July 31, 2012

Promotion and Tenure: UF College of Medicine
Overview and Updates

Outline

- Defining the process
- What you need
- How do I put together a packet?
- Getting Started – it's up to you

How do faculty succeed?

- UF Missions:
  1. Research
  2. Education
  3. Patient Care
  4. *Service – not a basis for promotion*
- Align your effort and assignment!
- Success will be measured according to your assignment

Planning for Promotion

- Starts on hire
- Importance of assignment
- Maintain your CV!
  - www.aamc.org/download/53260/data/cvtemplate
- Construct a "working" promotion packet
  - Enter data into CV and packet at the same time

T and P Overview

	Tenure Track	Multi-Mission Track	
	Professorial	**Professorial (Assistant Professor, Associate Professor)**	**Single Mission (Scientist, Lecturer)**
Expectation for Promotion	Yes	Yes	Yes
Expectation for Tenure	Yes	No	No
Promotion Cycle	10 years	No "clock"	No "clock"
Demonstration of Excellence for Promotion	Two Areas (***Research*** Required)	**One Area** w/Satisfactory Performance in Second Area (***Teaching*** reqd)	**One Area**

Tenure at UF

- Tenure "provides a benefit to the individual by supporting academic freedom."
- Tenure assures the faculty member immunity from reprisals or threats due to an intellectual position or belief which may be unpopular.
- Tenure benefits the institution:
  - Creating a climate supportive of open discussion
  - Encouraging faculty to invest time in improving the institution
  - Providing a benefit to individuals that encourages them to remain in the profession and at the institution

Tenure, cont'd

- Because tenure is a "lifetime" commitment by an institution to an individual, the ***bar to achieve tenure is higher than that for hiring or promotion***, although the criteria often are the same. Outside the US and Canada, most universities no longer offer tenure.
- Those with tenure have the right to recommend the award of tenure to others, although the institution makes the ultimate decision on tenure (in UF's case, the Board of Trustees decides, acting on the President's recommendation).
- Because tenure is a protected status, the bar is high for revocation – UF Regulation 7.019(2)(a)

Tenure

- Does not guarantee position, salary, or space
- **Rarely** awarded upon hire
- Tenure accruing positions require a substantive research assignment.

Change to the UF Regulations

- Proposal to increase the maximum tenure probationary period to 10 years
- ***Approved*** by the Board of Trustees June 8, 2012
  - Anticipate that most faculty will still achieve tenure at 7 years or earlier
  - 2 "mid-cycle" reviews, after 3 and 6 years
  - faculty "close" to achieving the standards for promotion and tenure after their second mid-cycle review but who may need additional time to secure research funding or significant teaching or clinical accomplishments may continue on the tenure track for additional years beyond seven if supported by Chair.
  - Aim – eliminate last minute "switching" tracks
  - May be applied with this cycle (2012-13)

Summary: P&T for Non-Tenure Tracks

	"Old"	New
Names	Clinical Track Research Track	-***Multi-Mission (MM)***
	Scientist Track Lecturer Track	- ***Single Mission***
Area of excellence	2	***1***
Clinical Excellence	Letter from Service Chief	Letter from Service Chief **+ *Clinical Portfolio***
Education Excellence	Teaching Evaluations	Teaching Evals + ***Educational Portfolio***

Multi-Mission Track

- Creation of a Multi-Mission, Multi-Year track
  - (faculty with two or more assignments in teaching, patient care or research)
- Non-tenure accruing
- Attainment of "excellence" to warrant promotion would require ONE area of distinction with satisfactory performance in the others
- National reputation is not required for promotion to associate professor
- **Scholarship** is required
- ***Encompasses current Clinical Track and Research Track***

Criteria for promotion

- Meet the UF and COM guidelines ***and***
- "By consensus of the faculty and the chair, each Department should establish the expectations for achievement of distinction in each mission areas to establish the basis for promotion within the MM track. The Chair's letter should document those expectations and describe how the candidate meets the Departmental qualifications."

Getting promoted

- Match accomplishments with mission assignment
- Do scholarship
  - Publish
  - Research
  - Other – see portfolios
- Teach
  - Students, residents, fellows, interdisciplinary teams

What are the bars?

- Well, it depends.
  - Professors need to teach
  - Researchers need to discover
    - Importance of the discovery can trump the level of funding
    - So higher impact journals are better
    - But funding is critical
  - Clinicians need to be excellent in their practice
    - See portfolio

"How many papers?"

- Some.
  - 2/year (on average) would be a solid record for high % clinical effort
  - 2-4/year – mostly first or senior author for tenure-track and/or high % research effort
  - 2/year would be solid for high % educational effort
  - Patient information brochures, clinical pathways, other writing can also be counted

"What about extramural funding?"

