

Academic Promotion for Clinicians

A Practical Guide to
Academic Promotion and
Tenure in Medical Schools

Anne Walling



Springer

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Preface

My introduction to the academic promotion process was a formal notice of my impending review for award of tenure. I was vaguely aware of being on tenure track, but in our busy corner of the medical school, we were absorbed in taking care of patients and teaching; we assumed that “that university stuff” was being taken care of by our chairs and others in the higher echelons of the system. I remember being shocked by the implications of my situation and resenting the time and effort required to complete the paperwork. Fortunately, with the assistance of a rather weary lady from the faculty affairs office, everything was successfully completed but I was traumatized by the experience.

Unfortunately, even today many faculty members will recognize aspects of this situation. Hopefully, things have improved and few clinicians will find themselves “accidentally” on tenure track and even fewer slam into the mandatory review unprepared. Nevertheless, the promotion system is still often regarded as alien to the daily activities of clinical faculty members. At best, it is rather quaint; at worst, it is somewhat sinister and untrustworthy. Somehow, the system has lost its relevance for many clinical faculty members.

My pathway led to several turbulent years as a member of the Promotion and Tenure Committee and finally being appointed as the as the Associate Dean for Faculty Affairs—I suppose being made part of the system was intended to make me stop criticizing it! After nearly 30 years, I have not succeeded in revolutionizing the system, but I hope I have made it somewhat more relevant and more transparent for our faculty members. I have certainly enjoyed coaching hundreds of clinicians through applying for promotion—and thoroughly enjoyed their success. Being able to present impressive dossiers documenting the achievements of clinicians, including volunteers, to the academic promotion committee has been the highlight of every year. I have the deepest admiration for clinical faculty members and respect for the many challenges they face as institutions struggle to define and prioritize their several missions in constantly changing clinical, educational, scholarly, and sociopolitical environments.

This book attempts to distill all that experience into a practical guide for clinical faculty members. My hope is that it will enable faculty members, especially those early in their careers, chairs, and others to gain better understanding of the system and help in career planning, but I realize that it is most likely to be picked up by those facing the urgencies of applying for promotion.

The first section aims to demystify the much-maligned system. It is intended to answer “all the questions you had but never wanted to ask” about how the system works in most schools. The caveat throughout is that every school is unique, hence the repeated exhortations to be thoroughly familiar with the policies and practices of an individual school. Despite the many differences among schools, they share the history and continuing challenge of evolving promotion systems to appropriately serve their large and increasingly heterogeneous faculties. Knowing something of that history helps explain some of the “quirks” in the system and the enormous challenges posed by attempts to introduce changes.

The second section aims to provide very practical assistance to those involved in applying for promotion, including chairs, advisors, and staff as well as individual faculty members. I strongly believe that consideration of promotion should start at recruitment and permeate the career development of each faculty member such that promotion becomes part of a logical progression in a maturing career. Until that Utopia arrives, we all need to deal with the challenges of “getting through the system.” I hope the advice and recommendations are helpful and provide useful insights for applicants and others. Most is common sense, but I am always surprised by faculty members who launch into the process without researching the basic requirements and instructions! I hope the book provides readers with an advantage in applying for promotion as well as encouragement to ask questions and seek assistance even from unfamiliar quarters such as faculty affairs deans or senior faculty reviewers in basic science departments. Believe me, the associate dean for faculty affairs would rather deal with questions than incomplete or poorly prepared applications that waste the time of committees and lead to resentment and angst.

The most challenging part of this project was being asked to write about the future of academic promotion in medical schools. The short answer is nobody knows how things will evolve. More concerning is the apparent lack of any real momentum for change or availability of reports on innovations to improve the system. We seem to be in a period where everyone grumbles and carries on—overhauling the system just seems too onerous and low on the priorities. This is tragic as academic promotion should be an expression of institutional values and a critical component of the career development of every faculty member. The current system is not fulfilling its potential despite the enormous effort and resources consumed.

I see hopeful indications of faculty development and promotion becoming better aligned and integrated into regular review, feedback, and career planning processes for each faculty member. Conversely, debates over faculty identity/roles and the

relative merits of different types of scholarship could tear the academic community apart. I am particularly concerned about the possibility of some clinicians becoming “employees” with the sole responsibility of earning money to support the institution. Many issues need to be resolved in deciding if a faculty is inclusive and welcomes all who contribute to any of the institutional missions or limits faculty membership by involvement in specific missions or employment by identified entities.

I have no illusions about the difficulty of reaching consensus on how to develop more effective and efficient system of academic promotion in our increasingly heterogeneous and turbulent medical schools. Whatever changes occur are likely to be slow and tortuous. In the meantime, I hope this book provides some insights and practical advice for all involved in or contemplating academic promotion. The system may be tedious and at times frustrating, but academic promotion is one of the few ways in which an institution can publicly honor outstanding individuals and hold them up as role models. Many clinicians deserve such recognition, and I hope this book encourages more to navigate the often clunky and sometimes strange system.

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Part I
The Academic Promotion Process:
A User's Guide

Chapter 1

Why Is Academic Promotion So Challenging for Clinicians?

Medical schools in the United States have approximately 166,000 faculty members (Fig. 1.1). The vast majority, about 121,000 (73%) individuals, are physicians, but faculty appointments are also held by many other health professionals [1].

These clinicians have chosen academic practice despite the many career opportunities available in health care. In addition to the individual faculty member, many others including patients, learners, colleagues, institutions, and society have investments in clinicians enjoying long and productive careers in academic medicine. Unfortunately, the evidence points to widespread and deepening dissatisfaction with academic careers. While escalating demands for patient care and educational services are major factors in faculty dissatisfaction, the systems for academic promotion are part of the problem.

Faculty attrition is a serious national issue in both human and financial terms [2]. Institutions spend millions of dollars annually due to faculty turnover. Direct replacement costs for a single subspecialist faculty member have been estimated at over \$500,000, but recruitment packages can cost millions of dollars, especially if research facilities are included [3]. The true burden of faculty turnover is even greater as cost estimates do not include retraining and orienting newcomers to the institution and the hidden costs of service disruption, reduced productivity, and potential damage to morale and collegiality in professional teams [3–5].

In one study, 14% of faculty members reported seriously considering leaving their institution and an additional 21% leaving academic medicine altogether because of dissatisfaction [2]. The most rapid faculty turnover is in obstetrics/gynecology and anesthesiology where over one third of all faculty members leave within a 5-year period [6]. The situation is especially serious in early-career clinicians. Nationally, about a quarter of new MD assistant professors leave within 4 years of appointment and half within 8 years [7]. The “churn” in junior faculty members has immediate effects on faculty productivity and morale; more seriously, it undermines development of a cohort of experienced senior clinical faculty members and leaders.

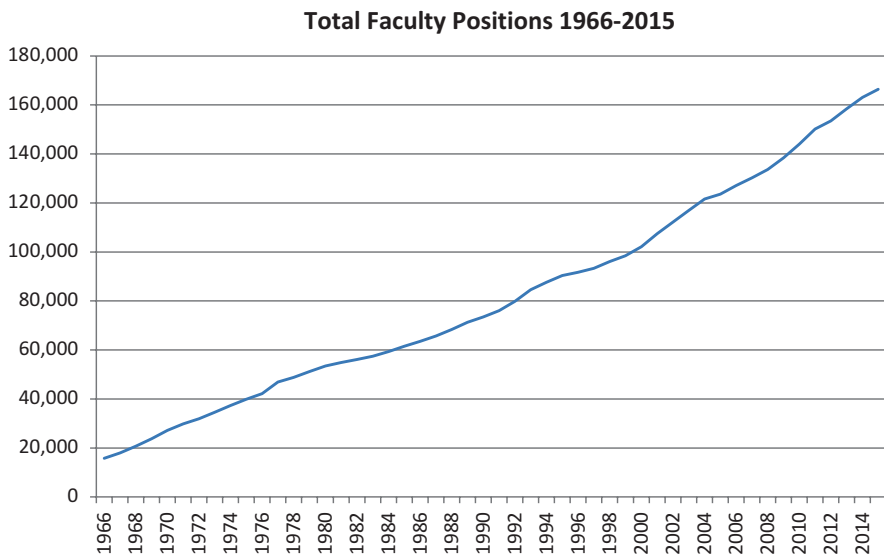


Fig. 1.1 Growth in full-time faculty US medical schools. Source: Association of American Medical Colleges. Faculty Roster December 31 snapshots. U.S. Medical School Faculty, 1966 through 2015; <https://services.aamc.org/famous/>

Why do so many physicians set out on academic careers but then decide to leave instead of advancing through academic promotion? Studies of motivations for entering academic practice point to a complex mix of positive and negative factors, many of which are interrelated [8–10]. The strongest positive influences include personal aspirations to conduct research or teach, collegiality, and mentorship. The degree to which individual values and aspirations match the expressed values and true culture of the institution is the single most significant factor in deciding to enter an academic career.

Similarly, studies of faculty satisfaction, engagement, and attrition consistently identify “fit” with the institution as the strongest incentive for continuing a career in the unique niche of academic practice. The work environment is the paramount consideration. A perception of autonomy in clinical decisions, worthwhile and interesting clinical practice, and positive interactions with colleagues are the key factors for choosing to remain in academic over other forms of clinical practice [11–14]. The most recent study identified variety, intellectual stimulation, fulfilling relationships, and providing valuable service to patients and learners as key themes in why faculty chose academic careers [15]. Faculty are prepared to work hard and tolerate many challenges not usually encountered in private practice as long as they feel appreciated and motivated by contributing to worthwhile institutional missions. Confidence in the expertise, transparency, and fairness of departmental and institutional leadership is a strong predictor of faculty satisfaction [14, 16]. Conversely, leading sources of faculty dissatisfaction are feeling isolated and/or undervalued,

poor alignment between responsibilities and time allocation, and negative perceptions of institutional administration, in particular arrangements for recognition and academic promotion [2, 13, 14, 16–18].

Increasing numbers of clinicians who remain in faculty positions are delaying or opting out of academic promotion. Only 28% of new assistant professors appointed on non-tenure tracks between 1987 and 1997 were promoted within 10 years, compared to 46% of those appointed in 1967–1976. For those who were promoted, the average time to advance to associate professor rose from 5.4 to 6.3 years for these two cohorts [19].

Paradoxically, the academic promotion systems that should provide incentives and recognition for successful careers in academic medical centers are regarded negatively by the majority of clinical faculty members, especially those at the assistant level, women, and minorities [20]. Expectations for academic promotion are poorly understood by one third to one half of physician faculty members, and 25–40% regard promotion requirements as “unreasonable” [20]. Many faculty members perceive that the values of the academic promotion system do not match the realities of faculty responsibilities and effort [13, 21]. In particular, academic promotion is often believed to value research above all other activities including patient care and education. More troubling, about half of physician faculty members believe that academic promotion decisions are applied inconsistently in their institutions [20, 22]. Overall, the system is perceived to require completing a tedious, complex, and rather suspect process for rewards of dubious value. To many academic clinicians whose patient care and educational and other responsibilities place escalating demands on time and energy, the academic promotion system seems poorly related to the realities and values of their professional lives. This disconnect undermines the sense of “fit” with institutional values that is central to professional satisfaction.

How did the unique feature of a medical school clinical career, the membership in academia, come to be a strongly negative factor instead of a crucial advantage over other professional opportunities for clinicians? Why are the values of the promotion and tenure system perceived to be so poorly related to the priorities and contributions of the clinical faculty? While the explanations are complex and vary among institutions, the central issue is that academic promotion and tenure systems evolved to meet the needs of universities and their traditional faculty members and have been awkwardly adapted to the very different environment of modern academic medical centers. University promotion systems are complex, inflexible, and difficult to change; they are applied to faculties of medical schools that are very different from those of other university units in size, composition, functions, and values. Understanding some of the basic history and functioning of promotion systems and how the faculties of medical schools came to be so different from those of other academic units explains many of the current challenges of academic promotion for clinicians. An appreciation of this background is a good starting point for crafting a successful promotion application. An overview of the history of tenure is provided in Appendix 1.

The Academic Culture Clash

Most medical schools are part of a university. The “degree-granting authority” is often the university rather than the school of medicine. Even if the university is functionally and/or physically remote from the medical school, the general policies and regulations of the university’s governing board determine all faculty policies and practices in the medical school [23]. In particular, the policies and systems used for academic promotion in the medical school must fit within the overall policies and regulations of the university regarding promotion and award of tenure. This explains much of the terminology and procedures; more importantly, it establishes the belief systems and assumptions underpinning the system.

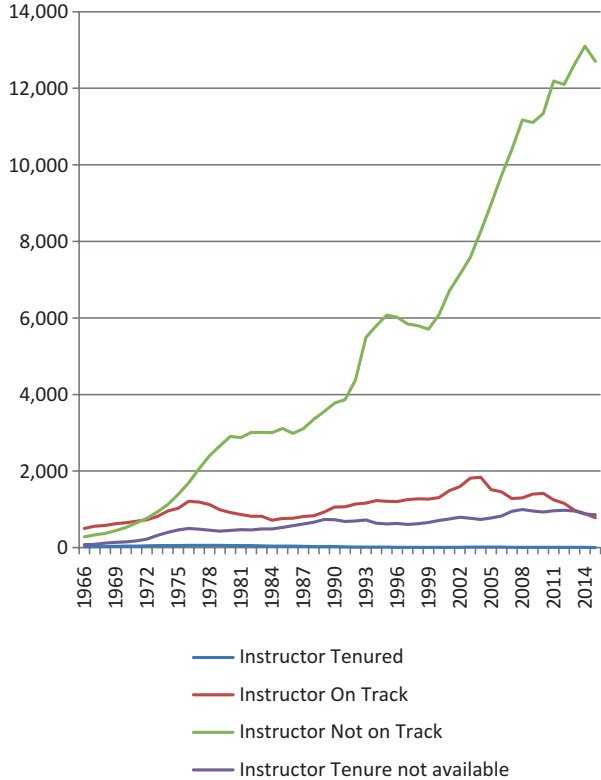
As described in more detail in Chaps. 2 and 3 and Appendix A, universities traditionally have a tenure-based faculty whose achievements are assessed in terms of broad domains of teaching, scholarship, and service. These domains are discussed in more detail in Chap. 3. Importantly, university concepts of “service” depend on the mission of the institution but generally focus on contributions to the academic community such as committee work or administrative responsibilities that facilitate the operation of the university or one of its departments or units. Service in terms of generating income through professional work is an alien and somewhat uncomfortable concept for universities and organizations representing faculty members such as the American Association of University Professors (AAUP).

In contrast to the traditional university faculty, only about a quarter of medical school clinical faculty members are tenured or on tenure-eligible tracks [24]. This proportion halved from 50% in 1995 and continues to decrease across all specialties. Currently about 15% of new full-time physicians are hired on tenure-eligible tracks, and this percentage is falling steadily [24]. Tenure persists in almost all medical schools, even for clinicians, but often in a limited role and with some characteristics that differ from traditional university practices [25]. In particular, as described in Chap. 2, tenure does not guarantee salary or a “job for life” in most medical schools.

The decline in tenure appointments for clinical faculty members is usually attributed to the rigid time regulations and emphasis on research that make achieving tenure extremely difficult or impossible for clinical faculty members who have heavy service and/or educational commitments [26]. As an alternative to tenure, medical schools have introduced a variety of non-tenure academic tracks mainly designed for clinicians [25, 27]. Non-tenure tracks dominate appointments for faculty at the instructor (Fig. 1.2), assistant professor (Fig. 1.3), and associate professor level (Fig. 1.4). The majority of professors continue to hold tenure-related appointments, but the number of professors on non-tenure tracks has increased dramatically in recent decades (Fig. 1.5).

Medical schools had strong survival motivations to create these tracks as well as aspirations to appropriately recognize contributions in clinical and educational areas [25–30]. In some institutions, failure to achieve tenure within the specified time results in dismissal. As described in Chap. 2, all medical schools now use

Fig. 1.2 Full-time instructors by tenure status: US medical schools 1966 to 2015. Source: Association of American Medical Colleges. Faculty Roster December 31 snapshots. U.S. Medical School Faculty, 1966 through 2015; <https://services.aamc.org/famous/>

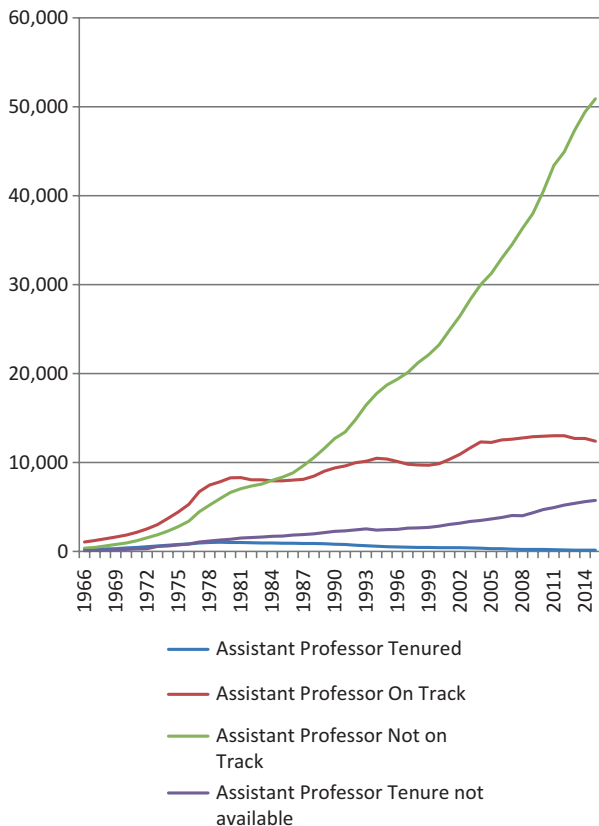


several academic tracks, each with specific criteria for promotion to enable faculty members to advance toward professorship based on their areas of focus.

In contrast to faculty members in other schools within the parent university, achieving tenure is not the primary concern of most medical school faculty members; yet academic promotion policies and procedures remain constructed on the values of a tenure system. Exacerbating this problem, few medical school leaders, especially those supervising academic promotion systems, reviewing applications, or advising applicants, have made careers on non-tenure tracks. Although non-tenure tracks have been in use for 30–40 years, significant problems remain in their integration into institutional values as well as practical issues in their implementation.

Medical schools have come a long way from being regarded as units of the university that happened to be situated off campus because of the need for access to clinical facilities, but the promotion and tenure systems are still deeply rooted in the university tenure paradigm. Systems designed to recognize the achievements of faculty members in traditional universities do not adapt well to the dynamic environment of medical schools and career realities of clinical faculty members. Medical schools struggle to appropriately recognize and reward faculty achievements in the “culture clash” of an academic university and a competitive medical center.

Fig. 1.3 Full-time assistant professors by tenure status: US medical schools 1966 to 2015. Source: Association of American Medical Colleges. Faculty Roster December 31 snapshots. U.S. Medical School Faculty, 1966 through 2015; <https://services.aamc.org/famous/>

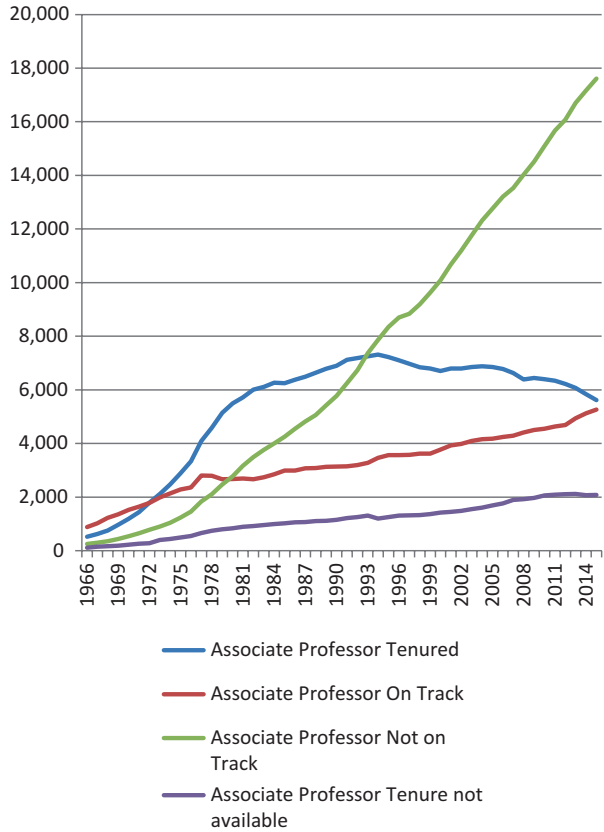


The Unique Faculty Composition of Medical Schools

In addition to the widespread use of non-tenure tracks, the size, composition, and heterogeneous professional activities of medical school faculties are major contributors to the challenges of applying traditional university promotion and tenure systems to medical schools. Clinical faculty members are very different from their colleagues in other schools of the university, and the dynamic growth and pace of change in medical schools further complicate attempts to better align academic recognition with faculty activities.

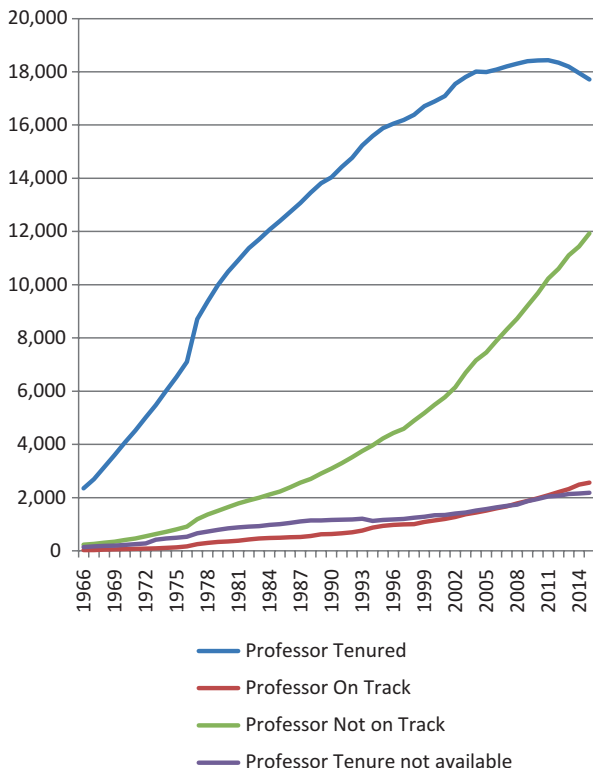
The number of medical school faculty members has increased dramatically over recent years, showing a 30% growth between 2005 and 2015 (Fig. 1.1). Almost all of this growth is in physician faculty members who are involved in patient care. The number of faculty members in clinical departments increased by about 35%, while basic science departments recorded a modest 3% growth over the decade. The ratio of faculty members in clinical departments to those in basic science departments changed from 5.67:1 in 2005 to about 7.5:1 in 2015 [1, 31].

Fig. 1.4 Full-time associate professors by tenure status: US medical schools 1966 to 2015. Source: Association of American Medical Colleges. Faculty Roster December 31 snapshots. U.S. Medical School Faculty, 1966 through 2015; <https://services.aamc.org/famous/>



The exponential growth in clinical faculty is attributed to the increasing reliance of medical schools on clinical income. The role of clinical practice in medical schools has been evolving for decades. Initially patient care was regarded mainly as the necessary substrate for teaching and research—often as part of a social contract to provide health services to the indigent or for particularly challenging cases that could not be served by other medical services. As medical practice became more lucrative after the Second World War, clinical practice expanded to a broader spectrum of patients and began to generate significant income [32]. The overall contribution to medical school incomes remained small, about 3% (@\$28M) in 1960 [26]. The introduction of Medicare and Medicaid in 1965 and the subsequent dramatic changes in health care financing lead to rapid expansion of clinical services and the first “boom” in recruitment of faculty members whose primary role was patient care rather than teaching or research. By 1970, the estimated value of clinical services had risen to \$209M providing about 12% of total medical school revenues. This continued to escalate, and medical schools entered the era of cost-containment and managed care dependent on clinical services for over 26% of total income [26].

Fig. 1.5 Full-time professor by tenure status: US medical schools 1966 to 2015. Source: Association of American Medical Colleges. Faculty Roster December 31 snapshots. U.S. Medical School Faculty, 1966 through 2015; <https://services.aamc.org/famous/>



Academic medical centers were poorly prepared for the changes in health-care organization and financing that began in the 1980s. At the height of the managed care revolution, experts consistently predicted that they would not survive in the competitive health-care market due to the burdens of the education and research missions, patient populations dominated by the indigent and most complex cases, and unwieldy and outdated administrative arrangements that often required adhering to regulations set by universities, legislators, or long-established governing boards [32–35]. The definitive history of this period has yet to be written, but academic medical centers have shown remarkable resilience and initiative to defy predictions of their demise. In contrast to the gloomy predictions written around the millennium, most academic medical centers have become the flagships of complex health care systems and currently generate enormous clinical revenues.

The remarkable growth in practice plans continues to escalate. In 2000, they provided about 34% of medical school revenues, and this had risen to 42% by 2015 [26, 36]. In constant dollars, research income actually fell by about 15% in 2006 and 2015 [37]. With other income sources, such as tuition, state support, and philanthropy also under pressure, medical schools are increasingly dependent on clinical income as the core source of funding. For many clinical faculty members, generating clinical income is their principal responsibility; for others, it is a significant

priority to be accommodated along with responsibilities in education, administration, and scholarship. These realities can be seen as competing with the academic promotion system for the time and attention of faculty members.

The current major boom in the number of clinicians to generate clinical income masks other trends in the composition of the faculty of US medical schools that impact academic promotion. The most prominent of these trends concern diversity, the role of women, the aging of the faculty, and the use of nontraditional faculty members.

Faculty Diversity

The faculty is slowly becoming more diverse. Despite many initiatives to attract minority faculty members and enhance their development and retention, about 70% of faculty members reported “white” race/ethnicity in 2016 [38]. Diversity is increasing in newly appointed and newly promoted faculty, but nonwhite faculty members are still underrepresented, especially at senior levels and in basic science departments [39]. The proportion of self-reported nonwhite assistant professors rose from 16% in 1989 to 35% in 2015. The percentage of nonwhite associate professors also doubled during this period, from 13.4% to 28%. Full professors showed a similar rise from 9.5% to 18%, but the advancement of minority faculty members remains a significant concern, especially in view of evidence of lower rates of academic promotion in nonwhite faculty members, particularly blacks [39–42]. In one study, only 18% of black assistant professors advanced to associate rank compared to 30% of their white colleagues [42].

Female Faculty

The growth in female faculty members has been dramatic. In 2016, nearly 66,000 (40%) faculty members were women, around 70% of whom were physicians [1]. The number of women faculty members is growing much more rapidly than men, increasing by 55% since 2005, whereas the number of men grew by 18%. This appears to be due to both success in recruitment and improvements in retention of female faculty members [7]. Women remain underrepresented at higher academic ranks, accounting for only 23% of professors and 36% of associate professors but 45% of assistant professors and 56% of instructors [1]. Although these statistics indicate small improvements over a decade, there is evidence of slower promotion rates for women [39].

The Aging Faculty

As other major organizations, medical schools are impacted by an aging of the workforce and the transitioning of the “baby boomer” cohort (born 1946–1964) into retirement [43]. The average age of faculty members is currently around 50 years of age, and about 30% are over 55 years of age [44]. Average ages are higher for men, non-physicians, and white faculty members. The aging faculty raises issues of leadership transition and very practical concerns about sustaining essential educational, research, and clinical services. These issues are more complex than simply replacing significant numbers of retiring clinicians and scientists. Conventional wisdom holds that post-baby boom generations have different attitudes toward careers and prioritize work-life balance, potentially resulting in very different work patterns, and attitudes toward academic promotion as currently structured. Combined with the increasing proportion of female faculty members, medical schools may struggle to meet all their obligations even with ever-increasing numbers of full-time faculty members, and fewer faculty members may be interested in academic promotion.

Nontraditional Faculty Members

Promotion policies and practices are based on traditional faculty members who have full-time appointments in the medical school. Several groups of nontraditional faculty members are increasingly important in enabling medical schools to function. These include part-time, volunteer, and adjunct or affiliated faculty members.

In 2015 US medical schools had around 25,000 part-time clinical faculty members [44]. The numbers are difficult to estimate as institutions define “part-time” very differently, but the trend of steadily increasing numbers of part-time faculty members is apparent in both basic science and clinical departments [45, 46]. The increasing use of part-time faculty members may be an adaptation to personal or institutional needs or a combination of both. Individuals, especially women and millennial faculty members, may prefer part-time appointments to accommodate work-life balance and family issues. These appointments may also be appealing to baby boomers transitioning to retirement. Conversely, part-time appointments can provide institutions with more flexibility in ensuring high-quality coverage across the full spectrum of clinical specialties. Part-time educators can also help meet cyclical educational demands or provide specialized teaching in “niche” areas. Part-time faculty members may have limited choice of academic tracks; in particular they may not be eligible for tenure track [25]. About 75% of US medical schools report defined career tracks for part-time faculty members [46], but lack of advice about promotion options and/or support in achieving the necessary credentials was a leading concern of part-time faculty members in a major AAMC study [47].

Another highly significant group of nontraditional faculty members is individuals employed outside the medical school who contribute to educational, research,

and other programs. The terminology depends on the institution and the relationship, mainly if the connection to the medical school is an affiliation between institutions or directly between the individual and medical school (see Chap. 2). Medical schools may provide “affiliate” or “adjunct” faculty appointments to individuals employed by institutions with which they have a formal agreement. Volunteer titles are provided for a wide range of individuals who contribute to the medical school, usually without direct payment. Repeated initiatives to increase education in primary and community-based care and to broaden the clinical exposure of trainees have resulted in medical schools seeking educational sites outside the academic medical center. Teachers at these sites often have voluntary titles and provide significant contributions to the educational mission. In 2015, volunteers outnumbered full-time faculty members in clinical departments by about 18,000 individuals. In addition, basic science departments nationwide reported over 6000 volunteer faculty members [44]. Schools vary in arrangements for academic promotion of volunteer faculty members.

Summary

While there is no simple answer to the question of why academic promotion is so challenging for clinicians and may be regarded negatively or even with suspicion, the roots of the problem are in the often awkward application of traditional university systems to medical schools, exacerbated by the expansion and rapid changes occurring in the faculties of modern academic medical centers. Academic promotion is not a priority for many clinical faculty members, and the process to achieve it often appears inappropriate and tedious. In addition, the number of faculty members in groups that have traditionally lower promotion rates (such as minority, female, part-time and volunteer faculty members) is increasing. Nevertheless, academic promotion should be desirable and achievable for clinical faculty members and beneficial for institutions. The following chapters in Part I provide explanations of the system and address common concerns and myths about academic promotion for clinicians. The chapters in Part II focus on practical issues in preparing a successful application. While every medical school is different, academic promotion systems are all based on common basic concepts, and the “best practices” to optimize promotion success apply to all institutions.

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Chapter 2

Titles, Tracks, and Terminology

Every faculty member's academic appointment has a specific title and track that should always be documented in the appointment letter and confirmed at each progress review [1].

The track is the academic career pathway. Tracks usually have descriptive names reflecting the major responsibilities of the faculty member, e.g., tenure, clinician-educator, clinician-investigator, research, or clinical. The track is crucial in academic promotion as the criteria for advancement are specific to each track.

The title or rank denotes the faculty member's stage of academic advancement on the track, i.e., instructor, assistant professor, associate professor, or professor.

Track and rank are usually specified in recruiting announcements and advertisements for positions, but sometimes wording is used like "open rank" that indicates the institution is open to negotiation of rank and/or track depending on the qualifications and experience of the applicant.

Negotiating and verifying the optimal rank and track are essential before accepting any academic position as these establish the baseline and framework for an academic career. Time spent learning about the tracks available at an individual medical school is a good investment. It is much easier to start on the right track and at the most appropriate rank than attempt to change later. Unfortunately, most clinicians are focused on other issues in the recruitment process and underestimate the importance of establishing the correct title and exploring all the options for academic tracks. It is particularly important to investigate the range of academic tracks available when transferring institutions. Every medical school is different, and the same terms may mean very different things at different schools. The new school may require transfer at the same rank, or the new position may offer an opportunity to be appointed at a higher rank.

An individual's rank and track should be reconsidered periodically and certainly at each performance review, to validate that the faculty member is on the most appropriate track for his/her role and career aspirations. As faculty members take on different responsibilities, their individual interests, workload, and career trajectories can change over time making a different track more appropriate. Also, institutions may

modify existing tracks or introduce new tracks that could offer improved opportunities for specific faculty members. A regular review of track is always prudent. While mentors and supervisors, such as the department chair or division chief, can be good sources of information and advice, the individual faculty member is ultimately responsible for being informed about academic tracks and ensuring he/she is on the optimal track for his/her career development. Many clinicians are surprisingly poorly informed about academic tracks and cannot even identify their own rank and track.

Information and advice about rank and track options should be available from the academic department or unit. Seeking additional information from the office of faculty affairs website and/or discussing options with the medical school faculty affairs staff is often helpful and can avoid problems for both the faculty member and institution. Some of the biggest problems for medical school faculty affairs offices relate to unsatisfactory performance reviews or academic promotion denials for faculty members who are on inappropriate tracks. The institution has an investment in all faculty members being appointed on the optimal track and at the appropriate rank and in faculty members being well informed about the criteria for performance review and academic promotion.

Faculty Titles

The core series of titles is instructor, assistant professor, associate professor, and professor (see below). These titles are used by all medical schools to designate an ascending hierarchy of academic rank. Beyond this core series, titles can get very confusing. Schools may use additional titles such as “lecturer” that are unique to a single institution. Conversely a similarly worded title may have different meaning in different schools. The real confusion occurs when schools add prefixes, suffixes, or other modifiers to titles in attempts to clarify faculty status. No consistent taxonomy exists across institutions, and different medical schools use the same term to describe very different concepts. A unique review of US academic titles reported at least 30 different prefixes and 40 different suffixes in current use [2]. This confusion of titles and inconsistency of meaning emphasize the necessity of using websites, official documents (such as faculty handbooks), and expert advice from faculty affairs officials and staff to clarify the precise meaning of academic titles in an individual institution.

Core Titles (Ranks)

Instructor

This title is generally used for an entry-level position, but its significance varies among institutions. It may indicate the first stage of an academic career for a newly hired faculty member who has little experience, e.g., recently completed fellowship

or residency training. One variation of this use is as a temporary title until the individual can achieve specialty board certification or complete an advanced degree. In some schools, the normal practice is for neophyte faculty members to be instructors for a couple of years, whereas in other schools, the practice is to advance to assistant professor as soon as specialty board certification is secured. Another use of the instructor title is for faculty members who have relatively infrequent academic activities such as a community-based teacher who has few teaching encounters and limited interactions with the medical school. Schools may not use the instructor title at all or may not permit its use on some tracks, especially tenure track.

Assistant Professor

In schools that do not use the instructor title, assistant professor is the entry-level position. Requirements for this title are usually completion of an appropriate terminal degree (a doctoral level degree unless the profession does not have a PhD-equivalent level of training) plus ability or developing potential to carry out the expected faculty roles in service, teaching, and/or research. Assistant professors are the “boots on the ground” carrying out the clinical, educational, scholarly, and other missions of the school. Each assistant professor should have a position description specifying his/her duties, responsibilities, and entitlements, as well as reporting lines and arrangements for supervision, monitoring, and regular review. Clinical assistant professors are usually members of teams and should receive regular review, feedback, and mentoring to help build their academic careers. As mentioned in Chap. 1, 20–30% of new assistant professors leave their medical schools within 5 years, and many more do not seek advancement in academic rank [3].

Associate Professor

Promotion to associate professor indicates serious commitment to an academic career and evidence of considerable achievements plus potential for further development as an academic leader. If instructors and assistant professors are the “troops,” associate professors are the “officers” of the academic organization. They are deeply involved in daily activities and use their experience to improve programs through leadership and innovation as well as mentoring of more junior faculty members. The criteria for promotion to associate professor are specific to each institution but frequently include requirements to demonstrate both leadership and achievements within the institution and growing recognition regionally or nationally in the area(s) of expertise. Schools may specify a minimum number of years at the assistant rank before being considered for promotion to associate professor. In many institutions, promotion to associate professor is associated with award of tenure for those on tenure track.

Professor

Sometimes referred to as “full professor,” this is the highest rank and most prestigious academic title for faculty members. Professorship indicates outstanding expertise, service, and leadership both within the institution and nationally or internationally. Criteria for promotion to professor usually require many years of outstanding contributions to the institution and evidence of national or international reputation for excellence in an area of professional expertise.

Other Titles

A variety of titles may be used for special circumstances. A common example is teaching associate, used for individuals who contribute to educational programs but do not possess a terminal (doctoral) degree. The institution may require that teaching associates are always supervised by a more senior faculty member.

