. This site lists a number of helpful documents for faculty and links to other faculty-centered materials. These materials are updated periodically and refreshed with new materials over time. Examples of the materials available at present include:

## **Bulletin Board**

- Academic Promotion Guidelines
- Curriculum Vitae (Suggested Format)
- Faculty Evaluation Tool (7k pdf)
- Teaching Portfolios: Documenting Clinician Educator Achievement (45k ppt)

## **Selected Resources**

- Some Guidelines for Faculty and Staff Relating to Educational Records
- Evidence-Based Medicine - How to Critically Review a Journal Article
- Health Science Education Center (at the UCHC Lyman-Stowe Library)
- IRB (Institutional Review Board)
- Medical School Council Minutes
- Positively Precepting
- UCONN Laws & Bylaws
- UCONN School of Medicine CME
- Comparing dehydration in adults to dehydration in children
- Handout to apply Four step program for evaluation and treatment of dehydration
- Behavior Handout - Part One
- Behavior Handout - Part Two
- Behavior Handout - Part Three
- Framework for innocent murmur MAX session.doc
- Worksheet to help students differentiate between OME AND AOM.doc

The Department of Pediatrics at the University of Connecticut must further develop and nurture its own distinctive academic community and culture. Among the environments ripe for faculty mentoring would include, but are not limited to; clinical care and program development, clinical and laboratory research projects and programs, and educational programs and activities.

It is to these ends that the creation of this web site is envisioned to facilitate and enhance our faculty's development in the broadest and fullest extent.

## **References/Appendix**

<sup>1</sup> Mission Statement Department of Pediatrics dated 3/2/87.

<sup>2</sup> Bland CJ, Schmitz CC, Stritter FT, Henry RC, Aluise JJ: Successful Faculty in Academic Medicine. Springer Publishing Co., NY, NY, 1990.

<sup>3</sup> Palepu A, Friedman RH, Barnett RC, et al: Junior Faculty Members Mentoring Relationships and Their Professional Development in U.S. Medical Schools. Academic Medicine 1998;73: 318-323.

## **2.2 Faculty Appointments, Promotion and Tenure Policies & Procedures**

### **Professional ranks:**

Instructor  
Assistant Professor  
Associate Professor  
Professor  
Tenured Professor

### **Professional Categories:**

Investigator  
Clinician- Investigator  
Clinician – Scholar  
Medical Educator  
Clinical Xology (no longer available)  
Community (volunteer) Faculty

### **Preparing for Promotion**

#### **Initial steps:**

- Knowledge of the track.
- Review appointment letter chairman (with a neutral party).
- Clarify partition of time and effort, document and save any changes with correspondence.
- Performance reviews need to be your responsibility to arrange, collect, document, and save. (Especially from peers, students, and residents. Send copies to Chairman for future reference).

#### **Timing of Promotion:**

- Consider potential delays when changing tracks.
- Maintain a current list with addresses of potential people to write letters on your behalf.
- Insist on obtaining student evaluations when conducting teaching sessions.

#### **Promotion Process:**

- Understand the criteria for promotion in your specific track (see web link).
- Each year continually: collect and assess the quality/quantity of evaluations.
- Update your CV (see “Model CV”), review your progress.
- Year 2-5: Assess progress.
- Year 5-6 (May): Respond to Chairman’s request for a letter outlining your accomplishments.
- Year 5-6 (July): Your letter & evaluations are reviewed by departmental Senior

Appointment and Promotions Committee which makes a recommendation to Chairman to put you up for promotion or not.

- Year 5-6 (August): Chairman reviews Committee recommendation with individual for joint decision regards moving forward or not. If yes, then a list of references is developed (internal faculty, external faculty, and students). You should contact all potential persons personally and inform them that they may be contacted. Tell the University SAPC individuals specifically NOT to contact if appropriate.
- Year 5-6 (September): Chairman composes a supportive letter on your behalf to the SAPC. This is derived in large measure from your submitted letter and materials. These materials may include reprints, abstracts, references etc.
- Year 5-6 (September-April): SAPC reviews materials, solicits additional data/ letters and votes on nomination. Our departmental representative on the SAPC cannot serve as your advocate and does not vote upon your nomination.

## Criteria for granting initial community faculty appointments at Junior rank

The definitions of Community-based Clinical Faculty and Adjunct Faculty used:

An Adjunct Faculty member is an individual who is employed by another College or University, or engaged in scholarly activity in a private or public organization/ agency, and who is not a clinician, and whose primary contribution to the School of Medicine is not clinical but important to the education or research missions.

A Clinical Faculty member is a clinician who is neither employed by any University of Connecticut Health Center-affiliated institutions, nor employed by other units of the Health Center or the University.

General criteria for community-based clinical faculty appointments would continue to include:

1. evidence of completion of training appropriate to their specialty area.
2. autonomous function with the addition that:
3. Physicians must be board eligible/certified for those disciplines where recognized board certification exists (with rare exception justified by department chair and approved by Dean).

Proposed criteria for initial junior faculty appointments for Adjunct Faculty: \*

1. Faculty who hold a current appointment at another degree-awarding academic institution would be appointed at that same rank.
2. Faculty who do not hold a current appointment at another academic institution would be appointed according to the following criteria:

**Adjunct Associate:** The individual provides valuable but intermittent direct participation in activities important to the education or research missions of the School of Medicine.

**Adjunct Instructor:** The individual contributes consistently and substantively to activities important to the mission of the School of Medicine, and/or interacts with and evaluates students, residents, and/or fellows in a formal UConn teaching program.

**Adjunct Assistant Professor:** The individual meets the criteria for Adjunct Instructor, and in addition demonstrates involvement in scholarly activities that

contribute to the academic mission of the School of Medicine.

Academic contribution must be documented in at least one of the following ways:

1. Scholarship-publication or other evidence of substantial contribution to their discipline, program, or curriculum.
2. Teaching-evidence of exemplary teaching.
3. Well-recognized for their expertise and scholarly approach in their specialty area.

Proposed criteria for initial appointments for Clinical Faculty: \*

**Clinical Associate:** The individual provides valuable but intermittent direct participation in activities important to the education, research and/or clinical missions of the School of Medicine.

**Clinical Instructor:** The individual contributes consistently and substantively to activities important to the mission of the School of Medicine, interacts with and evaluates students, residents, and/or fellows in formal UConn teaching program, or demonstrates a sustained commitment to teaching in student-run clinics as the primary focus of their educational effort.

**Assistant Clinical Professor:** The individual meets the criteria for Clinical Instructor, and in addition demonstrates involvement in scholarly activities that contribute to the academic mission of the School of Medicine.

Academic contribution must be documented in at least one of the following ways:

1. Scholarship- publication or other evidence of substantial contribution to their discipline, program, or curriculum.
2. Teaching- evidence of exemplary teaching.
3. Well-recognized for their expertise and scholarly approach in their specialty area.

*\* Department Chairs have discretion about application for faculty rank for community faculty paid less than 0.8 FTE by affiliated institutions. If the department chair determines that the faculty member is doing academic work on a par with those with affiliated faculty appointments at the rank of Assistant Professor, then the initial appointment may be made at the Assistant Clinical Professor level.*

## Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure<sup>1</sup>

### I. Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure

#### A. Introduction

#### B. General Factors to be Weighed in Evaluating Different Activities

1. Teaching
2. Research
3. Patient Care
4. Other Professional Activities

#### C. Specific Requirements for Appointment or Promotion to Senior Rank

1. Investigator
2. Clinician-Investigator
3. Clinician-Scholar
4. Medical Educator
5. Clinical Xology
6. Community Faculty

<sup>1</sup> Guidelines for Appointment to Junior Faculty Rank and Joint Appointments may be found in Appendix A of the SOM Bylaws.

- D. Tenure
- E. Duration in Rank for Promotion or Receiving Tenure
  - 1. Minimum time to promotion
  - 2. Maximum time to promotion
  - 3. Minimum and maximum times for achieving tenure
  - 4. Interruption of progression to tenure
- F. Changing Professional Categories or Tracks
- G. Review of Rehired Faculty
- H. Faculty Transferring from Another School of the University of Connecticut System or from Other Institutions
- II. Operating Guidelines for the SAPC
  - A. Review Mechanisms
  - B. Meetings of the SAPC
  - C. Transmission of the Decision and Supporting Data
  - D. Reconsideration of Negative Actions Taken by the SAPC
    - 1. Request by the Department Chair for Reconsideration
    - 2. Requests for Reconsideration by a Faculty Member in the Event of Failure to Nominate or of Negative Action by the SAPC
      - a. Failure to Nominate by Department Chair
      - b. Failure by the Department Chair to Request Reconsideration of Negative Action of SAPC
  - E. Appeal by a Faculty Member
- III. Instructions for Chairs of Academic Departments
  - A. Obligations of the Department Chair to Department Members

## **I. Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure**

### **A. Introduction**

The faculty of medicine is engaged in teaching, research, patient care, and other professional activities. While it is expected that all faculty members will teach and that excellence in teaching is a requirement for senior rank, the nature and extent of the other activities vary among faculty members. In recognition of this, different professional categories have been designed which differ in their requirements for attainment of senior rank.

A faculty member's job description and academic professional category should match the allocation of his/her time. This requires an active dialogue between department chair and faculty member to ensure that each faculty member's professional category is a true reflection of his/her activities. The criteria for appointment, promotion, and tenure reflect the diverse activities of the faculty and provide a basis by which performance may be rewarded. In determining academic rank, the candidate will be evaluated by effort and accomplishment in teaching, research, patient care, and other professional activities. Insofar as possible, these criteria establish high standards that are reflected in objective evaluations. These evaluations should be readily interpretable by the Senior Appointments and Promotions Committee (SAPC).