- Important because it indicates your work is valued by other agencies, peers, foundations
- Many sources:
  - Foundations
  - Professional Societies
  - VA
  - NIH
  - AHRQ
  - CDC
  - State of Florida: Bankhead-Coley; James & Esther King

Multi-year Contracts

- "After a faculty member is promoted to associate professor or professor, the Department Chair may exercise the option to offer a multi -year contract depending on available resources. If a faculty member is hired at the rank of associate professor or professor, the Department Chair may also offer a multi-year contract based on sustained outstanding performance and depending on available resources."

Tenure track Criteria

- "Each Department may clarify the definition of distinction for the COM mission areas with more specificity than outlined for the college, as appropriate for the disciplines within the Department while consistent with University standards. Departmental criteria should be developed by the faculty and Chair and should reflect national trends in the relevant disciplines.
- The Chair's letter should indicate the Departmental metrics for distinction in documenting the candidate's achievements. "

Criteria for promotion

- Meet the COM and UF guidelines ***and***
- "By consensus of the faculty and the chair, each Department should establish the expectations for achievement of distinction in each mission areas to establish the basis for promotion within the MM track. The Chair's letter should document those expectations and describe how the candidate meets the Departmental qualifications."

Defining distinction in Patient Care

- ***Complete the Clinical Portfolio***
- "The entire portfolio will be evaluated for evidence of clinical distinction. A candidate's portfolio may demonstrate distinction even if one or more of the elements are not applicable or not available. **Evidence for clinical scholarship is required.**"
- In addition:
  - **Letters of evaluation**
    - **To document excellence in clinical care, innovation in practice methods, development of new programs and leadership in safety and quality initiatives**
  - **Chair's letter placing candidate's performance and reputation in the context of Departmental expectations**

Clinical Portfolio

1. Description of scope and impact of practice
2. Interdisciplinary evaluations
   - Peers, staff, referring, etc.
     - Professionalism, collaboration, expertise, cost-effective clinical care
   - Peer Evaluation – in clinical settings
     - 2 evals q. 3 yrs for Assistant Professors
     - q. 5 years for Associate professors and beyond
3. Patient satisfaction scores

Clinical Portfolio *(cont'd)*

4. Commitment to ongoing growth in clinical performance
   - Recertification, CME courses – MOC documents
   - Development of new procedures or skills
   - Development/implementation of new models of care delivery, clinical pathways, leadership of interdisciplinary teams, practice reorganization
5. Quality of care and Safety metrics

Clinical Portfolio *(cont'd)*

6. Clinical Leadership
7. Professional Contributions to societies, state/national agencies
8. Clinical Referrals, especially outside immediate geographical area

Clinical Portfolio -*(cont'd)*

9. ***Clinical Publications***

- Patient information guides
- Written or web-based practice information for the clinical care team, and
- Other products as distinct from peer reviewed research publications
- Publication of peer-reviewed articles in scholarly or clinical journals.
- Scholarship through publication of observations impacting clinical practice, including case reports, topic reviews, case series, and interpretation of practice patterns and practice guidelines

Clinical Portfolio *(cont'd)*

10. Clinical Presentations
11. Awards and Honors
12. Other pertinent Information – e.g. donors; recognition from trainees, etc.

Educational Portfolio - *Developed by the Society of Teaching Scholars*

1. Excellence in teaching
   - Teaching evaluations, letter(s) from course/program director
   - *Plus:* Peer evaluations, (q. 3 yrs at entry, q. 5 yrs for mid level and beyond)
2. Accomplishments as an educational scholar
   - Publications, presentations, curriculum
3. Contributions to academic excellence
   - Advisement, mentoring, outcomes
4. Educational leadership and service

Peer evaluation - clinical

- Patient centered
- Timeliness and efficiency
- Productive use of interdisciplinary team/resources
- Use of guidelines and evidence-based medicine
- Involvement of patients and learners
- Clarity of treatment plan developed with team

Peer evaluation – clinical (cont'd)

- Communication to the patient of treatment plan, available resources and follow-up
- Enthusiasm for patient care
- Awareness/review of practice specific quality indicators
- Competency in use of EMR
- Professional characteristics when interacting with patients and learners
- Overall assessment

Peer evaluation - clinical

- May be conducted
  - Hospital
  - Outpatient clinic
  - OR
  - Other procedure
- Indicate other participants in the encounter
  - Patient, faculty, team, family, residents, students

Peer evaluation - teaching

- Knowledge of subject matter
- Organization of presentation
- Development of topic/discussion in an organized manner
- Clarity of learning objectives
- Adherence to stated teaching objectives
- Communication of facts and ideas
- Enthusiasm for teaching
- Involvement of learners

Peer evaluation – teaching (cont'd)

- Instruction at appropriate level of learner
- Professional characteristics
- Effectiveness of teaching aids
- Overall Assessment

- Suitable for classroom, lectures, small group, resident conferences, procedure setting, etc.