Administrative Titles

In addition to a personal faculty title such as associate professor or professor, a faculty member may hold an administrative title that denotes his/her role in the organization. These usually designate significant responsibility and authority, e.g., department chair and assistant or associate dean. These appointments can be made and withdrawn by the appropriate authority, often the dean, so individuals are frequently referred to as “serving at the pleasure of” the dean or other senior institutional leaders.

Modified Titles

The modification of titles by adding prefixes and/or suffixes is extremely significant in academia. Clinicians may be surprised by the importance and intensity of feelings attached to “modified titles” by university regulations and some faculty members. As outlined in Appendix A, traditional university faculty systems are based on a “triple threat” tenure system in which the faculty member is expected to contribute to all three basic missions of teaching, service, and scholarship. Creating non-tenure tracks to accommodate the career needs of clinicians and others who focus on some, but not all, mission areas has been viewed as attacking tenure and therefore undermining academic freedom and other highly cherished rights [4–6]. While the divisive and damaging debates of previous decades about tenure in the medical school have calmed somewhat, deeply held convictions on this topic may be encountered.

Unfortunately, these include a tenacious belief that involvement in both education and research is required for faculty status [7] and that faculty on the non-tenure tracks are not fully equivalent to their “triple threat” tenure-track colleagues and must be distinguished by a modified title [8].

Tenure and tenure-track titles are usually “unmodified,” i.e., have no prefixes or suffixes. Traditionally, adding any modifying prefix or suffix denotes a non-tenure position; however, with increasing acceptance that non-tenure-track faculty members are full members of the academic community, some medical schools now permit non-tenure tracks to be unmodified under specific conditions. As with everything concerning academic titles, each medical school has its unique terminology, and understanding the nuances is important. The absolute reference for each school is the faculty handbook (or an equivalent document) that can be accessed through the office of faculty affairs website or publications. The technical and legal language of faculty handbooks can be intimidating or difficult to follow [9]. Seeking clarifications from the faculty affairs staff or assistant or associate deans can be prudent and avoid problems or confusion over correct use of academic titles.

Modifiers: Prefixes and Suffixes

Medical schools and universities use a wide range of prefixes and suffixes as part of academic titles. The significance of each modifier is specific to each medical school although many are based on AAMC terminology for faculty track types [10]. At the risk of oversimplification, prefixes and suffixes generally indicate either the role or the relationship of the individual faculty member to the institution.

Common role-related modifiers include “clinical,” “research,” and “teaching” denoting the major area in which the faculty member contributes to the medical school. These may be used as either prefixes or suffixes, sometimes in combination with additional modifiers, e.g., clinical assistant professor part-time.

Modifiers indicating the faculty member’s relationship to the medical school are more heterogeneous and complex. Even the apparently self-explanatory “part-time” has institution-specific regulations about what percentage of the full professional effort (FTE) is considered eligible for the designation. The AAMC definitions of full-time require salary to be paid by the university, medical school, or an affiliated institution [11].

Perhaps the greatest confusion in title modifiers is the use of “adjunct” and “affiliated.” In general, these terms refer to an individual who contributes to the medical school but is principally employed elsewhere. Examples include a faculty member from another school within the university who teaches a course or a clinician employed by an affiliated hospital who has students or residents assigned for training. Sometimes only employees of institutions with which the medical school has formal affiliation agreements are eligible for adjunct or affiliated titles. In these cases, other external professionals who contribute to the medical school programs might be given “volunteer” prefixes or suffixes. To add to the confusion, “courtesy”

can be used to designate an individual from one department who contributes to another department or unit of the university. “Visiting” titles are used for faculty members of another institution who are spending a limited time at a medical school. For all titles, the meaning is specific to the institution. The same title can mean very different things at different medical schools. Conversely, the same role might be designated by very different titles at different medical schools.

Emeritus (emerita for women) indicates a retired faculty member who retains a connection with the institution. The prestige of emeritus titles varies. Some institutions require evidence of long and distinguished service, whereas in others, the designation may be given fairly liberally on retirement.

The modifier “distinguished” is generally used to honor outstanding achievements. This is a very prestigious title awarded by the university or medical school to a select group of professors. Senior professors may also use titles that indicate an endowed position. These titles often incorporate the name of the funder and the area of medicine or science in which the endowed professor has expertise.

To summarize, each medical school uses a set of titles that attempts to convey the role of the faculty member in terms that fit within the regulations and taxonomy used by the parent university. An academic title means whatever the faculty handbook (and faculty affairs office) of the medical school says it means and no two schools are the same. A faculty member should know the range of titles in use at his/her institution and the significance of each.

Faculty Tracks

A faculty track is a career pathway. Like titles, broad generalizations can be made about faculty tracks with the important caveat that medical schools use a wide variety of terminology and make multiple permutations on the basic model. A 2009 study reported an average of three to four tracks being used per medical school with a range of one to eight [9]. This number has probably risen as schools continue to introduce new tracks to accommodate the increasing heterogeneity of the faculty. The formal description of the tracks used at each medical school can be found in the faculty handbook or similar document. More information, especially about the duration and terms of appointment and the criteria and process for academic promotion, is available through the office responsible for faculty affairs.

The two basic types of tracks are tenure and non-tenure. Non-tenure tracks further subdivide into multiple tracks, usually based on the faculty member’s role in the institution. A very few schools offer limited time “undeclared” or “flex” tracks for new appointments to allow faculty members to fully orient to the academic environment and develop clinical, research, and/or educational activities before committing to a specific tenure or non-tenure track [12]. A tenured or tenure-track faculty member is generally expected to contribute to all three of the classical missions of the medical school (research, education, and service), i.e., the “triple threat.” Although tenure is frequently associated with research-focused careers, tenure track

is available to clinical faculty members at the majority of medical schools [12]. Currently only about a quarter of clinical faculty members are tenured or on tenure-eligible tracks. This proportion is expected to continue to fall as the vast majority of clinician recruitments are now to non-tenure positions [13].

Tenure Track

Despite the trend away from tenure track for clinicians, tenure concepts and values have shaped all academic promotion systems and continue to be major influences on the culture of institutions. The majority of senior faculty and academic leaders, even in clinical departments, have long experience in tenure environments and may continue to assess academic performance from a tenure perspective (overtly or subconsciously) even when implementing criteria or providing advice for faculty members on non-tenure tracks. Understanding the basics of tenure and the criteria for its award can help faculty members on all tracks better navigate the academic promotion system.

The term “tenure track” applies to an individual who is on the tenure track but has not yet been awarded tenure. Tenure-eligible tracks usually require full-time commitment, but about one third of medical schools allow part-time faculty members to use tenure tracks [12].

Traditionally the tenure track required achievements in all three major missions of the institution with an emphasis on original research and scientific publication. With the broadening of definitions of scholarship (discussed in Chap. 3), some schools have designated educator tracks that incorporate educational research as “tenure eligible” [9]. This again emphasizes the importance of investigating the definitions and expectations for each track at an individual school.

As described in Appendix A, tenure has a complex history and is the subject of many myths and misconceptions. The most authoritative and enduring definition of tenure was established by the American Association of University Professors (AAUP) as the 1940 “Statement of Principles on Academic Freedom and Tenure” [14]. These principles stress the importance of clear documentation of the terms and conditions of appointment, a limited probationary period, and, above all, that a tenured faculty member should only be dismissed for a very serious cause and after a thorough process to validate the justification for dismissal. Individual universities and medical schools build on this core definition and its updated interpretative comments added in 1970, to develop institutional definitions, policies, and practices regarding tenure. The AAUP continues to actively monitor issues regarding tenure and publishes regular reports on legal issues and other controversies, including disputes over tenure in medical schools [4, 15].

The Probationary Period and Tenure Clock

The probationary period is one of the core concepts of tenure. It refers to the time allowed for a faculty member to meet the institutional criteria for award of tenure. As this award is frequently linked to promotion to associate professor, a faculty member may have to meet two sets of criteria by a fixed date. The 1940 AAUP principles specify the probationary period should not exceed 7 years [14]. Although this is intended to convey a period of development and maturation as an academic, the term “tenure clock” suggests a more negative perspective of time ticking away toward an inevitable deadline.

The tenure clock starts at the time of appointment to the tenure track and runs for the probationary period established by the institution. An interesting quirk in some institutions is to start all tenure clocks on a specific date, such as the start of the academic year, regardless of the actual date of joining the faculty. Thus, an individual joining later in the year can either add or lose months of the probationary period depending on institutional regulations. Faculty members changing institutions or transferring from a non-tenure track within the medical school may have the option of resetting the tenure clock or even starting from zero. Shortening the probationary period (“advancing the tenure clock”) allows the individual to be reviewed for award of tenure sooner than the usual number of years. While a shorter period until award of tenure appears desirable, these reviews are extremely serious, and most individuals benefit from taking the full-time available to achieve all the criteria for award of tenure.

The original intent of the AAUP-recommended time limit on probationary periods was to prevent institutions indefinitely delaying award of tenure. The fixed period has, however, become a significant challenge for faculty members attempting to meet all the criteria for tenure in increasingly complex scientific, clinical, and educational environments [12, 13, 16, 17]. Often to the discomfort of their parent universities and the AAUP [4], many medical schools have modified probationary periods to better accommodate the realities for clinical faculty members and provide some flexibility in the rigid tenure system. At least half of US medical schools have probationary periods of 8 years or longer for clinical faculty members on tenure track [17]. Institutions have also introduced multiple strategies to extend the probationary period to accommodate demands on individual faculty members. These “clock-stopping” policies are available at over 70% of medical schools and address issues such as child care, family or personal illness, or other events that disrupt the expected progression toward award of tenure. Institutions vary enormously in the availability of these policies and the stringency of regulations governing their implementation. Regardless of the institutional culture, very few faculty members take advantage of “clock-stopping” opportunities. Some schools have even introduced policies to automatically reset the tenure clock on birth or adoption of a child rather than require a faculty member to request the extension [17].

Faculty members on tenure track need to be very aware of deadlines and must carefully monitor their tenure clocks and progress toward meeting the criteria for promotion and award of tenure. Many institutions require an extensive midcourse

review of progress toward tenure in addition to formal annual performance reviews. Tenure-track faculty members and their advisors must also remain informed about regulations for transfer of academic track. Universities take transfers from tenure track very seriously. In addition to a process validating the rationale for the transfer, some have regulations restricting the number of times an individual can change tracks and/or limit the opportunities for transfer to non-tenure tracks. This is particularly important as the tenure clock advances. An institution may not allow transfer from the tenure track in the last year of the probationary period or following denial of tenure. The rationale for such regulations is to prevent non-tenure tracks becoming regarded as default tracks for individuals who fail to achieve tenure.

What Tenure Is and Is Not

A common myth holds that tenure is a “job for life.” Technically, tenure is an employment contract with no specified end date, i.e., a contract for a continuous appointment unless specific circumstances intervene [16]. In contrast, appointments on other academic tracks are “term” appointments that specify the duration of the appointment and often include language about regular renewal subject to certain conditions.

Tenured faculty members can be dismissed, but only for very serious reasons and after completion of a formal multilayered process during which the faculty member has the right to address the alleged grounds for dismissal. An elegant quote from an AAUP legal expert summarizes the true nature of tenure:

“Tenure, accurately and unequivocally defined, lays no claim whatever to a guarantee of lifetime employment. Rather, tenure provides only that no person continuously retained as a full-time faculty member beyond a specified lengthy period of probationary service may thereafter be dismissed without adequate cause.” (Van Alstyne 1971) [16].

Each medical school has formal regulations governing the reasons and process for dismissal of a tenured faculty member. These are available in the faculty handbook or an equivalent document. This is such a serious situation that legal counsel and senior administrators of the parent university are likely to be involved.

The grounds for dismissal are usually categorized as “for cause” and “not for cause” [14, 16]. “For cause” covers serious neglect of academic duties or misconduct that damages the institution such that the individual must be removed from the academic community. Examples include dishonesty in research or scholarship, incompetence in academic responsibilities, neglect of core duties, and disruptive or unacceptable personal conduct. Each institution provides specific information on activities that might trigger the process of dismissal for cause. These regulations are very carefully worded as the balance between an individual’s academic freedom and the use of words and/or actions that disrupt the function of the academic community is not always clear. A single incident is not likely to lead to formal dismissal proceedings for a tenured faculty member. A documented pattern of behavior with serious impact on the institution, its learners, faculty, staff, or those it serves (including

patients) is usually required to trigger consideration of dismissal of a tenured faculty member. Although consideration of dismissal of a tenured faculty member is usually a slow and deliberate process, the dean of the medical school often has the responsibility to invoke immediate dismissal in extreme circumstances that jeopardize the institution.

The specific process that must be followed leading to termination of a tenured faculty member is detailed in the faculty handbook for each institution. Most medical schools follow the AAUP policy that faculty representatives must be involved in designing this process and play a significant role in its implementation. The regulations generally require formal written notification of the alleged grounds for dismissal and sufficient time and opportunity for the faculty member to address the allegations. Policies also address arrangements for witnesses, admissible evidence and legal representation, the conduct of the review by a committee of peers, and arrangements for appeal [14, 16]. Obviously, this process is disruptive, expensive, and damaging to the function and morale of the units involved, so it is not undertaken lightly. A negotiated arrangement is often reached for the individual to be remediated or leave the institution before formal dismissal proceedings are initiated or completed.

“Not for cause” terminations of tenure refer to circumstances related to significant institutional change and not to the performance of individual faculty members. These are highly controversial but fortunately rare occurrences. The AAUP takes the position that terminating tenured faculty members should only be considered as a last resort when institutions face “financial exigency,” discontinue programs, or merge with other institutions. The courts have not always supported that extreme financial situations are necessary for “not for cause” terminations of tenured faculty members [16, 18].

The second common myth concerning tenure is that it guarantees privileges and salary. In its most basic form, the tenure contract is only for the faculty appointment with no guarantee of resources. Technically, an institution could deny a tenured faculty member access to learners, laboratories, clinical facilities, electronic support, and other services. Tenured faculty members have brought lawsuits, usually unsuccessfully, because they believed they were entitled to academic resources or administrative positions [15, 16, 19]. Institutions have general policies or established practices covering the privileges associated with tenure, but the responsibilities and entitlements for each tenured faculty member should be documented in individual appointment letters, performance reviews, and other documents [1].

The most serious controversies about tenure entitlements concern salary. The core AAUP principles focus on academic freedom and refer to salary only in terms of advocating for “a sufficient degree of economic security to make the profession attractive to men and women of ability” [14]. This image of the gentleman (or lady) academic almost reluctant to discuss salary seems archaic to modern academic clinicians facing challenges to generate income and meet revenue targets. Strictly speaking, tenure by itself does not guarantee salary, but each institution should have a policy for financial guarantee associated with tenure. Even if a policy exists, it may be vague. About 10% of medical schools report the link between tenure and

salary guarantee for clinicians as “poorly defined.” Those schools that do provide a financial guarantee with tenure use a variety of approaches, mostly involving a specified base salary referenced to a state or other standard [12, 20].

The link between tenure and a financial guarantee is increasingly tenuous in medical schools [12, 20]. The percentage of institutions making no financial guarantee with tenure for clinical faculty members rose from 29% in 1999 to over 40% in 2008 [20]. Only three institutions reported guaranteeing the total institutional salary in 2008 [20]. Some schools have even codified the break between tenure as an academic status and salary entitlements by using the term “tenure of title” with very explicit definitions that this term excludes any right or expectation of compensation [20]. As in cases related to access to institutional resources, legal cases have generally held that tenure alone does not entitle a faculty member to a guaranteed salary [16, 19].

Summary

Tenure is slowly (and sometimes painfully) evolving in US institutions. The essentials remain of continued appointment after successful completion of a probationary period unless specific circumstances occur and a formal process for dismissal is followed. Medical schools have increasingly adopted policies that allow more flexibility in tenure clock management and decrease the significance of financial guarantees with tenure. Although the percentage of clinical faculty who are tenured or on tenure track continues to fall, tenure is still well established in medical schools and may be the best track option for certain clinical faculty members. Faculty members contemplating or following tenure-eligible tracks need to be very aware of the criteria and timelines for advancement as regulations can be inflexible and failure to be awarded tenure can have serious consequences. All faculty members can benefit from understanding the basics of tenure as it underlies all academic promotion systems.

Non-tenure Tracks

Non-tenure-track appointments have specified dates for termination or renewal (term contracts) and generally have names that convey the role of the faculty member in the institution such as “research,” “clinician-educator,” or “clinical.” An individual school can have multiple such tracks, and again, terminology is not consistent among institutions [9]. Examples exist of the name “clinician-scholar” being used for a tenure-eligible track [9, 21]. It is essential for faculty members to learn about the different non-tenure tracks available in their own medical schools and to investigate the nuances of each. The track determines how the institution manages many practical employment and performance review issues as well as setting the criteria and pathway for academic promotion. This information is available in the faculty

handbook and other resources available through the unit of the dean's office that deals with faculty affairs.

Over 75% of full-time physician faculty members of clinical departments are on non-tenure tracks. The dramatic shift away from tenure is expected to continue as less than 15% of new clinical MD faculty members are currently hired on tenure-eligible tracks nationally [12, 13].

The rationale for developing non-tenure tracks is usually attributed to recognition that meeting all of the stringent promotion criteria and deadlines of the "triple threat" tenure track became increasingly unrealistic, especially for clinicians, in the last decades of the twentieth century [1, 8, 22, 23]. As described in Chap. 1, major shifts were also occurring at this time in the balance of institutional missions with a dramatic rise in importance of clinical service [22]. As demands for productivity in competitive research and clinical service areas escalated, faculty members were recruited or reassigned into more focused mission areas than the classical expectation of activity in all areas—the "triple threat" [9, 23]. The positive perspective holds that non-tenure tracks were developed to better align academic career expectations with the role(s) of the individual faculty member in the institution and offer pathways to promotion based on excellence in those roles [23, 24]. A more cynical view could regard the non-tenure tracks as accommodations to financial realities by moving highly paid clinicians to contractual employees with dubious potential for academic advancement [25]. The AAUP "never countenanced the creation of large classes of faculty in categories other than tenured, tenure-track, and visiting" and advocated strongly for faculty on non-tenure tracks to participate in faculty governance and be guaranteed academic freedom and many of the protections of tenure-track faculty members [4].

Many universities share the AAUP discomfort about the creation of non-tenure tracks (see Appendix A) and continue to carefully scrutinize all aspects of faculty tracks and titles in medical schools. Changes that are appropriate for the medical school can set precedents or have unintended repercussions in other units of the university. This can make introducing a new track or modifying an existing track a convoluted and tedious process requiring approval within the medical school and through the layers of administration of the parent university up to final approval by the governing board. In this process, modifications and compromises are often introduced to attempt to reconcile the university and medical school perspectives. Learning the background can often explain apparent inconsistencies or complexities in medical school track requirements for appointment, renewal, and promotion.

Medical schools have created multiple non-tenure tracks to attempt to meet their needs within the culture of the school and the requirements of the parent university. The terminology, expectations, responsibilities, and criteria for promotion for these tracks vary across institutions. Faculty members must investigate the various non-tenure tracks available at their own institution. Understanding the nuances of tracks requires seeking advice from knowledgeable individuals within academic units and/or faculty affairs offices as well as reviewing formal descriptions and regulations in the faculty handbook or similar documents. The formal information provided about tracks varies greatly by institution and can be vague or difficult to interpret [9].

The AAMC has grouped non-tenure tracks into the major categories of “clinical, clinician-educator, clinician-scholar,” “research,” and a variety of other types [10]. It may be useful to view non-tenure tracks as covering a spectrum from 100% clinical to 100% research with various combinations and commitments to education in between. The boundaries between the different types of tracks can be blurred as most clinicians working in academic medical centers have some involvement in several of the core missions (education, research, and service). The key in defining track, and selecting the most appropriate track for each individual, is to focus on the principal role(s) in the institution, while acknowledging any activity in secondary areas. The position description should specify allocation of effort (FTE) assigned to each area (education, patient care, research, service, and other), and this should align with the track description. More importantly, the percentage of time and effort actually spent in each area (education, research, service, etc.) should match the position description.

Clinical tracks are used by many schools for faculty members whose primary responsibilities are in patient care and related administration. Limited participation in teaching or research investigations may be included in the clinical track as the practice environment provides the resources for education and clinical research. Clinical faculty are focused on patient care: while they may participate in or facilitate educational or research activities, they are not expected to lead or devote substantial time to nonclinical activities [9, 10].

Clinician-educator (or clinician-scholar or similar term) refers to a heterogeneous group of tracks designed for faculty members who are primarily involved in teaching and/or patient care [10]. In a few schools, this track is intended for educational leaders. In this interpretation, the track is limited to a relatively small number of faculty members who are expected to undertake significant administrative and faculty governance roles for educational programs and to contribute to the science of medical education through educational scholarship (see Chaps. 3 and 12). As mentioned above, in some schools, such “clinician-educator or clinician-scholar” tracks are tenure eligible and thus have regulations about probationary periods and could have unmodified titles. More commonly, clinician-educators are non-tenure tracks with term-limited appointments and modified titles used for faculty members who spend about 50% or more time in patient care and make substantial contributions to education [9]. As for clinical faculty members, clinician-educators may be involved in research, but it is not a primary focus. As discussed in Chap. 3, the role of scholarship for clinician-educator tracks and criteria for promotion remain controversial. The AAMC definition states that research or scholarship concerning education or clinical topics may or may not be a requirement for promotion on a clinician-educator track [10].

Clinician-investigator (or clinician-scientist or similar term) tracks are used by some schools to accommodate clinicians whose principal focus is patient care with the secondary activity of research rather than education. The research conducted is often clinical or translational rather than “bench” investigations although the term may apply for clinicians who participate in all forms of research, often as members of multidisciplinary teams. These positions differ from tenure track in several aspects

of the criteria for promotion, including more lenient timelines. Contracts are usually time limited and may contain language about being dependent on availability of external funding.

Research tracks are used for faculty members who devote the majority of effort (>85% FTE) to conducting research. They may have limited clinical, teaching, or administrative responsibilities, but these are usually related to the research focus [9]. Research appointments are generally short term (e.g., annual) or may be linked to the availability or duration of research funding [10].

Other Tracks

As medical school faculties have become increasingly large and complex, not all individuals fit easily into the above categories of tenure and various non-tenure tracks. Some schools have developed new tracks to meet the needs of specific groups of faculty. These include “scientist educator” to recognize the educational effort of those research scientists who take major responsibilities for leading and managing course and curricular development. In many respects, these tracks parallel the clinician-educator approach, but they are much less common as basic science departments are still predominantly focused on a tenure model of faculty promotion. Another developing area concerns tracks to accommodate professionals in education and other disciplines who are increasingly important members of faculty teams.

Ideally, medical schools would provide a variety of tracks such that each faculty member could progress based on his/her role in the school. Unfortunately, creating a plethora of tracks would add to an already confusing situation. More seriously, dealing with multiple tracks and sets of criteria raises concerns about consistency of recommendations and decisions made by committees and administrators for academic promotion.

Summary

The faculties of medical schools have come a long way from the time when almost all members were basic scientists and/or clinicians on the tenure track. The balance between providing a sufficient number of appropriate tracks for all faculty members and limiting the number of tracks to ensure valid and manageable appointments and promotion systems will become increasingly challenging as medical schools continue to grow and evolve. The importance of learning the details of all available tracks at a specific institution and selecting the optimal track for an individual career cannot be overstressed.

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Chapter 3

What Counts for Academic Promotion?

Each medical school establishes expectations for academic promotion and award of tenure based on its mission and culture and those of its parent university. For US universities and medical schools, the expectations for promotion are traditionally grouped into the three “domains” of research, teaching, and service. Individual institutions may have additional areas of emphasis. Medical schools differ from one another in how the three primary domains are defined and assessed.

Within each domain, differences of philosophy and practice exist among medical schools. Full information, including definitions and expectations for promotion, should be available in documents and websites maintained by the dean’s office or office of faculty affairs at each medical school. Advisors and colleagues can be helpful, but the individual faculty member is ultimately responsible for being well informed about the requirements for academic promotion. Faculty members should read the official materials and consult the staff in the office of faculty affairs to ensure accurate understanding of the definitions and scope of each domain, as well as the level of documented achievement expected for each specific promotion. The materials provided by academic institutions may be vague and/or difficult to follow, and expectations or criteria for promotion are often written in subjective terms, such as “demonstrated excellence” or “documented, sustained, and substantial contributions” [1]. Consulting faculty affairs provides clarification and is especially important as misconceptions about the meaning of terms and institutional expectations for promotion are common among faculty members [1, 2].

As stressed in Chap. 2, specific criteria for promotion are set for each academic track. In general, the aim is to align the promotion system with the faculty member’s areas of academic focus. Tenure track criteria generally require the “triple threat” of achievements in all three academic domains (research, teaching, and service), whereas criteria for a clinician-educator track may emphasize achievements in teaching and service and those for a research track focus on research. Many schools require applicants to demonstrate strengths in the one or two major areas most appropriate to the individual’s role in the institution plus modest achievements in other areas. This “2 + 1” approach is common for clinician-educator tracks. The

importance of clarifying what is included in each domain and the expectations for promotion on a specific track at an individual school cannot be overemphasized.

Research

This domain is sometimes referred to as “scholarship” or “research/scholarship” to convey a broader concept than classical “bench” research. Academic institutions have been trying for decades to expand the definition of scholarship. The basic question “what is scholarship?” is not completely resolved, especially as applied to clinician-educators.

The controversy over modern definitions of scholarship began with the publication of “Scholarship Reconsidered: Priorities of the Professoriate” by the Carnegie Foundation in 1990 [3]. In this report, Boyer argued that a true scholar not only conducts research but also critically reflects on the findings, seeks connections and applications for new knowledge, and is committed to communicating knowledge effectively. Boyer envisioned a curious, dedicated, and energetic faculty member undertaking four overlapping and synergistic forms of scholarship, i.e., discovery, integration, application, and teaching. Subsequent reports have built on this work and its application to medical education to describe the four types of scholarship, often referred to as the “Boyer model” [3, 4] (see Table 3.1).

The *scholarship of discovery* concerns all forms of research that generate new knowledge. In a medical school, this covers a spectrum of topics from molecular biology to public policy.

The *scholarship of integration* involves making connections within and across disciplines. The focus concerns synthesizing and synergizing findings to expand perspective and enhance meaning. It covers interdisciplinary, interpretative, and integrative science [5].

The *scholarship of application* covers activities to use knowledge. It involves research to solve practical problems such as translational and patient-oriented research, including clinical trials and quality improvement projects. To qualify as scholarship, such activities must be rigorously planned and conducted, the evaluation process must be open to unanticipated occurrences, and the outcomes must be peer-reviewed and publically shared [6].

The *scholarship of teaching* concerns development of effective and efficient forms of teaching and enhancing learning. This is perhaps the most surprising inclusion in the Boyer model. University faculty at the time generally regarded research and teaching as distinct, if not competing activities, with research being academically more prestigious. Boyer argued that teaching is not a “routine function” or “unfortunate burden” of an academic appointment; conversely teaching is essential to completing the cycle of scholarship by transforming, extending, and transmitting knowledge effectively to others [3]. As with the scholarship of application, the distinction between scholarship and good practice in teaching is the planned, rigorous, and reflective approach to the activity plus peer review and public dissemination of outcomes

Table 3.1 Boyer’s forms of scholarship [3]

	Definition	Examples	Illustrative quotes [3]
Discovery	Pursuit of knowledge “What is known; what is yet to be found?”	Covers all forms of research	<i>Combines exhilaration of ideas and intellectual excitement with disciplined investigation</i>
Integration	Expanding knowledge by making connections, synergy, and perspective. “What do findings mean?”	Interpretive, integrated, often interdisciplinary	<i>Serious disciplined work that seeks to interpret, draw together, and bring new insights to original research</i>
Application	Knowledge applied in service AND generating deeper understandings through practical application and experience “How can knowledge be responsibly applied to consequential problems?”	Translational and applied research, quality improvement studies	<i>Service to others plus new intellectual understandings generated out of the process of application</i> <i>Scholarship proves its worth by service</i>
Teaching	Transmitting, transforming, and extending knowledge through education. “How can we teach more effectively and efficiently?” “How do we optimize learning?”	Educating, engaging, and enticing future scholars Scholarly approaches to improving educational effectiveness [4]	<i>Generating creativity, stimulating active learning, and enabling students to be active critical thinkers with capacity for lifelong learning</i> <i>Knowledge is only consequential as it is understood by others</i>

required for scholarship [7]. Definitions and writings on the scholarship of teaching, including a comprehensive 2014 review, stress the importance of dissemination of outcomes so others can use and build on quality, peer-reviewed work [7–9].

Boyer’s concept has gained acceptance in many institutions, but significant controversies remain, including debate over the relative value of each of the four forms of scholarship. Overtly or due to ingrained academic culture, the scholarship of discovery (“research”) is often perceived to be the most important or even the only credible form of scholarship. It is not uncommon for the four forms of scholarship to be regarded hierarchically, descending from discovery to teaching in academic value, despite long-established calls for promotion systems to weigh the four forms of scholarship equally [10].

The Boyer report was followed by other major reports that established a core set of criteria covering all forms of scholarship [9–12]. Known as the Glassick criteria or six core principles of excellence in scholarship, these define scholarship as a wide range of activities that blend creativity with a disciplined professional approach and

Table 3.2 Glassick's standards of scholarly work [4]

	Concepts	Key questions
Clear goals	<i>Prospectively</i> established objectives or hypotheses	Purpose clearly stated?
		Realistic, achievable objectives?
		Important questions identified?
Adequate preparation	Literature search to ensure comprehensive understanding of current state of knowledge and gaps in previous studies or conceptual work, appropriate training/expertise of investigators, detailed project planning and feasibility testing	Adequate understanding of topic?
		Necessary skills and expertise?
		Adequate resources?
Appropriate methods	Selection of feasible, practical, ethical, scientifically valid methods appropriate to study. The use of appropriate validated instruments. Monitoring progress and adjusting methods as indicated	Sound methods appropriate to goal?
		Methods implemented effectively?
		Procedures monitored and modified appropriately?
Significant results	Findings are interesting, useful, relevant to others; novel; expand existing knowledge; address gaps or flaws in current understanding; validate or challenge existing studies or concepts	Goals achieved?
		Consequential outcomes?
		Open new areas for study?
Effective presentation	Results reach appropriate audiences, using specifically selected strategies. Format, organization, and style appropriate to intended audience. Presentation clear and engaging; Informs and stimulates audience to engage in advancing and/or applying results	Effective style and organization?
		Appropriate communications media?
		Integrity and clarity of presentation?
Reflective critique	The use of personal reflection and informed feedback to improve and stimulate creativity	Informed, critical self-evaluation?
		Use of evaluation to improve future work?

a commitment to advancing science and the public good. The criteria emphasize disciplined intellectual work with significant results that is validated by peers and publicly disseminated (Table 3.2).

Disciplined intellectual work includes articulating *clear goals*, *adequate preparation* (including thorough review of what is already known in the topic), and use of *appropriate methods*. These characteristics emphasize the serious and systematic nature of scholarship and the importance of evidence as opposed to opinion and casual observations. *Significant results* stress that scholarship should be useful in adding to knowledge and stimulating and facilitating work by others. This includes recognizing the value of studies with negative results and those that confirm previous studies. *Effective presentation and reflective critique* stress the need for personal reflection and critical examination by others with appropriate expertise in order to

provide trustworthy work. The emphasis on public dissemination and validation by peers reflects a view of scholarship as a public service, i.e., the work has to be made available for others to use and build on to advance the discipline.

While the Boyer and Glassick concepts of scholarship are generally accepted, major issues remain over how to use these models to assess scholarly achievements in academic medicine. The traditional measures such as peer-reviewed grants, publications, and presentations at prestigious conferences are helpful in assessing quantitative aspects of scholarship but are limited in assessing the impact or qualitative importance of the work. The impact score of the journal in which a report is published and the number of times the report is cited provide some indication of its importance and impact. Another challenging area concerns assessing collaborative achievements or “team science.” A trend in assessment of all forms of scholarship is the use of portfolios, sometimes called professional activity dossiers. In addition to documenting achievements and related materials, a well-designed portfolio links activities to goals, addresses impact, and requires reflection. The portfolio approach provides an overall developmental perspective of scholarship rather than the listing of items such as publications, grants, and abstract in the traditional curriculum vitae (CV) [13]. As described in the following section, substantial progress has been made in developing educational portfolios that document teaching activities and demonstrate educational scholarship. These are particularly useful for academic promotion of clinician-educators.

In 2000, the journal *Academic Medicine* published a theme issue including review articles [4–7] and case reports [14–18] concerning application of the Boyer model in medical schools. Although medical schools vary in the extent to which they have embraced the Boyer model, it is increasingly used as the philosophical basis of assessing scholarship in academic promotion and tenure systems.

Teaching

This domain is sometimes named “education” to emphasize a broad definition covering activities in advising or mentoring learners and in planning, monitoring, evaluating, and improving courses or curricula [8]. Conversely, in some schools the definition focuses on direct contact teaching, and many of the other educational functions are regarded as “academic service” (see below). Apart from differences about what is included in this domain, especially overlaps with academic service and educational scholarship, major controversies concern the documentation of teaching quantity and quality.

Evaluation of teaching is complex and challenging [4, 19]. Originally teaching was evaluated from records of teaching activities supplemented by available learner assessments. Even this is complicated. Didactic presentations are easily documented, but capturing the effort in patient-centered teaching such as rounds or clinical supervision is challenging. Complex systems to document and evaluate educational activities are evolving; some are based on contact hours while others

attempt to utilize relative value units (RVUs) for educational activities [20, 21]. Systems based on contact hours are criticized for inadequately weighting preparation time, development of materials, follow-up with learners, and other activities supporting the contact time. Moves to include qualitative assessment include peer evaluation and more scrutiny of learner outcomes and impact on institutions [19].

In 2006, the AAMC Group on Educational Affairs (GEA) endorsed the broader definition of the “teaching” domain as “education” by defining the work of educators in medical schools as covering five areas: *teaching, learner assessment, curriculum development, advising/mentoring, and educational leadership/administration* [8]. In 2014, the same group proposed a “toolbox” for evaluating educators based on applying the Glassick criteria to each of these five areas of education [22]. It is not clear to what extent the expanded definitions of teaching and the evaluation methods proposed in the “toolbox” have been adopted by medical schools. It is clear, however, that the use of portfolio systems to facilitate the documentation of educational activities is becoming more common in US medical schools [23].

Some schools require a standardized educator’s portfolio for promotion on the clinician-educator or similar track. A basic portfolio differs from a simple dossier or documentation system in having three core components, i.e., a personal statement providing philosophy or context to the individual’s body of work, quantitative evidence of performance, and evidence of the quality or effectiveness/impact of the activities [23, 24]. Schools may require additional components to an educator’s portfolio such as personal goals or reflective narratives and/or may mandate specific content, such as peer assessment in addition to learner evaluations. While the design varies among institutions, portfolios aim to incorporate both quantitative and qualitative data to provide a comprehensive and longitudinal view of the educator’s performance in the context of his/her educational environment [25, 26].

Service

Clinicians often think of the service domain in terms of their clinical roles. While this is the dominant form of service in medical schools due to the institutional dependence on clinical income described in Chap. 1, several other areas may be included in the “service” domain.

For academic promotion, clinical service is assessed from the perspective of the excellence achieved by the individual and the value provided to the academic medical center. The income generated is certainly important, but academic promotion should be based on a broad assessment of the value of the clinical activity to the medical school. For faculty members who have a major clinical role, promotion to associate professor is often based on responsibility for a major clinical unit or managing a regional referral center. “Regional reputation” is frequently a criterion for promotion to associate professor and “national or international reputation” for professorial promotions. Vague criteria and a need to ensure that significant information is clear to

reviewers from all disciplines, especially the basic sciences, make the documentation and evaluation of clinical service very challenging. It is essential to not only document quantity and quality of service activities but also to link these to advancing the institutional mission. For clinical service, measures of patient volume or established relative value units (RVUs) are a starting point. These should be provided with reference data demonstrating productivity compared to peers. Quality measures are more challenging but are becoming increasingly common in health systems. Quality improvement (QI) activities may provide powerful evidence of achievements in improving clinical services. Institutions may regard QI in the service domain or within research/scholarship as the science of application. Regardless of the classification, QI is an increasingly important component of promotion considerations for clinicians [27]. Efforts are underway to develop and implement a standardized and nationally recognized QI portfolio. Such a portfolio has been shown to be a significant tool in evaluating clinical faculty for academic promotion [28].

Distinguishing an academic clinician from a comparable colleague in private practice in order to make the case for promotion requires linking clinical excellence to at least one of the institutional missions. In addition to generating income for the institution, this link may be through ensuring the “cutting edge” clinical environment and spectrum of experiences (“substrate”) essential for education and research. The clinical service may also support a social mission of the medical school such as providing care to vulnerable populations or supporting community practitioners as a specialized referral center.