SOM faculty paid by the University and faculty paid by affiliated institutions at

least 80% time and effort must choose a professional category.<sup>2</sup>

## B. General Factors to be Weighed in Evaluating Different Activities

In all cases, the following criteria are to be considered in evaluating the teaching, research, and patient care activities of candidates for appointment or promotion to senior rank. However, the degree to which each criterion must be satisfied will vary in the different professional categories and will differ for appointment or promotion to Associate Professor and Professor.

### 1. Teaching

- a. Knowledge and level of mastery of subject matter.
- b. Effectiveness in oral and written communication; ability to lecture and to conduct conference and discussion groups.
- c. Ability to stimulate student interest, to encourage independent study, and to direct student research projects.
- d. Development of teaching and evaluation methods.
- e. Effectiveness as a student mentor.
- f. Leadership in a teaching program (e.g., clerkship, medical school course, graduate program).

### 2. Research

- a. Quality, independence, originality, and importance of published work.
- b. Continuity of record of scientific contribution.
- c. Level of acceptance by peers, and national and international standing.
- d. Quality of presentations at local, national, and international meetings.
- e. Leadership in a research program, or significant, essential and independent contributions to the work of more than one principal investigator on multiple projects.

### 3. Patient Care

- a. Role model of excellence in clinical work for students and house staff.
- b. Demonstrated sensitivity and responsibility to patients.
- c. Recognition by peers.
- d. Level of knowledge and skill in professional field or specialty.
- e. Competence in all aspects of patient management.
- f. Leadership in health care programs.

### 4. Other Professional Activities

- a. Participation and leadership in critical intramural committees (e.g., Admissions committee, SAPC, etc.).
- b. Leadership role in department or hospital as a section or division chair.
- c. Participation and leadership in professional societies, scholarly organizations, editorial boards, scientific advisory boards, and research review panels on a local, state, national, and international level.

## C. Specific Requirements for Appointment or Promotion to Senior Rank

### 1. Investigator

For appointment or promotion to Associate Professor based on performance as an investigator, the following requirements must be met:

- a. Active and effective participation in at least one of the following levels of

<sup>2</sup> Faculty hired prior to May 11, 1990 need not select a professional category until nomination for promotion, at which time selection of a professional category must be made. The usual two year period required between selection of a professional category and consideration for promotion is waived.

education: undergraduate, graduate, or postgraduate (which includes other health professionals).

and either b. or c.

- b. A record of sustained<sup>3</sup> publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations and should have an established reputation as an original investigator outside the University of Connecticut Health Center.
- c. A record of sustained<sup>4</sup> publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also periodically<sup>5</sup> be the corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

Appointment or promotion to the rank of Professor will require:

- a. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, etc., or by awards, prizes, or other notable academic achievements.
- b. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- c. An established reputation as an original or essential investigator outside the University of Connecticut Health Center.

and either d. or e.

- d. A record of sustained<sup>6</sup> publication of original and independent research findings that have had a demonstrable impact on the field.
- e. A record of sustained<sup>7</sup> publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The applicant must have made significant, essential and independent contributions to this published work. The candidate must also demonstrate a sustained<sup>8</sup> publication record as corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

*3 In these contexts, the attributes and relative magnitudes that these words are meant to denote are as follows. "Sustained" suggests repeated publications at regular intervals throughout the current appointment; "periodically" implies repeated publications at a lower frequency than "sustained"; and "occasional" indicates the least frequent publication rate, where publications may occur at irregular intervals.*

*4 ibid.*

*5 ibid.*

*6 ibid.*

*7 ibid.*

*8 ibid.*

## 2. Clinician-Investigator

For appointment or promotion to Associate Professor based on performance as a clinician-investigator, the candidate must demonstrate:

- a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- b. Recognition as an authority in a clinical specialty both inside and outside the immediate medical community, or a demonstrably effective leadership role in a department or hospital.
- c. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community.

and either d. or e.

- d. A record of sustained<sup>9</sup> publication in refereed journals of results from original and independent investigations that are recognized as important. The applicant for appointment or promotion should be a contributor of major ideas and innovations.
- e. A record of sustained<sup>10</sup> publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and independent contributions to this published work. The candidate should also be the occasional<sup>11</sup> corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

Appointment or promotion to the rank of Professor will require:

- a. Active and effective participation in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).
- b. A national reputation within his/her field as evidenced by memberships in study sections, advisory groups, prestigious professional societies, or by awards, prizes, or other notable academic achievements.
- c. Superior accomplishment in a clinical specialty or effective departmental, hospital, or institutional leadership.
- d. An established reputation as an original and important investigator or contributor outside the University of Connecticut Health Center and the immediate medical community.

and either e. or f.

- e. A record of sustained<sup>12</sup> publication of original and independent research findings that are important.

<sup>9</sup> *ibid.*

<sup>10</sup> *ibid.*

<sup>11</sup> *ibid.*

<sup>12</sup> *ibid.*

<sup>13</sup> *ibid.*

f. A record of sustained<sup>13</sup> publication in refereed journals of important work resulting from collaborations with more than one principal investigator on multiple projects to which the candidate has contributed his/her unique skills. The candidate must have made significant, essential and independent contributions to this published work. The candidate should also be the occasional<sup>14</sup> corresponding author of refereed articles in journals that are devoted largely to the individual's area(s) of professional expertise.

### 3. Clinician-Scholar

For appointment or promotion to Associate Professor based on performance as a clinician-scholar, the following requirements must be met:

- a. Development of original teaching materials or major improvements over those used elsewhere (such as new curriculum or educational programs, textbooks or chapters, syllabi, computer programs, videotapes, evaluation mechanisms, etc.), or continuing publication of clinical observations, reviews, or analytic studies in peer-reviewed journals. Should be contributor of major ideas and innovations.
- b. Effective participation in clinical training and service. Teaching may include medical students, residents, specialty fellows, or postgraduate students. Recognition of high quality teaching by formal evaluations or teaching awards. Impact of teaching should extend beyond home hospital as evidenced by invitations to teach in other institutions or in the programs of professional societies and continuing medical education (CME) courses.
- c. Established reputation inside and outside the immediate area as an authority in a clinical specialty as evidenced by outside referrals, visiting lectureships, or participation in the teaching programs of professional societies.

Appointment or promotion to the rank of Professor will require:

- a. A record of continuing publication in peer-reviewed journals of (1) analytic clinical studies or observations or (2) widely recognized comprehensive clinical reviews. Alternatively, development of original materials or major improvements over those used elsewhere (such as new curricula, textbooks or materials, or computer programs, evaluation mechanisms, etc.) which have reached a national audience.
- b. Performance as a key individual in clinical training and service; active and continuing participation in medical student teaching with recognition of extraordinary effectiveness. Evidence of a wide impact from teaching, e.g., in specialty societies, in CME courses, or in visiting professorships.
- c. A national reputation for superior accomplishments within a clinical specialty as evidenced by invitation to membership or fellowship in prestigious professional societies or by other academic recognition or awards, or play leadership role in department or hospital.

#### 4. Medical Educator

To be eligible for appointment or promotion to senior rank in the medical educator professional category, candidates must have both (a) and (b):

- a. A high level of professional competence, as well as significant achievement, in one of the following:
  - (1) The development or improvement of a clinical, educational, or research service. There must be objective evidence of both the candidate's personal contributions to the development or improvement (which must be significant) and the nature and extent of the enhanced service, including its new educational and/or research components that are deemed important.
  - (2) Demonstration of sustained publication in peer-reviewed professional journals of observations, analytic studies, or topic reviews. Emphasis will be given to the number of first, senior, or corresponding authorships.
  - (3) Development of a meaningful new curriculum offering or new or innovative teaching material resulting in objectively documented improvements to education. There must be evidence that this improvement is due to the candidate's efforts. The administration of an educational program is not sufficient for promotion.
- b. A record of excellence in at least one of the following levels of education: undergraduate, graduate, or postgraduate (which includes other health professionals).

Local and regional recognition is most consistent with appointment or promotion to the rank of Associate Professor, whereas significant institutional influence, regional, and national recognition is most consistent with appointment or promotion to the rank of Professor.

#### 5. Clinical Xology<sup>15</sup>

For promotion to Associate Professor of Clinical Xology, the following requirements must be met:

- a. Local or regional recognition by peers and students for excellence in clinical teaching of residents, fellows, or medical students.
- b. Local or regional recognition by peers of a high level of competence in a clinical specialty.
- c. The candidate also must either:
  - (1) play an effective and significant leadership role in the University, one of its components, or an affiliated hospital, or
  - (2) develop clinical services new to the University of Connecticut SOM, or
  - (3) publish clinical observations, reviews, or analytic studies in peer-reviewed journals, or
  - (4) develop new curriculum offerings, educational programs, or teaching materials not previously available at the University of Connecticut SOM.

15 The Clinical Xology professional category was eliminated as an option for newly appointed faculty in 2001, but those already in that professional category were allowed to remain. Faculty members who have been in the Clinical Xology professional category and who change to another professional category are not eligible to transfer back into the Clinical Xology professional category

Promotion to Professor of Clinical Xology will additionally require regional or national recognition for any of the achievements required for promotion to Associate Professor.

## 6. Community Faculty

Appointments or promotions to senior rank shall occur on application to the SAPC by the department chair in consultation, where applicable, with the appropriate hospital chief. Application for senior rank shall require evidence of continual high quality contributions to the programs of the School of Medicine. The application should include student or resident evaluations, objective evidence of efficacy of teaching, and/or description of administrative contributions to program development or maintenance, as well as other factors deemed relevant by the department chair.

### D. Tenure

Tenure in the professorial ranks will be granted only to persons of outstanding achievement. In general, the qualifications for tenure will be equivalent to those for promotion or appointment at senior rank. The review for tenure shall be concerned with assurance that the faculty member will continue a high level of performance consistent with senior rank.