Service

- ***Expected of all faculty – citizenship + recognition***
- However: "service" in education, patient care or research should be assigned in the areas of education, patient care or research
  - E.g. Residency director = assignment in Teaching
  - Director of a clinical service = assign in Patient Care

Service - to advance the mission of the University, such as

- Service on Faculty Council
- Program development that enhances diversity
- Election to civic, charitable foundation boards
- Department or college committees or task forces
- ***Especially important***:
  - Participation and leadership in professional societies
  - Invitations and participations on policy or guideline producing groups

COM policy

- New policy approved: June 21, 2012 version
- Implementation:
  - Faculty choice (old vs "new") for next 2 cycles
  - Selection indicated by which criteria are included in the packet
  - "new" criteria will require use of portfolios
  - Portfolios are encouraged for all, old or new criteria
- Develop new COM Fact Finding Committees (P&T committees)

P&T Packet

- Ultimate responsibility = faculty member
- Department/Division
  - Provides copies of annual evaluations
  - Populates annual effort assignment
  - Inserts teaching evaluations
  - May assist with entering some of the data (publications, grants)
- Chair
  - Solicits letters, arranges department vote
  - Provides Chair's letter – puts performance into context, explains department vote (if needed)
- Dean
  - Provides Dean's letter – overall assessment of faculty performance, explains college vote (if needed)

Your Packet

- Cover page – READ the RULES
- General guidelines:
  - Reverse chronological order
  - Answer for every item number (including N/A, None)
  - Once the packet is submitted for review by the Department – no changes can be made. Additions/corrections can go in "Section 33"
  - Insert the relevant portions of BOTH UF and COM P&T policy (Section 8)
  - Geographic indicators reflect the target audience – not the location (or name) of the meeting

Narratives – your opportunity!

- 2. "brief description of job duties"
- 3. Areas of specialization
- 9. Teaching, advising, instructional accomplishments
- 11. Educational Portfolio – narratives in all 4 sections
- 13. Contribution to discipline/research (750words) – explain what you do and what you have accomplished to a non-expert
- 14. Creative works (can include PowerPoints, software, cultivars, etc)
- 22. International Activities
- 24. Clinical Activities : insert Clinical Portfolio

P&T Timeline – 12 month cycle!

- June:
  - Administrators meeting
  - Department sends list of nominees to Dean; solicits reviewers (internal and external)
  - Packets are completed
- August:
  - Letters returned, Packets finalized
- September:
  - Department votes (must have a meeting)
  - Sept 21:Packets, chair letter, voting results due in Dean's office
- October COM P&T committees meet, vote

P&T Timeline (2)

- November
  - College committee votes completed
- December
  - Dean prepares letters
- January
  - Packets to Academic Personnel Board (APB)
- March
  - APB votes completed
- May
  - President decision on each nominee – Nominees learn result
- June
  - Board of Trustees reviews/decides on tenure

Other Changes

Jacksonville Procedures 2012-13

- Approved by Dr. Guzick and Jacksonville Executive Committee
- COM-J Departments will function autonomously
  - Department vote only for JAX
    - GNV will not vote on JAX faculty
    - JAX will not vote on GNV faculty
  - Chair letter will be from COM-J Department Chair
  - Dean's letter will be from COM-J Dean
- Joint COM (GNV + JAX) Committees will review for college-level review

Current Structure

Associate Professor Committee

- Chair, Co-Chair and 8 members
- Evaluates both promotion and tenure at the Assoc Prof rank
- Members may be both Associate Professors and Professors
- Members must be tenured

Professor Committee

- Chair, Co-Chair and 8 members
- Evaluates promotion and tenure at the Professor rank
- Members must be full Professors
- Members must be tenured

Proposal for 2012-13

Mission-Track Committee

- 15 members
  - 6 Assoc Professors
  - 9 Professors
    - 1 Educational Scholarship
- 5 JAX (3 Assoc + 2 Prof)
- ***At least ½ (n=8) Multi-Mission***
- At least 2 Basic Sci Dept
- ***Do not have to be tenured***
- 3 yr term (staggered), renewable
- Vice Chair = 2 yrs
- Chair = 2 yrs

Tenure-Track Committee

- 10 members
  - 5 Assoc Professors
  - 5 Professors
    - 1 Educational Scholarship
- 2 JAX
- At least 2 Basic Sci Dept
- ***Must be tenured***
- 3 yr term (staggered), renewable
- Vice Chair = 2 yrs
- Chair = 2 yrs

Selection

- Current Committees would dissolve
  - Members MAY be selected for one of the new committees
- Nominees solicited from Exec Comm, Faculty Council, Departments
- Dean-COM appoints Chair and vice-Chair
- Dean- Jax appoints 2 JAX faculty to each committee
  - 3 voted from slate of nominees
- Dean-COM appoints 2 of each Committee
- Tenured Faculty vote on remaining nine (6 GNV + 3 JAX) for the committee

For information/guidance

- http://facultyaffairs.med.ufl.edu
  - Faculty resources
  - Tenure and Promotion
    - "Old" guidelines
    - New guidelines
    - Packet template with instructions
    - Educational Portfolio
    - Clinical Portfolio
    - Peer evaluation templates
  - Links to UF Tenure and Promotion, UF handbook
- Office of Faculty Affairs: 352-294-5343