Depending on the institutional guidelines, clinically related activities other than direct patient care may also be regarded as professional service and considered in promotion decisions. These include service to professional organizations, the management of clinical facilities, hospital staff leadership, and efforts to improve patient care services. Again, the documentation needs to clarify the significance of the activity and its relationship to the medical school’s mission. The individual’s role should be clearly explained. Leadership in a prestigious national specialty organization can be a significant factor for a clinical faculty member seeking to demonstrate “national reputation.”

Institutions may describe additional forms of service. Academic or institutional service refers to contributions to running the academic organization and covers a wide spectrum of activities at all levels of the institution. Common among these are serving on committees, task forces, or similar groups. In general, opportunities for academic service exist in three areas. First, academic departments and divisions have multiple committees or groups to manage or advise the departmental leadership on specific issues. Service at this level can contribute to the work environment and provide opportunities to learn the unit culture, network with colleagues, develop administrative and negotiating skills, and perhaps find mentors. The second general area of service is institution-wide, mainly through faculty governance. This refers to the system of committees and groups through which the entire faculty of the school manages its responsibilities in areas such as admissions, curriculum, student advancement, promotion and tenure, and research. These are very significant committees, and eligibility for membership is governed by faculty bylaws. These may

mandate a level of seniority for membership of a group or have other requirements in order to ensure certain faculty groups are represented. Members may be elected by faculty members or appointed by department chairs or the dean depending on the bylaws of the institution. Finally, “ad hoc” or temporary groups are often formed at the unit or institutional level to address specific issues or conduct projects. These groups are frequently tasked with developing solutions to problems and may attract those who feel most passionately about the topic. Other examples of “ad hoc” groups include search committees and committees created to prepare for program or institutional accreditation reviews.

The value placed on this form of service in academic promotion depends on the prestige of the group and the role of the individual. Groups with significant institution-wide impact have more prestige than departmental or divisional committees, regardless of the volume or difficulty of the work involved. Similarly, leading or chairing a committee or group is more significant than membership. Deciding on participation in academic service requires carefully balancing the potential benefits and demands. Benefits of serving the institution, helping colleagues, learning about the organization, networking, and establishing a positive reputation are probably more important in the long term than making an entry on the CV for promotion. These benefits come with costs that include the time and effort required to work on complex and controversial issues, risk of association with negative or unpopular outcomes, and damaging relationships or reputations if the group is dysfunctional. Faculty members should discuss any potential academic service opportunities with current and previous committee members as well as with mentors and supervisors before accepting an appointment. They should learn to decline such offers in a positive manner that preserves relationships and the potential for future invitations to serve.

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Chapter 4

How the System for Academic Promotion Works

The process of academic promotion is regarded as mysterious and even vaguely sinister by many faculty members. Faculty surveys have repeatedly reported poor understanding of the process, and almost half of all faculty members believe that criteria are not consistently applied within their institutions [1]. Clinicians appear to be more suspicious and/or skeptical about systems for academic promotion and tenure than basic scientists, and women are more likely to report negative views of the system than their male colleagues [1].

Despite these perceptions, any faculty member interested in his/her career development must make the effort to learn about the basic process for academic promotion [2, 3]. Academic departments, individual mentors, and those charged with faculty affairs and faculty development in the institution share responsibility to assist faculty members in being appropriately informed about policies and procedures and about how to access help in navigating the system. Supervisors, mentors, and colleagues may be useful sources of information, but it is wise to read core documents and validate understanding of the system with the office of faculty affairs staff. In the final analysis, each faculty member is responsible for his/her understanding of the system.

As described in Chap. 1, the medical school is usually a unit of a parent university. The general philosophy, policies, and procedures for academic promotion and award of tenure are established at the highest levels of the university for all its constituent schools. Within this framework, each school such as medicine, engineering, law, or liberal arts develops its own adaptation of the system to best accommodate the characteristics of its disciplines while adhering to the overall university standards for excellence. The formal policies and procedures for academic promotion are described in the faculty handbook for each school. Further information about the faculty role in implementing the system may be found in faculty bylaws that describe the structure and function of the faculty committees involved in the process. More detailed information about policies for specific aspects of the system such as deadlines, required materials, notification of outcomes, and potential for appeals is available from the office responsible for faculty affairs. These policies and procedure

documents can appear very formal and remote from, or even unsympathetic to, the day-to-day experiences of faculty members [4]. They are very carefully worded as they provide the legal structure for all aspects of faculty relationship with the medical school. In any disputes or appeals, these core documents are literally “the letter of the law,” so they must be as clear and unambiguous as possible. They also take the “big picture” approach and must be universally applicable within the institution or school of medicine: they cannot be written to accommodate the specific needs of individual faculty members or every possible circumstance.

Detailed information about expectations for promotion and how the system works are provided through the medical school’s office responsible for faculty affairs. This is one of the principal units of the dean’s office and may have a variety of titles, usually incorporating the phrase “faculty affairs.” Most institutions provide the formal policy documents plus helpful information through a variety of resources such as websites, printed materials, orientation sessions for new faculty members, seminars for prospective applicants for promotion, and open sessions for all faculty and/or staff to promote greater transparency in the system. Paradoxically, these resources are underutilized. Most faculty members appear to avoid learning about academic promotion unless they are considering applying for advancement or encounter issues during performance reviews.

Every medical school differs in the details of its system for academic promotion and award of tenure [5], but many common features are apparent in the two main components of the system—establishing the criteria for promotion and implementing these standards to promote individual faculty members.

Establishing Standards for Academic Promotion

How Are Criteria Established?

The medical school establishes criteria for academic promotion within the general expectations of the parent university. The process to establish criteria is governed by policies and regulations covering how it is carried out, who must be consulted, and who has authority to make decisions and any final approvals necessary from the parent university. Setting criteria for promotion usually involves collaboration between high-level administrators (associate dean or dean) and faculty representatives to produce draft documents that often must be formally approved by the faculty, the dean, and the leadership and governing board of the parent university. The relative power and influence of those involved in decisions about setting criteria depend on the culture of the school and the political skills of the individuals involved. In some institutions, most decision-making power is held by central administrators such as the dean. In such schools, the dean could endorse a change to criteria for academic promotion after consultation with faculty representatives and subject to approval from the university. Other institutions have a more populist

culture and a shared governance system that values collaboration between the faculty and institutional leaders. Such schools often have extensive arrangements for development and endorsement of proposed changes by faculty and administrators. A vote of the full faculty may be required to change criteria for promotion.

Any significant change in criteria for academic promotion or award of tenure may have to be approved by the parent university. Ideally, consultation is ensured as the changes are being developed within the school of medicine to keep university leadership involved and enable them to provide input to the process. Universities and groups such as the AAUP take criteria for academic promotion very seriously, especially any change that could impact the status of tenure in the university. A change that appears appropriate for the medical school could have unintended consequences for other schools and the university as an institution. Some medical schools have significant flexibility to set standards as long as they remain consistent with the overall policies of the university; conversely, for other medical schools, changing criteria for academic promotion is a slow and difficult process.

Key Considerations in Developing Criteria

Academic promotion is institutional recognition of achievement and should be a powerful incentive to obtain public validation of excellence in academic activities. With only three levels of faculty rank (assistant, associate, and professor), the university regards each academic promotion as a serious undertaking and takes steps to ensure that only applicants who meet criteria receive the appropriate promotions.

This requires thinking about the promotion system as more than a means to recognize the achievements of individuals; it is a public declaration of the academic values and standards of the academic community. The formal criteria aim to state the characteristics and levels of achievement that the medical school expects of an ideal “role model” assistant professor, associate professor, or professor. As institutions and faculty members want to compare favorably with their peers, promotions and titles need to have academic credibility. While institutional prestige is certainly a factor in setting standards for promotion, maintaining some level of comparability across peer institutions also facilitates the validity of recommendation by external reviewers about candidates for promotion.

The general aim in setting expectations for promotion is to challenge faculty members to reach beyond the responsibilities specified in position descriptions (job requirements). Promotion aims to recognize the faculty member who brings added value to his/her role and goes beyond competence to striving for excellence. While keeping this vision of academic excellence in mind, criteria must be realistically achievable by a faculty member who puts in the effort. If standards are not sufficiently robust, the promotion loses value, and the academic credibility of the institution is damaged. Criteria must be stringent yet achievable. Establishing valid criteria for academic promotion is a complex balancing act between high expectations and pragmatism.

Understanding Criteria

The formal documents may be titled “guidelines” or “regulations” and are usually available on the office of faculty affairs website and in related documents. They usually address each of the potential promotions—to assistant professor, associate professor, or professor—in some detail for each separate academic track (see Chap. 2). Potential applicants for promotion, their advisors, and assistants must be certain to use the guidance for the specific rank and track. The requirements for promotion to associate professor, for example, can be very different for a faculty member on research or tenure track than for a clinician-educator.

For each specific promotion (e.g., to associate professor, clinician-educator track), the documents often provide an introduction articulating the general expectations of an individual at the proposed rank followed by sections addressing what should be documented in each of the domains of research/scholarship, teaching/education, and service plus any additional domains used by the medical school (see Chap. 3). The documents often include the definition or scope of each domain (research, education, service, etc.) and a description of the activities expected in each. The language is important but not always consistent in meaning or use. “Criteria” (singular criterion) should refer to absolute requirements. The terms “expectations” or “recommendations” are less absolute and convey limited flexibility in the standard. At a more subtle level, “must” always indicates an absolute requirement. The term “should” technically implies something is desirable but not mandated; however, reviewers do not always make fine distinctions and even “should” must be taken seriously.

The written descriptions of expectations and criteria are often criticized for being vague and subjective [4]. Terms such as “excellence” or “outstanding achievements” are common, and “evidence of regional, national, or international reputation” is frequently mentioned. While the general intent of the expectations may be clear, standards rarely specify target numbers of items such as publications or numbers of teaching sessions completed. This is due in part to the need to avoid automatic promotion once a faculty member had completed a specified number of items but is mainly due to practical considerations. Faculty members have very diverse roles and responsibilities and are active in a huge range of scientific, clinical, and other academic endeavors. In addition, the prestige and quality of items such as scientific journals or conferences vary enormously. Even quantitative assessment by applying one set of numerical standards to the huge spectrum of their activities is daunting; valid, objective qualitative assessment using one formula for a large and diverse faculty is impossible. Decisions about promotion are peer evaluations based on both objective and subjective assessments.

Faculty members are expected to provide qualitative and quantitative evidence of excellence in the activities appropriate to their academic tracks. The guidelines for promotion provided by each medical school usually provide recommendations and examples of how this can be done, but individuals may have scope to add narrative and introduce a range of evidence that supports individual circumstances. Some

schools use a portfolio system for the entire promotion application or allow inclusion of an educator's portfolio in the application for promotion. The most useful guidance in translating the criteria and recommendation for academic promotion to practical terms is often provided by faculty affairs staff and/or by mentors, especially those who have personal experience with the academic promotion system. The second part of this book discusses preparing an application for academic promotion in detail.

The Decision-Making Process

The process of reviewing and evaluating an application for promotion takes several months and involves multiple stages. The system seeks to ensure that each applicant has a fair and thorough review with sufficient "checks and balances" to accommodate the very different perspectives and values of reviewers from diverse backgrounds. The system also attempts to ensure parity across departments and schools in assessment of applicants for promotion. The details of the process vary among institutions, but in general promotion requires review at the departmental, school, and senior administrative levels. The final decision may be legally the responsibility of the leader of the university or require the formal approval of the governing board of the university.

Even if recommendations are rarely changed in the final stages of the process, applicants are seldom provided with information on the status of their applications until the outcome is confirmed, contributing to the aura of mystery and suspicion surrounding academic promotion. For many schools, this reputation is probably unjustified. Faculty can usually access information on the progress of applications through the office of faculty affairs. This office may be required to inform applicants by a specific date if the application is not supported at the school level and to provide information on options for appeals.

The complete decision-making process for each school is outlined in the faculty handbook and described in detail in policy documents. The detailed descriptions are helpful to applicants but also serve to legally protect the institution from appeals based on procedural issues. Institutions are highly motivated to avoid appeals against decisions as these are expensive, disruptive, and very damaging to morale and relationships between faculty and administration. The associate dean for faculty affairs (or a similar title) is responsible for the integrity of the process. He/she and the staff of the office of faculty affairs work with candidates, committees, and others to ensure that the correct documentation is provided and that timelines and procedures are followed at all levels of review.

Departmental Review

At the departmental level, the application is usually reviewed by both a committee of senior faculty members and the departmental chair to determine if the applicant has provided evidence of meeting the criteria for the requested promotion. In large departments, or if a faculty member has secondary appointments in other departments or units, division chiefs or other supervisors often contribute to the review. In some systems, the peer review committee and chair make independent assessments and forward these to a campus or school committee; an alternative arrangement is for the departmental committee to report through the chair. In either case, the outcome is an assessment based on the conclusions of peers and supervisors in the same department and could potentially be biased (positively or negatively) because of a shared culture or collegial experiences. Legally, the departmental stage may result in recommendations rather than decisions. In some schools, recommendations from departments are almost always endorsed by the higher levels of review, whereas in other schools, the most influential recommendations are made by a school-wide committee.

School- or Campus-Level Review and Beyond

The composition and function of the school- or campus-level review committee are established in the faculty bylaws and differ among institutions. The committee usually consists of senior faculty members drawn from different backgrounds to provide a thorough review incorporating multiple perspectives. This aims to ensure that all applicants are assessed with equal rigor according to the required criteria, regardless of the department of origin. The committee may include or even be chaired by a senior faculty affairs representative, such as an associate dean. Conversely, in schools with more populist bylaws, any representative of the dean is not permitted to influence the proceedings of the faculty committee.

Following extensive review by faculty peers and supervisors at the departmental and school level, applications are forwarded to the dean or a designated senior administrator of the school. Depending on the institution, the application may follow several different paths to final decision. The dean may add his/her assessment and forward the combined recommendations to a committee or higher level of administrative review in the university. Conversely, the dean may accept or decline the recommendation of the faculty committees and forward his/her recommendation on behalf of the school. Review at the institutional level may be administrative or may involve a senior committee representing the various schools of the university. The final decision is made or endorsed by the governing board of the university or by a senior administrator who has been given the authority to grant academic promotions.

Practical and Ethical Considerations

Each application for academic promotion must go through a series of assessments during which it is scrutinized by an array of individuals from different backgrounds to ascertain if the criteria for the requested promotion have been met. The process may appear excessively cumbersome and complicated, but it has evolved to enable universities to apply a very limited system of recognition (basically of only three ranks) to faculty members across the entire academic spectrum. The medical school has special characteristics, but like all schools in the university, the process must provide sufficient rigor to ensure that all academic promotions are clearly and unambiguously merited based on sound evidence.

The two greatest concerns in managing the process are ensuring that applicants have full and accurate information (transparency) and minimizing the potential for bias in reviews. Few recommendations have been published for “best practices” in academic promotion systems, but a 2000 report sponsored by the American Council on Education (ACE), AAUP, and others provided advice on good practice in tenure evaluation that is applicable to all academic promotion [6]. This report stressed four principal areas:

Clarity and consistency in standards and procedures: includes efforts to provide all faculty members, especially potential applicants, with information and guidance on the promotion process as well as monitoring the system to ensure it functions effectively. These are major responsibilities of the associate dean for faculty affairs or the equivalent institutional administrator. Faculty members may not like the system for academic promotion, but all should know its major features and how to obtain information and advice.

Consistency in decisions: covers a wide range of activities to ensure the criteria and recommendations are being interpreted and followed correctly for all applicants and from year to year. The members of the various committees may be required to undertake training or review “mock applications” in addition to studying materials and being instructed about the process. Committee chairs and peer/collegial interactions play a major role in making valid, reliable decisions for individuals with very different dossiers and ensuring continuity over time. The associate dean for faculty affairs has a major responsibility for the integrity of the process and ensuring that procedures are scrupulously followed every year.

Objectivity and candor in evaluations: covers measures to combat potential bias and ensure full and frank group review of applicants. Regulations covering conflict of interest prohibit reviewers who have a real or perceived relationship with the applicant from contributing to the review, but it can be difficult for all reviewers to avoid having some knowledge of colleagues in the same institution. Reviewers should use only the materials provided in making assessments and must avoid bringing outside information into the review. In recent years, several medical schools have introduced training in unconscious bias for reviewers and staff [7]. These programs focus on bias related to gender and/or ethnic background and personal characteristics. More subtle forms of bias such as valuing some forms of

teaching or scholarship more highly than others or stereotypical impressions of different medical specialties are difficult to identify and address. Reviewers may have very little knowledge about the values or practices of other disciplines. Importantly for academic promotion considerations, they may not appreciate the prestige of specialty-specific journals or conferences or the value of the outcome measures in clinical service or education provided by the applicant. They must rely on the information provided by the applicant and his/her supporting letters. Complete confidentiality is essential to enable full and frank discussions within the committees as well as to protect applicants.

Professional behavior toward colleagues and applicants: academic promotion is a high-stakes and stressful undertaking for all involved especially applicants, reviewers, and staff. Applicants should take the process seriously, especially in preparing application documents, meeting deadlines, and always being courteous and helpful in interactions with staff. Any dishonesty, misrepresentation, or pertinent omission in documenting achievements is a serious breach of institutional professionalism standards. Reviewers often differ in assessments, and committees must find ways to reach consensus or conclude with split votes. These discussions must remain objective and based on evidence to avoid damaging working relationships and preserve fairness to the applicant. Establishing and recording the rationale for a decision or recommendation is almost more important than the outcome itself. The record must document that decisions or recommendations were based on the evidence provided to the committee or individual decision-maker and that each application received an appropriate review conducted under the established procedures. This is particularly important in systems where the minutes or recordings of committee proceedings can be used in an appeal of the promotion decision.

Institutions and individuals invest considerable time and effort in trying to ensure a transparent, valid, and consistent promotion process that ensures faculty members are appropriately recognized and honored for their achievements. Maintaining the academic credibility of the medical school and university is an additional strong motivation for a robust promotion system. On a more mundane level, institutions are highly motivated to avoid appeals against promotion decisions. University regulation may allow unsuccessful applicants to appeal decisions only on the grounds of unfair or inappropriate process. This means they cannot challenge the decision unless it was reached through a flawed process. Examples include not being provided with timely and appropriate notification of the requirements, being hindered in providing an appropriate application dossier, insufficient or inappropriate consideration of the application by the committee, or bias in the review. The onus of proof is on the applicant. Appeals are expensive, disruptive, and damaging to morale. They seriously threaten the integrity of the promotion process. Concern about appeals explains much of why the process can appear inflexible and formal. Timelines and formats are strictly enforced, confidentiality and conflict of interest issues are strenuously addressed, and committee chairs strive to ensure that the correct criteria are employed, the discussions are limited to the appropriate materials, and civility and professional respect for applicants and fellow reviewers are maintained.

Another major motivation for maintaining quality in the promotion process is accreditation. All US medical schools must be accredited by the Liaison Committee on Medical Education (LCME) [8]. To maintain accreditation, the school must demonstrate having an appropriate, transparent, and functioning system for academic promotion as well as robust related policies and practices to enable faculty to build productive and rewarding careers. (See Appendix B.) Because of this requirement, faculty participating in academic promotion can expect to be asked to assess their experience, usually by survey after completing the process. They may also be asked to meet with LCME reviewers during the school's accreditation process to provide the faculty perspective on how well the school meets the accreditation standards (Appendix B). Reaccreditation reviews are a major undertaking for the school that involve a 2-year long review of all major functions, including academic promotion. Applicants should be especially alert for changes to promotion system and documentation requirements in the period prior to an LCME review.

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Chapter 5

The Participants in the Academic Promotion Process: Roles and Responsibilities

The process of preparing and applying for academic promotion involves interacting with multiple individuals and different units of the medical school. The applicant may not be familiar with the units and personnel involved and can easily become frustrated with the process. Understanding the responsibilities and roles of the various individuals involved in academic promotion is important in completing an appropriate application and minimizing the hassles of this important process. A good grasp of the strengths or special areas of expertise of each individual or unit as well as the potential “blind spots” or limitations can help applicants make best use of the available resources (Table 5.1).

As with everything in academic promotion, individuals and institutions vary enormously in organization, terminology, and practices. It is important for applicants to research both the official and more informal resources available in their own institutions. Talking to colleagues who have recently completed promotion or have served on committees is the best way to ascertain where to find the most accessible and appropriate assistance for different issues and the “unwritten rules” about how things are done and how to get help. The key is knowing whom to approach for guidance on a specific issue. This can range from finding a clerical assistant who is experienced in completing the documents and takes pride in making the dossier look complete, polished, and professional to a senior associate dean who can explain the nuances and politics of admissible evidence or exact meaning of a criterion statement. Applicants should not hesitate to reach out to recommended resources in other departments or units in order to get good objective assistance. This requires some entrepreneurial skill from applicants and may take individuals be out of their comfort zones, but promotion is a high-stakes undertaking and merits the effort invested. It almost certainly involves requesting time and assistance from very busy and often very senior people. Assistance is much more likely to be given to applicants who are courteous and thoughtful and have researched the issue before asking for help. With so much information usually available on websites and from seminars and readily available materials, direct requests to individuals are best limited to clarification or validation of issues or to address unique or complex situations.

Table 5.1 Participants in the academic promotion process: responsibilities and limitations

	Areas of responsibility, expertise, and assistance	Limitations and caveats
Dean of medical school	“Public face” of the process and related events Ensures liaison with health science center or university Responsible for meeting accreditation standards Final responsibility for school’s promotion and tenure system Allocates resources for promotion activities Supervises office of faculty affairs (or equivalent) Oversees departmental/unit promotion activities Liaison with faculty governance system Appoints/approves promotion committee members in accordance with faculty bylaws Makes (or involved in) crucial decisions about award/denial, appeals	High-level strategic, political, and significant issues: may not have detailed knowledge of policies and procedures Usually delegates management to an associate dean May not influence conduct or votes of committee Needs to consider institution as well as individuals

	Areas of responsibility, expertise, and assistance	Limitations and caveats
Faculty affairs associate dean and staff	<p>Responsible to dean for the integrity and functioning of the promotion system</p> <p>Responsible for informing and communicating with faculty about promotion, including maintaining websites, providing information about requirements, announcing deadlines</p> <p>Collaborate with departments to ensure information and services available school-wide</p> <p>Ensure tenure-track faculty members receive notice of deadlines for review and updated information on tenure clocks</p> <p>Provide major resource for all issues related to how the system works including policies, regulations, logistics, timelines, documentation, confidentiality, and appeals</p> <p>Ensure departmental committees function appropriately</p> <p>Provide orientation and training for review committee members, chairs, and others contributing to the process (may include unconscious bias training)</p> <p>Solicit/manage external reviews</p>	<p>Often very busy. Multiple other faculty affairs responsibilities</p> <p>Must serve all applicants and avoid bias or conflict of interest</p> <p>“Big picture” perspective, may not have detailed insights about individual’s situation</p>
	<p>Ensure review process adheres to regulations and timelines</p> <p>Enforce conflict of interest, confidentiality, and antibias requirements (associate dean may be a chair or member of school review committee)</p> <p>Provide staffing and support for school-wide review committee, ensure appropriate documentation of proceedings and evidence for decisions</p> <p>Manage/staff appeals process</p> <p>May provide training for applicants and staff</p> <p>May arrange for assistance or review of applicant materials</p>	<p>May have limited ability to influence departments</p> <p>May not be able to require training</p> <p>Schools differ in process to obtain external reviews</p> <p>Associate dean may have limited authority to allow flexibility in regulations, e.g., late submission of article or award received after deadline for CV</p> <p>Minutes/documents may be discoverable in appeals</p> <p>Conflict of interest if appeals based on flawed process</p> <p>Reviewers may disagree with their recommendations. Limited resources to review individual applications</p>

(continued)

Table 5.1 (continued)

	Areas of responsibility, expertise, and assistance	Limitations and caveats
Departmental chair or division chief	<p>Ensures all faculty members have access to information about academic promotion process</p> <p>Responsible for career development of faculty including appointment to academic track, assigning advisors and mentors, facilitating opportunities to meet criteria for promotion and regular reviews of progress</p> <p>Responsible for promotion review at departmental level including appointment and functioning of departmental committee</p> <p>May provide staff and other assistance to applicants</p>	<p>Includes part-time and volunteer faculty and those based off-campus</p> <p>May lack detailed knowledge of individuals. In large department, may delegate to unit leader</p> <p>May have limited resources or competing priorities</p>
	<p>Provides personal assessment of applicant's qualifications for promotion ("chair's letter")</p> <p>Can use chair's letter to expand on value of achievements and contributions to institution and add speciality or local information to enable reviewers to appreciate significance of achievements</p> <p>Provides feedback to dean (or associate dean) on process and national developments in specific speciality.</p> <p>May collaborate with other chairs and faculty governance on improvements to system</p>	<p>Must provide objective, valid, unbiased review of each applicant (not "plain vanilla" or form letter)</p> <p>Must consider impact on department of success or failure of each application</p>
Departmental committee	<p>Responsible for assessment by departmental colleagues of eligibility for promotion</p> <p>Departmental recommendation may be most significant factor in promotion decision with validation by senior administrators <i>OR</i> may be advisory to school-wide committee and senior administrators</p> <p>May provide a robust review before final submission <i>OR</i> may be purely summative assessment</p> <p>"Committee letter" can emphasize applicant's value to institution and expand on CV entries to help reviewers appreciate their significance</p>	<p>May be predominantly tenured senior faculty with limited experience of non-tenure tracks</p> <p>Committee or chair may provide feedback to applicant on ways to improve application</p> <p>Objectivity may be threatened by personal contacts/desire to promote department. Risk of considering information <i>NOT</i> included in application in making decisions</p>

	Areas of responsibility, expertise, and assistance	Limitations and caveats
Committee chair	Responsible to departmental chair and associate dean for departmental review: Ensures committee follows policies and procedures to provide every applicant a thorough, fair, and appropriate review including following rules of order, applying correct specific criteria, minimizing bias and conflict of interest, and maintaining confidentiality. Ensures accurate and completed documentation of committee proceedings, including record of votes and evidence for decisions	
School-wide promotion committee	Usually a significant component of faculty governance providing assessment on behalf of the entire faculty regarding eligibility for promotion. Membership determined by faculty bylaws to represent major constituencies in the school Members may be elected by the faculty and/or appointed by dean	Senior faculty members, may be predominantly tenured with limited experience of non-tenure tracks
	Provide recommendations or decisions on behalf of the school's faculty regarding promotion and/or award of tenure to individuals	Diverse backgrounds, may have misconceptions of roles of individual applicants or limited appreciation of significance of specific items in applications
	Very formal process, integrity monitored by chair and/or associate dean. Proceedings recorded and discoverable in appeals	Risk of bias based on discipline/specialty and other factors
	Assessments may only be subject to appeal based on flawed process	

Busy administrators, advisors, and staff do not appreciate requests for answers to straightforward questions that applicants could have answered for themselves by reading the instructions or guidance to applicant's documents.

This chapter reviews the responsibilities and roles of individuals commonly involved in applications for promotion. The emphasis is on their potential usefulness to applicants and common limitations of their advice or assistance. The roles and practices in individual schools may vary.

Dean of the Medical School

The dean is technically responsible for all the functions of the school, including the academic promotion process. He/she must ensure all departments and units within the school of medicine adhere to the policies and procedures of the health science center or university. As the medical school representative and liaison to other schools and units of the university, the dean should monitor any proposed institutional changes related to academic promotion and act as an advocate for the medical school in high-level university discussions related to all faculty affairs, including academic promotion policies and procedures.

The university also requires the dean to ensure that the school meets all standards and expectations of accrediting bodies for the school and related programs [1].

Within the school, the dean holds departments and other units accountable for managing an effective and accessible service for academic promotion. This requires ensuring policies and procedures are followed, working with faculty governance representatives, and monitoring feedback from faculty about the system. He/she is also responsible for allocating funds and resources to units and departments within the school to carry out their responsibilities in faculty development and academic promotion effectively.

The dean is ultimately responsible for the effective functioning of the entire process for review of applicants. He/she may be responsible for appointing or approving members of school-wide review committees and ensuring such committees function effectively, according to institutional policies and procedures.

In addition to appointing or approving committee members, the dean usually has several direct roles in the academic promotion process within the school. First, as the leader of the faculty, he/she is often the "public face" of the system. Communications about the process may be sent under the dean's name and his/her signature is often found on key documents such as letters notifying promotion success or award of tenure—and on less welcome notice of denial of promotion or even potential for dismissal following denial of tenure. The dean is also likely to be involved in publicly announcing promotions and in events celebrating success in promotion.

Depending on the institution, the dean may make the final decision about each promotion based on recommendations from committees and individuals, or he/she may make a decision that has to be finally approved at the university level by an

institutional committee (representing all schools in the health science center or university) or a very senior administrator. In some systems, the final approval may be by a governing board. In an alternative model, where key decisions are made at the departmental or unit level, the dean's role may be to approve or affirm a promotion decision made at the departmental- or school-wide peer review level.

The dean is likely to be deeply involved in denials, especially of tenure, and in any appeals of promotion and/or tenure decisions. Although officially "the buck stops" in the dean's office, the management of academic promotion is generally devolved to an associate or senior associate dean.

Associate or Senior Associate Dean for Faculty Affairs and Staff

The management of academic promotion is usually the responsibility of an office within the dean's administration that handles all faculty affairs functions including recruitment, appointment, advancement, retirement, and termination. Over 80% of these offices have titles including "faculty affairs" and are led by an associate or senior associate dean who is directly responsible to the dean for all faculty affairs function (a "direct report") [2].

This office usually manages all aspects of academic promotion. It is responsible for communications with the faculty and unit leaders about deadlines and requirements for promotion and maintains websites and information resources. This frequently includes providing workshops, information or training sessions, and presentations to departments, groups, applicants, or the faculty at large. The office works directly with departmental leaders to ensure the promotion system is working effectively at the unit level and to encourage comparability across departments in services and implementation of regulations.

A major component of this office's function concerns managing the review system. It ensures promotion committees at all levels are correctly constructed according to the school's bylaws. Many faculty affairs offices provide orientation and training services for committee members, including "mock review" sessions and workshops on unconscious bias. Working with the committee chair(s), the office enforces procedural and ethical requirements such as conflict of interest and confidentiality. The office usually provides staffing and logistical support for the school-wide committee. One significant aspect concerns ensuring discussions and votes are appropriately documented and stored as committee proceedings can be discoverable in case of an appeal.

Applicants usually have direct contact with the office of faculty affairs through workshops or information sessions provided for applicants or when requesting assistance with a specific aspect of the application. The associate dean and staff are expert in all policies, procedures, and traditions of the promotion process. They can help interpret criteria and requirements and explain how these have been applied in

previous promotion cycles. They cannot predict how reviewers will assess individual applications and usually provide advice with the explicit caveat that following their recommendations does not guarantee success. They are experts in technical and logistical aspects of the promotion process and should be consulted for issues concerning format, timelines, and flow of documentation.

The office frequently has a specific responsibility to solicit external reviews on behalf of the school from individuals identified by the applicant. They may verify that the proposed reviewer meets the school's requirements, formally request the review, and work with external reviewers to receive appropriate input on time. This includes providing the reviewer with the applicant's CV, information on the promotion criteria, and any other necessary materials. With many applicants in each review cycle, the staff effort involved in obtaining the required number of external reviews on time for each applicant can be enormous. The staff appreciate a faculty member who has prepared a robust list of potential reviewers and verified contact information early in the promotion application process.

The office of faculty affairs may be responsible for informing faculty members that their applications for promotion and/or award of tenure are not being recommended or approved. As discussed in Chap. 10, each institution has explicit procedures for this situation that must be followed because of the possibility of an appeal or legal proceedings against the medical school. The associate dean for faculty affairs may be responsible for ensuring the procedures are correctly followed and ensuring staffing for appeals or review committees.

Some offices of faculty affairs have the resources to provide feedback on draft application documents, but in many schools, assistance to applicants is limited to answering enquiries and providing general advice. Apart from specific technical questions that require the expertise of the faculty affairs office, assistance and coaching in preparing applications are generally expected to be provided at the departmental or unit level.

Academic Department or Unit

The academic department or unit (such as a major division of a large clinical department) has several roles in academic promotion.

Communication

The academic department is responsible for informing its faculty members about the promotion system and implementing medical school policies and procedures regarding academic promotion at the unit level. In particular, the departmental chair must ensure that tenure-track faculty members receive formal reminders about deadlines for required reviews and any changes to the tenure clock. Departments

may provide information to faculty members through websites, special sessions, or written materials, sometimes incorporated into a faculty reference handbook. Departments should use faculty meetings and routine communications such as newsletters to inform faculty members and staff about academic promotion services and training sessions provided by the school (see above) as well as those obtainable within the department. To meet the LCME accreditation standard (Appendix B), departments must ensure that all eligible faculty members, including those off-campus, receive information about the process, especially about deadlines and requirements for application. The LCME pays special attention to ensuring that all faculty members of the medical school have access to information and assistance regarding academic promotion, regardless of academic track, FTE status (full-time, part-time, or volunteer) or where they are based. This important responsibility often falls to academic departments.

Career Development/Academic Preparation for Promotion

A major contribution of departments and academic units to the promotion of individual faculty members is the long-term planning and development of career achievements that are validated by the promotion (see Chap. 7). The department/unit usually takes responsibility for providing advisors and mentors and in coaching faculty members how to use opportunities to develop a strong promotion portfolio. This includes facilitating collaborative projects within the department or school and encouraging participation in national specialty and educational organizations (Appendix C). This long-term strategy should always include robust regular reviews, at least annually, to monitor the progress of the academic career and make appropriate adjustments.

In the actual promotion process, beginning about 9–12 months before the deadline for applications, the department usually has two principal responsibilities, i.e., assistance in preparation of materials and departmental-level review of the application.

Preparing Application Materials

Strictly speaking, the preparation of materials is the responsibility of the applicant, but faculty members usually need assistance in understanding what information to provide and how to make the most compelling case for promotion. The departmental or academic unit is usually the major source of assistance in managing both the content of the dossier and its technical preparation (formatting).

Content

As described in Chaps. 7 and 8, a successful application requires much more than just filling out forms and updating a CV; it is a very serious undertaking that merits investment in understanding the system and preparing materials that leave the reviewers in no doubt about the applicant's eligibility for the requested promotion. The department may have a designated individual or group of faculty members who have experience with the academic promotion system and provide coaching for potential applicants about optimizing the content of the application. If no departmental system to coach applicants exists, or if the system is not functioning well, applicants should seek assistance from colleagues who have recently succeeded in promotion, preferably on the same track. It is also wise to seek assistance from a faculty member who has recently served on a promotion committee at the school or departmental level. Asking advice or seeking feedback from a current committee member creates a conflict of interest and is ethically unwise. Getting the perspectives of both a recently successful applicant for the same promotion and an experienced reviewer is very helpful in preparing a concise, correct, and compelling dossier for academic promotion. As discussed in Chap. 9, also seeking feedback from an experienced former reviewer from a very different department can provide critical insights on what the application conveys to a reviewer from a different discipline and identifying "blind spots". Senior faculty members of the applicant's department may be willing to request such reviews, often by asking a senior faculty member of a basic science department for feedback on the draft application.

Format

The evidence supporting the application for promotion must be provided in the required format and before the mandated deadlines. Nowadays this usually requires completing and uploading a set of electronic documents that are formatted to standardize applications as much as possible despite the very diverse evidence presented by applicants (see Chap. 6). The documents, including the required CV, may include tables to be completed and/or sections for narrative descriptions of activities and achievements. Applicants frequently find the formats frustrating and struggle to understand "what goes where?" and how to convey the richness of their contributions in a restricted format. In particular, application formats are frequently "one size fits all", so all applicants encounter sections that are not applicable to their role in the school. Most applicants hate to leave sections blank and are confused and stressed by how to handle these sections. Preparing an application for promotion is a steep learning curve and good staff assistance is invaluable. The academic department may have designated staff member(s) who have training and experience in preparing materials for academic promotion. If the department makes inexperienced staff available to assist with the application, they should attend all training offered by the faculty affairs office and develop working relationships with the staff of that office.

Departmental-Level Review

As described in Chap. 4, applications should receive a robust review by colleagues at the departmental level. In some schools, this is the most crucial review with decisions likely to be affirmed by additional reviews at the school or dean's level. In other institutions, the departmental review provides recommendations that are considered along with other evidence in making decisions about promotion at the school or institutional level. In either case, the departmental review is a critical stage in the promotion process. The departmental chair is responsible to the dean (or associate dean for faculty affairs) for the conduct of the departmental review. He/she must ensure that departmental review committees function according to the school's policies and procedures. This covers all aspects from election or appointment of committee members to maintaining accurate and correctly formatted records of committee proceedings. These responsibilities are frequently delegated to a designated senior faculty member who may also chair the departmental promotion committee.