The awarding of tenure requires a level of excellence in faculty performance commensurate with a permanent appointment to the faculty.

Faculty members in the Medical Educator professional category are not eligible for tenure.

### E. Duration in Rank for Appointment, Promotion, or Receiving Tenure

#### 1. Minimum time to promotion

Ordinarily, a minimum of five years in rank will be required for consideration for appointment or promotion at senior rank. A minimum of two years in any given professional category must be served before there can be consideration of promotion. Prior service as Assistant Professor or above at another institution may, at the discretion of the department chair, count towards the minimum five year requirement for appointment or promotion at senior rank and, if the candidate's prior work is appropriate, towards the two year minimum requirement for work in the chosen professional category. Appointment or promotion at senior rank may be accelerated where truly outstanding performance can be demonstrated.

#### 2. Maximum time to promotion

Assistant professors (hired after February 1985) in the Investigator, Clinician-Investigator, Clinician-Scholar, and Clinical Xology professional categories must be promoted to Associate Professor by the end of the ninth year of the appointment as Assistant Professor. Assistant Professors who work part-time have the same nine year requirement, pro-rated by percent effort worked.

If not promoted, an appointment for a terminal tenth year appointment is at the discretion of the department chair. This promotion requirement does not apply to the Medical Educator professional category. If, however, an individual selects the Medical Educator category and later transfers to another category, the allowed nine years includes the time served in the Medical Educator category.

### 3. Minimum and maximum times for achieving tenure

Consistent with the University Laws and Bylaws, only full-time faculty members may have tenure track positions or positions with tenure.

Service at another institution may be credited towards tenure. The amount of credit should be agreed upon by the Dean, department chair, and candidate at the time of appointment. For junior faculty appointments, the amount of credit towards tenure should not exceed three years.

Ordinarily, Assistant Professors may be nominated for tenure at the end of the fifth, sixth, or seventh year after initial appointment, except when the original appointment is January 1 to August 31. Then the probationary period will begin the following September 1. Nomination for tenure must take place not later than the end of the seventh probationary year. Tenure shall take effect at the beginning of the appointment year following a positive decision by the Board of Directors.

If tenure is not approved by the end of the eighth year, the terminal year is defined by the University Laws and Bylaws. A faculty member denied tenure then may not transfer to the in-residence track.

Appointment to senior rank and/or tenure may be granted by the Board of Directors upon arrival at the University. This requires SAPC review and approval. In all other circumstances, the University requires new appointees to serve a probationary period of at least one year. Continuous tenure may be granted at any time thereafter and before the expiration of the maximum probationary period by vote of the Board of Directors.

### 4. Interruption of Progression to Promotion or Tenure

Significant life events may be allowed to increase the probationary period leading to promotion or tenure for a maximum of twenty-four months. An increase in the probationary period leading to promotion and/or tenure is automatically awarded when the faculty member takes leave documented and approved under the Federal Family Medical Leave Act, the State of Connecticut Family Medical Leave Act, or the State of Connecticut Workers' Compensation Act. Alternatively, the faculty member may request an increase in the probationary period to tenure (but not to promotion) even when the above criteria are not met, but when the faculty member's productivity is affected by a significant life event. Such requests must be approved by the Department Chair and the Dean's Office.

Extension of the tenure probationary period does not alter the standards by which the faculty member will be judged for promotion to senior rank or for tenure.

#### F. Changing Professional Category or Track

Change of professional category can and should occur with a change in job description. Two years must be served in a professional category before being nominated for promotion.

Assistant Professors may transfer into the Medical Educator professional category (if appropriate) only through the end of the eighth year. Assistant Professors may transfer into professional categories with a promotion clock only through the end of the sixth year.

Full-time faculty members who leave the in-residence track for an appointment in the tenure track may then be eligible for tenure according to the University of Connecticut Laws and By-Laws. Transfers from either the tenure to the non-tenure track or from the non-tenure to the tenure track can be made on one occasion only, and such a change is irreversible.

All changes of professional categories and tracks must be approved by the faculty member, department chair, and the Dean.

Individuals with tenure are not eligible to transfer into the Medical Educator professional category.

#### G. Review of Rehired Faculty

If a faculty member of senior rank or who previously achieved tenure voluntarily discontinues employment with the University but is rehired after an interval of one year or more, the faculty member must be reviewed and approved again for appointment at senior rank and, if in the tenure track, for tenure.

#### H. Faculty Transferring from Another School of the University of Connecticut System or from Other Institutions

All appointments at senior rank must be reviewed by the SAPC, including transfers from other schools within the University of Connecticut or other institutions. Tenured faculty transferring to the School of Medicine from another school of the University of Connecticut system will retain their tenure.

## II. Operating Guidelines for the SAPC

### A. Review Mechanisms

1. All business of the Committee shall be considered confidential and only communicated by the Chair(s).
2. Initiation of all senior appointments, promotions, or tenure will be by the appropriate department chair. Before initiating a recommendation for appointment, promotion, or tenure, the department chair will indicate his/her intentions to the Dean.

3. The list of documents required to support the deliberations of the SAPC as well as the procedures the SAPC will use in making its decisions will be developed by the SAPC and transmitted to the department chairs and the Dean on an annual basis.
4. For each nomination for promotion, the Chair(s) of SAPC will choose one member of the SAPC as principal reviewer, and one alternate member of the Committee will serve as a secondary reviewer. All written material pertinent to a nomination will be distributed by the Chair(s) to all Committee members.

#### B. Meetings of the SAPC

1. At least seven members of the 11 total, one of whom may be an alternate, must be present and voting for business to be conducted.
2. Committee members who hold primary appointments in the nominee's primary department of appointment will not receive the written materials and will not be present during discussion by the reviewers, nor be eligible to vote.
3. Alternate members shall be used as secondary reviewers. Alternate members may, at the discretion of the Chair(s), observe the proceedings of the SAPC meetings. Such use of alternate members is designed to provide a pool of qualified Professors for subsequent appointment by the Dean as regular members.
4. All votes will be cast by secret written ballot.

#### C. Transmission of the Decision and Supporting Data

The Chair(s) of the Committee will transmit in writing all decisions to the Dean and the appropriate department chair within two weeks of the decision and will include the numerical vote and explanatory comments concerning the basis for the decision. The department chair, in turn, will inform the candidate as soon as possible. The Dean will forward to the Board of Directors, through the Executive Vice President, his/her recommendations for promotion or tenure.

#### D. Reconsideration of Negative Actions Taken by the SAPC

##### 1. Request by the Department Chair for Reconsideration

The department chair may request through the Dean reconsideration of the SAPC's action when new information concerning academic credentials is provided or when important non-academic issues are raised. This request must be submitted to the Dean no later than one month after the department chair is notified of the SAPC's action.

- a. New academic information will be submitted to the SAPC and incorporated into the overall review of the nominee's academic accomplishments. The SAPC will report to the Dean its decision in light of the new academic information.
- b. Appointment, promotion, and/or tenure will be considered by the Dean's Council only if there are overriding, non-academic institutional issues for the appeal that were outside the purview of the SAPC. Only in rare circumstances should nonacademic issues outweigh the lack of academic accomplishments.

(1) When a department chair chooses to appeal based on non-academic considerations, the supporting information will be distributed to the

Dean's Council prior to its formal consideration.

- (2) At the Dean's Council meeting, the department chair or designate will present the non-academic issues. After answering questions, the department chair will be excused from discussion and voting by the Dean's Council .
- (3) The Chair(s) of the SAPC or designate will present the evidence for the negative action by the SAPC.
- (4) Voting will be by secret written ballot, and only Dean's Council members present shall vote. A quorum must be present for a vote.
- (5) The Dean will forward to the Board of Directors, through the Executive Vice President, his/her recommendation for promotion or tenure.

## 2. Requests for Reconsideration by a Faculty Member in the Event of Failure to Nominate or of Negative Action by the SAPC

A request to the Dean by a faculty member is allowed either when the department chair has failed to nominate the faculty member for promotion and/or tenure, or when the department chair fails to request reconsideration of a negative action by the SAPC.

### a. Failure to Nominate by Department Chair

The department chair must notify the faculty member and the Dean's Office in writing that he or she does not intend to nominate the faculty member by September 1 of the penultimate year. If notification by the department chair is not made, then the faculty member will be informed in writing by the Dean's Office. These letters of notification must indicate that an appeal by the faculty member to the Dean can be made, but must be submitted to the Dean within one month. The Dean may deny the request or appoint ad hoc a faculty committee to consider its merits.

The ad hoc committee will consist of three faculty members who have the same qualifications as members of the SAPC. The ad hoc committee will collect appropriate information and recommend to the Dean either that the request be denied or that sufficient evidence exists for consideration by the SAPC. The ad hoc committee should report to the Dean within one month.

Review by the SAPC will follow customary procedures, and its recommendation reported to the Dean.

The timing of notification of non-renewal of tenure track appointments will be governed by the University of Connecticut Laws and By-Laws.

### b. Failure by the Department Chair to Request Reconsideration of Negative Action of SAPC

Within one month of the SAPC's negative action, the department chair

must notify the faculty member and the Dean's Office in writing of the department chair's decision not to request reconsideration. If notice by the department chair is not made within a month, the Dean's Office will notify the faculty member in writing. These letters of notification must indicate that an appeal by the faculty member to the Dean can be made, but must be submitted to the Dean within one month. The Dean may deny the request or appoint ad hoc a faculty committee to evaluate the request.

The ad hoc committee can recommend to the Dean that (1) the request for reconsideration be denied; (2) sufficient new academic information is available to warrant reconsideration by the SAPC; upon consideration of new information and review of academic credentials, the SAPC may sustain or reverse its earlier action; or (3) non-academic issues are of sufficient importance for consideration by the Dean's Council. The ad hoc committee should report to the Dean within one month.

If important non-academic issues are raised by the ad hoc committee and the Dean, consideration of appointment, promotion, or tenure of the faculty member will be made by the Dean's Council. The supporting information will be distributed to the Dean's Council prior to its formal consideration. Only in rare circumstances should non-academic issues outweigh the lack of academic accomplishments.

- (1) At the Dean's Council meeting, the chair of the ad hoc committee or the Dean will present the non-academic issues to be considered. After answering questions, the chair of the ad hoc committee will be excused from discussion and voting by the Dean's Council.
- (2) The earlier negative recommendation by the SAPC will be reported to the Dean's Council by the Chair(s) of the SAPC.
- (3) The involved department chair will not be present during discussion or voting by the Dean's Council, but will have the opportunity to present a statement.
- (4) Voting will be by secret written ballot, and only Dean's Council members present shall vote. A quorum must be present for a vote.
- (5) The Dean will forward to the Board of Directors, through the Executive Vice President, his/her recommendations for promotion or tenure.

#### E. Appeal by a Faculty Member

The faculty member has the right of appeal using the grievance process as described in the University Laws and By-Laws.

### III. Instructions for Chairs of Academic Departments

#### A. Obligations of the Department Chair to Department Members

1. At the time of initial appointment:
  - a. State in writing expectations regarding responsibilities and portion of effort

- to be expended in various activities, and professional category selection.
- b. Provide a clear written statement of the time when the appointee will be considered for tenure or promotion.
2. Annually:
- a. Review progress with all department members and formulate a written summary to be filed in the Dean's Office, including revision of expectations if there are to be changes in responsibilities.
  - b. Review all community-based faculty appointments concerning continued contribution to academic programs.
3. At the beginning of the sixth year, the progress of all in-residence faculty members will be reviewed, with special reference to their prospects for advancement, by a departmental promotions committee. A written summary of the review will be provided to each faculty member.

All department chairs should have copies of this document.

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Approved by the School of Medicine Council on May 16, 2001.  
 Approved by the Dean's Advisory Committee on May 22, 2001.  
 Revised June 25, 2001 (technical changes).  
 Approved by the Dean, School of Medicine, on June 26, 2001.  
 Approved by the UCHC Health Affairs Committee on July 10, 2001.  
 Approved by the UCONN Board of Trustees on July 24, 2001.  
 Revised November 30, 2001 (technical changes).  
 Approved by the Dean, School of Medicine, on December 3, 2001.  
 Approved by the UCHC Health Affairs Committee on January 8, 2002.  
 Approved by the UCONN Board of Trustees on January 18, 2002.  
 Revised December, 2004.  
 Approved by the Dean, School of Medicine on January 10, 2005.  
 Approved by the UCHC Board of Directors on March 1, 2005  
 Approved by the UCONN Board of Trustees on April 12, 2005  
 Revised May 2007  
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 Approved by the UCHC Board of Directors on March 9, 2009

## 2.2.1 Special Considerations

### **Interruption of Progression to Promotion or Tenure:**

Significant life events may be allowed to increase the probationary period leading to promotion or tenure for a maximum of twenty four months. An increase in the probationary period leading to promotion and/or tenure is automatically awarded when the faculty member takes leave documented and approved under the Federal Family Medical Leave Act, the State of Connecticut Family Medical Leave Act, or the State of Connecticut Workers' Compensation Act. Alternatively, the faculty member may request an increase in the probationary period to tenure (but not to promotion) even when the above criteria are not met, but when the faculty member's productivity is affected by a significant life event. Such requests must be approved by the Department Chair and the SAPC. Extension of the tenure probationary period does not alter the standards by which the faculty member will be judged for promotion to senior rank or for tenure.

## 2.3 Faculty Rules and Procedures

For general rules and regulations, go to:

[www.connecticutchildrens.org/docs/Rules\\_and\\_Regulations\\_060308\\_Final.pdf](http://www.connecticutchildrens.org/docs/Rules_and_Regulations_060308_Final.pdf)

## 2.4 Resource Guide

### **The Teaching Portfolio:**

The Teaching Portfolio is a factual description of a teacher's major strengths and teaching achievements. It documents materials, which collectively display a teacher's scope and quality of teaching performance (Seldin 1991). They are useful for promotion, career planning, and self-evaluation.

Initiate the portfolio after defining what your Department Chair's teaching expectations of you are. Having a mentor to guide you will be useful. Keep it 5-10 pages in length with an additional appendix of supportive material.

Accentuate your Teaching leadership role and Advisory role regionally, nationally, internationally.

Maintain a catalogue of materials you have created, feedback materials from others, honors and awards, and outcome measures.

Continue to update Letters of Attestation:

- Evaluations: from students, residents, advisees, and committee members who can attest to your teaching ability.
- Letters: from Chair and other faculty to attest to your teaching contributions.

Organization:

- Start with a simple statement of your philosophy for teaching, (not the specific objectives) but your general motivations.

Delineate your teaching responsibilities:

- List all courses / lectures / contact sessions / advisor role / committees / workshops.
- Keep track of #learners per week or per contact.
- Identify the content of the session and the time involved.
- Define the role this activity has within the medical school and departmental curriculum.
- Review pre and post activity surveys of your performance.
- Catalogue your activities and outcomes, goals achieved, evaluations (see link above).

**Teaching Portfolio:** A suggested format is shown below that combines additional elements of the curriculum vitae:

### **First Name Last Name, [degrees, M.D., Ph.D. etc.]**

Street Address

City, State zip code

(Area code) phone number

(Area code) fax number

email@address.com

## Educational Philosophy

- Start with a simple statement of your philosophy for teaching, (not the specific objectives) but your general motivations.
- 

## Education

Fellowship, Your University, City, State.....Years  
Residency, Your University, City, State.....Years  
M.D., Your University, City, State.....Years  
B.S. in blankity blank (magna cum laude), Your University, City, State .....Years

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## Appointments

Director, Center for Your University City, State ..... Years  
Assistant Professor Department of Your University City, State ..... Years  
Chief Resident Department of Your University City, State.....Years  
(Note: include only if it is an appointed position requiring an extension of the residency)

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## Other Positions and Employment.....Years

List non-academic employment history in reverse chronological order, noting position held, employer, location, brief description of duties and responsibilities.

---

## Certification and Licensure.....Years

Diplomat, Your ABMS Board Subspecialty Certification, Your Subspecialty Board  
State Medical License (active and inactive).

---

## Professional Memberships and Activities.....Years

List these, in groupings by professional organization, in reverse chronological order, noting leadership positions and other positions held. Emphasize the aspects of teaching and educational leadership you provided. This section may also include your participation in or contribution of teaching activity planning and design.

---

## Honors and Awards .....Years

(Note: you may also list elite fellowship programs, those to which you were accepted on the basis of a competitive, as opposed to first-come, first-serve, application process, here.)

---

## Committee Assignments and Administrative Services.....Years

List in reverse chronological order, noting leadership positions held. Include university and non-university activities (e.g., work with educational planning groups and taskforces).

---

## Educational Preparation.....Reflect the years you undertake each activity

Starts with a chronological listing of your credentials in education and specific activities you were involved with to enhance your skills in this area.

---

## Educational Activities.....Reflect the years you undertake each activity

- Identify your teaching activities here or write "See attached Teaching Portfolio."
- List in reverse chronological order, noting your role (course developer, course director, lecturer).
- Include supervision of doctoral students and thesis supervision in a research setting.
- Include graduate student teaching.
- Identify teaching residents in a clinical setting.
- Include advising responsibilities.

- Consider using a table, as it provides a concise, visual way to identify role, number of students, number of sessions, and evaluation data. Reflect the years you undertake each activity.

### **Educational Program Development**

**and Curriculum** Reflect the years you undertake each activity

- Describe your role as the course developer and associated instructional techniques.
- Identify the teaching materials you developed and how used.
- Include a description of how the program has grown or the material has been adopted by learners.
- Consider summarizing the impact this material or program has made to the SOM, greater community and learners. Reflect the years you undertake each activity.

**Outcome measures** Reflect the years you undertake each activity

- Comparative scores pre and post your teaching intervention.
- Student projects completed and publications, syllabi, program enhancements thereof.
- Student career choices influenced by your teaching.
- Institutional and National exam score effects.
- Alumni comments reflect the years you undertake each activity

### **Publications**

- Peer Reviewed
- Non-Peer Reviewed

Keep the material organized and updated. Compile all supporting documentation in chronological order as an Appendix.

Use the portfolio to review your teaching goals and progress. Incorporate feedback to improve your teaching abilities.

**Curriculum Vitae:** A suggested format is shown below:

**First Name Last Name, [degrees, M.D., Ph.D. etc.]**

Street Address

City, State zip code

(Area code) phone number

(Area code) fax number

email@address.com

### **Education**

Fellowship, Your University, City, State.....Years  
 Residency, Your University, City, State.....Years  
 M.D., Your University, City, State.....Years  
 B.S. in blankity blank (magna cum laude), Your University, City, State.....Years

### **Appointments**

Associate Professor, Department of Your University City, State.....Years  
 Director, Center for Your University City, State .....Years  
 Assistant Professor, Department of Your University, City, State.....Years

Chief Resident, Department of Your University, City, State.....Years  
(Note: include only if it is an appointed position requiring an extension of the residency)

**Other Positions and Employment**.....Years

List non-academic employment history in reverse chronological order, noting position held, employer, location, brief description of duties and responsibilities.

**Certification and Licensure**.....Years

Diplomat, Your ABMS Board, Subspecialty Certification, Your Subspecialty Board, State Medical License (active and inactive, without numbers).