Chair's assessment (letter): In most institutions, the chair or head of the academic unit in which the applicant has his/her primary appointment is required to provide a personal assessment of the applicant's eligibility for promotion. This may be required to be independent of the departmental committee's assessment or the two may be combined into a single departmental assessment. As described in Chap. 6, an effective chair's letter concerns the achievements of the applicant and his/her contributions to the institution and does not focus on the personal attributes of the individual. It must address the extent to which the applicant meets or exceeds the requirements and expectations for the requested promotion. Chairs face many challenges in providing a useful and objective assessment of faculty members. While wanting to support the faculty member, department, and specialty, overenthusiastic support of a weak application may damage the credibility of future assessments from the department. Conversely a "plain vanilla" letter may appear as a reluctant endorsement and provides little assistance to reviewers. Despite the number of applicants from a department, the chair should endeavor to provide each applicant with a unique letter of assessment. Reviewers quickly learn to discount chair assessments that use the same form letter for all applicants. A really effective chair letter takes advantage of the opportunity to expand on items in the CV to ensure their value is appreciated by reviewers. This might involve providing information about the prestige in the specialty of specific publications or the highly competitive process of selection for certain conferences. The chair can also provide context to CV entries about clinical or educational activities to emphasize the quality and impact of the applicant's work.

Departmental committee assessment: As described above and in Chap. 6, the departmental committee, often called the promotion or advancement committee, aims to provide a valid and objective assessment of the applicant's eligibility for promotion on behalf of his/her colleagues in the department. This may be the crucial stage in an application. Even if it is not the major decision point, an application that

is not endorsed by the department is unlikely to be successful. Departmental committees can provide very valid and influential assessments. As in all reviews, committees may be predominantly comprised of tenured individuals and must take care to apply the applicable criteria for non-tenure-track applications. The other major challenges for departmental committees include objectivity, restricting the review to the materials provided, and ensuring due process in the committee's functions. Departmental committees can struggle if the members know the applicant and are aware of information left out of the application that could enhance the applicant's achievements. Conversely, an even more serious challenge concerns exaggerated claims or omission of detrimental information, including violations of professional conduct. While committees are supposed to consider only the submitted materials, they are responsible for a peer assessment and may need to consult the faculty affairs office if they believe the application does not accurately reflect the applicant's achievements or some other factor exists that makes the honor of academic promotion inappropriate. In some systems, the departmental committee can provide feedback and reconsider a revised application. In other systems, the committee must make binding decisions or recommendations based on the dossier provided. The final challenge to a departmental committee, especially the chair, is to scrupulously maintain the formal process mandated by the school for committee proceedings and documentation of outcomes. An applicant who is denied promotion and/or tenure can appeal based on flawed process. The departmental committee must be able to document that every applicant received an adequate, fair, and thorough review.

School or Institutional Promotion Committees

In many institutions, decisions or recommendations about academic promotion are made by a committee representing the entire faculty. The composition, responsibilities, and reporting lines of this committee are determined by the faculty bylaws. Membership is often restricted to senior faculty members, usually full professors, who may be elected by the faculty or appointed by the dean. The committee may have a combination of elected and appointed members. Membership may be restricted to tenured professors or include all tracks. Some schools have different committees for tenure and non-tenure tracks to facilitate review by peers; in other systems, all tracks are reviewed by a single committee.

Institutional committees are usually constructed to include a balance of members from basic science and clinical departments, and bylaws may restrict the number of members from individual departments to attempt to secure representation from a broad variety of disciplines. Committee members should be coached to regard themselves as a peer review team representing the entire faculty. Individuals must avoid the role of departmental or specialty representative and must bring an unbiased perspective to the review of each application. This can be very challenging and requires leadership and guidance from the committee chair. Many schools provide training for committee members, including reviews of mock applications, discussions of

potential bias, and review of requirements for maintaining confidentiality and disclosure of conflict of interest. The chair must ensure that committee members with any real or perceived conflict of interest are excused from the review. He/she must monitor the committee process to ensure that reviewers are basing their assessments on the extent to which the materials provided show evidence of meeting the criteria for the specific promotion requested and not bringing additional information or personal opinions into the review. As the senior faculty of most schools experienced a tenure-based culture throughout their careers, the chair must ensure that committee members understand and follow criteria for non-tenure tracks when applicable. The chair must also ensure the committee uses correct procedure in reaching formal decisions. As an appeal against a decision can be based on flaws in the process, the chair must ensure that the committee proceedings are correctly documented and securely stored.

The broad representation on the committee provides a rich variety of perspectives and experience in reviewing each application but also means that an individual reviewer may have little insight into the background of a specific application. As stressed repeatedly, the applicant must ensure that the value of his/her achievements is clear, even to a reviewer from a completely different unit of the institution. For clinicians, this often requires understanding how the application appears to a distinguished researcher in the basic sciences and taking care to demonstrate that each of the criteria or expectations for promotion is met or exceeded.

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Part II
Navigating the Academic Promotion
Process

Chapter 6

Applying for Academic Promotion: Why? When? What?

Motivation: *Why Is Academic Promotion Important for Clinicians?*

Clarifying the “why” or motivation for academic promotion and realizing its potential wider impact is essential for success and should be the first stage in the process. For faculty members on tenure track, the reasons to apply for academic promotion are brutally straightforward: award of tenure, often combined with promotion to associate professor, is required by a specified date. If the institution has an “up or out” policy, tenure must be awarded to continue working at the medical school. Failure to achieve tenure may even impede securing an academic appointment at another institution.

The majority of clinicians, however, are not on tenure track so do not face this serious threat to their careers. As sources of career satisfaction, clinicians tend to prioritize interesting and worthwhile clinical practice plus positive collegial relationships above academic honors [1–6]. These priorities may detract from an individual’s interest in academic promotion and impede investing the time and energy in going through the process. Even more seriously, as discussed in Chap. 1, many clinical faculty members have negative perceptions of the academic promotion process, and about half do not trust their institutions to make consistent promotion decisions [6–8]. Why should busy clinicians devote significant time and energy to completing a complicated process with no guarantee of success and somewhat nebulous rewards?

The answer lies in considering the full impact of an individual’s promotion. Promotion of one faculty member is much more than a personal honor; it influences colleagues, academic programs, units, or departments and may have implications beyond the medical school. Each of these levels of impact may provide or contribute to motivation for a clinical faculty member to seek academic promotion, regardless of academic track.

At the personal level, advancement from assistant to associate professor recognizes the faculty member's achievements and identifies him/her as a current or potential leader in the institution. In most medical schools, promotion to full professor recognizes national leadership in his/her area of expertise and in academic medicine with a reputation extending well beyond the institution. Personal recognition and validation of achievements are important internal motivations, for even the most modest individual. For some clinicians, they provide the major motivation to apply for promotion.

Importantly, personal or "internal" motivation for academic promotion is often more than simply seeking ego gratification or self-aggrandizement. Clinicians are acculturated to strive for excellence and accustomed to applying continuous quality improvement to their clinical activities. Well-constructed criteria for academic promotion should articulate the standards that define "excellence" in each area of responsibility, e.g., education, scholarship, and service (see Chap. 3). For the clinician who intuitively seeks and aims for "gold standards" in all professional activities, the promotion system provides the framework to validate achievements across the multiple aspects of his/her career. Quite simply, most clinicians expect to do whatever they undertake very well and to be held to and recognized for achieving standards of excellence. The academic promotion system should serve that function.

For an individual faculty member, academic promotion provides professional validation and enhanced status in the academic community but may not result in salary increase or other tangible benefits. Each medical school has policies and practices concerning any increase in salary or other enhancements associated with academic promotion. These policies can be found in the faculty handbook or on faculty affairs websites. Within these institutional strategies, decisions about tangible rewards associated with promotion are made by departments or divisions, often on an individual basis.

Regardless of the formal incentives at the departmental or unit level, if one clinician is successful in academic promotion, his/her colleagues are influenced to regard promotion as attainable and may be motivated to consider advancing their own academic rank. Within an academic unit, the attitudes and beliefs about the feasibility and value of academic promotion may change significantly based on the experience (good or bad) of a few individuals. The culture of the academic unit such as a department or division is crucial in motivation for academic promotion. Leaders may place a high priority on promotion, recognizing it as a quality marker within the institution, and may encourage or incentivize faculty members to actively plan for progression in academic rank. Nevertheless, the attitudes and experiences of peers and mentors are likely to be more influential than policies and strategies set by department chairs or other academic leaders [1, 9].

The departmental and wider implications of an individual clinician's academic promotion are often overlooked but may provide powerful motivation for clinicians to undertake the process. Academic promotion is one way for clinical departments to demonstrate academic credentials, particularly in scholarship. Faculty members in the more newly recognized specialties or those without a strong research tradition are also often motivated to achieve promotion, at least in part, to increase the academic

credibility of the specialty. A similar motivation may apply to regional campuses as they attempt to increase recognition of quality in education and scholarship as well as in service.

On a practical level, the institution may have bylaws or traditions that require associate or professorial rank for membership of some committees or to hold some senior administrative positions. The general reluctance of clinicians to apply for higher rank can be a factor limiting the effective representation of clinicians in faculty governance or senior administration. Conversely, the desire to contribute to crucial decisions for the school or personal interest in assuming a leadership position may contribute to the motivation for promotion.

On an even more practical level for most clinicians, accrediting agencies for medical schools and residency programs consider the academic development and advancement of faculty members as indicators of the healthy scholarly environment essential for education and the status of the educational unit within the institution. Especially for those teaching in residency programs, the potential to benefit the educational program may be a more powerful incentive to apply for academic promotion than any personal recognition. Key educators may already have achievements that meet promotion criteria on clinical or clinician-educator tracks but may not realize this opportunity to benefit themselves and their programs. Other faculty members may have potential to complete the requirements fairly easily but not be aware of the specific criteria for their tracks or the benefit to their programs. Academic leaders, especially residency program directors and departmental chairs, can benefit programs through initiatives to assist clinical educators achieve academic promotion.

Overall, while validation of personal career success is undoubtedly important, it may not be the compelling or even most important reason to seek promotion for clinical faculty members. Recognizing the potential value for colleagues, programs, academic units, the institution, and the specialty can provide important motivation to apply for academic promotion among clinicians. For most clinicians, the final decision to apply for promotion is based on a combination of internal and external motivating factors and is greatly influenced by perceptions of supervisors, mentors and peers, the experience of colleagues in seeking promotion, and the amount of practical assistance available to coach them through the process.

Appropriate and realistic motivation drives the entire process. It provides the energy to ensure a complete and compelling submission, as well as to inspire staff, referees, and others to provide quality contributions. Above all, valid motivation often enables the applicant to connect with and influence reviewers through the personal statements or narrative sections of the application. Quite simply, an individual who has thought through the reasons for academic promotion is likely to provide a superior application and have a greater likelihood of success than a faculty member who goes into the process reluctantly or with only vague or even inappropriate motivation.

Timing: *When Should Individuals Apply for Academic Promotion?*

Faculty members on tenure tracks are provided with strict deadlines by which they must apply for award of tenure. In many institutions, the award of tenure is also linked to promotion to associate professor. As explained in Chap. 2, many medical schools have extended this “tenure clock” for clinicians beyond the traditional 7 years and have introduced various mechanisms to slow or temporarily stop the time progression under specified circumstances [10, 11]. Nevertheless, universities take the tenure process very seriously and can be inflexible in granting extensions for the time allowed to meet all the criteria for award of tenure and any linked promotion. Faculty members on tenure track need to carefully monitor their status in meeting criteria by the relevant deadline. It is particularly important to be realistic about being prepared by the deadline and plan well ahead for any request for a time extension or track change. Universities often have a cutoff date for applications to extend the tenure clock or change track. Deadlines are commonly set to prevent faculty seeking delays or changes in the last year of the “clock” if failure to be promoted seems likely. Even if the university allows extensions or temporary stops of the tenure clock, some institutions only grant these under extraordinary circumstances and require evidence that unanticipated events intervened in the planned academic career. The institutional decision process can take a long time, and the tenure clock keeps running down pending the decision.

Faculty members on non-tenure tracks, including the majority of clinicians, are not usually bound by institutional requirements to apply for promotion within a specified number of years. Many schools have attempted to de-emphasize counting years in promotion decisions in order to have reviewers and applicants focus on achievements and fulfillment of criteria for promotion rather than time in grade. Unfortunately, the long tradition of time being highly significant in promotions was established when the majority of faculty members were on tenure track and the mindset is difficult to overcome.

Even if no formal time requirement to apply for promotion exists, the faculty handbook and medical school policy documents may indicate institutional expectations about time to advance in academic rank for non-tenure tracks. These expectations may use a positive statement about a customary or recommended number of years between appointment as assistant and associate professor or may state the minimum number of years to be served at one rank before consideration for promotion. This second approach is often taken for promotions to full professor as this confers the university’s highest academic status and is reserved for seasoned individuals with national or international reputations (see Chap. 2). The policy documents may also have wording that indicates that applications earlier than the customary or recommended time period are expected to show “exceptional” merit. This is a careful way of warning faculty members not to risk early applications unless they are pretty certain of success. The reviewers, staff, and institution invest a lot of time and resources in processing every application; they don’t welcome

“trial runs” of borderline applications adding to the burden of reviews to be completed every cycle.

Within the medical school’s formal policy statements, each unit and faculty group has a concept of the appropriate timing of application for promotion. As indicated above, unit leadership and the experience and opinions of colleagues strongly influence an individual’s beliefs and attitudes about academic promotion, including the optimum time to apply. The timing of application for academic promotion is a serious and highly individualized decision. Waiting too long risks raising doubts about commitment to academic advancement or even suspicion of low academic productivity during a long period of employment at the school. It certainly indicates that academic career promotion was not a priority for the individual. Conversely, applying too early often attracts extra scrutiny to ensure the criteria or expectations for the requested promotion have been completely met in a shorter-than-usual time.

The best time to apply for academic promotion is when the applicant believes he/she is prepared and the application has a high probability of success. As discussed in the next chapter about strategy for application, carefully chosen advisors can be very helpful in making this decision.

What: *What Do Clinicians Need to Submit in a Promotion Application?*

Each medical school has a detailed process for academic promotion (see Chap. 4) that starts at the department or division/unit level and progresses to the highest administrative levels of the university. Information on this process is available through the office that manages faculty affairs in most medical schools. Applicants must adhere to this process by submitting all required documentation and other information in the correct format before the specified deadlines. The process is inflexible—even busy and important clinicians must abide by the institutional rules for what needs to be submitted, in which format, and by when. Importantly, most institutions now use electronic submissions so extra time and effort may be necessary to convert documents such as letters, articles, book chapters, or grant documentation to formats that can be entered into online systems. Chapters 8 and 9 address specific strategies to prepare the optimal application for academic promotion.

The promotion process can be challenging as it is high stakes and unfamiliar for most clinical faculty members. Clinicians also find academic promotion stressful and/or frustrating as they have limited control over much of the process—the regulations are set by the institution, and the applicant has to depend on others for key components such as letters of recommendation. As described in the following chapters, starting early, taking the process seriously, and using appropriate assistance to navigate the process are essential for success.

As with everything in academic promotion, each institution is unique. The materials required for promotion differ among schools but in general fall into four major

categories, i.e., the curriculum vitae or similar documentation of the personal academic record, evidence from peers and supervisors within the institution, evidence from external peers, and other supporting evidence.

The Curriculum Vitae (CV)

The CV is literally the story of an individual's life journey in academia. It may be the single most important component of the application and is the section where applicants have greatest input. The CV can be regarded as the applicant's "voice" articulating his/her evidence of meeting the criteria for promotion. This should resonate with the other parts of the application that provide assessments by supervisors and peers both within and outside the institution.

The CV format is usually standardized by the medical school to facilitate objective assessment of individuals from very different backgrounds and to assist reviewers find the most important evidence pertaining to the criteria for promotion. The CV required for academic promotion is likely to be quite different from a CV used for other purposes such as application for a grant or new position. The format often incorporates narrative or "personal statement" areas to allow the applicant to convey motivation and/or impact of his/her achievements on the institution. Some CV formats allow for inclusion of qualitative evidence that expands on the more quantitative documentation of positions held, courses taught, and research completed in a conventional CV. The promotion CV is also much more likely to require concrete evidence of performance outcomes such as learner evaluations or measures of clinical productivity than CVs for other purposes.

Schools may require or allow substitution of a portfolio (see Chap. 3) for specific sections of the CV for some promotions. This is most common in the requirement or recommendation for an educator's portfolio to document achievements in education for clinician-educators [12]. Alternatively, portfolios may be required or permitted in the "other documentation" section of the promotion application. Finally, the required CV format changes periodically to keep up with developments in the school and changing concepts of academic promotion. Even a well-maintained CV is likely to need updating and refining for a promotion application. Potential applicants must expect to invest considerable time in preparing a robust CV in the required format for each academic promotion (see Chaps. 8 and 9). This CV should be completed by the applicant and reviewed by advisors well in advance of the final deadline for applications. Importantly, some schools have "staggered deadlines" that require the CV to be entered into the system weeks or months before the final deadline for all materials so it can be distributed to the departmental committee, chair, and external referees.

Institutional (Internal) Documentation

This section of the promotion application enables colleagues, supervisors, and others within the institution to provide assessments of the applicant's qualifications for the requested academic promotion. These assessments must focus on fulfillment of the criteria for promotion and contributions to the institution *NOT* the personal attributes of the applicant.

The significance of the internal assessment varies greatly among schools. In some schools, the recommendation at the departmental level may be the critical step in promotion with the outcome rarely changed at higher administrative levels. In other institutions, the departmental or internal recommendations are important contributions to the decision-making process but are considered along with other evidence in a final decision made by a committee or administrator at a more senior level in the institution.

The format is often formally structured letters or standardized forms incorporating narrative assessments. One assessment is usually provided by a departmental or divisional committee of peers (often called the departmental advancement or promotion committee) and one from the department chair or other academic supervisor. Faculty members holding appointments in more than one department or involved in multi-departmental institutes may be required to provide assessments from more than one academic supervisor. The applicant is responsible for ensuring these documents are provided in the correct formats by the deadlines set by the medical school. As for the CV, these deadlines may not coincide with the final deadline for completion of application. A school using a "staggered deadlines" system may require the internal assessments weeks ahead of the deadline for final submission of all application materials.

Peer Assessment (Departmental Committee Letter)

As discussed in Chap. 4, the departmental or divisional assessment is usually provided by a committee of experienced peers. The goal is to provide an objective assessment of extent to which the applicant meets the criteria for promotion from the perspective of knowledgeable faculty members in the same department. These committees are established and run according to policies established by the medical school within the general policies of the university. These policies may require that only peers of a specific rank may assess some applications, e.g., only full professors can review applications for full professor. The policies usually specify how an application has to be managed and the process documented. While this may appear to be overregulation, good policies and practices for departmental reviews protect both the applicant and the department. Each applicant must feel confident of an adequate, confidential, and impartial review. Good practice at the departmental level helps promote comparability across units and departments. The institution must be able to document that policies were followed at the departmental/unit level in order to

promote confidence in the system and minimize the danger of appeals or even litigation following an unsuccessful application for promotion.

The departmental review may be the most vulnerable part of the entire promotion process. Providing an objective assessment of a colleague in the same department can be very challenging. The potential exists for both positive and negative bias. Colleagues may be motivated to advance an individual from the same specialty or unit or may have personal bias or conflict of interest. Even more challenging, departmental colleagues may be aware of items such as unprofessional behavior that are not well addressed in the criteria for promotion. Finally, clinicians may be concerned if departmental promotion committee members are predominantly senior faculty members who may make inappropriate recommendations by applying a tenure-based perspective to non-tenure applications. The committee chair is responsible for ensuring that each application is reviewed based on the criteria for the specific rank and track (e.g., to associate professor, clinician-educator track; see Chap. 2). The department chair and ultimately the associate dean for faculty affairs (or equivalent member of the dean's staff) also have responsibility for the appropriate functioning of the departmental review process.

The departmental assessment system may function in a formative process to triage applications and provide feedback to enable applicants to improve their applications before the final committee assessment. In other units, the departmental assessment is a summative decision to support or not support the application as submitted. Even in a formative process, the final outcome has to be a firm formal assessment of whether or not criteria are met and a summary of the evidence supporting that decision. The terminology may be "approve/disapprove" or "recommend/not recommend" depending on the decision-making arrangement in the institution. A good summary of the evidence supporting the final outcome is essential. "Plain vanilla" documents from departmental committees that provide a superficial endorsement of the applicant are not helpful to decision-makers later in the process. Even worse, ambiguous or vague endorsements leave later reviewers "reading between the lines" and speculating if departmental colleagues were not convinced that the promotion was merited but perceived a responsibility to support the applicant.

Supervisor's Assessment (Chair's Letter)

In most medical schools, the appropriate academic leader or supervisor must provide a valid evidence-based assessment addressing the applicant's achievements in terms of the criteria for the requested promotion. In a large department, the chair may not know the applicant's achievements in adequate detail to provide an appropriate assessment. A personal interview with the applicant may be very helpful. Department chairs may also seek, or be required to incorporate, assessments from others who know the applicant's work well, such as divisional or unit leaders. If the applicant has a secondary or joint appointment in another academic department, additional chair letters may be required or both chairs may sign a joint assessment.

The department chair faces many of the challenges described above for departmental committee members in providing an objective assessment of a faculty member in the same department. He/she has an obligation to advance the careers of individuals but also to provide a valid assessment of an individual's status in meeting the requirements for the requested promotion. In addition, the chair has to consider the implications for other members of the department. A successful promotion has many benefits for the department, but a denial can have adverse consequences and reinforce negative beliefs and attitudes about the system. Borderline or weak applications are particularly challenging for departmental leaders. Inappropriately strong support for such applications challenges the chair's integrity and potentially weakens the influence of his/her assessments for future candidates. If successful, borderline applications tend to encourage more applications from even less well-qualified faculty members in future years. In addition, a successful borderline application may weaken the chair's ability to incentivize or encourage faculty efforts, particularly in scholarship.

As described in Chap. 4, the assessment by the department chair or appropriate academic unit leader may be provided independently of that by the departmental faculty committee or the two assessments may be related. Again, the applicant is responsible for ensuring that the assessment is completed and entered into the system that manages promotion data in the required format and on time. As the chair may have several applicants in any one promotion cycle, the wise applicant plans well ahead and makes sure the chair has all necessary information to complete an effective letter well before the deadline.

Although the primary goal of the internal assessments is to provide a collegial perspective on the applicant's achievements, they offer an important and often overlooked opportunity to provide context for reviewers and to expand on the information provided in the applicant's CV. Reviewers and decision-makers at the school or institutional level are not likely to have the same background as the applicant and may not appreciate the significance of specialty or unit-specific information. The chair and departmental assessment can add details that explain the prestige of journals in which the applicant has published or the significance of competitive conference contributions and other items documented by the applicant. Similarly, they can add qualitative information that expands on the quantitative CV entries and highlights their value. For example, they can explain that a clinical service provides a regional service or a unique educational opportunity for learners or highlight the applicant's role in developing, expanding, and/or managing a crucial institutional service or course. The applicant has limited opportunity to provide such information in the CV and could risk sounding arrogant if he/she expounds on personal achievements. An applicant cannot coach the internal reviewers in what to say in their assessments, but he/she can ensure they have full information and are aware of the need to provide context for reviewers from very different backgrounds.

External Documentation

This component of the application provides the perspective of peers from other institutions. The aims are to provide additional information, potentially balance any bias from the internal assessments, and contribute to the medical school being equivalent to peer institutions in expectations for academic promotion.

The usual format is of letters (sometimes standardized forms incorporating space for narrative commentary) that provide assessments of the applicant's evidence of meeting the criteria for promotion from the perspective of a knowledgeable colleague at another institution. The external reviewers may also be asked to comment on the applicant's status within the specialty. This is especially important if recognition beyond the medical school is an expectation for the requested promotion. They are sometimes asked if the applicant would be promoted at the reviewer's institution. Reviewers may spontaneously provide this opinion without being asked; either way it is unwise as institutions differ so much in culture, values, and expectations for promotion. The external reviewers are usually provided with information about the school's criteria for promotion and the applicant's CV, hence the requirement in many schools for applicants to provide the CV well before the deadline for completing the application packet.

The applicant is often asked to nominate a specific minimum number of individuals as external reviewers. This number may be higher for promotion to full professor than to associate as external reputation is much more significant for promotion to full professor. All external reviewers should be capable of providing an informed and objective assessment of the applicant's achievements and qualifications for the requested promotion; however, institutions vary in eligibility requirements for external reviewers and in the applicant's role in obtaining their input. One approach is to mandate that the reviewer should be competent to assess the applicant's status for promotion but must not know the applicant personally. While this strategy reduces some forms of potential bias, it prevents participation by colleagues from other institutions who may have considerable useful knowledge of the applicant and important insights relevant to academic promotion. In addition to barring research collaborators, this strategy blocks input from peers who have served on committees or had other professional contacts with the applicant. The strategy can significantly limit the potential pool of qualified reviewers. Schools that do not ban reviewers who know the applicant personally risk personal bias influencing the recommendation and usually carefully word the instructions to external reviewers to reduce this risk. Some schools seek a combination of reviewers—both those who know the applicant personally and others “at arm's length.” [13].

The best external reviewers provide thoughtful, persuasive, and evidence-based assessments before deadlines. They should have credentials that are both relevant to the applicant's areas of expertise and convey credibility to the diverse individuals who review the application for promotion. In general, higher academic rank, preferably full professor, has more credibility as an external reviewer. The prestige of the external reviewer's institution, and/or its comparability as a peer institution, is also

influential. In selecting nominees, each applicant has to identify individuals with a good balance of specialty-specific knowledge, insights on the applicant's credentials, and other factors in order to focus on those who are most likely to provide an effective and timely assessment.

In addition to clarifying the criteria for external reviewers, applicants should be careful to follow the institution's required process to solicit the reviews. Applicants are commonly required to provide a list of potential external reviewers to the faculty affairs office. Schools differ in regulations about contacting them personally. The formal request for the review usually comes from the chair of the academic promotion committee or faculty affairs office. This request outlines the purpose and format of the external reviewer's contribution and usually includes information on the criteria for promotion and the applicant's CV. The institution may require applicants to have no personal contact with the external reviewer to avoid any suggestion of bias or influencing the review. Alternatively, an institution may recommend that applicants contact potential reviewers before submitting their names to verify contact information and willingness to provide a review. It is certainly unwise for applicants and external reviewers to communicate after the reviewer has agreed to participate as this raises the suspicion of influencing the external reviewer. Any requests for clarification from the external reviewer should be handled through the promotion committee or faculty affairs office.

Other Supporting Evidence

The instructions for completing the promotion documents should specify what items are appropriately entered in the "other" category, if one is included in the application materials for the institution. Common categories of "other" items include evidence verifying items claimed in the CV, evaluations and assessments, and supportive testimonials. The applicant is responsible for ensuring all necessary or useful items are entered correctly into the promotion system before the stipulated deadlines.

Verification documents include copies of publications, letters of award for grants, and copies of schedules for conferences. These serve to validate items reported in the CV as applicants have been known to make false claims or overstate achievements. Some schools check all claimed publications against PubMed or a similar system, but many do not have the resources to conduct verification searches on all applicants' lists of publications. Nevertheless, individual reviewers may conduct a literature search on the applicant, so it is important to ensure that the CV listing of publications is accurate. Schools may require a copy of each claimed publication to enable reviewers to verify its citation in the CV and assess its quality and significance for themselves. Publications and other items "in progress" may not be eligible for inclusion in the promotion application, but some schools allow their inclusion if evidence is provided that the manuscript or conference presentation/poster is under consideration or even "in press." Copies of correspondence with editorial staff may

be acceptable evidence or more formal statements from the journal editor or conference organizer may be required.

Evaluations and assessments may be entered into the “other” area of the application or integrated into the appropriate section of the CV, such as education, research, or service. Learner evaluations are often required and always useful, especially for clinician-educators. Some schools stipulate that applicants must provide unedited evaluations from students, residents, and/or fellows. Other institutions allow selected or summary data to be presented. Similarly, performance assessments from peers and/or supervisors may be required or may be advisable to provide additional evidence of the applicant’s suitability for promotion. For all assessments, the school may also require comparison data such as the mean evaluation score of all instructors on a course. Some schools require that copies of annual reviews are included in the application to provide a developmental trajectory over time.

Perhaps the most common inclusion in the wide range of miscellaneous “other” items is the supportive letter or testimonial. These differ from reviewer letters as they usually focus on one aspect of the applicant’s activities and may not be from faculty members. Examples are appreciative letters from patients or leaders of health-care organizations or testimonials from current or previous learners or mentees. Unless addressing a specific area of the applicant’s suitability for promotion that is not fully evident from data in the other parts of the application, such testimonials are rarely useful and may even appear to be “padding” the application with nonspecific praise for the applicant.

Putting It All Together

Together the different parts of the application should provide a comprehensive assessment of the applicant’s eligibility for the requested promotion. The reviewer should be provided with the perspectives of the applicant (in the CV and/or portfolios), departmental peers, supervisor(s), and peers from other institutions. Ideally, common themes should resonate throughout the application and the different sections should be synergistic. Any discrepancies between assessments will be quickly noted by reviewers. Most institutions have strict protocols that prevent applicants from coaching internal or external reviewers or influencing the content of the assessments provided for the promotion application. All contributors to the final application (departmental colleagues, supervisors, and external reviewers) are usually provided with the applicant’s CV and use it in making their independent assessments. This emphasizes the importance of preparing a valid, complete, and persuasive CV as the initial step in applying for promotion.

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Chapter 7

Strategies for Success: The Long Game

In an ideal academic world, promotion would be a natural validation of achievements as the faculty member progresses through a successful career. Unfortunately, applying for promotion often seems more like a challenging and urgent process to be managed by an already-busy clinician. Chapters 8 and 9 deal with preparing the best possible application and focus on the months leading up to submitting the application. This chapter considers long-term strategies that can be undertaken from the beginning of an academic career to facilitate progress and optimize success in promotion. While the advice may appear idealistic to those facing imminent application for promotion, specific items may be helpful even toward the end of the process. This chapter may also be a resource in advising colleagues, especially new or junior faculty members. In many ways, this chapter seeks to convey the advice seasoned faculty members wish they had received (or followed) earlier in their careers!

In the Beginning

Ideally, the potential for academic promotion would be an important component of the recruitment process. Early in their careers, most clinicians are focused on the clinical aspects of the proposed position during recruitment. Depending on personal interests, individuals may also pay significant attention to the educational and research responsibilities and opportunities being offered, but other aspects of the potential position often receive relatively little attention. Many clinicians have an unfortunate attitude that academic track, rank, and university policies are “bureaucratic stuff” that their divisional chief or department chair will manage for them. Unfortunately, even the best-intentioned academic supervisors may leave the institution, forget or have different recall of agreements, or must change or rescind commitments because of competing priorities. Trusting completely in leaders or mentors is unwise. More seriously, it leads to missed opportunities to understand the system

and can seriously impede maturing as a faculty member. Right from the start, an academic clinician should take responsibility for his/her own career development, seek advice from multiple sources, and compare and consider all advice carefully.

Academic positions are typically advertised or offered with at least three core components: a description of the responsibilities, required and desired (preferred) qualifications, and proposed academic rank and track. The full information is provided in a position description (PD) and formalized in individualized offer letters and contracts. Academic rank may be negotiable, depending on the qualifications and aspirations of the applicant and the practices of the recruiting department. As described in Chap. 2, most entry-level positions are at the rank of instructor or assistant professor. Associate professor rank may be offered for a more senior position that has significant leadership responsibilities. The candidate must meet the institutional criteria for the rank offered. In addition, appointment as an associate professor or professor may require approval from a departmental or school-wide promotion committee as well as from senior administrators of the institution.

The academic track may also be negotiable during recruitment. Although an applicant may feel uncomfortable negotiating during the recruitment process, starting on the appropriate track is well worth the hassle of finding out about the different track options and discussing the advantages and disadvantages of each before accepting a position. Full information about tracks and the promotion system should be available from the medical school office that manages faculty affairs. This central office is likely to have more complete information than the recruiting unit or department and more experience in answering individual questions about academic careers.

As described in Chap. 2, most medical schools now offer tenure and several non-tenure tracks in an attempt to provide career pathways that are correlated with the professional responsibilities and interests of faculty members. The choice of track determines the performance expectations and criteria for promotion. Before accepting a position, an applicant should review all the available tracks and determine which best fits his/her proposed role and offers the best pathway for advancement. Importantly, the priorities for the academic track must be reflected in the position description (PD) allocation of effort [1]. The PD should specify the percentage of full-time equivalent (FTE) devoted to clinical service, education, research, administration, and other responsibilities. Those who intend to focus on patient care or research are generally best served by clinical and research tracks, respectively, and the PD should specify that the largest percentage of FTE is devoted to the principal responsibility. Identifying the optimal track is more challenging for clinical faculty members who have more than one role in the medical school, such as clinical service plus education and/or research. As described in Chap. 2, such faculty members may have a choice of several tracks, including tenure. If tenure is an appropriate option for the individual and department, the potential to complete all the requirements for award of tenure within the time limits of the probationary period must be very seriously considered. Whatever track is selected, the PD should specify adequate FTE in each area such as education, clinical service, or research, for the faculty member to be able to meet the requirements for promotion. The most common

problem is for clinician-educator tracks to include a requirement for scholarship for promotion but for PDs to specify insufficient time for faculty members to conduct scholarly activities. The most serious situation is for tenure-track clinicians to have insufficient protected FTE to meet all requirements for promotion as a “triple threat” within the required time. The ideal time to identify and address issues in allocation and guarantee of FTE is during recruitment. This avoids the unfortunate scenario of attempting to renegotiate time and responsibilities after several years in a position, especially if frustration, resentment, and even fear of dismissal have developed over not being able to progress toward promotion.

Sustaining Progress

Assuming a clinician knows the basics of his/her track and the promotion system (see Chap. 4), sustained progress toward academic promotion requires appropriate advice and mentoring, individualized faculty development, creating and using opportunities to build credentials, and consistent documentation. These items are synergistic. They require effort by the individual faculty member and may involve stepping out of a comfort zone, for example, in seeking external advisors or making tough decisions about investing time and energy in unfamiliar activities [1].

Advice and Review

Clinical faculty members should consider seeking advice and support from four principal sources: the institutional office that manages promotion and tenure (usually the unit of the dean’s office that handles faculty affairs), experienced faculty members in the same unit or department, external advisors, and the academic unit leader (usually department chair or division chief). As discussed in Chap. 5, each of these sources has strengths to contribute to at least one aspect of academic promotion as well as potential limitations or “blind spots.” The principal disadvantage of seeking advice from multiple areas and individuals is the potential for inconsistent or even conflicting information. Most inconsistencies can be attributed to the different perspectives and overt or subconscious biases of the different sources. The individual faculty member must be able to “consider the source” in evaluating and applying all advice to his/her personal situation. In some situations, negotiation or even formal resolution of conflicting views must be sought.

The Faculty Affairs Office

The faculty affairs office is the most complete and reliable source of information on the process of academic promotion. As previously stressed, each faculty member should know the expectations for promotion that apply to his/her track. Rather than

depend on secondhand reports from individuals, each faculty member should review the formal descriptions found in policy documents and faculty affairs websites. As discussed in Chaps. 3 and 4, these “gold standards” may be vague and difficult to interpret or relate to the everyday responsibilities of clinical faculty members [2]. Reliable advice on how the criteria are interpreted and what is really expected for each promotion should be available from the faculty affairs office administrators and staff. As this office also manages the logistics of the process, it is the best source of information regarding timelines, documentation, and all process issues (see Chap. 4). These administrators and staff are responsible for the integrity of the entire process. They must avoid any conflict of interest or positive or negative bias toward individuals or groups of faculty members. They can be very helpful, especially in process and logistical issues, but must avoid giving the impression that following their recommendations guarantees success in promotion. As this office deals with “big picture” issues and takes a school-wide approach, the information may be limited in detailed practical advice for individuals.

Internal Advisors

Advice on interpreting promotion expectations at a practical level may be available from faculty members within the department or medical school, especially those who have been through the promotion process recently or have served on promotion committees. A major benefit of this level of advisor is that he/she can often assist in networking and facilitating practical steps toward achieving the promotion requirements as well as providing information about the regulations and process. A faculty member may need to seek out individuals to advise on promotion in addition to other advisors or mentors who assist with the different aspects of a clinical faculty member’s role in patient care, teaching, and research. Unfortunately, the advice received from different advisors may be contradictory, and misconceptions about academic promotion are common, often based on generalizations made from individual experiences. If possible, promotion advice should be sought from a faculty member with experience of the same track. Many senior faculty members in clinical departments have progressed on tenure track and may have limited understanding of the requirements for non-tenure tracks. All advice should be interpreted in the context of the perspective and experience of the provider—in the final analysis, the individual faculty member is responsible for his/her promotion decisions.