**Professional Memberships and Activities**.....Years

List these, in groupings by professional organization, in reverse chronological order, noting leadership positions and other positions held. This section may also include editorial activities. If, however, you have served as editor in many contexts, consider grouping these together under a separate heading, by publication, in reverse chronological order.

**Honors and Awards**.....Years

(Note: you may also list elite fellowship programs, those to which you were accepted on the basis of a competitive, as opposed to first-come, first-serve, application process, here.)

**Committee Assignments and Administrative Services**.....Years

List in reverse chronological order, noting leadership positions held. Include university and non-university activities (e.g., work with NIH study groups)

**Educational Activities**.....Reflect the years you undertake each activity

- Identify your teaching activities here or write “See attached Teaching Portfolio.”
- List in reverse chronological order, noting your role (course developer, course director, lecturer).
- Include supervision of doctoral students and thesis supervision in a research setting.
- Include graduate student teaching.
- Identify teaching residents in a clinical setting.
- Include advising responsibilities.
- Consider using a table, as it provides a concise, visual way to identify role, number of students, number of sessions, and evaluation data.

**Grants**.....Include the dates of each award.

- List under sections of pending, current, and past in reverse chronological order.
- Include the title of grant
- Identify the granting agency and grant number.
- Note award total, demarcating total direct and indirect costs.
- State your role, also identifying the PI if you are not the PI, and percent of effort.
- If you include contracts, rename the section, “Grants and Contracts,” and use two subheadings, separating contracts from grant awards.
- If voluminous, truncate this listing to the most recent decade and note the limitation in the heading.
- Consider using a table, as it provides a concise, visual depiction of this material.

**Publications Peer Reviewed**.....Include relevant dates.

1. List your publications in chronological order for easy updating.
2. Number these and highlight your name in bold.
3. Follow this order - peer-reviewed, non-peer-reviewed publications, articles

accepted for publication, books and monographs, evidence of works in progress (complete articles published in conference proceedings, book chapters, review articles, editorials as indicated), development and/or publication of educational materials, development of major curricular offerings or innovative educational programs, non-print materials, published abstracts.

4. Note: if you're not listed as first author on publications for which your mentored student is listed, note that role with an asterisk or other indicator.
- 

### **Non-Peer Reviewed**

Book Chapters

Review Articles

Commentaries

Letters to the Editor

Book Reviews

1. List your publications in chronological order for easy updating.
  2. Number these and highlight your name in bold.
- 

### **Patents**

List in CHRONOLOGICAL order to permit each updating

---

### **Editorial Work**

List in reverse chronological order

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### **Abstracts and Presentations**

**Oral Presentations**.....Include relevant dates.

National/International Meetings

Local/Regional Meetings

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**Posters** Include relevant dates.

National/International Meetings

Local/Regional Meetings

(List these in reverse chronological order, beginning with National/International presentations as a category followed by Local/Regional meetings. Use an asterisk or other explained notation to demarcate invited talks and meetings that you helped to organize.)

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## **2.5 Teaching and Mentoring**

In order to promote the mission of the Department of Pediatrics<sup>1</sup>, which encompasses the entire academic faculty across several sites and multiple disciplines, a faculty mentoring program has been developed.

The benefits of investment in a faculty development have been well demonstrated.<sup>2</sup> This is particularly true of formal mentoring programs as they relate to professional development of junior faculty members in U.S. medical schools.<sup>2</sup> The data show that there is a higher likelihood of obtaining substantial grant support, financial support for activities of teaching, research and administration, in addition to an enhanced research skill and greater overall career satisfaction.<sup>2</sup> These come in the absence of gender or ethnic biases.<sup>2</sup> Mentoring as a means to enhance the promotion of academic "community" has powerful positive impacts on the levels of scholarly communication, cooperation among faculty, and overall productivity of faculty, particularly in an era of increased competitiveness of health care marketplaces.<sup>3</sup>

Implicit in academic faculty development is the responsibility of the individual faculty member to actively demonstrate a commitment to the stated goals. Success of any faculty mentoring program is dependent upon the support and active participation of each of the respective affiliated institutions, practice affiliations, its constituent faculty, and the University in empowering the Department of Pediatrics to implement and maintain such a mentoring program.

Any faculty development program incorporating a faculty-mentoring program must encompass and envision the evolving model of our current academic configuration. It is the expectation that any created mentoring program will be consistent with and enhance the capability of individual faculty to achieve overall academic advancement and career satisfaction.<sup>4</sup>

### **Goals of Faculty Mentoring in the Broader Context of Faculty Development**

The goal of faculty development is to prepare physicians for their faculty roles. Its goal is to teach them the faculty skills relevant for their institutional setting and faculty position, and to sustain their vitality both now and in the future.<sup>5</sup>

#### **Specific goals of faculty mentoring include but are not limited to the following:**

1. To provide a structure for individual faculty to develop an academic career.
2. To assist in identifying and defining individual career goals and creating a career development plan consistent with departmental, university, and individual expectations.
3. To carry out and achieve individual academic career goals.
4. To identify appropriate mentor–protégé linkages prior to and in conjunction with new faculty recruitment.
5. To identify appropriate mentor–protégé linkages in order to promote individual faculty member goals.
6. To assure that faculty member goals are consistent with those guidelines outlined for promotion to advanced academic rank within the University.
7. To serve as a resource and input to the development of appropriate guidelines for academic promotion in the future.
8. To provide an additional formal feedback and evaluation process for faculty development.
9. To provide a reasonable framework/environment in which the Protégé can achieve the agreed upon career goals.

### **Mentoring Environments: Clinical, Research, Educational Activities**

It is recognized that faculty development in this current academic and health care environment poses a significant challenge. While a measure of a successful academician traditionally included involvement in research, peer recognized productivity, active clinical involvement in a field of expertise, and publication through the peer review process, it has become more evident that this model may not be completely feasible to maintain over the longer term.<sup>4</sup>

As such, a faculty development program in the current academic environment is critical to ensure academic success. This needs to incorporate individual initiatives such as self-directed learning, peer coaching and more formal programs such as mentor programs, workshops, and graduate medical education programs.

The Department of Pediatrics at the University of Connecticut must further develop and nurture its own distinctive academic community and culture. Among the environments ripe for faculty mentoring would include, but are not limited to; clinical care and program development, clinical and laboratory research projects and programs, and educational programs and activities.

It is to these ends that this reference guide is envisioned to facilitate and enhance our faculty's development in the broadest and fullest extent.

## **References/Appendix**

1. Mission Statement Department of Pediatrics dated 3/2/87.
2. Palepu A, Friedman RH, Barnett RC, et al: Junior Faculty Members Mentoring Relationships and Their Professional Development in U.S. Medical Schools. *Academic Medicine* 1998;73: 318-323.
3. Campbell EG, Weissman JS, Blumenthal D: Relationship Between Market Competition and the Activities and Attitudes of Medical School Faculty. *JAMA* 1997;278:222-226.
4. Evans CH: Faculty Development in a Changing Academic Environment. *Academic Medicine* 1995;70:14-20.
5. Bland CJ, Schmitz CC, Stritter FT, Henry RC, Aluise JJ: Successful Faculty in Academic Medicine. Springer Publishing Co., NY, NY, 1990.
6. Searching the Medical Literature Using PubMed: A Tutorial JO Ebbert, DM Dupras, PJ Erwin *Mayo Clin Proc.* 2003; 78; 87-91.

## **Research Mentoring**

**Goal: To create a process for mentoring of faculty who are engaged in a significant way in research activities**

### **Steps in the process of Research Faculty Mentoring**

1. A Research Mentee Identifies A Research Mentor.
2. Together They Develop a Set of Short-term and Long Terms Goals with Measurable Outcomes.
3. Create a Timetable to achieve these goals.
4. Develop a list of needed resources.
5. The Mentor, Goals, Timetable and Resource request are then reviewed and approved by
6. Department of Research, which makes
7. Recommendations to Department Chair who Allocates Resources With
8. Periodic, Regular Review of Progress.

## **Mentor Review Question-set**

This is a list of questions junior and senior faculty may use to remind them of issues they need to discuss that were outlined in the previous sections.

### **Department or Research Unit Culture**

- Who are the key people in the department or research unit?
- What are appropriate ways to raise different kinds of concerns or issues and with whom?
- Who can help me get email, find out about resources like copying or processes like grading?
- How do people find out about and get nominated for awards and prizes?
- What organizations are important to join?

### **Research**

- Can you tell me about the Institutional Review Board, which provides approval for human and animal subject experiments?
- How do I set up my lab?
- How do I get grants?
- How do I build grants and plan supplements to fit soft money realities?
- Are my grant proposals appropriate for this department or unit?
- Are there research or equipment projects being developed by other faculty in the department that I can or should get involved with?
- May I read some successful grant proposals, as close to my research area as possible?
- What conferences should I attend?
- Are there people that I should collaborate with?
- How do you get on professional association panels?
- What are the journals to publish in? Have any colleagues published there?
- Am I publishing enough?
- How can I increase my visibility in the field?

### **Teaching**

- How can I teach courses?
- How do I deal with sticky situations or problems with students?
- How do I encourage graduate students to join my research project?
- Can I serve on dissertation committee?

### **Service**

- What are the important committees to serve on?
- How can I get nominated to be on them?
- Are there committees to avoid?
- How is this work documented?

### **Promotion**

- What are the unit's formal and informal criteria for promotion?
- What or who can clarify these criteria?
- What would you have wanted to know when you began the tenure process?
- How does one build a promotion file?
- How should I prepare for my annual review?
- What do I do if I want to move to the instructional track?
- Is my job description matching the work I do?
- Are my research, teaching, service and grants of an appropriate level?

- Who should I meet in the institution, in the discipline and even worldwide?

This is a list of questions junior and senior faculty may use to remind them of issues they need to discuss that were outlined in the previous sections.