External Advisors and National Organizations

As described in the previous chapter, letters of recommendation from peers at other institutions may be required for academic promotion. External advisors or mentors can, however, be useful in other ways, and it is wise to seek them early in the career. Clinical faculty members often underestimate the potential usefulness of external advisors and national professional organizations. Every specialty has at least one

organization for educators (e.g., Society of Teachers of Family Medicine (STFM), Association for Surgical Education (ASE)), and many have additional organizations for those in specific roles such as directors of clinical clerkships or residency programs. A listing of major organizations for clinician educators is provided as Appendix 3. Other national organizations relevant to medical education range from broad comprehensive associations such as the Association of American Medical Colleges (AAMC) and American Medical Association (AMA) to those focused on specific areas such as simulation or use of standardized patients. Similarly, clinical organizations include large national associations, specialty-specific academies, and groups focused on specific topics such as quality improvement, clinical documentation, or ethics and humanities in clinical practice. Organizations for women (e.g., American Medical Women's Association (AMWA)) and minority groups (e.g., National Medical Association (NMA)) also offer career development and mentoring services.

Many institutions fund membership of professional organizations as a faculty benefit. Attendance at conferences may be funded as part of continuing medical education (CME) benefit or provided through travel grants if the faculty member is presenting at the conference. Joining one or more relevant national professional organizations early in one's career provides opportunities to network with colleagues from other institutions and to access the national experts and latest information in specific areas of interest. From a promotion perspective, the faculty member needs to actively participate in conferences and opportunities offered by national organizations to build his/her CV, network with colleagues nationally, and cultivate potential referees for promotion. Ideally, a senior faculty member can introduce the junior faculty member to national contacts and teach him/her how to "work the meeting" and optimize resources available through the organization. National contacts can become long-term external collaborators or mentors as a career develops or may assist with specific projects or problems. They can provide advice on career development and preparation for promotion that may be more objective than that from an internal advisor but is limited by unfamiliarity with the home institution. Having national contacts in one's specialty or area of interest is especially valuable for all faculty members seeking informed letters of support for promotion.

Academic Supervisor

The academic supervisor, often the department chair or division chief, has a unique role in advising and monitoring progress toward promotion. Most institutions require periodic faculty performance evaluations. The terminology may be "review" or "evaluation," but the purpose is typically both a summative review of performance and formative career planning. The time frame is usually annual with more frequent assessments added as indicated. Many reviews incorporate a longer-term perspective. For example, a 3- or 5-year "strategic" plan may be established as general goal statements with more detailed operational plans specifying actions to be taken and objectives to be achieved in the immediate months or year. As for other

policies and practices, each academic unit typically develops its own system but must follow school or institutionally set regulations. If a unit or department does not provide regular performance reviews, faculty members should request they be instituted and continued.

Understandably for busy faculty members and department or division leaders, performance reviews often focus on immediate issues related to clinical services and educational responsibilities. In addition to “productivity” and incentives, the review should include a discussion about academic track and plans for career development and promotion. This requires verification that the faculty member is on the optimal track and review of his/her interest, status, plans, and faculty development requirements for the next anticipated promotion. Individual plans may be impacted if institutions introduce new tracks or change regulations and criteria for academic tracks (see Chap. 2). More commonly, faculty members develop new interests or take on new responsibilities that make a different track a better option for promotion. Most medical schools permit track changes, but institutions differ greatly in the procedure and may limit the number or timing of such changes. The approval of the departmental chair is likely to be required for any track change.

While the department chair or divisional chief may not be the faculty member’s principal advisor regarding academic promotion, he/she should be aware of the faculty member’s intentions and progress and should review this as part of regular assessments. The academic unit leader has a responsibility to ensure each faculty member has appropriate advisors and access to information regarding faculty development opportunities and the promotion system. He/she is also in a position to help identify opportunities, encourage networking within the department, anticipate potential challenges, and allocate resources.

Faculty Development: Personal Career Growth

The term “faculty development” encompasses diverse activities that prepare faculty members for their various roles or enhance their performance in those roles [3]. Faculty development covers a spectrum from opportunities to build a specific skill, such as giving a lecture, to comprehensive career planning and coaching [4]. An array of programs and resources is available ranging from short sessions or self-teaching modules to fellowships, certificate, or degree courses. These resources and programs may focus on a single academic area, e.g., education, research, or administration, and range from general overviews to advanced skill enhancement in a specific area [3–5].

Faculty development activities may be provided the division, department, school, or institution. Many departments have a committee and/or individual designated to plan and conduct faculty development programs based on faculty needs and priorities. Many medical schools have offices or individuals (such as an associate or assistant dean) responsible for school-wide resources and services. The school may have a specific office responsible for faculty development, or this responsibility may be

incorporated into the office for faculty affairs [6]. The school may provide a range of services such as workshops, seminars, internal fellowship or certificate programs, or funding to attend conferences or courses [6]. Even if most of an individual's faculty development needs are met within the department, participation in school-wide activities provides a broader perspective and the opportunity to network with colleagues in other departments.

Many national organizations also have arrangements for faculty development, including fellowship and mentoring opportunities, to advance the careers of junior faculty members in the specialty (Appendix 3). Specific opportunities, especially in leadership development, are also provided by AAMC and foundations or organizations for certain groups such as female faculty members or those from underrepresented minority groups [7]. External career development opportunities can be valuable supplements to those available at the faculty member's own institution as they provide specialty-specific or individualized coaching and introductions to national experts and potential mentors. As external fellowships and similar programs are awarded by national competition and frequently incorporate an educational project, they can be prestigious additions to the CV.

The department chair or division chief usually has responsibility to ensure faculty members are aware of faculty development services and counseled about participating in appropriate activities to develop and expand their academic skills. Some departments require or recommend that junior faculty members prepare professional (or career) development plans. Nevertheless, any faculty member who is serious about his/her career should have the insight to identify his/her personal faculty development priorities and the initiative to seek out appropriate guidance, resources and activities within the institution, from national organizations and elsewhere. Negotiating time and support for faculty development is best incorporated into regular performance reviews and approached with realistic expectations. The best rationale is the added value that investment in faculty development will bring to the unit or school.

Building Credentials: Developing a Promotion Mindset

With the help of the advisors and resources discussed above, the faculty member should be well informed about the expectations and timeline for academic promotion. The importance of understanding the expectations for the individual's proposed promotion on the specific track cannot be overemphasized. Fulfilling these expectations requires strategic decisions, hard work, and taking advantage of opportunities. The key is to bring a "promotion mindset" to daily activities, almost of which have potential to contribute to academic promotion.

Strategic Decisions and Self-Discipline

Making Time Even with a formal plan for promotion or career development, optimal advising, and an appropriate formal allocation of FTE, plan execution is the responsibility of the individual faculty member. Each faculty member has some control over where to invest his/her time and energy. It is easy to allow the urgencies of patient care and/or education to encroach on time allocated to scholarship and personal development. Clinical faculty members regularly prioritize the needs of others and lose sight of the need to attend to their personal academic promotion. Academic “wellness” requires constructively declining some activities and deliberately undertaking others that are less comfortable or appealing. Insight and self-discipline are required, particularly in cutting down or stopping familiar activities that do not yield value for the time and effort invested. Saying “no” constructively when appropriate is an important skill to optimize productivity while retaining positive relationships and the potential for future offers of involvement in important activities [8]. Clinical faculty members often find taking on new projects or expanded responsibilities easier than deciding and/or negotiating what to drop in order to accommodate the additional work. A good advisor will help the faculty member work through strategic decisions about allocation of FTE, using a “tough love” approach if necessary. The advisor should also advocate for junior faculty members to be guaranteed the FTE necessary to execute all the responsibilities specified in the position description.

Where to Focus The expectations for promotion are usually categorized in terms of research/scholarship, education, and service. As discussed in Chaps. 2 and 3, the definitions and expectations in each of these areas vary among institutions, and the relative importance of each category varies enormously depending on track. Although every school is different, promotions typically require “significant achievements” or “excellence” in one or more core areas (education, scholarship, clinical service) and more modest or no achievements in others. This is referred to as the “triple threat” for tenure track and the “2+1” strategy for non-tenure tracks. For a clinician, a tenure track promotion to associate professor might specify strengths in education, research/scholarship, and service. A clinician-investigator seeking the same promotion might be required to demonstrate major strengths in research and clinical service with limited contributions to education. Clinician-educators are usually required to demonstrate strengths in education and clinical service, but research/scholarship may not be required or may be modified in the quantity and type of scholarship considered (see Chap. 3). Similarly, a clinical-track faculty member might be required to demonstrate excellence and leadership in clinical service with modest contributions to teaching and/or scholarship or may have no requirements in areas outside clinical service. Experienced internal advisors and individuals in the faculty affairs office can clarify the expectations for individuals based on rank and track in each institution. The obvious strategic decision is to invest time and effort in the most significant areas for promotion while ensuring adequate coverage of secondary areas. The key challenges are often in decisions

about participation in nonclinical service and in monitoring, adjusting, and optimizing the effort invested in clinical and/or education (see Section “*Opportunities to Build Credentials for Promotion*”).

Depending on the definitions of the institution, nonclinical service usually refers to administrative and committee work that contributes to running and managing the organization (see Chap. 3). This large area can include activities impacting all levels from the unit or department to the parent university. The wide range of functions included are as diverse as improvement of physical facilities, managing programs, faculty governance, and providing input to critical decisions about accreditation or the policies and regulations governing core functions. Some clinical faculty members have a significant service commitment due to their appointment; for example, a clerkship or residency program director is often required to be a member of committees managing educational programs. Clinical faculty members may be asked, assigned, or volunteer to participate in a task forces or committees to improve the function of an important part of the unit or medical school. The decision to take part in any service activity requires careful consideration of the potential advantages and disadvantages described in Chap. 3. The core consideration is to balance the opportunity to contribute to the organization and the time and effort required.

From the perspective of academic promotion, nonclinical service is usually the least significant of the areas considered. Some form of service contribution to the organization is usually expected or even required, but it is rarely accepted as the principal area for promotion. Some forms of service are significantly more valuable in promotion than others. This varies depending on the culture of the institution and the perspectives of reviewers. In general, the prestige of the group is determined by the impact of its work on crucial institutional functions. Membership of a committee responsible for an accreditation review or major curricular reform is likely to be impressive. Being elected to membership or appointed by a dean is more valuable than volunteering for a group. A leadership role, such a chairing a subcommittee or task force, is more impressive than general membership. Service activities can be stressful and time-consuming; a “promotion mindset” requires calculating if that time and effort are better invested in scholarly, educational, or clinical activities and being selective about participating in service activities. The principal reason for participating in service activities should be to improve an aspect of the institution’s function or address important issues, not to acquire credits toward academic promotion. Nevertheless, strategic thinking can optimize the value of service in academic promotion.

Opportunities to Build Credentials for Promotion

The primary opportunities for clinical faculty members to build credentials for promotion are in daily activities. Unanticipated opportunities may occur or be identified by advisors, but the key to promotion is in achieving the expected levels of excellence in one or more of the core areas for promotion (education, scholarship, clinical service) by leveraging daily activities to produce the optimum academic value.

Excellence in Daily Activities

As stressed at the beginning of this chapter, the position description and academic track should be aligned as closely as possible with the daily activities of the faculty member. Regular monitoring and adjustment are necessary to ensure that each faculty member is on the appropriate track. The expectations for promotion for each track should correspond to the primary responsibilities of the faculty members on that track so that individuals are promoted on the value of their contributions to the institution and achievements in their regular professional responsibilities. The formal guidance on what is required is often stated in vague terms such as “excellence” or “outstanding achievements” [2]. Advisors who have served on promotion committees and/or faculty affairs administrators and staff can clarify how these terms are interpreted in the institution and are applied to the different ranks and tracks. For individual faculty members, the key to academic promotion is in a “promotion mindset,” i.e., monitoring all daily activities for their potential contributions to fulfilling promotion criteria and creating/taking advantage of appropriate opportunities.

Achieving promotion rests on the faculty member’s ability to demonstrate the quantity and quality of his/her core activities in terms of the institution’s expectations for promotion. Performance measures demonstrating success are certain to be required. Examples include learner outcomes for educators, measures of quality and quality of practice for clinicians, and the traditional papers, grants, and abstracts for research (see Chap. 3). Leadership is a key component of excellence: “regional recognition” is often expected for promotion to associate professor and “national or international” recognition for professorial appointments. Being invited to consult or present at other medical schools is one measure of growing reputation. Mentors and external contacts are very useful in facilitating such invitations. In general, “excellence” is demonstrated by evidence of reaching beyond the requirements of a position to develop, improve, and bring “added value” to a mission area of the institution. Many clinicians find that applying the familiar clinical concepts of continuous quality improvement to their activities in education and other academic areas can identify potential areas for achieving the institutional expectations for “excellence.” Taking this approach also addresses one of the most frequent regrets of those applying for promotion—i.e., lack of baseline data to document improvements in clinical services or educational courses over time. The habit of documenting all professional activities and storing appropriate data on program outcomes should be started early and continued throughout the career.

Not infrequently, experienced clinical faculty members realize that they already meet the expectations for promotion because of their hard work and persistent dedication to improving/expanding clinical services or educational programs. The principal challenge in these cases is to document objective evidence of the achievements and clearly articulate their value to all reviewers, including those who have limited understanding of the specialist areas being described (see Chaps. 8 and 9).

Leveraging Professional Activities into Scholarship

Research and other forms of scholarship are critical for promotion of faculty members on tenure, research, and clinician-investigator tracks. Scholarship may be a secondary factor for clinical, clinician-educator, and other non-tenure tracks that use a 2+1 system. Even if scholarship is not a stated requirement for an academic promotion (as on a clinical track), it makes an impressive addition to an application. As already stressed, the major investment of effort for each faculty member must be in the principal areas required for promotion for the individual's specific track. Clinical and clinical-educator track faculty must prioritize securing credentials in clinical service and/or education for promotion: scholarship is desirable but not always essential for promotion on these tracks.

As discussed in Chap. 3, definitions and understandings of “scholarship” vary enormously. In some institutions, scholarship is still equated with traditional research or the “scholarship of discovery.” Many schools now use a Boyer-based system that recognizes a wider range of activities as scholarship in promotion considerations. The central requirements are that undertakings must be well-designed, rigorously carried out, peer-reviewed, and publicly disseminated for use by others. Each faculty member should not only verify the definitions used in his/her school but also use advisors and others to get a sense of how scholarship is generally perceived by reviewers and decision-makers. Individuals can interpret institutional definitions and guidelines very differently because of their backgrounds and perspectives. The faculty member must understand what is considered appropriate scholarly activity for the specific requested promotion.

Clinicians interested in traditionally defined (discovery) research may be able to take advantage of small grants programs and other support provided by the school or medical center to facilitate turning an observation or idea into a research question and a formal project. Such programs may be available for educational innovations as well as clinical investigations [9–11]. In many schools, an academy of medical educators or similar organization may provide funding and support for studies in educational topics [12]. Clinical faculty members may also have opportunities to participate in clinical trials or even in basic research as members of teams. Advisors may help to identify and access such opportunities. With the increasing emphasis on multidisciplinary and team science, collaborations may be found outside one's own unit or department or even in other institutions. An entrepreneurial approach is often necessary. Such collaborations usually need to be established years before an application for promotion as research takes time. Even when the project is completed, achieving publication can take months.

Clinical faculty members often underestimate the potential for other forms of scholarship based on their routine patient care activities. Electronic medical records may facilitate the conduct of patient-based research by enabling data to be collected by specific characteristics and comparisons made over time or by types of treatment. Interdisciplinary and quality improvement projects, if appropriately designed and conducted, can meet criteria for the scholarship of integration or application

(see Chap. 3). Many medical schools recognize scientifically conducted contributions to raising the quality of clinical care as appropriate scholarship for academic clinicians. This includes contributions to developing evidence-based clinical guidelines or practice recommendations and preparing review articles, book chapters, monographs, and similar resources that provide state-of-the-art information to practicing clinicians. The value of these contributions in promotion depends on validating their scholarly credentials (design, use of literature and evidence, peer-review, and dissemination) and their impact on patient care. Schools may also recognize less robust forms of scholarship such as reflective papers, essays, editorials, or letters to the editor, depending on the quality of the item and the prestige of the publication (Table 7.1).

Similarly, many aspects of developing, assessing, and improving educational programs have the potential to meet criteria for the scholarship of teaching (Chap. 3). Educators can also demonstrate contributions to their field through narrative and less formal forms of scholarship (Table 7.1).

Clinicians with a promotion mindset know what is appropriate for inclusion in their promotion application. They create and take advantage of opportunities and use resources to find and complete projects as well as to prepare publications, presentations, posters, and other forms of dissemination of project outcomes. The common term, “use everything twice,” stresses the crucial importance of scanning routine activities for scholarship potential [8]. An obvious example is that a good lecture or grand rounds presentation provides the audience with practical advice based on up-to-date expert recommendations and should be suitable for conversion to a clinical review article or book chapter that disseminates the information to a wider audience. Similarly, there is increasing demand for reports of effective innovations and other forms of scholarship in medical education. Many more examples of the potential for scholarly products from clinical and educational activities are listed in Table 7.1. Unfortunately, improvements and innovations are often evolutionary in busy educational programs rather than the carefully planned and hypothesis-driven projects that meet the Glassick criteria for quality scholarship discussed in Chap. 3. Developing a scholarly approach to education is important for faculty members building careers on clinical-educator tracks. It requires planning an innovation by articulating objectives prospectively, reviewing the relevant literature, and using appropriate methods that will enable outcomes to be validated by peer-review and presented publicly. Taking educational innovations to this level of scholarship is more important than “scoring” a publication, getting a grant or making an impressive CV entry: publishing or presenting validates the quality of the work and influences colleagues in other schools. Just as a good clinical review can change practice nationwide, a good educational report can have significant large-scale impact on medical education and is a serious undertaking.

The impact of any scholarship depends on its dissemination. Promotion systems still depend heavily on documentation of grant funds awarded and outcomes generated in terms of publications, posters, abstracts, and conference presentations. Many schools are developing ways to evaluate and recognize electronic and other dissemination formats, but these still may have lower prestige in review for promotion [13].

Table 7.1 Examples of creating scholarship from clinical and educational activities

	Local recognition	National recognition
Clinical activities		
Interesting, unusual, or illustrative patient encounter	Morning report, “M&M” conference, presentation to unit, institutional, or local conference	Letter to editor
		Case report ^a
Area of clinical interest/expertise	<i>As above plus:</i> CME presentation, invited presentation at other institutions or at regional, national conference	Review article, book chapter, monograph, online resources ^b
		Invited editorial/commentary
	Regional consultation	Reviewing and/or editing specialty journals/books
		Contribution to guidelines and standards of care
Clinical innovation in diagnosis and/or management	<i>As above plus:</i>	Letter to editor
	Potential for internal or sponsored grant funding	Research report or “brief report” ^c
Quality improvement project	<i>As above</i>	Invited editorial/commentary
		Research or brief report
Educational activities		Contribution to clinical guidelines ^c
		Reflective paper
		Letter to editor
Insightful teaching experience or student encounter	Local conference presentation/poster(s)	Presentation(s)/poster(s) at regional, national conference on project and outcomes ^c
		Publication of experience and outcomes
		Secondary papers/presentations on specific aspects of project
		Literature review summarizing of “state of the art” ^d
Course improvement or educational innovation ^e	Presentation/poster at local conference	Research report or brief report
	Potential for internal or sponsored grant funding	Presentation/poster at regional, national conference ^c

(continued)

Table 7.1 (continued)

	Local recognition	National recognition
Educational leadership/ expertise		Invited presentation and consultation
		Reviewing and/or editing for journals
		Invited editorials
		Membership of national consortia to advance education
		Examination development for specialty or NBME
		Development of EPAs, milestones for specialty

^aJournals may have sections for illustration (clinical picture, radiograph, EKG, etc.) with short commentary as well as “interesting case” or “case of the month” sections for case reports

^bRequires thorough literature review. Consider publication in journals outside one’s specialty if appropriate; e.g., subspecialists can provide evidence-based, practical updates of specific conditions for primary care journals or textbooks, especially if written in collaboration with a primary care colleague

^cScholarship of application. Must meet Glassick criteria for quality

^dPotential for multiple scholarly projects including literature review of topic; needs assessment or baseline survey of faculty and/or learner status and/or attitudes; description and validation of methodology or tools; project outcomes; and potentially invited commentary or editorial on the topic

For clinical faculty members seeking promotion credentials, almost all clinical and educational organizations publish a journal and provide conferences. The conferences are invaluable opportunities to find mentors, share experiences, and network with peers from other medical schools. Many also encourage presentation by junior faculty members through sessions devoted to new researchers or presentation of “work in progress.”

The “bottom line” for clinicians and educators is to consider the potential for scholarship in every project and develop those that are most suitable into the outcomes recognized by their institutions in promotion decisions. Experienced advisors can be invaluable in selecting projects for investment, making connections, accessing resources, and providing support.

Documentation: Keeping Appropriate Records

The hallmark of a promotion mindset is keeping appropriate records. Preparing the final application for promotion requires extensive documentation of activities in education, patient care, service, scholarship, and other activities over several years. Common items like trying to recall the dates of talks given to residents or track down student evaluations from previous years can be time-consuming, frustrating, and sometimes impossible. It is an added burden during the already-stressful run-up to the deadline for applications. The time immediately before the application

deadline is best invested in editing and polishing the dossier to ensure the application is complete, rational, and persuasive, rather than scrambling for data, some of which may be irretrievably lost.

The data to keep and the best storage format to utilize should be determined based on advice from departmental mentors and the office of faculty affairs. Often a mix of electronic and paper items is necessary. Ultimately documents will almost certainly need to be in a format that can be scanned into the final application package. The cumulative personal promotion portfolio should contain whatever the faculty member believes will be important in completing an application for promotion. Essential items include an appropriate CV, outcomes data, and copies of academic products such as published papers.

Creating a CV in the format required by one's institution for promotion early in the career is prudent and indicates a proactive promotion mindset. This CV should be regularly updated and used as the basis of regular reviews. Importantly, clinical faculty members usually have to maintain CVs in different formats for different purposes. The promotions CV might look very different from one for a clinical appointment or a grant application. As stressed in the following chapter, institutions periodically change CV formats requiring regular conversion to the latest version. More importantly, the significance of the entries in the CV must be clear to all readers, regardless of background. To the extent allowed by the format, entries may need to be more elaborate than just listing position titles and achievements.

Outcomes data provide the evidence that supplements and validates CV entries of achievements. The CV typically contains the primary outcomes data for research and scholarship in terms of grants, papers, posters, conference presentations, etc. The sections for education and service are often limited to lists of courses taught and positions held (such as clerkship or unit director). The CV may have limited scope to convey the quality of the contributions and their significance to the institution.

Learner evaluations over a considerable time may be required. Even if not required, they are a useful validation of performance as an educator. Learner evaluations are usually compiled and stored by medical schools and residency programs but can be difficult to access years later for a promotion application. Surprisingly, some programs may not routinely collect learner evaluations or may not collect data in a form that is helpful for a promotion application. Even more commonly, evaluations may only be completed by a small percentage of the class—often the discontented members! It is worth finding out about learner evaluations early in a teaching career and even discussing how to make the system more useful within a unit or department. The alternative is to risk not having impressive evidence of one's excellence as a teacher at the time of promotion. Faculty members should archive personal copies of evaluations, along with peer comparisons if available. In addition to the subjective learner evaluations, it is worth keeping track of other quality measures that might be useful in demonstrating the value of one's contributions to an educational program over years. Examples of educational impact include NBME subject examination scores, pass rates in national examinations, match rates in a specialty, success of learners in subsequent careers, expansion of

programs, or any other data that validate the quality of the program and/or the extent to which it achieves its mission and goals.

Similarly, the CV usually lists clinical appointments but may not convey the significance of the clinical service or the faculty member's contribution, especially to a non-clinician reviewer. Clinical faculty members should archive quantitative and qualitative data that can demonstrate the quality and value to the institution of clinical service over time. Examples include patient volumes, geographical or specific populations served, relative value units (RVUs), or clinical income generated for the institution. Quality measures of clinical practice compiled by the medical center may be adaptable to use in academic promotion. "Regional reputation" is often a criterion for promotion to associate professor, so faculty members may need to ensure clinical data capture the regional impact of services, e.g., in being able to estimate the proportion of patients drawn or referred to the service from other states.

Copies of academic products refer to the evidence supporting scholarly work claimed in the CV. Although copies of published articles are usually easily retrievable from sources such as PubMed, saving copies in a personal promotion archive is wise. Publication formats such as monographs and book chapters may require preparing copies suitable for storage or requesting these from a publisher. Institutions differ in required evidence of grants and contracts. They may require copies of letters of award or face pages. Again, these can be difficult to track down after years have passed, so a personal archive is advisable. Finally, the institution is likely to have a required format for entering conference presentations and posters. Keeping a copy of the conference program is preferable to hunting for the exact title, year, and city of a conference to which one contributed years ago!

The "bottom line" in deciding which data to archive in a personal promotion file is to anticipate what will be needed to provide persuasive supporting evidence of the quantity, quality, and impact of one's achievements in the promotion application. Demonstrating growth and improvement in a program requires having baseline data as well as recent performance information. Finding information on an educational or clinical program from previous years can be difficult or even impossible, unless kept in a personal promotion file. Anyone who has gone through promotion wishes they had kept better records right from the beginning of their careers!

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Chapter 8

Strategies for Success: Preparing for the Application

A serious application for academic promotion and/or award of tenure (P&T) should begin at least a year in advance of the deadline for final submission of all materials. As stressed in Chap. 7, the application should ideally be planned over several years to facilitate accumulation of the best evidence that the criteria for promotion have been met. Starting early also reduces the hassle and stress of preparing the final application. Nevertheless, few applicants are as well prepared as they wished when embarking on the final preparation of a promotion dossier.

Attitude and Approach to the Process

Preparing the application is a high-stakes undertaking that requires a lot of time and effort. The process is generally not difficult but is inflexible and can be tedious. As the terminology and systems are often unfamiliar, clinicians frequently express frustration about having to document evidence only in the format accepted by the institutional P&T process and having to “jump through all the hoops,” especially in meeting absolute deadlines for submission of materials. A sloppy application prepared at the last minute by a resentful faculty member is not likely to convince reviewers that the promotion is merited. Even worse, the experience is likely to leave negative attitudes among peers and staff who were caught up in having to find documentation to support an urgent and poorly planned application.

The application should convey the evidence for a well-deserved promotion by articulating the contributions of the faculty member to the institution and to his/her profession. It needs to be factual and convincing without either exaggerating (“padding”) or understating the value of the individual to the school and university. The importance of the applicant’s motivation and attitude, as well as the potential benefits of promotion for the applicant, peers, department, program, and specialty, was addressed in Chap. 6. Application for promotion is a serious business and should be undertaken with due consideration and respect for the time and effort involved for

Table 8.1 Preparatory work for a promotion application

<i>Groundwork</i>	Clarify dates for submission of final application and any deadlines for submission of components
	Verify documents and materials to be submitted. Secure latest formats and instructions/guidelines for applicants
	Verify criteria and expectations for the requested promotion
Reality check—do I completely understand what has to be done by when for this promotion?	
<i>Perspective</i>	Review decision about application in this cycle with mentor/advisor(s)
	Discuss potential application with department chair/academic supervisor
	Discuss potential application with chair of departmental and/or campus promotion committee
	Consider consultation with faculty affairs administrators or staff
Reality check—is the promotion reasonably achievable if the application is well-prepared?	
<i>Resources</i>	Identify and use institutional, departmental, and other resources
	Identify, negotiate staff assistance
	Enlist personal faculty coach(es)
	Identify potential external referees
	Confirm personal commitment and time to work on application
Reality check—am I willing to do the work and ask others to invest in getting this done?	

the applicant and others. Table 8.1 provides a framework for organizing an application based on *groundwork* to establish the essentials required for an application, seeking verification that an application is *appropriate* in this cycle, assessing personal *readiness*, and identifying available *resources*. Note the framework includes “reality checks”—sometimes it is wise to postpone an application until the applicant has stronger credentials or more time and resources to prepare a better application. Unless the promotion has required deadlines for promotion as on tenure track, waiting for a future cycle can be advisable.

Groundwork: Verifying the Essentials

The official start of the P&T application process is a formal announcement of the deadline for application for academic promotion from the office of the dean or another senior administrator of the medical school, health science center, or university. This announcement is made months ahead of the final deadline and may be repeated several times as the institution has to provide appropriate and timely notice to all prospective applicants. Many systems allow appeals against promotion decisions if the unsuccessful applicant can prove the process was flawed. If the announcement of deadlines is not likely to reach all potential applicants at a reasonable time, an unsuccessful applicant could potentially claim inadequate notice or insufficient time to prepare as grounds for an appeal. The legally required announcements of deadlines are often easy to miss, especially if they are distributed as broadcast e-mail messages. Many departments or divisions attempt to make faculty members

aware of these announcements through faculty meetings or newsletters. Like everything in academic promotion, the onus is on the applicant to access, understand, and follow the core information. Prospective applicants should be vigilant for the announcement, sometimes termed the “call for applications,” study the original document, and ask any questions necessary to clarify the content. These questions and any issues regarding the logistics of the application process are best addressed by the office that manages the institutional P&T process, usually the office of faculty affairs.

Deadlines and Timelines

The official call for applications specifies the date, usually several months ahead, by which all application materials must be submitted. As most institutions now use electronic submissions, a wise applicant aims to have everything entered into the system about a week ahead of the deadline in order to accommodate unexpected problems. Especially in a large institution, technology and faculty affairs staff can be overloaded during the final days before the deadline, leaving little margin for error in last-minute submissions. Aiming to upload the final submission at least a week ahead of deadlines increases the chances of being able to access technical assistance if needed. Faculty affairs staff certainly appreciate the well-organized applicant who has everything entered correctly and completely well before deadlines.

In addition to the absolute deadline for the complete application, institutions often have deadlines for completion of specific steps in the process. These must be identified early in order to plan the application. Interim deadlines can drastically reduce the time to prepare key items such as the CV—sometimes by more than half! Common examples of interim deadlines are initial registration and dates for completion of departmental review or identification of external referees.

Several institutions require potential applicants to register or provide a letter of intent several months before the deadline for the final application. This may be a crucial first step which, if missed, means the application will *not* be accepted in this cycle and must be delayed at least for a year. More positively, registering commits the applicant to begin the serious process of preparing a complete and appropriate application package. Procrastination is easy if deadlines are months in advance. Formal registration may help busy clinicians begin the process early and take it more seriously. They may find that departmental and/or school resources and support for applicants are organized to begin once registration is confirmed. The advance-registration process also has several advantages for an institution. Obviously, knowing the numbers of potential applicants for promotion by rank and track months in advance facilitates planning the promotion process. Registration also reduces (but does not eliminate) the risk of last-minute hastily prepared applications that are either unsuitable for review or slow the process as reviewers find them more difficult to assess. The registration process may be designed to reduce other common problems such as applicants not being fully aware of the regulations

or failing to discuss the promotion with academic supervisors. In several institutions, the registration is an online process that incorporates a formal declaration that the applicant has reviewed the regulations and/or instructions to applicants as well as an affirmation that the proposed application for promotion has been discussed with the department chair or appropriate academic supervisor. As well as stressing the necessity of these items to the potential applicant, such formal declarations help protect the institution from accusations of failing to provide full information in the case of an appeal against a denial of promotion.

Institutions may have deadlines for completion of departmental, chair, or campus review that are weeks or months before the deadline for submission of all materials. Such deadlines help keep the process moving forward and avoid the possibility of an essential departmental, chair, or campus review missing the final deadline. For the applicant, deadlines for these reviews mean that a CV and other documents must be in completed or almost completed form suitable for review many weeks before the final deadline for submission of the entire application. The departmental or campus review can also function as early warning of potential flaws or problems with the application. As described in Chap. 6, the regulations and practices in some schools allow candidates to revise and resubmit materials or withdraw from the process at the chair or departmental review stage. In other schools the department and/or campus committee plus the department chair or academic supervisor makes independent confidential assessments that are not shared with the applicant.

Another common deadline concerns identification of external referees. As described in Chap. 6, assessments from qualified reviewers outside the institution provide a valuable perspective on each applicant and are especially significant for promotions in which national or international reputation are criteria. Each institution has regulations concerning eligible external referees, the number and format of external letters, and the applicant's role in soliciting them. Applicants must be careful to follow institutional policy and procedure to avoid giving any impression of attempting to influence the external assessments. The actual letters are often solicited by the faculty affairs office or chair of the promotion committee, and the applicant's role may be restricted to providing names and contact information for appropriate referees. As securing an adequate number of suitable external letters can take a considerable time, applicants are commonly asked to provide a list of eligible external referees well before the deadline for submission of all materials. Importantly, the formal request to the external reviewer for an assessment of the faculty member's suitability for promotion usually includes information on the institutional expectations and criteria for the promotion and a copy of the applicant's CV.

The "bottom line" is that focusing on the final deadline leads to dangerous procrastination. For several crucial steps in the process, including the assessments by departmental committees, chairs, and external reviewers, a robust and complete CV must be ready for review weeks or even months ahead of the final deadline. The quality of that CV profoundly influences these crucial assessments—waiting until the days or weeks before the final deadline to perfect one's CV is foolish. Validating *when* each component of the process must be completed and planning accordingly is an essential first step in preparing a successful application.

Materials and Formats

Validating exactly *what* documentation must be provided at each stage of the process is complementary to establishing the timeline and must be done very early. As described in Chap. 6, the format may be a dossier or a formal portfolio, but the core promotion application materials usually consist of a CV, plus assessments by departmental and/or other committees of peers, department chair or appropriate academic supervisor, and external referees. Many schools also require or suggest an applicant statement or cover letter. Most institutions allow inclusion of “other documentation,” but individual schools vary in what is allowed in this category (see Chap. 6). Questions about exactly what documentation is required and the format for its presentation are best answered by the office responsible for the P&T process, usually the office of faculty affairs. As regulations may change and formats are often updated, even a well-informed faculty member needs to verify the requirements and documentation formats for the year of application for promotion. Applicants must be sure to use the current CV format and follow the most recent guidelines or instructions to applicants. These and other helpful resources are usually available on the faculty affairs website. On a practical level, it is wise to solicit help very early in the process from faculty members who were recently promoted on the same track and the staff who assisted them. An experienced staff member can be enormously helpful in ensuring materials are correctly prepared; however, the final responsibility for completion of promotion materials rests with the applicant.

Criteria and Expectations for Promotion

All of the required documentation has a single purpose, i.e., to verify that the criteria for the requested academic promotion have been met. For success, the applicant needs to thoroughly understand the criteria for promotion and be able to present the information in the CV and other documents such that it provides compelling evidence for the promotion. This requires going beyond reading the regulations and drawing one’s own conclusions; applicants must make optimal use of all available advice and resources to understand how the criteria and regulations are interpreted in the institution. As described in previous chapters, the medical school promotion system is based on that of the parent university and can appear alien and inflexible to clinicians. The language describing the criteria and expectations for promotion can also be vague or open to different interpretations [1].

The first step is to verify the updated specific expectations for the requested promotion by rank and track. As described in Chap. 2, rank refers to advancing such as from assistant to associate professor or from associate to “full” professor. The track is the academic pathway such as tenure, clinical-educator, clinical-investigator, or clinical. The importance of being on the academic track that most closely describes the major role(s) of the faculty member was discussed in Chap. 7. The expectations

for promotion are usually described in terms of achievements in education, research/scholarship, and service along with any other domain specific to the mission of the institution. These are discussed in Chap. 3. The relative importance of each domain for promotion should reflect the academic track. Thus a tenure promotion often requires achievements in all three areas, whereas a clinician-educator promotion might require achievements in education and clinical service with modest or no requirement for scholarship. The major difference between promotions to associate professor and full professor is in the emphasis on leadership within one's area of expertise and recognition nationally or internationally. Over the last few decades, medical schools have been struggling to adapt promotion and tenure systems to the changing roles of faculty members, especially clinicians. Even if new tracks have not been introduced or existing tracks changed recently, applicants should verify the latest information on the promotion requirements for their specific track. Schools often make modifications based on experience or add explanatory language to the expectations for promotion and/or guidance for applicants.

Perspective: Is Promotion Achievable in This Cycle?

Unless required for tenure track, the decision to apply for promotion is the responsibility of the faculty member. As much of this high-stakes process is unfamiliar to clinical faculty members, seeking advice about the potential for success is wise before investing significant effort in preparing an application. Individual advisors can assist with different aspects of the process. The only caveat is seeking advice from multiple individuals is to be prepared to manage potentially conflicting advice resulting from the different perspectives and experiences of individuals. Applicants must consider the possibility of explaining to senior colleagues why their recommendations were not followed.