### **Checklist for Mentoring Tool**

<i>Checklist for Mentoring</i>	<i>Action / Date to be Accomplished</i>
1. Contact new faculty member to set up first meeting.	
2. Establish dates to meet at least once monthly for the first six months (preferably for one year).	
3. Remind new faculty to attend functions that will provide them with access to the culture of UConn / Connecticut Children's (faculty meetings, celebrations).	
4. Meet them at these functions to introduce them to other faculty, administrators, staff.	
5. Contact new faculty member to set up first meeting.	
6. Establish dates to meet at least once monthly for the first six months (preferably for one year).	
7. Remind new faculty to attend functions that will provide them with access to the culture of UConn / Connecticut Children's (faculty meetings, celebrations).	
8. Meet them at these functions to introduce them to other faculty, administrators, staff.	
9. Discuss what the new faculty member wants to achieve in a mentoring relationship. If this is not clear, consider setting up discussions around the following topics: <ul style="list-style-type: none"> <li>• scholarly activity</li> <li>• review review education portfolio / CV</li> <li>• review online sites for UConn including tenure and promotion criteria, descriptions of departments, etc</li> <li>• discuss appropriate committee work at UConn / Connecticut Children's</li> <li>• discuss which national/regional meetings to attend (and purposes)</li> <li>• manuscript preparation: techniques that</li> </ul>	

<i>Checklist for Mentoring</i>	<i>Action / Date to be Accomplished</i>
<p>have worked for you</p> <ul style="list-style-type: none"> <li>• financial issues (loans from school...)</li> <li>• conflicts and politics within department/SOM - UConn</li> <li>• work with them on developing their annual performance plan using department/division-specific process</li> </ul>	
<p>10. If you are not a content expert, work with the new faculty member and their chair/division chief to identify a mentor in their area of emphasis (research, clinical care, education).</p>	
<p>11. If you are a content expert, review the process they need to engage in so that they will be successful (development of their library, contacts with experts at UConn/Connecticut Children's or other places, journals to submit to (and not)...).</p>	
<p>12. Give them timely, thoughtful feedback concerning progress.</p>	
<p>13. Contact new faculty member to set up first meeting.</p>	
<p>14. Establish dates to meet at least once monthly for the first six months (preferably for one year).</p>	
<p>15. Remind new faculty to attend functions that will provide them with access to the culture of UConn / CT Children's (faculty meetings, celebrations...).</p>	
<p>16. Meet them at these functions to introduce them to other faculty, administrators, staff.</p>	
<p>17. Contact new faculty member to set up first meeting.</p>	
<p>18. Establish dates to meet at least once monthly for the first six months (preferably for one year).</p>	
<p>19. Remind new faculty to attend functions that will provide them with access to the culture of UConn / CT Children's (faculty meetings, celebrations...).</p>	

<i>Checklist for Mentoring</i>	<i>Action / Date to be Accomplished</i>
20. Meet them at these functions to introduce them to other faculty, administrators, staff.	
21. Discuss what the new faculty member wants to achieve in a mentoring relationship. If this is not clear, consider setting up discussions around the following topics: <ul style="list-style-type: none"> <li>• scholarly activity</li> <li>• review review education portfolio/CV</li> <li>• review online sites for UConn including tenure and promotion criteria, descriptions of departments, etc</li> <li>• discuss appropriate committee work at UConn / CT Children's</li> <li>• discuss which national/regional meetings to attend (and purposes)</li> <li>• manuscript preparation: techniques that have worked for you</li> <li>• financial issues (loans from school...)</li> <li>• conflicts and politics within department/SOM - UConn</li> <li>• work with them on developing their annual performance plan using department/division-specific process</li> </ul>	
22. If you are not a content expert, work with the new faculty member and their chair/division chief to identify a mentor in their area of emphasis (research, clinical care, education).	
23. If you are a content expert, review the process they need to engage in so that they will be successful (development of their library, contacts with experts at UConn / Connecticut Children's or other places, journals to submit to (and not)...).	

## Faculty Career Planning and Goal Setting Tool

Dates	Activity Element	Anticipated Support Needed	Time Commitment
	<p><b>Scholarly activity</b></p> <ul style="list-style-type: none"> <li>• grant application writing</li> <li>• research project development</li> <li>• IRB application process</li> <li>• curriculum development</li> <li>• curriculum written materials</li> <li>• curriculum web-based materials</li> <li>• speaker (local campus)</li> <li>• speaker (off campus)</li> <li>• speaker (invited lecturer)</li> <li>• poster presentation abstract (invited)</li> <li>• platform presentation (invited)</li> <li>• poster presentation abstract (competitive)</li> <li>• platform presentation (competitive)</li> <li>• presentation / seminar development</li> <li>• presentation / seminar series</li> <li>• manuscript preparation (peer review)</li> <li>• manuscript preparation (invited review)</li> <li>• manuscript preparation (co-author review)</li> <li>• manuscript preparation (PI research)</li> <li>• manuscript preparation (Co-PI research)</li> <li>• invited editor volume</li> <li>• section editor volume</li> <li>• section editor periodical</li> <li>• editor periodical</li> <li>• book editor</li> <li>• book author</li> </ul>		
	<p><b>Review teaching activities</b></p> <ul style="list-style-type: none"> <li>• Medical students didactic</li> <li>• Medical students clinical</li> <li>• Medical students research mentor</li> <li>• Resident didactic</li> <li>• Resident clinical</li> <li>• Resident research mentor</li> </ul>		

Dates	Activity Element	Anticipated Support Needed	Time Commitment
	<ul style="list-style-type: none"> <li>• Fellowship trainee (didactic / clinical / research mentor)</li> <li>• Fellowship program coordination</li> <li>• Faculty (on site)</li> <li>• Peers (off site)</li> </ul>		
	<b>Review education portfolio/CV</b>		
	<b>Review online sites for UConn including tenure and promotion criteria, descriptions of departments, etc</b>		
	<b>Discuss appropriate committee work at UConn / Connecticut Children's</b>		
	<b>Discuss which national / regional meetings to attend (and purposes)</b>		
	<b>Manuscript preparation: techniques that have worked for you</b>		
	<b>Financial issues (loans from school...)</b>		
	<b>Conflicts and politics within department / SOM Work with them on developing their annual performance plan department/ division-specific process</b>		

## Compact Between Faculty, and Undergraduate and Graduate Medical Trainees (adapted from the AAMC guidelines)

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The Teacher-Learner relationship between faculty and medical learners - students, residents, and fellows - should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse,

humiliation, harassment and exploitation of relationships for personal gain or advantage.

## Guiding Principles:

**Duty** - Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to instill the values and attitudes required for preserving the medical profession's social contract across generations.

**Integrity** - The learning environments conducive to conveying professional values must be suffused with integrity. Medical learners gain enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect** - Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/ learner relationship, teachers have a special obligation to ensure that students are always treated respectfully.

**Commitments made by all Faculty** - As members of the faculty we agree to;

- Do our utmost to ensure that all components of the educational program for medical learners are of high quality.
- As mentors for our learner colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all learners as individuals without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any medical learner.
- We recognize that personal wellness is important; therefore we support our learners' needs to have sufficient time to fulfill personal and family obligations, enjoy recreational activities, and obtain adequate rest.
- We will nurture both the intellectual and the personal development of our learners.
- We do not tolerate any abuse or exploitation of medical learners.

## Commitments of Students, Residents and Fellows We agree to:

- Do our best to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We will respect all faculty members and all students as individuals without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession and will conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- In fulfilling our own obligations as professionals, we will assist our fellow students and residents in meeting their professional obligations.

## Communication between Faculty and Student

We encourage any medical learner or faculty member who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Any documented unprofessional behavior will be referred to the appropriate department chair/ education director for further action.

### Teaching in the Busy Clinical Setting

*Adapted from "The one minute preceptor" by K Gordon, MA and B Meyer, MD, MPH*

The goals of this activity are to teach in a busy clinical setting yet feel confident about doing so and at the same time develop a "learner-centered" approach.

As in all teaching venues; one must align the needs of the teacher and learner. One must clarify expectations, balance patient care and teaching, promote self-learning through reading, be sure of being able to assess ones own performance and that of the learner, and finally provide meaningful feedback.

#### Overview:

1. Determine the level of the learner.
2. Have the learner identify their learning objectives.
3. Plan an overall teaching agenda (i.e.)
  - what must be accomplished,
  - how will the learning opportunities be identified,
  - what will the role of self-learning be,
  - how will the learner be incorporated into the plan
4. Decide what your role is and the role of the learner is in terms of monitoring their progress.
  - Determine how and when to modify the plan.
  - Provide constructive feedback.
  - Listen to the learner complete their discourse with prompts to be concise when need be.
5. Practice the microskills. (see below)

## The Microskills of Clinical Teaching

### **With each learner encounter;**

- Get a commitment - Ask what do think is going on?
- Probe for supporting evidence - Ask why do you think this is so?
- Teach general rules.
- Reinforce what was right - Tell them the positive effect it had.
- Correct mistakes - Tell them what was not done right and how to improve for the next time.

## 2.6 Research and Scholarly Activities

The University of Connecticut School of Medicine scientists conduct innovative basic science, clinical, epidemiological, and biobehavioral research on a budget of more than \$90 million a year. Their discoveries translate into advances in patient care and license new technologies to the private sector.

The University of Connecticut School of Medicine scientists also works collaboratively with researchers at private companies and other institutions, making their expertise, facilities, and equipment available to assist them in their work.

For more information got to: [www.uhc.edu/hc/research.html](http://www.uhc.edu/hc/research.html).