The usual starting place for a “reality check” on the potential for success is the advisor(s) or mentor(s) whom the potential applicant usually consults for career advice. While probably knowing the potential applicant's strengths and areas of weakness well, the faculty advisor may not be thoroughly familiar with the nuances of the current promotion process. He/she may also find that the personal relationship inhibits giving unwelcome advice or that his/her personal investment in the potential applicant impairs objectivity about this significant career decision.

The department chair, or other appropriate academic supervisor such as a division chief, should be informed early of intention to apply for academic promotion. Academic leaders like to stay informed of potential applications and appreciate having plenty of time to prepare assessments. In a large department, the chair may have multiple applicants—the early and well prepared applicant is likely to be at an advantage. Depending on the institutional regulations and leadership style and practices of the academic unit, consultation with the chair may be limited to information of intent to apply or be expanded to a substantive interview. As described in Chap. 6, the chair usually provides an independent assessment of the applicant's credentials

for promotion so is, to some extent, both a reviewer and an advisor. This raises ethical issues for both the chair and potential applicant. The chair may feel an obligation to assist an applicant but must provide an objective assessment based on the criteria for promotion in order to be a credible part of the process. He/she must also consider the impact of the success or failure of a promotion application on other members of the department. A thoughtful chair can provide his/her opinion about the wisdom of applying in the current cycle, offer practical advice, and facilitate faculty and/or staff support for the application. The applicant should ensure the chair has all the information he/she will need to complete the chair assessment, especially that he/she is aware of the main grounds for the claims of "excellence" in achievements in the crucial areas. The applicant can also ask the chair for advice on specific areas of concern. Importantly, the chair and potential applicant must balance open dialogue and objective advice with any suggestion of collusion to bias the chair's assessment of eligibility for promotion. In most systems, support from the department chair or academic supervisor is important in promotion. Most institutions have mechanisms for faculty members to apply without departmental support, but such applications are discouraged and are often unsuccessful.

Similar to the department chair, consulting with the chair or a representative of the department/unit promotion committee may be required or advised by the department or school of medicine. Again, discussions must respect the need to balance sharing information and providing advice with maintaining objectivity and ensuring the integrity of the committee's assessment. The applicant should ensure the committee has all the information necessary to make its assessment and should ask all appropriate questions to clarify the process. The committee representative can provide information about how the committee conducts its assessments, clarify the information required, confirm deadlines for submission of materials, and possibly provide examples of good practice and common pitfalls in preparing applications. The advice may extend to suggesting a recent applicant who provided exemplary materials as a potential coach for the new applicant. Nevertheless, the departmental committee cannot promise success in an application for promotion. As with the department chair, the institution usually has a procedure for a faculty member to apply for promotion without the support of the departmental or unit promotion committee, but such applications are often contentious.

An additional consultation to be considered is with the institutional office responsible for managing the promotion process. This is usually the office of faculty affairs, and the promotion process may be the responsibility of an associate or assistant dean. This administrative officer and his/her staff are the most authoritative resources for information about technical aspects of applying for promotion such as what documentation is required by which dates and basic questions about what information should be provided in which sections of the application and how to correctly cite publications or presentations. They can provide answers to unfamiliar questions such as the calculation and significance of time in grade or promotion clocks, provide information about institutional resources for applicants, and offer general advice to facilitate preparing a complete and technically correct application. Although they have extensive experience of the promotion system, they have to be

circumspect about providing advice to individual applicants on the content of the application and the chances of success. They cannot offer advice that is guaranteed to lead to success and must avoid any suggestion of bias or favoritism to individuals or groups of applicants. They are also very busy and may be dealing with over a hundred applicants in a single cycle. The best use of their expertise is for specific technical questions that cannot be answered through studying the guidelines for applicants.

Feedback from the above, and possibly other sources, should give the potential candidate a better perspective on the wisdom of applying for promotion in the current cycle. The final decision to apply is up to the applicant and must be made early in the process to allow adequate time to prepare a complete and persuasive application. Seeking advice from several sources is wise, but the work of preparing the application cannot be deferred indefinitely.

Resources

The primary resource is the applicant's commitment and time dedicated to preparing a complete and persuasive application. The importance of motivation and the potential benefits of promotion for the applicant and others were discussed in Chap. 6. Promotion is a high-stakes undertaking, and the applicant is ultimately responsible for completion of all required materials. Applicants have to be tenacious in efforts to gather all the necessary information, compile it into the required formats, and undertake the editing, reediting, and refining necessary for a successful promotion package. The time to do this has to be found in already-packed schedules. Realistically, applicants usually use personal time to work on promotion materials and often report that things take double the expected time!

Applicants should be prepared to be entrepreneurial in securing resources and assistance to complete promotion applications. The major resources are usually found within the institution or department. Some specialty organizations include workshops during national conferences to assist members in academic promotion and may provide other resources (see Appendix 3). Most books on academic promotion focus on faculty members of traditional universities [2–4]. Useful but limited information is provided in specific chapters of books dealing with the entire scope of careers in academic medicine [5–7] and a monograph on academic promotion [8]. Other publications for clinical faculty tend to be written from the perspective of a single specialty or institution [9–12]. All sources emphasize the importance of learning about the system, taking the application seriously, and seeking appropriate advice.

Institutional and Departmental Resources

The office responsible for managing the promotion process often provides substantial information on its website, including guides or instructions for applicants. This office may also provide sessions for faculty to learn about the system. These may be organized as general information sessions or more detailed workshops on how to prepare the application. Sessions may be organized for specific groups, e.g., all faculty members considering advancing to associate professor on the clinician-educator track or all of those approaching mandatory review for tenure. Many schools also offer training sessions for staff who are assisting faculty members in preparing the application. Institutional sessions can be very valuable for applicants as they provide opportunities to ask questions and meet the key administrators and staff responsible for managing the promotion process. As the application develops, applicants are very likely to have specific questions about deadlines or how to complete the various documents; knowing whom to call in the office managing the process is a great advantage.

Institutional resources focus on providing information and assistance in the technical and logistical aspects of the process. As representatives of the university, the administrators and staff are limited in their ability to advise on the content of individual applicants and must avoid any suggestion of bias or favoritism. Ethically, they cannot infer that a specific application is likely to be successful or otherwise.

Departments or divisions may also provide workshops or similar sessions as part of faculty development activities. These sessions may cover similar technical information to institutional sessions, but the “gold standard” for current and accurate process or logistical information remains the institutional faculty affairs office. The advantage of departmental sessions is that they may be more specific to the needs and concerns of clinical faculty members and may be able to provide coaching for individual applications. The major disadvantage is vulnerability to being influenced by the experiences of a few individuals. Some departments provide longitudinal coaching support for academic advancement that culminates in assistance in preparation of the application dossier [13].

Staff Assistance

Although the applicant is always responsible for all aspects of the promotion application, a helpful assistant can be a huge asset in finding data and preparing the final application. The availability of such help should be discussed early in the process with the department chair or academic supervisor. Ideally, a staff member of the department or division is available who has experience in preparing promotion applications and has good contacts with the office managing the institutional P&T process. Regardless of experience, a staff assistant should attend any updates or training sessions offered by the institution to ensure he/she is well informed about

requirements for the current cycle. The assistant and applicant should negotiate responsibilities for the many time-consuming tasks such as finding learner evaluations and performance reviews from previous years; verifying titles, dates, and other information about previous appointments or positions held; preparing reference citations exactly as required; securing reprints of articles and other documents and converting these to formats for entry into the promotion application; citing conference presentations and other items correctly; and verifying contact information for external referees. If the assistant enters data or prepares the final application, the applicant must review everything as he/she is always responsible for the final application materials.

Promotion Coach(es)

Applicants should consider seeking out one or more faculty member(s) as a personal coach(es) for the proposed application. An individual who was recently promoted in the same track may be suggested by the academic supervisor, chair of the departmental P&T committee, or other advisors. These senior individuals may facilitate the arrangement as many units have a “play it forward” tradition where successful applicants are expected to help their successors in subsequent years. Another potential coach is a faculty member who has recently served on a promotion committee. An individual with this experience can be invaluable in understanding how the expectations for promotion are actually implemented in assessing applications and in providing guidance in how to make the applications materials as reviewer-friendly as possible. Applicants may consider using such a coach both in preparing and reviewing application materials (see Chap. 9). It is always worth seeking advice from the unit leader and/or departmental P&T chair before approaching a potential coach as individuals may not have had a good experience, even if ultimately successful, in achieving promotion. Although asking another busy faculty member for help may be uncomfortable, a colleague who recently successfully navigated the same promotion or has experience on the promotion committee can be a major asset. He/she is likely to understand many of the challenges and uncertainties and can provide personal support as well as practical advice on completing the process most effectively and efficiently. Being asked to coach is a complement and the coach can also enter this mentoring in his/her own CV to be used in the next promotion.

External Referees

In some institutions, assessments by peers from other institutions are very influential in promotion decisions, particularly if recognition at the regional, national, or international is a criterion for advancement. Clinical faculty members who are

focused on managing local patient care and/or educational services may feel they have few opportunities to identify external referees and need additional time to address this requirement of promotion. Some institutions allow applicants on clinical and sometimes other tracks to use “external” letters from colleagues at the same institution but in different departments. These letters can be very useful, for example, in validating clinical achievements and value to the institution, but are often less prestigious than letters from other universities or institutions.

The first step is to clarify the institutional requirements and guidelines for the number and type of external reviewers. All reviewers must be qualified to assess the academic qualifications of the applicant for promotion, but institutions vary enormously in attitudes toward the relationship between the reviewer and the applicant. Some require that the reviewer has significant personal knowledge of the applicant, whereas others require that they have no personal relationship. Some institutions even request a mix of known and “arm’s length” qualified reviewers. The second step is to establish the applicant’s role regarding external reviews. The institution may require that the applicant only provide the names and contact information for the required number of reviewers. Such institutions may prohibit any contact between applicant and potential external reviewer as it could be regarded as introducing bias. Other institutions may allow applicants to contact the reviewer to assess his/her willingness to provide a review.

Identifying the appropriate number of qualified external reviewers may require asking senior colleagues for help and calling on the resources of national organizations (see Chap. 7). The goal is to identify a credible senior faculty member who can provide a valid assessment of the applicant’s achievements in meeting the criteria for promotion. A general “plain vanilla” letter of support is not helpful (see Chap. 6). Applicants basically need to identify a professor at another medical school who understands the applicant’s role well and can provide an objective and articulate assessment on time. The credentials of the potential reviewer are more significant than his/her personal knowledge of the applicant. Senior faculty members of clinical departments are commonly asked to be external referees for applicants for promotion in other medical schools so the department chair, division chief, or senior colleagues who are active in national organizations may suggest appropriate contacts. Faculty members who have left the institution for senior positions in other universities may also be good potential external reviewers. Professors and educational leaders in a specialty can be identified through national organizations (Appendix 3), emphasizing the importance of participating in such organizations throughout the career discussed in Chap. 7. Contacting potential external reviewers can be time-consuming and uncomfortable, but a good external letter is well worth the effort.

Caveat

All of the above preparatory work is important but cannot delay starting work on the actual application materials. As stressed above, a complete and appropriate CV and personal statement may be required months ahead of the final deadline. In soliciting

assistance, thinking through the application and taking time to prepare enables applicants to present thoughtful and professional requests to chairs, referees, potential coaches, and others that are likely to make a good impression and facilitate positive collaborations. Civility and professionalism are essential throughout the application process. A well-organized potential applicant who asks for assistance early and shows evidence of preparation and serious intent is more likely to succeed than the frustrated, entitled individual who requests urgent letters of recommendation or retrieval of data and conveys disdain for the system and the individuals involved.

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Chapter 9

Practical Approaches and Pearls to Complete a Successful Application

The applicant has two basic tasks, i.e., to prepare the curriculum vitae (CV) and personal statement and to ensure all other documentation is correctly entered into the final application package. The most important task is completion of the items in which the applicant sets out his/her personal case for the requested promotion, i.e., the personal statement and CV.

Materials Prepared by the Applicant

Some schools require a personal statement in the form of a cover letter for the application. The format may incorporate verification that the information is accurate and/or that the applicant agrees to abide by the policies and procedures of the institution. Other schools incorporate the personal statement into the CV by asking for an introduction to each major section (e.g., education/teaching, research/scholarship, service) in which the applicant expresses his/her major areas of interest and general philosophy and highlights major achievements as an introductory “frame” for the section’s content. If a portfolio system is used, it may require specific information about career goals and objectives as well as personal statements that show evidence of reflection on professional activities. Portfolios may also place more emphasis on demonstrating outcomes or impact of activities than conventional CV formats (See Chap. 3). The importance of understanding the formats used by the institution and seeking advice about how to optimize their use cannot be overemphasized.

Applicants often feel overwhelmed as they approach preparing the application for promotion. Although this is an important and high-stakes undertaking, it is basically the opportunity for the applicant to set out the evidence that he/she merits the promotion. It is not the place for a philosophical literary thesis nor is it a process littered with “sudden death” traps causing an application to be denied because a single entry was incorrect. It should be approached as a serious but practical task. The writing needs to articulate the applicant’s value and achievements, without

either false modesty or “showing off.” Good style makes the document easier to read and helps the reviewer stay engaged. The style should be direct, concise, consistent, pragmatic, and appropriately respectful. Good grammar, correct punctuation, and articulate style are powerful indicators of diligent preparation and convey professionalism. In addition to making the application easier to read, these factors increase the reviewer’s confidence in the evidence contained in the application and in the maturity of the applicant.

The Table 9.1 suggests key elements for success in terms of *style* (optimizing the content and presentation of the application) and *production* (getting everything done correctly and time). A successful application for promotion requires both. As in all important writing, the writer’s *attitude and beliefs* show through in the finished document. A positive, professional, balanced, and pragmatic attitude is essential to good writing and to completing the process. At times preparing the application is frustrating and tedious, especially when the applicant is dependent on others for data or feedback. Remembering that promotion is a validation of well-deserved higher rank in the institution and has many positive impacts for colleagues, programs, institutions, and others (see Chap. 6) is often necessary to sustain momentum in completing the application.

Attitude and Approach

A good approach to the final application is “writing a grant for myself,” i.e., working through the promotion materials and presenting the documentation with the same care, diligence, and skill used for a grant application or proposal for a major clinical project. For clinical faculty members who do not have significant experience in preparing grants or formal proposals, the skills used in working with challenging patients or colleagues should be mobilized for the academic promotion application. The core concept is to persuade reviewers of one’s value to the institution, specifically that the criteria for the requested promotion have been met or exceeded. The best applicants write as if talking to a colleague, explaining what they have done, why it is important, and revealing enough of their personal guiding philosophies, strategies for success, and passions to make a valid connection with a fellow professional without sounding self-serving or naive.

The application will be reviewed by multiple individuals, including some who know little about the applicant’s areas of expertise or daily activities. Just as in coaching a reluctant patient through the management of a complex illness, the skillful clinician-applicant brings a reviewer from a totally different background to appreciate the value of the applicant’s clinical service and achievements, even in forms of education and scholarship that may be unfamiliar to the reviewer. The key is to understand the expectations for promotion and the perspectives of the reviewers and then to write the application that leaves no doubt that the criteria are met.

Some applicants regard the above approach as uncomfortably close to seducing the reviewer and prefer the “court of law” metaphor. In many institutions, the key

Table 9.1 Key elements for success in preparing a promotion application

<p><i>Reviewer-friendly style</i></p>	<p><i>Understand reviewers' perspective</i></p> <p>Appreciate potential misconceptions, biases, preferences</p> <p>Anticipate concerns and questions</p> <p>Explain abbreviations, "code words," specialty-specific terms</p> <p>Clarify environment and context—explain everything</p> <p><i>Provide the evidence</i></p> <p>Overtly address the criteria for promotion</p> <p>Use promotion system language where appropriate</p> <p>Make key evidence easy to find and appreciate</p> <p>Clarify significance of achievements</p> <p><i>Easy to read</i></p> <p>Balance demonstrating value with "showing off"</p> <p>Attitude shows in writing: valid, consistent, pragmatic, respectful</p> <p>Good grammar, correct punctuation, concise style</p> <p>Attractive, professional presentation</p>
<p><i>Give the reviewer the evidence and motivation to advocate for the promotion</i></p> <p><i>Production</i></p>	<p>Start early</p> <p>Use correct current formats</p> <p>Stay on timeline, keep positive attitude</p> <p>Seek and use assistance</p> <p>Use quantitative and qualitative data</p> <p>Self-edit for gaps, inconsistencies, inaccuracies, duplications</p> <p>Get at least two robust reviews (including one basic scientist)</p> <p>Reedit, reedit, reedit</p> <p>Plan to finish before first deadline</p> <p>Coordinate with other contributors (ethically)</p> <p>Stay alert for updates, additions</p>
<p><i>Get the job done as effectively and efficiently as possible</i></p>	

stage in deciding a promotion is a committee review where each application is available to all committee members but is reviewed in detail by a smaller group, often a principal and two secondary reviewers. In some systems, more than one such committee may review each application (see Chap. 4). The reviewers present the case for or against the requested promotion to the entire committee, answer any questions, and lead the deliberations leading to the vote deciding the committee's decision to support or deny the requested promotion. This process has many similarities to lawyers arguing for and against a defendant before a jury. The challenge for the applicant is to convince the reviewers to become advocates for the promotion and not prosecutors for its denial. This requires providing the reviewer with all the highest-quality evidence necessary to argue the case *and* motivating him/her to become an articulate and effective advocate for the promotion. Either the "grant for myself" or the "advocate/prosecutor" metaphor works to help applicants focus on preparing an effective application as both have the central message to *leave the reviewer in no doubt that this promotion is richly deserved*.

Some homework may be necessary to learn about reviewers and the system in a specific institution (see Chap. 4). Information on the composition and workings of the key promotion committee(s) is usually available in the institutional bylaws that structure faculty governance. These bylaws and much other information about how the promotion system works are usually available on the website of the Office of Faculty Affairs or a similar unit within the Dean's Office. The reviewers are always experienced senior faculty members who are elected by the faculty or appointed by the dean depending on the bylaws of the school. These bylaws often specify the number of reviewers from clinical, basic science or other types of departments in order to ensure the committee includes representation from across the academic community. The bylaws may also require that the different academic tracks are represented, but committee members are often predominantly tenured, and tenure-based philosophies may still dominate committee proceedings. (See Chap. 1 and Appendix 1). The names and departments of committee members are public information and are often found on the faculty governance or faculty affairs websites. Applicants do not know which committee members will review an individual application but can easily get a good sense of the committee composition and the backgrounds of its members. The application must be tailored to this readership.

Reviewer-Friendly Style

The Reviewer's Perspective

Each reviewer may have dozens of applications to review. For each application he/she is basically looking for the evidence that the criteria for the requested promotion have been met or exceeded and that the applicant exemplifies the institution's vision of an associate or full professor. As discussed in Chap. 4, promotion reflects

institutional academic values and essentially holds up a faculty member as a role model for others. Reviewers take their responsibilities very seriously. The reviewer wants to reach a valid conclusion that he/she can justify to others—and get this done as efficiently as possible. A reviewer can quickly become frustrated if essential information is difficult to find or interpret, statements are ambiguous or contradictory, or the application appears carelessly or poorly prepared. Even the most diligent reviewer tends to “glaze over” when reading long lists of classes taught, positions held or presentations given, especially if he/she has no indication of which items are extremely significant and which are less prestigious. Like applicants, reviewers are usually working on their own time or on time squeezed from busy schedules. They really appreciate (and are likely to be favorably impressed by) reviewer-friendly applications that clearly present the necessary information and make it easy to summarize into a positive recommendation. The wise applicant considers the reviewers’ perspective throughout the preparation of the application.

Potential Misconceptions, Biases, and Preferences

Both applicants and reviewers bring their own preconceptions, world view, and personal values to the promotion process. It is dangerous and somewhat arrogant to assume that a colleague in the same institution has the same reference frame, even for core information, or takes the same meaning from a common term. A prime example is teaching. In basic science departments, medical student teaching is often concentrated in a single block once per year. The predominant format may be large group lectures, and the key outcomes are scores on multiple choice examinations. A reviewer from this background may not realize that a seminar taught for a relatively small number of students on a required clinical clerkship is provided multiple times per year. Unless clearly documented, he/she could assume the faculty member only gave one seminar annually! In addition, the nonclinical reviewer may not be familiar with common terms such as “grand rounds,” “morning report,” or “M&M conference” and have no way of assessing the relative importance or prestige of these different forms of teaching. He/she is even less likely to appreciate the continuous interactive teaching provided in clinical settings. In a worst-case scenario, the reviewer’s impression could be that the students just shadow clinicians and that patient-based teaching is not “real teaching.”

Because of the long-standing dominance of tenure on promotion systems (see Chap. 1), it is particularly important to assist reviewers understand the full role of clinical service in academic medical centers. Clinical and other forms of professional service advance standards of practice, provide the substrate for the educational and research missions of the institution, and possibly meet a social contract to care for vulnerable populations or other institutional mission as well as generating income. The view that individuals who are predominantly involved in clinical service are not full faculty members may still be encountered [1]. Overtly or subconsciously, service may be less valued than other domains such as scholarship or

education in consideration for promotion (See Chap. 3). Some reviewers may be overtly biased, but more commonly, reviewers from nonclinical backgrounds simply do not appreciate the essential role of clinical service to the multiple missions of the institution and how academic practice differs from private practice. The quality, quantity, and contribution of the service to the institution should be expressed to the degree possible using the language used in the institutional expectations for promotion.

The very different perspectives of faculty from different backgrounds are probably most apparent in research/scholarship. As discussed in Chap. 3, controversies persist over definitions, the value of non-discovery forms of scholarship (i.e., other than “bench” research), and the validity of outcomes other than traditional papers, abstracts, and grants. Clinical faculty members need to explain their area(s) of scholarship in appropriate terms, demonstrate its validity in terms of Boyer model and possibly Glassick’s criteria, and document its significance. As reviewers may not be familiar with the field, it may even be advisable to provide information on the prestige of the journals and/or conferences where work was presented. In the research world, journals are valued based on impact factor, but this may not be a good measure for journals most appropriate to clinicians or clinician-educators. If appropriate, a short comment about the readership or acceptance rates for journals can be helpful. Validating that journals are peer-reviewed is essential to distinguish a valuable publication from a “throwaway.”

“If in doubt, explain” is a good motto for clinicians applying for promotion. To the extent possible in the format of the application materials, clinicians should add a brief explanation wherever indicated so all reviewers have a clear picture of quantity and quality of each activity and how it relates to the criteria for promotion. Applicants are sometimes advised to visualize explaining the rationale for the promotion to the potential reviewer with whom he/she has the least in common—maybe a bench researcher on a different campus or in a research institute. Reviewers should not be influenced by personal bias against clinicians—and if they are, the committee chair must address this—but clinical and basic science faculty members do live in different worlds, and applicants must make every attempt to ensure the significance of each entry is clear to all reviewers, regardless of specialty or background.

Anticipating Reviewer Questions and Concerns

The extension of explaining items to the reviewer is to anticipate any concerns or questions raised by the description of activities and achievements. The key is awareness of how the typical career progression differs between clinicians and non-clinicians and even among clinicians in different specialties or environments. Reviewers look at the CV as a literal career “life story” and expect to see gradual progression from novice to expert described in terms of educational history, advancement to positions of increasing responsibility, developing leadership, and

steady growth in the number and sophistication of achievements. However well informed, each reviewer uses the usual progression in his/her discipline as the frame of reference. The “normal” expectations may be very different—for example, the differences between the postdoctoral stage for a PhD researcher and the residency and fellowship experience for a physician.

Any gap or inconsistency in the story is a potential “red flag” for a reviewer to question why the expected trajectory faltered. Clinicians who spent time in private practice should enter that experience to ensure the reviewer knows the full scope of professional activities. Similarly, any time taken out of practice or periods of part-time employment for personal or family reasons should be documented. The reviewer does not need to know extensive personal details but should be given sufficient information to account for a gap. A wise reviewer once commented “decide if you want to tell them what happened or let them use their imaginations—they might think you were in prison!”

Anticipating reviewer questions includes explaining all abbreviations, even those familiar to clinicians. Non-US graduates may need to explain that MB, BS; MB, ChB; and other terms are MD equivalent and that medical education in some countries is a 5- or 6-year course entered without first attending college. Other common abbreviations that may be frustratingly unfamiliar to reviewers are those for institutions, specialty organizations, accrediting agencies, or technical items such as EHR/EMR, RVU, QI/CQI. A short explanation may be necessary in addition to providing the term in full. In addition to abbreviations, a brief description and possibly explanation of significance may be indicated for phrases or entries that have specific meaning or implications for a specialty. This extends to some of the major transformations that have impacted clinical education and practice. A basic science reviewer may not be aware of the significance of educational work related to learner milestones and competencies or the impact of leadership in converting practices to electronic records or transitioning to patient-centered medical homes. Finally, an explanation of significance is essential in any section documenting “honors and awards.” If just provided with a list of awards, reviewers cannot distinguish those that are truly prestigious, such a national teaching awards or major scholarships, from local popular “faculty of the month” accolades.

In all sections of the application, the applicant must provide the reviewer with the information he/she needs to appreciate the value of achievements. The core considerations are “is this information likely to be appreciated by a reviewer from a different background?” and “Does the information raise any concerns due to differences in perspectives?” Seeking feedback from colleague in different departments before submission can be invaluable.

Providing the Evidence

The reviewer appreciates an applicant who helps him/her review the evidence for promotion as effectively and efficiently as possible. He/she must be able to find the crucial items in the bulky applications dossier. To ensure important items are highly

visible to the reviewer requires skillful use of the personal statement and/or introductions to each section, optimizing presentation of material in each section and using appropriate language throughout.

Personal Statement

Whether introducing a specific section of the application or in the form of a cover letter, the personal statement should overtly make the case for why the applicant merits the requested promotion. Short, factual statements get the reviewer's attention before he/she has reviewed the material and primes him/her to note specific items. If well done, a good personal statement gives the reviewer the phrases to use in his/her recommendations. Everything must be valid and supported by solid evidence.

The institution may provide a format for the personal statement. If not, it is wise to organize the personal statement in terms of the domains for promotion such as education/teaching, research/scholarship, and service (see Chap. 3). Without being arrogant or inappropriately modest, the applicant should use the language of the promotion system to state the strongest evidence for fulfilling the criteria for promotion in that domain. This might be phrased as "I believe the gains in student satisfaction and examination scores during my seven years as director of a core clerkship fulfill the expectation of 'successful educational leadership' and my personal teaching record plus learner and peer assessments meet criteria for 'sustained and significant contributions to teaching'." The personal statement is also useful to educate the reviewer and orient him/her to the applicant's environment and/or discipline. As previously mentioned, the regional or other significant aspects of clinical service can be mentioned here—including the applicant's contribution to the development of growth of the service and its role in education and/or research. The personal statement is also a good place to put scholarship into context such as explaining the importance of translational or other "non-discovery" forms of scholarship (Chap. 3) or the prestige of journals or conferences. A concise but targeted personal statement "frames" all the other information in the dossier and can be very influential. It must be done within the format and word count if these are specified by the institution and certainly must be brief and focused. If well done, it will be very useful to the reviewer; if poorly presented, it can appear arrogant and risks antagonizing the reader.

Presentation of Material

The design of many CVs and other required documents in a promotion application tends to list appointments, events, and achievements in chronological order. This can result in boring and often repetitive columns of information from which the reviewer is expected to distill a conclusion about performance. The challenge for the applicant is to present the CV as a logical progression in an academic career and

to focus the reviewer on the key data that support the promotion within the limitations of the format. Some formats permit organization of entries within sections by using subheadings. This strategy breaks up bulky sections, making them easier for the reviewer to read and stay focused. More importantly, subheadings can be used to highlight crucial entries. The best example is organizing conference-related activities (such as posters, abstracts, presentations) into international, national, regional, and local so the reviewer is clearly presented with the most prestigious events first and does not need to comb through pages of listings to find the “evidence of national or international recognition” that is a criterion for some promotions.

Above all, applicants should look critically at the final dossier to assess if the evidence supporting the promotion is clearly and unequivocally presented. Is the application easy to read? Is the reader led through the mass of required detail? Can he/she easily find the compelling evidence to articulate the case for the promotion? Has he/she been inspired to argue for the value of this applicant to the institution and as a role model for others?

Production

Success in writing the application depends in starting early, setting appropriate goals and timelines, staying on task, finding resources, asking for clarification and help whenever necessary, and multiple rounds of checking, reviewing, editing, and polishing everything into a cohesive, persuasive package.

Chapter 8 discusses many crucial aspects of preparation for promotion that overlap with the actual production of materials. Applicants must start drafting the CV and arranging for production of the other elements of the application dossier months ahead of the deadline for submission. Realistic timelines incorporate any institutional deadlines for completion of subsections (see Chap. 8) plus safety margins for unforeseen events and failure of others to provide information on time. Chapter 8 also reviewed the necessity of clarifying the exact documentation required, verifying the most recent formats, and seeking advice on how best to interpret instructions and complete all materials.

The applicant is always responsible for the materials. Even if staff assist in entering information, the applicant must check everything. A major role for staff is in finding and preparing data. This has several forms including checking on dates and correct titles of prior positions, verifying that publications and conference contributions are correctly referenced, finding copies of articles and other required documents, and tracking down performance assessments and evaluations by learners. A good application uses quantitative data whenever possible as numbers and trends provide stronger and more reliable evidence than adjectives—saying the volume of patient visits has increased by 60% over 2 years is more helpful than saying the clinic is seeing “a lot more” patients. Similarly, data on learner outcomes and evaluations of the applicant can be reported using numerical scales and providing comparisons to national or local standards. The disadvantage of using quantitative

data is the work involved in accessing, verifying, and collating it into a form suitable for the CV. If no staff help is available, the applicant is faced with investing substantial time in preparing information to enter into the CV and quickly appreciates the significance of the advice in Chap. 7 about keeping good records throughout the academic career.

Pre-reviews

A draft CV should be ready well before the earliest deadline as extensive editing and refining are usually necessary and always beneficial. Applicants should be their own first reviewer and most stringent editor. The applicant should read all the documents critically to identify any gaps, inconsistencies, unhelpful duplications, and areas that read awkwardly or where meaning is obscure. Fact-checking, especially of publications against PubMed, is essential, but some applicants are comfortable trusting such responsibilities to staff. Completing the first draft early enables thorough review and refinement of the CV. Additional reviews are essential as the applicant cannot be completely objective and certainly cannot anticipate all the issues for a reviewer from a different discipline.

As described in Chap. 8, applicants should seek out a “promotion coach,” i.e., a faculty member who was recently promoted on the same track or an individual who has prior experience on promotion committees. Ethically, current committee members cannot be asked to review materials, but “retired” members are often glad to be able to apply their experience to helping current applicants. The promotion coach can assist in preparing materials but is most valuable in reviewing and providing feedback about how the application looks from a reviewer’s perspective. An even more powerful source of feedback is a former promotion committee member from another department. Ideally this should be as different as possible from the applicant’s home department. For clinicians, this usually means seeking out a senior faculty member of a basic science department. Although this may appear daunting, it is the very best investment in ensuring the application is understandable and convincing to all reviewers. Former committee members are often glad to use their experience to contribute to making applications better prepared for committee review. Applicants should ask these pre-submission reviewers to be highly critical in order to identify all areas requiring improvement before submission. It is much better to receive robust reviews before submission than risk concerns being raised during committee deliberations.

Materials Prepared by Others

As described in Chap. 6, the complete application dossier includes the CV and other items prepared by the applicant plus sections prepared by other individuals. These typically include formal assessments of the eligibility for the requested promotion by

colleagues in the department, the department chair or academic supervisor, and external peers. The applicant is responsible for ensuring that these components of the application are secured on time but has little or no control over their production. As stressed in Chap. 8, early discussions with the department chair, chair of the departmental promotion committee, and perhaps others are essential to notify them that an assessment will be requested. Prudent reminders may be needed as deadlines approach, although in some schools, the office responsible for academic promotions takes responsibility for ensuring reviews are entered on time. Ethically, the applicant cannot influence the content of these independent assessments, but the applicant must provide all appropriate information to assist in the review, including a CV and personal statement that clearly articulate the key strengths and achievements on which the application is based. Major discrepancies between the applicant's report and the assessment of another contributor are a serious problem for reviewers and jeopardize promotion. Similar issues apply to external reviewers. As discussed in Chaps. 6 and 8, applicants are often required to nominate external reviewers but may be banned from having any personal contact in order to avoid any indication of influencing the independent review.

Overall, preparing the application requires focusing on articulating eligibility for the requested promotion and maintaining that focus through multiple rounds of checking, revising, and editing until the evidence for the promotion is crystal clear to reviewers, regardless of their backgrounds. Applying for promotion can be frustrating and anxiety provoking, especially when depending on someone else to find data or complete an assessment, but promotion is a high-stakes undertaking and merits being taken seriously.

Post-Submission Items

Institutions are usually inflexible about deadlines and refuse to accept additions to the promotion dossier after the deadline for submission. This is fair to all applicants and necessary for the efficient processing of large numbers of applications. Although institutions may not allow the late addition of items that applicants overlooked in preparing the application, important new information may become available in the period between submission of materials and completion of review. The school may have a mechanism to allow items such as significant grant awards, publications, or honors to be brought to the reviewers' attention, usually at the discretion of the committee chair or associate dean responsible for the promotion system. Applicants who have such items pending at the time of application for promotion should discuss the situation with the chair of the promotion committee or associate dean to determine the best course of action.

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Chapter 10

Outcomes, Reflection, and Next Steps

Institutions regard promotion as validation of significant achievements and substantial contributions to the academic community. Although faculty surveys report low confidence in the system, most institutions make considerable efforts to ensure that all promotion decisions are based on criteria and are well deserved [1]. Successful applicants should be justifiably proud of their recognition and, after appropriate celebration, consider “next steps” in their academic careers. Conversely, the process carries no guarantee of success. In every cycle, a number of applicants are denied promotion. This chapter considers how to address a denial of promotion and suggests ways in which successful applicants can use their experiences to prepare for the next phase in their academic careers and to help others.

Denial of Promotion and/or Tenure

Denial of an application for promotion is a significant disappointment and setback to an academic career. Despite the temptation to personalize or catastrophize the decision, unsuccessful applicants for promotion must try to remain professional and focus on what can be learned and how best to manage the setback. Acknowledging the disappointment is appropriate, but faculty members should remain civil and resist expressing anger, resentment, or excessive criticism of individuals or the process. Criticism based on one’s experience is best presented as objective feedback to the chair of the department, promotion committee, or appropriate dean. This feedback should be based on evidence rather than emotions and include recommendations to improve the process. Professional behavior during this challenging time can pay off in adding to one’s good reputation. In practical terms, appropriate attitude and behavior make it easier for others to assist a faculty member dealing with a denial of promotion.

Denial of Tenure

Denial of tenure is a serious situation that requires prompt discussion with advisors, department chair, associate dean for faculty affairs, and/or dean of the medical school to clarify the options and determine the best course of action. Institutions take different approaches to denial of tenure. The policy in the medical school is often determined by concerns for the status of tenure in the entire university (see Chap. 1 and Appendix 1). Leniency in interpretation of criteria or enforcement of policy in the school of medicine could set precedents and have serious implications for faculty in other schools and units. The medical school may have little scope to individualize strategies for faculty who are denied tenure.

In general, the options are limited to resubmission, track change, or potential dismissal. Some institutions that permit resubmission may impose a limit on the number of attempts or the time frame for securing tenure. Resubmission may not be possible if the probationary period (tenure clock) has expired. The school may allow a faculty member to change to a non-tenure eligible track, but, as described in Chap. 2, some schools have regulations forbidding late track transfers. Such regulations aim to avoid the non-tenure tracks becoming equated with failure to obtain promotion on tenure track. The most serious situation is in schools with an “up or out” policy. In these cases, the failure to be awarded tenure triggers a notice of non-reappointment or dismissal that sets a time frame for the faculty member to leave the institution. Whichever general strategy is used, the policies and procedures for a specific medical school are detailed and carefully followed to ensure fairness to the individual and to protect the institution from legal challenges. It is important to understand the nuances and implications of all options before deciding on a course of action following denial of tenure.

Appeals

In many systems, appeals of a promotion and/or tenure decision are only allowed within a specified time frame and on limited grounds. A decision about an appeal may have to be made in a short time window, perhaps within only 2–3 weeks of the issuing date of the letter or message communicating the denial—not when it is received. Faculty members may be challenged to make an objective decision about an appeal while they are still processing the disappointment and possibly shock of the denial of promotion.