### Principles of scholarship

Summary of Scholarship Standards, Boyer\*

\*These six standards can be applied to all four forms of scholarship proposed by Boyer 1: the scholarship of discovery, of integration, of application, and of teaching. The standards were derived from the analysis of information collected in 1994 by Carnegie 2 scholars from granting agencies, scholarly press directors, and scholarly journal editors.

#### Clear Goals

- Does the scholar state the basic purpose of his or her work clearly?
- Does the scholar define objectives that are realistic and achievable?
- Does the scholar identify important questions in the field?

#### Adequate Preparation

- Does the scholar show an understanding of existing scholarship in the field?
- Does the scholar bring the necessary skills to his or her work?
- Does the scholar bring together the resources necessary to move the project forward?

#### Appropriate Methods

- Does the scholar use methods appropriate to the goals?
- Does the scholar apply effectively the methods selected?
- Does the scholar modify procedures in response to changing circumstances?

#### Significant Results

- Does the scholar achieve the goals?
- Does the scholar's work add consequentially to the field?
- Do the scholar's work open additional areas for further exploration?

#### Effective Presentation

- Does the scholar use a suitable style and effective organization to present his or her work?
- Does the scholar use appropriate forums for communicating the work to its intended audiences?
- Does the scholar present his or her message with clarity and integrity?

#### Reflective Critique

- Does the scholar critically evaluate his or her own work?
- Does the scholar bring an appropriate breadth of evidence to his or her critique?
- Does the scholar use evaluation to improve the quality of future work?

1. Boyer EL. Scholarship Reconsidered: Priorities of the Professoriate. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching, 1990.
2. The Carnegie Foundation for the Advancement of Teaching. The Condition of the Professoriate: Attitudes and Trends, 1989. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching, 1989.

## 2.7 State Requirements for Continuing Medical Education

Effective October 1, 2005, licensed physician/surgeons are required to participate in continuing medical education (CME) activities pursuant to Connecticut General Statutes. Please note the following:

### **Number of Hours**

A licensed physician shall earn a minimum of fifty contact hours of qualifying continuing medical education every two years commencing on the first date of license renewal on and after October 1, 2007. One contact hour means a minimum of fifty minutes of continuing education activity.

### **Qualifying CMEs**

Continuing medical education shall be in an area of the physician's practice, reflect the professional needs of the licensee in order to meet the health care needs of the public and include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, and (D) domestic violence.

Qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association (AMA), American Osteopathic Association (AOA), Connecticut Hospital Association (CHA), Connecticut State Medical Society (CSMS), county medical societies (CMSs) or equivalent organizations in other jurisdictions, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

### **Documentation**

Each licensee applying for license renewal will be asked to attest that the licensee satisfies the continuing education requirements. Certificates of completion should not be mailed to the Department at the time of license renewal unless a licensee is specifically directed to do so.

### **Record Retention**

Each licensee shall retain records of attendance that demonstrate compliance with the continuing education requirements, and shall retain such documentation for a minimum of three years following the year in which the continuing education activities were completed. Upon the request of the Department, a licensee shall submit records or certificates of completion of continuing medical education within forty-five days of such request. A licensee, who fails to comply with the continuing education requirements, including failure to maintain proof of course completion, is subject to disciplinary action.

## **Exemptions**

A licensee applying for license renewal for the first time is exempt from the continuing medical education requirements until the licensee's next registration period. Registration period means the one-year period for which a license has been renewed.

A licensee who is not engaged in active professional practice in any form or who has a medical disability or illness may be exempt from the continuing medical education requirements, provided the licensee submits to the Department, prior to the expiration of the registration period, a notarized application for exemption. Active professional practice includes, but is not limited to, activities of a currently licensed physician who functions as a medical director of a managed care organization or to any other organization. Registration period means the one-year period for which a license has been renewed.

## **Return to Active Practice Following Exemption**

Any licensee who is exempt from continuing medical education requirements for less than two years shall be required to complete twenty-five contact hours of qualifying continuing medical education within the twelve months immediately preceding the licensee's return to active professional practice. Any licensee who is exempt for two or more years shall be required to successfully complete the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards prior to returning to active practice.

## **Reinstatement of a Lapsed License**

Any licensee who applies for reinstatement of a lapsed license shall submit documentation of having successfully completed twenty-five hours of continuing education within the one year period immediately preceding application for reinstatement.

# **2.8 Educational and Training Opportunities**

## **Connecticut Children's Programs**

Connecticut Children's is accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education for Physicians. In this regard, the office of Continuing Medical Education (CME) offers approximately 40 Grand rounds lectures per academic year. These lectures are designed to develop new skill sets based on recent pediatric advances in a wide variety of specialties, identify evidence-based data to support improved outcomes in pediatric healthcare delivery and increase knowledge about research with implications for clinical practice. Each of these lectures has been designated a maximum of 1 AMA PRA Category 1 Credit.<sup>™</sup> In addition, the CME office offers four Mental Health evening lectures as well as several Pediatric evening lectures through out the year. Topics are based on need identified through admissions and referral patterns, updated standards of care from specialty organizations, and feedback from the practicing community. Contact the CME office for more information 860.610.4264.

## **Grand Rounds Lectures**

Grand Rounds are presented every Tuesday Morning from 8 to 9 AM in the basement of Conklin Building in the Gilman Auditorium. An archive of selected presentations prior to 2009 and all presentations from 2009 can be accessed online.

Go to [www.connecticutchildrens.org](http://www.connecticutchildrens.org), click on the word "More>>>" within the "Grand Rounds On Line" window.

For Connecticut Children's Educational and Development programs, go to the Connecticut Children's Intranet, under Dept. Specific, click on Ed. And Development, then, Ed. And Development Intranet, or go to the Connecticut Children's Intranet.

[http://10.84.2.9/QuickPlace/CCMCIntranet/PageLibrary85256968004BB41B.nsf/h\\_Toc/b695b175a38d4144852570b5006e397a/?OpenDocument](http://10.84.2.9/QuickPlace/CCMCIntranet/PageLibrary85256968004BB41B.nsf/h_Toc/b695b175a38d4144852570b5006e397a/?OpenDocument)

The UConn SOM has specific training policies that can be found at: [http://employ.uchc.edu/ppf/policies/pdfs/policy\\_trainingofworkforce.pdf](http://employ.uchc.edu/ppf/policies/pdfs/policy_trainingofworkforce.pdf).

## **3.0 Faculty Benefits and Recognition**

### **3.1 Connecticut Children's Employee Benefits**

Connecticut Children's provides benefits to full and part time employees. Please contact Human Resources via email at [ccmcbenefits@ccmckids.org](mailto:ccmcbenefits@ccmckids.org).

An employee handbook entitled "A Guide to Connecticut Children's Medical Center" can be found on the INTRANET under Dept Specific, Human Resources, HR Internet.

### **3.2 Risk Management**

Actual or potential events or patient safety concerns need to be reported to risk management by filling out a recurrence report form or by calling 860.545.9016. "Adverse events" in which a patient is injured must be reported to the risk manager immediately by pager 860.220.2060 or by the Internal Adverse Events Hotline @ 869.545.8464 (5-UH OH).

### **3.3 Liability Insurance, Medical Malpractice Insurance**

Questions regarding Connecticut Children's coverage of Medical Malpractice Insurance/ Liability Insurance should be directed to Director of Risk Management, Elizabeth Starr, 860.545.9016 or [Estarr@ccmckids.org](mailto:Estarr@ccmckids.org).

Questions regarding UCHC coverage of Medical Malpractice Insurance/ Liability

Insurance should be directed to the Clinical Risk Manager, Patricia Connolly, 860.679.6106.

## **3.4 Training and Development Programs**

For specific Bulletin board information relating to seminars and programs, go to: [www.connecticutchildrens.org/professionals/development\\_board.asp](http://www.connecticutchildrens.org/professionals/development_board.asp).

## **3.5 Child Care**

A. Day Care facility is located on the Institute of Living (IOL), Hartford Campus. Phone 860.545.8460.

## **3.6 Employee Assistance Program (EAP)**

Connecticut Children's has entered into an agreement with an EAP provider which offers a wide variety of free confidential counseling services. The EAP provides confidential assistance to employees, their spouses and dependants with any personal problems which could affect their ability to perform their jobs and/or affect their health and well being. Contact 1.800.526.3485.

## **4.0 Academic and University Services**

### **4.1 Connecticut Children's-HH-UCHC Libraries**

Library services for Connecticut Children's are provided through a contractual arrangement between Connecticut Children's and Hartford Hospital. The Connecticut Children's library is located in the Educational Resource Center (ERC) on Hudson Street. Connecticut Children's faculty has electronic access to materials provided through the Connecticut Children's intranet and via the intranet Hartford Hospital portal access. The University of CT Lyman Maynard Stowe medical library also has electronic access for faculty via the intranet through a proxy server. Each faculty member must register with the University library and obtain an id number before access is granted. This procedure is available online or in person [see below].

## **Location/Hours/Resources**

### **Robinson Health Science Library**

ERC, 3rd

860.545.2230 or 860.545.2971

Mon. – Thurs. 7:30 AM – 8 PM; Fri. 7:30 AM - 5 PM

Sat. 9 AM – 5 PM

Collections in all medical disciplines including Integrated Medicine and Consumer Health, Allied Health, Ethics, Management, Nursing, Hospital Administration and Gerontology.

The Pyrtex Learning Resource Center, located in the Library's Information Commons, is home to a premier computer lab with round the clock access to high powered PC workstations, each with a DVD/CD writer, easy access to USB ports, Microsoft Office and scanners.

### **IOL Medical Library**

IOL South Campus, Research Building, 3rd floor • 860.545.7276

Tues. –Thurs. 8:30 AM – 5 PM

Comprehensive collection on psychiatry, psychology and other related mental health disciplines.