Knowledge of the system and appropriate advice are essential, but the decision to appeal must be made by the faculty member. Complete information on the grounds and procedure for appeals should be available on the website of the office responsible for the promotion process, usually the office of faculty affairs. Faculty members considering an appeal must be fully aware of the process before making a decision. As this is a serious legal process, faculty members should always discuss

exactly what is involved with more than one well-informed advisor. The administrator responsible for the promotion process, often an associate or assistant dean and his/her staff, is the best source of technical information about how an appeal can be made and how the system works to consider and rule on appeal. As an officer of the institution, this administrator has a duty to ensure the integrity of the process and that all policies and procedures are followed, including providing access to all necessary information. Discussion of appeals places administrators such as associate deans in a difficult situation. Most are faculty advocates and naturally want to assist a faculty member who is in a challenging situation; conversely, administrators generally try to avoid appeals if possible. Appeals can be difficult to manage, disruptive, expensive, and damaging to the institution and faculty morale. Especially if the appeal is based on a flawed promotion process, the administrator has a conflict of interest if he/she is responsible for the management and integrity of the process. Faculty members should consider limiting advice from such administrators to information on the technical issues involved in appealing a decision because of the potential for bias, particularly if the institution only allows appeals based on process as discussed below. If administrators do provide feedback on the strengths and weaknesses of the faculty member's application, it should be based on personal assessment as they cannot (or should not) divulge confidential proceedings of committees. Analysis of the shortcomings of the application is best conducted with faculty advisors and department chair or academic supervisor.

Faculty members are often surprised to learn that a promotion decision can only be challenged on grounds of process. This means that the unsuccessful applicant cannot claim that the decisions were wrong; he/she can only appeal that the process to reach the decision was flawed. The unsuccessful applicant must demonstrate that at least one significant step in the process was not carried out correctly. Examples include applicants not being provided with timely and necessary information; failure to give the application adequate, fair, and correct consideration; or some major breach of conflict of interest or ethical behavior, including bias. As these system failures could potentially lead to legal proceedings against the institution, each school has very specific regulations covering how a faculty member initiates an appeal and how it is conducted. A common model involves both an administrative and faculty committee review with a final decision at the level of the dean or a senior administrator of the university. Regulations cover the composition and proceedings of any faculty committee, confidentiality, arrangements for faculty members to be represented or bring witnesses, and rules of evidence, especially what minutes and other documentation is "discoverable," i.e., open to being examined in the appeal. This is a serious business that may be conducted at the university level. It is not to be undertaken lightly; nevertheless, an appeal can expose a serious flaw in the promotion process and can thus benefit individuals, future applicants, and the institution.

Feedback and Insights

Schools vary in practices for providing formal feedback following promotion decisions. Some may provide no feedback or indicate only the principal area(s) where the criteria were not met. Others may allow or encourage consultation with an informed individual such as the chair of the committee or the responsible administrator (usually an assistant or associate dean). These consultations are still bound by confidentiality and other ethical considerations governing the promotion's progress. The identity of individual reviewers or details about discussions in committee sessions are very unlikely to be revealed.

The primary purpose of seeking feedback on an unsuccessful application is to understand the reasons for the decision and to use the information and insights gained in planning for the future. Although tempting, faculty members who are denied promotion should resist the temptation to consider themselves "unlucky" or even victimized. No application for promotion is perfect; the task after a denial is to understand why the crucial information was not convincingly conveyed to the reviewers. The thoughtful applicant is probably aware of the areas of the application where the evidence was weakest or the presentation could be improved. A well-informed and objective applicant is his/her own best critic and advisor. Like the applicant, the advisors who assisted in preparation of the application may find objective analysis of the reasons for denial challenging. If advisors are unable to provide robust reviews and constructive suggestions for changes, fresh advisors should be sought. Like an effective morbidity and mortality (M&M) conference, conducting a thorough analysis of a denial is challenging but is the necessary first step in making constructive career changes, including developing a successful future application for promotion.

Moving Forward

Denials of promotion are due to failures of presentation and/or content.

Preparation and presentation are extensively discussed in previous chapters, especially Chaps. 8 and 9, that emphasize the onus on the applicant to clearly convey his/her credentials for the requested promotion to all reviewers. If the applicant and his/her advisors objectively conclude that the criteria for promotion have been met but the presentation was inadequate, resubmission in the next cycle is a possibility. This requires a thorough revision of the application to improve text that reads poorly and provide additional robust evidence of meeting expectations. Input from reviewers from other disciplines and, if possible, former members of the promotion committee is especially important to identify issues that are not completely clear to all reviewers.

Failures of content are more serious as they concern lack of one or more essential requirements for the requested promotion. Even the most skillful preparation of the

dossier will not be able to conceal the omission(s). In general, content failures fall into two categories, i.e., faculty members who are on the appropriate track but do not meet expectations in one or more areas, and faculty members who are on tracks that are inappropriate for their roles in the institution. The first group consists of individuals who have failed to fulfill expectations in a required component for the academic track. For clinicians, a common example is neglect of scholarship if this is required on a clinician-educator track. This group of content failures includes faculty members who were poorly advised as well as those who avoided or did not prioritize certain aspects of the requirements. Career coaching designed to address the neglected area(s) is necessary if a resubmission for promotion is planned.

The second major reason for failure of content concerns individuals who are on inappropriate academic tracks. If the track requirements and the individual's responsibilities in the institution are poorly aligned, it may not be realistic for the faculty member to meet all the criteria for promotion. The most common and tragic example is clinicians appointed to tenure track despite position descriptions that allocate the vast majority of time/effort (FTE) to clinical and/or educational responsibilities. This can happen due to misconceptions about tenure track or bad advising or both [2]. As discussed in previous chapters, a major reason for the development of non-tenure tracks was the difficulty faced by clinicians in demonstrating excellence in all three of the usual domains for promotion, especially in achieving appropriate outcomes in scholarship/research while responsible for demanding clinical and educational services.

All denials of promotion due to failure of content should trigger career counseling and tough decisions about academic track, allocation of time and effort, arrangements for advising and coaching, and plans for future applications for promotion (Table 10.1). Some faculty members may decide to remain at the current rank, others may apply to change tracks, and still others may decide (or be required) to leave the institution. Some may decide to leave academic medicine altogether.

Successful Promotion

In many institutions the final decision about academic promotion takes months and may be received in a personal letter and/or through formal university announcements. Appropriate celebration is indicated as successful applicants should be proud of the promotion and it has positive implications for the academic unit, department, and possibly beyond (see Chap. 6).

Professional Responsibilities

The successful applicant should update his/her CV to show the new title and work with departmental and other administrators to confirm that all necessary documents and other items have been updated. A promotion may change eligibility for certain

Table 10.1 Key considerations following outcome of application for promotion

Denial of promotion	<i>Challenge denial?</i>
	Verify grounds, process, timelines for appeal
	Consider appeal
	<i>Feedback and insights</i>
	Investigate availability of feedback
	Seek objective assessments
	<i>Moving forward</i>
	Address areas of concern
	Resubmit in future cycle
	Obtain career coaching
Consider track change	
Successful promotion	<i>Finish the process</i>
	Celebrate
	Update CV and relevant documents
	Expect new responsibilities
	Thank everyone who assisted
	<i>Capture experience</i>
	Record key insights, “lessons learned”
	<i>Play it forward</i>
	Provide feedback to advisors, coaches, and others
	Offer to assist others
<i>Sustain momentum</i>	
Plan for next stage in career	

positions or responsibilities and may bring new benefits or burdens. With higher academic rank, the successful faculty member can be expected to take on leadership, mentoring, and other responsibilities associated with seniority. In some departments or institutions, promotion is associated with salary and/or other enhancements. Because the institution may place limits or conditions on promotion-associated enhancements, individuals should review institutional policies before opening negotiating with supervisors about increase in salary and benefits. However richly deserved, the department chair may not be free to offer a salary increase.

Thanking everyone who contributed to preparing the application, especially staff members and advisors, is not just professional courtesy; it lays the groundwork for future collaborations and assistance. A personal note as well as public thanks and recognition is indicated. Other forms of thanks depend on the culture of the school. A formal note to a supervisor recognizing outstanding staff support can become part of the personnel file and contribute to performance reviews. Similarly, an academic supervisor should be informed of extraordinary assistance and mentoring from faculty members. Any form of thanks is appreciated as so many individuals forget or provide only cursory recognition of the contributions of others to promotion success.

Capture the Experience

A key feature of a professional is to capture as much of the learning as possible so it can be used to help others. A promotion application is a unique event with a steep learning curve. Applicants often underestimate how much is learned in the months of work required to prepare a successful application. This knowledge can be quickly lost in the weeks following the submission. Keeping notes on the process, including “what I wish I had known” or “what I wish I had done differently” prevents this knowledge from being lost. Ideally, such notes would be made during the application process, but the period immediately following announcement of success is a good time to reflect on lessons learned and record key advice for others.

Play It Forward

Using the lessons learned in the experience has two major dimensions—to provide feedback on the process and to assist future applicants.

The institution may conduct post-cycle surveys or use other strategies to obtain feedback from participants. If not, faculty members can consider volunteering feedback designed to improve the system. To be useful and effective, such feedback needs to be specific, objective, practical, timely, and always professional. The participant perspective is always helpful for those responsible for managing the system, but as explained in Chaps. 1 and 4, the medical school may have limited flexibility to adjust the system as much of process is determined at the university level. Feedback may be most useful at the departmental or unit level to enable chairs, departmental committee members, and advisors to stay up to date with the experience from an applicant perspective.

A recently successful faculty member can be a powerful and approachable role model for others considering promotion or just wanting to know more about the system. Individuals may be asked to participate in seminars or talks about the promotion process and/or may become advisors to more junior faculty members. All successful applicants learn a great deal during the process that can be valuable to others. It is, however, important to remember that academic promotion is a highly individualized process, so not all advice is applicable to every potential applicant.

Next Steps

Achieving a promotion should prompt reflection and consideration of the next stage in an academic career. Even if a future promotion is not intended (e.g., from associate to full professor), most clinicians have internal motivation to continually strive for excellence. Career momentum is also encouraged or reinforced in most

institutions by regular performance reviews, and about 40% of US medical schools have some form of post-tenure review [3]. Many successful candidates report that the experience of applying for promotion changed their perspectives on their careers especially in highlighting the differences between academic and other forms of clinical practice and in providing insights into the medical school as an academic organization. They report a greater understanding of issues in faculty governance and faculty affairs. Other important outcomes often include a greater appreciation of the perspectives and roles of colleagues in other disciplines and an expanded network of academic peers. Finally, the experience of applying for promotion reinforces the importance of “healthy” academic habits including using faculty development resources, seeking productive regular performance reviews, and keeping good documentation of activities.

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Chapter 11

Academic Promotion for Special Groups of Faculty

Most literature and available data regarding academic promotion for clinicians in medical schools focus on full-time physician faculty members. The faculties of US medical schools, however, include thousands of other professionals as well as large numbers of part-time and volunteer faculty members. The increasingly heterogeneous faculty includes many members who do not fit neatly into the traditional roles of clinicians and/or scientists based in homogeneous departments of a major academic medical center. While the information and advice on applying for academic promotion provided in earlier chapters apply to all faculty members, some groups may encounter specific issues and often benefit from taking additional steps to optimize their success in academic promotion. The core principles remain to be as well informed as possible about the specific requirements for the requested promotion by rank and track, stringently follow the required formats and procedures, use appropriate advice and support, and ensure one's roles, achievements, and qualifications for the promotion are unequivocally clear to all reviewers.

Faculty with Part-Time or Volunteer Academic Appointments

Note: Some part-time or volunteer faculty members may hold academic appointments in other institutions. Even if the other institution is part of the same university, promotion by one school may not carry automatic promotion in the medical school. The policies of the medical school or parent university address this issue but each situation is unique and should be discussed with the faculty affairs office.

Part-Time Faculty Members

Part-time faculty is increasingly important to clinical departments [1–4]. Currently about 25,000 faculty members of clinical departments (15% of the paid faculty) are part-time [5]. Although studies suggest that part-time faculty members are more satisfied, have less burnout, and may be more productive than conventional colleagues [2], the part-time role may still be regarded as not academically robust by individuals and institutions. Attitudes toward part-time appear to be evolving. Traditionally regarded as mainly a temporary arrangement to accommodate personal needs, or even a “dead-end” position, part-time is increasingly perceived as a viable career pathway for both male and female faculty members. These changing attitudes may be due to increasing appreciation of the advantages of part-time appointments for departments [1–4], as well as changes in lifestyle aspirations among faculty members, especially the millennial generation [1, 6–8]. A 2009 report from chairs of internal medicine departments [2] echoed surveys of departmental chairs in several specialties [3, 4] in stating “the broad-based acceptance of part-time careers as a viable pathway will improve the process for implementing part-time programs, promote recruitment and retention, and diminish the stigmatization of part-time faculty at US medical schools and teaching hospitals” [2].

Despite the above positive trends, part-time faculty members may still encounter those who doubt their commitment to academic careers, and they may feel marginalized in academic departments [7, 8]. They are likely to encounter disadvantages in receiving appropriate mentoring and career development. Specific barriers include eligibility for fellowship and grant funding as these are often restricted to full-time faculty members. Even if eligible, part-time status may elicit overt or subconscious bias in award of funding or selection for a position. Similar barriers may exist to selection for administrative and leadership roles. Overall, part-time faculty members should anticipate the need for extra efforts to demonstrate their value to the institution and ensure they are recognized as having career aspirations and potential for academic promotion. In practical terms, they must actively seek and accept appropriate mentoring, career advice, and access to the academic opportunities necessary to build a robust promotion dossier [1, 7, 8]. This may extend to challenging departmental or institutional regulations that limit award of funds, leadership appointments, or participation in prestigious committees to full-time faculty members. These regulations may not be intended to disadvantage part-time faculty members; bylaws and regulations may just need updating to reflect the new realities of the composition of the faculty. The changes described in Chap. 1, especially the large numbers of part-time faculty members, are not widely appreciated in medical schools or reflected in their faculty bylaws and institutional regulations [1, 7, 8].

Clarifying Terms and Expectations

Institutions often have separate or modified criteria for promotion for part-time faculty members. A potential applicant for promotion must clarify the specific criteria by which he/she will be assessed. Surprisingly, it is necessary to establish one's part-time status before assuming that the part-time criteria for promotion apply. Different definitions are used for part-time, ranging from a specific maximum of hours per week or a percentage of full-time equivalent (FTE) to a more nebulous "faculty who work less than full-time but whose full professional effort is directed toward the institution" [2, 7–9]. The term "part-time" used in contracts, position descriptions, and appointment letters is based on human resource and hospital staffing regulations and may *not* match that used for academic promotion. An institution may even regard an individual working 51% as full-time for promotion purposes. As stressed previously, the potential applicant must take responsibility to find the precise regulations for his/her personal situation. The best way to do this is to ask the office that manages the promotion and tenure process, usually the office of faculty affairs.

In academic promotion literature, little attention has been paid to the needs of part-time faculty other than initiatives to extend tenure clocks for those on tenure tracks. Many schools take the position that part-time faculty members should meet the same expectations as full-time faculty members on the same track but be given more time [9–12].

In addition to clarifying the criteria applicable to an individual case, it is important to ask how the school defines and interprets "full professional effort." This term differentiates an individual who works part-time for the medical school but has no other professional practice from one who has additional professional activity such as private practice, consulting, or paid employment. Issues can arise in what role, if any, this "outside" professional activity plays in consideration of an applicant's qualifications [8]. One view is that the application for promotion should only concern professional effort for the institution. The contrary view is that all evidence of the professional achievements of an individual should be presented for review. As this makes a substantial difference in how the CV is presented, an applicant should clarify the practice in his/her institution. If necessary, the faculty affairs office and the chair of the assessment committee should be asked for advice about how to present "external" professional activity.

Customizing the Application

As stressed in previous chapters, a successful applicant strives to understand the perspectives of diverse reviewers and to ensure that the evidence supporting the promotion is clear to all reviewers, regardless of their backgrounds. The two biggest concerns for part-time applicants are bias toward part-time faculty members (overt

or subconscious) and being assessed by inappropriate criteria. In well-managed systems, reviewers, staff, and others undergo training and are monitored for any indication of bias. Committee chairs should regularly remind reviewers about issues such as bringing additional information into the review and excusing oneself from any situation where conflict of interest or bias could impair conducting a fair and impartial review. Committee chairs are also responsible for ensuring that each application is reviewed using the appropriate criteria for the specific rank and track. Nevertheless, a busy reviewer can easily default into using the more familiar full-time criteria and expectations when reading an application from a part-time faculty member.

An effective and reviewer-friendly application incorporates context and prompts that remind the reviewer of the criteria and guide him/her to the most important evidence supporting the promotion. This requires using cover letters and any narrative areas of the application (such as introductions or summaries for each section) to clarify the applicant's FTE in each area and remind the reviewer of the appropriate criteria for the application. Letters from the departmental supervisor and external reviewers can be very effective vehicles to present part-time applications in an appropriate context and often have more scope to clarify the situation than can be achieved in the CV or applicant's dossier. Seeking advice from mentors and obtaining robust internal reviews before submission are essential to make sure the application makes the best possible case for promotion. As advised in Chap. 9, asking for feedback from an experienced faculty member with a completely different background can be invaluable. This ensures that a reader who is unfamiliar with the applicant's role and/or specialty comprehends the application. It identifies "blind spots" in an application and areas where the true value of contributions is concealed in shorthand phrases specific to the applicant's situation. A part-time clinician should consider asking a full-time senior researcher from a basic science department for feedback on his/her CV. This reviewer should have experience with the promotion system. Obtaining such a review may require stepping out of one's comfort zone, but advisors and others may be able to facilitate the process. The final application will be assessed by faculty members from a variety of backgrounds, so any steps the applicant can take to ensure it clearly articulate the case for promotion to *all* reviewers are invaluable.

External Referees

Requirements for external letters may be especially challenging for part-time clinical faculty members who are often focused on patient care and education at the local level. The institutional regulations define "external" letters for each promotion. For part-time and other appointments, letters from colleagues at the same institution but in different departments may be acceptable. These can effectively describe the contributions the applicant has made to the institution and reinforce that these achievements have been made in a part-time context. Nevertheless, reviewers may perceive internal letters to be less prestigious than letters from another institution. Especially if regional or national recognition are required for the promotion, applicants should

obtain at least some letters from well-qualified referees at other institutions. As stressed in previous chapters, national organizations for clinicians and/or educators (Appendix 3) can help identify and contact suitable external referees. Especially if the promotion regulations discourage or prohibit using personal contacts, faculty members should not hesitate to use national or regional organizations to solicit external reviewers. Advisors and mentors who are active in national organizations can facilitate this process. Individuals known to the applicant from training or previous appointments as well as colleagues who have moved to other medical schools can be potential external referees. As stressed in previous chapters, each referee must be prepared to provide a candid and informed assessment of the promotion application, including the current CV—bland letters praising the applicant or based on his/her performance in training or early career are unhelpful. Above all, the applicant should identify a panel of qualified external referees who collectively can assess and provide insights on the key components of the application. A mixture of local and national individuals may be optimal to ensure the value of contributions to the institution and region are articulated and how the applicant compares to comparable peers at other institutions is expressed.

Volunteer Faculty Members

Clinical departments of US medical schools reported having about 16,500 faculty members in 2015—20,000 more than the number of full-time faculty members [5]. The number of volunteer faculty has been steadily rising over past decades. Volunteers provide a variety of services. The largest group may be those participating in teaching, especially in community sites, but volunteers also participate in research or facilitate research in nonacademic sites.

Each school establishes its own definition, policies, and practices for volunteer faculty members, including those relating to academic promotion. Volunteers may not be eligible for promotion, or the institution may have established a specific set of criteria for their advancement. These criteria should recognize outstanding contributions to the institution, for example, an excellent record of teaching medical students and/or residents, participation in programs to recruit and prepare students for health professions, serving on departmental or school task forces, and participation in advisory committees or other groups. As for all promotions, the intent is to acknowledge the individual who goes beyond the expected or required service to bring “added value” to the institution. Well-designed criteria for volunteers should be based on excellence in their expected role(s) and not set unrealistic targets. Criteria that include evidence of leadership should include leadership in the medical community such as service to hospital staffs, medical societies, or professional organizations.

Volunteers are likely to encounter all the issues discussed about for part-time faculty members in clarifying the expectations for promotion, meeting the criteria, and navigating the system. They are unlikely to have regularly maintained an academic CV or appropriate records, received monitoring or regular reviews, or participated in

faculty development. They may also have had little or no opportunity to be involved in scholarship or academic service. Even if appropriate criteria are met, volunteer faculty members may feel overwhelmed by the process of applying for promotion. Departments, units, and institutions can greatly enhance interest in promotion among volunteer faculty members by providing practical assistance in preparing documents and navigating the complex and unfamiliar promotion system.

Although it is often assumed that volunteer faculty members have little interest in academic promotion, this may not be an accurate perception. As recognition of outstanding service, academic promotion may be appreciated by volunteers and provide departments with both an incentive and reward for volunteer faculty members. As for other faculty members, promotion of individuals has many potentially positive effects on the unit, institution, and colleagues; promotion of volunteers may have positive effects on relationships between the academic health center and community.

Faculty of Regional Campuses and Affiliated Institutions or Programs

Over 100 US medical schools have regional campuses, and almost all have affiliated clinical and/or research institutions. Faculty based at these institutions encounter many of the issues discussed for part-time and volunteer faculty, including finding appropriate advice and support for career development and advancement in their unique situations. It is particularly important for these faculty members to anticipate and address reviewer misconceptions or lack of appreciation of the environment and special features of their programs.

Criteria for promotion at regional campuses are likely to be identical to those at the main campus, and accreditation standards require the institution to address how promotion and faculty development opportunities are made available to faculty members at regional campuses and other sites. In theory, all faculty members should have comparable access to information and support in academic promotion, regardless of campus. Schools take different approaches to providing such services including having designated individuals and services on each campus or providing all support from the main campus, either directly or through departments. Similarly, the process for review of applications from a regional campus may progress through the departments on the main campus or through a campus committee to a school-wide committee.

Institutions may have modified criteria for faculty members based at affiliated institutions, including Veterans' Administration (VA) facilities. As for all applicants, time invested in clarifying the expectations for the specific promotion requested and finding appropriate mentoring and practical assistance, is well worth the effort.

Non-physician Clinicians

In 2016, clinical departments reported over 20,000 faculty members with “PhD or Other Health Degree” and an additional 4,290 individuals with “Masters or Other” qualifications [13]. Databases do not differentiate non-physician clinicians from other faculty members with doctoral or masters degrees such as educators or scientists from a variety of disciplines. The faculty of a medical school may include clinicians from several health professions including nursing, dentistry, pharmacy, and psychology. No published work has investigated the career development or promotion experience of this important component of medical school faculty. As discussed above for part-time faculty, non-physician clinicians may have to make extra efforts to ensure appropriate mentoring and career development as well as to promote their inclusion as full faculty members in opportunities and responsibilities at the departmental and institutional level.

For academic promotion, applicants must investigate how their materials will be reviewed and take all reasonable measures to ensure their achievements can be appreciated and appropriately assessed by any reviewer. The administrators and committee members reviewing applications are likely to be experienced basic scientists and academic clinicians familiar with their own areas of professional experience and the traditional system of academic promotion based on education, research/scholarship, and service. They may know little about the education or modern scope of practice of the different health professions; even worse, they may base assessments on inaccurate or outdated concepts. A common misconception is that all PhD faculty members are researchers, whereas many are clinicians licensed to practice independently in specific areas of health care. It may also be important to explain that a specific profession or subspecialty does not currently have a doctoral degree and that certification is the highest available form of qualification. Information about internships and other advanced training should be presented in a manner that enables reviewers who are more familiar with postdoctoral training in science or medicine to appreciate the quality of professional education. Similarly, reviewers are unlikely to be familiar with the awards/honors, national organizations, major journals, and leading conferences of each applicant’s profession. Although clearly communicating such information is important for all applicants, it is especially important and may require more explanation for non-physician clinicians. External reviewers can be especially helpful in adding context about the specific profession as the applicant may have limited scope to explain such information in the CV or application dossier.

Ensuring that reviewers appreciate the value of clinical practice is especially important for non-physician clinicians. In addition to providing as much clarification as necessary about the profession, scope of practice, and areas of specialization, it may be important to clarify unique aspects that could influence how the reviewer interprets the information presented. For example, a physician reviewer accustomed to a busy clinical practice may not appreciate that complex intake assessments for a behavioral science professional may require several hours hence patient volume

numbers appear low. Applicants should provide data that demonstrate how they compare to peers in clinical outcome measures. Finally, non-physician clinicians should pay special attention to their contributions to teams in patient care and/or scientific work. Academic promotion often focuses on the achievements of individuals but there is growing appreciation of the value of effective teamwork. Applicants might point out (and/or ensure their supporting letters reflect) the necessity of a full clinical team to provide a comprehensive patient-care service as well as the added value the team approach brings to education. One might even consider citing the relevant accreditation requirements for both medical student and graduate medical education and similar documents to validate the essential role played by diverse health professionals in the core functions of the institution.

Clinicians in Nonclinical Departments

In 2016, basic science departments reported 3,609 full-time faculty members with MD degrees and 14,532 with PhD plus another health degree [13]. Basic science departments remain much more tenure oriented than clinical departments. Although evidence of a slow transition to a non-tenure model is emerging, the changes have been much less dramatic than in clinical departments [11, 14, 15]. For about the last decade, more new full-time PhD appointments in basic science departments have been to non-tenure than to tenure tracks [15]. Depending on the regulations, practices, and opportunities of the institution, tenure track may be an appropriate career pathway for a clinician scientist [16]. The institution may also appoint clinicians to research or other non-tenure tracks such as clinician-investigator. No published information describes the roles or promotion experience of clinicians in basic science departments. As with other “special groups,” applicants need to anticipate and address any mismatch between the assumptions of the reviewer and reality. Based on the department of primary appointment, reviewers, certainly at the departmental level, are likely to approach an application with “basic science tenure” mindset that prioritizes grant funding, publications, abstracts, and the traditional values of a research scientist. Conversely, the medical qualification may trigger an assumption that clinical criteria apply. As emphasized for other groups, the applicant must clearly describe his/her role in the institution and the evidence that verifies he/she meets or exceeds the specific promotion criteria for the requested rank and track. The applicant should also take steps to enable both internal and external letters to enhance and expand on the unique role of the applicant and his/her eligibility for the requested promotion. If the applicant has a joint or other appointment to another department, additional letters from academic supervisors or departmental committees may be required or advisable. Letters are also advisable from any department for which the applicant provides a unique or significant service. Examples include providing a specialist patient care consultative service or specific educational opportunity for residents and/or students available because a clinician-scientist in a basic science department has expertise in a niche area.

Graduates of Non-US Medical Schools

The design of documentation materials for academic promotion, especially the CV or personal dossier, is based on US educational systems and professional experience. Non-US graduates may need to add information or clarify terminology to ensure that their evidence for promotion is clear to US reviewers. This may be possible within the CV but may require a cover letter or a request that departmental or chair letters provide the necessary information. Advisors should be able to identify key areas that are not clear to US readers during the preparation process. All abbreviations must be provided in full with explanations as indicated.

Potential issues can arise in any component of the application. In education, it is necessary to clarify that degrees such as MB, BS or MB, ChB are equivalent to MD and that medical training may be a 5 or 6-year program following high school. Early training such as internships and other appointments may not correlate well with the US system but should be explained as clearly as possible to enable reviewers to follow the progression of the developing career. Additional clarification may be required for graduates of countries that require an extended period of general training or compulsory service before entering specialist training. Similarly, additional qualifications must be fully explained and, if possible, related to US equivalents such as board certification. Honors and awards merit explanation of their prestige and significance. Additional information may also be necessary to clarify the significance of non-US journals and scientific conferences. It may be necessary to provide translations of articles published in languages other than English.

Institutions differ in consideration of achievements prior to appointment at the current institution. Some base promotion decisions mainly on evidence of contributions to the current institution, whereas others consider the entire career of the applicant. Applicants should clarify the expectations before preparing materials. Data about teaching and service in previous countries or institutions may be difficult to obtain or summarize appropriately for US reviewers.

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Chapter 12

The Future of Academic Promotion for Clinicians

Predicting the Future in an Information Void

Despite the unprecedented changes occurring in medical schools, there is little national debate about the future of academic promotion and tenure for clinicians. Apparently, no urgency is perceived in addressing how promotion policies and practices should evolve to meet rapidly changing faculty career needs.

Decades after the introduction of non-tenure tracks, papers in the early 2000s documented continuing perceptions of “second-class” academic status for faculty on these tracks and complex challenges in developing and applying appropriate expectations for promotion [1–7]. Discrepancies in how the tracks were perceived by senior faculty members, such as promotion committee chairs, focused on concerns about scholarship. Promotion without significant scholarship as traditionally defined and measured (usually by biomedical research publications and grants) was seen as potentially compromising the academic integrity of the medical school [8]. One commenter even stated rather dramatically “*the survival of the values and missions of our academic medical centers may yet depend on our adapting creative, yet acceptable, strategies to renew and redefine scholarship*”[9]. More recent papers have focused on core competencies for clinician-educators, improved approaches to documenting their achievements, and the growing status of educational scholarship [10–14].

With few exceptions [15–17], innovations undertaken by individual schools in promotion policies and practices are not being shared with other institutions. This may reflect a managerial rather than scholarly approach to topics in faculty affairs—busy and overextended administrators and staff must prioritize managing complex systems over preparing publications and presentations. In many ways, administrative activities in medical schools are in a similar state to education before Glassick, and others established the need for the disciplined and scholarly examination of practices that resulted in the dramatic expansion of educational scholarship discussed in Chap. 3. Other factors contributing to the dearth of information on advances in academic promotion could include the difficulty of demonstrating

meaningful results from studies of system changes, unwillingness to report inconclusive or negative results, limited generalizability of the experience of one school to other institutions, publication bias, or perceived low interest in the topic by readers of major medical journals.

An underlying cause of the lack of attention to academic promotion issues for clinicians may be that leaders and institutions are unaware, or underestimate the extent, of the transition to non-tenure tracks in the clinical faculty. In 2015, the majority of clinical departments reported less than 30% of faculty members tenured or on tenure tracks. Departments in 4 of the 17 major specialties tracked reported 20% or less (obstetrics and gynecology (20%), anesthesiology (17%), family medi-

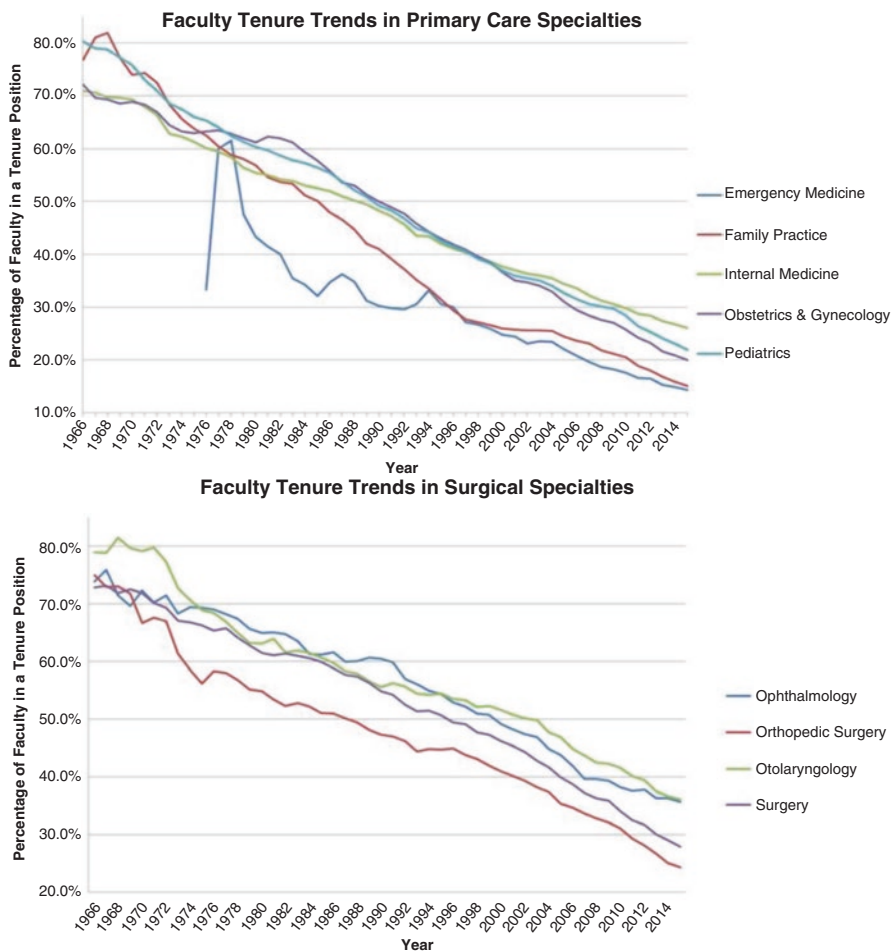


Fig. 12.1 (a) Trends in tenure and tenure track appointments in primary care specialties. (b) Trends in tenure and tenure track appointments in surgical specialties. (c) Trends in tenure and tenure track appointments in other specialties (1). (d) Trends in tenure and tenure-track appointments in other specialties (2)

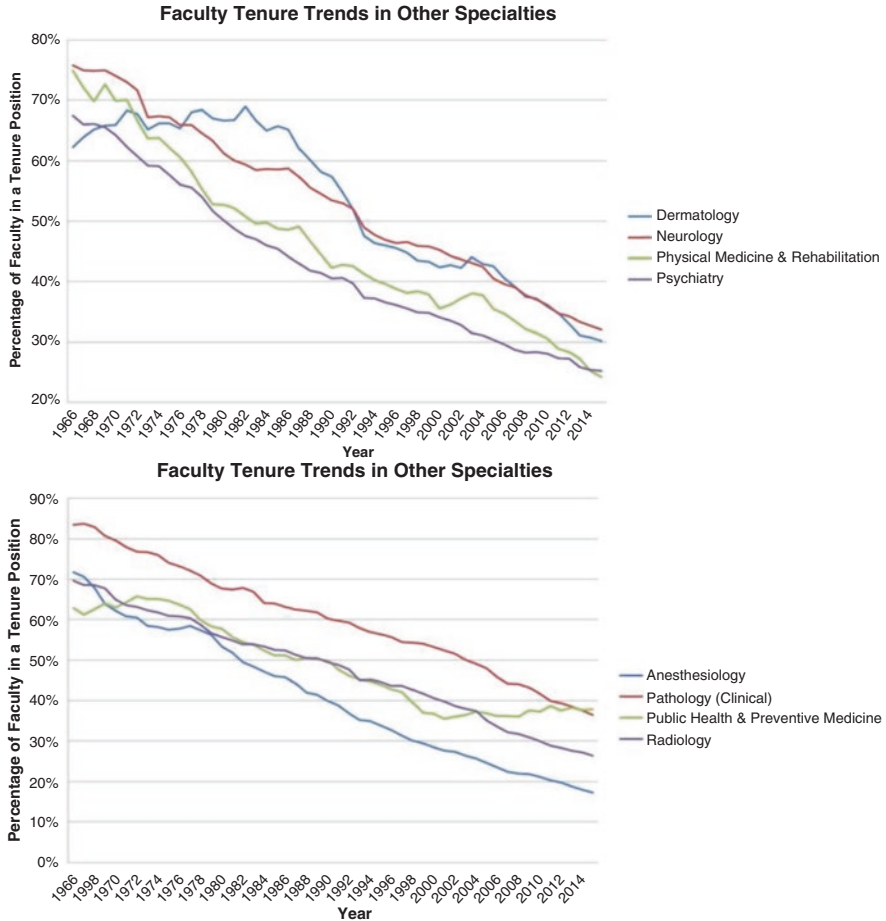


Fig. 12.1 (Continued)

cine (17%), and emergency medicine (15%)) [18]. The percentage of faculty on tenure tracks continues to fall steadily in all clinical specialties and shows no sign of reaching a “steady state” (Fig. 12.1). Although the policies, practices, and assumptions of promotion systems are based on decades of experience with tenure-based systems, the clinical departments of most medical schools are now in a “post-tenure” environment. The transition to predominantly non-tenure appointments for new faculty members is apparent in basic science departments but is occurring at a much slower rate and may evolve quite differently in the nonclinical departments.

The lack of recent studies or published commentary on fundamental issues for promotion in medical schools, especially the implications of a predominantly non-tenure-track clinical faculty, is surprising and troubling. It leaves many of the many issues raised when clinician-educator and other non-tenure tracks were introduced

decades ago unresolved and provides little basis for anticipating future trends beyond projecting from what is known of current trends [19–23].

Key Trends Influencing Academic Promotion

Demography

The AAMC has published periodic reviews of tenure in medical schools [24–31]. It also provides updates on selected aspects of promotion as *Analysis in Brief* publications that frequently address the demographic changes in the faculty that are shaping changes in faculty participation in promotion [32]. As discussed in Chap. 1, the faculty of the future will have higher proportions of women, members of minority groups, and non-full-time members. Along with the generational shifts as the “baby boomers” retire and other factors, the majority of future faculty members may have attitudes toward academic careers that do not fit well with the values and practices of conventional promotion systems.

Changes in Promotion Systems

The most recent comprehensive review of tenure in medical schools in 2011 recognized the financial dependency on clinical income and the massive expansion of the clinical faculty as the underlying forces shaping the major trends in academic promotion systems [31]. These major trends were identified as steady transformation of clinical appointments to non-tenure tracks, lengthening and flexibility in probationary periods for award of tenure (tenure clocks), and increasing disconnect between tenure and salary guarantees. It is likely that these trends have continued. The authors also noted increasing recognition of team science and broader concepts of scholarship (Boyer model) in criteria for promotion. The dramatic changes in medical education and clinical practice of the last decade have spurred this trend. In education, the widespread introduction of competency based curricula using milestones and entrustable professional activities (EPAs) along with conversion of many teaching methods to student-centered active learning have provided unparalleled opportunities for research and scholarship. Similarly, the “quality revolution” in clinical practice involves almost all clinicians in some form of continuous quality improvement that has resulted in significant expansion of the scholarship of application. To a lesser extent, the move to team-based care and multidisciplinary practice has stimulated work in the scholarship of integration. Academic clinicians and educators have never had more opportunity to participate in scholarship but may lack the time, motivation, or resources to take advantage of these opportunities.

Improving the Promotion Process

Whatever the reason for the lack of recent commentary, academic units and institutions cannot develop best practices in academic promotion unless experiences and lessons learned from innovations are shared. This includes “cautionary tales” about unexpected or adverse outcomes from changes in practice [33]. Institutions, academic departments, and individual faculty members should be invested in scholarship concerning concepts and practices in academic promotion. The potential benefit of greater dissemination of information and outcomes of studies in academic promotion include improved faculty career satisfaction, decreased burnout, and turnover. The potential also exists for financial and other savings from more effective and efficient systems. Improved understanding of the academic promotion process is essential to any attempts to plan for the future. The need for evidence-based innovations has never been greater as the faculties of medical schools transition to predominantly non-tenure tracks.

The most likely scenario for the future is continued transition of clinicians to non-tenure racks with developments to better align the expectations for promotion with the realities of faculty roles, make academic promotion more attractive and accessible to clinicians, and integrate promotions as incentives and milestones in faculty career development. A more revolutionary but much less likely future would involve a complete and radical redesign of the system for academic promotion to meet the needs of faculty in a non-tenure environment.

The “Status Quo” Future

Academic systems tend to be enduring. Change is difficult, usually controversial, and always disruptive. As academic promotion appears low on the priorities of institutions and faculty members, significant momentum for dramatic change in the system is unlikely. On both national and institutional level, the most likely scenario is for continuing adjustments to the status quo around three questions:

- What career pathways (tracks) best serve the career development of clinical faculty members?
- How do we improve the promotion process and make it more attractive to clinical faculty members?
- How do we best enable clinical faculty members to succeed in academic promotion?

What Tracks Will Clinicians Use in the Future?

As the percentage of clinicians on tenure tracks continues to fall in all specialties, it is likely that the vast majority of clinical faculty members in the future will use non-tenure tracks. This raises many questions about the role of tenure for clinicians and the optimal number and type of non-tenure tracks for each institution.

The Future of Tenure for Clinicians

Tenure is more common among older clinical faculty members and accounted for less than 15% of new physician appointments in 2013 [34]. Nevertheless, thousands of clinicians use tenure tracks. Although the percentage of clinical faculty who are tenured or on tenure tracks has been falling for decades, the actual number of such faculty has remained remarkably stable because of the large expansion of the total faculty. The number of schools in which tenure is available to clinicians has also remained constant over many years. On a national level, tenure is likely to remain an important component of academic promotion for clinicians for the foreseeable future [30, 31].

The significance of tenure for clinicians is largely determined by personal and institutional attitudes and values. The relationship between tenure and financial rewards is increasingly tenuous, and in most medical schools, tenure is not related to salary for clinicians. Individuals considering tenure for personal reasons, such as enhanced prestige for themselves, their programs, or specialties, should be very aware of the modern meaning of tenure and the realities of the requirements for its award [35]. As stressed in Appendix 1, tenure is not “a job for life,” is usually not associated with financial reward, and requires completing stringent criteria within a fixed time frame.

In some institutions, tenure is an important component of the culture and functions as a marker of academic excellence. Tenure may be required or expected for leadership positions or membership of important committees in the faculty governance system. In such institutions, tenure may be the most appropriate track for career advancement. Success in promotion on tenure track depends on dedicated and focused career planning, personal efforts, and appropriate mentoring and support (see Chap. 7). Clinicians on tenure tracks must be assured of the time and resources to meet the requirements for award of tenure by the end of the probationary period. This may be more difficult in the future if the clinical and academic missions of academic health centers continue to diverge. Key institutional factors influencing tenure tracks for clinicians include policies and practices regarding probationary periods; the requirements and expectations for promotion, especially around scholarship; and above all, how the criteria are interpreted in the review system.

The degree of flexibility in the probationary period (tenure clock) impacts the available time to meet the expectations for promotion and/or award of tenure. When last reviewed (2011), schools were found to be introducing more ability for faculty members to extend probationary periods, but surprisingly few faculty members took advantage of these opportunities [31]. Flexibility in probationary periods is very institutional specific. Some have very rigid requirements and permit extensions only in very limited circumstances; others are more liberal but most incorporate safeguards to prevent repeated extensions by faculty members who are unlikely to attain tenure. Even in institutions with liberal policies, faculty reluctance to use tenure-clock extensions may indicate perceptions by applicants and/or others that such extensions indicate failure to sustain effort or progress and may negatively impact an eventual application for award of tenure. The future is likely to bring continued extension and flexibility in probationary periods for all faculty, especially clinicians. Faculty attitudes and use of such options are more difficult to predict.

For clinicians to succeed on tenure track in the future, institutions will have to value multiple forms of scholarship and continue to refine valid practical assessments in the domains considered for promotion, usually education, service, and scholarship. As discussed elsewhere, the formal criteria for academic promotion reflect the values of the institution. These values are most apparent in how criteria are interpreted and applied by promotion committees, other reviewers, and senior administrators. The few available studies indicate that promotion committees are increasingly applying Boyer's concepts and a wide array of measures to assess clinicians for promotion [1]. No information is available on any institution that has changed the composition or function of promotion committees to address the traditional dominance of tenured individuals.

Overall, a minority of clinicians are likely to continue to use tenure tracks, and for some it will provide the optimal academic career pathway. In some institutions, tenure may persist as the dominant track through which to build an academic tenure. The perception that tenure is essential for academic credibility appears to be fading across all specialties, but cultural beliefs and norms change slowly and are very specific to institutions and groups. Clinicians using tenure tracks require substantial departmental support to meet all criteria for award of tenure within the allowed time and must be assured of a valid review, particularly in recognition of the value of non-discovery scholarship and clinical service.

Non-tenure Tracks for Clinicians: How Many Tracks? What Types of Track?

Non-tenure tracks aim to provide academic pathways appropriate to the principal role(s) of the faculty member such that individuals can be promoted based on excellence in their roles in the institution. In addition to research tracks, the AAMC describes three types of tracks for clinicians covering the spectrum from clinicians

who manage complex educational programs and/or are deeply involved in educational research to clinicians who may have no or only occasional contact with learners:

Faculty with appointments in a Clinical, Clinician Educator, or Clinician Scholar track have primary responsibilities in teaching, teaching and patient care, or patient care. Research or scholarship, largely directed toward patient care and teaching, may or may not be required for promotion. However, publication or original research in peer-reviewed medical and scientific journals must not be required for promotion in order to classify a track in this category [36].

These three types of track encompass almost all clinicians who do not have predominantly research roles. Some schools use an additional “clinician-investigator” or “clinician-scientist” track to accommodate clinicians who have significant involvement in research as well as patient care. Several schools have multiple non-tenure tracks. In the future, schools are likely to follow one of two alternative approaches to determine the number and type of nonclinical tracks.

If a single track, or even a “trackless” system, is used to accommodate all non-tenure-track faculty members, the school sets the criteria for advancement to associate or full professor for each domain (education, service, scholarship) and usually provides examples of what is expected to meet those criteria [16]. Each applicant is required to identify a principal area or areas (e.g., education and/or clinical service) on which the promotion application is based and provide the evidence of his/her achievements that merit the promotion. Applicants may be able to apply on the strength of contributions in a single area (such as clinical service), with one principal and two secondary areas, two principal and one secondary area, or any combination. The details of the process are set by the school. This approach enhances the ability of an individual to articulate his/her case for promotion but can be challenging for reviewers due to the relative lack of standardization among applications. Some schools have separate review committees for non-tenure and tenure-track applicants.

The alternative strategy is to create multiple tracks, each with criteria focused on the major role(s) of faculty members such as “clinical service” or “clinical teaching.” Even with multiple tracks, inevitably, some faculty members will not fit neatly into the system. While this approach facilitates use of more specific and standardized expectations and evidence for each application, using multiple tracks complicates the assessment process. Reviewers can have difficulty ensuring they are using the correct criteria for each promotion and must guard against consciously or subconsciously applying the assessments and “mindsets” of the wrong track.

As clinicians’ roles in medical schools become more complex, the challenge for each school in the future is to balance having sufficient distinct tracks to serve the different major groups of clinical faculty with the need to limit the number of tracks in order to provide a reliable and manageable system. Current trends indicate movement toward the minimalist or “trackless” approach.

Clinician-Educator Tracks: Can One Track Fit All?

Almost all of the literature on non-tenure tracks concerns clinician-educators. This term is often used to cover the very large group of faculty members whose principal responsibilities involve patient care and teaching. Using such an inclusive concept challenges institutions to develop criteria for promotion that fit individuals across the spectrum from educational researchers to clinicians who occasionally teach students—but are all on a single track. The situation is further complicated by diverse definitions and variations in the use of the term “clinician-educator” that cause confusion among and within institutions.

An international group recently endorsed restricting the term “clinician-educator” to clinicians who are active in both patient care and education *AND* “consistently engaged in and disseminate health-professions-related educational scholarship” [37]. This group argues that conducting research and producing scholarly outputs such as peer-reviewed publications on educational topics are essential to the clinician-educator role. This adds to a growing consensus that contributing to educational scholarship and acting as an educational consultant to others are necessary in the definition of clinician-educator [10, 11, 38]. These recommendations concern terminology and definitions of the different roles played by clinical educators, not academic tracks, but proposals to limit the definition of clinician-educator to an expert group raise two very interesting questions for academic promotion.

First, if the institution and academic community truly follow the Boyer philosophy, educational scholarship should be as valued as other forms of scholarship. An individual active in patient care, education, and related scholarship—plus probably administrative and faculty governance responsibilities—is therefore a “triple threat,” active in all of the domains required for tenure tracks. In some medical schools, clinician-educators who meet this definition are on tenure tracks and achieve tenure through recognition of their achievements in all three domains. Should all individuals who meet the proposed international definition be on tenure tracks? Are there insurmountable obstacles related to probationary periods (tenure clocks), financial concerns (although most institutions have no or very limited salary guarantee with tenure), or concerns about long-term commitments to individuals? If scholarship is essential to the definition of clinician educators, allocating them to non-tenure tracks reinforces the perception that educational and other forms of non-discovery research are inferior to traditional discovery research and that tenure is restricted to basic scientists.

The second question is where do the evolving consensus definitions leave the majority of clinicians involved in educational programs but not active in educational scholarship? The international panel merely comments that such individuals “fit a different role” [37]. If a school limits “clinician-educator” titles and tracks for those involved in educational research, are additional tracks required for “clinician-teachers”? The literature is virtually silent on academic promotion for clinicians whose principal roles are in patient care and related activities. There is great poten-

tial for confusion in the meaning and use of terminology for different individual roles and the system of academic tracks used by different schools.

However the wider debate over concepts and terminology plays out, each institution will decide on its own approach to appropriate terminology and promotion systems for clinicians involved in patient care and/or education. Depending on institutional and personal factors, a clinician-educator/scholar could be appropriately on a tenure or non-tenure track. The requirement for scholarship will continue to be a major challenge in defining tracks for the majority of clinicians who teach. Institutions and those involved in academic promotion must pay more attention to promotion pathways for those who are predominantly involved in patient care.

Improving the Value and Experience of Promotion for Clinicians

As discussed in Chap. 1, academic promotion is not high on the priorities of most clinical faculty members. It may even be regarded as a complex, tedious, and rather untrustworthy process with dubious rewards [39]. As institutions continue to evolve, a major challenge for those involved in academic promotion is to reengage the clinical faculty and firmly establish the role of academic promotion as the major institutional recognition of professional excellence and a primary goal for every faculty member.

The most positive indications of movement toward these goals are the convergence of trends in clarifying competencies for faculty roles [10–12] and aligning faculty development and systems of regular performance review with these competencies [40, 41]. The next logical step is to incorporate the academic promotion as both incentive and reward for faculty members who excel in their roles. The expectations set for each promotion should provide the standards of excellence or “milestones” for each stage of an academic career from instructor to full professor. When integrated into regular assessments and coaching of faculty performance, this approach provides a logical framework for the development of individual faculty members [40]. It could also shape and provide one set of outcome measures for faculty development programs [40, 41].

The most detailed work to date has shown near consensus by experts on the scope of work (“domains”) for clinician-educators and established examples of “high-quality performance” that could form the basis of expectations for academic promotion for clinician-educators [11–13]. Significantly, these measures rely heavily on documenting outcomes. This addresses a weakness in current CVs that tend to list positions held or activities provided without attention to the more important measure of success or impact of the applicant’s activities. Much remains to be done to establish reliable, valid, and meaningful measures for all faculty roles and tracks. Developing consensus within institutions is challenging, but movement toward “evidence-based academic promotion” for clinician-educators is likely.

There is also evidence of evolution of faculty development from a “skill-acquisition” approach to one of holistic profession career growth, linked to regular reviews and continuing throughout the academic career [42]. Success in academic promotion is already established as one outcome measure for faculty development [40, 41] but even closer alignment of faculty development and the criteria for academic promotion is likely to be a continuing trend.

The “missing link” in this view of the future of academic promotion is attention to the actual process. Progress is likely in establishing criteria, improving metrics, and moving toward a more evidence-based and logical system, but few innovations have been described to develop a more effective and efficient system. Schools have introduced electronic systems to reduce the burden of preparing and submitting applications, and systems to populate applications from a standard faculty CV are being developed. While these innovations facilitate the preparation and flow of materials, the system for review and development of decisions about promotion remains firmly grounded in institutional policies and faculty bylaws that are usually very difficult to change. Even if structural change is impossible or unwise, medical schools and departments could do much to improve the consistency, integrity, fairness, and transparency of the system and to promote faculty understanding of how and why it functions. Progress is likely due to both internal pressure and the requirements of the LCME (Appendix 2; Standard 4.3).

Reengaging the clinical faculty in academic promotion requires that it is perceived as valued recognition of professional excellence and significant contributions to the mission of their institutions. To be valued, academic promotion should be based on core activities, “tough but achievable,” and bring rewards in status and peer recognition. Above all, efforts must be made to regain the confidence of faculty members in the fairness and transparency of the system. Any attempt to improve academic promotion systems must pay attention to the institutional culture and the perceptions of different faculty groups. Consensus may be very difficult to achieve, even within clinical departments, due to very different backgrounds, values, and attitudes. Leadership within each institution will be key to any attempts to improve the process for academic promotion. The process is unlikely to succeed without “faculty champions” in faculty governance as well as in key administrative roles.

A Radical Future: Academic Promotion in a Post-Tenure Medical School

The Post-Tenure Institution

In a post-tenure institution, the majority of faculty members are on non-tenure tracks, and institutional values, policies, and practices are oriented to facilitate the career development of this majority as least as well as those on tenure tracks. Current institutional policies and practices are built on a tenure paradigm and

faculty participation in a tripartite mission of education, service, and scholarship (often interpreted as research). Most institutional leaders, senior faculty members, and administrators were acculturated in the tenure system. Even when systems change, values, perspectives, practices, and institutional culture can remain grounded in the assumptions of tenure-based systems. This may be due to many reasons ranging from cultural inertia to deep concerns about sustaining the academic excellence of the institution [8, 17]. The continuing disruptive innovations in medicine, science, and education challenge medical schools to reexamine fundamental assumptions and values as well as policies and procedures for all aspects of faculty affairs, especially academic rewards, incentives, and promotion. This goes beyond adjusting the academic track system or revising criteria for promotion as described above; it includes a fundamental examination of core basic concepts such as relationship to universities, criteria for faculty membership, and the faculty role.

Should Medical Schools Continue to Be Part of Universities?

Medical schools have always valued being major units of universities. The medical school shares the rich traditions and identity of the university; collaborates in science, education, and other activities with other schools and units; and is an integral part of the organization. Both medical schools and universities are generally perceived to benefit from the relationship, despite the very different cultures that have evolved in academic health centers and their parent universities [8, 43].

All universities are entrusted with education and scholarship, and most are expected to contribute to the public good through their social missions [44]. Some commentators have suggested that the university relationship ensures that medical schools continue to prioritize scholarship rather than become preoccupied with training health professionals and providing clinical services [8, 43]. The concept that medical schools require the university to balance a tendency to become a “trade school” or entirely clinical operation seems extreme. It ignores the Boyer and Glasser approaches that now suffuse education and clinical practice with scholarship and insults the many dedicated medical school faculty engaged in scholarship and the leaders of medical schools. Medical schools do not need to be part of a university in order to continue to be scholarly institutions. Medical schools do commonly need to be part of a university to access many forms of funding (state, federal, or other). At a more basic level, the university often holds the degree-granting authority and regional accreditation for all of its constituent schools. To be accredited by the LCME, a medical school must either remain part of the university or undertake the substantial effort to secure approval to grant degrees and maintain accreditation by regional accrediting bodies for higher education.

The attraction of becoming independent of universities arises from the “culture clash” discussed in Chap. 1. The values, policies, and practices of the larger university do not always apply or adapt well to the needs and activities of individual schools. Like other professional schools, medical schools now operate in very different environments

from universities and may have different priorities and urgencies. It is worth recalling that Flexner's original vision of medical school faculty included *barred from all but charity practice in the interests of teaching* [43]!

The "culture clash" is particularly acute and pervasive in academic promotion and tenure issues. Being part of the university promotion system is perceived to make the system complex, cumbersome, and demanding. More importantly, the concepts and values of the university, particularly the emphasis on discovery research, are perceived to impair the medical school's ability to define its own criteria for promotion and use a more holistic approach, based on contributions to the institution and a Boyer model of scholarship. Greater independence would enable a medical school to design its own system for academic promotion that could prioritize accessibility and value for faculty members as well as optimizing effectiveness and efficiency.

The movement away from tenure is occurring in multiple other units of the university and has deep potential consequences. Rather than precipitating the turmoil and disruption of discussing separation, medical schools should work with their parent universities to assess the implications of a post-tenure academic environment and develop policies and procedures that best serve the faculty and institution in this new reality. In practice, individual schools often have considerable ability to establish criteria and set policies and procedures, and the university may be used as a scapegoat for problems in the system. The barriers to a comprehensive revision of academic promotion to serve a post-tenure institution may exist predominantly within the medical school itself. For most medical schools, separating from the university promotion system is neither practical nor wise, but all schools should give serious consideration to the implications of becoming post-tenure institutions and having promotion systems less tightly bound to those of the parent university.

Who is a Faculty Member? Who Can Participate in Academic Promotion?

Articulating a definition of a faculty member is surprisingly challenging. The traditional concept was of membership in a community of teachers and scholars. As a community, the faculty have rights and responsibilities in core areas such as selection of learners, conduct of programs, and award of academic promotion or tenure. These responsibilities range from consultation to significant collaborative roles with administrators in managing core activities. The collective "business of the faculty" is managed through the faculty governance system that differs in each institution, depending on the bylaws. This concept provides a dimension of academic citizenship to the definition of a faculty member that is not appreciated when the definition is based purely on role or function.

Using a more task-oriented approach, a 2015 article proposed that faculty membership required "a fundamental academic component to one's professional roles

and responsibilities” [45]. This was interpreted as participation in education and/or scholarship, but the authors implied that some flexibility in the definition might be necessary for faculty at nonacademic sites. This article called for national discussion and consensus to clarify several issues around the definition, roles, and expectations for promotion of all faculty members, but this initiative has not yet developed.

In the meantime, institutions attempt to serve large, complex, and rapidly growing faculties as described in Chap. 1 that usually include at least three groups of clinicians who may not meet the basic definition of participation in teaching and/or scholarship or be regarded by some conventional faculty members as ineligible for full membership of the faculty or participation in academic promotion.

First, within the academic health center, some faculty members may have exclusive roles in patient care and/or administration and no participation in education or research. For others, patient care is the primary and dominant professional activity. Both at the personal and institutional level, the overwhelming need to generate clinical income and sustain market share often marginalize the educational and research missions. There are even instances where units within the academic medical center do not accept medical students. Do full-time clinician employees of the academic health center who are not involved in teaching or research meet criteria for faculty membership? How do their roles differ from clinicians in nonacademic institutions? Should some minimal involvement in “academic activities” be required for a faculty appointment? Are these clinicians in a “catch 22” situation where the medical center has a closed staff requiring a faculty appointment for which they do not qualify?

Second, most medical schools currently function in the environment of large complex health-care delivery systems. Much of the clinical growth has occurred through mergers, acquisitions, or collaborative agreements with other institutions, thus bringing many clinicians who had not chosen academic careers into the medical school system. Decisions about faculty status, roles, responsibilities, and advancement are only a small part of the complex process of integrating institutional cultures. These can be very challenging and sometimes acrimonious situations. In attempting to navigate the integration, faculty appointments are usually low on the priorities of the leaders and individuals involved. The clinicians involved may not be concerned about academic titles or advancement. Some may have deliberately chosen nonacademic practices and resent being forced into faculty appointments. Others may welcome the opportunities and status of an academic appointment. Institutions may decide to only grant faculty appointments to some individuals or may be required by the terms of the merger or acquisition to provide appointments to all clinicians of the institution. Medical school faculty affairs offices may be faced with facilitating academic appointments for hundreds of new clinicians within a very short timeframe. The school is usually very limited in the number of available tracks and may have not have an academic track to accommodate these clinicians, especially if they have no involvement in education or research. Volunteer appointments may not be possible if the individuals are paid by the medical school. Creating new tracks or modifying advancement criteria for individuals at an affiliated or newly acquired institution is complex and may be resisted by the core faculty of the

medical school. Even with new tracks, the academic promotion process may appear alien, ponderous, and of dubious value to clinicians in the newly acquired or affiliated institution. Promotion committees may also struggle to appropriately assess applicants from these institutions. Above all, the original medical school faculty may not accept individuals from the new institutions as full members of the medical faculty and/or the faculty governance system may not allow for their inclusion in the management of the faculty's responsibilities. Are these individuals faculty members or only in title?

Finally, medical schools already have thousands of volunteer and part-time faculty members, many based outside the major teaching institutions. Increasing class sizes and emphasis on education in ambulatory and community settings has driven medical schools to seek teaching sites outside academic medical centers, and large portions of the educational program, sometimes the entire medical student curriculum, may be provided at nontraditional sites. In several states, medical schools actively compete for community physicians who are willing to teach students and residents, especially in rural areas. The LCME requirement that *a medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty* is usually interpreted that faculty appointments are required for all individuals involved in teaching. Further LCME standards stipulate that each faculty member be provided with appropriate faculty development opportunities, regular feedback on performance, and opportunities for promotion (Appendix 2). Although clearly involved in teaching, are these individuals members of the faculty community?

In the near future, each institution will need to clarify definitions of faculty membership and the associated rights and responsibilities. The trends indicate an emerging "two-tier" approach in which a core of conventional faculty members is responsible for the educational and scholarly missions that are carried out with the assistance of an extended group of individuals who may have a variety of relationships with the school. If members of the extended group have faculty appointments, these may have many different titles. Academic promotion and/or participation in faculty governance may be restricted to the core group.

Definitions that limit faculty membership to those involved in teaching and scholarship risk disenfranchising individuals primarily involved in clinical services and perpetuating destructive divisions within the medical center. Conversely, if more inclusive definitions are used, greater thought has to be given as to how academic clinical practice differs from that of colleagues in nonacademic institutions and how appropriate expectations for academic promotion can be set to reinforce the desired attributes and accomplishments of an academic clinician. These should certainly include considerations beyond the financial support of the academic health center. Academic practices should be distinguished by striving to attain excellence and set "best practices," providing unique services to the community, supporting and providing consultation to community colleagues, and sustaining the clinical resources on which educational and research programs depend. Similarly, serious consideration has to be given to academic status and developing valid and meaningful systems to recognize, reward, and promote individuals in affiliated institutions,

community teachers and others who contribute to achieving the missions of the medical school.

Final Thoughts

As medical schools adapt to societal and political changes as well as disruptive innovations in health care, science, and education, they will continue to undergo significant changes in the size and composition of their faculties and challenges to established policies and practices. Institutions will always require a way of recognizing professional excellence and outstanding contributions to the institution. Academic promotion traditionally fulfilled this role, but its value has eroded for many clinical faculty members. Several current trends indicate opportunities to reposition academic promotion as the foundation of the framework for professional career development. To reengage the clinical faculty, academic promotion must provide incentives and rewards for achieving excellence in one's role in the institution and confidence in an assessment system that is valid, transparent, and robust but fair. Despite the many significant challenges, the transition to a predominantly non-tenured faculty provides medical schools with the opportunity to reexamine concepts and practices in academic promotion and to develop more effective, efficient, and valued systems to recognize the achievements of faculty members.

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Appendix A: Summary of the History of Tenure at US Universities and Medical Schools

The promotion and tenure system of each medical school is based on that of the parent university. As the academic promotion policies and practices of US universities remain dominated by the traditional tenure system, familiarity with the history of tenure explains some of the controversies and idiosyncrasies that arise in adapting a system developed for a traditional university to a modern academic medical center.

In an excellent review in 2000, Lawrence White identified four key movements that shaped the evolution of tenure in US universities. These reflect the origin of the concepts of tenure and academic freedom, its first major challenges, the establishment of the enduring operational structure, and the creation of the American Association of University Professors (AAUP)—the organization that has undertaken to define, clarify, and defend tenure in US higher education. For medical schools, the organizational and financial changes in health care that began around 1990 equal these events in shaping the meaning and role of tenure, especially for clinician faculty members.

Current systems of tenure in US universities are usually regarded as beginning with the founding of Johns Hopkins University and other secular universities in the latter nineteenth century. Influenced by large numbers of US students returning from Germany as well as immigrant professors, these institutions embraced the German model of *lehrfreiheit*. Usually interpreted as freedom of teaching and inquiry, *lehrfreiheit* implied much more than the modern concepts of academic freedom. It encompassed freedom from what are now regarded as basic academic duties such as tutoring or even adhering to an established syllabus. This inevitably created conflict between those charged with managing the university and the professoriate. The crucial confrontations, however, concerned philosophical and political matters rather than practical issues. In a series of dramatic cases at the beginning of the twentieth century, professors of economics and political science were dismissed from tenured positions because of liberal views that were offensive to university leaders or, more importantly, to wealthy supporters of the universities. The resulting controversies lead to serious consideration of the appropriate roles of administrators,

boards of trustees, and faculty members in a healthy academic community. Tenure began to be regarded as a status providing entitlements and protections but carrying responsibilities, including adherence to formal university policies and procedures.

The movement to provide more structure to academic appointments had in fact started at the end of the Civil War when the Morrill Act established “land-grant” colleges to promote a more vocationally focused educational system, focusing on engineering, agriculture, and similar subjects. The large faculties of these new institutions were state employees and therefore had very different relationships to administration, trustees, and donors than other university professors. The land-grant colleges codified the hierarchy of assistant, associate, and full professor as well as procedures for advancement in rank, including the concept of a probationary period leading to consideration for award of tenure.

By the early twentieth century, no national consensus existed about tenure definitions, its inherent rights and responsibilities, or appropriate procedures for achieving or being removed from tenured status. New concerns arose about attracting “men of the highest ability” to academia in face of the fortunes to be made in business and industry. The national initiative to address these concerns came from faculty members through the founding of the American Association of University Professors (AAUP) in 1913. From its inception, the AAUP has claimed the right to establish principles and definitions of tenure as well to investigate allegations of interference with academic freedom, in particular the dismissal of faculty members. Beginning with the “General Declaration of Principles” in 1915, the AAUP has developed or collaborated on a series of landmark documents defining and elaborating on many aspects of academic freedom, especially issues related to tenure. The 1940 “Statement of Principles on Academic Freedom and Tenure” remains the core reference and is the basis of policies for academic promotion and award of tenure in most US universities. As described in Chap. 2, the AAUP definition establishes tenure as an appointment that continues indefinitely unless specific circumstances intervene and requires that termination procedures adhere to a formal established process. Each school, however, defines how it interprets and applies tenure in its key documents such as the faculty handbook and bylaws. For individuals, schools now usually explicitly reiterate the application of tenure policies, including performance expectations and dates of mandatory review, in faculty offer letters and contracts.

The importance of this attention to detail in documenting the meaning of tenure for each school became very apparent when the “tsunami” of organizational and financial changes began for medical schools around 1990. To address the very serious financial challenges, medical schools adopted a variety of strategies, most notably a dramatic expansion of clinical services and appointment of large numbers of clinical faculty members to non-tenure tracks. The change in the use of non-tenured appointments was so dramatic that one expert predicted “by the year 2000, tenure may have become a vestige of the past, at least in clinical departments.” As illustrated in Chap. 1, tenure has not disappeared from medical schools, even in clinical departments, but its role has diminished. The vast majority of appointments for clinicians are now to non-tenure tracks despite the critical AAUP commentary that

institutions bear the burden of proof to justify making non-tenure appointments for clinical positions that include teaching, service, and scholarship.

Using clinical services to address the financial challenges facing medical schools raised serious questions about the protection afforded by tenure to clinical faculty during turbulent times and the rights and protections afforded to non-tenured faculty members. The association of tenure with salary was particularly contentious. In several schools, policies were introduced requiring faculty members to generate at least a proportion of salary from grants and/or service income. Lawsuits challenging these policies as infringements on academic freedom or breach of contract were generally unsuccessful, and enormous damage was done to faculty morale and working relationships between faculty and administration. Much of the debate centered on the interpretation of the AAUP's 1940 Statement of Principles. This document linked tenure to salary only to provide "a sufficient degree of economic security to make the profession attractive to men and women of ability." As described in Chap. 2, medical schools have taken different approaches to specifying what if any salary is guaranteed by tenure and about half provide no financial guarantee for clinical faculty members. In salary guarantees and other issues such as extension of the probationary period, re-organization of departments, or even discontinuation of programs, medical schools have struggled to accommodate the AAUP principles and the perspectives of their parent universities. Necessary innovations such as the introduction of non-tenure tracks can require complex negotiations to ensure that a policy for the medical school does not create problems for other units of the university. Conversely, medical faculty members and administrators can chafe at what appear inappropriate regulations from the university. For individual medical schools, the current and future role of tenure depends on the policies and practices of the parent university as well as external forces. Nationally, the future of tenure in medical schools depends on developments in US higher education overall as well as pressures within medicine. Tenure has endured but has adapted somewhat clumsily to the continuing dramatic changes in academic medicine for individuals and institutions. New challenges include the transition to retirement of "baby boomer" faculty members and their replacement by a generation whose different work-life balance priorities may not fit well with the demands of tenure criteria and "clocks." Both individuals and institutions may conclude tenure is of limited value in an increasingly competitive environment to recruit and retain the best clinical faculty members—and to incentivize their maximal productivity. Nevertheless, the demise of tenure for clinical faculty members has been confidently predicted more than once, and it is likely to endure as long as individuals and institutions perceive value in its principles and prestige.

Appendix B: LCME Accreditation Standards for Faculty Preparation, Productivity, Participation, and Policies (Standard Four)

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

Sufficiency of Faculty

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

Scholarly Productivity

The faculty of a medical school demonstrates a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Faculty Appointment Policies

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about his or her term of

appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

Feedback to Faculty

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

Faculty Professional Development

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.

Responsibility for Educational Program Policies

At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes of the program.

From: LCME® Functions and Structure of a Medical School—Standards for Accreditation of Medical Education Programs Leading to the MD Degree, © Copyright April 2016, Liaison Committee on Medical Education (LCME®); used with permission.

Appendix C: National Organizations for Medical Educators

General: All Educators

- AAMC: Association of American Medical Colleges
 - Major national organization covering all aspects of medical education. Especially concerned with policy and organizational/administrative aspects but has many resources for teachers, especially initiatives to promote quality and set “gold standard” recommendations.
 - <https://www.aamc.org/initiatives/meded>
 - Key AAMC resources include:
 - Academic Medicine. Leading journal for educational and administrative aspects of medical education
 - MedEd Portal: National Resources of FREE items for use in teaching including modules, standardized patient cases, testing instruments, etc. All items have been peer reviewed and are high quality.
 - Group on Educational Affairs: National meeting plus other resources often featuring innovations in education.
 - Medical Education Research Certificate: National training course in medical education research offered as a series of six workshops available during AAMC conferences. Each workshop is three hours.
 - Multiple conferences, resources, and events for specific groups or to address specific needs.
- AMA: American Medical Association
 - Covers spectrum from premed to CME, mainly strategy and political action perspective, but currently heavily invested in projects to accelerate change in medical education. <https://www.ama-assn.org/education/creating-medical-school-future>

- Generalists in Medical Education
 - Organization for clinical, basic science, and other educators in all areas of medical education. Specific areas of interest include curriculum and faculty development, testing and evaluation, and student services. Provides annual conference and other resources. <http://www.thegeneralists.org>
- IAMSE: International Association of Medical Science Educators
- Originally focused on basic science education in medical schools, now incorporates many resources for clinicians. Provides international networking across disciplines, annual meeting, and journal *Medical Science Educator* <http://www.iamse.org>

Specialty-Based Resources

Family Medicine

- AFMRD: Association of Family Medicine Residency Directors <http://www.afmrd.org>
- STFM: Society of Teachers of Family Medicine <http://www.stfm.org>

Geriatrics

- AGS: American Geriatrics Society <http://www.americangeriatrics.org>
- ADGAP: Association of Directors of Geriatric Academic Programs <http://adgap.americangeriatrics.org>
- AMDA: American Medical Directors Association *Now* Society for Post-Acute and Long-Term Care Medicine: <http://www.paltc.org>
- POGOe: Portal of Geriatrics Online Education. Comprehensive collection of materials and resources for geriatrics education. <https://www.pogoe.org>

Internal Medicine

- AAIM: Alliance for Academic Internal Medicine <http://www.im.org>
 - APM: Association of Professors of Medicine
 - APDIM: Association of Program Directors in Internal Medicine
 - CDIM: Clerkship Directors in Internal Medicine
- SGIM: Society of General Internal Medicine <http://www.sgim.org>

Neurology

- AAN: American Academy of Neurology <https://www.aan.com>
- AUPN: Association of University Professors of Neurology <https://www.aupn.org>

OB/GYN

- APGO: Association of Professors of Gynecology and Obstetrics <https://www.apgo.org>
- CREOG: Council on Resident Education in Obstetric/Gynecology See American Colleges of Obstetricians and Gynecologists: Education Division <https://www.acog.org/About-ACOG/ACOG-Departments/CREOG>

Pediatrics

- APPD: Association of Pediatric Program Directors: <https://www.appd.org/home/index.cfm>
- COMSEP: Council on Medical Student Education in Pediatrics: <https://comsep.org>

Psychiatry

- AAP: Association for Academic Psychiatry: <http://www.academicpsychiatry.org>
- AADPRT: American Association of Directors of Psychiatric Residency Training: <http://www.aadprt.org>
- ADMSEP: Association of Directors of Medical Student Education in Psychiatry: <http://www.admsep.org>

Surgery

- ASE: Association for Surgical Education: <https://surgicaleducation.com>
- ADPS: Association of Program Directors in Surgery: <http://apds.org>

Clinical Skills, Simulation, Communication, and Related Topics

- ACE: Alliance for Clinical Education: <http://allianceforclinicaleducation.org>
- ASPE: Association of Standardized Patient Educators: <http://www.aspeducators.org>
- SSIH: Society for Simulation in Healthcare: <http://www.ssih.org>
- Ottawa Conference: Biennial international conferences for educators in health care professions: <http://www.ottawaconference.org>
- American Academy on Communication in Healthcare: <http://www.aachonline.org>

Accrediting and Other Organizations

- NBME: National Board of Medical Examiners: <http://www.nbme.org> *incorporates* USMLE: United States Medical Licensing Examination: <http://www.nbme.org/students/usmle.html> and NBME-U online training in assessment <https://nbmeu-online.com/>
- LCME: Liaison Committee on Medical Education: <http://lcme.org/>

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