### **Getting Connected 24/7**

To access resources from home or office, use your Novell logon and password and enter through the Hartford Hospital Portal <http://portal.harthosp.org>.

Scroll down and on left hand side download CITRIX software for printing and then access the library using the Health Science Library's icon.

From the campus, use Intranet at <http://portal.harthosp.org> or the Internet at [www.harthosp.org/library](http://www.harthosp.org/library).

## **Electronic Resources**

A sampling of resources include PubMed, Ovid databases including Medline and Cochrane, MDConsult, Images MD, Ebsco databases and MedlinePlus to name a few. Please visit the library's website for a complete listing.

Looking to see if the library owns a journal? Select Journal Holdings A-Z.

Looking for a book? Use HartCat Online Catalog.

Other e-links include forms for articles, searches, registration.

## **Classes**

Just in time classes are offered in database searching, overview of the library's website and access to services and resources. Monthly PowerPoint classes are offered. Call library for info.

Clinical Librarian for Pediatrics is Linda Kaczmarczyk, MLS, AHIP.

Email at [lkaczma@harthosp.org](mailto:lkaczma@harthosp.org) or phone at 860.545.2422.

The University of Connecticut Health Center's Lyman Maynard Stowe Medical library is located at the Farmington campus. The web site is: <http://library.uchc.edu/>.

## **4.2 Education Office**

Connecticut Children's office of Educational and Development is located on the 5th floor of the main building, Room 5023. The Director of Professional Practice is William Jordan, 860.545.8365.

The UCHC web site for information is: <http://medicine.uchc.edu/faculty/index.html>.

## **4.3 Technology Services**

General information on the various Connecticut Children's computer information systems technology can be found on the Connecticut Children's INTRANET, under Dept Specific, Computer Services, Computer Resources.

### **4.3.1 Faculty and Instructional Support**

Educational technology and teaching Resources are available at: <http://libdatabase.uchc.edu/facresources/uchc.asp>.

Additional Technology support and access for faculty to post teaching materials and learning modules for learners exists via the University of Connecticut Blackboard system. This system is a posting mechanism with capabilities to create web-based learning experiences with multimedia, tutorials, examinations and feedback experiences as well as posting of relevant pdf files through the Pediatric Residency website. Faculty education coordinators can create these learning sites for learners to visit while exploring the applicable specialty site. There are blackboard technical assistant specialists available at UCHC through the office of Faculty Instructional Technology Services [FITS Office: 679.2573] and at <http://fits.uchc.edu/>.

## **5.0 Other Policies and Information**

All Connecticut Children's policies can be found on the INTRANET under Policies, Connecticut Children's Organizational.

### **5.1 Human Resources Policies**

Policies and procedures related to Connecticut Children's employment can be downloaded from the Connecticut Children's INTRANET. Click on Policies then Human Resources Policies. Also, "A Guide to Connecticut Children's Medical Center" can be found on the INTRANET under Dept Specific, Human Resources, HR Internet.

### **5.2 Conflicts of Interest**

Connecticut Children's's Conflict of Interest policies and form can found on

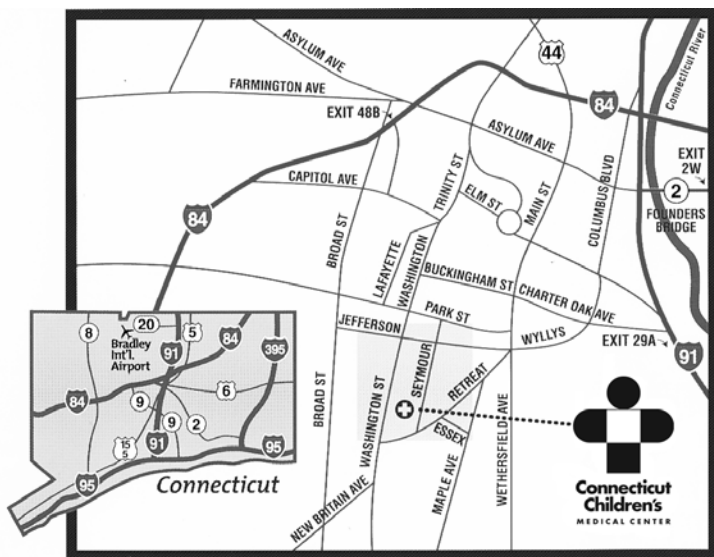
the Connecticut Children's INTRANET. Click on policies, then on Connecticut Children's organizational or go to: [http://10.84.2.9/QuickPlace/ccmclntranet/PageLibrary85256914005A3281.nsf/h\\_Index/604DB550B448187F8525751B0041BC81/?OpenDocument&Form=h\\_PageUI](http://10.84.2.9/QuickPlace/ccmclntranet/PageLibrary85256914005A3281.nsf/h_Index/604DB550B448187F8525751B0041BC81/?OpenDocument&Form=h_PageUI).

The Director of Compliance is Kathie Arbuckle, [karbuckle@cccmmkids.org](mailto:karbuckle@cccmmkids.org), 860.545.8123.

For UCHC's conflict of Interest Policy; Go to; <http://www.policy.uconn.edu/pages/findPolicy.cfm?PolicyID=334>.

## 5.3 Connecticut Children's Campus Maps and Directions

For the Connecticut Children's main campus: Driving Directions to Connecticut Children's Medical Center:



### From North or South of Hartford

Take I-91 S or I-91 N to Exit 29A, "Capitol Area." Proceed under three overpasses to rotary. Follow rotary three-quarters around and take right onto Hudson Street. Take Hudson Street to the end. Turn right onto Jefferson Street. At the traffic light turn left onto Seymour Street. You will be on the property for Connecticut Children's Medical Center and Hartford Hospital. At the stop sign turn right. The Children's Medical Center will be on your left, "Public Parking" will be on your right.

### From Route 2

Take Route 2 West to Exit 5D, "Route 3/Putnam Bridge Exit" Get on 91 North and follow directions above.

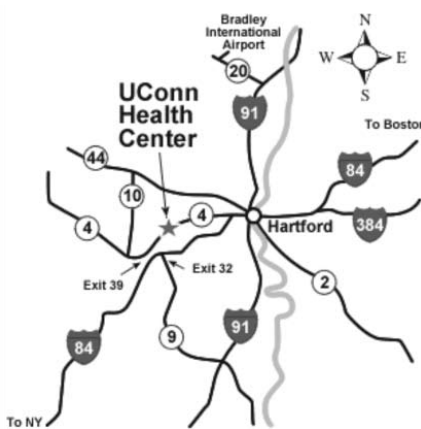
### **From East of Hartford**

Take I-84W and follow signs to Exit 54, "Downtown Hartford." Cross Founders Bridge then take first left onto Columbus Boulevard. Proceed through three lights and over a small bridge. After the bridge, turn right at second light, Charter Oak Avenue. Proceed through three lights and cross Main Street. After Main Street, proceed through one light and turn left at end onto Washington Street. Proceed through third light (at Jefferson Street), then take first left into hospital entrance. Connecticut Children's Medical Center is on your right as you enter the garage marked "Public Parking" on your left.

### **From West of Hartford**

Take I-84E to Exit 48B, "Capitol Ave." Follow road as it curves right and under one overpass. Take left at light onto Capitol Avenue and proceed through next traffic light. Turn right at second light (at horse and rider statue), then bear left immediately at fork onto Washington Street. At the fifth light, take a left into hospital entrance. Connecticut Children's Medical Center is on your right as you enter the garage marked "Public Parking" on your left.

The University of Connecticut Health Center is located in Farmington, CT



### **From I-84**

Take Exit 39 (if coming from I-84 West, Exit 39 is after 39A). Turn right at the first traffic light onto Route 4 East (Farmington Avenue). At the third traffic light, turn right to enter the Health Center campus.

### **From Northbound Route 9**

Take Exit 32 (left exit) onto I-84 West and stay in the right lane. Take Exit 39 (first exit). Turn right at the first traffic light onto Route 4 East (Farmington Avenue). At the third traffic light, turn right to enter the Health Center campus.

For Satellite locations go to:

[www.connecticutchildrens.org/about/satellite.asp](http://www.connecticutchildrens.org/about/satellite.asp)

Other administrative offices are located at 60 Hartland Street, East Hartford, CT and 111 Founders Plaza, East Hartford, CT.

# 6.0 Other Institutional Policies and Information

## 6.1 Link to UCHC Policies and Guidelines

The UCHC policies and procedures can be found at:  
[medicine.uchc.edu/faculty/index.html](http://medicine.uchc.edu/faculty/index.html).

## 6.2 Link to UCHC Human Resources Policies

The UCHC Human Resources policies can be found at:  
[www.hr.uconn.edu/PANDPTOC.HTML](http://www.hr.uconn.edu/PANDPTOC.HTML).

# 7.0 Affiliated Hospitals

The following are Affiliated hospitals;

### **The Hospital of Central Connecticut (THOCC)**

100 Grand Street, New Britain, CT 06050  
860.224.5011  
[www.thocc.org](http://www.thocc.org)

### **Waterbury Hospital**

64 Robbins Street, Waterbury, CT 06708  
203.573.6000  
[www.waterburyhospital.org](http://www.waterburyhospital.org)

### **St. Francis Hospital**

114 Woodland Street, Hartford, CT 06106  
860.714.4000  
[www.stfranciscare.org](http://www.stfranciscare.org)

### **Bristol Hospital**

Brewster Rd., Bristol, CT 06011  
860.585.3000  
[www.bristolhospital.org](http://www.bristolhospital.org)

### **The Hospital for Special Care**

2150 Corbin Ave., New Britain, CT 06053  
860.223.2761  
[www.hfsc.org](http://www.hfsc.org)



**Connecticut  
Children's**  
MEDICAL CENTER

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***[www.connecticutchildrens.org](http://www.connecticutchildrens.org)***